



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

Rocky Mountain Development Council Community Needs Assessment, 2025





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This community needs assessment was conducted by JG Research and Evaluation in partnership with Rocky Mountain Development Council.

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A Letter from Our Executive Director

2025 marks Rocky Mountain Development Council, Inc. (Rocky)'s sixtieth year of serving Lewis and Clark, Broadwater, and Jefferson Counties. When I think about how many people have been part of Rocky's story through those years, from employees to clients to the families of those we serve - wow, what an impact! It is an honor to celebrate sixty years of improving lives and strengthening communities.

Rocky's mission to improve quality of life and promote self-sufficiency for individuals and families continues to guide every program and partnership we pursue. Each year, Rocky takes a deep look at the needs, challenges, and strengths across our three-county service area. This assessment, built on community surveys, focus groups, and local data, helps ensure that our programs, services, and partnerships reflect what matters most to our communities and the people we serve.



We are very grateful to the community members who shared their voices through surveys and focus groups, as well as to the many partners who work alongside us every day.

This year's assessment highlights ongoing challenges in affordable housing, livable-wage employment, childcare, and access to mental health care. It also points to continued needs around healthcare access and transportation and emphasizes the critical role of collaboration in addressing these issues.

These findings directly inform Rocky's Community Action Plan and guide our strategies for the future. Through programs in housing, early care and education, senior nutrition and transportation, aging services, energy services, community volunteerism and more, we remain dedicated to helping individuals and families thrive.

Thank you to our Board members, donors, supporters, and community partners for believing in our mission and making what we do possible. No one organization can meet these needs alone. We invite our partners and community members to join us as we continue building stability and pathways out of poverty. Together, we can ensure that every person in our community has the opportunity to live a quality life and to reach their full potential.

As you read this report, please join us in celebrating all we have accomplished and in our continued commitment to improving the lives of individuals and families through shared respect, empathy, integrity, service and accountability.

Sincerely,

Lori Ladas
Executive Director
Improving Lives, Strengthening Communities.

Introduction

This community needs assessment (CNA) was conducted by JG Research and Evaluation (JGRE) in partnership with Rocky Mountain Development Council (RMDC; Human Resources Development Council, District 8 (RMDC) to meet the Community Services Block Grant (CSBG) program requirements and inform RMDC of documented community needs in the three-county service area of RMDC in Montana. These counties include Broadwater, Jefferson, and Lewis and Clark. The results of this CNA will help ensure the agency's services match the needs of people with low incomes and identify gaps in current services as the agency plans for future programs and community engagement. The CNA includes recommendations on how to develop or modify programs for individuals and families with low incomes in the community, especially in high-priority areas of need, including those needs that are growing.

This introduction provides a short overview of RMDC, describes how this CNA meets CSBG program requirements, and then explains the goals of the needs assessment. This description is followed by an Executive Summary of findings from this CNA. After the Executive Summary, Section 1 of this assessment provides a description of the demographics of the population in the service area of RMDC while identifying areas of need by presenting secondary data from sources such as the United States (U.S.) Census Bureau, U.S. Department of Labor, and Centers for Disease Control and Prevention. All data sources are labeled in footnotes, rather than references. Patterns, themes, and trends are discussed in the subject areas of demographics, food security, housing, educational attainment, crime statistics, differences, community assets/environment, and community health. Section 2 reports the findings from a community wide survey of the three-county service area of RMDC. Section 3 provides a more in-depth discussion of RMDC programs, partnerships, and community engagement strategies while reporting on outcomes, indicators, and measures of RMDC program participants. Section 3 concludes by presenting the findings of focus groups with RMDC program participants. The needs assessment ends with a discussion on emerging community needs in Section 4 and a set of recommendations for how RMDC can strengthen efforts to support the residents of the three-county service area.

RMDC (District 8)

For 60 years, RMDC has been a trusted nonprofit serving individuals and families across Broadwater, Jefferson, and Lewis and Clark counties. RMDC strives to improve quality of life and promote self-sufficiency for individuals and families.

Since its inception in 1965 with the ratification of the Economic Opportunity Act, RMDC has assisted thousands of individuals and families to achieve economic independence and self-sufficiency. The agency's primary focus is to mitigate the causes and conditions of poverty while improving communities throughout its three-county service area. Together, these counties span an area of over 6,300 square miles.

RMDC, through a wide range of programs, addresses critical needs, supports independence, and collaborates with partners to build stronger, more resilient communities. RMDC administers 12 core programs through a variety of funding sources. The agency is committed to conducting its business with complete transparency and full accountability to its grantors and its board

of directors. RMDC is a part of the Community Action Network consisting of over 1,000 local community action agencies providing localized services across 99% of U.S. counties. The network is designed to enable each agency to assist people with low incomes in their service area. It helps people with low incomes to navigate barriers and access the resources needed to help individuals and families transition out of poverty. There are ten Community Action Agencies (CAAs) and one tribal entity receiving CSBG funds in Montana. This system is tailored for each agency to address local needs and to provide local solutions. These community resources are used to address the causes and conditions of poverty.

RMDC brings compassion and empathy for all the people they serve. RMDC's mission and vision have been unwavering as it strives to improve the lives of all individuals and families served through shared respect, empathy, integrity, service and accountability. This same philosophy carries over into valuing the contributions of its dedicated staff. RMDC stresses the importance of employee education and professional development and is an Equal Opportunity Employer.

While the agency offers many programs, RMDC's success as a community cornerstone of support is guided by its executive director and the executive management team. Program directors collaborate to achieve the strategic goals established and approved by the board of directors. The agency implements its community plan, grounded in the needs of individuals and families across its service area.

The findings of this 2025 CNA will inform RMDC's future community work plans. This report provides a framework for evaluating the effectiveness of current services, identifying available community resources, and highlighting service gaps that must be addressed. A Head Start Supplement is also being completed by RMDC to meet federal requirements. This supplement includes additional program-specific data points required under Head Start regulations and is designed to complement the broader findings in this report. RMDC's programs are designed to support individuals on the path to self-sufficiency while contributing to stronger, more resilient communities.

CSBG requirements



CNAs are conducted to inform CAAs of the documented community needs within the service area of their agency. The CNA must meet standards and criteria laid out by the CSBG requirements. The table below lists the CSBG standards directly related to the creation of a CNA and other standards to consider when writing a CNA. The types of data (i.e., primary, secondary, administrative) are described after the table.

Table 1. CSBG standards

CSBG standard	Strategy to meet standard
1.2 The organization analyzes information collected directly from low-income individuals as part of the CNA. Data can be collected through a variety of methods, including focus groups, interviews, community forums, and customer satisfaction survey data provided by the agency.	Primary data collection and analysis, including surveys and a focus group Secondary data collection and analysis
2.2 The organization utilizes information gathered from key sectors of the community in assessing needs and resources during the community assessment process. These sectors would include community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.	Primary, secondary, and agency administrative data collection and analysis Members of sectors included in focus group Statewide survey sent to representatives of sectors during survey dissemination
2.3 The organization communicates its activities and results to the community.	Presentation to the board of directors and/or other community participants
3.2 As part of the CNA, the organization collects and includes current data specific to poverty related to gender, age, race/ethnicity, and other trackable indicators used in previous assessments for the service area.	Primary and secondary data collection and analysis
3.3 The organization collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the CNA. These findings will be a vital component of the analysis section of the assessment.	Primary and secondary data collection and analysis

CSBG standard		Strategy to meet standard
3.4	The CNA includes key findings on the causes and conditions of poverty and the needs of individuals and families living in the communities assessed in the three-county service area.	Primary, secondary, and agency administrative data collection and analysis Describe needs at the individual/family, community, and agency level
3.5	The tripartite board/advisory body formally accepts the complete CNA.	CNA findings accepted by board of directors
Other CSBG standards to consider		
1.1	The department demonstrates low-income individuals' participation in its activities.	Agency administrative data on low-income participation included within the CNA to track overtime
2.4	The department documents the number of volunteers and hours mobilized in support of its activities.	Agency administrative data on volunteer hours included within the CNA to track over time
6.4	Customer satisfaction data and customer input, collected as part of the CNA, is included in the strategic planning process, or comparable planning process.	Administrative client satisfaction data included within CNA
Checklist for monitoring CNA for State CSBG offices and specific necessary indicators to include in CNA		
3.2	Poverty and gender	Secondary data
3.2	Poverty and age	Secondary data
3.2	Poverty and race/ethnicity	Secondary data
3.2	Description of geographic location (i.e., counties and municipalities)	Primary and secondary data

Types of data to meet CSBG standard

Primary data

- Data collected for a specific project and designed for understanding the problem (or question) at hand (e.g., surveys, interviews, focus groups)
- **Family/individual level** (e.g., “I do not have access to a good paying job”)
- **Community level** (e.g., “the community lacks good paying jobs”)
- **Agency level** (e.g., “the agency does not have programs or resources directed at job training for available good paying jobs in the community”)

Secondary data

- Data collected by someone else (e.g., using existing data generated by large government institutions or healthcare facilities)
- **Community level**

Administrative data

- Data collected by the community action agency during organizational activities
- **Agency level** and sometimes family/individual and community level

Goals for the CNA

- Conduct a local assessment of needs within the service area of RMDC by compiling primary, administrative, and secondary data to portray characteristics of county residents and agency program participants.
- Collect and analyze secondary data by researching national, state, and local data sets that document the characteristics and needs of residents in the Montana counties of Broadwater, Jefferson, and Lewis and Clark.
- Collect and analyze primary and administrative data, including a community-wide survey of the counties within the service area of RMDC collected during the first statewide triennial CNA, client satisfaction and feedback data, a focus group of program providers, and reported program outcome data of agency program partners and their participants to understand perceptions of agency activity impacts.
- Utilize program participant outcome measures from existing administrative reports and a focus group with program providers to understand outcomes and perspectives of agency activities among those who participate in agency programs.
- Facilitate an analysis process that identifies priority areas of needs for those in the agency service area and informs recommendations.

Executive Summary of Findings

Rocky Mountain Development Council service area overview

The service area of Rocky Mountain Development Council (RMDC) encompasses three counties: Broadwater, Jefferson, and Lewis and Clark. Of these, Lewis and Clark County has the largest population (72,850) and includes Helena (population 34,464¹), the capital of Montana, while the other counties are more rural with much lower population densities. The three-county service area offers abundant recreational opportunities in its mountains, forests, and rivers, with residents often expressing strong community ties and engagement.

The service area is 91.56% White, 0.5% Black, 0.61% Asian, 0.97% Native American/Alaska Native, 0.67% “Some other race”, and 5.68% “Multiple race.”^{2,3} The service area is 49.97% female and 50.03% male.⁴ The foreign-born population in the service area is 1.87% compared to 2.29% in Montana. In the service area, 26.39% of the population have at least a college bachelor’s degree, while 24.16% stopped their formal education after high school.⁵

The percentage of the population living below 100% of the Federal Poverty Level (FPL) in the RMDC service area is 8.55%. However, the poverty rate in the service area widely differs by county and ranges from 10.73% in Broadwater County to a low of 6.29% in Jefferson County, compared to Montana (12.05%) and the United States (12.44%). In the overall RMDC service area, 8.25% of children live below the FPL line. This percentage ranges from 15.73% in Broadwater County to 5.92% in Jefferson County.

The county with the lowest value of owner-occupied homes is Lewis and Clark County, while the highest median value units are in Jefferson County. Rent is the most expensive in Lewis and Clark County and least expensive in Jefferson County. In the service area of RMDC, 38.64% of all rental households are cost-burdened, while 31.18% of owner-occupied households with mortgages are cost-burdened⁶.

For each county in the service area, the percentage of the population that does not have health insurance is as follows: Broadwater (6.64%), Jefferson (5.11%), and Lewis and Clark (6.18%), compared to Montana (8.44%).⁷ In the service area, 25.5% of adults report heavy alcohol consumption,⁸ and 12.1% (age-adjusted) of the population reports being current smokers.

¹ U.S. Census Bureau. (2023). QuickFacts. Retrieved from <https://www.census.gov/quickfacts>

² U.S. Census Bureau. (2019–2023). American Community Survey 5-Year Estimates. Retrieved from <https://www.census.gov/programs-surveys/acs>

³ Different sources, e.g. The American Community Survey and the survey instrument used for this CNA, refer to multiracial individuals as either multiracial or “multiple race”. These designations can be taken to be synonyms.

⁴ American Community Survey (2019–2023)

⁵ American Community Survey (2019–2023)

⁶ American Community Survey (2019–2023)

⁷ American Community Survey (2019–2023)

⁸ Centers for Disease Control and Prevention. (2022). Behavioral Risk Factor Surveillance System (BRFSS). Accessed via County Health Rankings and PLACES Data Portal. Retrieved from <https://www.cdc.gov/brfss>

RMDC service area needs

The research team conducted a community-wide survey targeting the three-county service area of RMDC. The statewide survey received 4,713 total responses before exclusion criteria—such as non-residents, non-Montana participants, and incomplete responses—were applied. After cleaning the dataset, all survey participants in the remaining sample lived within a county of the RMDC service area (n=259). Survey respondents lived in Broadwater (5% of those surveyed), Jefferson (13.1%), and Lewis and Clark (81.9%) counties. Most survey respondents were White (n=198, 76.4%) and American Indian or Alaska Native (n=3, 1.2%), with 2.7% of all the participants identifying as Hispanic or Latino/a (n =7). Almost 6.9% of survey participants reported living in a household with five or more people, with 1.5% reporting at least seven or more people in one household.

Of those surveyed, 38.8% work full time, yet 27.8% of survey respondents reported less than \$4,000/month for their entire household (less than \$48,000/year), and 3.1% reported a monthly household income less than \$1,000/month. For housing status, 74.9% are homeowners, 18.9% are renters, and 6.1% reported unstable housing conditions, such as those who are unsheltered, living with family or friends for free, or living with two or more families in the same household.

Survey respondents reported general contentment with their communities, despite acknowledging challenges. As shown in the community-wide representative survey, the top five needs that survey respondents highlighted for their communities include (1) “availability of safe and affordable housing,” (2) “availability of jobs that pay enough to live on,” (3) “access to affordable childcare,” (4) “help for people who are unhoused,” and (5) “access to mental health services.”

The top five employment needs for families and individuals include (1) “jobs that pay more or have benefits” with 45.7% of respondents indicating this need, (2) “training for the types of jobs available in the area” with 26.1% of respondents indicating this need, (3) “knowing where to find job resources” with 23.9% of respondents indicating this need, (4) “finding and keeping a job” with 23.9 of respondents indicating this need, and (5) “interviewing for a job” with 21.7% of respondents indicating this need.

The top five education and cognitive development needs for families and individuals include (1) “technical and vocational training” with 33.3% of respondents indicating this need, (2) “help with college aid/FAFSA [Free Application for Federal Student Aid] forms” with 30.3% of respondents indicating this need, (3) “life skills training” with 24.2% of respondents indicating this need, (4) “early childhood education programs” with 24.2% of respondents indicating this need, and (5) “affordable and good childcare” with 24.2% of individuals indicating this need.

The top five income, infrastructure, and asset-building needs for families and individuals include (1) “general financial issues” with 40.6% of respondents indicating this need, (2) “money management, saving, or budgeting” with 34.8% of respondents indicating this need, (3) “help with transportation or car repairs” with 30.4% of respondents indicating this need, (4) “free income tax preparation help” with 21.7% of respondents indicating this need, and (5) “legal help” with 15.9% of respondents indicating this need.

The top five housing needs for families and individuals include (1) “good affordable housing to rent” with 53.7% of respondents indicating this need, (2) “home repair needs” with 48.8% of

respondents indicating this need, (3) “good affordable housing to buy” with 39% of respondents indicating this need, (4) “help with home energy efficiency” with 36.6% of respondents indicating this need, and (5) “programs for free home repairs” with 29.3% of respondents indicating this need.

The top five health/social and behavioral development needs for families and individuals include (1) “affordable dental care” with 46.1% of respondents indicating this need, (2) “affordable health care” with 42.1% of respondents indicating this need, (3) “care for chronic illness” with 31.6% of respondents indicating this need, (4) “mental health services” with 30.3% of respondents indicating this need, and (5) “affordable eye care” with 30.3% of respondents indicating this need.

RMDC programs and impact

RMDC impacts thousands of lives each year through programs designed to reduce poverty, expand opportunity, and support independence. To meet the needs of communities it serves, RMDC provides a wide range of services including energy assistance, early childhood care and education, and AmeriCorps Seniors programs that engage older adults in volunteering and mentorship. Rocky’s Agency on Aging serves a multicity region, supporting older adults through Meals on Wheels (MOW), Congregate Meals, transportation, and other services that promote nutrition, socialization, and independence. RMDC manages a senior center and supports rural senior centers across its service area. The agency develops and manages affordable housing, operates a variety of low-income housing units, distributes commodity foods, and partners with community organizations to prevent homelessness and promote housing stability—efforts designed to help people on the road to self-sufficiency. Through these programs, RMDC not only delivers direct services but also strengthens community infrastructure by supporting new initiatives and collaborating with local partners.

Findings on RMDC programs originate from RMDC administrative data, RMDC housing and meal service satisfaction surveys, and a focus group with program providers (n=4) in the area. In client satisfaction surveys, most housing program participants were satisfied with RMDC’s housing locations. Participants of these surveys shared a few qualities they enjoy about the properties, such as “Good location. Walking distance to store, doctors, Walmart, fast food, hospital,” “New apts. Nice neighbors. Like sprinklers and lawn care,” and “Comfortable size, quiet, recycle drop, maintenance folks.” In a survey on the MOW program, 96% of participants indicated that receiving MOW services helps them to remain living independently. One respondent shared, “If it wasn’t for this program, I’d never made it through my surgery, never would have wanted anything. Gave me hope & care. They are my miracle. Thank you dearly, every one of you. God bless you all, thank you.”

However, in the survey, participants highlighted barriers to program participation. Those barriers, such as a lack of a local office to visit in person (39.6%), applying for services and completing paperwork (32.5%), and understanding program eligibility requirements (32.5%), originate outside of RMDC, in state and federal applications and eligibility requirements. While noting these state and federal barriers to their participation in RMDC programs, focus group participants still spoke of the importance of RMDC’s housing-first model of support, stating, “Once you stop the bleeding, you can start to fix the wound.” Program providers generally agreed that lack of housing and access to childcare were some of the largest challenges facing

their communities. They highlighted a series of recommendations, including building more affordable housing and expanding rental support for low-income families, increasing childcare provider pay and expanding program capacity, offering mobile services and expanding outreach in rural communities, and simplifying application processes and providing support to complete them. In addition, more communication with state and federal entities is necessary, as they are the gatekeepers to eligibility requirements and program applications.

Priority recommendations

As RMDC looks to future planning for programs, this CNA highlights a few important considerations.

First, affordable housing, rental assistance, and other services related to housing should be expanded in reach. For example, at a population level, 26.71% of all households and 38.64% of all rental households in RMDC's service area are cost-burdened.⁹ Affordable housing was listed as the top community need by survey participants, and focus group participants highlighted it as the most important factor toward achieving self-sufficiency.

Second, RMDC should continue to build upon existing collaborative partnerships to expand childcare programs, which may also help individuals and families with employment and educational support. Childcare and various job placement and support programs were ranked in the top five education and cognitive needs by survey participants, and focus group participants highlighted it as a major gap in programming. Although RMDC does not currently offer these programs, building upon existing partnerships and expanding childcare programs can work toward supporting families in these areas.

Finally, since many administrative and structural barriers to program utilization are unrelated to program administration, RMDC may consider adding mobile community program navigators to their staff to fill gaps, if funding becomes available.

⁹ American Community Survey (2019–2023)

Section 1: CAA Service Area Overview and County Profiles

This first section of the community needs assessment (CNA) focuses on providing a demographic overview of the three-county service area of Rocky Mountain Development Council (RMDC), including the community environment and assets, sex, age, educational attainment, race, ethnicity, household composition, poverty, income, food security, housing, and measures of community health. The section begins with an overview of the service area region and then presents a focused profile of each individual county. The demographic section largely relies on a combination of United States (U.S.) Census data from 2020 and American Community Survey five-year estimates data from 2019–2023 and one-year 2024 estimates to provide the most comprehensive estimates. Slight differences in estimates in some cases reflect the different data sources and years.

About Broadwater, Jefferson, and Lewis and Clark Counties

Service area community environment and assets

From the peaks of the Rocky Mountains to the winding Missouri River valleys, the three-county service area of RMDC encompasses a total land area of 6,307.70 square miles, which is larger than the entire state of Connecticut. Alternatively, the total population of the three-county service area is 89,832 people, or an average population density of only 14 people per square mile. Lewis and Clark County—home to Helena, the state capital—has an average population density of 21 people per square mile, while Broadwater County, the least populated county in the service area, has a population density of only six people per square mile.¹⁰ Today, the area remains largely rural, with Helena serving as the primary population center within the RMDC service area. The map below shows the counties in Montana with their corresponding total population and population densities.

¹⁰ U.S. Census Bureau. (2020). Decennial Census of Population and Housing. Retrieved from <https://www.census.gov>

Figure 1. RMDC service area¹¹

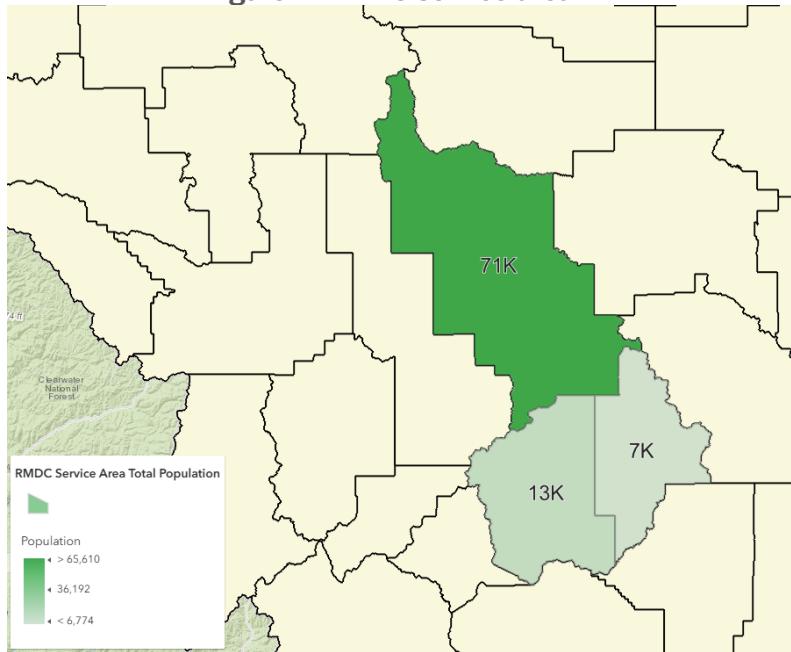


Table 2. RMDC service area population estimates¹²

Service area	Total population	Total land area (square miles)	Population density (per square mile)
RMDC total service area	89,832	6,307.70	14
Broadwater County	6,774	1,192.35	6
Jefferson County	12,501	1,657.00	8
Lewis and Clark County	70,973	3,458.36	21
Montana	1,084,225	145,549.54	7
United States	331,449,281	3,533,018.38	94

The populations of the three counties have increased over the last decade, with Lewis and Clark County reflecting the most growth. Table 3 below shows the populations of the three-county service area from 2010–2022.

Table 3. Service area population (2010-2022)¹³

Service area	Population estimates (2024)	Population census (2020)	Population census (2010)
Broadwater County	8,302	6,774	5,612
Jefferson County	13,304	12,501	11,406
Lewis and Clark County	75,129	70,973	63,395

As shown, of the counties in the RMDC service area, the population of Lewis and Clark County has increased the most, largely due to growth in the city of Helena. This finding reflects the rapid growth in other urban areas in Montana, such as Missoula and Bozeman. Table 4 shows the five

¹¹ U.S. Census (2020)

¹² U.S. Census (2020)

¹³ U.S. Census Bureau. (2024). QuickFacts. Retrieved from <https://www.census.gov/quickfacts>

Montana cities that grew the most in the last decade.

Table 4. Montana city and town population growth (2010-2020)¹⁴

City	2020 population	Change from 2010	% change from 2010
Bozeman	53,293	+16,013	+43%
Billings	117,116	+12,946	+12%
Missoula	73,489	+6,701	+10%
Kalispell	24,558	+4,631	+23%
Helena	32,091	+3,901	+14%

The growth in the urban areas of Montana is part of the larger trend in population growth in amenity-rich areas.¹⁵ The natural beauty and recreation opportunities in the mountains, plains, and rivers is one of the many reasons people want to live in these communities and move into these areas. The rural areas in the three-county service area of RMDC have deep community ties and engagement. For example, the average voter participation rate of the whole service area is 76.3%, as compared to the U.S. average of 63.8%. The service area ranges from a participation rate of 74.3% in Lewis and Clark County to a very high participation rate of 84.1% in Jefferson County.¹⁶

The rurality and low population density of most of the RMDC service area can create problems in access to internet and transportation. Table 5 below indicates household access to broadband internet and households with computers in the RMDC service area and compares these findings with the state of Montana and the United States.

Table 5. Internet and computer access¹⁷

Service Area	Total number of broadband serviceable locations	Access to download (DL) speeds >= 25 megabits per second (Mbps) and upload (UL) speeds >= 3 Mbps	Access to DL speeds >= 100 Mbps and UL speeds >= 20 Mbps	Households with no computer (2019-2023)
RMDC service area	39,937	82.24%	72.41%	5.88%
Broadwater County	3,757	44.32%	26.38%	11.32%
Jefferson County	6,100	59.48%	49.54%	3.33%
Lewis and Clark County	30,080	91.60%	82.79%	5.78%
Montana	485,838	86.38%	78.38%	6.09%
U.S.	115,631,317	95.60%	93.47%	5.20%

As shown in the table, the percentage of households with no computer is higher than the U.S. in every county in the RMDC service area except Jefferson County. Moreover, households in the service area have slower internet speeds than the U.S.

¹⁴ Dietrich, E. (2021, August 12). Census releases detailed 2020 counts—with an asterisk. Montana Free Press. <https://montanafreepress.org/2021/08/12/census-releases-detailed-montana-population-data/>

¹⁵ Lawson, M. & Smith, K. (2023). Amenity trap: How high-amenity communities can avoid being loved to death. (Rep. R3b). Headwaters Economics. <https://headwaterseconomics.org/wp-content/uploads/2023HE-Amenity-Report-R3b-LOWRES.pdf>

¹⁶ Fox News, Politico, & The New York Times. (2024). National news coverage of political and economic developments. Retrieved from <https://www.foxnews.com>, <https://www.politico.com>, and <https://www.nytimes.com>

¹⁷ Federal Communications Commission & Center for Applied Research and Engagement Systems. (2024). FCC Broadband Fabric Data (with CARES analysis). Retrieved from <https://broadbandmap.fcc.gov/home>

Transportation is another issue for the rural counties in the RMDC service area. For example, in Broadwater County 7.32% of the population commutes more than 60 minutes to work versus 8.74% of the U.S. population or 4.81% in Montana. In Jefferson County, 5.76% of the population commutes more than 60 minutes to work, and 3.46% of the population commutes more than 60 minutes to work in Lewis and Clark County.¹⁸

Service area demographics

Table 6 below gives an overview of demographics for the three counties in the service area including age, sex, race, ethnicity, veteran status, foreign-born status, and educational attainment. After the table, averages for the service area are discussed.

Table 6. RMDC service area demographics¹⁹

Service area	Broadwater	Jefferson	Lewis and Clark
Age and sex			
Persons under age 5, percent	4.94%	4.41%	5.43%
Persons under age 18, percent	19.1%	20.21%	21.41%
Persons ages 18–64, percent	57.35%	57.02%	58.67%
Persons ages 65+, percent	23.56%	22.78%	19.91%
Female persons, percent	48.15%	49.31%	50.26%
Race and Hispanic origin			
White only, percent	90.22%	92.81%	91.48%
Black or African American only, percent	0.37%	0.11%	0.58%
American Indian and Alaska Native only, percent	1.04%	1.32%	0.9%
Asian only, percent	0.42%	0.41%	0.67%
Native Hawaiian and other Pacific Islander only, percent	0.00%	0.00%	0.00%
Two or more races, percent	7.62%	4.77%	5.64%
Hispanic or Latino/a, percent	1.79%	2.71%	3.9%
White only, not Hispanic or Latino/a, percent	89.21%	91.3%	89.21%
Population characteristics			
Veterans, 2019–2023	645	1,115	5,877
Foreign born persons, percent, 2019–2023	1.44%	2.16%	1.87%
Sex and poverty			
Female population in poverty, percent	14.15%	6.95%	9.57%
Male population in poverty, percent	7.55%	5.65%	7.85%
Education			
High school graduate or higher, percent of persons ages 25+, 2019–2023	91.0%	94.0%	94.8%
Bachelor's degree or higher, percent of persons ages 25+, 2019–2023	26.35%	32.68%	42.81%

¹⁸ American Community Survey (2019–2023)

¹⁹ U.S. Census QuickFacts (2024)

The three-county service area is 50.36% female and 49.64% male.²⁰ The service area population is 89.36% White, 0.35% Black, 0.69% Asian, 1.77% Native American/Alaska Native, 0.9% “Some other race,” and 6.88% “Multiple race.”²¹ In the service area, 10.53% of the population are veterans versus 9.43% in Montana and 6.44% in the U.S. The foreign-born population in the service area is 1.87% compared to 2.29% in Montana and 13.87% in the U.S. For education, 42.8% of the population ages 3 to 4 are enrolled in a preschool versus 45.57% in the U.S. In the service area, 40.04% have at least a college bachelor’s degree, while 21.46% stopped their formal education after high school.²²

Families and living arrangements

Table 7 indicates the total number of households in each county, the number of persons per household, the percentage of persons ages 1 or older living in the same household as a year ago (a method to measure how transient communities are), and those households where a language other than English is spoken at home.

Table 7. RMDC service area households²³

Families and living arrangements	Broadwater	Jefferson	Lewis and Clark
Households, 2019–2023	2,888	4,890	30,655
Persons per household, 2019–2023	2.51	2.5	2.31
Living in the same house one year ago, percent of persons ages 1+, 2019–2023	85.1%	87%	86%
Language other than English spoken at home, percent of persons ages 5+, 2019–2023	2.8%	2.5%	3.1%

Table 8 below includes the total number and percentage of households by composition. According to the American Community Survey subject definitions, a family household is any housing unit in which the householder is living with one or more individuals related to them by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone or by the householder and one or more unrelated individuals. Please note that family households and married-couple families do not include same-sex married couples. However, same-sex couple households are included in the family households category when there is at least one additional person related to the householder by birth or adoption. The three rightmost columns in the table indicate categories of households with children. In some cases, the percentages in the county do not directly add up to 100% because additional types of households are not included, such as households with two parents who are unmarried.

²⁰ U.S. Census (2020)

²¹ U.S. Census (2020)

²² American Community Survey (2019–2023)

²³ U.S. Census QuickFacts (2024)

Table 8. RMDC service area total households and households with children²⁴

Service area	Total households	Family households (of total)	Non-family households (of total)	Married family households, (percent of households with children)	Single-male family households, (percent of households with children)	Single-female family households, (percent of households with children)
RMDC service area	38,433	61.98%	38.02%	18.2%	2.93%	4.76%
Broadwater County	2,888	69.43%	30.57%	19.04%	2.63%	2.87%
Jefferson County	4,890	73.97%	26.03%	23.17%	2.37%	3.70%
Lewis and Clark County	30,655	59.37%	40.63%	17.33%	3.05%	5.11%
Montana	452,683	60.72%	39.28%	17.61%	2.77%	5.10%
U.S.	127,482,865	64.5%	35.5%	19.49%	2.72%	7.42%

Household type is an important indicator to consider when identifying needs in the area, as single-parent households may have a more difficult time meeting their financial obligations with only one income. Female-headed households become an important consideration when taking the wage gap between sexes into account, where women make less money than men on average. Single-parent female-headed households may lead to families requiring more help and assistance from organizations like RMDC to meet their basic needs. Lewis and Clark County has the largest percentage of single female-headed family households in the RMDC service area, while Broadwater County has the lowest.

Service area economic context and poverty

In the RMDC service area, the largest sector by employment size is “retail trade,” which employs 6,064 people in the service area for an average annual salary of \$34,076. The second and third largest sectors by employment size are “accommodation and food services” (average wage of \$25,635) and “construction” (average wage of \$44,868).²⁵ Table 9 shows the percentage of the population in each individual county ages 16 or older in the labor force, the household median income, and the percentage of persons in poverty.

