



2020 COMMUNITY NEEDS ASSESSMENT

Submitted to
Montana Department of Public Health and Human Services





DISTRICT 7 HRDC

2020 COMMUNITY NEEDS
ASSESSMENT

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Community Needs Assessment Survey Committee:

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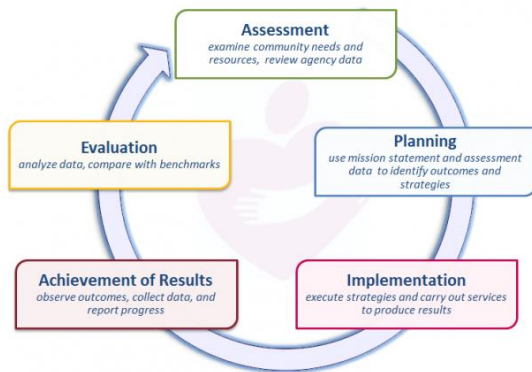
Laura Narum

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HRDC's Compliance with CSBG Organizational Standards

Compliance with organizational standards as described in the Office of Community Services (OCS) Information Memorandum (IM) #138; CSBG eligible entities will comply with implementation of the Organizational Standards. Compliance with Organizational Standards will be reported to OCS on an annual basis via the CSBG Annual report. In the section below, HRDC has identified the Organizational Standards which provide guidance for the development of this comprehensive community needs assessment.



H O P E
R E S P E C T
D R E A M
C H A N G E

Standard 3.1: Organization conducted a community assessment and issued a report within the past 3 year period, if no other report exists.

Standard 3.2: As part of the community assessment the organization collects and analyzes both current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area.

Standard 3.3: Analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.

Standard 3.4: The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.

Standard 3.5: The governing board or tripartite board body formally accepts the completed community assessment.

Standard 4.2: The organization's Community Action plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.

Standard 4.3: The organization's Community Action Plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle.

The previous community needs assessment was completed in 2017. The results of the 2020 Needs Assessment Survey helps HRDC provide an accounting of community resources, unmet community needs, gaps in services, causes and conditions of poverty, and serves in part as a self-evaluation for the agency to gauge the effectiveness of their current programs. Most importantly, these data provide the basis for the Agency's Action Plan.

INTRODUCTION

District 7, Human Resources Development Council, (HRDC) offers 24 programs administered through over 40 funding sources in its five county service area. The focus of all programs and services is to stabilize and help individuals and families work toward self-sufficiency as they achieve economic independence. Encouraging collaboration, it strengthens communities by working with organizations, businesses, and service providers. Through its mission, HRDC strives to “empower people in need by mobilizing and developing community resources to create opportunities for success” in Big Horn, Carbon, Stillwater, Sweet Grass, and Yellowstone counties.

Montana is home to 1,037,462 people. It is ranked 29th in overall poverty among the states with 13% or 135,114 people living below the poverty line. Children under 18 are ranked 23rd in overall poverty and include 15.2% of the population. As of May 23, 2020, 47,350 Montana workers were receiving unemployment benefits, which equates to 10% of eligible workers. Montana has processed 108,572 claims for unemployment since March 14, nearly 24% of the state's labor force. By June 1, 2020, more people were called back to work and unemployment claims decreased. Unemployment in Yellowstone County is currently at 7.7% while Big Horn is over 9%. The Crow Reservation is harder hit with 13.9% unemployment. There are 14.2% of Montanans who have no health insurance and 10.3% of the state faces hunger and food insecurity. As the pandemic continues to escalate and additional cases are reported, Yellowstone County, the employment hub for the region has 485 active COVID-19 cases, reported on July 20, 2020. Today there are currently 88 new cases with 1,248 active cases and 48 hospitalizations in the state. The impact of these statistics will continue to have a significant effect on the demand for services across Montana and within the agency's service area. The findings of this 2020 HRDC Community Needs Assessment are dramatically affected by this event.

Montana Population Growth

Montana's population growth has mainly been concentrated in its seven counties including Yellowstone which has the highest population density in the state. The heaviest growth is in Gallatin County, while the city of Kalispell has seen a growth rate of over 40% in the last decade. This trend is expected to continue, as Montana's rural areas continue to lose people to urban areas. Montana has a moderate population growth of 0.79%, which is about middle-of-the-road in the U.S. It is estimated that by 2030, Montana will be one of ten states in the country to have more people over age 65 than under the age of 18, and will be one of only six states to have 25% of its populations aged 65 and older. The agency's service area reflects these same growth patterns.

Combined Service Area Profile

In the 2017 HRDC7 Community Needs Assessment the five county service area was combined to yield a set of demographic and social indicator data. Individual county data were combined to represent characteristics of the total service area. For the sake of comparison, the same process is used for the 2020 Community Needs Assessment.

According to the US Census Bureau, American Community Survey, 2013-15 5-year estimates, these five adjoining counties located in South Central Montana have a total area of 13,330 square miles with a combined population of 193,076. Its largest population by age group is 0-17. It consists of 17.5% of the service area's population. This is followed by the group representing 65 and over at 16.3%. Ages 55-64 make up the next largest group at 13.9% demonstrating an aging populace within the district.

By race, Whites represent 87.4% of the population, Native American's 8.1%, with the remainder made up of multiple races, Hispanics, Asians, and Blacks. Between 2000 and 2010, the general population of the service area increased by 12.3%. The median age for the area is 43. The oldest age group is in Sweet Grass County at 50.1 years and the youngest in Big Horn at 29.9. Sixty nine percent of the population lives in urban areas and 31 % in rural. There are 29,702 public school students in the area with 12,500 or just over 42% eligible for school lunch programs. The highest concentration is in Big Horn County where 99.82% are eligible. Within the report area there are 9,371 persons aged 25 and older without a high school diploma. This represents 7.13% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes ([Freudenberg & Ruglis, 2007](#)).

Transportation represents one of the most underreported, but critical elements of poverty. Those households living without a vehicle especially in rural areas where there is no public transportation have little access to assistance, medical services, employment opportunities, and more. Households without a motor vehicle represent 4.85% of the population. Yellowstone County has the highest count of households without a motor vehicle. However, Billings, the largest Montana city has a public transportation system which in part explains the higher statistic of 5.24% within the city.

The GINI indicator reports income inequality using the Gini coefficient. Gini index values range between zero and one. A value of one indicates perfect inequality where only one house-hold has any income. A value of zero indicates perfect equality, where all households have equal income. Index values are acquired from the 2013-17 American Community Survey and are not available for custom report areas or multi-county areas, however the five county average is .426. There is no data for average household Median income, but statistics show the lowest median income average is in Big Horn County at \$47,276, and the

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Introduction

highest is in Stillwater County at just shy of \$62,000. Average Household Median income for the state of Montana is \$50,801.

There are 13.99% of children under the age of 18 living in poverty, as compared to almost 18 percent for the state. For the general population its 11.1%. Combined teen birth rates for the area are higher than the Montana average. Statistics show 40.8 per 100,000 of teen girls 14-19 have given birth. The Montana average is 34.8 births per 100,000 as compared to the service area's 40.8. The Unemployment rate prior to COVID-19 was at 3.4% as compared to a 3.2% state average. Big Horn County has the highest unemployment rate. Using the April report data, the state average has reached 11.3%, up & 7.7% in the past month.

Montana has a total of 8,721 Teens, ages 16-19 that are unemployed or not enrolled in school. This represents 7.65% of the age group, with the highest reported data at over 15 percent in Big Horn County. The substandard housing indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard. According to this report, there are 28.32% of housing units with one or more substandard conditions in the service area. The highest is in Big Horn County at 32.13%.

A lack of access to healthcare presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of un-insurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. The service area has a total of 147 dentists, with only 1 in Sweet Grass County. In 2014, there were 188 primary care physicians in the service area. This number has increased over the last 5 years. Sweet Grass County reports only 1 primary care doctor. The doctor shortage in rural Montana has been a problem for many counties, especially those without hospitals.

Within these findings, 14.4% of adults age 18 and older self-report having poor or fair health in response to the question "would you say that in general your health is excellent, very good, good, fair, or poor?" This indicator is relevant because it is a measure of general poor health status. The highest report of poor overall health comes from Big Horn County where 22.3% reported Poor to fair health. The lowest figure of 8.6% was reported in Sweet Grass County. *(Additional information on individual county profiles can be found in the Appendices.)*

EXECUTIVE SUMMARY OF RESULTS AND FINDINGS

The HRDC 2020 Community Needs Assessment Survey was launched as an online analysis of community resources and needs from February 26, through May 11, 2020. Paper surveys were provided to clients at intake for all agency programs and at the LIEAP office on the HRDC campus. Due to COVID-19, HRDC was closed to the public on March 16, and the distribution of paper surveys were discontinued at that time. This unexpected event dramatically impacted data collection efforts. HRDC promoted the CNA survey on social media, local community boards, and on the agency portal. On April 28, over 3500 postcards were direct mailed to zip codes covering Big Timber in Sweet Grass County, Red Lodge in Carbon County, and Columbus in Stillwater County. The postcards provided a direct link to the survey. A total of 466 surveys were completed.

Purpose

The purpose of the assessment was to identify the resources and unmet needs of individuals and families in the community. The agency fully understands and acknowledges that the timing of the survey and its' findings have been significantly influenced by the COVID-19 event. In addition to the community survey which provides quantitative data, the agency also conducted one focus group consisting of community providers and organizations serving as an advisory board to Family Forward. The focus group adds the qualitative element required for a comprehensive needs assessment. HRDC has included the COVID-19 addendum to the CNA addressing the impact of COVID-19 in the community.

Demographics Summary

The following demographics summary provides some highlights of the CNA findings. Not all questions are included in the Executive Summary, but all are contained in the findings of the survey. This summary contains the demographics and associated trends of the service area.

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Executive Summary

Population

Two interesting trends are concurrently emerging in the HRDC service area. The service area includes Big Horn, Carbon, Stillwater, Sweet Grass, and Yellowstone Counties. First, the largest population segment by age group is 0-17. It consists of 18% of the service area's total population. This is followed by the age group representing 65 and over at 16% and Ages 55-64 at 14% demonstrating an increasingly large aging population. While the median age for the service area is 43, Big Horn County has the youngest median age of 29.9 years of age while Sweet Grass County has the oldest at 50.1. These trends are reflected in Montana's population growth.

Employment

Employment has been impacted by COVID-19. 45% of respondents were employed, 8% worked part time, less than 30 hours, 8% self-employed, 4% disabled, 12% retired, and 14% unemployed. 9% other, consisted of students, homemakers, veterans, and varied individuals. Early 2020 unemployment prior to COVID was just over 3%.

Education

The service area is well educated. Only 6% of respondents had not finished high school, 31% completed high school, 13% have a GED or HiSET, 17% have an Associate's Degree or Professional certification, and 33% have a Bachelors and or Graduate Degrees. With the advent of COVID, education & training will increase as many job have been eliminated and as the aging workforce experiences attrition.

Housing Status

49% of respondents surveyed own their own home. 35% rent. 5% are homeless, and the remaining 11% live with family or friends, multi-family occupancy, and other. The current freeze on evictions and home foreclosures are likely to increase dramatically following the grace period.

Household Type

30% of Households in the community are single adults. 26% are 2 or more adults with no children, while 19% are a two adult family with children. 15% are single parents with children under age 18, 2% are grandparents with grandchildren, and the remaining 8% are other. Data clearly demonstrates that birthrates are down and more adults of child bearing age are opting for careers instead of families.

Monthly Household Income

13% of respondents make less than \$500 per month, 12% make \$500-\$1000, 14% make \$1000-\$1500, 15% make \$1500-\$2000, 11% make over \$2000, 12% over \$3000, 7% over \$4000, and 15% earn over \$5000. When COVID Emergency funds disappear in July, the rate of low income individuals and families seeking assistance will increase.

Issues Summary

The following issues summary provides the highlights of the CNA findings. Not all questions are included in the Executive Summary, but all are contained in the findings of the survey. This summary contains the prominent issues faced by individuals and families in the service area and identifies associated trends. For the reader's convenience, a summary of needs by county are included in the appendices. Each county profile is followed by a chart depicting the most prominent needs of that county. As the responses from individual counties were not equal, the statistical analysis of the study focuses on the service area as a whole.

Most Important Issues Families Faced in the Past Year: Top 5 Responses

The top 5 most important issues families faced over the past 12 months are ranked by level of importance. They were selected from a list of 35. The top 5 issues identified are 1) Affordable Health Care, 2) Affordable Dental Care. 3) Availability of safe and affordable housing. 4) Availability and access to living wage jobs. 5) Bad Credit.

Is Employment/Income an Issue?

32% reported employment was an issue, 60% indicated it was not, and 8% were unsure.

This statistic has skewed to the high side as a result of COVID and the extensive job losses to the area. Montana unemployment is 10.5% in May as compared to 4.2% in February at the onset to the pandemic.

Why Employment/Income is an Issue: Top 5 Responses

The top 5 issues related to income and employment are ranked by importance. 1) Too few living wage jobs with benefits. 2) Health Issues or Disability. 3) Unable to find a job in the area. 4) Lack of transportation or cost of transportation. 5) Not offered enough work hours to cover living expenses.

Is Education or Training an Issue?

16% indicated Education or Training was an issue. 78% said it was not. 6% were unsure.

Why Education or Training is an Issue: Top 5 Responses

The top 5 issues related to Education or Training are ranked by importance. 1) Insufficient funds for Tuition or other training costs. 2) Lack of transportation or cost of transportation. 3) Work hours conflict with program availability. 4) No internet accessibility for online courses. 5) Unable to access help to learn computer skills.

Is Housing an Issue?

26% of respondents indicated that housing was an issue. 70% said it was not. 4% were unsure.

Why Housing is an Issue: Top 5 Responses

The top 5 issues related to housing are ranked by importance. 1) Cost to rent or house payment. 2) Cost of utilities and rental deposit. 3) Poor Credit. 4) Need weatherization services to lower utility bills. 5) Need major repairs (roof, foundation, plumbing, etc.), but can't afford them. As of May 2020, average rent for an apartment in Billings, MT is \$831 which is an 8.18% decrease from 2019. Rents have steadily increased from 2015-2019.

Is Access to food an Issue?

22% indicated that food was an issue. 76% said it was not. 2% were unsure.

Why Food Access is an Issue: Top 5 Responses

The top 5 issues related to food are ranked by importance. 1) Not enough income to purchase food. 2) SNAP benefits/food stamps run out before the end of the month. 3) Not eligible for SNAP benefits/food stamps. 4) Lack of transportation to available grocery stores. 5) Alternative food resources not available (food banks & commodity distribution sites). Food insecurity is now an issue for more families than ever before caused by job and income loss resulting from COVID-19.

Is Managing Money an Issue?

22% indicated that food was an issue. 76% said it was not. 2% were unsure.

Why Managing Money is an Issue: Top 5 Responses

The top 5 issues related to managing money ranked by importance are. 1) Difficulty managing money. 2) Have no credit or bad credit. 3) Lack knowledge of budgeting & finance. 4) Do not have a checking or savings account. 5) Foreclosure/eviction.

Is Transportation an Issue?

24% indicated that transportation was an issue. 74% said it was not. 2% were unsure.

Why Transportation is an Issue: Top 5 Responses

The top 5 issues related to transportation ranked by importance are. 1) Cannot afford monthly payments, insurance, and/or repairs. 2) Limited public transportation. 3) Do not have a down payment for a car. 4) Cannot afford the cost of gasoline. 5) Lack of credit to buy a car.

Is Health an Issue?

25% indicated that health was an issue. 71% said it was not. 4% were unsure.

Why Health is an Issue: Top 5 Responses.

The top 5 issues related to health ranked by importance are. 1) Lack of dental insurance/cannot afford dental treatment. 2) Cannot afford medical treatment. 3) Cannot afford to pay for prescriptions. 4) Unsure of what services are covered by my insurance. 5) Do not have medical insurance.

Programs & Services Households Need, But Can't Access? Top 5 Responses

Twenty categories of programs were listed. The top 5 Programs that households most need, but don't know how to access are ranked by importance. 1) Low-income housing or rental payment assistance. 2) Utility payment assistance. 3) Transportation. 4) Minor home repair or weatherization services. 5) Employment and Training. Individuals and families that have never before needed services, are not aware of the community resources that are available or how to access them. There are currently 724 unique resources available in the service area. These include, local, regional, state, and federal options.

Community Resources

As part of a comprehensive Community Needs Assessment, it is imperative to not only identify community needs, but to also recognize the vast community resources as vital assets to the region. South Central Montana provides 724 known programs delivered by state, federal, regional, local, faith based, cause-based, non-profit, institutional, and other categories of service providers. In total there are 381 known agencies and organizations offering these programs. Some organizations provide one program to a specific targeted population while others such as HRDC offer access to 24 individual programs and a large and diverse population. These numbers do not reflect community partnerships and collaborations, professional associations or businesses. The community resources assessment was conducted through a review of literature and various directories, indices, and listings including Montana 211.