Table 9. RMDC service area economy and poverty²⁶

Service area	Broadwater	Jefferson	Lewis and Clark
Economy			
In civilian labor force, total, percent of population ages 16+ years, 2019–2023	61.2%	58.3%	63.0%
In civilian labor force, female, percent of population ages 16+ years, 2019–2023	50.2%	53.5%	59.3%

²⁴ American Community Survey (2019–2023)

²⁵ Bureau of Economic Analysis. (2022). Regional economic accounts. U.S. Department of Commerce, Bureau of Economic Analysis. <https://www.bea.gov>

²⁶ U.S. Census QuickFacts (2023)

Service area	Broadwater	Jefferson	Lewis and Clark
Income and poverty			
Median household income (in 2023 dollars), 2019–2023	\$63,636	\$76,576	\$74,543
Per capita income in past 12 months (in 2023 dollars), 2019–2023	\$38,093	\$43,037	\$43,263
Persons in poverty, percent	8.7%	8.5%	9.3%

Poverty is considered a key driver of health status, as the effects of poverty are wide-ranging. The percentage of the population living below 100% of the Federal Poverty Level (FPL) in the RMDC service area is 8.55%. However, the poverty rate in the service area widely differs by county and ranges from 10.73% in Broadwater County to a low of 6.29% in Jefferson County compared to Montana (12.05%) and the U.S. (12.44%).²⁷ Poverty can be particularly problematic for children.

Children, youth, and families living under the FPL

Poverty creates barriers to accessing healthy food, community health services, and other necessities that can negatively impact development and consequently future life outcomes for children.²⁸ Thus, measuring overall poverty rates and child poverty remains an important indicator for understanding the need for RMDC-led programs designed for children and families.

Table 10. RMDC service area child poverty²⁹

Service area	Total population	Population under age 18	Population under age 18 below 100% FPL, percent	Population under age 18 below 200% FPL, percent
RMDC service area	90,743	19,189	8.25%	30.79%
Broadwater County	7,254	1,392	15.73%	37.72%
Jefferson County	12,259	2,431	5.92%	27.81%
Lewis and Clark County	71,230	15,366	7.95%	30.63%
Montana	1,079,200	229,927	13.84%	35.67%
U.S.	324,567,147	72,472,636	16.32%	36.63%

In the overall RMDC service area, 8.25% of children are below the FPL line. However, there are large variations between counties. For example, 15.73% of children in Broadwater County are below the FPL, while only 5.92% are below the FPL in Jefferson County.

²⁷ American Community Survey (2019–2023)

²⁸ U.S. Census Bureau. (2016–2020). American Community Survey 5-Year Estimates. Retrieved via University of Missouri CARES CHNA Tool.

²⁹ American Community Survey (2019–2023)

Sex and poverty

Women of nearly all races and ethnicities face higher rates of poverty than their male counterparts in the RMDC service area. For example, the proportion of the male population within the three-county area living in households with incomes below the FPL is 7.53% versus 9.58% for women.³⁰ Women have higher rates of poverty than men in all three counties in the service area of RMDC. Table 6 indicates the percentage of the county population in poverty by sex.

Single-parent female households with children in the RMDC service area make up 4.76% of the service area as compared to 2.93% male-parent households with children.³¹ Female-headed households are an important consideration for addressing child poverty as on average women make less money than men. In Lewis and Clark County, the number of female households with children is 5.11%, while 3.05% are male-parent households. In the RMDC service area, 8.25% of children live under the 100% FPL.³² In Broadwater County, the percentage grows to 15.73%.

Age and poverty

When looking at poverty rates by different age groupings for the three-county service area, young adults have the highest levels of poverty. Adults ages 18 to 24 have a 16% poverty rate, while the overall poverty rate is 9.1%. The poverty rate for adults ages 65 to 74 is lower at 7.4%, and adults ages 45 to 54 have the lowest poverty rate of any age group at 3.9%. The table below shows poverty rates by age group for each county in the service area and the service area overall.

Table 11. Poverty rate for RMDC service area, by age group in years³³

Age	Total service area	Broadwater	Jefferson	Lewis and Clark
Under 18	8.1%	15.7%	5.7%	7.9%
18–24	16%	9%	0%	18.8%
25–34	9.7%	18.9%	4.3%	9.5%
35–44	8.8%	4.3%	11.5%	8.8%
45–54	3.9%	0%	4%	4.3%
55–64	7.1%	6.2%	11.6%	6.3%
65–74	7.4%	14.6%	2.5%	7.7%
75+	10.2%	13.6%	5.8%	10.6%
All ages 18+	63.1%	66.6%	39.7%	66%

Race, ethnicity, and poverty

Poverty also differs by race and ethnicity. Figure 2 shows the population in poverty by race and ethnicity alone.

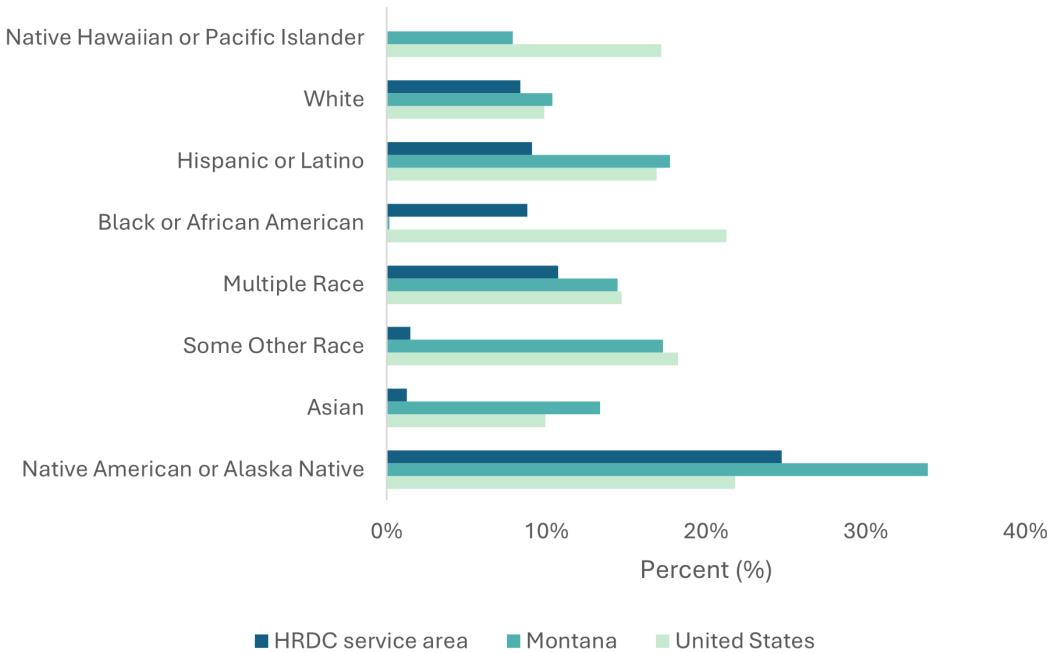
³⁰ American Community Survey (2019–2023)

³¹ American Community Survey (2019–2023)

³² American Community Survey (2019–2023)

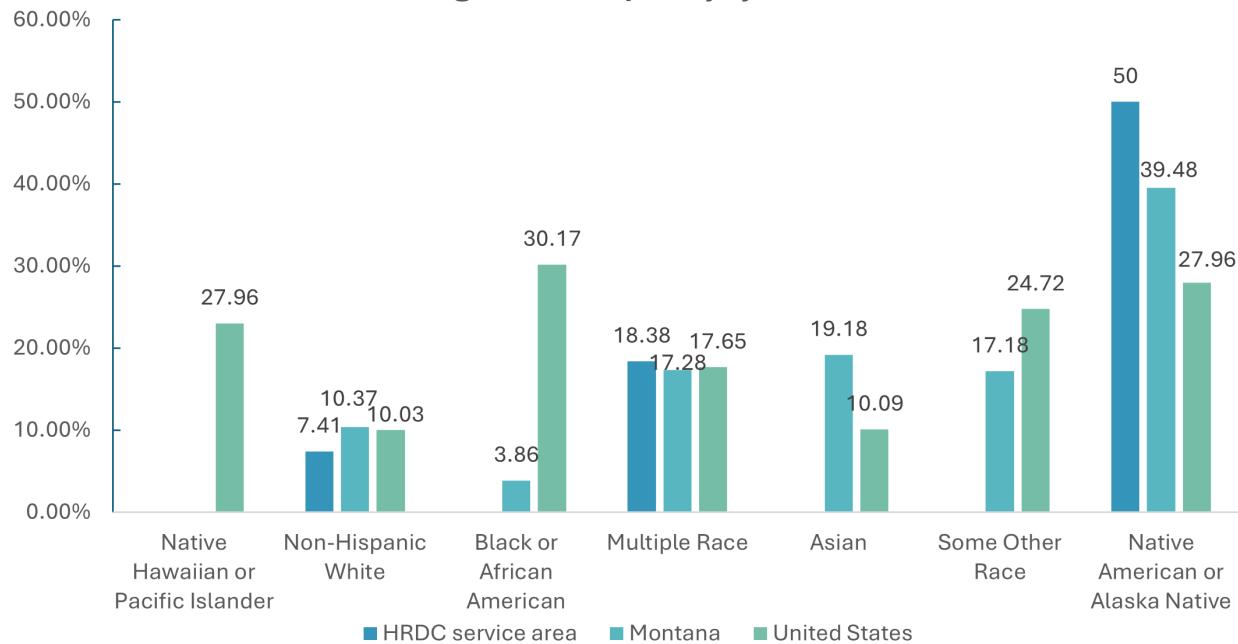
³³ American Community Survey (2019–2023)

Figure 2. Population served by RMDC living in poverty by race and ethnicity³⁴



There are also distinct racial differences for children living in poverty. Figure 3 demonstrates the percentage of children under age 18 in poverty by race alone and compares these percentages to Montana and the U.S.

Figure 3. Child poverty by race³⁵



Note: No data were available for Native Hawaiian or Pacific Islander children in the service area. Other missing bars indicate 0%.

³⁴ American Community Survey (2019–2023)

³⁵ American Community Survey (2019–2023)

Black or African American children, Asian children, and children identified as “Some other race” in the RMDC service area have the lowest levels of poverty for any group (0.0%), while Native American or Alaska Native children have the highest level of poverty (50.0%). For Native American or Alaska Native children, this percentage is skewed given that the non-Hispanic, Native American, or Alaska Native population makes up only 0.94% of the total service area population. In other words, although Native American or Alaska Native children represent the highest level of poverty by percentage, there are only 94 total Native American or Alaskan children in the service area versus 17,518 White children and 1,374 multiple race children. There are 40 Native American or Alaskan children and 252 multiple race children living in households below the FPL.³⁶

Food security and environment

Poverty may translate to a deficit in secure access to food for children. One useful indicator signifying a lack of food security includes the number of public-school students who are eligible for free or reduced-price lunch in an area. Free or reduced-price lunches are served to qualifying students in families with incomes between or under 185% (reduced price) or 130% (free lunch) of the U.S. FPL as part of the National School Lunch Program.

Table 12. Children eligible for reduced price or free lunch³⁷

Service area	2019–2020
RMDC service area	30.0%
Broadwater County	35.2%
Jefferson County	28.4%
Lewis and Clark County	30.0%
Montana	40.3%
U.S.	52.1%

The table above shows the percentage of children eligible for free or reduced-price lunch for the 2019–2020 school year. In Broadwater County, 35.2% of children are eligible for reduced-price or free lunch compared to 40.3% in Montana.

Access to healthy food is another indicator and key driver of health status. The U.S. Department of Agriculture (USDA) Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food courses due to income level, distance to supermarkets, or vehicle access. The service area of RMDC has a population of 4,305 living in a food desert, or about 5% of the population in the area.³⁸

Housing, housing affordability, and people experiencing homelessness

In this section, some data come from the American Community Survey (2023) estimates, and some data come from the (2019–2023) five-year estimates. The table below indicates the overall number of housing units for each county in the service area, the owner-occupied rate, the median value of owner-occupied housing units, the monthly owner costs, and the median gross rent for the area (2023).

³⁶ American Community Survey (2019–2023)

³⁷ American Community Survey (2019–2023)

³⁸ Economic Research Service. (2019). Food access research atlas. U.S. Department of Agriculture (USDA), Economic Research Service. <https://www.ers.usda.gov/data-products/food-access-research-atlas>

Table 13. RMDC service area housing (2019-2023)³⁹

	Broadwater	Jefferson	Lewis and Clark
Housing			
Housing units, July 1, 2023, (2023)	3,173	5,418	32,249
Owner-occupied housing unit rate, 2019-2023	82.2%	83.1%	69.7%
Median value of owner-occupied housing units, 2019-2023	\$364,800	\$408,000	\$358,200
Median selected monthly owner costs with a mortgage, 2019-2023	\$1,697	\$1,917	\$1,838
Median selected monthly owner costs without a mortgage, 2019-2023	\$499	\$508	\$583
Median gross rent, 2019-2023	\$978	\$886	\$1,062

The county with the lowest value owner-occupied homes is Lewis and Clark, while the highest median value units are in Jefferson County. Rent is most expensive in Lewis and Clark County and least expensive in Jefferson County. As of 2023, the average monthly rent in the service area is \$1,044 excluding deposits.⁴⁰ Averages skew higher than median values.

Vacancy rates are important to consider in terms of programs and needs because when vacancy rates are lower, housing can be more difficult to acquire, especially for those with low incomes. Of the 42,146 housing units in the RMDC service area, 37,893 (or 89.91%) are occupied, and 4,253 (or 10.09%) are vacant. Broadwater County has the highest percentage of vacant units (11.89%), while Jefferson County has the lowest percentage of vacant units (8.95%).⁴¹ The area has a higher vacancy rate than Montana, but the rate is lower than the U.S.

Table 14. RMDC service area occupied and vacant housing⁴²

Service area	Total housing units	Occupied, total	Vacant, total	Occupied, percent	Vacant, percent
RMDC service area	42,146	37,893	4,253	89.91%	10.09%
Broadwater County	3,172	2,795	377	88.11%	11.89%
Jefferson County	5,375	4,894	481	91.05%	8.95%
Lewis and Clark County	33,599	30,204	3,395	89.9%	10.1%
Montana	514,803	447,812	66,991	86.99%	13.01%
U.S.	140,498,736	126,817,580	13,681,156	90.26%	9.74%

Although Montana is rich in natural beauty, housing affordability remains an ongoing challenge in amenity-rich areas. Income disparities and lack of buildable land often contribute to the lack of housing.⁴³ Moreover, in the last 25 years, nearly 20% of all public housing units in the U.S. have been eliminated,⁴⁴ leaving a sizeable gap in the availability of affordable housing across the

³⁹ U.S. Census QuickFacts (2023)

⁴⁰ American Community Survey (2019-2023)

⁴¹ U.S. Census (2020)

⁴² U.S. Census (2020)

⁴³ Lawson & Smith (2023)

⁴⁴ De Sousa, T., & Henry, M. (2024). The 2024 annual homeless assessment report (AHAR) to Congress. Part 1: Point-in-time

country. In 2017, over half of Americans spent at least 30% of their income on rent,⁴⁵ which was before housing and rental prices increased during the COVID-19 pandemic.

Figure 4. Service area units affordable at area median household income (AMI)⁴⁶

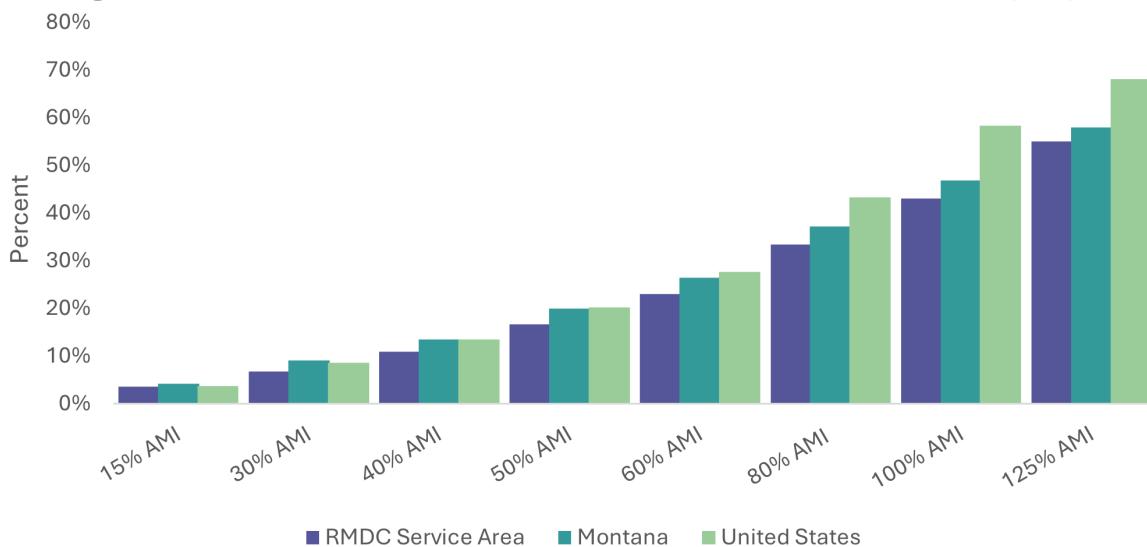
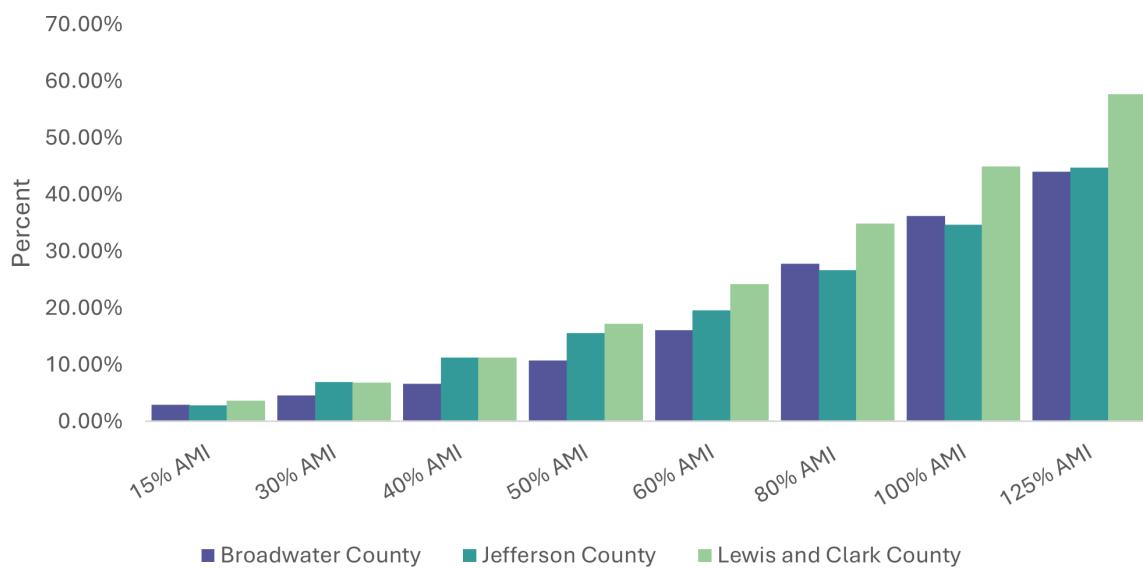


Figure 5. County units affordable at AMI⁴⁷



As the figures show, housing becomes more affordable as income increases. Thus, for those with less than the area median income, finding available affordable housing can be difficult.

The structure, condition, and quality of housing, including issues such as overcrowding, evictions, and affordability, have been linked to multiple health and life outcomes. In the service

estimates of homelessness. U.S. Department of Housing and Urban Development. <https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf>

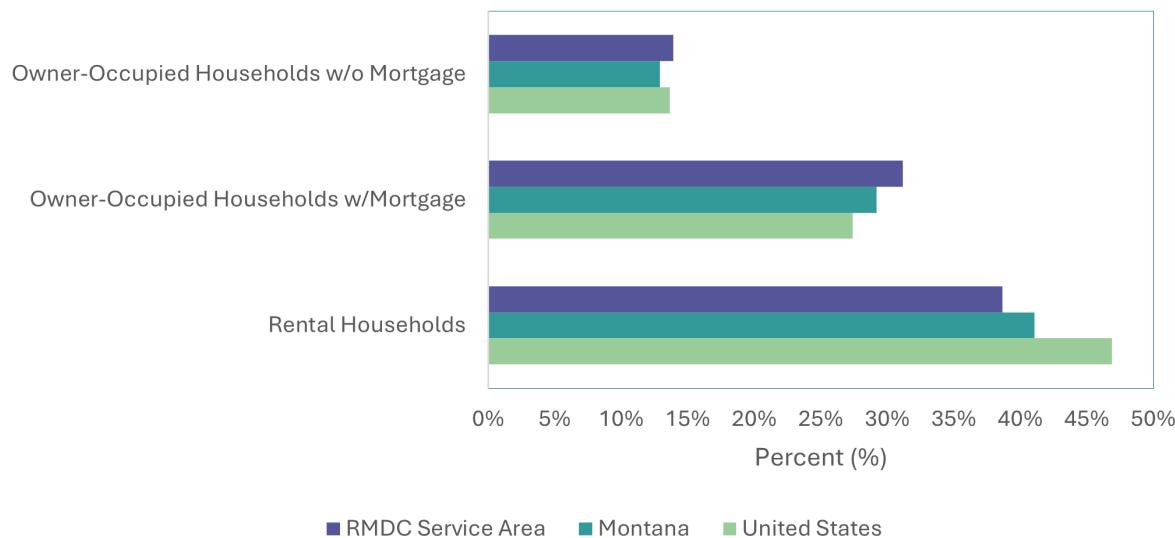
45 Joint Center for Housing Studies of Harvard University. (2019). The State of the Nation's Housing 2019. Retrieved from <https://www.jchs.harvard.edu/state-nations-housing-2019>

46 American Community Survey (2019–2023)

47 American Community Survey (2019–2023)

area of RMDC, 38.64% of all rental households are cost-burdened.⁴⁸ Cost-burdened households are defined as those who spend more than 30% of their household income on housing costs. Understanding where these households exist assists in identifying geographic areas with needs linked to housing affordability and shelter costs in an area. The data can be used to inform programmatic efforts to develop housing programs focused on supporting needs in areas RMDC's service area.

Figure 6. Service area cost-burdened households by tenure, percent⁴⁹



Quality of housing also matters when considering disparities in life outcomes or quality of life for communities. Of the 38,433 total occupied housing units in the service area of RMDC, 28.07% have been identified to have one or more substandard condition.⁵⁰ This percentage ranges from 28.85% in Lewis and Clark County to 23.07% in Jefferson County.

In 2024 in Montana, the official point-in-time population of people experiencing homelessness from the U.S. Department of Housing and Urban Development (HUD) listed a total number of 2,008 unhoused persons in Montana.⁵¹ This number is likely a gross undercount, especially given that in Lewis and Clark County in 2025, RMDC found 143 unhoused persons. Being unhoused is due in part to the high cost of housing but is also a consequence of access to other resources, such as health care.

⁴⁸ American Community Survey (2019–2023)

⁴⁹ American Community Survey (2019–2023)

⁵⁰ American Community Survey (2019–2023)

⁵¹ De Sousa & Henry (2024)

Service area community health and behaviors

The social determinants of health are the conditions in the environment where people are born, learn, live, play, work, worship, and age that impact a wide range of quality-of-life outcomes and health.⁵² For residents of Lewis and Clark County, mental health care, substance abuse, access to healthcare, physical activity, nutrition, and weight are among the most important community health issues, which likely holds for others in the RMDC service area. Throughout this CNA, several social determinants of health in the three-county service area of RMDC are being examined, including housing, access to nutritious food, and income. This section includes an overview of the health indicators and outcomes that help give a better picture of the needs, obstacles, and strengths in the three-county service area of RMDC.

Lack of health insurance is a useful metric for understanding key drivers of health status within a community. In the service area of RMDC, 6.64% of the population is uninsured in Broadwater County, 5.11% in Jefferson County, and 6.18% in Lewis and Clark County compared to 8.44% in Montana.⁵³ After the COVID-19 public health emergency beginning in April of 2023, Montana began removing people from their Medicaid rolls. As of November 2023, approximately 112,442 people have been removed from the rolls for reasons such as “failure to provide requested information,” “determined ineligible,” “other reason,” or “returned mail, no new address.”⁵⁴ The impact of losing Medicaid benefits has been catastrophic on low-income populations and should be considered.

Additional indicators of the health care needs of a community include the percentage of the population with any disability and the teen birth rate. For the whole service area, 14.84% of the population has a disability, with the highest age group being those ages 65 or older (31.38%).⁵⁵ The teen birth rate is an important key indicator for understanding needs in the county and how they are reflected in household demographics. Of the 17,884 total female population ages 15 to 19, the teen birth rate is 12.9 per 1,000, which is lower than the state’s teen birth rate of 16.7 per 1,000. This ranges from the lowest county birth rate in Jefferson County (9.1) to the county with the highest teen birth rate, Broadwater County (13.8).⁵⁶ The percentage of low birthweight births, as shown in the table below, is another important indicator of needs.

Cancer incidence, the mortality rate of those with heart disease, indicators of chronic conditions (e.g., diabetes), and sexually transmitted infection (STI) rates help provide the picture of health care needs in a community. Measuring morbidity and mortality rates helps assess the links between the social determinants of health and outcomes, which helps better understand how certain community health needs may be addressed through interventions.

⁵² U.S. Department of Health and Human Services. (2023). Healthy People 2030. Retrieved from <https://health.gov/healthypeople>

⁵³ American Community Survey (2019–2023)

⁵⁴ Montana Department of Public Health and Human Services. (2024, May 24). Montana Medicaid redetermination. <https://dphhs.mt.gov/interactivedashboards/MontanaMedicaidRedetermination>

⁵⁵ American Community Survey (2019–2023)

⁵⁶ CDC (2016–2022)

Table 15. Health outcomes, RMDC service area

Service area	Percent of low birthweight births ⁵⁷	Adults with obesity (body mass index [BMI]>30) ⁵⁸	Coronary heart disease crude death rate (per 100,000) ⁵⁹	Cancer incidence rate (per 100,000) ⁶⁰	Adults ages 20+ with diabetes (age-adjusted) ⁶¹
RMDC service area	No data	27.7%	128.4	486.7	7.5%
Montana	7.6%	28.2%	130.6	457.0	7.5%
U.S.	8.4%	30.1%	111.0	442.3	8.9%

For STIs, both the chlamydia incidence rate per 100,000 (164.43) and the gonorrhea incidence (11.4) are lower than the Montana averages (chlamydia, 322.65 and gonorrhea, 67.7).⁶² The prevalence of human immunodeficiency virus (HIV) is also lower in the service area (61.96) than in Montana (75.3).

Behaviors, such as tobacco use and substance abuse, can contribute to poor health status, making them important measures to consider. In the service area, 25.5% of adults reported heavy alcohol consumption,⁶³ and 12.1% (age-adjusted) of the population reports being current smokers. Behavioral health measures are also important to consider regarding overall health status. Behavioral health generally refers to mental health and substance use disorders.⁶⁴ Table 16 below provides some indicators related to behavioral health for each county. Please note that drug overdose deaths per county were not available for each county.

Table 16. Behavioral health outcomes by county⁶⁵

Service area	Poor mental health days in past 30 days (2022)	Percent of adults reporting binge or heavy drinking (2022)	Percent of driving deaths with alcohol involvement (2018–2022)	Ratio of mental population to mental health providers (2024)	Percentage of adults reporting 14 or more days of poor mental health per month (2022)
Broadwater County	5.4	24%	33%	1,340:1	18%
Jefferson County	4.9	26%	41%	770:1	17%
Lewis and Clark County	5.2	26%	24%	170:1	15%

⁵⁷ University of Wisconsin Population Health Institute. (2017–2023). County Health Rankings. Retrieved from <https://www.countyhealthrankings.org>

⁵⁸ Centers for Disease Control and Prevention. (2021). National Center for Chronic Disease Prevention and Health Promotion. Retrieved from <https://www.cdc.gov/chronicdisease/index.htm>

⁵⁹ Centers for Disease Control and Prevention. (2019–2023). National Vital Statistics System. Accessed via CDC WONDER.

⁶⁰ National Cancer Institute & Centers for Disease Control and Prevention. (2016–2020). State Cancer Profiles. Retrieved from <https://statecancerprofiles.cancer.gov>

⁶¹ Centers for Disease Control and Prevention. (2021). National Center for Chronic Disease Prevention and Health Promotion. Retrieved from <https://www.cdc.gov/chronicdisease/index.htm>

⁶² Centers for Disease Control and Prevention. (2023). National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Retrieved from <https://www.cdc.gov/nchhstp>

⁶³ CDC (2022)

⁶⁴ American Medical Association. (2022, August 22). What is behavioral health? American Medical Association. <https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health>

⁶⁵ County Health Rankings. (2025, April 29). Compare Counties. Retrieved from <https://www.countyhealthrankings.org>

Broadwater County profile

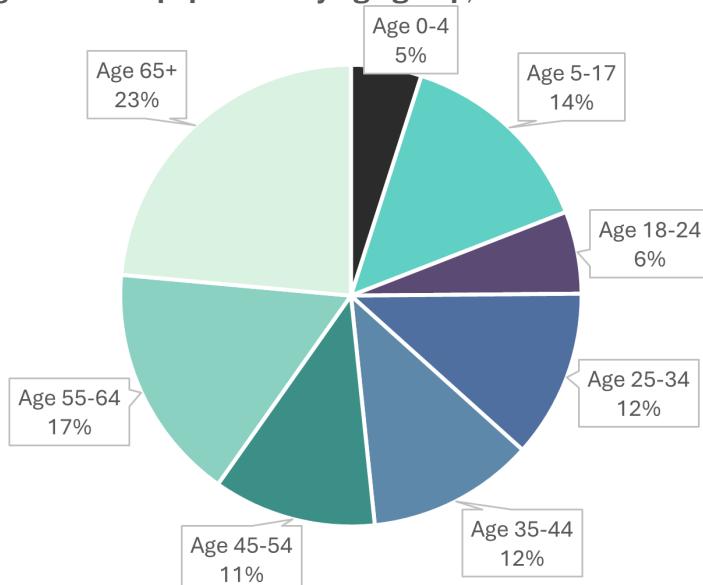
Broadwater County is one of Montana's smallest counties and is home of Canyon Ferry Lake, which is the third largest body of water in Montana. The county seat is Townsend, and other notable cities and towns in the county are Radersberg, Toston, and Winston.⁶⁶

The total population is 7,310 people with a land area of 1,192.36 square miles for a resulting population density of six people per square mile.⁶⁷ Generally, the county has a higher voter participation rate (82.1%) than Montana (70.1%) and a lower property crime rate. The annual rate for property crimes per 100,000 is 534.1, while the rate for Montana is 2,575.4. The annual rate for violent crimes (431.5) is higher than in Montana (393.7) and the U.S. (416.0).⁶⁸ The population percentage with access to broadband internet download speeds greater than 100 Mbps (26.38%) is much lower than either Montana (78.38%) or the national average (93.47%).⁶⁹

Demographics

The median age in Broadwater County (46.2) is higher than Montana (40.2).⁷⁰ Of the total population in the county, the percentage of the population ages 65+ is 23.56%.⁷¹

Figure 7. Total population by age group, Broadwater County



Broadwater is not a very diverse county, with 91.35% of the county identifying as White, 6.3% reporting being "Multiple race," 0.93% as Native American or Alaska Native, and 2.95% as Hispanic or Latino/a.⁷²

⁶⁶ Montana Department of Labor and Industry. (2012). Broadwater County demographics 2012 [PDF]. Retrieved from <https://www.townsendmt.com/wp-content/uploads/2019/01/BroadwaterCountyDemographics2012Opt.pdf>

⁶⁷ American Community Survey (2019–2023)

⁶⁸ Federal Bureau of Investigation. (2014, 2016). Uniform Crime Reports. Accessed via the Inter-university Consortium for Political and Social Research.

⁶⁹ FCC FABRIC & CARES (2024)

⁷⁰ American Community Survey (2019–2023)

⁷¹ American Community Survey (2019–2023)

⁷² U.S. Census (2020)

Table 17. Total population by race only and ethnicity, Broadwater County⁷³

Service area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some other race	Multiple race	Hispanic or Latino/a (any race)
Broadwater	91.85%	0.25%	0.1%	0.93%	0%	0.56%	6.3%	2.95%
Montana	84.53%	0.51%	0.77%	6.24%	0.09%	1.3%	6.57%	4.17%
U.S.	61.63%	12.4%	6%	1.12%	0.21%	8.42%	10.21%	18.73%

Broadwater County is 48.2% female and 51.8% male, a higher percentage of women reported having a disability (15.74%) than men (14.37%). Only 1.44% of the county's population are foreign-born versus 13.87% of those in the U.S. The county has a larger percentage of veterans (10.91%) than the U.S. (6.44%).⁷⁴

Economic context and poverty

The largest sector by employment is construction, which employs 494 people in the county, with a median annual wage of \$82,950. The next largest sector is health care and social assistance, with 425 people and an average annual wage of \$112,259.⁷⁵ The unemployment rate of Broadwater (2.6%) is lower than the national average of 4.4%,⁷⁶ and the county has a lower percentage of the population below 100% of the FPL (10.73%) than Montana (12.05%) or the U.S. (12.44%).⁷⁷

The median household income (\$63,636) is lower than the U.S. median household income of \$78,538. Additionally, less people in the county receive Supplemental Nutrition Assistance Program (SNAP) benefits (4.8%) than in Montana (7.9%). Additionally, 10.73% of the population lives below 100% of the FPL, and child poverty is higher than in Montana (13.84%) and lower than the U.S. (16.32%).⁷⁸ For children ages 0 to 17, 15.73% are living in households with income below the FPL.⁷⁹ Far more multiple race children (65%) live below the FPL line than White children (11.21%). In the county, 15.73% of children ages 0 to 17 live in households with incomes below the FPL.⁸⁰

Table 18. Children below 100% FPL, Broadwater County⁸¹

Service area	Total population	Population under age 18	Population under age 18 in poverty	Population under age 18 in poverty, percent
Broadwater County	7,254	1,392	219	15.73%
Montana	1,079,200	229,927	31,816	13.84%
U.S.	324,567,147	72,472,636	11,829,878	16.32%

Education and housing

For education, only 21.83% of the children ages 3 to 4 are enrolled in preschool (versus 36.32% in

⁷³ U.S. Census (2020)

⁷⁴ American Community Survey (2019–2023)

⁷⁵ Data USA. (2025, April 30). Broadwater County, MT. Retrieved from <https://datausa.io/profile/geo/broadwater-county-mt>

⁷⁶ U.S. Department of Labor, Bureau of Labor Statistics. (2025). Local Area Unemployment Statistics. Retrieved from <https://www.bls.gov>

⁷⁷ American Community Survey (2019–2023)

⁷⁸ American Community Survey (2019–2023)

⁷⁹ American Community Survey (2019–2023)

⁸⁰ American Community Survey (2019–2023)

⁸¹ American Community Survey (2019–2023)

Montana and 45.57% in the U.S.). Regarding educational attainment for those ages 25 and over, 21.4% of Broadwater residents have a bachelor's degree, and 9% have no high school diploma versus 5.4% of all Montanans.⁸²

Table 19. Educational attainment, Broadwater County⁸³

Service area	No high school diploma	High school only	Some college	Associate's degree	Bachelor's degree	Graduate or professional degree
Broadwater County	9%	26.9%	23.1%	14.6%	21.4%	5%
Montana	5.4%	27.9%	22.5%	9.7%	22.8%	11.7%
U.S.	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

For housing, of the 3,172 total housing units in the county, there is a vacancy rate of 11.89% versus 13.01% in Montana.⁸⁴ Of the occupied housing units in Broadwater County, 28.19% report one or more substandard conditions, while 28.3% of Montana's households report one or more substandard conditions, compared to 31.98% in the U.S. Cost-burdened households are those where housing costs account for 30% or more of the total household income. In Broadwater County, 27.87% of the households are cost-burdened versus 26.23% in Montana.⁸⁵

Community health and behaviors

A lower percentage of Broadwater County residents are uninsured (6.64%) than in Montana (8.44%).⁸⁶ The table below shows various health outcomes and conditions as compared to Montana and the United States.

Table 20. Health outcomes, Broadwater County

Service area	Percentage low birthweight births ⁸⁷	Adults with obesity (BMI>30) ⁸⁸	Coronary heart disease crude death rate (per 100,000) ⁸⁹	Cancer incidence rate (per 100,000) ⁹⁰	Adults ages 20+ with diabetes (age-adjusted) ⁹¹
Broadwater County	8.1%	27.8%	164.8	525.6	6.1%
Montana	7.6%	28.2%	130.6	457.0	7.5%
U.S.	8.4%	30.1%	111.0	442.3	8.9%

For STIs, the chlamydia rate per 100,000 population is 87.15 (versus Montana at 322.65), the gonorrhea incidence is 0.0 (versus Montana at 67.7), and the rate of HIV/AIDS is 104.6 (versus 75.3 in Montana).⁹² In Broadwater County, 24.28% of adults reported excessive drinking of alcohol as opposed to 25.65% in Montana or 19.35% nationally.⁹³ Moreover, 1,073 or 16.7% of adults ages 20

⁸² American Community Survey (2019–2023)

⁸³ American Community Survey (2019–2023)

⁸⁴ U.S. Census (2020)

⁸⁵ American Community Survey (2019–2023)

⁸⁶ American Community Survey (2019–2023)

⁸⁷ University of Wisconsin Population Health Institute (2017–2023)

⁸⁸ CDC (2021)

⁸⁹ CDC (2019–2023)

⁹⁰ State Cancer Profiles (2016–2020)

⁹¹ CDC (2021)

⁹² CDC (2022)

⁹³ CDC (2022)

and older self-reported no active leisure time versus 17.4% in Montana.⁹⁴ Of adults over age 18, 17.1% reported being current smokers (Montana is 15.9%, age-adjusted).⁹⁵

⁹⁴ CDC (2021)
⁹⁵ CDC (2022)



Jefferson County profile

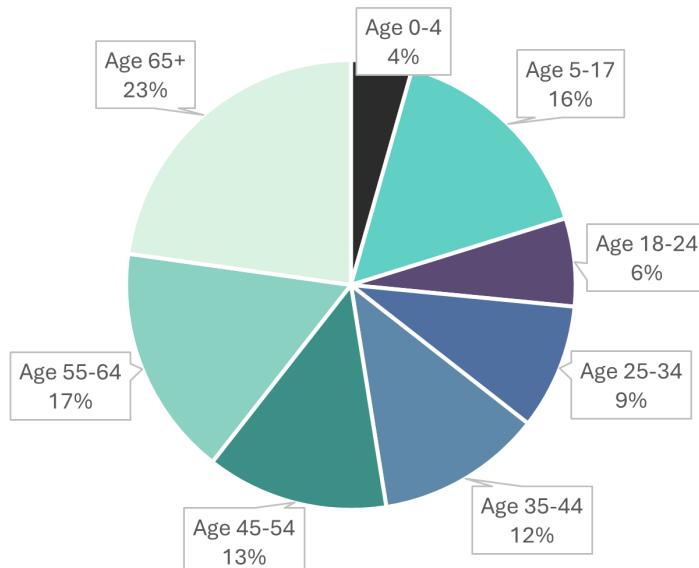
Jefferson County is home to two incorporated towns, Boulder and Whitehall, with Boulder being the county seat. The county is located on the Continental Divide, with an economy based on mining and wood production.⁹⁶

The total population is 13,304 people,⁹⁷ within a land area of 1,657 square miles for a resulting population density of eight people per square mile. The voter participation rate is 84.41%,⁹⁸ which is higher than Montana's (70.1%). Jefferson County's annual rate for property crimes per 100,000 is 992.9, while Montana's is 2,575.4. The annual rate for violent crimes is 409.9 compared to Montana (393.7).⁹⁹ The percentage of the population with access to broadband internet download speeds greater than 100 Mbps (49.54%) is lower than Montana (78.38%) and much lower than the national average (93.47%).¹⁰⁰

Demographics

The median age in Jefferson County is 47.3 versus the U.S. median age of 38.7.¹⁰¹ Jefferson is an aging county, with a large portion of the county being ages 65 and over. Of the total population in the county, the percentage of the population ages 65 and over is 22.78%.¹⁰²

Figure 8. Total population by age group, Jefferson County¹⁰³



Jefferson County is 92.81% White, 1.32% Native American/Alaska Native, 4.77% "Multiple race," and 2.71% Hispanic or Latino/a.¹⁰⁴

96 Advisory Council on Historic Preservation (n.d.)

97 U.S. Census QuickFacts (2024)

98 Fox News, Politico, & The New York Times, 2024

99 Federal Bureau of Investigation. (2015–2017). Uniform Crime Reports. Accessed via the Inter-university Consortium for Political and Social Research.

100 FCC FABRIC & CARES (2024)

101 American Community Survey (2019–2023)

102 American Community Survey (2019–2023)

103 American Community Survey (2019–2023)

104 American Community Survey (2019–2023)

Table 21. Total population by race only and ethnicity, Jefferson County¹⁰⁵

Service area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some other race	Multiple race	Hispanic or Latino/a (any race)
Jefferson	92.81%	0.11%	0.41%	1.32%	0%	0.58%	4.77%	2.71%
Montana	84.53%	0.51%	0.77%	6.24%	0.09%	1.3%	6.57%	4.17%
U.S.	61.63%	12.4%	6%	1.12%	0.21%	8.42%	10.21%	18.73%

Jefferson County is 49.31% female and 50.69% male. A higher percentage of men reported having a disability (19.55%) than women (14.3%). Only 2.16% of the county's population are foreign-born versus 13.87% of those in the U.S. The county has a larger percentage of veterans (11.18%) than both Montana (9.43%) and the U.S. (6.44%).¹⁰⁶

Economic context and poverty

The largest sector by employment size in Jefferson County is "management occupations," which employs 837 people for an annual median wage of \$112,922 per year. The second largest industry is "office and administrative support occupations," which employs 580 people for an annual median wage of \$85,831 per year.¹⁰⁷ The unemployment rate (2.8%) is lower than the national average of 4.4%,¹⁰⁸ and the county has a lower percentage of the population below 100% of the FPL (6.29%) than the U.S. (12.44%). The median household income (\$76,576) is lower than the U.S. median household income of \$78,538, and 4.9% of the population receives SNAP benefits versus 7.9% of Montana.¹⁰⁹ In the county, 5.92% of children ages 0 to 17 live in households with incomes below the FPL.¹¹⁰

Table 22. Children below 100% FPL, Jefferson County¹¹¹

Service area	Total population	Population under age 18	Population under age 18 in poverty	Population under age 18 in poverty, percent
Jefferson County	12,259	2,431	144	5.92%
Montana	1,079,200	229,927	31,816	13.84%
U.S.	324,567,147	72,472,636	11,829,878	16.32%

Education and housing

For education, 22.09% of the children ages 3 to 4 are enrolled in preschool (versus 36.32% in Montana or 45.57% in the U.S.). Regarding educational attainment for those 25 years or older, 21.2% of Jefferson County residents have a bachelor's degree.¹¹²

Table 23. Education attainment, Jefferson County¹¹³

¹⁰⁵ American Community Survey (2019–2023)

¹⁰⁶ American Community Survey (2019–2023)

¹⁰⁷ Data USA. (2025, May 1). Jefferson County, MT. Retrieved from <https://datausa.io/profile/geo/jefferson-county-mt>

¹⁰⁸ Bureau of Labor Statistics (2025)

¹⁰⁹ U.S. Census Bureau. (2022). Small Area Income and Poverty Estimates (SAIPE). Retrieved from <https://www.census.gov/programs-surveys/saipe.html>

¹¹⁰ American Community Survey (2019–2023)

¹¹¹ American Community Survey (2019–2023)

¹¹² American Community Survey (2019–2023)

¹¹³ American Community Survey (2019–2023)

Service area	No high school diploma	High school only	Some college	Associate's degree	Bachelor's degree	Graduate or professional degree
Jefferson County	6%	26.2%	22%	13.1%	21.2%	11.5%
Montana	5.4%	27.9%	22.5%	9.7%	22.8%	11.7%
U.S.	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

For housing, of the total 5,375 housing units in the county, 481 are vacant, a 8.95% vacancy rate compared to 13.01% in Montana.¹¹⁴ In Jefferson County, 28.85% of the respondents reported one or more substandard conditions in the total occupied housing units (4,890), similar to 28.30% of Montana's households overall. Cost-burdened households are those where housing costs account for 30% or more of the total household income. In Jefferson County, 20.14% of the households are cost-burdened versus 26.23% of households in Montana.¹¹⁵

Community health and behaviors

A lower percentage of Jefferson County residents are uninsured (5.11%) than statewide (8.44%).¹¹⁶ The table below shows various health outcomes and conditions as compared to Montana and the U.S.

Table 24. Health outcomes, Jefferson County

Service area	Percentage low birthweight births ¹¹⁷	Adults with obesity (BMI>30) ¹¹⁸	Coronary heart disease crude death rate (per 100,000) ¹¹⁹	Cancer incidence rate (per 100,000) ¹²⁰	Adults ages 20+ with diabetes (age-adjusted) ¹²¹
Jefferson County	6.8%	24%	200.2	500.8	7.1%
Montana	7.6%	28.2%	130.6	457.0	7.5%
U.S.	8.4%	30.1%	111.0	442.3	8.9%

For STIs, the chlamydia rate per 100,000 population is 99.63 (versus Montana at 322.65), the gonorrhea incidence is 0.0 (versus Montana at 67.7), and the rate of HIV/AIDS is 72¹²² (versus Montana at 75.3). In the county, 25.8% of adults reported excessive drinking of alcohol as opposed to 25.65% in Montana or 19.35% nationally.¹²³ Of adults over age 18, 13.7% reported being current smokers (Montana is 15.9%).¹²⁴

¹¹⁴ American Community Survey (2019–2023)

¹¹⁵ American Community Survey (2019–2023)

¹¹⁶ American Community Survey (2019–2023)

¹¹⁷ University of Wisconsin Population Health Institute (2017–2023)

¹¹⁸ CDC (2021)

¹¹⁹ CDC (2019–2023)

¹²⁰ State Cancer Profiles (2016–2020)

¹²¹ CDC (2021)

¹²² CDC (2023)

¹²³ CDC (2022)

¹²⁴ CDC (2022)

Lewis and Clark County profile

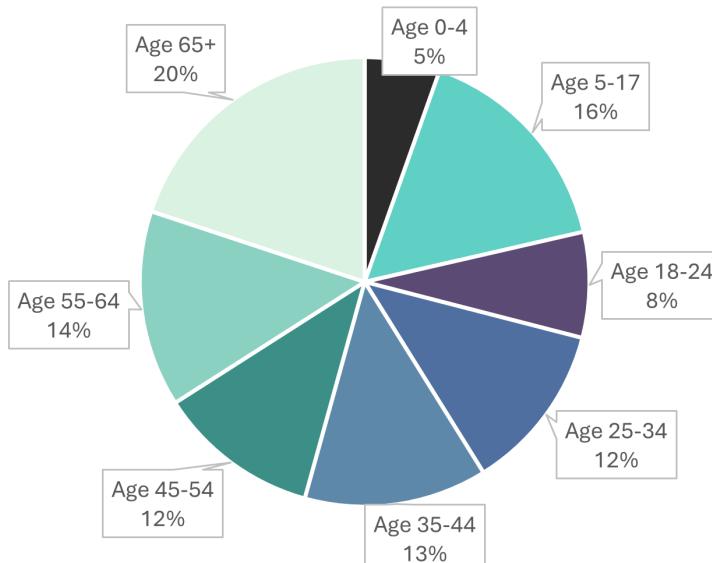
Lewis and Clark County occupies sections of famous landmarks such as the Rocky Mountain Front, Big Belt Mountains, and Missouri River.¹²⁵ The county seat is Helena, which is the capital of Montana.

The total population is 75,129 people,¹²⁶ within a land area of 3,458.38 square miles for a resulting population density of 21 people per square mile. The voter participation rate is 74.3%,¹²⁷ which is higher than Montana's (70.1%). Lewis and Clark County's annual rate for property crimes per 100,000 is 2,435.4, while Montana's is 2,575.4. The annual rate for violent crimes is 465.8 compared to Montana (393.7).¹²⁸ The percentage of the population with access to broadband internet download speeds greater than 100 Mbps (82.79%) is higher than Montana (78.38%) and lower than the national average (93.47%).¹²⁹

Demographics

The median age in Lewis and Clark County is 41.3 versus the U.S. median age of 38.7.¹³⁰ Lewis and Clark is an aging county, with a large portion of the county being ages 65 years or over. Of the total population in the county, the percentage of the population ages 65 and over is 19.91%.¹³¹

Figure 9. Total population by age group, Lewis and Clark County¹³²



Lewis and Clark County is 91.48% White, 0.9% Native American/Alaska Native, 5.64% "Multiple race," and 3.9% identify as Hispanic/Latino/a.¹³³

¹²⁵ Lewis and Clark County (2025)

¹²⁶ U.S. Census QuickFacts (2024)

¹²⁷ Fox News, Politico, & The New York Times (2024)

¹²⁸ FBI Uniform Crime Reports (2015 & 2017)

¹²⁹ FCC FABRIC & CARES (2024)

¹³⁰ American Community Survey (2019–2023)

¹³¹ American Community Survey (2019–2023)

¹³² American Community Survey (2019–2023)

¹³³ American Community Survey (2019–2023)

Table 25. Total population by race only and ethnicity, Lewis and Clark County¹³⁴

Service area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some other race	Multiple race	Hispanic or Latino/a (any race)
Lewis and Clark	91.48%	0.58%	0.67%	0.9%	0%	0.72%	5.64%	2.71%
Montana	84.53%	0.51%	0.77%	6.24%	0.09%	1.3%	6.57%	4.17%
U.S.	61.63%	12.4%	6%	1.12%	0.21%	8.42%	10.21%	18.73%

Lewis and Clark County is 50.26% female and 49.74% male. A higher percentage of men reported having a disability (14.67%) than women (14.25%). Only 1.87% of the county's population are foreign-born versus 13.87% of those in the U.S. The county has a larger percentage of veterans (10.38%) than both Montana (9.43%) and the U.S. (6.44%).¹³⁵

Economic context and poverty

The largest sector by employment size in Lewis and Clark County is "management occupations," which employs 4,625 people for a median annual wage of \$133,619 per year. The second largest industry is "office and administrative support occupations," which employs 3,322 people for a median annual wage of \$85,053 per year.¹³⁶ The unemployment rate (2.9%) is lower than the national average of 4.4%,¹³⁷ and the county has a lower percentage of the population below 100% of the FPL (8.72%) than the U.S. (12.44%). The median household income (\$74,543) is lower than the U.S. median household income of \$78,538, and 7.2% of the population receives SNAP benefits versus 7.9% of Montana.¹³⁸ In the county, 7.95% of children ages 0 to 17 live in households with incomes below the FPL.¹³⁹

Table 26. Children below 100% FPL, Lewis and Clark County¹⁴⁰

Service area	Total population	Population under age 18	Population under age 18 in poverty	Population under age 18 in poverty, percent
Lewis and Clark	71,230	15,366	1,221	7.95%
Montana	1,079,200	229,927	31,816	13.84%
U.S.	324,567,147	72,472,636	11,829,878	16.32%

Education and housing

For education, 48.33% of the children ages 3 to 4 are enrolled in preschool (versus 36.32% in Montana or 45.57% in the U.S.). Regarding educational attainment for those ages 25 years or over, 27.9% of Lewis and Clark County residents have a bachelor's degree.¹⁴¹

¹³⁴ American Community Survey (2019–2023)

¹³⁵ American Community Survey (2019–2023)

¹³⁶ Data USA. (2025, May 1). Lewis and Clark County, MT. Retrieved from <https://datausa.io/profile/geo/lewis-and-clark-county-mt>

¹³⁷ Bureau of Labor Statistics (2025)

¹³⁸ U.S. Census Bureau (2022)

¹³⁹ American Community Survey (2019–2023)

¹⁴⁰ American Community Survey (2019–2023)

¹⁴¹ American Community Survey (2019–2023)

Table 27. Education attainment, Lewis and Clark County¹⁴²

Service area	No high school diploma	High school only	Some college	Associate's degree	Bachelor's degree	Graduate or professional degree
Lewis and Clark	5.2%	23.5%	18.7%	9.8%	27.9%	15%
Montana	5.4%	27.9%	22.5%	9.7%	22.8%	11.7%
U.S.	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

For housing, of the total 33,599 housing units in the county, 3,395 are vacant, which is a 10.1% vacancy rate compared to Montana (13.01%). In Lewis and Clark County, 28.85% of respondents reported one or more substandard conditions in the total occupied housing units (30,655), similar to 28.30% of Montana's households overall. Cost-burdened households are those where housing costs account for 30% or more of the total household income. 27.65% of the households in Lewis and Clark County are cost-burdened versus 26.23% of households in Montana.¹⁴³

Community health and behaviors

A lower percentage of Lewis and Clark County residents are uninsured (6.18%) than in Montana (8.44%). Table 28 below shows various health outcomes and conditions, as compared to Montana and the U.S.

Table 28. Health outcomes, Lewis and Clark County

Service area	Percentage low birthweight births ¹⁴⁴	Adults with obesity (BMI>30) ¹⁴⁵	Coronary heart disease crude death rate (per 100,000) ¹⁴⁶	Cancer incidence rate (per 100,000) ¹⁴⁷	Adults ages 20+ with diabetes (age-adjusted) ¹⁴⁸
Lewis and Clark County	8%	28.4%	112.3	479.7	7.8%
Montana	7.6%	28.2%	130.6	457.0	7.5%
U.S.	8.4%	30.1%	111.0	442.3	8.9%

For STIs, the chlamydia rate per 100,000 population is 183.97 (versus Montana at 322.65), the gonorrhea incidence is 14.7 (versus Montana at 67.7), and the rate of HIV/AIDS is 55.6¹⁴⁹ (versus Montana at 75.3). In the county, 25.58% of adults reported excessive drinking of alcohol as opposed to 25.65% in Montana or 19.35% nationally.¹⁵⁰ Of adults over age 18, 11.3% reported being current smokers (Montana is 15.9%).¹⁵¹

¹⁴² American Community Survey (2019–2023)

¹⁴³ American Community Survey (2019–2023)

¹⁴⁴ University of Wisconsin Population Health Institute (2017–2023)

¹⁴⁵ CDC (2021)

¹⁴⁶ CDC (2019–2023)

¹⁴⁷ State Cancer Profiles (2016–2020)

¹⁴⁸ CDC (2021)

¹⁴⁹ CDC (2023)

¹⁵⁰ CDC (2022)

¹⁵¹ CDC (2022)

Section 1 summary

Section 1 presented data from sources such as the U.S. Census Bureau and the CDC to provide an overview of the service area of RMDC and each of the three counties within the service area. Major findings are presented below.

Key findings in trends and needs

- The three counties in the RMDC service area include Broadwater, Jefferson, and Lewis and Clark Counties, with a combined total land area of 6,307.74 square miles (larger than the state of Connecticut).
- Lewis and Clark County has the largest population (75,129), with Helena as the largest city in the county and the capital of Montana. Broadwater County has the smallest population of the counties in the service area (7,310).
- Internet access remains a problem across the service area, as 72.41% of service area residents have access to download speeds greater than 100 Mbps versus almost 94% of the U.S.
- Of the three counties in the service area, Broadwater County has the largest health and income disparities. For example, Broadwater County has the smallest per capita income (\$38,092 versus \$42,823 for the total service area), the highest percentage of children in poverty (15.73% versus 8.25% for the total service area), the highest teen birth rate per 1,000 population (13.8 versus 12.9 for the total service area), and the highest percentage of low birthweight births (8.1% versus 7.6% in Montana).
- The largest areas of need for the service area relate to aspects of the social determinants of health, such as housing and access to health care.

Section 2: Service Area Survey Findings

In Section 1, current population-level data were used to depict the overall demographic picture of the three-county service area of RMDC and determine community needs through this demographic overview. The research team provided an overview of these counties—Broadwater, Jefferson, and Lewis and Clark—utilizing a secondary analysis of publicly available data sources, including data compiled by the U.S. Census Bureau in the American Community Survey. Secondary data sources, such as the Centers for Medicare and Medicaid Services and HUD, were also used to identify community needs and to provide an overview of the social conditions and determinants of health that influence population outcomes in the three-county service area by examining the state of food security, housing needs, and community health in the counties.

This section narrows the scope of an overview of community needs and issues by reporting the findings from a community-wide survey targeting the three-county service area of RMDC. The statewide survey received 4,713 total responses before exclusion criteria—such as non-residents, non-MT participants, and incomplete responses—were applied. After cleaning the dataset, all survey participants in the remaining sample lived within a county of the RMDC service area (n=259). The number of respondents is statistically representative of the population within the service area of RMDC, allowing us to generalize these findings to the entire three-county service area. The survey instrument is available in Appendix 2 of this document. The findings from this survey help provide RMDC with a better picture of the needs, obstacles, and strengths in the service area of RMDC as it plans for future programs and community engagement.

Service area demographics, housing and households, employment and income, and community environment

Survey participant demographic information

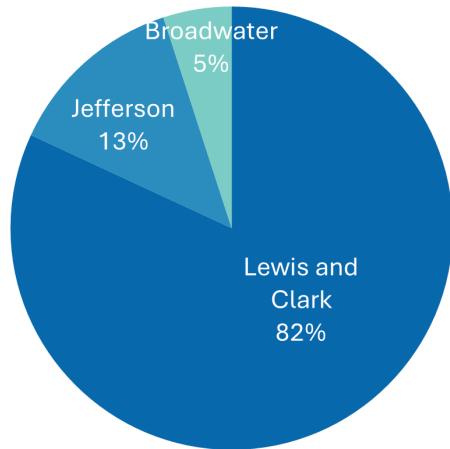
Participants were given a dropdown list of zip codes to choose from and were asked which county they live in. Most survey respondents (81.9%) live in Lewis and Clark County, with those in Jefferson (13.1%) having the second most survey participants.

Table 29. County of residence¹⁵²

County	Survey n	Percent (%) of survey respondents	Population (2024)	Percent (%) of county population
Broadwater	13	5	7,310	0.18
Jefferson	34	13.1	12,501	0.27
Lewis and Clark	212	81.9	72,580	0.29
Total service area	259	100	92,391	0.28

¹⁵² U.S. Census QuickFacts (2024)

Figure 10. Survey respondents by county



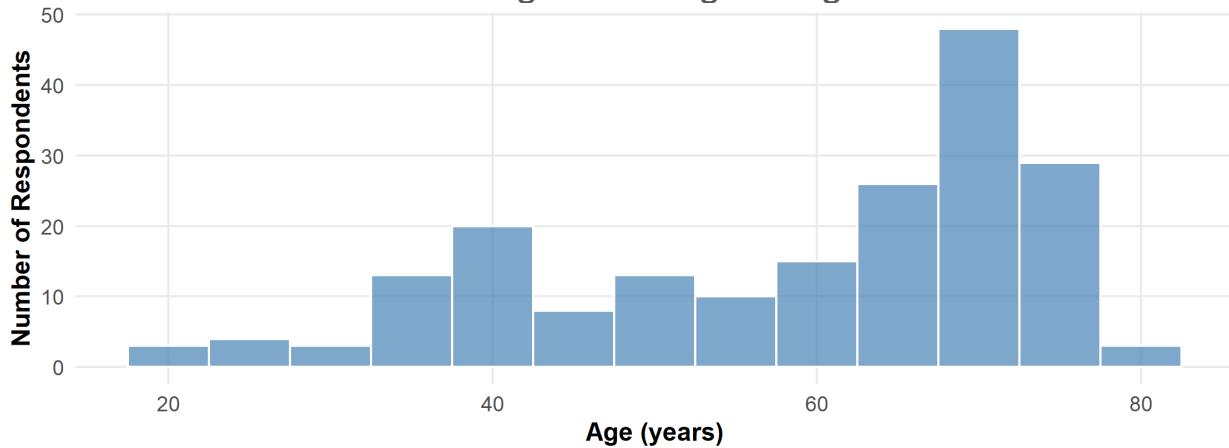
The research team grouped participants by zip codes as well as by county. Zip codes 59601 (43.4%), 59602 (29.7%), and 59635 (8%) were the primary zip codes most residents reported.

Survey respondents ranged in ages from 18 to over 80, with a mean age of approximately 61. Most participants are ages 65 to 79 (36.7%), followed by 55 to 64 (13.1%), 35 to 44 (13.1%), 80+ (7.3%), 45 to 54 (6.9%), 25 to 34 (3.9%), and 18 to 24 (1.5%). Most of the population in Broadwater County is between ages 35 and 44 years (53.8%), and most of the population in Jefferson and Lewis and Clark Counties are between ages 65 and 79 (23.5% and 40.1%, respectively).

Table 30. Participant age

County	18-24	25-34	35-44	45-54	55-64	65-79	80+	Rather not say
Broadwater	0% (n=0)	0% (n=0)	53.8% (n=7)	7.7% (n=1)	7.7% (n=1)	15.4% (n=2)	7.7% (n=1)	7.7% (n=1)
Jefferson	0% (n=0)	5.9% (n=2)	17.6% (n=6)	8.8% (n=3)	20.6% (n=7)	23.5% (n=8)	0% (n=0)	23.5% (n=8)
Lewis and Clark	1.9% (n=4)	3.8% (n=8)	9.9% (n=21)	6.6% (n=14)	12.3% (n=26)	40.1% (n=85)	8.5% (n=18)	17% (n=36)
Service area	1.5% (n=4)	3.9% (n=10)	13.1% (n=34)	6.9% (n=18)	13.1% (n=34)	36.7% (n=95)	7.3% (n=19)	17.4% (n=45)

Figure 11. Histogram of age



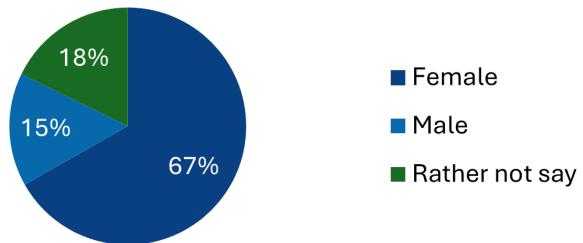
Note: Participants under age 17 and over age 80 are not included in the plot.

Most participants identified as female (66.8%, n=173), followed by male (15.4%, n=40). Other participants preferred not to say their sex (17.8%, n=46). Within each county of the service area, respondents were primarily female as compared to male. Broadwater County had 92.3% of respondents identify as female compared to 0% as male and 7.7% as “Rather not say.”

Table 31. Sex

County	Female	Male	Rather not say
Broadwater	92.3% (n=12)	0% (n=0)	7.7% (n=1)
Jefferson	61.8% (n=21)	17.6% (n=6)	20.6% (n=7)
Lewis and Clark	66% (n=140)	16% (n=34)	17.9% (n=38)
Service area	66.8% (n=173)	15.4% (n=40)	17.8% (n=46)

Figure 12. Sex



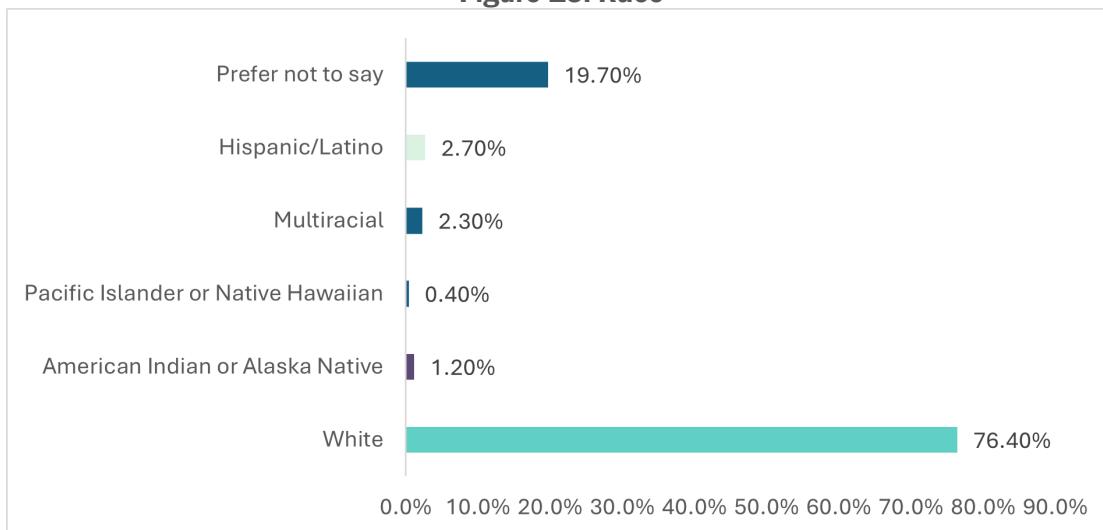
For race, most survey respondents were White (76.4%, n=198), and multiracial¹⁵³ (2.3%, n=6), with 2.7% of all the participants identifying as Hispanic or Latino/a (n=7). Broadwater County had the highest concentration of those that identified as Hispanic or Latino at 15.4% (n=2), compared to Jefferson (5.9%, n=2) and Lewis and Clark (1.4%, n=3).

Table 32 shows survey participants by race and county, and Figure 13 shows survey participants by race for the entire service area of RMDC.

¹⁵³ Different sources, e.g. The American Community Survey and the survey instrument used for this CNA, refer to multiracial individuals as either multiracial or “multiple race”. These designations can be taken to be synonymous.