See Appendices for complete list of Resources.

It is important to recognize that the city of Billings is the central hub for Healthcare and health related services including hospitals, surgery centers, cancer treatment facilities, dentistry, mental health, residential and outpatient substance-abuse centers, and more. It is also the headquarters for many community providers based here or within Yellowstone County. According to 2020 Census the population for the city of Billings is 109,868. Over 10% of the state's population is based here and so are many of the region's community resources.

COVID-19 Community Assessment Update

COVID-19 Pandemic: As an addendum to the 2020 Community Needs Assessment, this section was completed in May 2020 with additional updates through June in response to the COVID-19 global pandemic. This Community Assessment Update is in response to a global health pandemic that has not only affected every community in the United States but has also led to the most significant economic disruption since the Great Depression. US unemployment tops 45 million, and over 86,000 claims have been filed in Montana, bringing state unemployment to new levels. This assessment is an initial effort to capture some of the emerging needs in the community as well as to forecast how those needs may evolve over the coming weeks and months. As the pandemic has escalated, the current number of new active cases in the state and service area are significantly higher than the ending entries made in June and mid-July.

This addendum is intended to provide some initial information to describe the scope of this crisis on our community and to support the many different responses that will be required to address emerging and evolving needs. It is likely that as needs evolve, not all needs will not be captured in this update. The community assessed in this document, is the five county service area of Big Horn, Carbon, Stillwater, Sweet Grass, and Yellowstone Counties located in South Central Montana. The template for this addendum was taken from the Community Action Partnership.

The contents of this section include Health response, government response, immediate impacts on the community, Mental Health Resources, nutrition, educational impact, impact on delivery of human services, community resources, short and long term impacts, prolonged service disruptions, prolonged employment issues, agency capacity, prolonged community, resource/coordination issues, assessing equity implications, and conclusions.

HRDC 2020 COMMUNITY NEEDS ASSESSMENT FINDINGS

Quantitative data were collected utilizing a general survey targeting low and middle income people in the community. It was validated for reliability prior to distribution. It was launched on February 26, and was available on line through May 11, 2020. Paper surveys were provided to HRDC clients at intake for all agency programs and at the LIEAP office on the HRDC campus. As a result of COVID-19, HRDC was closed to the public on March 16, and the distribution of paper surveys were discontinued at that time. This unexpected event dramatically impacted data collection efforts. The Community Needs Assessment Survey was promoted on social media and local community boards. It was also available on the agency portal and on Face Book. On April 28, over 3500 postcards were direct mailed to zip codes covering Big Timber in Sweet Grass County, Red Lodge in Carbon County, and Columbus in Stillwater County. These postcards provided a direct link for this survey. A total of 466 surveys were completed.

As noted, as an unprecedented event, COVID-19 forced the closure of HRDC offices to the public, however, this closure in no way impacted the continuing delivery of services. All agency programs continued to be administered remotely by phone, fax, US mail, and email.

Disclaimer

As the purpose of this assessment is to identify both the resources and the unmet needs of individuals and families within the community, many of those needs have been influenced by the COVID-19 event. The loss of jobs, incomes, childcare shortages, food insecurity, housing, and a myriad of other factors have impacted this assessment. What was in place prior to the initiation of the 2020 Community Needs Assessment has now escalated into additional and more immediate unmet needs. As a part of this report, the agency has included an addendum to the COVID-19 pandemic. The template used to complete the addendum was provided by CAP, Community Action Partnership.

The finding of the 2020 Community Needs Assessment will be reported by question. Each question is followed by response options. When comments were solicited, respondents entered their answer into a text window that allowed them to comment. These comments follow the descriptive summary question by question and are located in the report appendices.

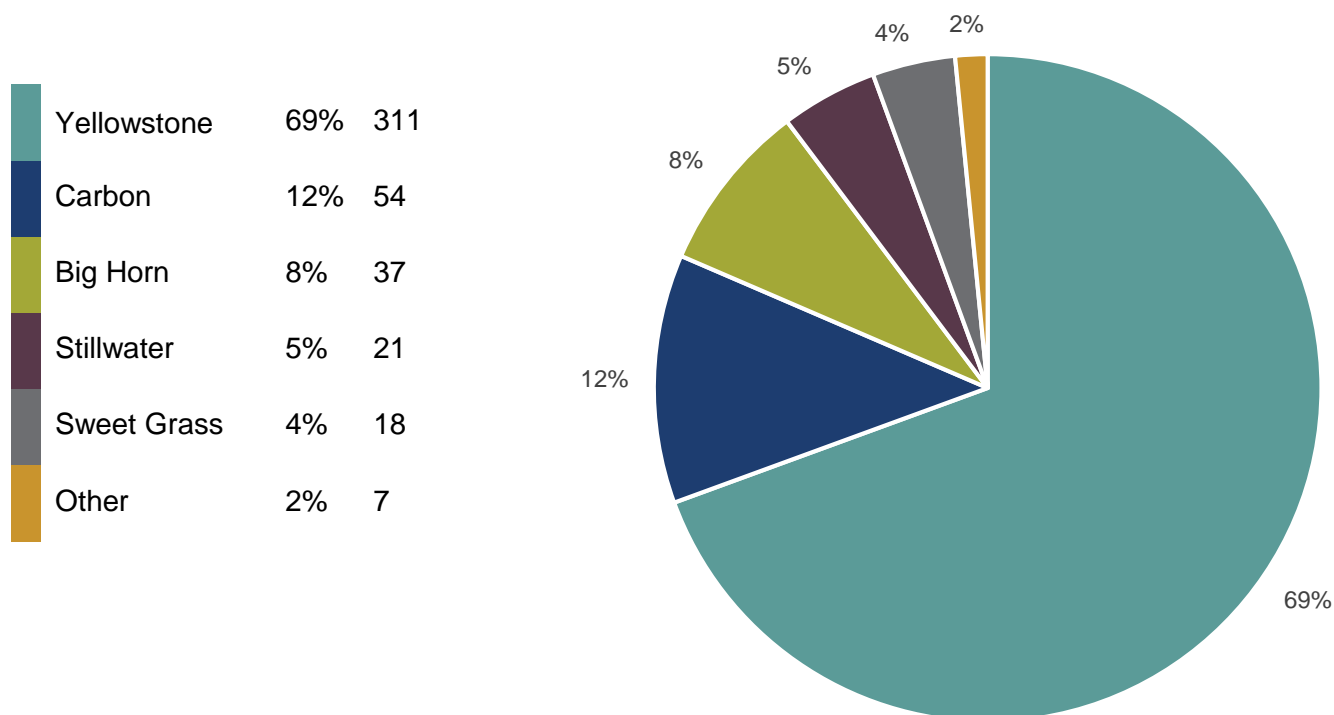
Demographics

Q1. City or Town where you live:

Answered: 448 of 466 responded to this question. 18 individuals skipped it. In Q1 and Q2, the survey is looking for residence distribution in each of the respective counties.

Q2. What county do you live in?

Answered: 343 of 466 responded to this question. 123 individuals skipped it. The following is a breakdown of responses by county. It is important to note that the “other county” designation are respondents from the agency’s Child Care program which covers 9 additional counties beyond the agency’s core service area. There were only 7 survey participants in this category, 2 percent. The breakdown by county and number of respondents follows.



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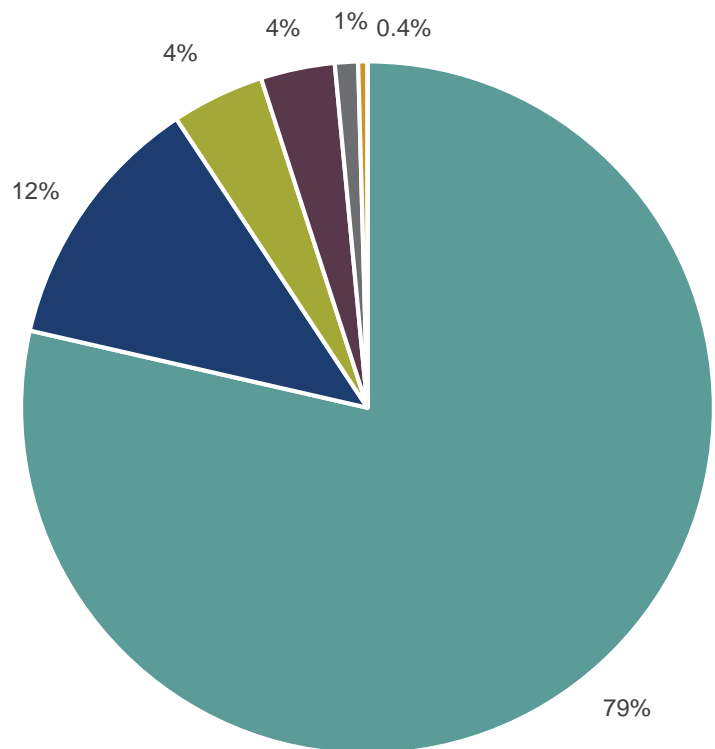
Community Needs Assessment

Q3. What is your race/ethnicity?

Answered: 462 of 466 answered this question. 4 individuals skipped it.

Q3. Collecting demographic data is a requirement of CSBG as is this community needs assessment. The more detail provided by specific demographics, the better the design of programs and services tailored to targeted populations. These same data can also be compared to the combined community profiles and or individual county profiles to determine and predict population trends using US census, ACS, American Community Survey and other reliable databases. The following is a recap of the respondent data reporting on ethnicity and race.

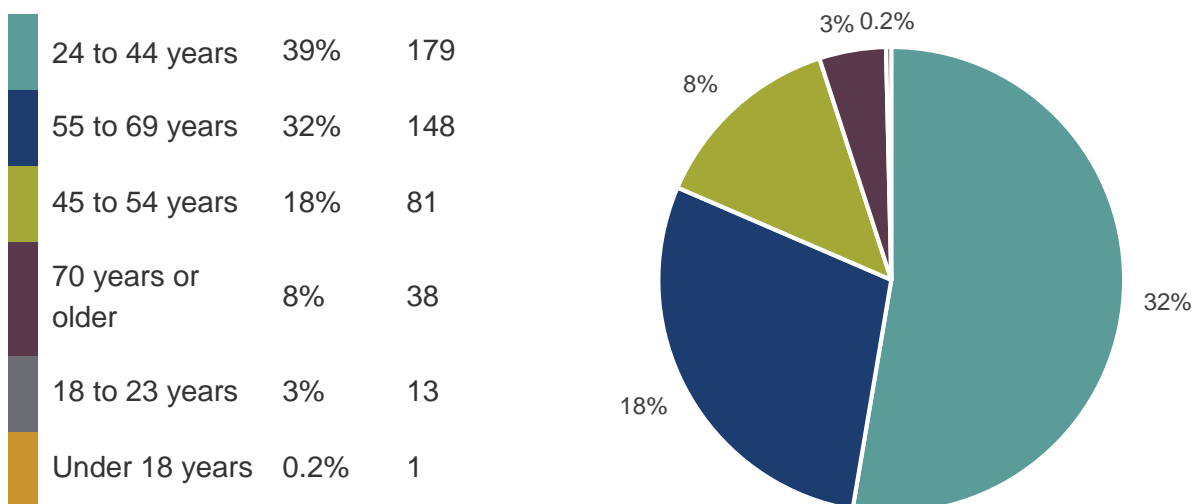
White/Caucasian	79%	363
American Indian/Alaska Native	12%	56
Multi-Racial	4%	20
Hispanic/Latino	3%	16
Black/African-American	1%	5
Asian	0.4%	2
Native Hawaiian/Pacific Islander	0%	0



Q4. What is your age?

Answered: 460 of 466 responded to this question. 6 skipped it.

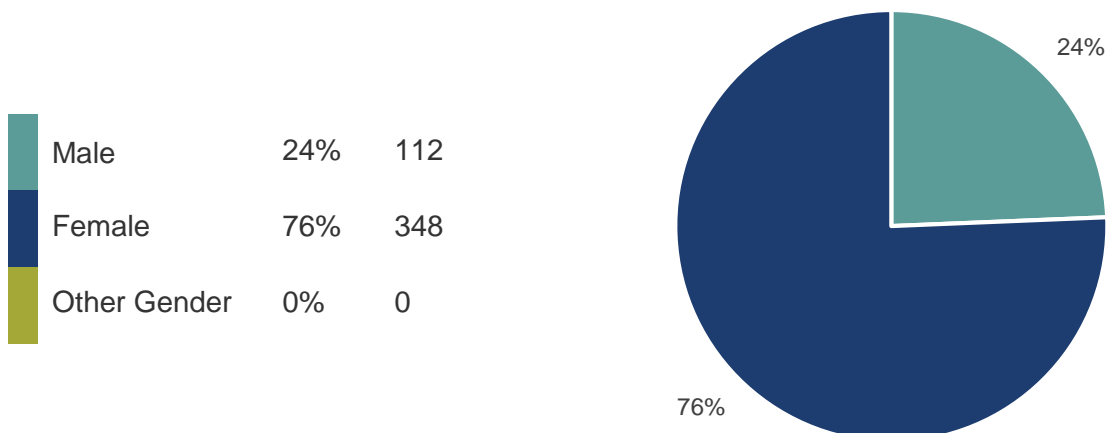
The majority of respondents fall into two primary age categories. The largest age group, 24-44 includes 39% of the surveyed population, followed by 55-69 at 32%. Children are not counted in this question as respondents were all adults, but are included in the community profiles. There is a large aging population, but a larger and younger emerging populace in the 24-44 year age group. This is significant as baby-boomers are aging out of the workforce and younger and middle aged adults are assuming those jobs.



Q5. What is your gender?

Answered: 460 of 466 responded to this question. 6 skipped it.

Female respondents made up 76% of respondents answering this question. Males included 24% of this population. There were 348 women and 112 men within the survey group. This distribution is in line with previous surveys.

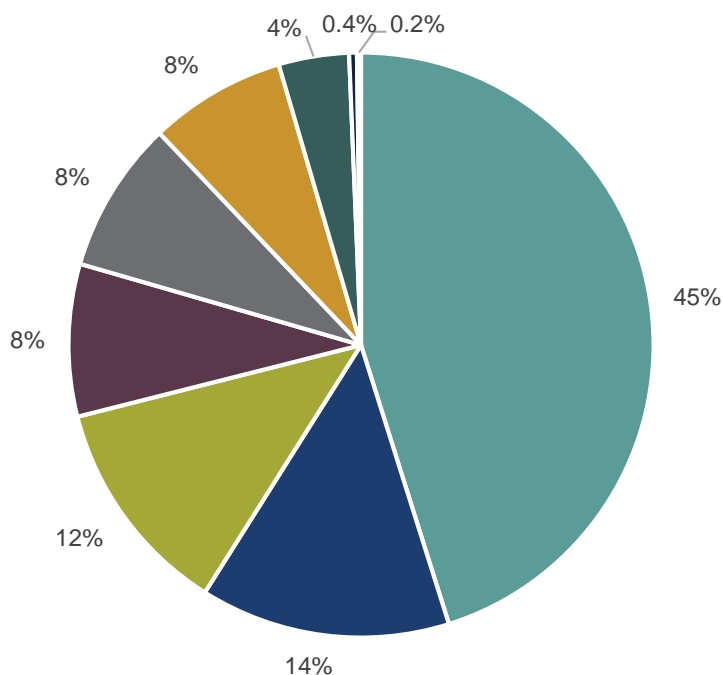


Q6. Which of the following best describes your employment status?

Answered: 463 of 466 responded to this question. 3 skipped it.

Of those surveyed, 45% were employed full time. Full time is defined as more than 30 hours per week. Part-time workers, those individuals working less than 30 hours per week and self-employed persons each made up 8% respectfully. Survey respondents reported 14% unemployed. The population included 12% retired and unemployed, 4% disabled, and 8% other. A list of 35 individuals fall into the “Other” category. These responses are included the appendices.