Table 32. Race

County	White	American Indian/Alaska Native	Pacific Islander/ Native Hawaiian	Multiracial	Hispanic/ Latino	Rather not say/other
Broadwater	84.6% (n=11)	0% (n=0)	0% (n=0)	7.7% (n=1)	15.4% (n=2)	7.7% (n=1)
Jefferson	70.6% (n=24)	0% (n=0)	0% (n=0)	5.9% (n=2)	5.9% (n=2)	23.5% (n=8)
Lewis and Clark	76.9% (n=163)	1.4% (n=3)	0.5% (n=1)	1.4% (n=3)	1.4% (n=3)	19.8% (n=42)
Service area	76.4% (n=198)	1.2% (n=3)	0.4% (n=1)	2.3% (n=6)	2.7% (n=7)	19.7% (n=51)

Figure 13. Race

Household finances, employment, and educational attainment

For the estimated monthly household income, 37.5% of survey respondents reported less than \$4000/month (less than \$48,000) for their entire household, well below the median household income for Montana (\$69,922)¹⁵⁴.

Table 33. Household income

Income	Service area	Broadwater	Jefferson	Lewis and Clark
Less than \$1000/month	3.1% (n=8)	7.7% (n=1)	2.9% (n=1)	2.8% (n=6)
\$1001-\$2000/month	12.7% (n=33)	15.4% (n=2)	2.9% (n=1)	14.2% n=30
\$2001-\$3000/month	12% (n=31)	15.4% (n=2)	8.8% (n=3)	12.3% (n=26)
\$3001-\$4000/month	9.7% (n=25)	15.4% (n=2)	14.7% (n=5)	8.5% (n=18)

¹⁵⁴ U.S. Census (2020)

Income	Service area	Broadwater	Jefferson	Lewis and Clark
\$4001-\$5000/month	8.5% (n=22)	7.7% (n=1)	2.9% (n=1)	9.4% (n=20)
\$5001-\$6000/month	5.8% (n=15)	0% (n=0)	2.9% (n=1)	6.6% (n=14)
\$6001-\$7000/month	5.4% (n=14)	0% (n=0)	8.8% (n=3)	5.2% (n=11)
\$7001-\$8000/month	6.9% (n=18)	0% (n=0)	11.8% (n=4)	6.6% (n=14)
\$8001-\$9000/month	5% (n=13)	30.8% (n=4)	5.9% (n=2)	3.3% (n=7)
\$9001 or more/month	9.7% (n=25)	0% (n=0)	11.8% (n=4)	9.9% (n=21)
Rather not say	21.2% (n=55)	7.7% (n=1)	26.5% (n=9)	21.2% (n=45)

As shown in Table 33, 15.8% (n=36) of the survey respondents reported a monthly income of less than \$2,000, which equates to about 16% of the entire service area of RMDC having a household income of only \$24,000 a year or less.

Table 34. Employment status

Employment status	Service area	Broadwater	Jefferson	Lewis and Clark
Work full time in one job (30 hours or more)	36% (n=91)	69.2% (n=9)	48.5% (n=16)	31.9% (n=66)
Work full time at more than one job, (over 30 hours or more)	2.8% (n=7)	0% (n=0)	3% (n=1)	2.9% (n=6)
Work part time (less than 30 hours)	6.7% (n=17)	15.4% (n=2)	21.2% (n=7)	3.9% (n=8)
Work sometimes	1.6% (n=4)	7.7% (n=1)	0% (n=0)	1.4% (n=3)
Student	3.6% (n=9)	15.4% (n=2)	0% (n=0)	3.4% (n=7)
Homemaker or stay at home parent	3.2% (n=8)	15.4% (n=2)	6.1% (n=2)	1.9% (n=4)
Retired	51.4% (n=130)	23.1% (n=3)	24.2% (n=8)	57.5% (n=119)
Unemployed	1.6% (n=4)	0% (n=0)	3% (n=1)	1.4% (n=3)
Disabled or on disability	0.4% (n=1)	0% (n=0)	0% (n=0)	0.5% (n=1)
Other: work hours vary	0.8% (n=2)	0% (n=0)	0% (n=0)	1% (n=2)
Chronically ill or injured	0% (n=0)	0% (n=0)	0% (n=0)	0% (n=0)
Volunteer	0.8% (n=2)	0% (n=0)	0% (n=0)	1% (n=2)
Care for sick family member	0.4% (n=1)	0% (n=0)	0% (n=0)	0.5% (n=1)
Rather not say/other	0% (n=0)	0% (n=0)	0% (n=0)	0% (n=0)

Table 34 summarizes participants' employment situations across three counties. Respondents could select multiple answers, and write-in responses were manually reviewed and recoded into existing or new categories.

Over half of participants (51.4%, n=130) are retired. Nearly half of participants (45.5%, n=115) are employed in some capacity (working full time in one or multiple jobs, working part time). Only 1.6% of survey participants reported being unemployed at the time they took the survey. This finding shows that the majority of those receiving services are working.

In Broadwater and Jefferson Counties, most survey respondents indicated they worked full time (69.2% and 31.9%, respectively). In Lewis and Clark County, most survey respondents indicated they were retired (57.5%). This aligns with the age distribution of Lewis and Clark County, where most respondents indicated they were ages 55 to 64 (12.3%) and 65 to 79 (40.1%), highlighting an aging population.

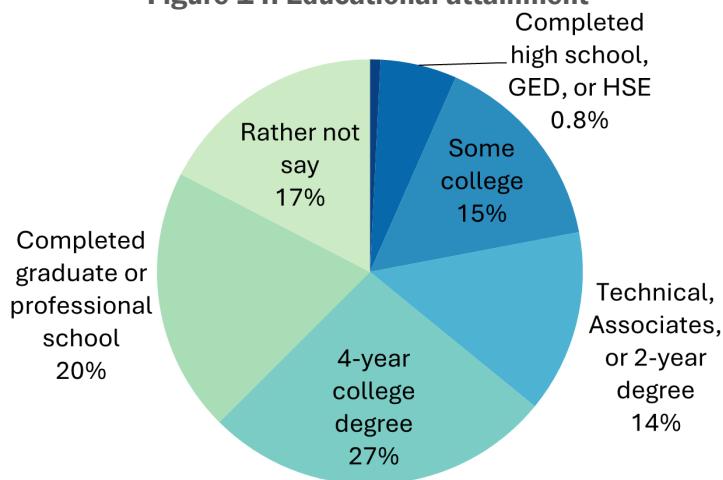
For educational attainment, a large percentage of survey respondents has a four-year college degree or higher (46.7%, n=121), while only 0.8% (n=2) has less than high school. About 6% of respondents indicated they completed high school, a General Educational Development (GED) certificate, or High School Equivalency (HSE; n=15) program, and about 14% (n=36) completed technical, associates, or a two-year college degree.

Most respondents from Broadwater County indicated that they completed a four-year college degree (30.8%). Most respondents from Jefferson County indicated they completed graduate or professional school, with the next largest percentages being respondents who completed a four-year college degree (20.6%) and some college (20.6%). Most respondents from Lewis and Clark County indicated they completed a four-year college degree, with the next largest percentage being respondents who completed graduate or professional school (19.8%) and some college (14.6%).

Table 35. Educational attainment

County	Attended high school but did not finish	Completed high school, GED, or HSE	Some college	Technical, associates, or two-year degree	Four-year college degree	Completed graduate or professional school	Rather not say
Broadwater	0% (n=0)	15.4% (n=2)	15.4% (n=2)	15.4% (n=2)	30.8% (n=4)	15.4% (n=2)	7.7% (n=1)
Jefferson	0% (n=0)	0% (n=0)	20.6% (n=7)	11.8% (n=4)	20.6% (n=7)	23.5% (n=8)	23.5% (n=8)
Lewis and Clark	0.9% (n=2)	6.1% (n=13)	14.6% (31)	14.2% (n=30)	27.4% (n=58)	19.8% (n=42)	17% (n=36)
Service area	0.8% (n=2)	5.8% (n=15)	15.4% (n=40)	13.9% (n=36)	26.6% (n=69)	20.1% (n=52)	17.4% (n=45)

Figure 14. Educational attainment



The research team can compare educational attainment in RMDC's service area to those from the statewide survey to understand whether individuals in this region are more or less likely to pursue higher education. In RMDC's service area, 20.1% of respondents completed graduate or professional school, compared to 14.9% statewide. Additionally, 55.9% of individuals in the RMDC service area reported having some college experience (including those who completed some college, a technical certificate, an associate's or two-year degree, or a four-year college degree), compared to 42.7% across Montana.

Only 5.8% of RMDC service area respondents completed high school, a GED, or HSE program as their highest level of education, compared to 14.1% statewide. Just 0.8% in RMDC's service area began high school but did not finish, while 3.3% respondents statewide fell into this category. Notably, no one in the RMDC service area reported never attending high school, whereas 0.5% (n=18) of respondents statewide did. These comparisons suggest that individuals in the RMDC service area may be more likely than their statewide peers to pursue and complete higher levels of education.

Housing

Approximately 7% of participants reported living in households with five or more people, which includes about 2% in households with seven or more members. About 30% of respondents indicated living in a household alone, and about 42% reported living in a household with two people. Most respondents from Broadwater County had two people living in the home (46.2%), with the same number being reflected for both Jefferson and Lewis and Clark counties (52.9% and 39.6%, respectively).

Table 36. Household size

County	1 person	2 people	3-4 people	5-6 people	7+ people	Missing/invalid
Broadwater	7.7% (n=1)	46.2% (n=6)	15.4% (n=2)	23.1% (n=3)	7.7% (n=1)	0% (n=0)
Jefferson	11.8% (n=4)	52.9% (n=18)	26.5% (n=9)	8.8% (n=3)	0% (n=0)	0% (n=0)
Lewis and Clark	33% (n=70)	39.6% (n=84)	18.9% (n=40)	3.8% (n=8)	1.4% (n=3)	3.3% (n=7)
Total	29% (n=75)	41.7% (n=108)	19.7% (n=51)	5.4% (n=14)	1.5% (n=4)	2.7% (n=7)

Table 37. Number of children in home

County	0 children	1 child	2 children	3 children	4-5 children	6+ children	Missing/invalid
Broadwater	53.8% (n=7)	7.7% (n=1)	15.4% (n=2)	15.4% (n=2)	0% (n=0)	7.7% (n=1)	0% (n=0)
Jefferson	73.5% (n=25)	5.9% (n=2)	11.8% (n=4)	5.9% (n=2)	0% (n=0)	0% (n=0)	2.9% (n=1)
Lewis and Clark	83.5% (n=177)	7.5% (n=16)	5.7% (n=12)	1.9% (n=4)	0.9% (n=2)	0% (n=0)	0.5% (n=1)
Service area	80.7% (n=209)	7.3% (n=19)	6.9% (n=18)	3.1% (n=8)	0.8% (n=2)	0.4% (n=1)	0.8% (n=2)

Most respondents (80.7%, n=209) reported having no children living in the home. Households with one child (7.3%, n=19) and two children (6.9%, n=18) were the most common. Smaller proportions reported having three children (3.1%, n=8), four to five children (0.8%, n=2), or six or more children (0.4%, n=1).

In each county, most respondents indicated there were no children in the home. The second most popular number of children in the home was both two and three children in the home (15.4%) for Broadwater County, two children for Jefferson County (11.8%), and one child for Lewis and Clark County (7.5%).

Table 38. Number of seniors in home

Number of people	n	Percent
0 seniors	77	29.7
1 senior	84	32.4
2 seniors	94	36.3
3-4 seniors	1	0.4
5+ seniors	1	0.4
Missing/ Invalid	2	0.8
Total	259	100

In the RMDC service area, households are much more likely to include seniors compared to the statewide average. While 36.3% (n=94) of RMDC respondents reported having two seniors in the home, only 16.9% of households did in Montana. Similarly, 32.4% (n=84) of RMDC households had one senior, compared to 19.8% across the state. In contrast, just 29.7% (n=77) of RMDC respondents reported having no seniors in the household, whereas more than half of respondents statewide (55.1%) reported no seniors. Very few households reported three to four seniors (0.4%, n=1) or five or more (0.4%, n=1) in both RMDC and statewide data. Missing or invalid responses were minimal in the RMDC region (0.8%, n=2), compared to the 7.3% recorded across the state.

This comparison highlights that households in the RMDC service area are significantly more likely to include one or more seniors than those statewide, suggesting a greater concentration of older adults in the region.

These tables provide insight into the household composition of the service area, indicating that most households do not include children, and most households have two seniors. A notable portion of households do not have a senior living there, and an additional notable portion has one senior living there. This demographic information can be used to inform service and program planning as well as resource allocation.

There wasn't much variation in reported types of households, with almost three quarters of the survey sample reporting owning their own home. Table 39 below reflects the current housing situation of survey respondents.

Table 39. Current housing situation

Housing status	Service area	Broadwater	Jefferson	Lewis and Clark
Live with multiple generations of family and help pay bills	1.5% (n=4)	7.7% (n=1)	0% (n=0)	1.4% (n=3)
I own my home	74.9% (n=194)	69.2% (n=9)	91.2% (n=31)	72.6% (n=154)
I rent my home	18.9% (n=49)	15.4% (n=2)	8.8% (n=3)	20.8% (n=44)
I live in a shelter	0.4% (n=1)	0% (n=0)	0% (n=0)	0.5% (n=1)
I live with family or friends for free	1.9% (n=5)	0% (n=0)	0% (n=0)	2.4% (n=5)
Other	2.3% (n=6)	7.7% (n=1)	0% (n=0)	2.4% (n=5)

As shown, most participants reported either owning their home (74.9%, n=194) or renting their home (18.9%, n=49). Responses show that 3.8% of survey participants are living in a shelter (0.4%, n=1), with family or friends for free (1.9%, n=5), or with multiple generations of family paying some bills (1.5%, n=4). This finding indicates that these participants may not have stable housing. As such, for further analyses, the research team grouped participants into the categories of “stable” versus “unstable” households.

“Stable” households included homeowners and renters, those living in a nursing home, long-term care, or assisted living, and households with multiple generations. “Unstable” households included those who are living in a shelter, with family or friends for free, in a car, in a recreational vehicle, and with two or more unrelated families in the same house and written responses in the “other” category that indicated respondents did not have stable housing.

Table 40. Stable and unstable housing

Housing type	n	Percent (%)
Stable housing	243	93.9
Unstable housing	16	6.1
Total	259	100

As indicated in the table, about 6% of survey participants reside in “unstable” housing, while about 94% live in “stable” housing. This finding suggests that while most respondents in the service area reside in conventional, stable housing situations, a meaningful subset experiences unconventional or unstable housing arrangements. These results highlight a continued need for housing support and stability-focused services within the region.

When compared to statewide data, where 92% of participants reported stable housing and 8% reported unstable housing, the service area of RMDC shows slightly lower rates of housing instability. However, the need for targeted housing interventions remains present and important.

Participants were asked to indicate their level of agreement with a series of statements about resources and support systems in their community. Each question used a Likert scale ranging from “strongly disagree” to “strongly agree,” with an option of selecting “N/A” for non-applicable questions. These results reveal patterns of both resource gaps and areas of community strength.

Table 41. Community resources assessment

Community questions	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree	Unsure	n
My community has many affordable homes for people to buy.	154 (66.1%)	53 (22.7%)	16 (6.9%)	8 (3.4%)	2 (0.9%)	0 (0%)	233
My community has many affordable places to rent.	157 (67.1%)	51 (21.8%)	17 (7.3%)	2.6 (6%)	3 (1.3%)	0 (0%)	234
My community has help for people who are houseless.	61 (26.5%)	68 (29.6%)	36 (15.7%)	53 (23%)	12 (5.2%)	0 (0%)	230
My community has help available for the behavioral health needs of adults.	39 (16.9%)	67 (29%)	47 (20.3%)	72 (31.2%)	6 (2.6%)	0 (0%)	231
My community has help available for the mental health care needs of adults.	44 (19%)	57 (24.7%)	53 (22.9%)	73 (31.6%)	4 (1.7%)	0 (0%)	231
My community has help available for physical health care needs of adults.	19 (8.2%)	52 (22.5%)	39 (16.9%)	106 (45.9%)	15 (6.5%)	0 (0%)	231
My community has resources available for people who don't have enough food.	7(3%)	27 (11.6%)	24 (10.3%)	121 (51.9%)	54 (23.2%)	0 (0%)	233
My community has childcare for individuals and families with different incomes.	43 (18.5%)	76 (32.8%)	74 (31.9%)	32 (13.8%)	7 (3%)	0 (0%)	232
My community has enough public transportation available.	117 (50.2%)	55 (23.6%)	19 (8.2%)	36 (15.5%)	6 (2.6%)	0 (0%)	233
My community has welcoming and friendly public meetings and events.	12 (5.2%)	25 (10.9%)	81 (35.4%)	88 (38.4%)	23 (10%)	0 (0%)	229
Public officials in my community work to help people and families with low incomes.	32 (13.8%)	56 (24.1%)	72 (31%)	63 (27.2%)	9 (3.9%)	0 (0%)	232

Participants were asked to share their perceptions of local resources and community support. Most expressed concern about housing affordability, with 88.8% disagreeing that there are many affordable homes to buy and 88.9% disagreeing that there are many affordable places to rent. Perceptions of support for unhoused individuals were mixed, with 56.1% disagreeing that their

community has help for people who are houseless and 28.2% agreeing.

Views on health-related services were not much more balanced. While 45.9% of respondents disagreed that their community has help for behavioral health, 33.8% agreed. While 43.7% of respondents disagreed that their community has help for mental health, 33.3% agreed. Physical health was somewhat more balanced, with 30.7% of respondents disagreeing that their community has help for physical healthcare needs and 52.4% agreeing.

Food access was the highest rated area of support, with 75.1% of respondents agreeing that resources are available for people without enough food. However, childcare received less favorable responses, with only 16.8% agreeing that childcare is available for families with different incomes, and 31.9% were neutral. Public transport was another area of concern, where 73.8% of respondents disagreed that their community has enough public transportation.

When asked about civic engagement, 48.4% felt that public events are welcoming, while 35.4% were neutral. Regarding trust in public officials, 31.1% agreed that local leaders support people and families with low incomes, while a similar share either disagreed or were unsure. These findings suggest that while food and physical health care resources are seen as community strengths, housing, mental health, childcare, and public trust remain key areas for improvement.

Community assets, quality of life, and environment

To determine participant views on their communities, the research team asked participants questions about their quality of life and what participants valued about their respective communities. They responded on a scale from one to five, with one being “no” agreement and five being strong agreement or “yes.” To calculate each respondent’s quality of life, the score across all the questions were summed, where a higher score indicates a higher reported quality of life and a score of five is the lowest quality of life. Their responses are shown in the table below.

Table 42. Community assets and quality of life

Quality of life questions	1 (No)	2	3	4	5 (Yes)	N/A	Total n
Is your community a good place to raise children?	5 (2.2%)	14 (6%)	49 (21.1%)	69 (29.7%)	79 (34.1%)	16 (6.9%)	232
Are there good job opportunities in your community?	20 (8.7%)	47 (20.3%)	67 (29%)	46 (19.9%)	29 (12.6%)	22 (9.5%)	231
Is your community a safe place to live?	4 (1.7%)	7 (3%)	40 (17.1%)	81 (34.6%)	100 (42.7%)	2 (0.9%)	234
Are there support networks for people and families?	3 (1.3%)	17 (7.4%)	53 (23%)	80 (34.8%)	67 (29.1%)	10 (4.3%)	230
Are you happy with the quality of life in your community?	7 (3%)	14 (6%)	44 (18.8%)	75 (32.1%)	91 (38.9%)	3 (1.3%)	234

As shown in the table, most respondents are in the middle to upper range of the quality-of-life scale. Moreover, more respondents rated the quality of life of their communities positively than those who rated it negatively. This finding implies that survey respondents in the service area of

RMDC reported general contentment with their quality of life, despite the challenges found with housing and employment.

For example, 84.9% of respondents in the RMDC service area indicated agreement (levels three to five) that their community is a good place to raise children, which is similar to statewide numbers where 82.8% of respondents indicated agreement. Likewise, 94.4% agreed that their community is a safe place to live, compared to statewide numbers at 87.3%. In terms of social support, 86.9% of RMDC respondents agreed that there are support networks for individuals and families in the community, slightly higher than the statewide rate of 81.8%. Additionally, 89.8% of respondents in the RMDC service area reported being satisfied with the quality of life in their community, compared to 81.8% for the state.

Interestingly, the scaling question with the least amount of agreement was related to job opportunity. While 61.5% of RMDC respondents agreed that their community has good job opportunities, 29% indicated disagreement and 9.5% indicated "N/A." At the state level, a nearly identical percentage (61.9%) agreed with the statement, though a higher proportion (35.2%) indicated disagreement and 2.9% indicated "N/A." These findings suggest that while perceptions of community quality and support are generally positive, economic opportunity remains an area of concern both locally and statewide.

Results from a series of analyses of variance (ANOVAs) and t-tests indicated that quality of life varied significantly across several demographic and need-related factors. Quality-of-life scores differed significantly by monthly income ($p < 0.001$), with higher income generally associated with higher quality of life. Participants who did not identify affordable housing, a living wage job, or childcare as their top needs had significantly higher quality-of-life scores than those who did prioritize these needs ($p < 0.001$ for each). Similarly, those who did not select access to mental health care as a top need reported higher quality of life ($p < 0.01$). When grouped by self-reported needs, participants who reported having current job-related needs had significantly lower quality of life scores than those who did not ($p < 0.05$), as did those who reported financial needs ($p < 0.001$), housing needs ($p < 0.01$), health needs ($p < 0.05$), and civic or community-related needs ($p < 0.001$). These patterns suggest that unmet material and social needs are associated with a lower self-reported quality of life in this sample.

In contrast, no statistically significant differences in quality of life were found based on ethnicity, binary racial identity (White versus Non-White), whether participants prioritized substance use disorder treatment access, whether they reported education needs, housing status, or sex. These findings indicate that while structural and unmet resource needs are linked to lower quality of life, demographic characteristics alone did not account for meaningful variation in this sample.

Figure 15. Role in community

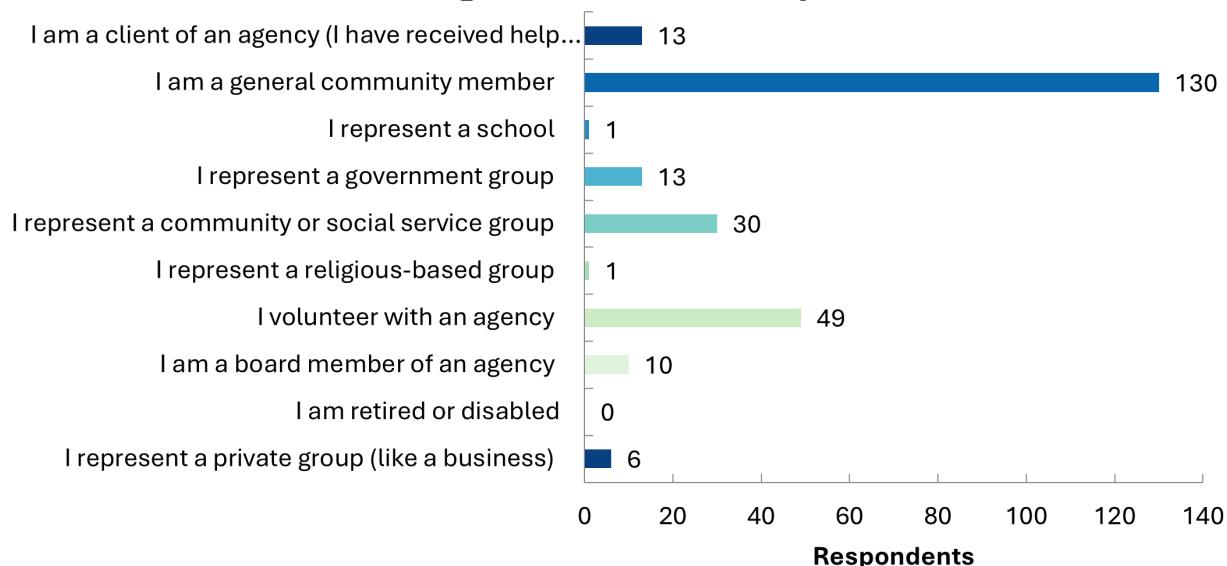


Figure 15 provides a breakdown of how survey respondents see themselves in relation to their community. Participants who did not answer the question were excluded, and write-in responses were manually recoded into relevant categories.

Most respondents (51.4%, n=130) self-identified as general community members, reflecting broad engagement across the surveyed counties. The second largest group was those who identified as volunteers within an agency (19.4%, n=49), followed by those who identified as representing a community or social service group (11.9%, n=30), those who identified as representing a government group (5.1%, n=13), and those who identified as being a client of an agency (5.1%, n=13). These findings indicate a strong level of connection to a volunteer network within the agency as well as a slight connection to local support services.

An analysis of client status by income, housing, and employment needs revealed several important patterns. First, there was a statistically significant association between income and the likelihood of being a CAA client. Individuals with monthly incomes at or below \$3,000 were more likely to be clients of an agency than those with higher incomes, with 9.9% of low-income individuals identified as clients compared to just 1.5% in the higher-income group. Fisher's exact test confirmed this difference as significant ($p < 0.01$), and the odds ratio ($OR = 0.143$, 95% CI: 0.014–0.78) suggests that higher-income individuals were significantly less likely to be CAA clients. In contrast, no statistically significant differences in client status were observed by housing status or employment needs.

Community needs

The survey asked participants to rank their top five needs in their communities. The participants' top needs were scored a five and their lowest need was scored a one. The "Number of rankings" column shows the total number of participants who included that need in their top five.

Table 43. Top community needs

Community need	Score	Number of rankings
Availability of safe and affordable housing	710	174
Availability of jobs that pay enough to live on	467	140
Access to affordable childcare	331	110
Help for people who are unhoused	258	94
Access to mental health services	236	85
Access to healthcare	225	78
Availability or cost of transportation	196	75
Needs of older adults or seniors	183	62
Planning for growth and development (e.g., water resources)	147	48
Access to substance use disorder services	113	40
Needs or services for youth	97	44
Crime and/or public safety	95	43
Access to early childhood education	90	33
Lack of affordable food or hunger	86	44
Access to reliable and fast internet	54	17
Cultural awareness	27	10

Based on ranked scores provided by survey participants, the most frequently identified top community needs were availability of safe and affordable housing (score 710, ranked by 174 participants), availability of jobs that pay enough to live on (score 467, ranked by 140 participants), and access to affordable childcare (score 331, ranked by 110 participants). Following closely as most important is help for people who are unhoused (score 258, ranked by 94 participants). Researchers expected housing and childcare to be among the top community needs based on prior analyses, and this distribution suggests that affordable housing, economic stability, and childcare are the most urgent and shared concerns in the service area of RMDC.

Individual and family needs

Employment needs

Figure 16. Employment needs

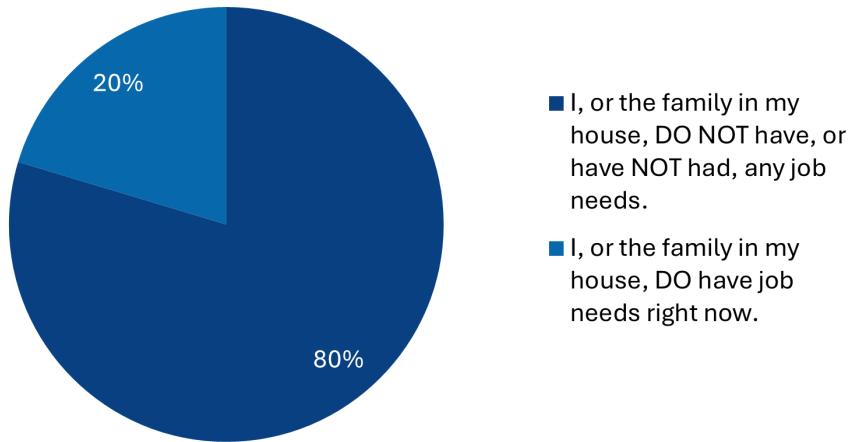


Table 44. Employment needs

Job need	n	Percent (%)
Jobs that pay more or have benefits	21	45.7
Training for the types of jobs available in the area	12	26.1
Knowing where to find job resources	11	23.9
Finding and keeping a job	11	23.9
Interviewing for a job	10	21.7
Learning technical skills	9	19.6
Writing a resume	9	19.6
Job training	8	17.4
Getting the right clothes for a job	5	10.9
Learning soft skills	5	10.9
Having access to the internet for work	3	6.5
Background check issues	3	6.5
Criminal background issues	3	6.5
Offender standing issues	2	4.3

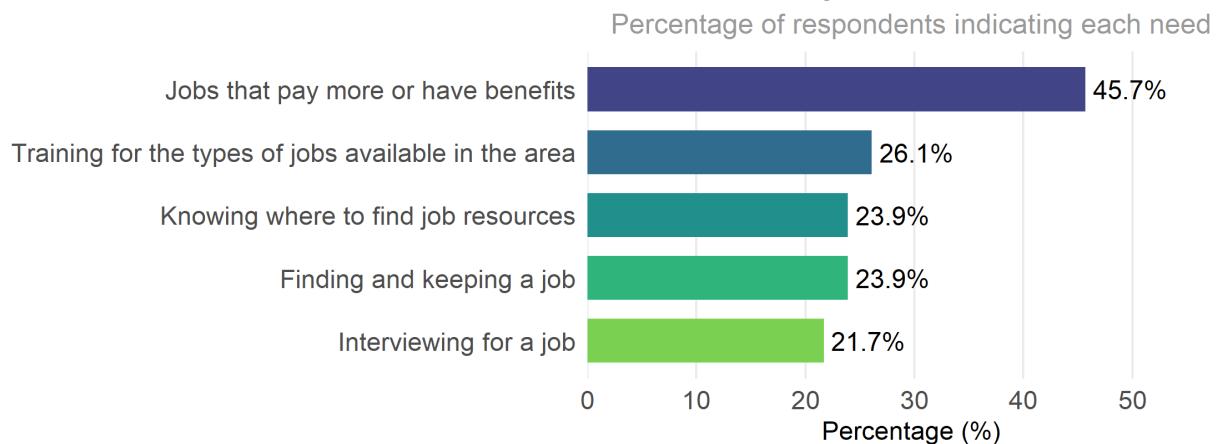
Among 46 participants who indicated current job needs, multiple selections were allowed. Table 44 and Figure 17 summarize the specific employment-related needs identified by these respondents. Because participants could choose more than one option, percentages do not sum to 100%.

The most reported job need was the desire for jobs that pay more or included benefits, cited by 45.7% (n=21) of participants. Other frequently reported needs included training for the types of jobs available in the area (26.1%, n=12), knowing where to find job resources (23.9%, n=11), finding and keeping a job (23.9%, n=11), and interviewing for a job (21.7%, n=10).

Chi-square and Fisher's exact tests were used to examine associations between key demographic variables like income, housing stability, race, and reported employment needs. Results showed that participants with lower incomes were significantly more likely to report current employment needs ($p<0.05$) compared to those with higher incomes. In addition, those living in unstable housing were significantly more likely to report current employment needs than those in stable housing ($p<0.05$), though the sample size for the unstable housing group was very small ($n=4$).

Participants were given the chance to write in their employment needs. One noted the need for "a resource for Art/Music projects/gigs," highlighting interest in more creative or nontraditional opportunities. Another stated "accommodations," while a third clarified the need for "jobs that accommodate disabilities," underscoring the importance of accessible employment options. Together, these remarks reflect both ongoing barriers to employment such as accessibility and diverse priorities when it comes to job services and programs.

Figure 17. Top five job needs

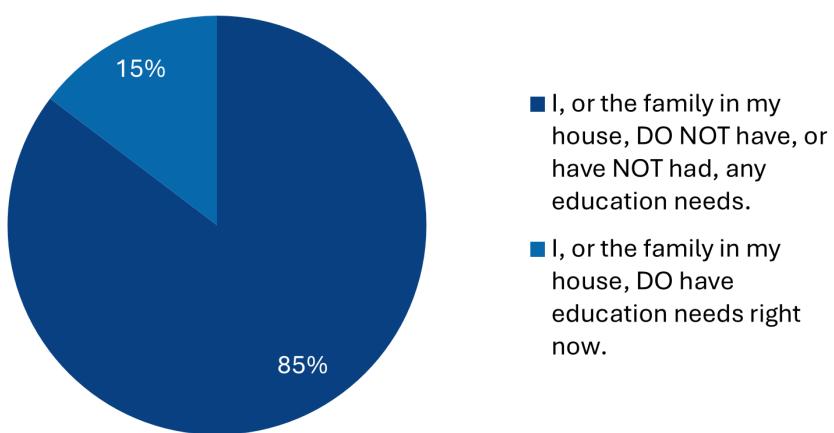


Note: Participants were asked to select their job needs. The percents will not add to 100 because participants could select more than one need. The denominator is the 46 participants that reported job needs.

This data reveals that while most respondents did not report employment needs, a substantial portion of households are currently navigating barriers to stable and gainful employment. The most common concerns centered around wages, benefits, job training, and employment resources. These findings highlight opportunities for workforce development, reentry support, and wraparound employment services in the service area.

Education and cognitive development needs

Figure 18. Education needs



Participants were asked whether they or members of their household had experienced education needs in the past 12 months. Overall, 85.3% (n=192) reported no current or recent education needs and 14.7% (n=33) reported that they had education needs.

Table 45. Education and cognitive development needs

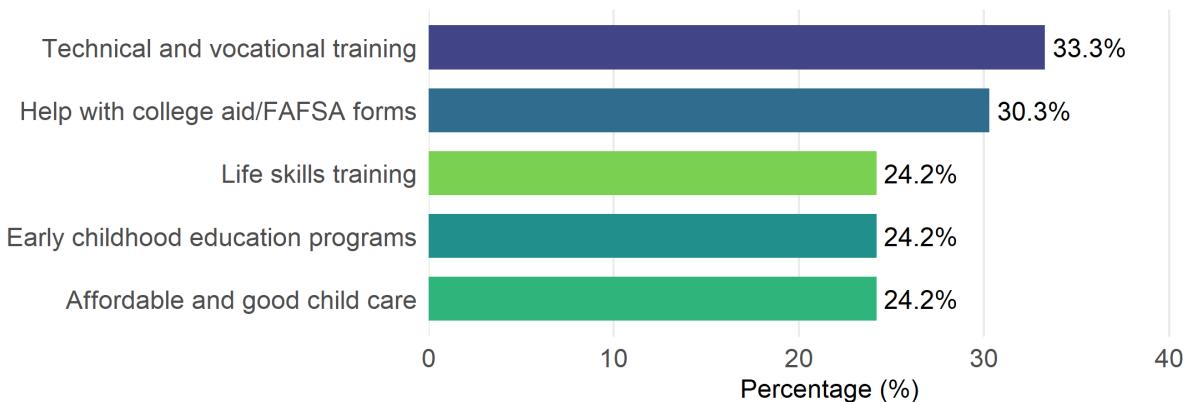
Program	n	Percent (%)
Technical and vocational training	11	33.3
Help with college aid/FAFSA forms	10	30.3
Early childhood education programs	8	24.2
Affordable and good childcare	8	24.2
Life skills training	8	24.2
Parenting education and skills	5	15.2
Computer skills training	5	15.2
GED classes/HSE	4	12.1
Literacy classes	1	3
English as a Second Language (ESL) classes	0	0

Among those with education needs, the most selected areas were technical and vocational training (33.3%, n=11), help with college aid/FAFSA forms (30.3%, n=10), and early childhood education programs (24.2%, n=8). Other frequently identified needs included affordable and good childcare (24.2%, n=8), life skills training (24.2%, n=8), and parenting education and skills (15.2%, n=5).

These findings highlight a range of educational priorities, spanning from training opportunities to early childhood education. Again, participants were able to identify education and cognitive development needs via write-in responses. One respondent emphasized the importance of services "to help with developmental disabilities learn daily life skills/money management," while another mentioned the need for "support for children with neurodivergence." Other responses highlighted transitional planning, like "college to work or advancement in work" and broader "college and career planning." These responses point to the importance of both transitional skill building and support and skills development for individuals with disabilities.

Figure 19. Top five education needs

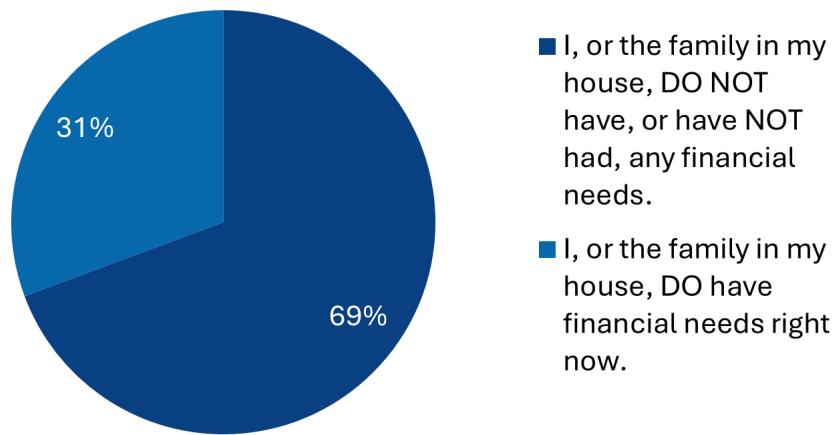
Percentage of respondents indicating each need



Note: Participants were asked to select their educational needs. The percentages will not add to 100 because participants could select more than one need. The denominator is the 33 participants that reported education needs.

Income, infrastructure, and asset-building needs

Figure 20. Income needs



Survey participants were asked if they or anyone in their household has current financial needs. Overall, 69% of respondents indicated they do not have current financial needs, and 31% indicated they do (n=69). Table 46 below presents data on participants' self-identified financial needs.

Table 46. Income, infrastructure, and asset-building needs

Financial need	n	Percent (%)
General financial issues	28	40.6
Money management, saving, or budgeting	24	34.8
Help with transportation or car repairs	21	30.4
Free income tax preparation help	15	21.7
Legal help	11	15.9
Help with energy bills	11	15.9
Help with water bills	11	15.9
Help with burial or funeral costs	10	14.5
Help paying gas or heating bills	9	13
Help paying electric bills	8	11.6
Help getting internet access at home	7	10.1
Bankruptcy, foreclosure, or repossession issues	5	7.2
Gambling counseling	3	4.3
Money problems related to divorce	2	2.9
Child support payment issues	1	1.4

Of the 69 individuals who reported financial concerns, the most frequently cited need was general financial issues (40.6%, n=28). This finding was followed closely by help with money management, saving, or budgeting (34.8%, n=24), and help with transportation or car repairs (30.4%, n=21), indicating that a significant number of households are struggling with essential cost of living expenses and additionally financial planning.

About 22% (n=15) of participants reported needing free income tax preparation help, and about 16% (n=11) reported needing legal help. This finding indicates a demand for financial literacy resources. Other common needs include help with energy bills (15.9%, n=11), help with water bills (15.9%, n=11), and help with burial or funeral costs (14.5%, n=10).

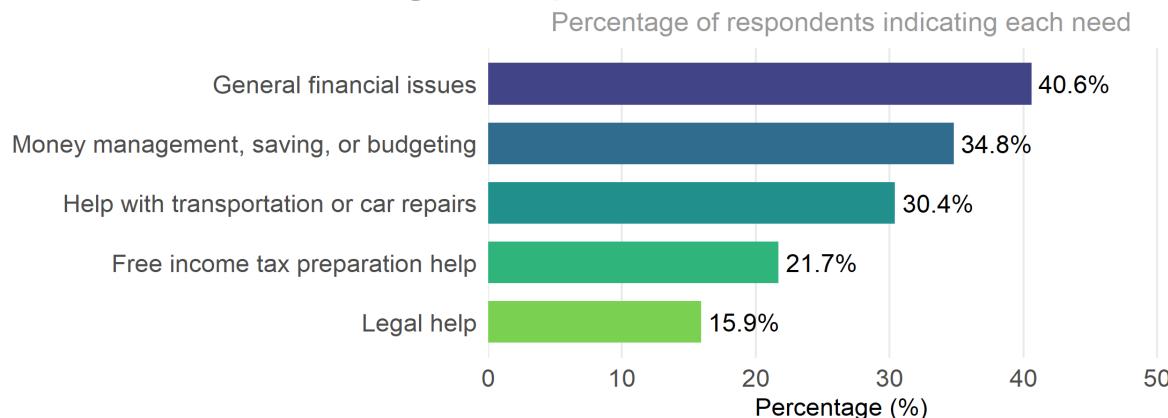
In addition, participants reported a range of financial needs, from everyday costs like utility bills and internet access to more complex issues like debt or gambling counselling. Many households are struggling to keep up with essential monthly expenses, including internet access and utility bills, with others facing more serious financial pressures related to foreclosure, divorce, or child support. While fewer individuals reported such concerns, the findings still highlight the variety of economic stressors families may be managing. The data highlights the need for both immediate financial support and long-term economic stability services.

Chi-square and Fisher's exact tests were used to examine associations between key demographic variables like income, housing stability, and race and reported financial needs. Results demonstrated that participants identifying as Non-White were significantly more likely to report financial needs ($p < 0.05$), and those with lower incomes were also significantly more likely to report financial needs than higher-income respondents ($p < 0.001$).

Open-ended responses revealed the financial strain many participants face, specifically around housing, debt, and essential expenses. One respondent shared the need for "assistance with

paying property taxes," while another respondent expressed difficulty "obtaining [a] down payment for house construction/mortgage" despite owning land. Debt was a recurring theme, including "credit card debt for hearing aids" and managing "parent student loan payments." Others identified broader structural challenges like "better pay and more work hours to avoid living paycheck to paycheck" and noted that "poverty guidelines are not accurate," making it difficult to qualify for assistance despite clear need. This commentary points to gaps in current systems of support and the importance of policies that address both immediate relief and long-term financial stability.

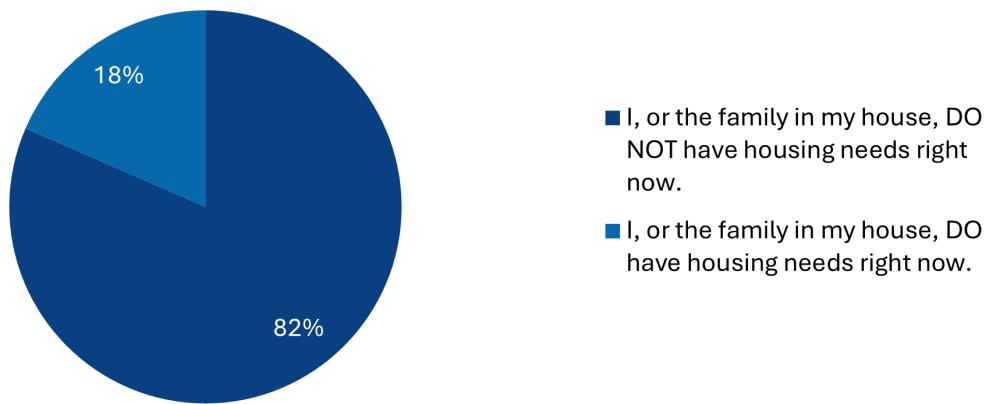
Figure 21. Top five financial needs



Note: Participants were asked to select their financial needs. The percentages will not add to 100 because participants could select more than one need. The denominator is the 69 participants that reported financial needs.

Housing needs

Figure 22. Housing needs



Survey participants were asked if they or anyone in their household has current housing needs. Overall, 81.5% of respondents indicated they do not have current housing needs, and 18.5% indicated they do (n=41). Table 47 below presents data on participants' self-identified housing needs.

Table 47. Housing needs

Housing needs	n	Percent (%)
Good affordable housing to rent	22	53.7
Home repair needs	20	48.8
Good affordable housing to buy	16	39
Help with home energy efficiency	15	36.6
Programs for free home repairs	12	29.3
Help with down payments or closing costs	11	26.8
Help with rent	9	22
Skills for basic home repairs/maintenance	7	17.1
Senior citizen housing	7	17.1
Income-based rental housing for seniors	7	17.1
Affordable nursing homes/long-term care	7	17.1
Issues with unsafe/unlivable homes for sale	6	14.6
Issues with unsafe/unlivable rental homes	5	12.2
Help with rent deposits	5	12.2
Handicap accessible housing	4	9.8
Help with rent payments	4	9.8
Education about tenant rights/responsibilities	4	9.8
Home buyer education	3	7.3
Help with rent back payments	2	4.9

Respondents who indicated housing needs (n=41) were asked to select all applicable housing-related concerns. Because respondents could select more than one option, percentages will not total 100%. The most reported housing need was good affordable housing to rent (53.7%), which 22 respondents selected as their top housing need. Nearly as many respondents (48.8%, n=20) indicated a need for home repairs, and other frequently reported housing needs included good affordable housing to buy (39%, n=16), help with home energy efficiency (36.6%, n=15), and programs for free home repairs (29.3%, n=12).

Additional needs included help with down payments or closing costs (26.8%, n=11), help with rent (22%, n=9), skills for basic home repairs/maintenance (17.1%, n=7), senior citizen housing (17.1%, n=7), income-based rental housing for seniors (17.1%, n=7), affordable nursing homes/long-term care (17.1%, n=7), and issues with unsafe/unlivable homes for sale (14.6%, n=6).

Less frequently mentioned needs included issues with unsafe/unlivable rental homes (12.2%, n=5), help with rent deposits (12.2%, n=5), handicap accessible housing (9.8%, n=4), help with rent payments (9.8%, n=4), education about tenant rights/responsibilities (9.8%, n=4), home buyer education (7.3%, n=3), and help with rent back payments (4.9%, n=2).

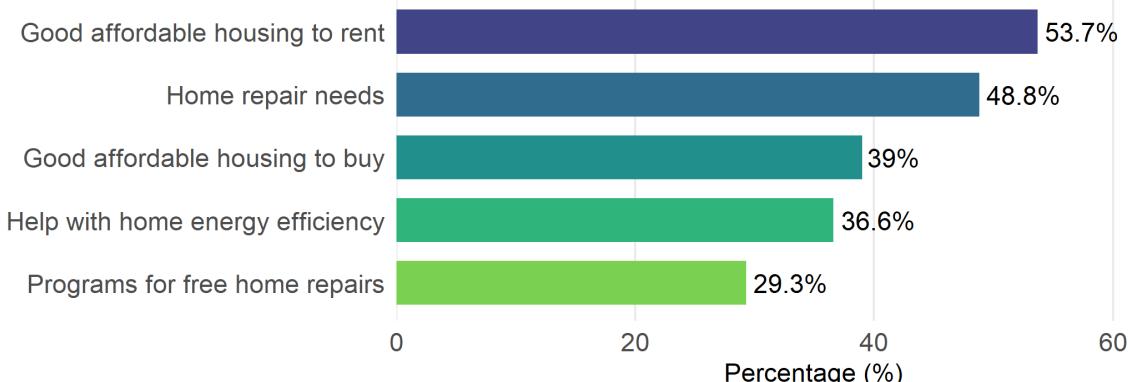
The data highlights a significant need for affordable rental housing, home repairs, and affordable housing to purchase, with layered needs across affordability, rental assistance, education, and supportive services. Chi-square and Fisher's exact tests were used to examine associations between key demographic variables like income, housing stability, race, and reported housing

needs. Non-White participants were found to be significantly more likely to report housing needs compared to White participants ($p < 0.05$).

Write-in comments for housing needs emphasized concerns about affordability and the need for practical support in maintaining safe, livable homes. One respondent highlighted the challenge of rising costs, noting that “taxes and homeowners insurance increased but [is] not consistent with rise in income.” Several expressed a need for hands-on assistance, including “senior assistance for home repairs, home maintenance, snow removal, [and] yard care,” and help “to get my yard in shape for the summer [and] bathroom ceiling fixed.” Another respondent raised a concern about property management and enforcement, stating that “some people don’t follow the federal housing rules...management does nothing.” These responses reflect both affordability issues as well as gaps in property oversight and home maintenance support.

Figure 23. Top five housing needs

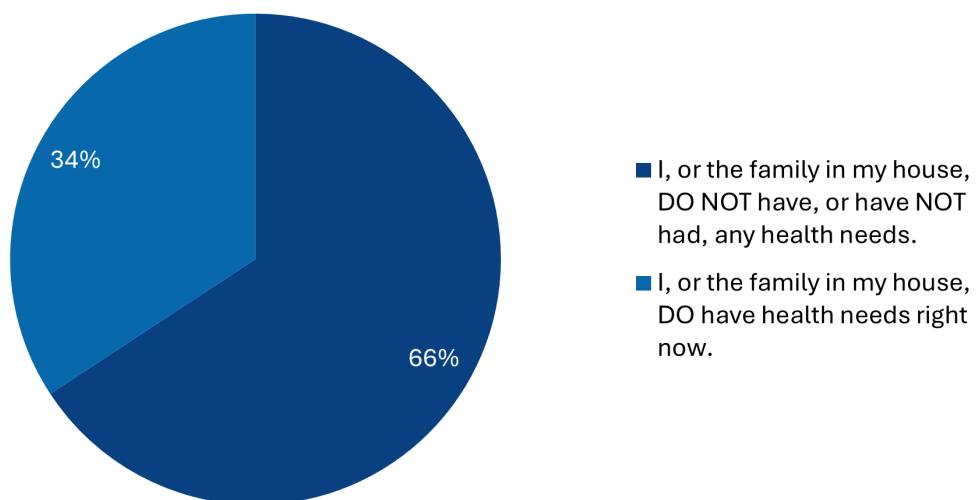
Percentage of respondents indicating each need



Note: Participants were asked to select their housing needs. The percentages will not add to 100 because participants could select more than one need. The denominator is the 41 participants that reported housing needs.

Health/social and behavioral development needs

Figure 24. Health/social and development needs



Survey participants were asked if they or anyone in their household has current health needs. Overall, 65.8% of respondents indicated they do not have current health needs, and 34.2% indicated they do (n=76). Table 48 below presents data on participants' self-identified health needs.

Table 48. Health/social and behavioral development needs

Health need	n	Percent (%)
Affordable dental care	35	46.1
Affordable health care	32	42.1
Care for chronic illness	24	31.6
Mental health services	23	30.3
Affordable eye care	23	30.3
Help paying for medicine/prescriptions	22	28.9
Health insurance issues	22	28.9
Adult mental health services	19	25
Senior health care	19	25
Long-term health care	14	18.4
Food assistance	13	17.1
Access to fresh/healthy food	12	15.8
Youth mental health services	9	11.8
Access to support services (Special Supplemental Nutrition Program for Women, Infants, and Children [WIC]; SNAP; Supplemental Security Income [SSI], etc.)	9	11.8
Veterans services	8	10.5
Help for people with special needs	6	7.9
SNAP	6	7.9
Medical equipment (wheelchairs, hearing aids, etc.)	5	6.6
Sexual and reproductive health care	3	3.9
Emergency food resources	3	3.9
Supplemental Security Income	3	3.9
Help for children with special needs	2	2.6
Emergency clothing (winter coats, etc.)	2	2.6
Help for physical/emotional/sexual abuse	2	2.6
HIV/AIDS care	1	1.3
Substance use disorder treatment	1	1.3
Child vaccinations	1	1.3
Abuse/violence protection	1	1.3
Sexual assault services	1	1.3
Services for runaway youth	1	1.3

Among the 76 participants who reported health-related needs, the most common concern was

affordable dental care, identified by 46.1% of respondents. This finding was closely followed by affordable health care (42.1%) and care for chronic illness (31.6%), indicating that access to medical and dental needs is a significant challenge for many in the service area of RMDC.

A substantial portion of respondents expressed the need for mental health services (30.3%) and affordable eye care (30.3%), highlighting persistent gaps in both routine and behavioral health services. Similarly, many participants reported a need for help paying for medicine/prescriptions, reflecting barriers to accessing health services.

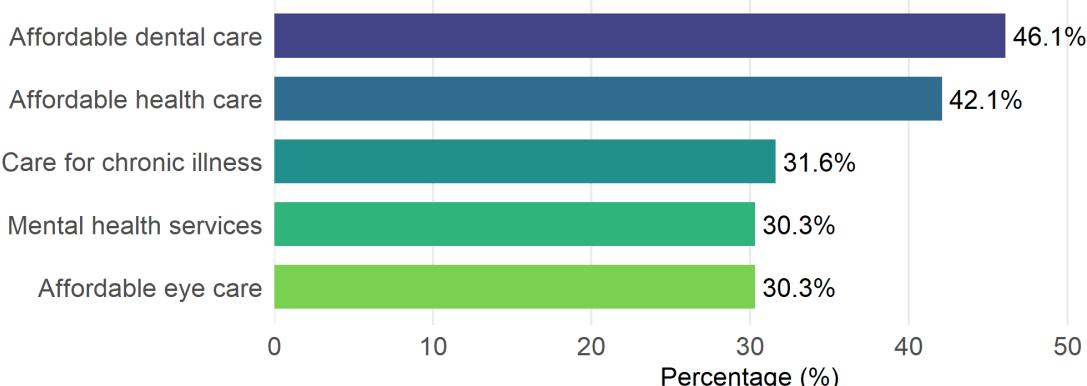
Others reported a need for help with health insurance issues (28.9%), adult mental health services (25%), senior health care (25%), and long-term health care (18.4%), highlighting the aging population of the service area and the aligning needs. Food assistance (17.1%), access to fresh/health food (15.8%), youth mental health services (11.8%), and access to support services (WIC, SNAP, SSI, etc.; 11.8%) were also identified as areas of need.

Other less frequently identified needs were veteran's services, help for people with special needs, and other areas such as substance use disorder treatment. More specialized needs such as domestic violence protection, teenage pregnancy support, and sexual and reproductive health care were reported by fewer participants (each under 5%), but they remain critical areas requiring targeted outreach and services.

Participants shared powerful experiences related to health/social and behavioral development needs, especially for seniors and veterans. One respondent described the strain of being "just over poverty guidelines" and called for "food assistance for those seniors...[and] a decent food bank where food quality is decent." Others pointed to serious gaps in medical care access, including that they "have to travel 180 miles for cancer care" and struggle with ongoing delays for prescriptions: "for two days now I have been waiting for a return call to St. Peter's Prior Authorization director... still waiting." Another individual detailed multiple barriers their spouse, a 100% disabled veteran, faced, noting that the U.S. Department of Veterans Affairs (VA) "rescheduled his appointment...EIGHT times" and forced a telehealth visit "for a veteran who is hard of hearing." These comments highlight the urgency of improving access, coordination, and responsiveness in health systems, particularly for vulnerable populations.

Figure 25. Top five health needs

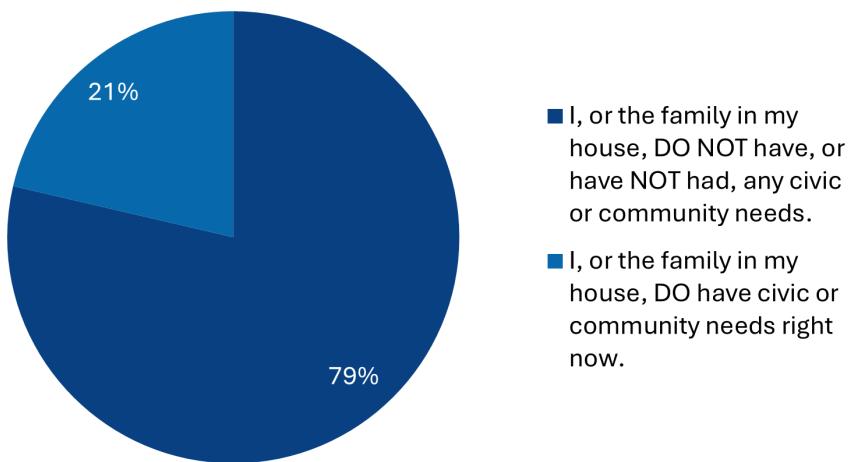
Percentage of respondents indicating each need



Note: Participants were asked to select their health needs. The percentages will not add to 100 because participants could select more than one need. The denominator is the 76 participants that reported health needs.

Civic engagement and community development needs

Figure 26. Civic engagement needs



Survey participants were asked if they or anyone in their household has current civic or community needs. Overall, 78.6% of respondents indicated they do not, and 21.4% indicated they do (n=47). Table 49 below presents data on participants' self-identified civic or community needs.

Table 49. Civil engagement and community development needs

Need	n	Percent (%)
More medical specialists	20	42.6
Youth activities and programs	19	40.4
Safe, walkable neighborhoods with sidewalks and parks	18	38.3
Recreational activities (playgrounds, trails, etc.)	18	38.3
Ways to have voice heard with local politicians	18	38.3
Activities and programs for seniors	13	27.7
Volunteer/community engagement opportunities	11	23.4
Additional healthcare facilities	8	17
More family/primary care clinics	8	17
Crisis services/emergency housing for unhoused people	6	12.8
Crime prevention	6	12.8
More pharmacies	4	8.5
Prevention of breaking and entering	3	6.4
Help with legal issues	3	6.4
More urgent care clinics	2	4.3
Prevention of violent crime	2	4.3
Prevention of gang violence	2	4.3

Among the 47 participants who reported community needs, the most common concerns centered on health care access, neighborhood livability, recreation, and activism. The highest priority, noted by 42.6% of participants, was the need for more medical specialists (n=20).

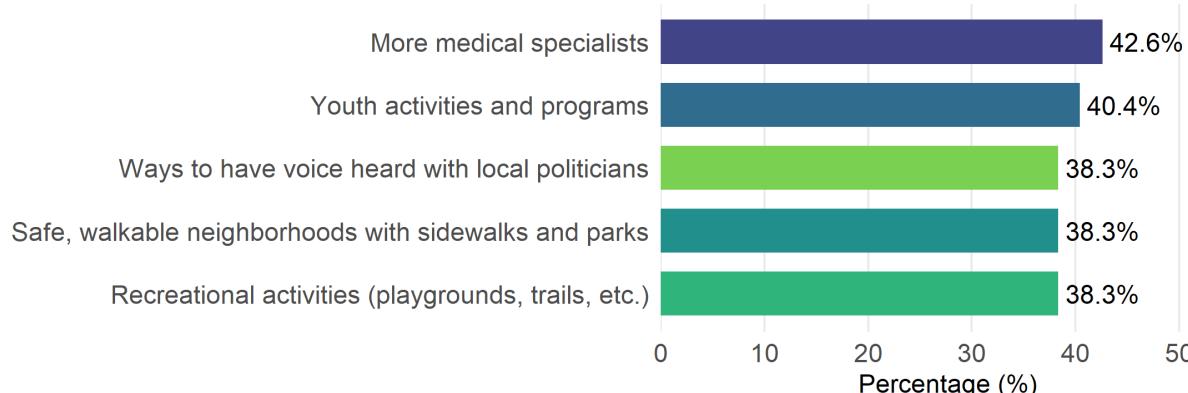
Close behind these findings were calls for youth activities and programs (40.4%, n=19) and access to safe, walkable neighborhoods with sidewalks and parks (38.3%, n=18). These responses reflect a shared interest in youth engagement and neighborhood resources.

Other significant areas of need included recreational activities (playgrounds, trails, etc., 38.3%), ways to have voice heard with local politicians (38.3%), and activities and programs for seniors (27.7%). This finding follows the common theme found throughout this report that seniors are a primary demographic that necessitates targeted programming and services.

Open-ended responses on civic engagement and community development highlighted both unmet needs and areas of satisfaction. One respondent called for “more activities for those with developmental disabilities,” while another emphasized that “seniors need more help,” pointing to a need for increased inclusive programming across different age groups. Transportation was also mentioned, with one respondent advocating for “subsidized transportation in the county, not just the city limits,” and suggesting Missoula’s youth fare programs as a model for future development in the service area. Not all feedback was critical or suggestive, with one participant sharing “we are well-represented with civic needs in the community,” offering a point of satisfaction alongside the calls for action or improvement.

Figure 27. Top five community needs

Percentage of respondents indicating each need



Note: Participants were asked to select their community needs. The percents will not add to 100 because participants could select more than one need. The denominator is the 47 participants that reported community needs.

Section 2 summary

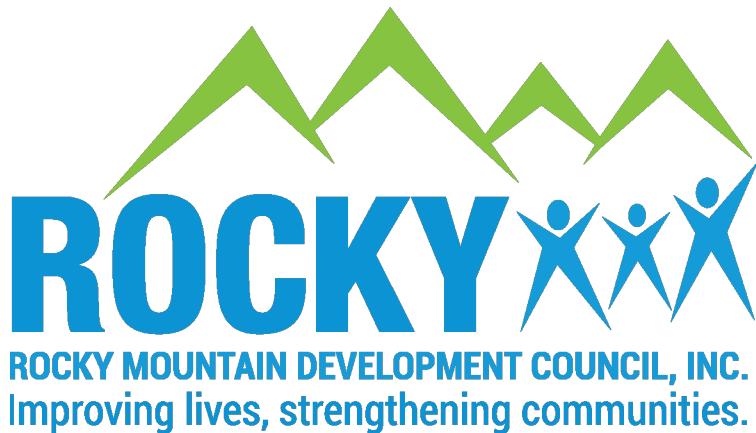
Section 2 presented statistically representative data from a RMDC service area-wide survey with the aim of identifying existing community strengths and individual, family, and community needs within the three-county service area. Demographics and aspects of the social determinants of health such as housing and community environment were examined.

Key findings in trends and needs

- The mean age of survey participants was about 61, with 68.8% identifying as female. For race and ethnicity, 76.4% of participants are White, 1.2% are Native American, and 2.7% identify as Hispanic or Latino/a.
- Overall, 6.9% of survey participants reported living in a household with 5 or more people, and 36.3% of respondents reported having two seniors in the home.
- In the service area, 37.5% of survey respondents reported making less than \$4,000/month, and 3.1% of survey participants reported having a household income below \$12,000/year.
- Overall, 38.8% of participants reported working full time in one or more jobs, and 42% of the survey sample reported having some college or a four-year college degree.
- Quality of life was significantly lower among participants with current material or social needs, including job, financial, housing, health, and community-related needs.
- Participants with higher incomes and those who did not prioritize affordable housing, living wage jobs, childcare, or mental health care as top needs reported significantly higher quality of life.
- **The top five needs that survey respondents highlighted for their communities** include (1) “availability of safe and affordable housing,” (2) “availability of jobs that pay enough to live on,” (3) “access to affordable childcare,” (4) “help for people who are unhoused,” and (5) “access to mental health services.”
- **The top five employment needs for families and individuals** include (1) “jobs that pay more or have benefits,” (2) “training for the types of jobs available in the area,” (3) “knowing where to find job resources,” (4) “finding and keeping a job,” and (5) “interviewing for a job.”
- **The top five education and cognitive development needs for families and individuals** include (1) “technical and vocational training,” (2) “help with college aid/FAFSA forms,” (3) “life skills training,” (4) “early childhood education programs,” and (5) “affordable and good childcare.”
- **The top five income, infrastructure, and asset-building needs for families and individuals** include (1) “general financial issues”; (2) “money management, saving, or budgeting”; (3) “help with transportation or car repairs”; (4) “free income tax preparation help”; and (5) “legal help.”
- **The top five housing needs for families and individuals** include (1) “good affordable housing to rent,” (2) “home repair needs,” (3) “good affordable housing to buy,” (4) “help with home energy efficiency,” and (5) “programs for free home repairs.”
- **The top five health/social and behavioral development needs for families and individuals** include (1) “affordable dental care,” (2) “affordable health care,” (3) “care for chronic illness,” (4) “mental health services;” and (5) “affordable eye care.”

Section 3: RMDC Mission and Impact

Section 3 provides an overview of the agency programs and partners working to address the current needs discussed in Sections 1 and 2 of this CNA. This section portrays the impact of RMDC programs and engagement within the larger community by reviewing administrative data on CAA impact and program utilization. Section 3 includes findings from a focus group with RMDC program partners (n=4).



RMDC has served the residents of south central Montana for over 60 years. The agency's primary focus is to mitigate the causes and conditions of poverty. RMDC serves vulnerable populations through their core programs, which assist individuals and families in achieving economic independence and self-sufficiency.

RMDC mission

RMDC strives to improve quality of life and to promote self-sufficiency for individuals and families by creating opportunities for success in Broadwater, Jefferson, and Lewis and Clark Counties.¹⁵⁵

RMDC envisions a world where both individuals and families are served through their support and programs with shared respect, empathy, service, integrity, and accountability. RMDC works to create an environment where individuals don't have to choose between heating their homes or feeding their families, where jobs pay a living wage and homes are affordable, where children receive early learning to promote healthy development, and where all community members are provided equal opportunity and are free from economic barriers to achieve their full human potential.

RMDC delivers programs and supportive services that encourage self-sufficiency and community collaboration for the betterment of Montana's most disadvantaged. RMDC accomplishes this mission through their promise of community action. RMDC believes community action changes people's lives, embodies the spirit of hope, improves communities, and makes Montana a better place to live.

¹⁵⁵Rocky Mountain Development Council. (2025). <https://rmdc.net>

RMDC programs and impact

RMDC currently administers programs in 12 areas addressing four broad categories of community needs. The efforts of the agency include a full range of programs and services for all individuals and families, including senior services, childcare and early childhood education, energy services, and housing services.