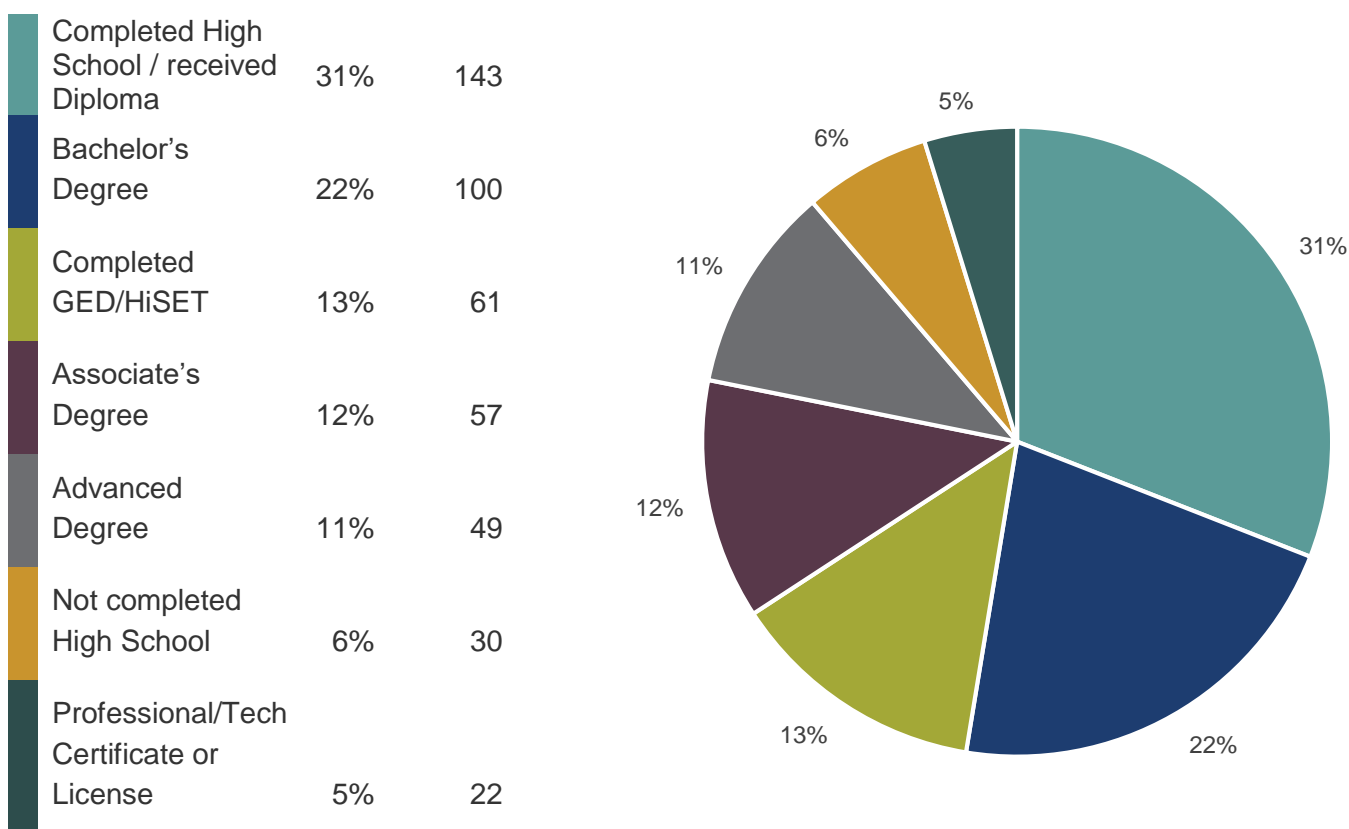
Full-time (30 hours or more)	45%	209	Other (please specify)	8%	35
Unemployed	14%	64	Disabled	4%	18
Retired	12%	56	Veteran	0.4%	2
Part-time (less than 30 hours)	8%	39	Student	0.2%	1
Self-Employed	8%	39	Active Military	0.0%	0



Q7. What is the highest level of education you have completed?

Answered: 462 of 466 answered this question. 4 skipped it.

Of those respondents answering this question, there were 6% that had not finished high school. The largest category of respondents were those individuals that were high school graduates. Of this group 31% that had completed their secondary education. The next largest grouping were those respondents that had secured a Bachelor's Degree. One Hundred individuals, or 22% fell into this category. Those holding advanced degrees beyond a Bachelor's made up 11%. Those holding Associate Degrees were at 12%. Finally, individuals that held a professional Tech Certificate or licenses consisted of 5% of the population surveyed.

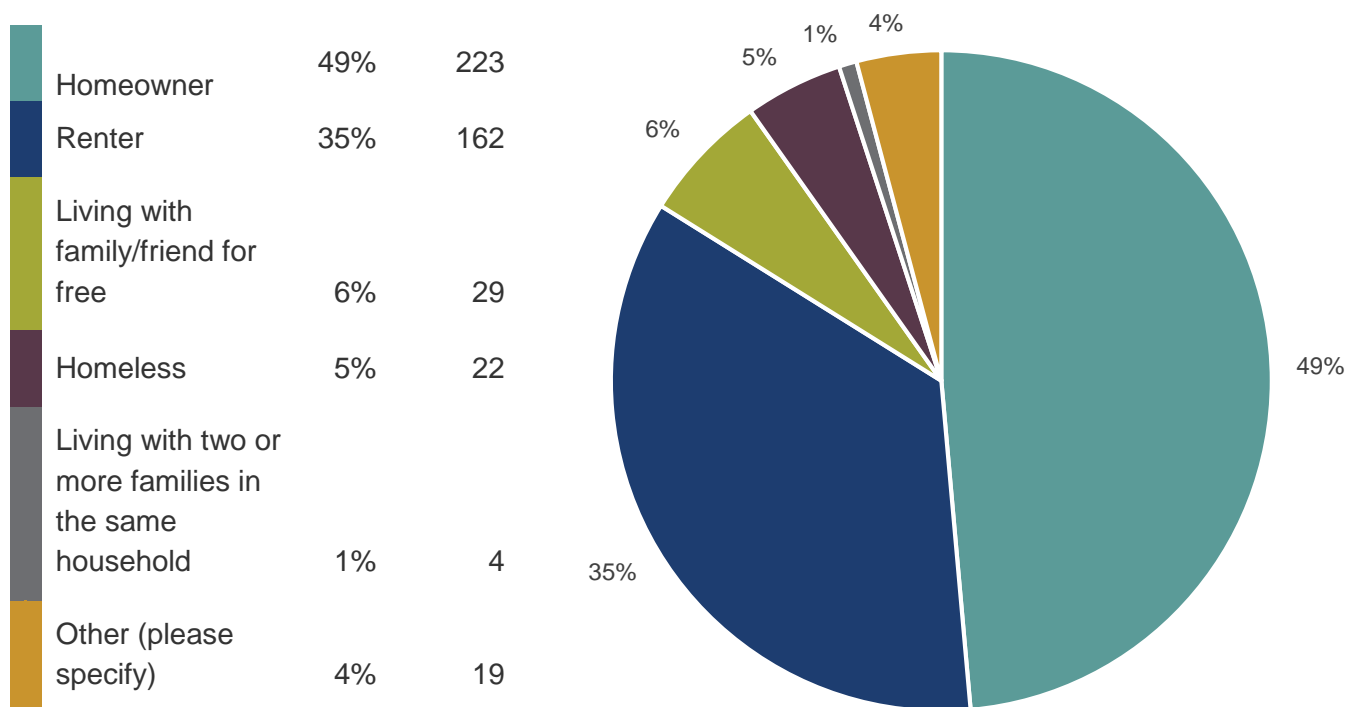


Housing & Households

Q8.Which of the following best describes your housing status?

Answered: 459 of 466 answered this question. 7 skipped it.

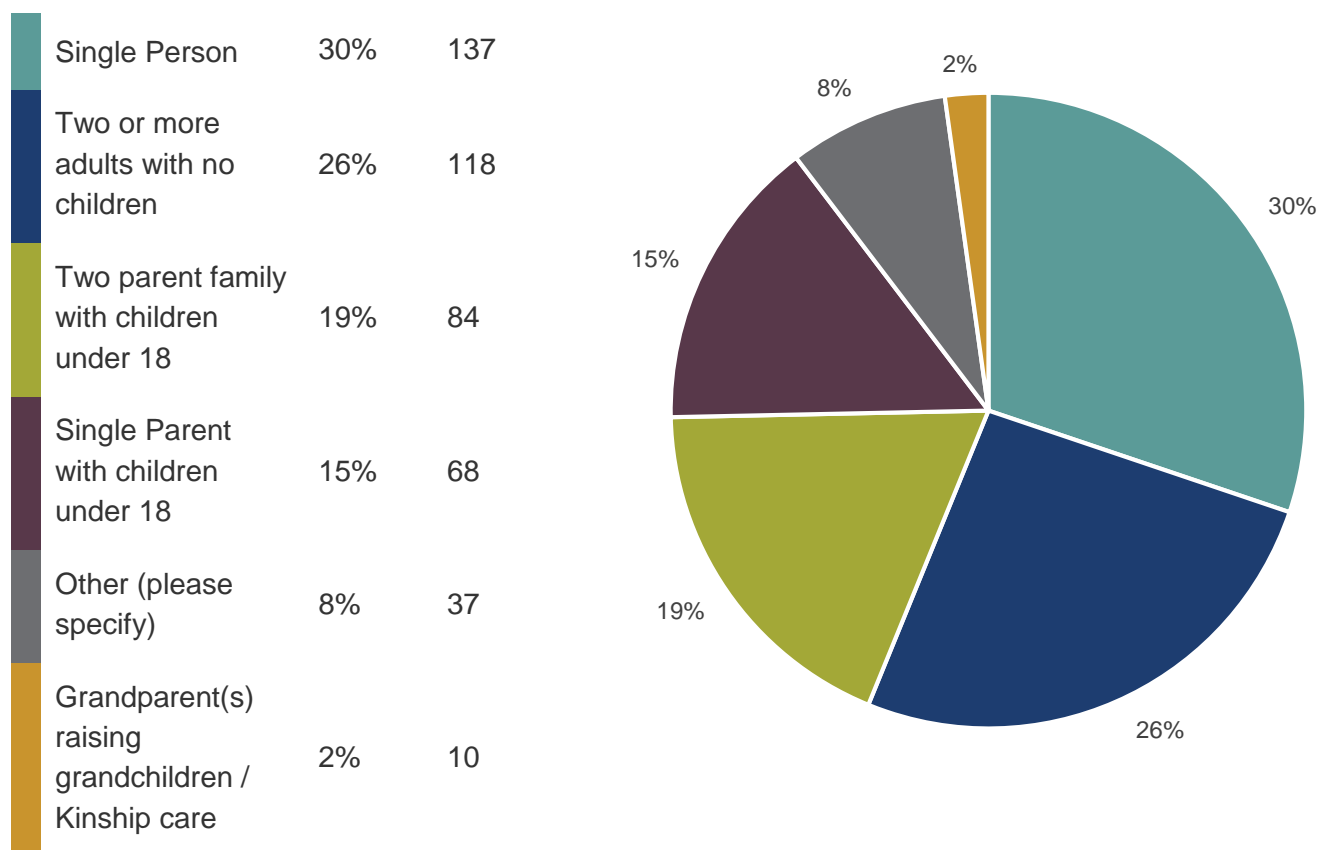
There were 223 of 466 respondents or 49% that owned their own home. This category made up the largest grouping of individuals that answered this question. Renters included 162 or 35% of this population. 6% of surveyed persons were living with family or friends for free, and most disturbingly, 22 respondents were homeless making up 5% of those surveyed. There were 4 respondents living with 2 or more families in the same household and 19 individuals categorized as “Other.” This 4% “other” lists their responses. The responses to Q8 can be viewed in the appendices.



Q9. Which of the following best describes your household?

Answered: 454 of 466 answered this question. 12 skipped it.

The largest household category responding to this inquiry were single persons including 137 respondents at 30%. This group was followed by 118 respondents or 26% reporting they were living in a “2 or more adults with no children” household. This is noteworthy as over 56% of no child households are represented by these two groupings reflecting a national trend toward lower birthrates. “2 adults with children under 18.” Considered the “traditional family” only included 19% of respondents. This was followed by “single parent with children under 18” at 15%. “Grandparents raising grandchildren included 2%. Kinship trends continue to increase. The final category of “Other” requires that respondents fill in the box. This group included 37 respondents at 8%. Q9 responses can be seen in the appendices. The list demonstrates other nontraditional family structures.

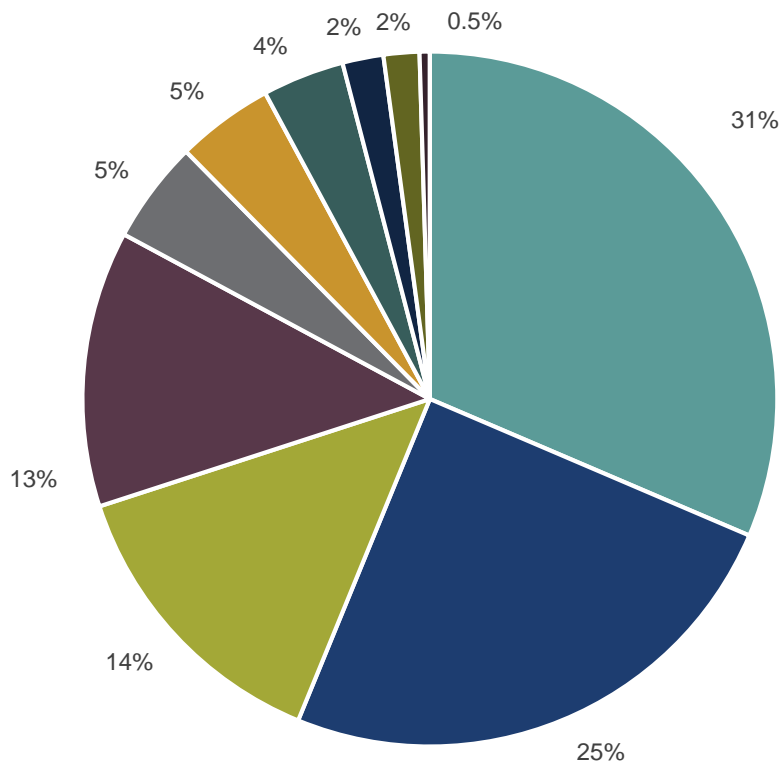


Q10. How many people currently live in your household?

Answered: 420 of 466 responded to this question. 46 skipped it.

Q10 supports the general findings of Q9 as it relates to the numbers of singles and couples households. In this question the count is for the number of individuals in a household, not the household structure. It is interesting to note, however, the numbers from both questions are closely correlated. The largest grouping in this inquiry are 132 two person households, making up 31% of respondents. This is followed by 104 singles with no children consisting of 25%. Three and four person households were closely matched at 13% and 14%. Households of 6 to 10 persons represented 14% of respondents. The “Other” category had 16 responses, but was redundant with the exception of one expecting mother that counted herself and unborn child at 1.5 persons. The large groupings of respondents without children clearly represent a national trend of decreasing child births. According to the CDC the U.S. birthrate fell again in 2018, to 3,788,235 births — representing a 2% drop from 2017. It's the lowest number of births in 32 years, according to a federal report.

Two	31%	132
One	25%	104
Four	14%	58
Three	13%	54
Six	5%	20
Five	5%	19
Other	4%	16
Eight	2%	8
Seven	2%	7
Ten	0.5%	2
Nine	0%	0

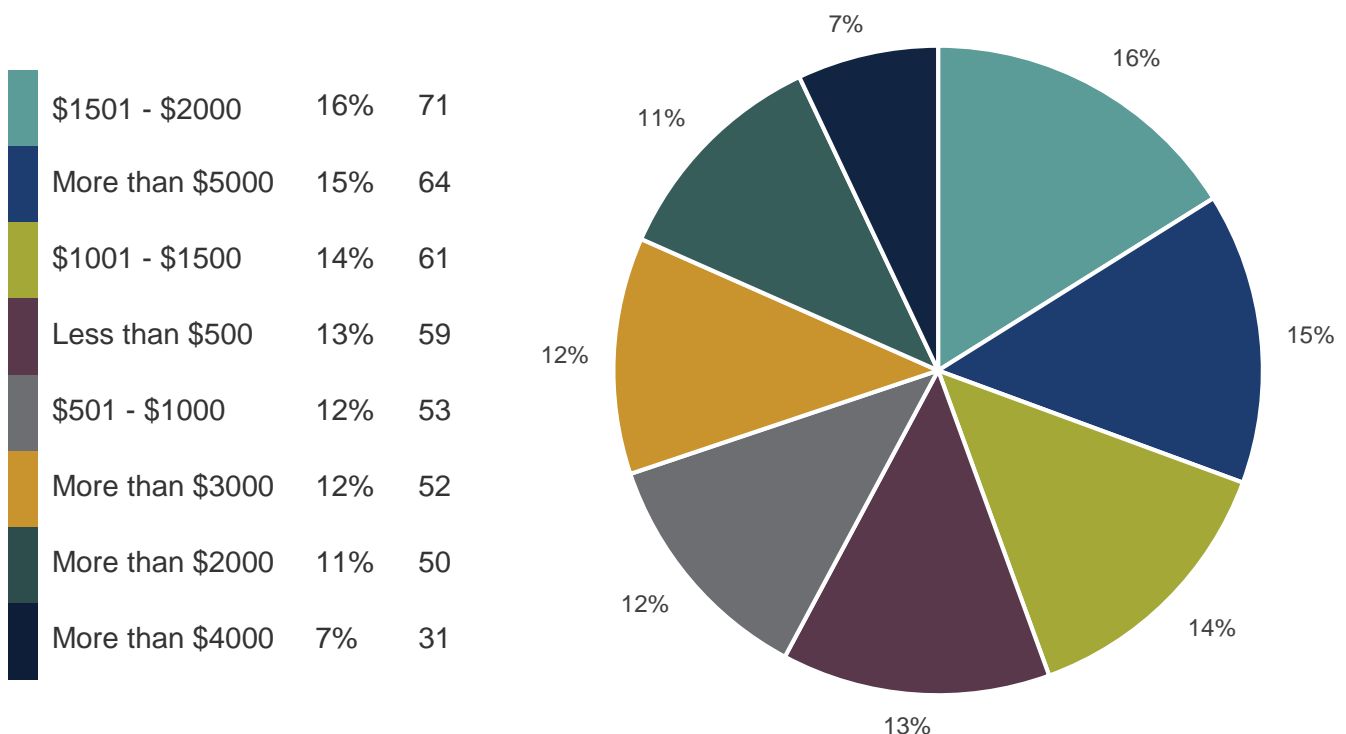


Monthly Income

Q11. What is your estimated monthly household income?