Through a system of intakes and referrals, every agency program is responsible for the achievement of its own assigned program goals, while also providing support services to all eligible clients in other agency programs. All RMDC programs that share clients work together to bundle services internally and make referrals to community partners, which reduces duplication and redundancy. The sections below describe the important programs that RMDC offers.

Senior services

RMDC's Senior Services include the Rocky Senior Nutrition and Transportation Programs, Rocky Senior Commodity Program, and AmeriCorps Seniors, which includes the Foster Grandparent Program, Senior Companion Program, and the Retired & Senior Volunteer Program (RSVP), including Rocky Go Getters. RMDC supports Rocky's Agency on Aging, which provides Medicare assistance, information on resources available to seniors evidenced-based classes, and fraud prevention. The aging population is often overlooked, but RMDC strives to promote self-determination for this group, especially due to the high volume of aging people in the region. The service area is home to multiple senior centers, located in Augusta, Boulder/Basin, Helena, Lincoln, Townsend, and Whitehall.

The Helena Senior Center, as the main location, offers older adults the opportunity to have lunch and socialize in a friendly atmosphere. This site is open Monday through Friday and offers noontime meals in addition to other resources, such as health screenings, income tax assistance, and assistance with Medicare or Medicaid issues. The Helena Senior Center also provides exercise, writing, art classes, and group games. The other senior centers throughout the service area utilize similar activities in their programs. In 2024 alone, RMDC provided 1,110 seniors with 19,358 meals in senior centers throughout the service area.

The Rocky Senior Nutrition and Transportation Programs provide a nutritious meal to seniors with a registered dietitian responsible for creating well-rounded meals and offer



Seniors participating in Rocky's exercise class



CSFP manager at the warehouse

rides to and from the Helena Senior Center. These programs operate within most senior centers daily and in the Boulder location on Tuesdays, Wednesdays, and Thursdays. In addition, MOW food is delivered by the Senior Nutrition program throughout the service area. The goal of this program is to promote the health of older adults by providing hot nutritious meals that meet a minimum of one-third of daily dietary needs. Rocky's Commodity Supplemental Food Program (CSFP) offers monthly distribution of free food to individuals within the service area. The food is packed in Helena and delivered to designated pick-up spots throughout the service area every other month. Transportation in Helena utilizes a "dial-a-ride" public bus, requiring passengers to call and reserve/pay for their ride using a credit or debit card. This payment system is

a barrier for many people with low incomes as well as the unhoused population in Helena.

AmeriCorps Seniors connects older adults ages 55 and over with the people and organizations that most need their help. Older adults can become mentors, coaches, or companions to people in need, or contribute their job skills and expertise to community projects and organizations. This program includes the Foster Grandparent Program, Senior Companion Program, and the RSVP. Federally funded, the program is housed under the federal level of AmeriCorps and serves RMDC's service area. Foster Grandparent and Senior Companion Programs operate in counties outside of the service area. Specifically, the Foster Grandparent Program operates within the service area and Silver Bow, Deer Lodge, and Powell Counties. The Senior Companion Program operates within the service area and Cascade, Gallatin, Madison, and Silver Bow Counties. In these and similar outlying counties, AmeriCorps Seniors operates through many partnerships to successfully reach those in need. For example, in Silver Bow County, the program is connected to the Butte School District, which places foster grandparents at schools in the county.

RSVP matches retired men and women, ages 55 and over, with volunteer opportunities in their



AmeriCorps Seniors volunteer celebrating at Rocky's volunteer party



Rocky's AmeriCorps Seniors program directors hosting National AmeriCorps staff

communities based on their personal preferences and talents. In 2024 alone, this program had 89 volunteers serving seven nonprofit agencies in the service area, providing a cumulative 9,443 hours of volunteer service. Another program, Rocky Go Getters, is housed within RSVP. Volunteers will drive seniors enrolled in the program to appointments, grocery stores, or even to pick up prescriptions.

Rocky's Agency on Aging provides education and outreach, information and referrals, advocacy for older adults in nursing homes and assisted living centers, and other helpful services such as fraud prevention. This agency offers support

outside of RMDC's service area, including to Gallatin, Meagher, and Park Counties. Rocky's Agency on Aging has funding for the GoGoGrandparents Program, where seniors can request a ride by phone call. No smartphone is required, and this program supports 24/7 customer service and operators with on-demand rides arriving in 15 minutes or less.

Rocky supports the MOW program, which ensures that homebound seniors ages 60 and over have access to hot, nutritious food. A network of volunteers delivers food Monday through Friday to individual residences throughout the service area. MOW served 92,163 meals to 799 seniors, and 4,673 commodity boxes were delivered throughout the area by volunteer staff.

Childcare and early childhood education

RMDC's Child and Family Services are comprised of Rocky's Head Start and Rocky Mountain Preschool Center (RMPC). There is a detrimental shortage of childcare providers in America, and barriers like long waitlists and high costs can contribute to families' ability to enroll their children.

Rocky's Head Start is a comprehensive early childhood development program that works in partnership with the community to create bridges between needs and resources and to promote a sense of shared responsibility for the welfare of children and families with low incomes. The



Rocky's MOW volunteer celebrating his first anniversary of volunteering

program takes applications throughout the year for children ages 3 and 4 and their families and accepts applicants at no cost to families that meet the eligibility criteria. Rocky's Head Start can provide separate program services and referrals to community partners for familial support. The program centers on supporting families to identify strengths, work toward goals, and recognize and build on efforts to be strong families and successful children. Rocky's Head Start focuses on high-quality early childhood education, physical and oral health, positive social/emotional development, health nutrition, and access to a stable, nurturing, and encouraging environment. Rocky's Head Start programs are in Helena, East Helena, and Townsend. In 2024, Rocky's Head Start has a cumulative enrollment of 120 children, with 1,271 separate program services and/or referrals to community partners for family support.

The RMPC program serves children ages 0 to 5, working on their kindergarten readiness skills by providing a learning experience focusing on social emotional behavior skills. RMPC offers a quality environment that incorporates each child's uniqueness into their classrooms. RMPC believes that in a sound learning atmosphere, children can develop a true sense of their identities. The program is tuition-based and accepts the Best Beginnings Child Care Scholarship (BBS) from families in need. In addition to helping parents work their way out of poverty, these and similar scholarships provide parents with peace of mind that their children are safe and properly cared for. In 2024, the BBS distributed scholarships to 6,554 children in need.¹⁵⁶ In 2024, 73 children received care, education, and meals in RMPC's four age-appropriate classrooms.

Energy services and weatherization

No family, individual, or parent should ever have to choose between feeding their children and paying a utility bill to stay warm. RMDC is dedicated to helping Montanans manage the costs associated with heating and weatherizing their homes. The agency administers the federally funded Low-Income Home Energy Assistance Program (LIHEAP), providing low-income households with residential energy costs needed to heat and power homes. In 2024, LIHEAP served 3,357 individuals. The LIHEAP application doubles as an application for weatherization services. Once approved for LIHEAP, households are automatically added to the weatherization priority list. The weatherization program provides energy conservation services to families with low incomes to help them improve the energy efficiency of their home. Following an energy audit, a professional installation crew takes measures to improve energy efficiency and safety of the household by installing smoke detectors, adding insulation, providing carbon monoxide



Head Start kiddo decorating Rocky's Community Garden

¹⁵⁶ Annie E. Casey Foundation. (2025, July 15). Kids Count Data Center. Retrieved from <https://datacenter.aecf.org>

detectors, and other related energy saving services. In 2024, weatherization completed 35 projects throughout the three-county service area of RMDC.

Families who receive SNAP benefits automatically qualify for LIHEAP. However, since not all households can qualify for LIHEAP, the agency partners with Energy Share of Montana, which serves as a loan program offering year-round emergency assistance for eligible households facing an energy crisis. This program is used when all other resources have been exhausted. In 2024, 346 households received Energy Share benefits for emergency furnace repairs or replacements to ensure energy services were not disconnected.

Housing services

A source of great pride and achievement to the agency is RMDC's affordable housing program, offering properties throughout the service area. Residences are in Helena, Boulder, Augusta, and Townsend. In Helena, there are three residence areas: Eagle Manor, North Helena, and Red Alder. Boulder is home to Big Boulder Residences, Augusta is home to Rocky Mountain Front Properties, and Townsend is home to Homestead Manor and Townsend Housing.

RMDC can develop the multifamily properties while also remaining long-term to manage the properties. These projects have been made possible through the housing tax credit program, which combines federal tax credits with a private investment. Local support has been especially valuable for this program. For example, Red Alder Residences is made possible by private investments through Valley Bank and donations from Howard Townsend and the Washington Foundation.

RMDC operates a total of 382 safe, affordable rental units. Since its opening in 2021, Red Alder Residences provided 85 units of workforce and low-income affordable housing. In 2024 alone, 234 individuals received housing stability case management, 187 people attended Homebuyer Education and Counseling classes, and 115 people purchased homes, with 15 receiving foreclosure prevention services.



Couple shown after purchasing their first home with the help of Rocky's Homebuyer Education class for first-time homebuyers

Key metrics of selected RMDC services from 2021 to 2024

The following report highlights showcase the impact of RMDC's programs and services from 2021 to 2024. These metrics demonstrate how RMDC continues to adapt, grow, and meet the evolving needs of the community.

Over the past four years, RMDC delivered a wide range of programs and services designed to meet the most pressing needs of our community. The data below highlights how these efforts addressed challenges identified in prior assessments. By reviewing service delivery alongside community data, the research team can better understand both the progress achieved and the gaps that still exist.

2021

- **Child and family services:** Rocky's Head Start created remote options and enhanced virtual supports to continue serving families. RMPC reopened classrooms and expanded care for eight additional toddlers.
- **Housing and stability services:** Affordable Housing Services completed and leased Red Alder Residences, adding 85 new homes in the community.
- **Senior services:** Senior Nutrition successfully transitioned MOW from 100% staff delivery to a volunteer-based model.
- **Energy services:** RMDC maintained services by adapting LIHEAP processes to pandemic conditions while continuing to meet strict program requirements.
- **Volunteers and AmeriCorps Seniors:**
 - The Foster Grandparent Program received a new three-year grant, purchased six iPads, and trained volunteers to train peers.
 - AmeriCorps Seniors provided two virtual telehealth yoga classes supported by the Christopher & Dana Reeve Foundation.
 - RSVP added two new stations: Rocky's Agency on Aging and Montana Legal Services Association.
 - Volunteers assembled 1,100 school-to-home packets for Rocky's Head Start.
 - In 2021, RMDC's resilience ensured families, children, and seniors received critical services despite pandemic restrictions when programs began shifting toward recovery and expansion.

In 2021, RMDC's resilience ensured families, children, and seniors received critical services despite pandemic restrictions when programs began shifting toward recovery and expansion.

2022

- **Child and family services:** Rocky's Head Start provided free early childhood education to 217 children ages 3 to 5.
- **Housing and stability services:**
 - Overall, 201 households obtained safe and affordable housing, 150 individuals accessed

temporary shelter, and 11 individuals avoided evictions.

- In the service area, 272 individuals attended Homebuyer Education and Counseling classes, 36 received financial coaching, 84 received first-time homebuyer counseling, 12 received foreclosure prevention counseling, and 22 purchased a home.

- **Senior services:**

- In the service area, 5,770 seniors maintained independent living, 37 attended wellness classes, 359 participated in fitness classes, and 258 completed mental health screenings.
- RMDC sites served 3,390 meals and distributed 657 throughout the service area.

- **Energy services:**

- During the year, 3,747 households received improved energy efficiency.
- LIHEAP assisted 3,927 individuals with utility payments and 147 with arrears.
- Overall, 68 households improved health and safety in their homes through hazard mitigation.

- **Volunteers:** 231 individuals completed volunteer training.

- **Case management and transportation:** 3,780 individuals received case management services, and 577 individuals used transportation services.

2023

- **Child and family services:**

- Rocky's Head Start served 177 children ages 3 to 5.
- RMPC provided care and meals for 56 children in four age-appropriate classrooms.

- **Housing and stability services:**

- In the service area, 197 individuals received housing stability case management, 8 avoided eviction, and 78 individuals obtained safe housing.
- During the year, 179 people attended Homebuyer Education and Counseling classes; 13 avoided foreclosure, and 55 individuals purchased homes.
- Across the service area, 382 safe, affordable housing units operated.

- **Senior services:**

- MOW delivered 82,010 meals to 813 seniors.
- Senior Centers provided 18,234 meals to 965 seniors.
- In the service area, 4,732 commodity boxes were delivered.
- Overall, 1,710 seniors received mediation or advocacy interventions.
- In total, 102 seniors attended wellness classes, 543 attended fitness classes, and 34 completed mental health screenings.
- Overall, 6,819 seniors maintained independent living, an 18% increase from 2022.

- **Energy services:**
 - LIHEAP assisted 2,935 individuals.
 - During the year, 3,580 households improved energy efficiency or reduced energy burden.
 - Overall, 270 households received Energy Share benefits for emergency furnace repairs or replacements to ensure energy services were not disconnected.
- **Volunteers:**
 - In the service area, 79 RSVP volunteers contributed 8,247 hours across seven nonprofit agencies.
 - In total, over 160 volunteers contributed 69,317 hours.
- **Case management and transportation:** 2,605 individuals received case management, and 713 accessed transportation services.

2024

- **Child and family services:**
 - Rocky's Head Start served 120 children ages 3 to 5.
 - RMPC provided care and meals for 73 children ages 6 weeks to 5.
- **Housing and stability services:**
 - During the year, 308 unhoused individuals received case management and referrals for services.
 - Overall, 234 individuals received housing stability case management.
 - In the service area, 187 people attended Homebuyer Education and Counseling classes, 15 avoided foreclosure, and 115 individuals purchased homes.
 - Across the service area, 382 safe, affordable housing units operated.
- **Senior services:**
 - MOW delivered 92,163 meals to 799 seniors.
 - Senior Centers provided 19,358 meals to 1,110 seniors.
 - During the year, 4,673 commodity boxes were delivered to seniors.
 - Overall, 1,736 seniors received mediation or advocacy interventions.
 - In total, 4,814 seniors maintained independent living.
- **Energy services:**
 - LIHEAP assisted 3,357 individuals.
 - Overall, 35 weatherization projects were completed.
 - In the service area, 346 households received Energy Share benefits for emergency furnace repairs or replacements to ensure energy services were not disconnected.

- **Volunteers:**
 - Overall, 89 RSVP volunteers contributed 9,443 hours across seven nonprofit agencies.
 - In total, 166+ volunteers contributed 68,154 hours.
- **Case management and transportation:** 3,703 individuals received case management, and 1,113 accessed transportation services.

Table 50. RMDC revenue in fiscal year (FY) 2024

Revenue	2024
Grants	\$9,421,122
County and local	\$540,099
Donations	\$304,583
Program service fees	\$2,791,568
Other	\$134,283
In-Kind	\$337,300
Total	\$13,528,955

Table 50 above shows the RMDC revenue for FY 2024. They received over \$9 million in grants and over \$300,000 in donations. RMDC received over \$2 million in program service fees, which aids in keeping their programs up and running for the community. Findings show that county and local funds, donations, and in-kind funds support RMDC and its programs.

Table 51. RMDC expenses FY 2024

Expense	2024
Program services	\$14,725,879
Administrative	\$47,881
Fundraising	\$40,571
Total	\$14,814,331

When compared to RMDC's expenses for FY 2024 in Table 51 above, most expenses go toward program services (99.4%), showing their high value to both the community and RMDC throughout the service area.

RMDC client satisfaction surveys (2024)

In 2024, several client satisfaction surveys were conducted to gather feedback on housing and meal services provided by RMDC. These surveys were distributed across multiple residential locations, including Eagle Manor, Red Alder, Big Boulder, and River Rock Residences. In addition, a separate survey was administered to clients of the MOW program. Each survey asked residents or participants about their satisfaction with key aspects of the services they receive, such as housing quality, affordability, nutritional support, and overall program impact on independence.

In the survey on the MOW program, 80 clients were surveyed about their satisfaction with the program's services. Overall, 77 respondents, or 96.25%, indicated that receiving MOW meals helps them to remain living independently where they choose. When asked if on most days, the MOW volunteer is the only person they see, 48.75% of respondents (n= 39) indicated yes. The

survey asked if the meals received helped respondents to improve or maintain their nutritional intake, and 78 respondents, or 97.5%, indicated yes. The survey respondents were given the opportunity to submit comments about MOW services. One respondent noted:

"If it wasn't for this program, I'd never made it through my surgery, never would have wanted anything. Gave me hope & care. They are my miracle. Thank you dearly, every one of you. God bless you all, thank you."

Client satisfaction surveys were completed in some of RMDC's housing locations. In Eagle Manor Residences, both a housing survey and meal program survey were completed in 2024. Of the 51 respondents to the survey, 31.37% (n=16) have lived in their current apartment for over five years, and 15.69% (n=8) have lived in their current apartment less than one year. This finding suggests that Eagle Manor Residences offers long-term housing support, and that residents utilize it. Most respondents (n=24) indicated that their apartment more than meets their needs or is adequate (n=24). Only 5% (n=3) of respondents indicated the apartment does not meet their needs. Finally, respondents were asked about the rent and utility costs, and 92%, or 46 respondents, indicated that the rent and utility costs were fair, with 6% responding too high and 2% responding too low. Residents were given the opportunity to comment on their favorite part of living at the property:

"Good location. Walking distance to store, doctors, Walmart, fast food, hospital."

Being within walking distance of the above resources might be critical to some residents of Eagle Manor without a car. Location in this context is a great benefit of utilizing the services at Eagle Manor Residences. Another benefit is their meal program, in which all residents are enrolled. Residents were asked about the quality of the meals they received in the past month, with 7.32% (n=3) responding excellent, 36.59% (n=15) responding good, and 19.51% (n=8) responding fair. When asked how satisfied residents are with the meal program, 75% reported being either very satisfied (30%) or somewhat satisfied (45%). In total, 25% of respondents indicated they were dissatisfied with the program, and 75% of residents indicated that the program helps them remain independent. Residents expressed dissatisfaction that the meal program is required and that they are only provided one meal a day:

"Meal plan should not be mandatory. I have to pay \$180 a month for the meal plan and I eat very little of the food..."

"Stop serving just one meal a day. Serve food that isn't the cheapest possible to buy..."

Also in 2024, a client satisfaction survey was conducted at the Red Alder Residences housing location. Most residents of this location reported living in their current apartment for one to three years (75%, n=15), with others reporting living at the location for three to five years (25%, n=5). This finding indicates that survey respondents reported on their experience with an adequate amount of time spent at Red Alder. Only 15% (n= 3) of respondents indicated that their apartment does not meet their needs, with 45% (n=9) reporting it more than meets their needs and 40% (n=8) reporting it is adequate. Residents at Red Alder mostly felt the rent and utility costs were fair (85%, n=17), with only three respondents (15%) indicating the prices were too high. Respondents expressed their favorite parts of living in the community:

"New apts. Nice neighbors. Like sprinklers and lawn care."

"Quiet and handicap accessible."

| "It's close to where I go for my friends and classes I go to, RMDC, and lunches."

Again, location is an important aspect of living at Red Alder, along with the quality of housing and the people that live there.

A survey was conducted at Big Boulder Residences. When asked how long they have lived in their apartment, most (70%, n=7) reported living there for more than five years, 20% (n=2) have lived there three to five years, and 10% (n=1) have lived there for one to three years. Respondents were asked if their apartment meets their needs, and 70% stated their apartment more than meets their needs, 20% stated it is adequate, and 10% (n=1) stated it does not meet their needs. In total, 80% of respondents indicated that rent and utility prices are fair (n=8), and 20% reported they are too high. Residents reported that their favorite parts of living in the community included aspects such as "solitude, cleanliness, quiet" and "comfortable size, quiet, recycle drop, maintenance folks."

At River Rock Residences, most (61.9%, n=13) respondents reported living in their apartment for over five years, and 19.05% (n=4) reported living in their apartment for less than a year. At this location, most residents reported that the apartment more than meets their needs (52.38%, n=11), 42.86% (n=9) reported it is adequate, and only one respondent (4.76%) reported it does not meet their needs. All respondents reported that the rent and utility costs were fair (100%, n=21). Residents reported various qualities that they found to be their favorite part of living in the community:

| "Price of rent, maintenance service, availability of staff, senior neighbors."

| "Convenience, friendliness, clean and quiet."

| "Location is near store, apt is never and well maintained."

Program provider focus group findings

This summary is based on a confidential focus group conducted with four service providers with experience in business, public, and community sectors from RMDC's service area. Participants included community partners with extensive experience in case management, childcare coordination, food and housing services, and community action programming. They shared insights on regional strengths, community struggles, poverty causes, service barriers, and program outcomes. Their perspectives offer a grounded view of the realities faced by families and the systems designed to help them.

| Community assets and environment

Access to nature and outdoor activities

Participants described RMDC's service area as rich in outdoor recreation, offering residents access to lakes, trails, and open spaces that support both mental and physical well-being. Many individuals and families use these spaces for hiking, biking, and spending time together, making the environment itself a strength in family health and social connection. One participant explains:

| "Lewis Clark County has a lot to offer from lakes to hiking to just about anything you want to do."

Central location and sense of community

Helena's central location as the state capital and its proximity to state-level services give residents better access to certain supports. Some participants noted that Helena maintains a small-town feel where people are still willing to help each other, and organizations tend to collaborate well. This closeness and sense of community helps some clients feel less intimidated when seeking assistance. Participants tended to emphasize how much they liked living where they did:

“...I've been here 15 years, I would say location, so I could live in a small town, but still be close to Helena or Bozeman and use those facilities and what they have to offer, but not live there.”

As this participant explains, they gain the small-town atmosphere they are looking for by living close to Helena but have access to the amenities that the larger cities of Bozeman and Helena have available. Another respondent commented on the activities in Helena:

“We have a great arts community, theater, hiking, biking, sports. There's everything here. You just might have to go seek it out or you have to pay attention because people will say there will be really cool things happening. And then people will say, well, I wish I had known. Well, you would know if you paid attention. So, part of it is that you have to pay attention to what's going on.”

As this focus group participant noted, there are many diverse opportunities in Helena, but it is important to utilize community supports and networks to stay informed.

Community needs and issues

Housing unaffordability and shortages

Housing affordability was a major concern. Participants said that rental prices nearly doubled in the past two years, making it difficult for working families to remain housed. Housing assistance programs, especially those from the Montana Department of Public Health and Human Services (DPHHS), are stretched thin, and RMDC's waitlists for subsidized housing are long. Families often live in unsafe or overcrowded conditions due to lack of options. One participant described the increase in rental prices:

“Just a simple house in town was renting two years ago for \$800. The exact same house is \$1,700 now. And if anything is for rent, somehow people are affording it. I don't know how.”

Participants noted that while housing is a top need, there's little available funding or support to match the growing demand for affordable housing options. Another participant highlighted that many who pay their rent or mortgage may be leaving other bills unpaid, leaving them in need of other programmatic support from RMDC or other agencies:

“So, they aren't paying their other bills. They're using food share...[and] forgoing medical care.”

Focus group participants emphasized that affordable housing has been an area of top need for RMDC service area residents for a long time. They pointed to the COVID-19 pandemic as intensifying the already worsening housing crisis across the nation. As one participant explained:

“Think we wrote it during covid because of how bad things got during covid. And yes,

it got exponentially worse during that, those covid years. But if you read that, you just can't believe that you're reading something that was written in 2017 because it was so bad back then."

This comment highlights that the housing crisis existed for years before the pandemic but became more visible, and more acute, in recent years.

Rents have continued to rise sharply, and although some housing development is in progress, the units being built are largely unaffordable. As one participant noted:

"And we built pretty much nothing for five or six years and we've started to build now, but the things we're building are so unaffordable. And yes, we need those more expensive homes. We need all the layers of housing, but we're not doing anything in the affordable housing realm right now."

These reflections bring visibility to the gap between housing supply and affordability, calling for interventions that address the full spectrum of housing needs.

Participants pointed to structural and regulatory barriers as halting progress for affordable housing. Considerations such as high construction costs, limited subsidies, and expensive local permitting requirements make it extremely difficult to build cost-accessible units. One participant commented:

"There's no such thing as affordable housing...the only way you're going to come combine that is through tax credits or something like that...our local requirements to build anything in the city limits is extremely expensive."

These insights reinforce that meaningful and effective solutions will require coordinated policy changes, financial incentives, and a sustained community commitment to affordability.

Limited childcare availability

There was strong consensus among focus group participants that Helena and the surrounding region are facing a severe childcare crisis. While Rocky's Head Start and childcare programs provide impactful services, they are unable to meet the existing demand. Low wages make it hard to hire or retain qualified staff, and the financial and regulatory challenges of operating a childcare service often lead providers to close and leave the industry altogether. This situation leaves many families with few affordable and trustworthy options for their children's care.

BBS, administered by DPHHS, was mentioned as a valuable resource, but participants noted that its limited capacity and paperwork requirements reduce its accessibility for families who could benefit most. One participant summarized:

"We're a childcare desert. And I mean, I think we cover about 40% of what the childcare needs are in the state, and the costs are so high, people are making poor decisions about where they leave their children."

Participants emphasized that access to reliable childcare is not only a convenience but is essential for both familial stability and economic participation. Without it, parents may be unable to work or may make unsafe or suboptimal childcare arrangements. Children also might miss the developmental benefits of early education. The discussion emphasized that addressing the childcare crisis would require a multifaceted approach, focusing on increased financial

assistance for families, extended capacity in childcare facilities, and support for parents within the workforce.

Mental health and substance use

Mental health needs have intensified in recent years, with providers observing a rise in clients facing depression, anxiety, and trauma-related symptoms, all of which are trends that emerged more frequently since the COVID-19 pandemic. In rural areas, services are scarce, and stigma keeps people from seeking help. For those struggling with substance use disorders, long wait times and limited access to inpatient care can delay recovery. RMDC's coordinated navigation services offer some support, but coverage remains inconsistent. One participant describes what residents report as consistent needs:

“...when you got to the parts about mental health, they were very honest about how they struggle with their mental health...we were just asking people we knocked on their doors, and from that, we still came up with the three same priority areas that we've had for the last nine years, I think, which is behavioral health, which is mental health, substance abuse, suicide prevention, chronic disease, which is generally heart disease, kidney disease, diabetes, and housing.”

This perspective reinforces what has consistently been found through RMDC's outreach efforts. Behavioral health, chronic disease, and housing remain top community concerns and areas of need year after year. Despite the pandemic—since the core needs of residents stayed the same—these findings indicate that addressing the needs of the community will require sustained investment in direct services and community-based prevention efforts.

Causes of poverty

Inflation and low wages

Participants reported that inflation has caused prices for essentials like food, rent, gas, and childcare to rise much faster than wages. Families who once managed to get by are now struggling to meet basic needs and require help. Many qualify for programs but either don't realize they are eligible or feel ashamed to apply. Several participants emphasized that even clients with full-time jobs are finding it difficult to pay for necessities. Participants noted:

“...It's not just your pay isn't increasing with inflation, inflation and housing costs, all these things just kind of add up to life today. And then it's hard to keep up with every day.”

“I generally just think that employment to some extent hasn't kept up.”

This mismatch between income and expenses is forcing more people into hardship—even if they are technically employed. Participants stressed that these challenges rarely exist in isolation:

“It's not as though somebody's just dealing with a housing issue or just dealing with a childcare issue. A lot of times they're going through a lot of those things and they're all kind of caught up together, and trying to fix any one of those can shift the whole system.”

The tightly linked nature of these intersecting challenges means that changes in one area can have a rippling effect, for better or worse.

Generational poverty and trauma

Another theme among focus group discussions was how trauma and generational poverty affect long-term stability. Families that have lived in poverty for multiple generations often face compounded barriers such as limited resources, lack of guidance, or mental health needs that make breaking this cycle difficult. Participants emphasized the need for sustained investment in family case management and trauma-informed care, noting that short-term interventions rarely lead to lasting change. One participant noted:

"I do think that there is a generational element there, and I think we do see it in mental health especially. I mean, I know that if you're looking at suicide prevention, it's the rancher on his own kind of personality type that people don't think to look for, that people need to look for. But yeah, I think that there's some truth to that too. But I do think that younger folks are more open to it. But even if you're open to wanting to receive help or something like that, it doesn't mean that you necessarily find it readily available."

Without support from trusted providers or easily accessible systems of care, families remain caught in crisis cycles where immediate needs overshadow long-term goals. Over time, these unresolved crises can negatively impact a family's ability to keep themselves out of poverty, thus continuing the cycle.

Barriers to program participation

Stigma and cultural hesitation

Participants saw Montana's culture of independence as a major barrier to accessing help. Many families wait until they are in deep crisis before asking for assistance, which makes intervention more difficult. Some parents feel ashamed or feel that seeking support will reflect poorly on them or result in state interference, especially with child-related services. As one participant noted:

"...I wonder if some of those questions in surveys that we see today and dealing with people, I wonder if some of this stuff is stigma-based, and people don't want to open up and tell you truly what's going on."

This cultural pressure affects the uptake of programs like SNAP, childcare subsidies, and even housing assistance, even when people qualify. Culture also shapes attitudes toward community-based solutions. For example, while housing shortages and aging-in-place challenges could be eased by shared living arrangements, there is resistance to such ideas. One participant explained:

"We have...the mansion district...full of older people, one person per huge house... If there are places...where you have basically a property manager...or you're sharing the home or you're living intergenerationally...maybe we need to stop being so damn independent...be a little more empathetic."

Several participants highlighted the need for education for stigma-based perceptions on those receiving assistance:

"A low-income family this year is a family of four that makes almost \$80,000, and when you say that out loud to people, they go, no, it's not."

Misunderstandings like this reinforce the negative stigma around people who are struggling,

oftentimes preventing people from applying to assistance programs.

Similar cultural dynamics appear in volunteerism. Many communities rely on a small, aging group of residents who “help with more of the events,” but even that pool is shrinking. Volunteering has not recovered since the COVID-19 pandemic:

| “it’s down...like 70% of people are just not back...they have not reengaged.”

Without new participation, especially from the younger generation, the capacity to maintain community programs will continue to decline.

Service gaps in rural areas

Families outside Helena face bigger hurdles in accessing services. In smaller towns or rural parts of the service area, transportation is a major issue where bus routes are limited or nonexistent, and many clients don’t have a reliable car. As one participant commented:

| “We have no transportation system. If you want to get to something on the weekends, evenings, and you don’t have your vehicle and you live outside of the city limits that way to get there.”

Transportation challenges affect access to RMDC services, DPHHS partner programs, medical care, and childcare. Even program outreach to rural areas is difficult. One participant explained:

| “We struggle to get a Meals on Wheels program out there. It’s really far.”

These efforts raise questions about who is supporting rural residents of the service area:

| “Where are these people’s family members and where are their support network?”

The geographic spread of Montana’s communities also means that services often need to be duplicated in each service location. One participant explains:

| “One of the reasons we have so many nonprofits in Montana is because our communities are so spread that things that are necessary in one community often have to be duplicated in most communities.”

Several participants suggested that mobile outreach or more rural-focused services could help close the gap.

| Program benefits and successes

Housing-first and layered support

Programs that begin with stable housing were consistently described as the most effective way to help individuals and families with low incomes move toward long-term stability. One participant explained, highlighting that without a safe place to live it is nearly impossible to address deeper challenges:

| “Once you stop the bleeding, you can start to fix the wound.”

When families are housed, they’re more able to take advantage of additional services like parenting classes, employment support, or mental health care.

RMDC’s housing support services were named as a good model, especially when paired with wraparound support services. As one participant described:

“The entire point of housing first is when you house them first, then you can work on all the other things that cause them to be homeless or unstably housed to begin with...Housing is the fundamental stable thing in their lives that then you can do all the other work.”

Still, participants noted there is “room for improvement in collaboration” among local entities to ensure housing-first programs are connected to other supports. Better coordination could help clients secure and maintain stable housing while progressing toward other goals.

Service goals and recommendations

- Build more affordable housing and expand rental support for low-income families.
- Increase childcare provider pay and expand program capacity to reduce long waitlists.
- Offer mobile services and expand outreach in rural communities.
- Simplify and provide support for completing application processes.
- Launch public campaigns to reduce stigma and promote early help-seeking.

Barriers to program utilization

The data in this section comes from the 2025 statewide survey, targeting the community and service area of RMDC. Other survey analysis is primarily discussed in Section 2 to understand broader experiences with service access and needs across the service area. As part of the survey, respondents were asked to evaluate a range of potential barriers that may affect their ability to access or utilize services and programs in their area. Participants indicated whether each factor made it easier, more difficult, or had no impact on their ability to get help. The responses provide valuable insight into the structural and logistical challenges that many individuals face when seeking support.