Answered: 441 of 466 answered this question. 25 skipped it.

The largest grouping of individuals responding to this question reported making between \$1501 - \$2000 per month at 16%. The next two groupings were almost evenly matched, characterized by the highest and lowest monthly incomes at 13% and 15% respectively. Part of this grouping made less than \$500 per month, while the other 15% earned over \$5000. This striking difference illustrates the disparity that exists in the service area. There were 12% that made \$501 – \$1000. 16% earned \$1500-\$2000. 11% made more than \$2000, 12% over \$3000. Only 7% earned over \$4000 per month. What is especially alarming in these statistics is that 25% of respondents made less than \$1000 per month. This translates into 112 of 466 individuals living below the poverty line. This figure is further exasperated by COVID-19 job and income losses.



Phone and Internet

Q12. Do you have a phone?

Answered: 453 of 466 answered this question. 13 skipped it.

439 respondents, or 97% of respondents answered this question affirmatively. There were 14 or 3% of individuals that answered no.

Q13. Do you or someone in your family have internet access through a smart phone or computer?

Answered: 457 of 466 answered this question. 9 skipped it.

Not everyone has a computer or internet, but smart-phone applications have made it possible to access information and even apply for assistance on hand held devices without having a primary internet connection. Many of the respondents that completed this survey were able to do so on a smart phone. The significance of this question is extremely important, especially with the closing of the Offices of Public Assistance in small rural towns. Where individuals and families were once able to travel to an OPA location to apply for assistance or at least get information, they are no longer able to do so. All access to these and other social services are now remotely based. HRDC programs and services are also currently administered remotely through virtual platforms, telephone, and email, making internet access more vital than ever. Even small town libraries, once a source of internet through library computers, closed for weeks during the peak of COVID-19 eliminating communications for individuals that did not have internet access through at least a smartphone. Children dependent on remote learning platforms were also impacted. This situation is now being remedied by school districts paying for internet access for households with student aged children.

419 or 92% of respondents have internet access through a computer or smartphone. 38 or 8% do not.

Issues

Q14. What are the most important issues that you or your family currently experience or have experienced in the last 12 months? (Check all that apply)

Answered: 352 of 466 answered this question. 114 skipped it.

Q1 thru Q13 addressed demographics in the agency's service area. The remaining survey questions examines issues, obstacles, gaps in services, new services needed, causes and conditions of poverty, better ways for community providers to work together, and the unmet needs of individuals, families, and community.

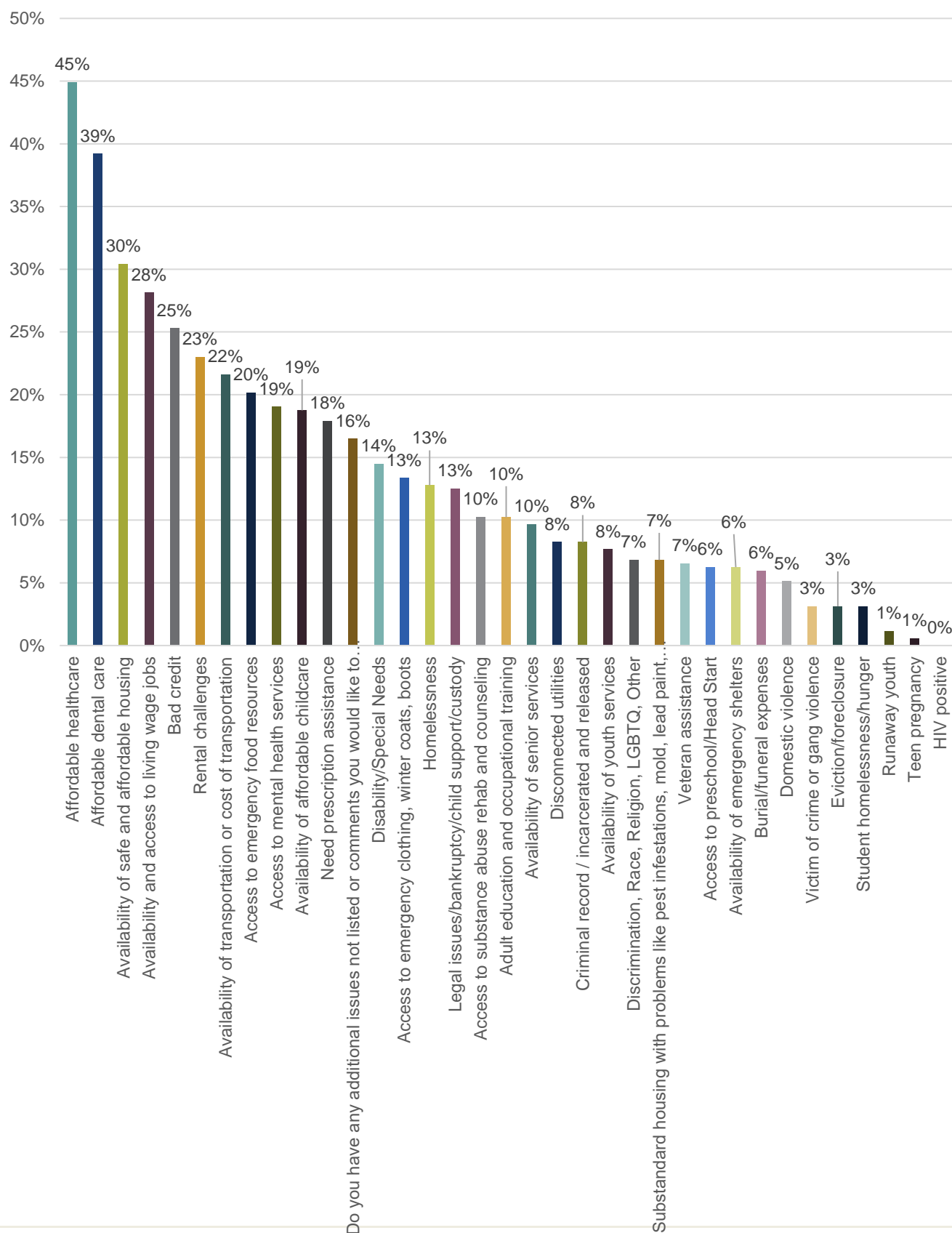
Q14 was one of the most interesting and complex questions on the survey. Providing 36 categories of issues faced by individuals and families the assessment committee extrapolated data from community programs, services, previous assessments, and multiple domains to develop a list of 36 items. Respondents were asked to check all of the issues they have faced over the last 12 months. 16% of respondents added additional answers to this inquiry. Many of these responses were extremely thoughtful. All of them are listed in their entirety at the end of this question and appear in the appendices. There were 114 individuals that skipped Q14. In analysis of these data, it was inferentially assumed that 24% of the surveyed populace had no issues.

The highest ranking on this list was affordable health care. It included the following subsets; 45% or 158 individuals identified this as the most prominent issue. It was followed by affordable dental care at 39%. Mental Health came in at 19%, and prescription assistance at 18%. The second most important issue was availability of safe and affordable housing at 30%, followed by availability and access to living wage jobs at 28%. Bad Credit and Rental Challenges were significant elements with the former ranked at 25% and the later at 23%.

Availability and cost of transportation was identified as an issue for 22% of respondents. Child Care was identified as a glaring issue for individuals and families at 19%. Access to emergency food was ranked at 20%. There were 71 individuals in the group facing food insecurity. Disability and special needs ranked 14%. There are numerous additional rankings of issues that are represented in the pie chart below. As noted, a full list of additional issues and corresponding comments appears following the graph. Q14 other responses is also located in the appendices.

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Community Needs Assessment



Employment & Income

Q15. Is employment or income an issue for you or your family?

Answered: 400 of 466 answered this question. 66 skipped it.

For 32%, or 127 individuals completing this question, employment and income is an issue. It is important to consider that COVID-19 has had a significant impact on this statistic. Although the survey launched in late February, many individuals and families lost jobs and income in March, April, and May. Prior to COVID-19, unemployment in the Billings area hovered between 3-4%. Over the course of 3 months over 6100 hospitality and tourism jobs were lost to the virus. Montana is dependent on tourism, hotels, food, conventions, retail, and related services for revenues. Many low income jobs were lost in these service industries. Other high and moderate income jobs in oil, mining, and natural gas were also lost. At the onset of COVID, the demand for energy diminished exponentially. Crude oil went from \$60 a barrel to its current level of \$39. There are two large refineries in the service area that were severely impacted as was coal and railroad transportation.

60% or 240 respondents that answered No, employment and income were not issues! Billings is also the region's health center. Many of the professional positions that were unaffected by COVID-19 were in the health Industry.

There were 8% or 33 respondents that were unsure of their income/employment impact. It is inferred that these families are waiting to see the effect of COVID-19 on their respective employment.

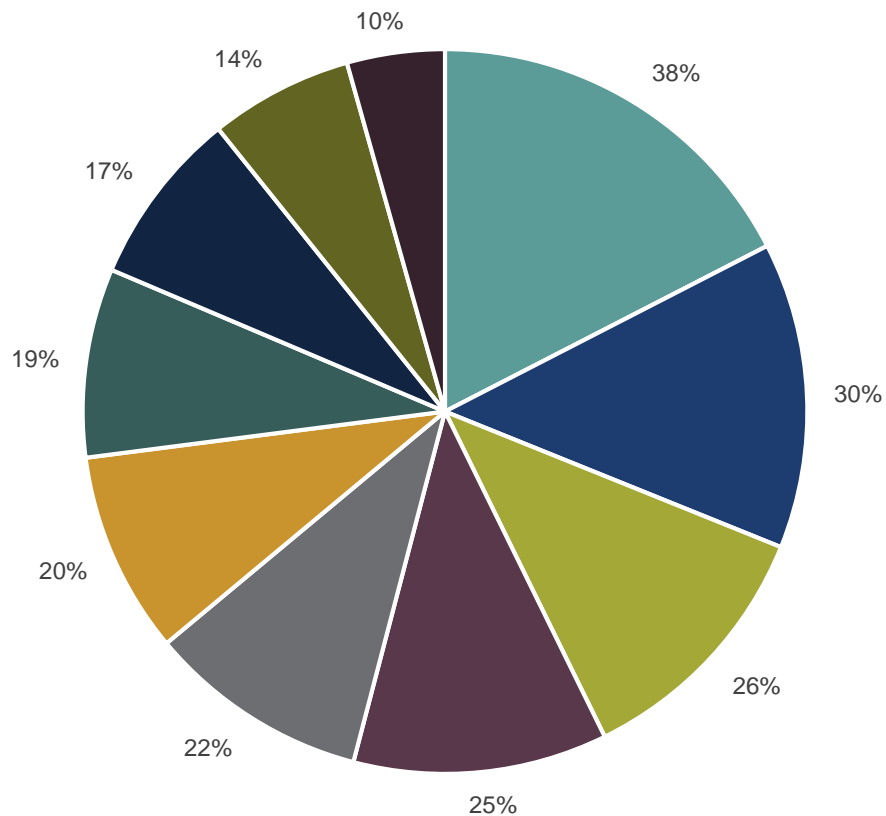
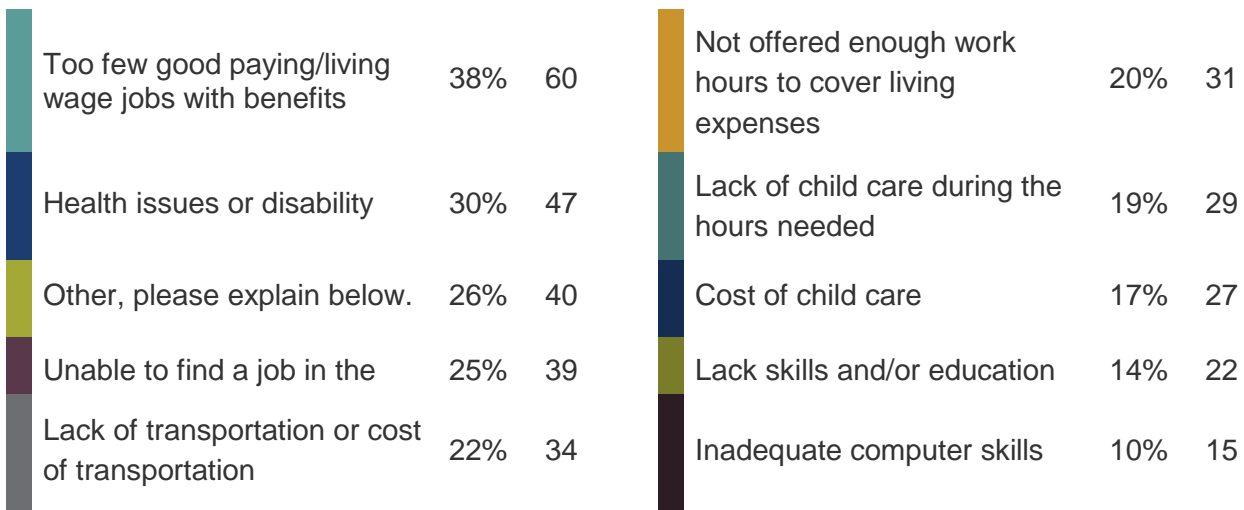
Q16. If you answered “yes” above, why is employment or income a problem for you or your family? (Check all that apply)

Answered: 156 of 466 answered this question. 310 skipped it.

In Q15, there were 126 affirmative responses to the employment/income question. In Q16, the most important reason that people were impacted by employment and income is reflected by the statement “there are too few good living wage jobs with benefits.” 38% selected this response. 30% indicated they were impacted by health issues or disability. 25% said they could not find a job in the area and 22% identified transportation as an issue. This was followed by “not offered enough work hours to cover living expenses” at 20%, lack of child care during the hours needed was selected at 19%, with cost of child care right behind it at 17%. 14% lack skills or education, followed by inadequate computer skills at 10%. There were 26% or 40 individuals that added additional responses. These too are listed in their entirety in the appendices.

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Community Needs Assessment



Education & Training

Q17. Is education or training an issue for you or your family?

Answered: 391 of 466 answered this question. 75 skipped it.

There were 16%, or 61 respondents that affirmatively answered this question. 78%, or 304 individuals answered NO. 7%, or 26 were unsure. Of the 61 that indicated education or training were an issue, Q18 represents their reasons and rankings.

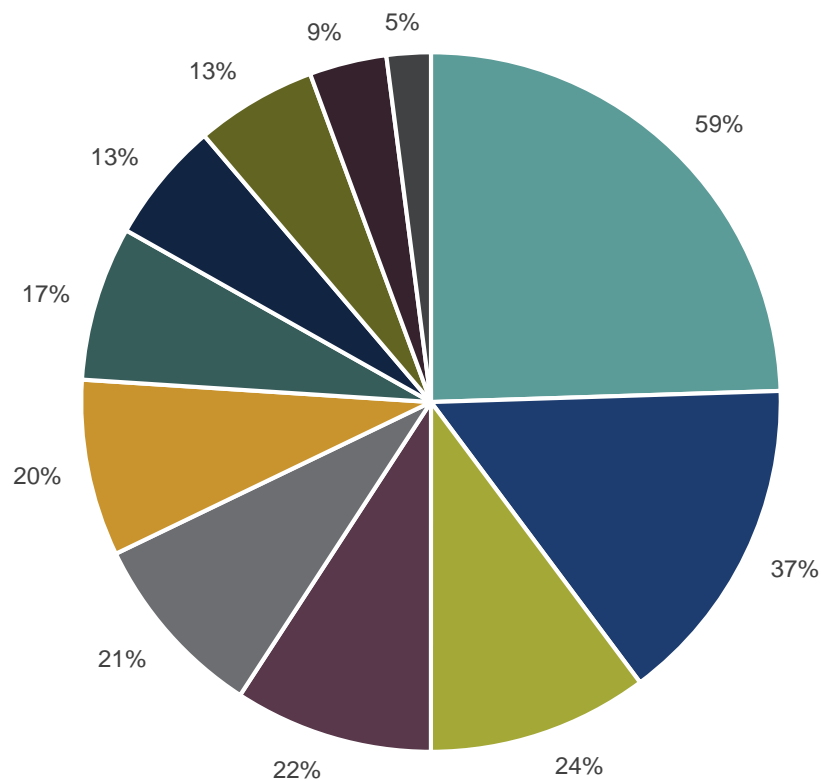
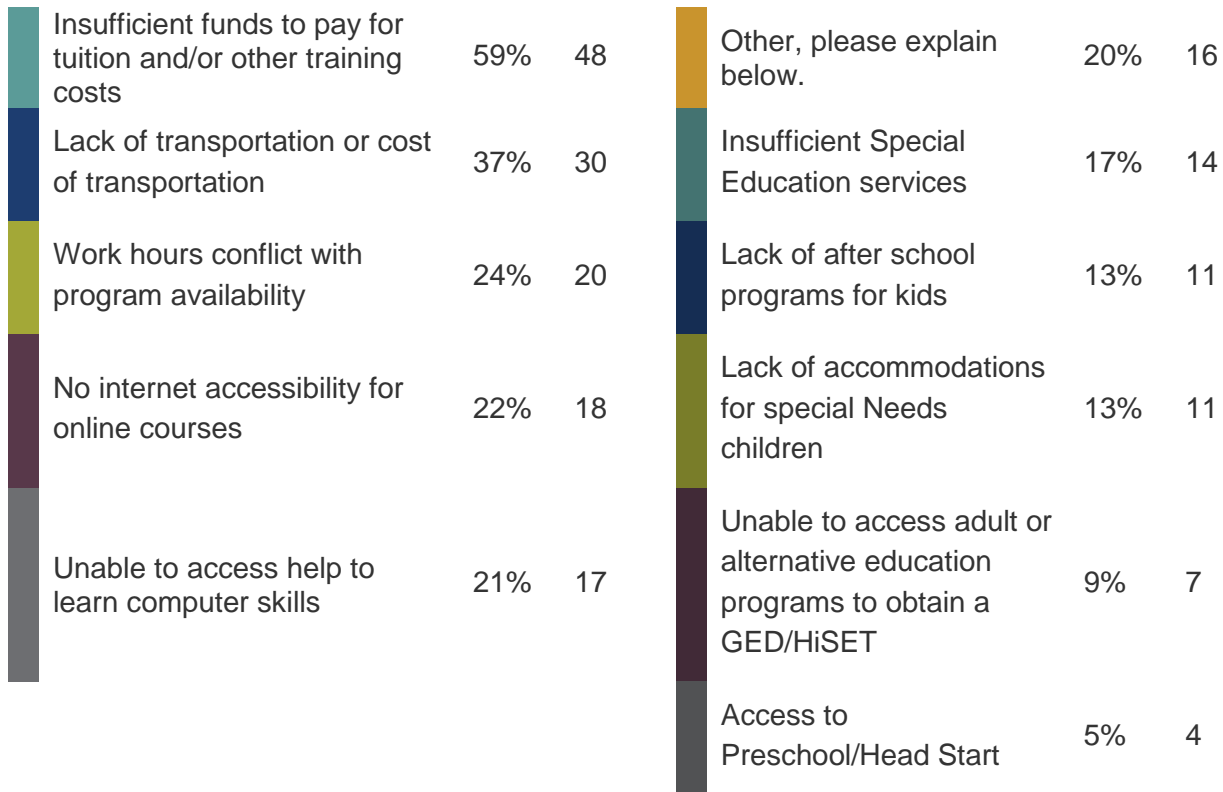
Q18. If you answered “yes” above, why is education a problem for you or your family? (Check all that apply)

Answered: 82 of 391 responded to this question. 75 skipped it.

Of those that answered affirmatively, and 21 others, the highest ranking issue for why education is a problem is “Insufficient funds to pay for tuition and/or other training costs” 59% chose this answer. 37%, identified “Lack of transportation or cost of transportation as a barrier, followed by 24% who selected “work-hours conflict with program availability.” 22% selected “no internet access for online courses” followed by 21% “unable to access help to learn computer skills.” Both lack of access to computer skills, and the unmet need for computer training has created barriers to education and training. This issue is followed by Insufficient Special Education services and lack of accommodations for special Needs children. The former was ranked at 17%, and the later at 13%. These closely related unmet needs are evident in this survey. Mainstream education builds in very little for the special needs students, and not enough for special education as the student to teacher ratios are insufficient. This situation has been exasperated by months of online learning for students that were sheltered in, increasing the need for additional tutoring, educational support services, and special education as catch-up. A smaller group of adults are unable to access adult or alternative education programs to obtain a GED/HiSET. 9% viewed this as an issue. Finally, access to preschool and head start have evolved into more serious issues during the pandemic when these businesses and services were discontinued. Since the onset of COVID-19, three childcare providers in the service area went out of business. There were 20% or 16 respondents that provided additional input. Their responses follow and are found in the appendices.

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Community Needs Assessment



Housing

Q19. Is housing an issue for you or your family?

Answered: 388 of 466 answered this question. 78 skipped it.

There were 26% of respondents that identified housing as an issue. 70%, or 273 indicated it was not and 4% were not sure if housing is an issue. Q20 summarizes and ranks the reasons why.

Q20. If you answered “Yes” above, why is housing a problem for you or your family? (Check all that apply)

Answered: 122 of 466 answered this question. 344 skipped it.

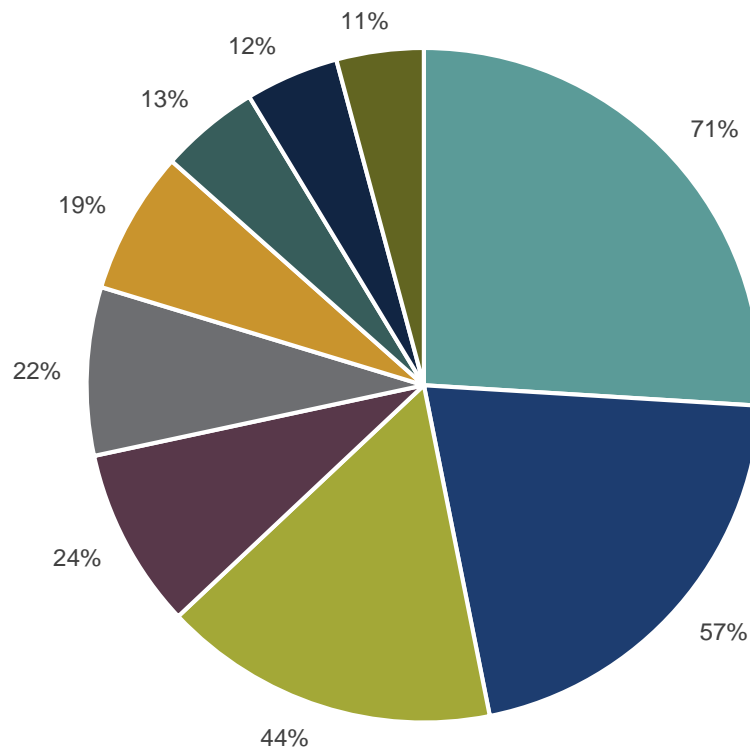
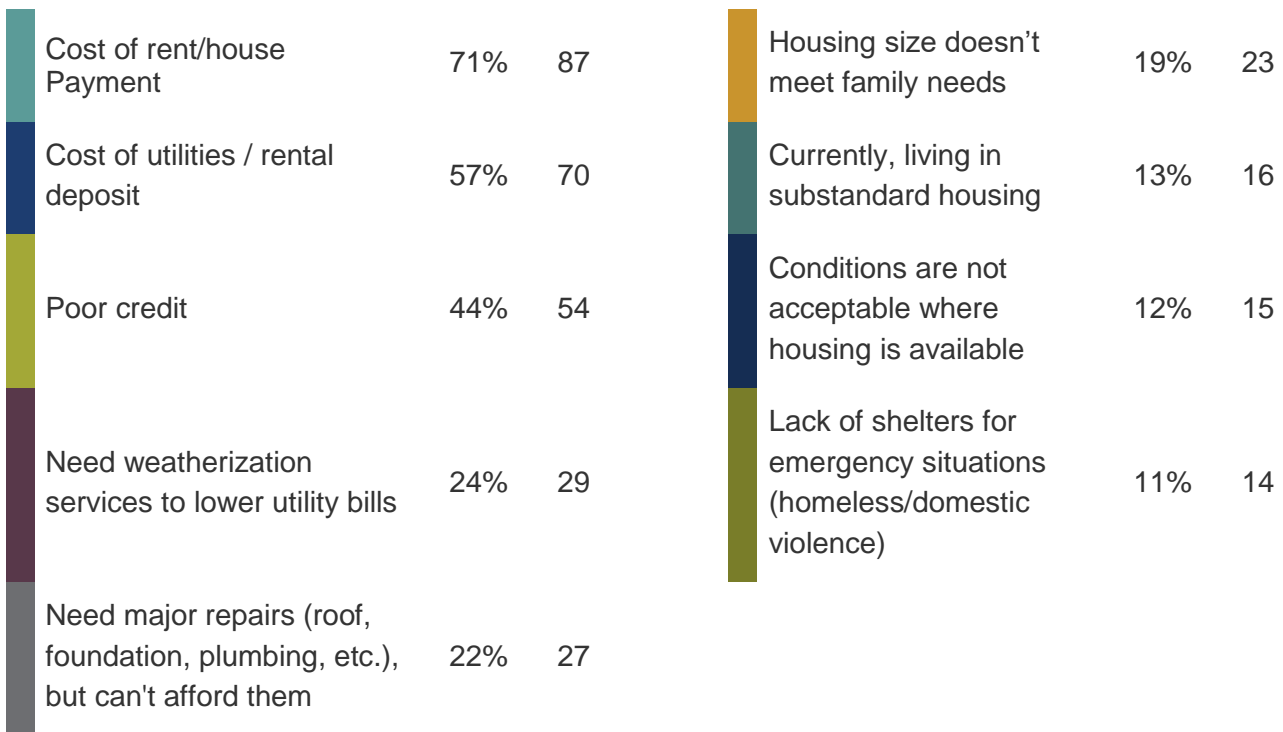
While there were 100 respondents that provided an affirmative answer to housing being an issue, there were 122 participants that answered this question. The following rankings demonstrate which responses are the highest level of importance.

“The cost of rent/house payments” ranked number one with 71%, or 87 individuals tagging this issue as the single largest barrier to housing. “The cost of utilities and rental deposits” were next at 57%, followed by issues of “Poor Credit” at 44%. These three interconnected variables have created significant obstacles for low wage workers, and also for those that have been impacted by COVID-19. When the \$600 per week unemployment benefit terminates, individuals and families will not have the resources to provide utility and rental deposits that are required for accessible, safe, rentals. The waiting list for public housing is staggering and the longer the economy declines, the longer the list becomes.

Two additional interrelated issues are “Need weatherization services to reduce utility bills” and “Need major repairs (roof, foundation, plumbing, etc.), but can’t afford them.” The former is identified at 24%, with the later at 22%. Next was “Housing size doesn’t meet family needs” at 19%. This was followed by two other highly correlated items; “Currently, living in substandard housing” and “conditions are not acceptable where housing is available” The former measured 13%, and the later 12%. The tendency is for low income families to move to outskirt areas where rents are lower or to substandard housing which may be closer to services, but expensive to heat, may cause health risks, and be in need of repairs. Many families chose to rent smaller spaces in better neighborhoods, however, either option presented obstacles. The last issue identified was “Lack of shelters for emergency situations (homeless/domestic violence). While this is a continuing problem, it is exasperated by COVID-19 where people are under additional stress and living in close quarters. There were 11% of survey respondents who identified this issue as a barrier.

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Community Needs Assessment



Food

Q21. Is access to food an issue for you or your family?

Answered: 377 of 466 answered this question. 89 skipped it.

There are 22% or 82 respondents that indicated food access was an issue for their family. 76% indicated it was not. 2% were unsure. COVID-19 has exerted a substantial impact on the food access and availability. Individuals and families that have lost jobs and income are now food insecure. It's not just Low wage earners that are affected. On April 3, 2020, Governor Steve Bullock announced that in the coming days and weeks, he will extend federal food assistance to more than 100,000 Montanans, increase food supplies at emergency food pantries and food banks, and streamline nutrition assistance for new mothers and children. All of these changes are made available through flexibility and funding provided in the Coronavirus Aid, Relief, and Economic Security (CARES) Act and will be implemented by the Montana Department of Public Health and Human Services. HRDC has increased its support of local food banks in the region.

Q22. If you answered “Yes” above, why is food access a problem for you or your family? (Check all that apply)

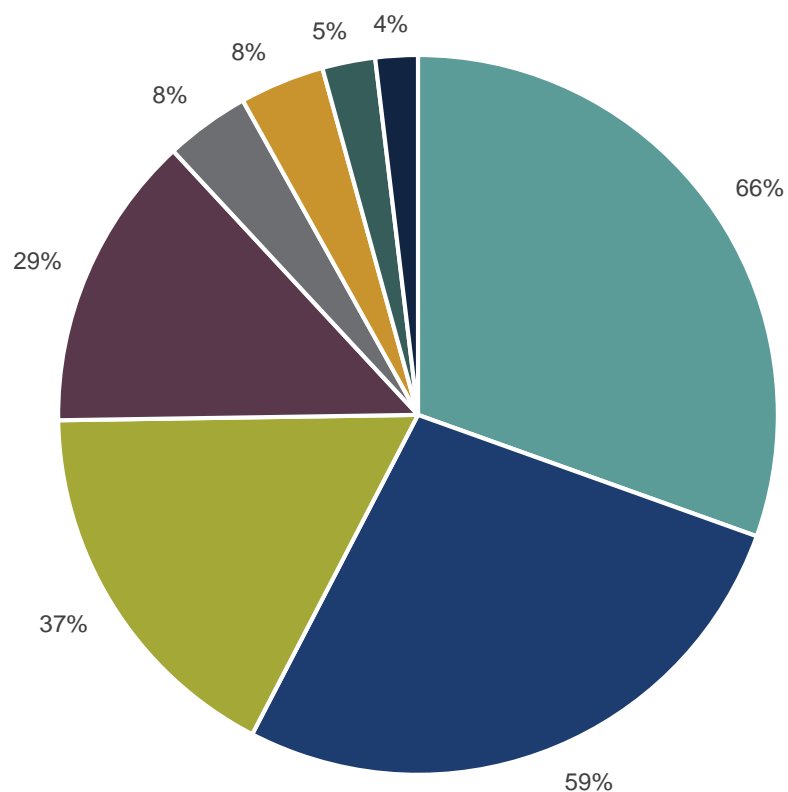
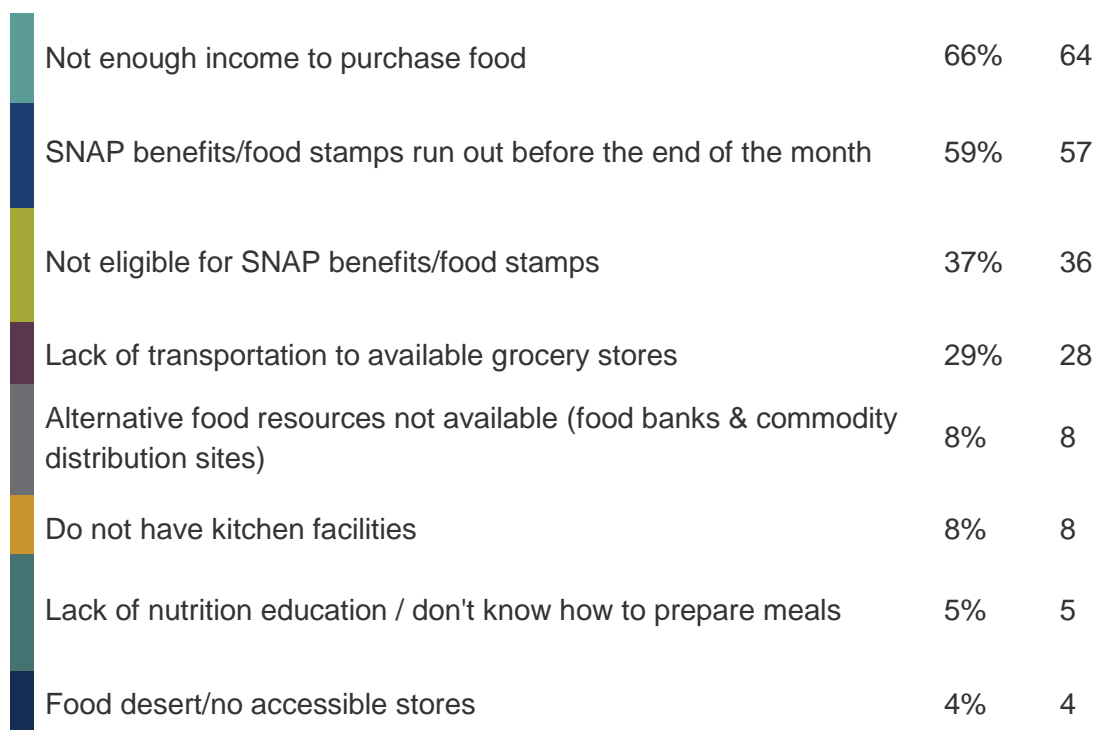
Answered: 97 of 466 answered this question. 369 skipped it.