Table 52. Barriers to program utilization

Factor	Easier	More difficult	Neither or not applicable	Total n
Closure of local state-run assistance office	1% (n=2)	26.4% (n=53)	72.6% (n=146)	201
Understanding program eligibility requirements	9.1% (n=18)	30.5% (n=60)	60.4% (n=119)	197
Applying for services and completing paperwork	7.6% (n=15)	32.5% (n=64)	59.9% (n=118)	197
Uploading application forms online	16.2% (n=32)	29.4% (n=58)	54.3% (n=107)	197
No local office to visit in person	1.5% (n=3)	39.6% (n=78)	58.9% (n=116)	197
Providing required documentation (e.g., income)	10.6% (n=21)	25.8% (n=51)	63.6% (n=126)	198
Distance from home to services	5.6% (n=11)	29.3% (n=58)	65.2% (n=129)	198
Transportation to/from services or programs	6.6% (n=13)	27.6% (n=54)	65.8% (n=129)	196
Ability to find childcare	1.5% (n=3)	25.5% (n=50)	73% (n=143)	196

The most prominent barrier identified by participants was the lack of a local office to visit in person,

which nearly 40% (n=78) of respondents indicated made accessing services more difficult. This finding reinforces the importance of accessibility and continued demand for in-person support options. Similarly, the closure of local state-run assistance offices was identified as a barrier by 26.4% (n=53) of respondents, pointing to the impact of office closures on vulnerable community members. These findings suggest that RMDC could help fill this gap by offering community-based navigation services or increasing in-person availability for those who need direct services.

Administrative processes were identified as challenges for many respondents. Understanding program eligibility requirements (30.5%, n=60) and completing applications or paperwork (32.5%, n=64) were both cited as barriers by respondents. These barriers highlight opportunities for RMDC to simplify its forms, use plain language in eligibility criteria, and provide more support during the intake process. For many programs, applications are administered through state-level systems rather than directly by RMDC. While RMDC has limited ability to adjust the processes, the agency can focus on assisting clients in navigating applications, and when possible, providing input during state system updates to help reduce barriers and improve access. Yet, while most respondents indicated that these factors had no impact, the share of individuals who struggle with the processes is large enough to prompt targeted outreach and assistance in the limited cases where RMDC may assist applicants.

Technological access emerged as a mixed factor among RMDC survey participants. About 29.4% (n=58) said that uploading application material online was more difficult, but 16.2% (n=32) indicated that it made access easier. This finding suggests that digital access can improve service delivery for some while serving as a barrier for others. Therefore, RMDC should continue to work on developing both online and in-person application options to best support the varied opinions of those within its service area.

Other logistical factors presented challenges, such as providing required documentation (25.8%, n=51), transportation (27.6%, n=54), and distance to services (29.3%, n=58). These barriers are especially important in rural areas or for those without access to a vehicle. RMDC programs that rely on in-person visits or digital tools may inadvertently exclude individuals without transportation unless accommodation is provided.

Finally, for residents with caregiving responsibilities, a lack of childcare was a barrier to service access (25.5%, n=50). While this issue was not applicable to many respondents and the typical household in the service area has more seniors in the home than children, RMDC may consider offering childcare support during program appointments.

Overall, the data suggests that while many community members can access services without issue, a substantial portion of the community faces consistent barriers and challenges. RMDC can use these insights to guide investments in outreach and in-person support while focusing on simplified procedures and hybrid service delivery models to reduce access barriers across its programs.

Local context and homelessness

The number of people experiencing homelessness in Helena has fluctuated over the past five years, with notable increases in recent periods. After a decline from 167 individuals in 2021 to 143 in 2022, the number rose to 164 in 2023, representing a 13% increase from the previous year.¹⁵⁷ The trend continued in 2024, reaching 181 before dropping back down to 143 in 2025. These local shifts reflect broader statewide trends as Montana saw a sharp rise in homelessness between 2022 and 2023, increasing 28% from 1,585 individuals to 2,178.¹⁵⁸ This mirroring suggests that Helena's homelessness numbers reflect the wider pressures on housing affordability and stability across the state.

Housing affordability remains a pressing issue throughout Helena and across Montana, where rising costs have outpaced wages. Both local leadership and state-led programs are working to expand options for residents across the different income levels. Recent proposals in Helena include using tax increment financing to support "workforce housing" for families earning 60% to 140% of the area median income, involving the creation of special improvement districts to help fund infrastructure projects, repurposing underutilized city-owned lots, and integrating pre-approved plans for accessory dwelling units after a Montana Supreme Court ruling that affirmed property owners' ability to build these smaller homes on their properties.¹⁵⁹ These developments will increase production and diversify housing options with the end goal of easing pressures on residents.

Simultaneously, affordability challenges have deepened for individuals and families with low incomes, as reflected in the focus group findings. The reopening of the Housing Choice Voucher (Section 8) waitlist in 2025 is expected to provide some relief, capping tenant rent at about 30% of income, but demand still exceeds available vouchers.¹⁶⁰ Helena Housing Authority officials note that the voucher limits had been outpaced by actual rental costs, contributing to homelessness as well as forcing families into unstable housing. Local development strategies and expanded rental assistance demonstrate the complexity of Helena's housing challenges and the need for solutions that ensure that residents across income levels can afford to live and work in the community. Outside of Helena, other Montana communities are also piloting new approaches to the affordability crisis. In Missoula, a nonprofit-led development is transforming a former industrial site into apartments alongside an art center, with units reserved for households earning 40% to 80% of the area median income and several designed specifically for individuals with disabilities. This project shows how community partnerships and different land use strategies can expand both affordability and accessibility.¹⁶¹

¹⁵⁷ United Way of the Lewis and Clark Area. (2025). <https://unitedwaylca.org/our-work>

¹⁵⁸ United Way of the Lewis and Clark Area (2025)

¹⁵⁹ Hudson, M. (2025, March 24). Strategies to boost housing production. Montana Free Press. <https://montanafreepress.org/2025/03/24/strategies-to-boost-housing-production/>

¹⁶⁰ Kaiser, A. (2025, July 7). Montana reopens housing choice voucher waitlist. KXLH. <https://www.kxlh.com/news/montana-news/montana-reopens-housing-choice-voucher-wait-list>

¹⁶¹ Fairbanks, K. (2025, August 15). Construction begins on affordable housing, art center project. Montana Free Press. <https://montanafreepress.org/2025/08/15/construction-begins-on-affordable-housing-art-center-project/>

Section 3 summary

As the report has shown, RMDC works to address the causes and conditions of poverty in the three-county service area including Broadwater, Jefferson, and Lewis and Clark Counties. Section 3 discusses RMDC programs in depth and presents administrative data on program impact. This section provides findings from RMDC client satisfaction surveys and a focus group of four program providers.

Key findings in trends and needs

- RMDC's primary focus is to mitigate the causes and conditions of poverty. RMDC serves vulnerable populations through administering core programs that assist individuals and families in achieving economic independence and self-sufficiency.
- RMDC programs focus on senior services, childcare and early childhood education, energy services, and housing services.
- In 2024, RMDC provided 19,358 meals to 1,110 seniors throughout the service area.
- MOW served 799 seniors 92,163 meals, and 4,673 commodity boxes were delivered within the region.
- In 2024, Rocky's Head Start had a cumulative enrollment of 120 children, with the addition of 1,271 separate program services and/or referrals to community partners for familial support. RMPC provided 73 children with care, education, and meals.
- In 2024, LIHEAP served 3,357 individuals, and 346 households received Energy Share benefits for emergency furnace repairs or replacements to ensure energy services were not disconnected.
- RMDC operates 382 safe, affordable rental units. In 2024, 234 individuals received housing stability case management, 187 people attended Homebuyer Education and Counseling classes, and 115 people purchased homes, with 15 receiving foreclosure prevention services.
- Respondents from RMDC's client satisfaction surveys (housing and MOW) generally expressed that the services were helpful and led them toward financial independence.
- The focus group with program providers showed needs in the areas of affordable housing, childcare, and substance use and mental health services.
- Focus group participants identified barriers to program participation including a culture of independence shared throughout Montana and service gaps in rural areas.
- Focus group participants highlighted successes within RMDC's programs including their "housing first" model, which encourages locating housing before addressing other potential challenges.

Section 4: Priority emerging needs and recommendations

In prior sections, the research team used the most current population-level and family-level data available to help determine the community needs of those within the RMDC service area. Section 4 of the CNA focuses on summarizing the main priorities that have emerged from the findings presented in Sections 1–3. This section examines ways that RMDC may anticipate filling gaps and serving the emerging and growing needs in the service area.

A comprehensive CNA aids an agency's planning process by determining the needs of a community through a snapshot of the service area and the characteristics of the community. Planning in rural areas, such as much of the service area of RMDC, can be especially difficult due to geographic barriers or larger barriers surrounding the multiple entities involved in program application and administration beyond RMDC.

Significant structural barriers exist for applying to the state and federal programs. These barriers prevent individuals from accessing programs and were highlighted by participants in this CNA. In January 2018, Montana closed 19 field outreach offices for the Office of Public Assistance (OPA) and laid off over 30 case workers, which had devastating consequences for vulnerable populations in Montana that rely on face-to-face help for difficult program applications and program administration for programs like SNAP.¹⁶² OPA helps applicants apply for SNAP benefits (formerly food stamps); Temporary Assistance for Needy Families (TANF); WIC; and Medicaid. Fortunately, none of these office closures occurred within the three-county service area of RMDC, but the closures had devastating effects across the state. In some rural areas, these offices were the only way participants could apply to programs in their communities due to slow internet speeds. In rural areas with lack of internet connections, program applicants cannot upload necessary documents, which leads to either the loss of benefits they once had or impedes their ability to apply in the first place. In addition to the closure of multiple outreach offices for OPA and slow internet speeds, many areas are not eligible for HUD funding because community members reside in unincorporated areas with low population levels.

In the updated FY 2025 two-year budget proposal, DPHHS did not propose funding the reopening of offices that were closed in 2018.¹⁶³ With only 19 OPA sites remaining open today, large areas of rural Montana are left without access to in-person support. The effects of the closures are already apparent for many Montanans. When the state was federally mandated in 2023 and 2024 to undergo Medicaid redetermination, more than 115,000 people were disenrolled—more than the agency projected.¹⁶⁴ Data show that more than 60% of the people who lost Medicaid coverage did so due to filing errors and failure to submit necessary information,¹⁶⁵ which directly ties to the challenges of receiving in-person support and benefits.

¹⁶² Montana Food Bank Network. (2018, December 22). One year ago: 19 OPA offices closed in Montana. <https://mfbn.org/one-year-ago-19-opa-offices-closed-in-montana/>; Montana Budget & Policy Center. (2018, January 31). State budget cuts: Community impact series—closure of 19 outreach offices. <https://montanabudget.org/post/state-budget-cuts-community-impact-series>

¹⁶³ Nicholson, G. (2025, January 20). DPHHS budget fails to quell concerns about public benefits access. Montana Budget & Policy Center. <https://montanabudget.org/post/dphhs-budget>

¹⁶⁴ Nicholson (2025)

¹⁶⁵ Nicholson (2025)

As discussed in Section 3 regarding barriers to program utilization, clients of RMDC note that they have difficulties applying to programs, such as understanding program eligibility requirements, applying for services and completing paperwork, and uploading application forms online. In the community survey, participants noted if specific factors made it easier, more difficult, or had no impact on their ability to get help. Of the participants, 30.5% indicated that understanding program eligibility requirements is more difficult, 32.5% indicated that applying for services and completing paperwork is more difficult, and 29.4% indicated that uploading application forms online is more difficult. Thus, even though none of the closed OPA offices were in the service area of RMDC, program applicants would still benefit from assistance with applying to programs, especially with help completing paperwork.

Service area community, family, and individual priority needs

As shown in the community-wide representative survey, the top five needs that survey respondents highlighted for their communities include (1) “availability of safe and affordable housing,” (2) “availability of jobs that pay enough to live on,” (3) “access to affordable childcare,” (4) “help for people who are unhoused,” and (5) “access to mental health services.”

The top five employment needs for families and individuals include (1) “jobs that pay more or have benefits,” which 45.7% of respondents indicated as a need; (2) “training for the types of jobs available in the area,” which 26.1% of respondents indicated as a need; (3) “knowing where to find job resources,” which 23.9% of respondents indicated as a need; (4) “finding and keeping a job,” which 23.9 of respondents indicated as a need, and (5) “interviewing for a job,” which 21.7% of respondents indicated as a need.

The top five education and cognitive development needs for families and individuals include (1) “technical and vocational training,” which 33.3% of respondents indicated as a need; (2) “help with college aid/FAFSA forms,” which 30.3% of respondents indicated as a need; (3) “life skills training,” whih 24.2% of respondents indicated as a need; (4) “early childhood education programs,” which 24.2% of respondents indicated as a need; and (5) “affordable and good childcare,” which 24.2% of individuals indicated as a need.

The top five income, infrastructure, and asset-building needs for families and individuals include (1) “general financial issues,” which 40.6% of respondents indicated as a need; (2) “money management, saving, or budgeting,” which 34.8% of respondents indicated as a need; (3) “help with transportation or car repairs,” which 30.4% of respondents indicated as a need, (4) “free income tax preparation help,” which 21.7% of respondents indicated as a need; and (5) “legal help,” which 15.9% of respondents indicated as a need.

The top five housing needs for families and individuals include (1) “good affordable housing to rent,” which 53.7% of respondents indicated as a need; (2) “home repair needs,” which 48.8% of respondents indicated as a need; (3) “good affordable housing to buy,” which 39% of respondents indicated as a need; (4) “help with home energy efficiency,” which 36.6% of respondents indicated as a need; and (5) “programs for free home repairs,” which 29.3% of respondents indicated as a need.

The top five health/social and behavioral development needs for families and individuals include (1) “affordable dental care,” which 46.1% of respondents indicated as a need; (2) “affordable health

care," which 42.1% of respondents indicated as a need; (3) "care for chronic illness," which 31.6% of respondents indicated as a need; (4) "mental health services," which 30.3% of respondents indicated as a need; and (5) "affordable eye care," which 30.3% of respondents indicated as a need.

Emerging needs and recommendations

The research team found gaps between some population-level characteristics, articulated needs in surveys and focus groups, and program reach. The RMDC programs with the highest rates of utilization include energy assistance, transportation services, and prepared meals and food distribution. However, only 17.1% of survey participants listed "food assistance" as one of their housing needs, which ranked eleventh overall. RMDC's program with the highest utilization is prepared meals and food distribution. In 2024, RMDC served 3823 prepared meals and distributed 678 meals throughout the region. This finding could suggest food assistance is not the largest need in the community since RMDC and other community partners are already filling this critical gap.

Community members in the service area of RMDC would benefit from expanding programs that most participants noted as vitally important, such as housing, employment, and childcare. During the focus group discussions, affordable housing was the single most frequently discussed need, and the availability of safe and affordable housing was ranked as the top community need. Given these data, along with recommendations from program providers, some programs could be expanded or created especially in the areas of housing, childcare, employment and education, and administrative barriers. This section discusses these four crucial areas of need below.

1. Lack of affordable housing

Housing security is a growing need for many individuals and families in Montana. Housing was listed as the first community needs priority, and affordable housing to rent and buy were among the top three individual/family housing needs identified in the survey. Of survey respondents, 6.1% live in unstable housing, which is defined as those who are unsheltered or living with family or friends for free, in a shelter, in a car or recreational vehicle, or with two or more families in the same household. In the three-county service area of RMDC, 38.64% of all rental households in the area are cost-burdened.¹⁶⁶ Cost-burdened households are defined as those that spend more than 30% of their household income on housing costs. Understanding where these households are located assists in identifying geographic areas with needs linked to housing affordability and shelter costs in an area. These data can be used to inform programmatic efforts to develop housing programs focused on supporting needs in these given areas of the service area.

The average median household income for the entire service area of RMDC is \$63,636.¹⁶⁷ The five-year American Community Survey estimates include the income of the householder and all other individuals ages 15 and over in the household, whether they are related to the householder or not. The median household income in Montana is \$69,922, higher than the average median household income for the RMDC service area (\$63,636).¹⁶⁸ The household median incomes for each of the counties in the service area (Broadwater: \$63,636; Jefferson: \$76,576; Lewis and

¹⁶⁶ American Community Survey (2019–2023)

¹⁶⁷ American Community Survey (2019–2023)

¹⁶⁸ American Community Survey (2019–2023)

Clark: \$74,543) are higher than Montana (\$69,922) but lower than the U.S. (\$78,538),¹⁶⁹ except for Broadwater County, which is lower than both. Thus, most households (about 46%) are living on incomes below the Montana median income (\$69,922, or about \$5,800/month) and the U.S. median income (\$78,538, or about \$6,500/month).¹⁷⁰

Housing costs represent one of the largest components of household budgets. In Montana, only 45 rental homes are affordable and available for every 100 extremely low-income households. Montana needs to make 15,000 more homes affordable for extremely low-income households by expanding access to rental assistance and building affordable rental homes.¹⁷¹ A full-time worker in Montana must earn an hourly “housing wage” of \$20.73 to afford the average Fair Market Rent for a two-bedroom rental home in the state (\$1,078). To afford this rent and utilities—without paying more than 30% of income on their home—a household must earn \$43,127 annually. The “housing wage” assumes the individual works 40 hours per week for 52 weeks of the year.¹⁷²

In the RMDC service area, about 3% of participants reported household incomes less than \$1,000/month (3.1%, n=8), while about 13% of respondents reported \$1001–\$2000/month (12.7%, n=33). In total, participants who reported less than \$3,000/month were 15.8% of the survey sample. For all US states except Alaska and Hawaii, 2025 poverty guidelines for a household of four is \$32,150.¹⁷³ In other words, about 16% of respondents are below the FPL, indicating that poverty is a pressing need in the area, especially earning enough income to afford housing.

Large structural barriers to affordable housing exist in Montana. Unfortunately, developers and landlords in Montana cannot operate homes in the price range of these low-income households because of the high cost of building and operating properties. To be most effective, public efforts to increase housing supply should be targeted to address housing issues by building affordable homes that the private sector cannot achieve independently. Federal programs, such as the Low-Income Housing Tax Credit, should be reformed to better address the root cause of the rental housing shortage. States and local communities should also consider zoning and land-use reform that may expedite the building of affordable housing units.

While gaps remain in meeting the community’s affordable, safe, housing needs, these gaps would be much greater without RMDC’s programs. In 2023, RMDC placed 24 unhoused individuals in stable housing and 12 individuals into temporary housing. Participants who were surveyed on RMDC housing services said they appreciated the “solitude, cleanliness, and quiet” as well as that the housing was “quiet and handicap accessible.”

Recommendations

- Expand the reach of programs that aid in affordable housing, rental assistance, and security deposits, and consider deepening partnerships with organizations focused on home ownership.
- Advocate for zoning and land use reform to aid with building affordable homes.

¹⁶⁹ American Community Survey (2019–2023)

¹⁷⁰ American Community Survey (2019–2023)

¹⁷¹ National Low Income Housing Coalition. (2025). 2025 Montana housing profile. https://nlihc.org/sites/default/files/SHP_MT.pdf

¹⁷² National Low Income Housing Coalition (2025)

¹⁷³ Office of the Assistant Secretary for Planning and Evaluation. (2025). 2025 poverty guidelines: 48 contiguous states (all except Alaska and Hawaii). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/sites/default/files/documents/dd73d4food8a819d10b2fdb70d254f7b/detailed-guidelines-2025.pdf>

2. Childcare

Participants highlighted the need for early childhood education programs and affordable, high-quality childcare to help families meet their educational goals. Survey participants highlighted top education and cognitive development needs: (1) “early childhood education programs” and (2) “affordable and good childcare.” Although programs such as Rocky’s Head Start and RMPC exist within the service area for childcare, these programs cannot meet the high level of need. Of the estimated 92,391 total population in the service area, an estimated 4,853 are children under age 5, representing 5.25% of the population.¹⁷⁴ RMDC should consider building additional partnerships with external childcare providers to better address these unmet needs.

Limited childcare availability was highlighted as a gap in programming in the focus group discussions. Participants affirmed that Helena and the service area of RMDC are facing a severe childcare crisis. Although RMDC’s childcare programs provide important and helpful services, they are unable to meet demand. Affordable and reliable childcare is imperative for working families, and a lack of accessible options directly hinders parents’ ability to work or pursue education. One focus group participant stated:

“...we’re in a childcare desert. And I mean, I think we cover about 40% of what the childcare needs are in the state, and the costs are so high, people are making poor decisions about where they leave their children.”

Focus group participants identified systemic barriers to expanding childcare supply, including staffing shortages, financial strain, and regulatory challenges for providers.

Recommendations

- Increase childcare provider pay and expand program capacity to reduce long waitlists.
- Explore cooperative childcare options to address staffing shortages and financial barriers for small providers.
- Advocate for expanded childcare subsidies to align affordability with family incomes.

3. Employment and education

Survey participants identified their top three education and cognitive development needs: (1) “technical and vocational training,” (2) “help with college aid/FAFSA forms,” and (3) “life skills training.” These findings indicate a strong interest in programs that provide practical skills and guidance to support long-term educational and employment goals. Educational attainment data reinforces this need, where 5.59% of individuals in the service area do not have a high school diploma, a rate slightly higher than Montana statewide (5.4%) but lower than the national rate (10.6%).¹⁷⁵ These numbers suggest that while the area performs better than the nation, a notable portion of adults may face barriers to employment and higher education due to limited schooling.

An important theme across responses is the overlap between education, employment, and childcare. Without access to affordable childcare, many participants noted that they cannot fully pursue training, attend school, or maintain stable employment. Survey participants most frequently emphasized the importance of better-paying jobs with benefits, training that matches available local jobs, and help navigating employment systems. The fact that “knowing where to

¹⁷⁴ American Community Survey (2019–2023)

¹⁷⁵ American Community Survey (2019–2023)

find job resources" ranked in the top five employment needs reinforces that resource navigation is a critical barrier to securing work. This mirrors the education and cognitive development needs, where "help with college aid/FAFSA forms" ranked highly, suggesting that paperwork and bureaucratic processes prevent individuals from moving forward.

At the same time, unemployment in the service area is relatively low (2.8% compared to 3.2% in Montana and 4.4% nationally), the labor force participation rate (62.79%) lags slightly behind the state (62.83%) and the U.S. (63.52%).¹⁷⁶ This finding indicates that while those who are employed tend to stay in the workforce, a portion of working-age residents remain disengaged, which aligns with survey findings on barriers to accessing and sustaining employment.

Recommendations

- Expand access to technical and vocational training by partnering with local employers, trade schools, or community colleges to align training opportunities with jobs available in the service area.
- Increase and develop assistance with job placement and educational services to include the consideration of childcare to ensure parents can participate.

4. Administrative barriers to program utilization

Although focus group participants noted how meaningful and vital RMDC programs have been for their communities, significant barriers exist for individuals and families with low incomes accessing these important services. Many administrative barriers originate with DPHHS and federal regulations, such as difficulty contacting staff or completing complex application forms, which hinder the ability of individuals to navigate programs. Although no local OPA offices were closed in RMDC's service area, survey participants noted that "no local office to visit in person" (39.6%), "applying for services and completing paperwork" (32.5%), and "understanding program eligibility requirements" (30.5%) exist as top barriers to accessing help. These challenges largely reflect the requirements of state and federal programs rather than RMDC's policies, but RMDC can help participants by providing support during intake, explaining eligibility criteria, and assisting with complex applications.

Technological access was as a mixed factor among survey participants. About 30% of participants said that uploading application material online was more difficult, and about 16% said it made access easier. In RMDC's service area, only about 72% of households have access to download speeds greater than 100 Mbps, compared to 93.5% of the U.S., and only about 6% of households have no computer.¹⁷⁷ This finding suggests that RMDC should continue to work on advocating for both online and in-person application options to best support those within its service area, as many community members without internet access or a computer are likely individuals and families with low incomes.

Recommendations

- Consider working to add community navigators and/or satellite or mobile offices to aid participants in navigating program applications or renewals.
- Continue to develop both in-person and online application processes and offer support and

¹⁷⁶ 176 American Community Survey (2019–2023)

¹⁷⁷ 177 FCC FABRIC & CARES (2024) and American Community Survey (2019–2023)

guidance throughout the process.

- Work with participants to complete program requirements established by federal or state agencies, reducing the burden of administrative complexity.

Conclusion

This CNA directly asked survey respondents and program providers to highlight challenges in their lives and to offer recommendations for improving the RMDC programs they participate in. Participants spoke about the significant role that RMDC staff and programs fulfill in their lives. From gratitude for the RMDC housing programs to the essential help offered by mobile volunteers, community members expressed appreciation for assistance from the various forms of layered support. RMDC participants noted that RMDC fulfills a vital and indispensable role in the communities it serves.

Appendix 1: Rocky Mountain Development Council Program Partners

The following appendix highlights the partnerships Rocky Mountain Development Council (RMDC) engages to expand resources and opportunities across its service areas.

Non-Profit Partners		
AARP	Food Pantry - Broadwater	Pad for Paws
Action, Inc.	Forest Park Estates Water User Association	Parents as Teachers
Alzheimer's Association	Friends of Head Start	PAWS After School Care
Anaconda-Deer Lodge County Head Start	Friendship Center	Pheasant Glenn
Area VIII Agency on Aging	Good Samaritan Ministries	Planned Parenthood
Asthma Home Visiting	Helena Community Foundation	Rocky Eagle Rock
Augusta Food Share	Habitat for Humanity	Rocky Ptarmigan
Augusta Senior Center	Hanman's Tree Water Users Association	Rocky Mountain Front Properties
AWARE	Helena Community Gardens	Rocky Mountain Water Users Association
Befrienders	Helena Food Share	Rocky Senior Center - Broadwater
Belgrade Senior Center	Helena Housing Authority	Rocky Senior Center - Jefferson
Big Brothers & Sisters	Helena Indian Alliance	Rotary Club - Broadwater
Boulder Senior Center	Helena Senior Center	Retired Senior Volunteer Programs
Boy Scouts	Helena SHRM	Foster Grandparent Programs
Boyd Andrew Chemical Dependency Services & Care Center	Help Center, Inc.	Saddle Mountain Service Corp
Bozeman Senior Center	Helping Hands Thrift - Broadwater	Senior Companion Programs
Broadwater Christmas Connection	Homeward	Senior Center Advisory Council
Broadwater Community Foundation	HRDC Bozeman	Sincerely Paul Food Bank - Jefferson
Broadwater Early Childhood Advocates	Instar Community Services	Snowy Mountain Development Corporation
Butte 4-C's	Lions Club - Broadwater	Spring Meadow Resources
Camel Mountain HOA	Livingston Senior Center	Southwest Community Health Center
Childcare Connections	Lodge of Townsend - Broadwater	St. Pete's Place
Children's Summer Feeding Program	MacDonald Trailer Court	The General Federation of Women's Club Helena
Cohesion Dance Project	Manhattan Senior Center	Townsend Housing
Community Gardens - Broadwater	Meagher County Senior Center	Townsend Senior Center
Consumer Credit Counseling Services	Montana Joining Committee Forces	Toys for Tots - Jefferson
District IX - Park County	Mental Health Organizations Broadwater	Treasure State Acres Sewer District

Eagles 4040	Montana Community Foundation	Treasure State Acres Water Users
Eagles Manor Helena	Montana Aging and Disability Resource Center	United Way of Lewis & Clark Area
Emergency Housing/Shelter Group	Montana Legal Services	West Mont
Energy Share	Montana Nonprofit Association	Whitehall Senior Center
Exploration Works	Montana Healthcare Association	YMCA
Family Outreach	Montana PBS	Youth Dynamics
Family Promise	National Equity Fund	Youth Leadership - Broadwater
Farmers Market - Broadwater	National Federation of the Blind of Montana	YWCA
Florence Crittenton	Neighbor Works Montana	Volunteers of America (VOA)
For-profit business or corporation partners		
American Sheet Metal	Enhabit	North Stone Residences
Amerigas	Enterprise Community Investments	Northwestern Energy
Anderson Consulting	Event Thyme Catering	Options Clinic
Apex Electric	Exit Realty	Park County
Babies and Beyond	FICO	Penkay Eagles Manor
Big Boulder Residences	First Montana Land Title	Philip Engel
Big Sky Brokers	Firetower	Pioneer Technical Services
Big Sky Care	Freedom's Path	RE-MAX
Big Sky Gas	Geisser Services	Remove RV Service
Big Sky Senior Living Center	GL Development	Rick Miller Handyman Service
Billings Clinic Broadwater	Glacier Home Inspections	Rocky Mountain Hospice
Bjornson Law Offices	Golden Eagle Construction	Rocky Mountain Title
Boston Capital	Golden Sunlight Mine	Safetech Inc
Braun Intertec	Goosehead Insurance	Silver Tip Petroleum
Breen Oil	Grounds Guys	SMA Architects
Broadwater Hospital	Guardian Apartments	St. Peter Law Offices
Broadwater Village	Helena Building Industry Association	Star Theatre
Bulldog Pups Preschool	Home Energy Solutions, Inc.	State Farm Insurance
Century 21	Homelink	Three Brothers Plumbing & Heating
Cobb Ranch	Infinite Hope Counseling - Broadwater	Touchmark
Communications Management Systems	Interim Healthcare of Central Montana	Treeline Psychiatry
Continental Gardens	Intermountain	True North Home Inspections
Costco	Jinx's Mobile Home Service	Uncommon Ground Realty
Cushing Terrell Energy Audit	Keller Williams	Westaff Consulting
Dan Dean Construction	Kone, Inc.	Wolf Insurance
Dayspring Restoration	Kristi's Kiddie Corner	Queen City Estates

DNV GL Energy Audit	Madison River Timberline Gas	
Eagle Manor II Residences	Milligan Home Inspection	
Eagle Manor III Residences	Montana Propane	
Eagle Rock Residences	Montana Energy Alliance	
Eagle View Home Inspections	Mosaic Architecture	
Elk Ranch	Mountain Plains Equity Group	
Elkhorn Property Solutions	Mountain Ridge Inspections	
Empire Office Machines	Mountain View Coop	
Energy West	New Horizons Assisted Living	
Engels Volkers Real Estate	North Fork Development	

Local Government

Basin County Water & Sewer	City of East Helena	Lewis and Clark County
Broadwater Community Library	City of Helena	Lewis & Clark County DEQ
Broadwater County	City of Townsend	Lewis & Clark County Public Works
Broadwater County Health Department	Gallatin County	Meagher County
Capital Transit	Jefferson County	Park County
City of Boulder	Lewis and Clark City County Health Department	

State Government

Adult Protective Services	Housing Trust Fund Program	Housing Choice Voucher Program
Child Support Enforcement	Jefferson County Public Assistance	Weatherization Training Center
Community Development Block Grant	Montana Board of Housing	DPHHS MT Asthma Control Program
Department Child and Family Services	Montana Department of Commerce	Health Montana Kids
Department of Health & Human Services	Montana DEQ	Montana DPHHS OPI
DPHHS Child Care Licensing Program	Montana Housing (MDOC)	Vocational Rehabilitation & Blind Services
DPHHS Early Childhood Services Bureau	Montana Insurance Commissioner	Department of Motor Vehicles
DPHHS Human & Community Services Division	Montana Tobacco Use Prevention Program	Montana Department of Transportation
Helena Job Service	Montana QRS	
HOME Investment Partnerships Program	Office of Public Assistance	

Federal Government		
AmeriCorps Seniors	US Forest Service	Internal Revenue Service
USDA CACFP	Housing & Urban Development	USDA Rural Development
Department of Energy	Health & Human Services	Veteran's Administration
Faith-based partners		
Alliance Church	Good Samaritan Ministries	Salvation Army
Catholic Social Services of Montana	Lifepoint Church	Townsend Ministerial Association
God's Love	Narrate Church	Townsend United Methodist Church
Consortiums & Collaborations		
Aging well workgroup	ESG Roundtable	Hometown Helena
Broadwater County Social Services Committee	Frequent User System Engagement (FUSE) Leadership Team	Housing Task Force
Broadwater Mental Health Local Advisory Council	Harvest of the Month	Lead Education and Abatement Program
Building Performance Institute	Healthy Together Task Force	Lewis and Clark Kids Hunger Coalition
Community Organizations Active in Disaster (COAD)	Helena Area Transportation Advisory Committee	LIHEAP/WX Roundtable
Lewis and Clark Continuum of Care	Helena Association of Realtors	Maternal Mental Health Task Force
Downtown Helena	Helena Chamber of Commerce	Meals on Wheels America
Early Childhood Collaborative of the Greater Helena Area	Helena Development Roundtable	Montana Pacific Health Improvement Coalition
Educational Opportunity Center	Helena Resource Advocates	NAEYC
Elevate MT (Helena Affiliate)	Helena School District Wellness Committee	Prickly Pear Cooperative
Energy OutWest	Home Visiting Taskforce	
School districts		
Access to Success	East Helena Public Schools	Townsend School District
Boulder Public Schools	Helena Public Schools	Whitehall School District
Butte School District	St. Andrew School	
Institutions of post-secondary education/training		
Adult Learning Center		
Carroll College		
University of Montana - Helena		

Financial/banking institutions		
Evergreen Home Loans	Intrepid Credit Union	Stockman Bank
First Interstate Bank	Mann Mortgage	Synergy One Mortgage
Flying S Title and Escrow	Opportunity Bank	US Bank
Glacier Bank	Pacific Residential Mortgage	Valley Bank
Guaranteed Rate Mortgage	Rocky Mountain Bank	Wells Fargo

Health Services		
Alluvion Health	Interim Healthcare of Central Montana	Ruby Valley Hospital & Medical
A-Plus Healthcare	Intermountain	Safe Care
AWARE, Inc.	Lead Education & Abatement Program	Shodair
Benefis	Leo Pocha Health Clinic	Southwest Community Health
Big Sky Care	Many Rivers Whole Health	St. Peter's Healthcare
Billings Clinic Broadwater	Montana Gerontology Society	St. Peter's Hospice
Broadwater County Health Department	Montana Healthcare Association	Treeline Psychiatry
Broadwater Hospital	Montana State Hospital	Veteran's Administration
Center for Mental Health	New Horizons Program - Jefferson	Whitehall Medical Center
Elkhorn	Nurse Family Partnerships	WIC
Enhabit	Options Clinic	
Homelink	Pintler Family Medicine	
Helena OB/GYN	Pureview	
Infinite Hope Counseling - Broadwater	Rocky Mountain Hospice	

Statewide associations or collaborations		
Energy Share of Montana	Montana Early Childhood Project	MT Area Agency on Aging Association
HRDC Directors Association	Montana Food Bank Network	MT Assoc. for the Education of Young Children
Montana Child Care Business Connect	Montana Gerontology Society	Neighbor Works America
Montana Continuum of Care	Montana Housing Coalition	Zero to Five Montana

Appendix 2: Methodology

The Montana statewide community needs assessment (CNA) survey instrument and focus group guide template were collaboratively developed in 2024 by JG Research and Evaluation (JG), the director of the Montana Community Action Network (the Association), directors and other representatives from the 10 community action agencies (CAAs) in Montana (Action for Eastern Montana; District 4 Human Resources Development Council [HRDC 4]; Opportunities, Inc.; HRDC 6; HRDC 7; Rocky Mountain Development Council [RMDC], HRDC IX; Community Action Partnership of Northwest Montana [CAPNM]; Human Resource Council; and Action, Inc.), and the Montana Department of Public Health and Human Services (DPHHS). The JG research team met with the entire Association, representatives of DPHHS, and individually with each CAA within the Association. During the meetings, the research team learned about the needs and considerations of each CAA. After discussions, JG completed drafts of a community needs/assets framework, the statewide survey, and a provider focus group template. The research team met multiple times with a smaller Association working group of approximately six directors to revise drafts of these documents. JG then met with the Association and DPHHS to receive feedback on the final draft of the data collection instruments.