Although 82 respondents indicated that food access was an issue, 97 individuals answered the question. An alarming percentage of survey participants; 66% indicated they “did not have enough income to purchase food”. This was followed closely by “59% of individuals that indicated “SNAP benefits/food stamps run out before the end of the month” demonstrating a large number of respondents were already participating in the food stamp program. What is even more disturbing is that 37% of individuals are not eligible for SNAP benefits/food stamps and must rely on other food sources including food banks.

Lack of transportation to grocery stores was an issue for 29% of respondents. As a result of the service areas enormous geographical parameters, 8% of respondents indicated that “Alternative food resources were not available (food banks & commodity distribution sites)” The rural nature of Montana and its sparse population force food banks and commodity programs to centralize their operations into more populated towns and small cities, leaving out families living in remote areas and those without transportation. The same number of individuals also indicated that they “do not have kitchen facilities”, also indicating issues with substandard housing and its relationship to food insecurity. The two remaining response categories, “Lack of nutrition education / don't know how to prepare meals” and “Food desert/no accessible stores” were tallied at 5% for the former and 4% for the later.

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Community Needs Assessment



Managing Money

Q23. Is managing your money an issue for you or your family?

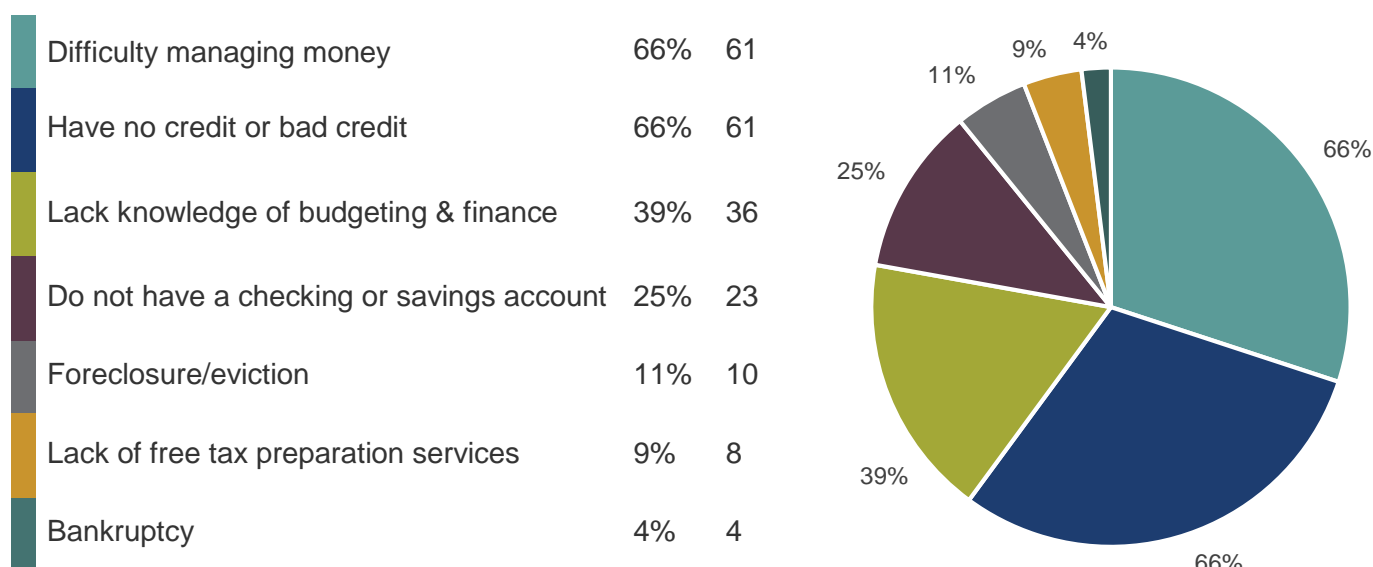
Answered: 377 of 466 answered this question. 89 skipped it.

21%, or 81 respondents indicated that managing money is an issue for their family. 73% said it was not. 5%, were not sure.

Q24. If you answered “Yes” above, why is managing your money a problem for you or your family? (Check all that apply)

Answered: 92 of 466 answered this question. 374 skipped it.

“Difficulty managing money”, and “Have no credit or bad credit” were tied as the top two issues facing respondents. 66% or 61 individuals acknowledged problems managing money and the related difficulty of bad and or no credit. These two elements go hand in hand. 39% “lacked knowledge of budgeting and finance.” 25% of respondents “had no checking or savings account.” These four elements, all a part of financial education, are vital components to managing money. It is also why all TANF clients referred to HRDC, all youth in transitional housing, and other program participants attend classes at HRDC Home Center as a required life skills component. 7% faced foreclosure or eviction. These numbers will increase as COVID-19 Cares Programs expire and the moratorium of evictions end. 9% of respondents were not aware of HRDC’s VITA program and identified “Lack of free tax preparation services” as an issue. Finally, 4% of survey respondents were in bankruptcy.



Transportation

Q25. Is transportation an issue for you or your family?

Answered: 377 of 466 responded to this question. 89 skipped it.

The lack of adequate personal and public transportation keeps people in poverty, and limits the growth and health of their communities. Individuals and families living in remote rural areas without transportation are impacted even more. Beyond employment, these households are prone to miss doctor's appointments, cannot get their children to childcare, have difficulty participating in social, religious, and cultural events, all impacting the wellbeing of families and communities. Low-income residents living in the surrounding areas are stuck, "literally and figuratively."

23% or 88 respondents indicated that transportation was an issue for their family. 74% said it was not. 3% were unsure.

Q26. If you answered "Yes" above, why is transportation an issue for you or your family? (Check all that apply)

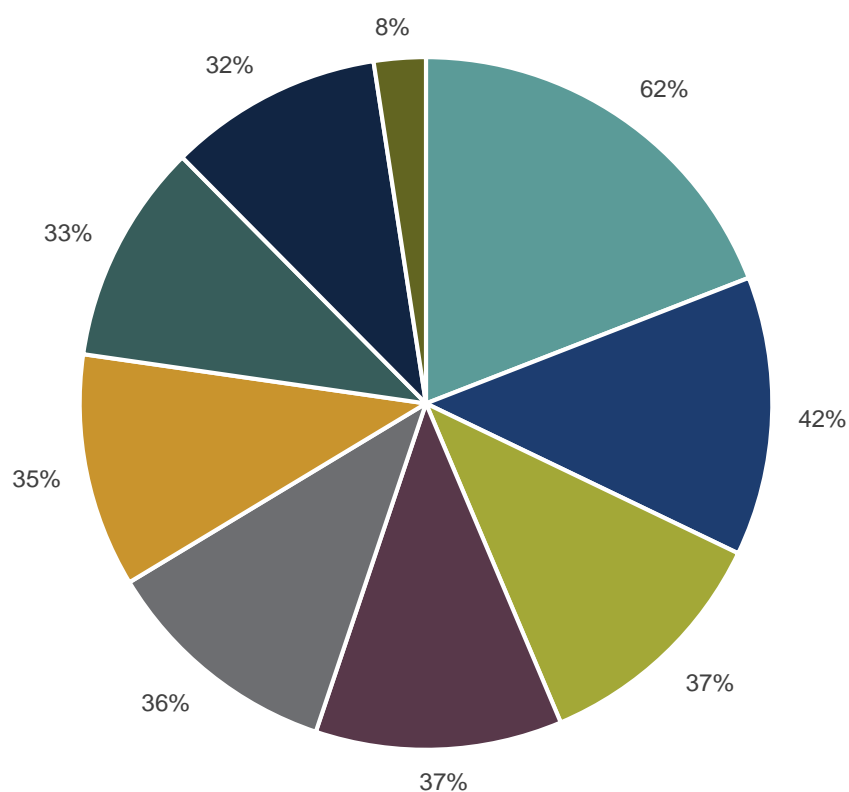
Answered: 102 of 466 answered this question. 364 skipped it.

The top issue identified by 62% of respondents was that they "cannot afford monthly payments, insurance, and/or repairs." 42% indicated that "Limited public transportation" was a significant issue. Two issues were tied at equal ranking at 37%. They were "Do not have a down payment for a car, or cannot afford the cost of gasoline." Lack of credit to purchase an automobile was the next issue identified at 36%. Next, 35% of respondents cited "Public transportation routes/schedules are not convenient or available." Those that did have access to public transportation indicated that they "cannot afford public transportation." 32% indicated they do not have a driver's license and 8% identified they "did not know how to drive" as a barrier to transportation.

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Cannot afford monthly payments, insurance, and/or repairs	62%	63
Limited public transportation	42%	43
Do not have a down payment for a car	37%	38
Cannot afford the cost of gasoline	37%	38
Lack of credit to buy a car	36%	37
Public transportation routes/schedules are not convenient or available	35%	36
Cannot afford public transportation	33%	34
Do not have a driver's license	32%	33
Do not know how to drive a car	8%	8



Health

Q27. Is health an issue for you or your family?

Answered: 371 of 466 completed this question. 95 skipped it.

Of those responding to this question, 25% or 92 respondents indicated that health is an issue for their family. 71% said it was not. 4% were unsure.

Q28. If you answered “Yes” above, why is health a problem for you or your family? (Check all that apply)

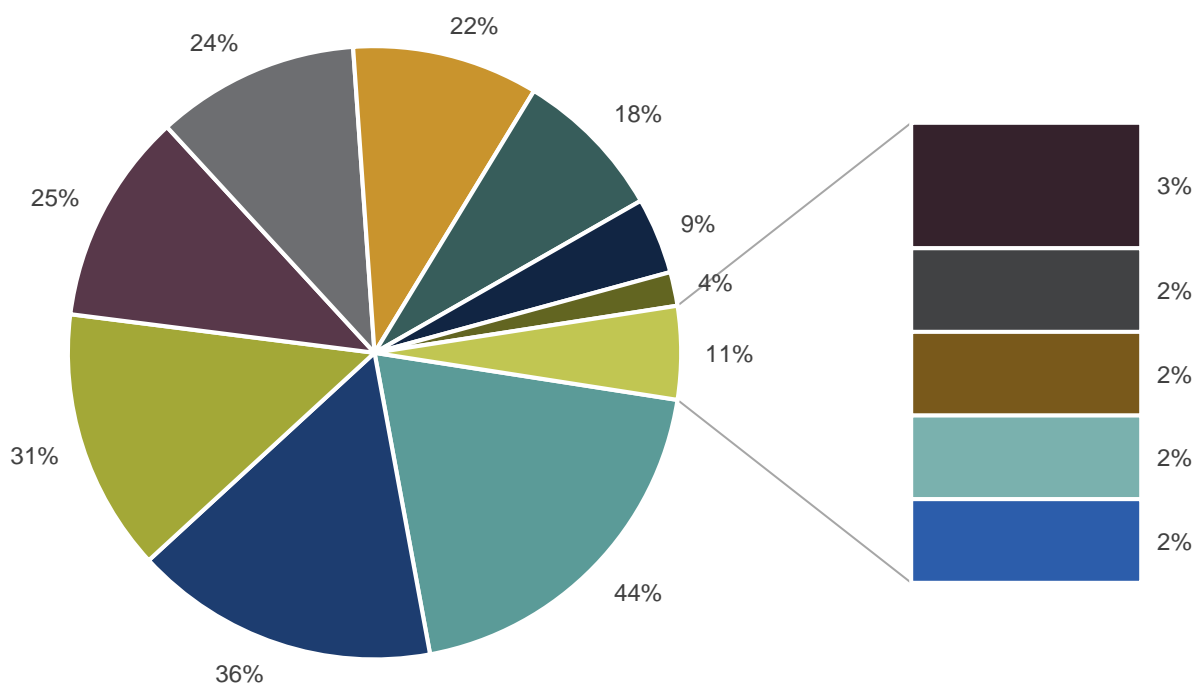
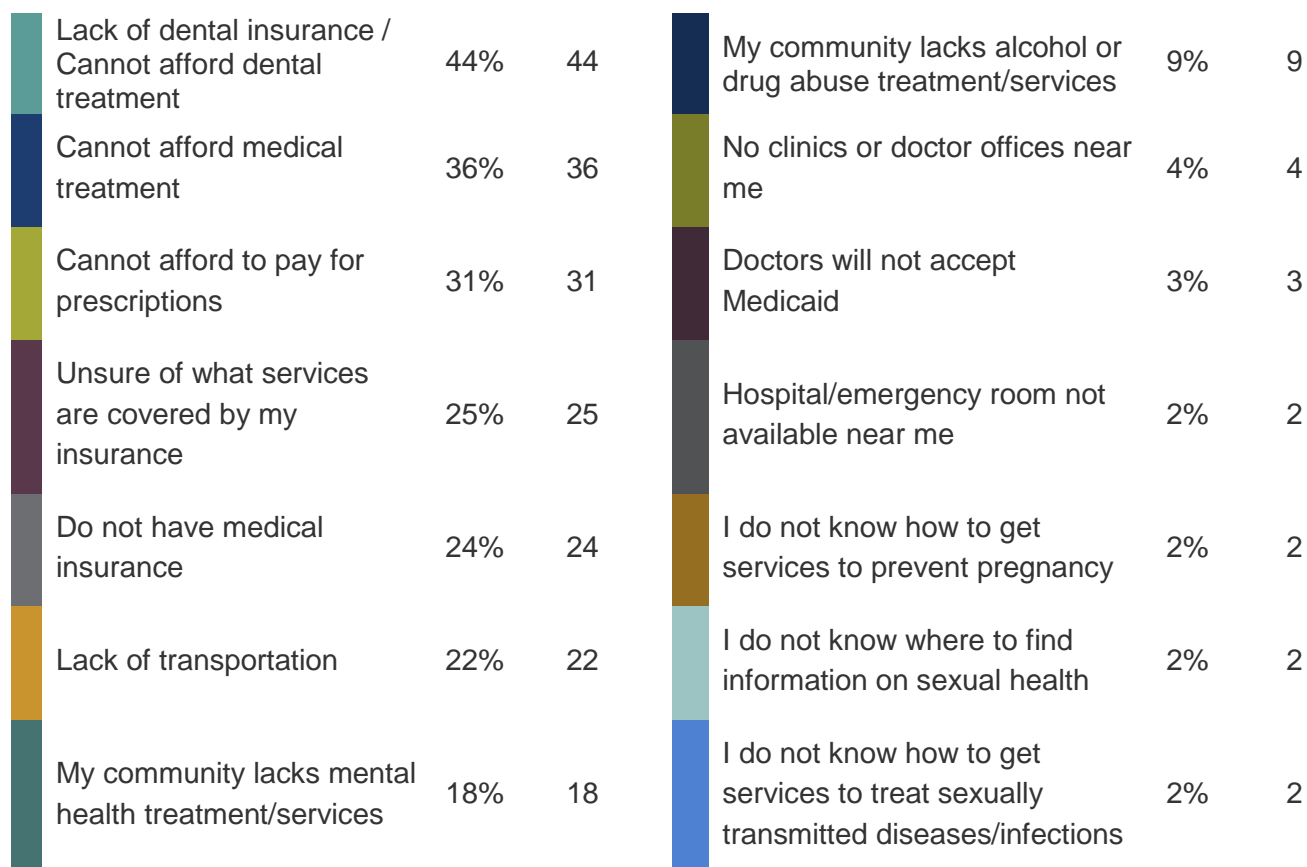
Answered: 99 of 466 answered this question. 367 skipped it.

The number one issue most identified at 44% was “Lack of dental insurance /cannot afford dental treatment.” Dental treatment is not part of standard health insurance, so even individuals and families that have some health coverage do not have access to dental care. Those on Medicaid have very limited coverage and access. Medicaid recipients are often unable to wait for treatment in a dental emergency. In addition, Medicaid Dental referrals are accepted by very few dentists and procedures offered are extremely limited. The second ranked issue for individuals and families was “cannot afford medical treatment.” Many individuals and families are not Medicaid eligible and cannot afford health coverage. There were 36% that identified this as an issue. 31% of respondents indicated they “cannot afford to pay for prescriptions.” Those individuals that did have health coverage were unsure of what services their policy covered. 25% fell into this category. Of striking concern is that 24% of individuals responding to this question had no health coverage at all. 22% of participants identified “lack of transportation” as an issue to their health and wellbeing.

Since COVID-19, mental health issues have been spotlighted as a vital health component. People living in close proximity, sheltered in place for an extended period of time, compounded by job loss, food insecurity, eviction, home schooling, and other unknown threats have identified mental health as a prominent health issue. In past assessments, mental health did not make it into the top health issues ranking. In this survey 18% identified “My community lacks mental health treatment/services” as an issue. Closely related to this problem is chemical and alcohol abuse. 9% of respondents indicated “My community lacks alcohol or drug abuse treatment/services” as an important health issue. Six additional concerns were identified by 15% of survey respondents. They are listed in order of importance; “No clinics or doctor offices near me, Doctors will not accept Medicaid, Hospital/emergency room not available near me, do not know how to get services to prevent pregnancy, I do not know where to find information on sexual health, and I do not know how to get services to treat sexually transmitted diseases/infections.”

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Services

Q29. Which of the following programs and services that appear below do you need assistance with, but don't know how to access? (Check all that apply)

Answered: 190 of 466 answered this question. 276 skipped it.

HRDC currently administers 24 programs with corresponding services. While many client requests are for agency services, many are for referrals to other community providers. Q29. Includes twenty categories of services, not all of which are provided by HRDC, but all are widely requested and so included in this list. While many individuals and families come to the agency for assistance, they often do not know how to access services. The following summarizes the most important by rank. The top 11 rankings are described. The remaining are displayed in the chart that follows.

The highest priority need with access barriers for individuals and families was Low-income housing or rental payment assistance. This unmet need ranked 36% with 70 respondents indicating they needed assistance accessing this service. Utility payment assistance ranked second as an unmet need. 30% of individuals needed help with accessing this service. Transportation assistance is an unmet need that 27% of participants had difficulty accessing. The need for bus passes, gas vouchers, vehicle repairs and other services are difficult to access. Programs like Wheels for Work are only available in Yellowstone County. Minor home repair or weatherization services is an unmet need that respondents have had difficulty accessing. 24% of respondents identified this service as difficult to secure. There are two reasons for this. First, all weatherization services are prioritized through LIEAP. If the client doesn't know about LIEAP, they cannot be put on the list. Secondly, only the highest priority households in most need of repairs and weatherization are put on the list. Therefore, not everyone that receives LIEAP assistance is eligible for weatherization. In addition, there are few other programs to assist low income people with home repairs.

Employment and Training has renewed interest since the onset of COVID-19, as many are now aware that they may have no jobs to return to. Over 6100 jobs in hospitality and tourism were lost between March and May throughout the state. Half of them were in the agency's service area. Many low-income earners work in this niche. 22% of respondents identified Education & Training as important, but don't know how to access the services. Child Care has expanded its reach to include an additional 9 counties beyond the agency's core service area. While it is acknowledged that childcare is a high priority need with childcare centers closed down in the midst of COVID-19, there are 18% that identified the category as an unmet and an inaccessible need. Some remote areas have no access to childcare.

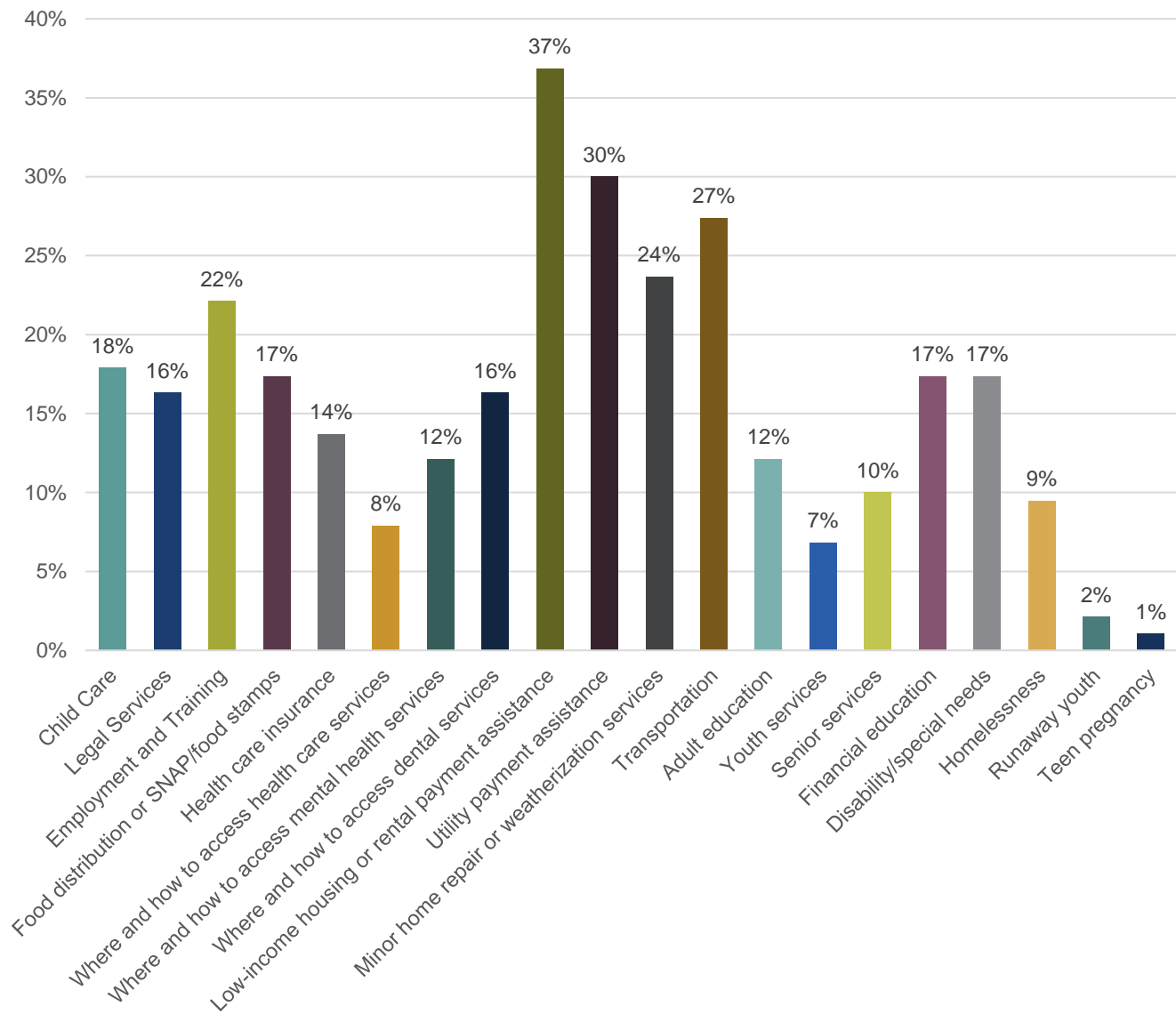
Food distribution or SNAP/food stamps is another unmet need. The closure of OPA satellite offices in rural towns, and lack of knowledge regarding access to food related services is

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difficult for individuals and families in remote areas. Some households without internet or smart phones are particularly vulnerable. 17% of respondents also identified financial education and access to Disability/special needs services as unmet and difficult to access. Legal Services and Where and how to access and dental services ranked next at 16%. While low income people may be able to use the dental clinic at Riverstone Health, in Yellowstone County, individuals and families in outlying counties cannot as they are restricted by location and residency.

The remaining categories of unmet needs requiring access assistance include Health care insurance, Where and how to access mental health services, Adult Education, Senior services, Homelessness shelters, Where and how to access health care services, Youth services, Runaway youth, and Teen pregnancy. The aforementioned range in rank from 12% to 1%. Refer to the pie chart below for a detailed breakdown.



Additional Comments

Q30. Do you have any additional comments?

Answered: 50 of 466 individuals answered this question. 416 skipped it.

There were 50 additional comments that are included at the end of this survey. They appear within the appendices and are provided in their entirety. Some are just one word responses and are listed as such. Others are interesting and thoughtful providing some unique insights and perspectives on a variety of topics.

HRDC is grateful to those individuals that took the time to complete the 2020 community needs assessment survey. Your input helps the agency identify unmet needs in the community and formulate a community action plan that guides all HRDC programs, services, and activities. We Thank You!

FAMILY FORWARD CONSORTIUM FOCUS GROUP: FEBRUARY 19, 2020

The following form was used to structure the February 19th focus group. The topics follow;

1. What do you think is the biggest challenge that low-income families face in trying to get ahead?
 - Challenge 1.
 - Challenge 2.
 - Challenge 3.
2. What do you see as the top three causes of poverty in our community?
 - Cause 1.
 - Cause 2.
 - Cause 3.
3. What do you see as the top three individual or family needs in our community?
 - Need 1.
 - Need 2.
 - Need 3.

Are these the same needs for rural and urban families? Yes_____ No_____
4. What are the gaps in current services, and or what additional services do you think are needed in the community?
 - Service 1.
 - Service 2.
 - Service 3.
5. How can community providers and or service organizations do a better job partnering?
 - Partnering Improvement 1.
 - Partnering Improvement 2.
 - Partnering Improvement 3.
6. Other thoughts or comments?

Setting the Stage for the Focus Group

On February 19, 2020, The Family Forward Consortium was assembled to provide their views and opinions on the causes and conditions of poverty, unmet needs of individuals and families, the gaps and additional services needed, and ways to improve community provider partnerships. The Director of the Family Forward Program facilitated the first focus group as part of the agency's triennial Community Needs Assessment activity. The facilitator's role was to encourage member engagement, solicit opinions of individuals through discussion, interaction, and engagement. The findings for this activity were not based on a consensus model as time was a consideration, but rather on individual insights of member experiences within each respective organization. As community providers serve different needs and have unique territorial boundaries, the group defined "Community" as South Central Montana.

Issues related to causes and conditions of poverty

Question 1. What do you think is the biggest challenge that low-income families face in trying to get ahead?

The recurring theme throughout the exercise identifies the pitfalls in the community safety net. The current social services assistance system makes it impossible for "working families and individuals" to get ahead. The small incremental pay raises received by minimum wage earners in retail, hospitality, and service workers is often not enough to provide adequate compensation for families to live. Most low-income earners do not have jobs with benefits, and many are minimum wage employees. The group points out that more often than not, the small incremental salary increases put the working poor over the poverty line resulting in loss of assistance and or benefits. This problem has long been recognized and acknowledged within the agency. In HRDC's "Local Theory of Change." The model identifies this issue as one of its foundation assumptions. It specifically states: "The current social services system perpetuates poverty." This issue clearly demonstrates the universal challenge faced by individuals and families receiving aid. The group acknowledges the theme is consistent, regardless of age, family composition, or other elements affecting self-sufficiency. The problems that surface as a result of even a \$3-4 per hour dollar raise does not offset the difference in the value of lost services and benefits for programs such as Childcare assistance, food stamps, housing vouchers, and LIEAP to name but a few. These small raises take them out of the eligibility range and keep them in poverty. Low income workers literally cannot afford a raise.

These factors are further obscured by complex poverty that include, but are not limited to two and sometimes three generation families living in a single household, single parents with children, the elderly, the disabled, special needs families, and a multitude of population subsets. There are no easy solutions to this issue as benefits are not graduated or established as sliding scale models. The demoralizing impact of this barrier to families prevents them from being motivated to work harder and perpetuates poverty.

Question 2. What do you see as the top three causes of poverty in our community?

When queried on the causes of poverty in Southcentral Montana, the group agreed on the following. Many of the direct quotes are included. It should be noted, however, that the list of causes does not appear in any order of priority or importance. They are:

1. Generational poverty. “Generational poverty is analogous to being stuck in a cast system. It perpetuates poverty and despair as it is handed down from generation to generation.”
2. There is an overall shortage of opportunity in rural areas.
3. There is a distinct absence of accessible and affordable education to improve or develop people, or to acquire marketable skillsets. As “Baby Boomers” age out of the trades, there is a new trend toward vocational education, tech training, and short occupational programs such as CNA’s, Certified Nurses Aids. Preparation for these programs is simply not accessible nor available in rural areas and is compounded by lack transportation options.
4. Teen pregnancy. “Having children too young and raising them as a single parent often sets the stage for a life of poverty.
5. “Low wage jobs keep people in poverty.”

Unmet Needs:

Question 3. What do you see as the top three individual or family needs in our community?

Prior to identification of unmet needs, the group unanimously agreed that” family and individual needs differ for rural and urban families.” It is noteworthy to mention that this statement is the second assumption in the agency’s Local Theory of Change Model. The complexity of the community in Southcentral Montana which includes Billings, the largest city in the state, and an extensive sparsely populated area makes the delivery of services a challenging matter. In the agency’s 5 county service area there are 13,330 square miles of territory served by HRDC.

To identify unmet Family and Individual Needs, the Consortium overwhelmingly identified Safe and affordable housing as the top need in Southcentral Montana. The needs that follow were not unanimous and are not listed in order of importance or prioritized by the group. They are:

1. Access to affordable public transportation. City bus routes may not run, when people need them. Rural areas have no bus routes at all. Low income people rely on rides, bicycles, or they walk. While personal transportation is essential, many low income people simply cannot afford it.
2. Low income people, especially in rural areas need more access to affordable childcare. The recurring issue of working families whose income is just above the poverty line cannot afford childcare. In rural areas, where wages are traditionally lower than in

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urban this causes a significant barrier. Accessibility is another obstacle that low-income rural residents face. There simply are not enough child care facilities.

3. Healthcare is inaccessible and unaffordable for low income people in rural areas. There are few or no mental health options which include drug and addiction rehabilitation. Medicare and Medicaid programs make people wait too long and are often not accepted by private practices. Some low income working families, slightly above the poverty line may not be eligible for assistance.

Additional Service Needs and Gaps

Question 4. What are the gaps in current services, or what additional services do you think are needed in the community?

Additional Service Needs

The group was queried on additional services and or gaps in current services that are needed in the Southcentral Montana Community. Once again the consensus view for all participants was directed toward the needs of the working poor, those individuals and families making just barely too much to qualify for assistance, but not enough to be self-sufficient. These are the additional services and or gaps identified in this focus group;

1. The need for medical and health services, including dental and prescription assistance.
2. Those that qualify for Medicaid and Medicare are often forced to wait for appointments and treatment, which exasperates chronic and acute health issues.
3. Mental health and drug abuse rehabilitation programs. If programs are available, and in many cases they are not, low income people cannot get treatment for drug abuse.

Gaps in Services

When asked to comment on gaps in existing services, all participants agreed that the senior population has been overlooked and left out. It was stated that “younger people don’t understand the challenges and issues that seniors face.” With an aging population and longer life spans, these needs must be addressed. While there is a trend toward an increased demand for senior services, these needs are not being met. The following list identifies these gaps. They are not listed in any order of importance or priority.

1. Prescription assistance.
2. Accommodations that allow seniors to stay in their own homes, such as wheel chair ramps, bathroom railing, weatherization.
3. Bed bug extermination for group homes and for transient shelter occupied by seniors.
4. Food insecurity programs.
5. Senior housing projects with low income rents and built in accommodations.

Partnering Improvements

Question 5. How can community providers and or service organizations do a better job partnering?

When providers were asked how they could improve upon community partnerships, there was a consensus view of what needs to be done. The points do not appear in any order of importance.

1. Community providers must have an awareness of services offered by other community organizations with contact information.
2. Community providers must work together toward political advocacy by driving change in policy at the local, state, and federal levels resulting in improved programs and services to assist the working poor. These efforts require better communications between organizations.
3. Additional networking among community organizations, including active involvement in community events, and meeting.

FINAL CONCLUSIONS FOR THE 2020 COMMUNITY NEEDS ASSESSMENT

Fewer births both on a national and state level, an aging Montana population, the need for additional living wage jobs, affordable housing, health & dental care, mental health services, including substance and alcohol abuse, and education & training, are all elements that come to the forefront of the 2020 HRDC Community Needs Assessment. While a growing population of young adults and couples pursue careers instead of child rearing, it has dramatically impacted national and regional trends. Within the agency's service area, the combined elder population of those 55 and over will significantly influence the regions workforce as baby boomers age out of jobs. Education and training opportunities will need to be accelerated to keep pace with the job training requirements and skills needed to fill these positions. The impact of COVID-19 and the volume of additional services that will be required by individuals and families that have lost jobs and incomes will redefine the agencies strategies for service delivery. The eligibility changes to CSBG to 200% for some programs demonstrates the effect that COVID-19 has had and will continue to impose upon the community. Additional Emergency Programs will be necessary to service this population.

The cost of living and its relationship to affordable housing has a dire impact on low-income wage earners. These working families struggle to make ends meet. The small incremental raises they may receive are just enough to disqualify workers from current benefits such as food stamps, Medicaid, subsidized housing, childcare scholarships, and other programs. The current social services system perpetuates poverty. It keeps individuals and families imbedded in poverty by eliminating their eligibility to programs if they inch over the poverty line. The working poor are trapped in the poverty cycle. For those families that do have living wage jobs, and children, the cost, accessibility, and availability of childcare is prohibitive. According to the Montana Budget and policy Center, the average cost of care for a four-year old is \$7,900/year. The Average cost of infant care is \$9,000/year. Child care is considered affordable if it is less than 10 percent of total income. A single mother earning minimum wage spends 47 percent of her income on care for one child.