JG applied for and received Institutional Review Board (IRB) exempt status approval (study #1391029, tracking #20251240) from WCG IRB for data collection, analysis, and writing of findings for the statewide CNA. The research team collected data for the statewide survey using the online platform Alchemer from February 2025–May 2025. JG conducted seven focus groups with program provider partners for Action for Eastern Montana; Action, Inc.; RMDC; District 9 HRDC; District 4 HRDC; Human Resource Council; and Opportunities, Inc. CAAs collected survey responses in person throughout the state using written survey instruments and iPads. Representatives from the CAAs input these responses into Alchemer.

In total, 4,713 people completed the statewide survey. JG cleaned the survey data and removed responses of 14 people that did not take the survey in the United States (U.S.), 835 people who were not in Montana when they completed the survey, and 239 people who spent less than one minute on the survey. The total number of cleaned responses for the survey was n=3,625. During data collection, JG aimed for the sample size of all agencies to be between 5–10% margin of error and 95% confidence level. Based on the service area population of each CAA, all agencies were below 10% margin of error with 95% confidence. The table below shows each agency and their margin of error based on the sample size of the region.

Region	Number of survey responses	Adult population in 2022	Total sample size required in each region	Total sample size required in each region	Actual margin of error based on sample size with 95% confidence level
			95% confidence level and 5% margin of error	95% confidence level and 10% margin of error	
Montana	3,625	1,122,867	385	97	2%
Opportunities, Inc.	1,141	88,651	382	96	3%
HRDC IX	659	107,929	383	96	4%

Region	Number of survey responses	Adult population in 2022	Total sample size required in each region	Total sample size required in each region	Actual margin of error based on sample size with 95% confidence level
			95% confidence level and 5% margin of error		
Action, Inc.	464	55,841	382	96	5%
Human Resource Council	279	133,449	383	96	6%
RMDC	259	69,856	382	96	6%
CAPNM	227	132,124	383	96	6%
HRDC 6	179	16,974	376	96	7%
Action for Eastern Montana	158	58,841	382	96	8%
HRDC 4	143	17,478	376	96	8%
HRDC 7	116	151,121	383	96	9%

The table below shows the number of survey responses for each agency and the percentage of responses from Montana.

Region	Count	Percent
Opportunities, Inc.	1,141	31.5
HRDC IX	659	18.2
Action, Inc.	464	12.8
Human Resource Council	279	7.7
RMDC	259	7.1
CAPNM	227	6.3
HRDC 6	179	4.9
Action for Eastern Montana	158	4.4
HRDC 4	143	3.9
HRDC 7	116	3.2
Total	3,625	100.0

After cleaning the dataset, JG created datasets for each CAA. The research team totaled the counties within the service area for each CAA to create 10 individual datasets. In total, there were 11 datasets including the dataset that contained all responses for Montana. The table below shows the number of survey respondents by county for the statewide survey.

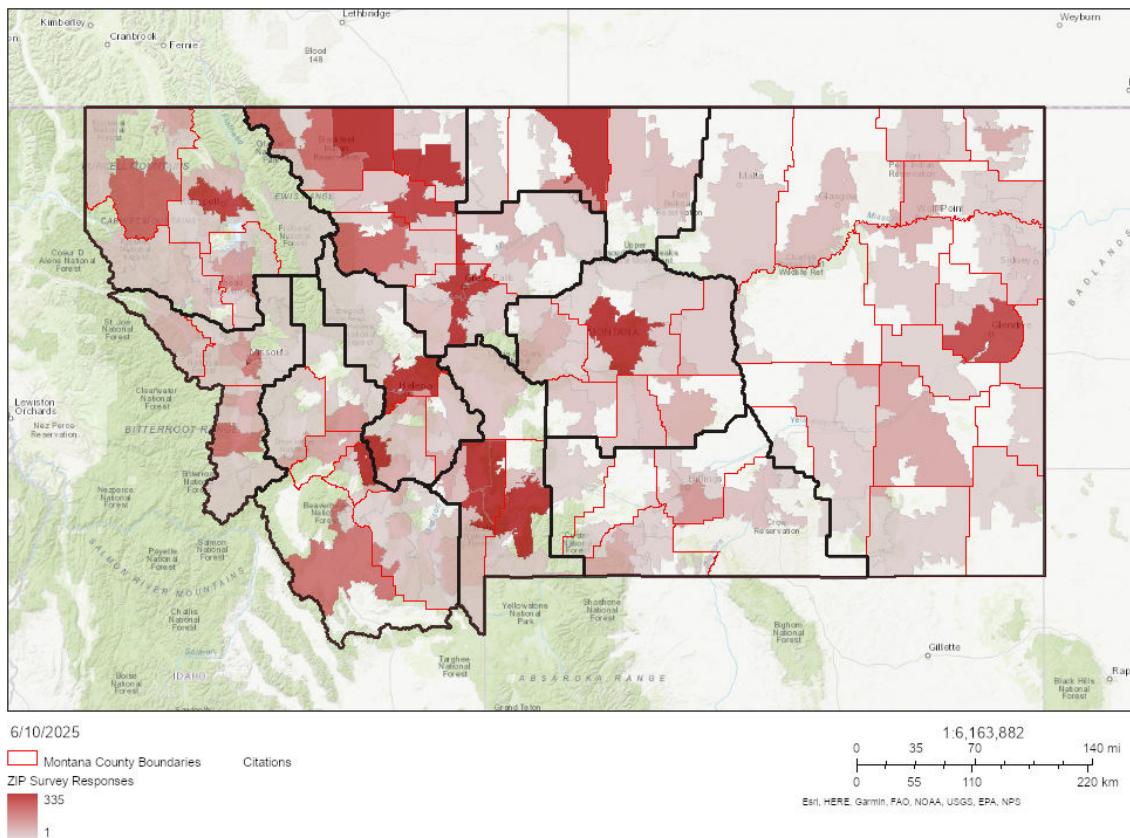
County	Count	Percent
Cascade	728	20.1
Gallatin	570	15.7

County	Count	Percent
Silver Bow	345	9.5
Lewis and Clark	212	5.8
Missoula	182	5.0
Glacier	162	4.5
Hill	125	3.4
Fergus	114	3.1
Toole	109	3.0
Park	82	2.3
Flathead	80	2.2
Ravalli	72	2.0
Pondera	67	1.8
Yellowstone	66	1.8
Lake	63	1.7
Lincoln	63	1.7
Teton	59	1.6
Beaverhead	51	1.4
Dawson	51	1.4
Jefferson	34	0.9
Carbon	30	0.8
Madison	25	0.7
Mineral	25	0.7
Judith Basin	23	0.6
Powell	21	0.6
Sanders	21	0.6
Custer	19	0.5
Sheridan	18	0.5
Blaine	17	0.5
Chouteau	16	0.4
Deer Lodge	16	0.4
Roosevelt	16	0.4
Musselshell	15	0.4
Big Horn	14	0.4
Broadwater	13	0.4
Richland	13	0.4
Wheatland	11	0.3
Golden Valley	10	0.3
Valley	10	0.3

County	Count	Percent
Daniels	9	0.2
Meagher	7	0.2
Granite	6	0.2
Petroleum	6	0.2
Rosebud	6	0.2
Stillwater	4	0.1
McCone	3	0.1
Phillips	3	0.1
Powder River	3	0.1
Carter	2	0.1
Fallon	2	0.1
Sweet Grass	2	0.1
Garfield	1	0.0
Liberty	1	0.0
Prairie	1	0.0
Wibaux	1	0.0
Total	3,625	99.8

The figure below shows a map of Montana with the zip codes of survey respondents across the state with darker areas of red indicating higher numbers of survey responses.

CNA Survey Response by ZIP Code



For data analyses, JG completed descriptive statistics for each of the variables from the survey including frequencies and percentages. The research team also completed chi-square and Fisher's exact tests, t-tests, and analyses of variance (ANOVAs) for some variables. JG created a set of new variables based on other variables. These variables included a quality-of-life scale based on the questions shown below.

Question
Is your community a good place to raise children?
Are there good job opportunities in your community?
Is your community a safe place to live?
Are there support networks for people and families?
Are you happy with the quality of life in your community?

The research team asked participants to select from a five-point scale ranging from one (strong no) to five (strong yes) in response to these questions. To calculate each respondents' quality of life, the scores across all questions were summed. A higher score indicates a higher reported quality of life. Cronbach's alpha for this quality-of-life scale is 0.82 (95% confidence, interval 0.81 to 0.83), indicating good internal reliability of this scale.

Additional variables created by JGRE include:

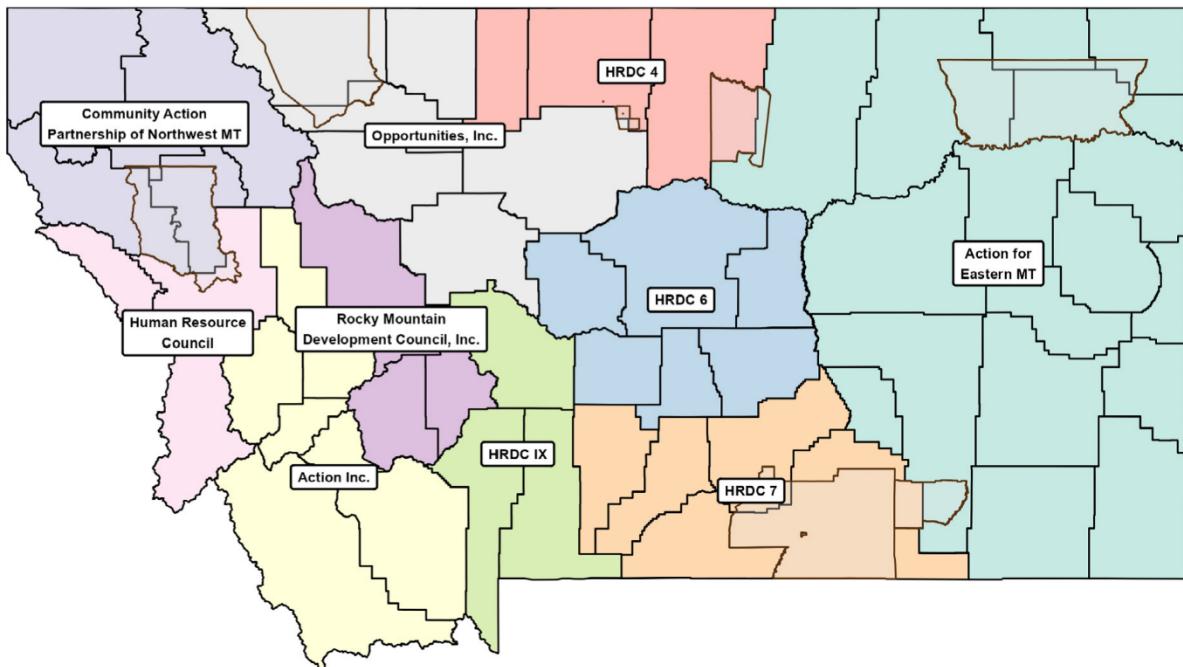
- Non-White and White
 - The race categorization of “Non-White” and “White” used in analyses combines those survey participants who selected Black or African American, American Indian or Alaska Native, Asian, or Pacific Islander or Native Hawaiian with the ethnicity of Hispanic/Latino to create the variable “Non-White.” “Rather not say/other” race responses are grouped with “White.”
- Stable housing/unstable housing
 - This variable results from the question, “Which of these best describes where you live? Please choose only one.”
 - “Unstable housing” combines those participants who selected, “I live with family or friends for free,” “I live in a shelter,” “I live in my car,” “I live in my recreational vehicle,” “I live with two or more unrelated families in the same house,” and those participants who wrote “I live in a motel” in the “Other” category.
 - “Stable housing” combines those participants who selected, “I own my home,” “I rent my home,” “I live in a nursing home, long-term care, or assisted living,” and “I live with multiple generations of my family and help pay some of the bills.”
- Client status
 - Whether or not a survey participant selected that they are a client of any agency.
- Higher income/lower income
 - Higher income (>\$3,000/month)
 - Lower income (≤\$3,000/month)

JG ran ANOVAs at the statewide and agency (regional) level. Appendix 2 includes the statewide CNA survey instrument and the focus group guide used by JG and agencies.

Appendix 3: Statewide Community Needs Assessment Survey Instrument

The Montana Community Action Network is conducting the first community needs assessment (CNA) for Montana to learn about community needs. The goal of the survey is to understand poverty in Montana and determine ways to help. The answers will help program providers learn more about the needs of people and families in the service areas.

The Montana Community Action Network is comprised of 10 groups across Montana. These groups, called Community Action Agencies (CAAs), are nonprofit groups that administer programs to help families with low incomes reach their goals. CAAs are not part of the State of Montana or the Office of Public Assistance. There are 10 CAAs in different parts of Montana, as shown on the map below.



The results of this survey will help ensure each CAA's services match the needs of communities. Findings will also indicate if any services are missing. This data helps agencies plan for future programs and ways to help the community. The State of Montana will use the results to track important needs and issues over time.

The survey takes about 10 minutes to complete. Answers will remain private, and no one reading the overall results of the survey will know who shared the responses. The research team will share the overall results with the public. Completing the survey is a choice and won't change your ability to access programs or services participants are already using.

Everyone who takes part in the survey will be entered into a drawing to win one of five \$50 Visa gift cards. For questions, participants can contact Lisa Curry at lisa@jgresearch.org. If participants would like to be entered into the drawing, they can complete the other form with their name and email address.

Part 1. Geographic location, housing, work, and household

Which county do you live in? _____

What is your zip code? _____

Do you live within the borders of an American Indian Reservation?

- No, I do not live within the borders of an American Indian Reservation.
- Yes, I live on this American Indian Reservation:
 - Blackfeet
 - Crow
 - Flathead
 - Fort Belnap
 - Fort Peck
 - Northern Cheyenne
 - Rocky Boy

Which of these best describes your job situation right now? Please choose all that apply.

<ul style="list-style-type: none"><input type="checkbox"/> Work full time in one job (30 hours or more)<input type="checkbox"/> Work full time at more than one job, (30 hours or more)<input type="checkbox"/> Work part time (less than 30 hours)<input type="checkbox"/> Work sometimes<input type="checkbox"/> Homemaker or stay-at-home parent	<ul style="list-style-type: none"><input type="checkbox"/> Unemployed<input type="checkbox"/> Student<input type="checkbox"/> Retired<input type="checkbox"/> Other: _____<input type="checkbox"/> Rather not say
---	---

Which of these best describes where you live? Please choose only one.

<ul style="list-style-type: none"><input type="checkbox"/> I own my home.<input type="checkbox"/> I rent my home.<input type="checkbox"/> I live with family or friends for free.<input type="checkbox"/> I live in a shelter.<input type="checkbox"/> I live in my car.<input type="checkbox"/> I live with two or more unrelated families in the same house.	<ul style="list-style-type: none"><input type="checkbox"/> I live with multiple generations of my family and help pay some of the bills.<input type="checkbox"/> I live in my recreational vehicle (RV).<input type="checkbox"/> I live in a nursing home, long-term care, or assisted living<input type="checkbox"/> Other: _____<input type="checkbox"/> _____
---	--

How many people live in your home, including you? _____

How many children under age 18 live in your home? _____

How many people in your home, including you, are 60 years old or older? _____

What is your role in the community? Please choose the one choice that best fits your role for this survey.

- I am a client of an agency (I have received help from a Community Action Agency, like rent or utility help, or my child goes to Head Start, etc.).
- I represent a religious-based group.
- I am a general community member.
- I volunteer with an agency.
- I represent a school.
- I am a board member of an agency.
- I represent a government group.
- I represent a private group (like a business).
- I represent a community or social service group.
- Other: (please explain) _____

Part 2. Community assets and environment

On a scale from 1 to 5, where 1 means “strong no” and 5 means “strong yes,” please give your opinion.

Quality of life questions	1 (No)	2	3	4	5 (Yes)	N/A
1. Is your community a good place to raise children? (Think about school quality, childcare, after-school programs, and places to have fun, etc.)	<input type="checkbox"/>					
2. Are there good job opportunities in your community? (Think about local businesses, jobs that can help you grow in your career, job training, affordable housing, and how far you have to travel for work, etc.)	<input type="checkbox"/>					
3. Is your community a safe place to live? (Think about how safe people feel at home, at work, in schools, at playgrounds, and in parks. Do neighbors know and trust each other? Do they help each other?)	<input type="checkbox"/>					
4. Are there support networks for people and families (like neighbors, support groups, church outreach, etc.)	<input type="checkbox"/>					
5. Are you happy with the quality of life in your community? (Think about how you feel, how involved you are in activities, etc.)	<input type="checkbox"/>					

Please tell us how much you agree or disagree with these statements:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My community has many affordable homes for people to buy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has many affordable places to rent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has help for people who are unhoused.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has help available for the behavioral health needs of adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has help available for the mental health care needs of adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has help available for physical health care needs of adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has resources available for people who don't have enough food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My community has childcare for individuals and families with different incomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has enough public transportation available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community is welcoming and friendly at public meetings and events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public officials in my community work to help people and families with low incomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rank the five most important needs in your community, with 1 being the most important.

Need	1	2	3	4	5
Access to substance use disorder services	<input type="checkbox"/>				
Access to affordable childcare	<input type="checkbox"/>				
Access to early childhood education	<input type="checkbox"/>				
Access to healthcare	<input type="checkbox"/>				
Access to reliable and fast internet	<input type="checkbox"/>				
Access to mental health services	<input type="checkbox"/>				
Availability of jobs that pay enough to live on	<input type="checkbox"/>				
Availability of safe and affordable housing	<input type="checkbox"/>				
Help for people who are unhoused	<input type="checkbox"/>				
Availability or cost of transportation	<input type="checkbox"/>				
Crime and/or public safety	<input type="checkbox"/>				
Cultural awareness	<input type="checkbox"/>				
Lack of affordable food or hunger	<input type="checkbox"/>				
Planning for growth and development (like water resources, etc.)	<input type="checkbox"/>				
Needs of older adults or seniors	<input type="checkbox"/>				
Needs or services for youth	<input type="checkbox"/>				
Other: _____	<input type="checkbox"/>				

Is there anything you would like to tell us about the good things or services that people with low incomes need in your community?

Part 3. Individual/family needs

What are the most important needs that you or your family have right now or have had in the last 12 months? Please check the boxes and circles that apply.

3.1 Employment

- I, or the family in my house, DO NOT have, or have NOT had, any job needs in the last 12 months (skip to 3.2).
- I, or the family in my house, DO have job needs right now. If so, please choose all that apply below.
 - Job training
 - Learning technical skills to find and do work
 - Learning soft skills to keep a job (like good communication skills)
 - Training for the types of jobs available in the area
 - Knowing where to find job resources
 - Finding and keeping a job
 - Writing a resume
 - Interviewing for a job
 - Getting the right clothes for a job
 - Having access to the internet for work
 - Jobs that pay more or have benefits
 - Background check
 - Criminal background
 - Offender standing
 - Other job needs or comments about job services/programs:

3.2 Education and cognitive development

- I, or the family in my house, DO NOT have, or have NOT had, any education needs in the last 12 months (skip to 3.3).
- I, or the family in my house, DO have education needs right now. If so, please choose all that apply below

- Early childhood education programs
- Affordable and good childcare
- Parenting education and skills
- GED (General Education Development) classes/HSE (High School Equivalency)
- English as a second language (ESL) classes
- Literacy classes
- Computer skills training
- Technical and vocational training
- Help paying for college programs or filling out college aid forms (like the Free Application for Federal Student Aid [FAFSA])
- Life skills
 - Character education such as anti-bullying
- Other education needs or comments about education services/programs:

3.3 Income, infrastructure, and asset-building

- I, or the family in my house, DO NOT have, or have NOT had, any financial needs in the last 12 months (skip to 3.4).
- I, or the family in my house, DO have financial needs right now. If so, please choose all that apply below.

- Help with transportation or fixing my car
- Free help with income tax preparation
- Gambling counseling
- Learning about money management, saving, or budgeting
- Problems with bankruptcy, foreclosure, or repossession
- Financial issues
 - Money problems with divorce

- Problems with getting or paying child support
- Help with burial or funeral costs
- Legal help
- Help getting access to the Internet at my house
- Help with energy bills
 - Problems paying the electric bill
 - Problems paying the gas or other heating bill
- Help with water bills
- Help with utility deposits
- Other financial needs or comments about financial services/programs:

3.4 Housing

- I, or the family in my house, DO NOT have, or have NOT had, any housing needs in the last 12 months (skip to 3.5).
- I, or the family in my house, DO have housing needs right now. If so, please choose all that apply below.

- Good, affordable houses or apartments to rent
 - Bad rental homes that are unsafe, unlivable, have pests, mold, or lead paint, are overcrowded, or not insulated enough for cold weather
- Good, affordable houses or condos to buy
 - Help with down payments or closing costs to buy a home
 - Bad houses for sale that are unsafe, unlivable, have pests, mold, or lead paint, overcrowded, or not insulated enough for cold weather
- Help with making homes more energy efficient and keeping them warm (like insulation and reducing heat loss)
- Home repair
 - Programs that provide free home repairs
 - Skills for basic home repairs and maintenance
- Home buyer education
- Handicap accessible housing or changes to my home for a person with special needs
- Senior citizens housing

- Income based rental housing for seniors
- Not enough affordable nursing homes or long-term care for seniors
- Help with rent
 - Help with rent deposits
 - Help with rent payments
 - Help with rent back payments
 - Education about renter/tenant rights and responsibilities
- Other housing needs or comments about housing services/programs:

3.5 Health/social and behavioral development

- I, or the family in my house, DO NOT have, or have NOT had, any health needs in the last 12 months (skip to 3.6).
- I, or the family in my house, DO have health needs right now. If so, please choose all that apply below.
- Affordable health care
 - Paying for medicine and prescriptions
 - Long-term health care
 - Chronic illness
 - Sexual and reproductive health care
 - HIV/AIDS care
- Paying for or not having health insurance
- Substance use disorder counseling and/or treatment
- Mental health services
 - Adult mental health services
 - Youth mental health services
- Teenage pregnancy and/or prenatal care
- Affordable dental care
- Affordable eye care
- Help for people with special needs
 - Help for children with special needs
 - Help for adults with special needs

- Prostheses
- Medical equipment (like wheelchairs, crutches, and hearing aids)
- Senior health care
- Veterans' services
- Child vaccinations
- Access to emergency clothing such as winter coats or hats
- Food
 - Availability and access to fresh and healthy food
 - Access to emergency food resources, like food banks
- Access to services (WIC, SNAP, SSI, etc.)
 - WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
 - SNAP (Supplemental Nutrition Assistance Program)
 - SSI (Supplemental Security Income)
- Abuse/violence protection
 - Sexual assault services
 - Protection from domestic violence
 - Help for physical, emotional, or sexual abuse
 - Services for runaway youth
- Other health or social needs or comments about health services/programs:

3.6 Civic engagement and community involvement

- I, or the family in my house, DO NOT have, or have NOT had, any civic or community needs in the last 12 months
- I, or the family in my house, DO have civic or community needs right now. If so, please choose all that apply below.

- Safe neighborhoods where it's easy to walk, with sidewalks and parks
- Additional health care places
 - More family primary care clinics
 - More pharmacies
 - More urgent care clinics

- More specialists
- Crisis services or emergency housing for unhoused individuals and families
- Activities and programs for seniors
- Fun activities like playgrounds, biking or hiking trails, or rivers
- Youth activities and programs
- Crime prevention
 - Breaking and entering
 - Violent crime (like murder, robbery, sexual assault, or aggravated assault)
 - Gang violence
- Volunteer opportunities, community boards, neighborhood associations, or other similar groups
- Ways to have my voice heard with local politicians
- Help with legal issues
- Other needs in your community:

From the list below, identify how each item has made it easier or harder to get help or access to services and programs in your area?

	Easier	More difficult	Neither or not applicable
The closure of my local state-run Office of Public Assistance (non-CAA service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding program eligibility requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applying for services and/or completing paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uploading application forms online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No local office I can physically go into	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing documentation such as income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distance from my house to services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to/from services or programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ability to find childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything you want to share about how to help people with low incomes in your community?

Part 4. Demographics

What is your age? _____ years

What is your sex?

- Female
- Male

Are you Hispanic, Latino, or of Spanish origin?

- Yes
- No
- Rather not say

Which group(s) best represent your race(s)? Choose all that apply.

<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> How far did you go in school?	<input type="checkbox"/> White <input type="checkbox"/> Other: _____
<input type="checkbox"/> Never attended high school <input type="checkbox"/> Attended high school but did not finish <input type="checkbox"/> Completed high school, GED, or HSE <input type="checkbox"/> Some college <input type="checkbox"/> Technical, Associates, or 2-year degree	<input type="checkbox"/> 4-year college degree <input type="checkbox"/> Completed graduate or professional school <input type="checkbox"/> Rather not say

What is your estimated monthly household income before taxes? This includes any money from additional means, such as social security or child support.

<input type="checkbox"/> Less than \$1000/month	<input type="checkbox"/> \$5001-\$6000/month
<input type="checkbox"/> \$1001-\$2000/month	<input type="checkbox"/> \$6001-\$7000/month
<input type="checkbox"/> \$2001-\$3000/month	<input type="checkbox"/> \$7001-\$8000/month
<input type="checkbox"/> \$3001-\$4000/month	<input type="checkbox"/> \$8001-\$9000/month
<input type="checkbox"/> \$4001-\$5000/month	<input type="checkbox"/> \$9001 or more/month

Are you a veteran?

- No
- No, but another adult in my house is a veteran
- Yes

Part 5. Survey gift card drawing

This survey is anonymous, which means your answers will not have your name on them. However, people who take the survey can enter a drawing to win one of five \$50 Visa gift cards. We need to be able to contact the winners. So, if you answer “yes” to the next question, you will need to include your name and email address on this page to be contacted as a winner. This information will not be connected to your survey answers.

Would you like to go to the contact form and be entered to win a \$50 Visa gift card?

- No
- Yes

Name _____

Email address _____

Phone number _____

Thank you for filling out this survey! Your answers are very important to us. We will use the results to make sure your agency's services help people with low incomes and identify what services might be missing. Your answers will also help us plan for future programs.

Appendix 4: Program Partner Focus Group Guide



Program Provider/Partner Community Needs Assessment Focus Group Guide

Thank you all for taking the time out of your busy schedules to join this discussion today. My name is Lisa Curry. I am a staff member for JG Research and Evaluation. We have been contracted to assist in conducting our statewide triennial community needs assessment (CNA) to help us identify the community needs of families with low incomes in _____'s service area. The results of this focus group will be used to ensure the agency's services match the needs of people with low-incomes and to identify gaps in current services as the agency plans for future programs and community engagement. A key part of this CNA is understanding the experiences of partner organizations and program providers in these counties, especially those of you who have partnered with and or facilitated programs from or with _____. We look forward to hearing your perspectives.

Before I get started, a couple logistical things:

- This focus group should take around one hour.
- This session is being recorded to ensure that I can capture the full conversation while also being able to engage with you all. Your name and any other identifying information will be kept confidential. If we decide to use any quotes from today's session, they will be used anonymously in the report.
- I do want to take a moment to set some guidelines for the conversation:
 - You certainly don't need to agree with one another, just remember to keep an open mind and be respectful.
 - This is really a guided conversation, so I will ask questions to get the conversation started, but please feel free to talk to each other, pose questions of your own, etc.
 - Community topics such as housing or behavioral health services like treatment for substance use can sometimes be emotional and potentially tough to chat about as a group. As the moderator, there may be times when I place a topic or question in a

“parking lot.” The goal of this is to keep us focused and ensure that we’re respecting your time, as well as generating useful and important information for this CNA.

- o Any questions before we get started?

1. **Introductions**

- a. First name (confidential—just for conversation)

- b. And why are you here?

- i. What is the nature of your engagement with _____? What role do you have in your organizations?

2. First off, let’s talk about some of the good things that might exist in your communities. What kinds of things do you love about where you live? [Prompt: What kinds of things make it a good place to live? Support networks of friends and family? Health care? Economic opportunity? Natural beauty? Do you think folks take pride in participating in the community around them?]
3. Now let’s chat about existing challenges and resources that might help folks living in your community. Thinking about community needs and issues for folks who might be struggling to make ends meet brings up different perspectives on what things are the most important to helping families. Broadly speaking, what do you think are the **biggest challenges** that families with low-incomes face in trying to get ahead?
4. Do you have any thoughts about what might be the largest causes of poverty in your community? Especially with what you’ve seen as a service provider?
5. What are the **biggest issues** you see for people struggling to make ends meet? [Prompt: Health care, affordable childcare, access to housing, crime, transportation, mental health services, food insecurity, senior or youth needs?]
 - a. What is our **responsibility** to community members?
 - b. Are these the same needs for **urban and more rural** families?
6. **What do you think the goals should be** regarding supporting/assisting/providing services for individuals and families with low incomes? [Prompt: This could be goals for individuals, families, and also the larger community regarding which services are the most important, etc.]
 - a. Have you noticed any gaps in services that might help? [Prompt: More substance use disorder or mental health treatment services, affordable child care, more accessible assistance for food, more career development/training, more rental assistance?]
 - b. How can community providers and/or service organizations do a better job partnering with each other and with individuals in the community? [Prompt: What about your program, in particular, has worked or not worked?]
7. Based on your experiences and beliefs, **what do policymakers** (like people making the rules in state and local government) and others in the bigger community need to know about services that might help families with low incomes get ahead? [Prompt: From

your personal experiences providing services or things you have heard or seen, is there anything else you'd like to tell them?]

Closing

1. If you had a magic wand, what would you change or shift in your community to help more families and individuals with low incomes?
2. What haven't I asked about, or what haven't we covered that would be important for me to understand this topic?

Thank you again for taking time to join this discussion. Your point of view is really important. And as a reminder, your answers are confidential and any quotes that we use from this focus group will be presented in a way that protects your anonymity. If you have any additional questions about the study, please contact Lisa Curry at lisa@jgresearch.org.