Studies have shown that rising transportation costs have a disproportionate negative impact on lower income households. The Bureau of Labor Statistic's Consumer Expenditure Survey has shown that transportation is the second highest American household expenditure, only exceeded by housing costs. The high sticker price of vehicles, increased prices at the pump, insurance, repairs, and transit fare hikes all pose a financial burden to the mobility of all households, especially those in poverty. Transportation is one of the most underreported and critical unmet needs of individuals and families. The situation is further exasperated in rural communities where there no public transportation. Individuals and families become isolated with little access to social services, employment opportunities, medical assistance, education,

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faith, and or civic engagement. Transportation is often viewed as the single most important variable in breaking the poverty cycle.

Disability and special education assistance for children is impaired by a system that is not set up to address these types of issues. Public funding for education is established on the principles of mainstreaming. It becomes a significant challenge for special needs families to secure services. Special education teacher to student ratios are too high, and learning disabilities are not easily addressed in mainstream classrooms. There is insufficient funding for accommodations, transportation, mental disabilities, and other special needs of children.

Senior services are inadequate to keep the elderly in their homes. They face issues with access such as wheel chair ramps, railings in showers and baths. The elderly need assistance with weatherization and home repairs, but are unable to secure it with current programs and services that are available. Fixed income renters are unable to find subsidized senior housing to assist them in remaining independent. In both urban and rural areas, transportation to medical visits, the cost of prescriptions, and a plethora of other medical needs go unmet. Hunger and food insecurity is another issue for the elderly. Even if these resources are available, barriers to transportation prevent them from securing services.

Outreach and delivery of services to outlying areas outside of Billings and Yellowstone County create tremendous barriers for all individuals and families living in outlying counties of the HRDC service area. The closing of OPA in rural towns made it difficult to disseminate information to those without internet access. The Office of Public Assistance also served as a referrals resource. While Billings serves as the HUB for agency services helping 14,300 individuals in 2019, the lack of transportation keeps low-income people isolated. Outreach and service delivery is a two-fold problem. First, an improved outreach strategy is needed to disseminate information related to programs and eligibility, and second, even with knowledge of available programs, rural households simply cannot access them. The agency must find ways to better assist this vulnerable population. If financial constraints prevent the agency from establishing offices, it is imperative that they find ways to partner with existing organizations and institutions such as schools, foodbanks, and churches, to name a few, that already have a foot hold in these communities. Attempts to schedule agency personnel to meet with clients in remote locations will assist low-income individuals and families secure needed services.

Community coordination among service providers to assist with expedited referrals, improved collaborations, and the development of systems to keep organizations better informed of available services and opportunities is needed. Establishing community protocol and improving communication will help reduce duplication and redundancy in communities.

The impact of COVID-19 to the community has not yet been fully recognized. More small businesses will be shuttered, additional jobs and incomes will be lost, health restrictions will continue to impact the region and local economies and life will dramatically change, at least for a while. Schools may or may not reconvene contingent on measures taken to control the

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pandemic. Extended CARES programs and COVID assistance will eventually end as will the moratorium on evictions and foreclosures. Nationally, the country faces a potential real estate crisis as default rates increase with bankruptcies. There will continue to be a blanket of uncertainty and insecurity for many individuals and families, some that never before experienced such issues. These unprecedented times and events will require HRDC and community partners to reexamine the programs and services they deliver, and for the community to maximize its resources. HRDC will have to evaluate its capacity limits and choose the programs and services that provide the biggest bang for the buck.

The 2020 HRDC Community Assessment is unlike any other it has previously administered. As the pandemic changes the social order of the nation, Montana, the region, and our communities, the agency will adapt its strategies to assist as many individuals and families as it can. HRDC will remain steadfast in its commitment to help people move out of poverty and make our communities a better place for everyone to live.

COVID-19 ADDENDUM

Any opinion, findings, and conclusions, or recommendations expressed in this material are those of the authors and do not necessarily reflect the views of the U.S. Department of Health and Human Services, Administration for Children and Families.

This update to the District 7, Human Resources Development Council Community Needs Assessment was completed in May 2020 with updates through July in response to the COVID-19 global pandemic.

Background

This Community Assessment Update is in response to a global health pandemic that has not only affected every community in the United States but has also led to the most significant economic disruption since the Great Depression. US unemployment tops 45 million, and over 86,000 claims have been filed in Montana, bringing state unemployment to new levels. This assessment is an initial effort to capture some of the emerging needs in the community as well as to forecast how those needs may evolve over the coming weeks and months.

In December 2019, the novel coronavirus disease of 2019 (COVID-19) was discovered to be the causative agent for acute respiratory and flu-like symptoms and began infecting increasing numbers of people in the Wuhan Province of China. The first case in the United States was confirmed by the Centers for Disease Control and Prevention on January 22, 2020. Despite efforts to contain the virus, by March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. By March 17, 2020, all 50 US States had confirmed cases of the virus.

Because of the highly contagious nature of COVID-19, the alarmingly high rate of fatalities associated with it and the lack of a vaccine or treatment, the only effective way to prevent mass illness is through restricted travel, physical distancing, frequent hand washing, coughing in elbows, not touching the face, and staying at home. By mid-March 2020, with the virus clearly past the stage of effective isolation and contact tracing, local, state and federal public health officials recommend extreme measures to minimize a public health catastrophe: mass quarantine, physical distancing, and a virtual lockdown of all public gatherings and economic activity.

While all types of people are getting sick from the disease, older adults and people of any age who experience serious underlying medical conditions, many which are more prevalent in African American Latino, and Native American communities, are at increased risk for severe symptoms from COVID-19. Persons of color, immigrants, and women are also disproportionately impacted by underlying health conditions linked to poverty, face

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discrimination in medical care, and are more likely to work jobs that require them to leave their homes. Also, persons with disabilities or chronic conditions are more vulnerable to COVID-19 due to their inability to thoroughly isolate themselves (need for hands-on care), physical impairments, environmental barriers, or interrupted services. The following additional populations experience differential exposure and extensive corresponding implications as a result of the pandemic: frontline workers, persons experiencing homelessness, gig-economy workers, low-income communities under quarantine, especially in urban settings, rural communities, tribal communities, incarcerated persons and returning citizens.

Children, families, individuals, and Community Action Agency staff may experience heightened stress, anxiety, and trauma as a result of the COVID-19 crisis. Loss of income, growing childcare needs, heightened food insecurity, housing and energy instability, lack of access to transportation, lack of basic supplies, and increased domestic violence are growing factors as the crisis unfolds.

Because of the urgent and widespread needs affecting all sectors of the community, this Community Assessment update is intended to provide some initial information to describe the scope of this crisis on our community and to support the many different responses that will be required to address emerging, evolving needs. It is likely that as needs evolve, not all needs will not be captured in this update. The community assessed in this document, is the five county service area of Big Horn, Carbon, Stillwater, Sweet Grass, and Yellowstone Counties located in South Central Montana.

It is significant to note that Congressional action will permit FY20 and special supplemental CSBG funding to serve families at or below 200% of the federal poverty level (as defined by the US Census Bureau). Specific programs or strategies will target the demographic groups most affected. Local public health response

On March 12, Governor Steve Bullock declared a state of emergency in Montana. Although no cases were confirmed in the state at the time, the emergency declaration helped prepare state and local governments for the future impact the disease would have on Montana.

On March 13, Governor Bullock announced the first four cases of coronavirus that were within the state of Montana. These patients resided in Gallatin County, Yellowstone County, Silver Bow County, and Broadwater County. All those effected had traveled out of the area.

Yellowstone County is the home to Montana's largest metropolitan area, the City of Billings. On March 13, 2020, the first confirmed case of COVID-19 was documented.

Late on March 14, the governor's office announced the confirmation of two more positive cases, both of from Missoula County:

Mid-day March 15, Governor Bullock issued an executive order that closed all public schools in the state for two weeks beginning March 16 to March 27. In addition, the governor ordered the

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suspension of all nursing home visits with the exception of end-of-life situations. Governor Bullock also suggested, but did not ban, the gathering of all groups over 50 people.

On March 16, Yellowstone County and the city of Billings declares itself an emergency disaster. Other Montana cities and county offices followed. State of Montana, local government, and counties provide COVID-19 information through their websites. HRDC posts its COVID-19 Resource pages on its website.

Governor Bullock announced on the evening of March 16 that two new positive cases had been confirmed in Montana in Missoula and Yellowstone Counties. This announcement increased the total number of cases to 8.

Bishop Austin Vetter of the Roman Catholic Diocese of Helena announced on March 17 that all public Masses and related gatherings in the diocese would be banned until further notice.

During a press conference on March 17, Governor Bullock announced an additional case in the state. He also announced that small businesses would be able to apply for Small Business Administration (SBA) loans and uninsured Montanans would have the cost of their coronavirus tests covered.

Late March 18, Governor Bullock's office announced two more positive cases in Montana, which increased the cases to 12 in the state. On this date HRDC closed to public.

On March 20, Governor Bullock announced measures that would close all sit-down and dine-in food services, all alcoholic beverage businesses, casinos, and other businesses that serve groups of people at one time. The closure began at 8:00 p.m. that same day and was projected to last until midnight on March 28.

By March 21, the Montana Department of Public Health confirmed an additional 6 cases, bringing the total to 27 cases of coronavirus in the state of Montana. Three additional cases were confirmed in Cascade County on the evening of March 21, bringing the total number of cases to at least 30.

Government Response

Governor Bullock announced major closures in establishments that seat many people, including restaurants, alcohol beverage businesses, cigar bars, gyms and health clubs, movie theaters, nightclubs, bowling alleys, and casinos on March 20. Restaurants are allowed, under the order, to use delivery, walk-or-drive-up, or drive-thru services. Alcoholic beverage delivery was also allowed. The limitations began that same day at 8:00 p.m. and would expire at 11:59 p.m. on March 27.

March 24: A Directive providing for measures to combat the spread of COVID-19 Novel Coronavirus. The Directive was to provide flexibility to local governments in adhering to social distancing mandate.

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March 25: A Directive allowing counties the choice to conduct mail ballot elections and expand early voting for the June 2, 2020 primary election.

March 26: A Directive issued requiring Montanans to shelter in place and temporarily close all nonessential businesses. HRDC offices were closed to the public and staff hours decreased with morning and afternoon shifts scheduled to decrease the number of staff in the building at a given time. All applications and services were processed by phone, fax, email, and U.S. Mail.

March 27, HRDC posts resources links on Website.

March 30, 2020, A Directive Implementing Executive Orders 2-2020 and 3-2020 providing mandatory quarantine for certain travelers arriving in Montana from another state or country.

April 1: Directive to prevent the spread of COVID-19 in State Correctional facilities.

April 2: Directive to extend motor vehicle deadlines, and to provide services online and by mail. Directive was issued designating childcare as an essential business and imposing requirements for operation.

April 7: Governor's extension of the Stay at Home Directive along with certain other Directives to April 24

April 13, Emergency Energy Assistance Program is posted.

April 17, 2020, the governor announced that he is working with a newly appointed COVID-19 task force on a "phased reopening" of Montana. The state must meet three benchmarks to begin the reopening:

- a sustained reduction in new COVID-19 cases for 14 days;
- hospitals must be able to safely treat all patients; and
- Montana must have the capacity to test all people with COVID-19 symptoms.

April 27, Tier one of a three phase re-opening of non-essential businesses begins. HRDC continues its split shift operations with morning and afternoon shifts, however, offices are closed to the public.

Thursday, May, 7, Montana's website opens allowing people, businesses, and nonprofits to file for federal coronavirus relief funding. Gov. Steve Bullock announced the availability of \$123 million in funding, including \$50 million for small businesses, \$50 million in rent and mortgage assistance, \$10 million for nonprofit social service providers and \$2 million for food banks. Due to high volume, the website was experiencing intermittent slow visit and upload speeds.

As a result of this unprecedented public health crisis, District 7, Human Resources Development Council is updating its Community Assessment because there is currently a significant impact on the community, and a number of short-, intermediate- and longer-term impacts are expected.

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June 1, Montana moved to phase 2 of the state's reopening plan

As of June 17, 2020 the Montana Department of Public Health and Human Services (MDPHHS) has confirmed 630 positive cases and 20 deaths in the state. . By July 21, 2020, Montana had counted 2,741 confirmed cases of COVID-19 with 40 deaths. Yellowstone county, the agency's Hub had tallied 731 cases with 18 deaths. These statistics serve as the final entry for this section of the document. From April 23, to July 21, positive cases in Yellowstone County have jumped from 76 to 731. Deaths from 1 to 18, 13 of which occurred in Canyon Creek Senior Center, a memory care facility in Billings, Montana.

Immediate Impacts On The Community

The immediate impacts of COVID-19 have been felt across all sectors of society. In particular, some of the greatest impacts relevant to the Community Action Network have been in the areas of health, education, employment, human services provision, and community resources. In this community, vulnerability is highest in the following areas:

Big Horn County, more than 15% of population is 65 or older, and 8% is uninsured.

Carbon County, more than 15% of population is 65 or older, and 8% is uninsured.

Stillwater County, more than 15% of population is 65 or older, and 8% is uninsured.

Sweet Grass County, more than 15% of population is 65 or older, and 8% is uninsured.

Yellowstone County, more than 15% of population is 65 or older, and 8% is uninsured.

It should be noted with US unemployment at over 45 million and Montana unemployment over 9%, many workers have lost health benefits and or are no longer able to afford premiums and or COBRA. At the time of this report, the full extent of these losses are not known.

The Health impacts of COVID 19 impacted the following populations:

Individuals over 60, especially those with underlying health conditions have been shown to be at particular risk for severe health implications from COVID-19. Over 15% of service area is 65 or older. A large number of unemployed are service workers from the hospitality, restaurant, and retail businesses that are minimum wage workers, many of which were the first to lose employment, and the most likely to have difficulty finding jobs when Montana fully opens. Over 6100 hospitality jobs were lost in Montana, half of which were in Yellowstone County.

Community health resources will be stretched thin as resources devoted to those sick with COVID-19 will limit resources available to others.

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At this time Montana has had sufficient test supplies and hospitals are not over taxed. Nursing homes, the prison population, residents of the Crow Reservation are being test. On the date of this entry, Yellowstone County, the health hub for the region, has 76 total cases, 2 of them are new, 17 are hospitalized and there has been 1 death as of April 23. There have been no equipment shortages in the health care sector and at this time resources and staff have met the needs of the general population without issue. As of May 11, the state of Montana has logged 456 cases, 14 deaths, and 306 recoveries. There are currently 13 active hospitalizations. By June 16, there have been 630 confirmed cases and 20 deaths.

Mental health resources will need to be available in new and increased ways to deal with the many different stressors/traumas caused by the pandemic.

In conducting this community needs Assessment, Mental Health was prioritized as a significant unmet need.

Riverstone Health and Billings Mental Health Center are the two primary sources for Mental Health services for the 5 county service area. All HRDC programs make referrals to these agencies for mental health counseling and substance abuse. The COVID-19 pandemic has impacted people world-wide. It is especially true for those on the frontline of this health crisis who are facing the strain of risk and responsibility of caring for COVID patients. Listed as follows are some of the additional resources available to help people navigate through this unprecedented and evolving situation.

- Montana Suicide Prevention Life line 1 800-273-TALK (8255)
- Montana Text Crisis line TEXT MT to 741741
- MH America of MT Warm line 877-688-3377
- Montana Crisis Text Line Text MT to 741741
- Alcoholics Anonymous AA-Montana.Org Hotline 833-800-8553

Nutrition for school-aged children previously accessing free/reduced breakfast, lunch, and snacks is impacted as many are now removed from that food source due to school closures.

School lunch programs in the service area have continued to stay in operation and will maintain their efforts throughout most of the service area. Food Banks, church, and volunteer organizations have stepped up their services. HRDC has provided school lunch, food bank, and additional resources information on their COVID-19 Resources pages and through Montana211.org. HRDC continues to administer FDPIR during the agency's closure, and delivers food to individuals that could not pick up. There are 29,702 public school students in the area with 12,500 or just over 42% eligible for school lunch programs. The highest concentration is in Big Horn County where 99.82% are eligible.

Employment Impacts:

Individuals in the health care field are at high-risk of exposure to COVID-19 and are under tremendous stress due to additional work hours and challenging work conditions. In particular many of those workers with close, frequent contact with vulnerable individuals are lower-wage workers. There have been no equipment shortages in the service area and at this time resources and staff have met the needs of the general population without issue. There have been a sufficient supply of tests and protective equipment. To date, 11,875 tests have been administered, April 27.

Individuals in the educational field – especially teachers and assistants in Head Start and Early Head Start as well as other early childhood care settings – are working remotely due to school shutdowns. Public school teachers are working virtually, while lower wage workers have been laid off. There are ongoing virtual collaborations and updates for childcare providers. Best Beginnings Child care wavers have been provided through May. Some training conducted via Zoom. Head Start, closed and many other Child care providers shuttered for good following COVID-19.

Individuals in many sectors of the economy – but particularly the service sector, the retail sectors, gig economy, and others most affected by quarantine policies – are currently experiencing sudden and unexpected unemployment. Some are unaware of resources available to them and their families as they are experiencing unemployment for the first time. Billings is the hub for regional activities. The hospitality sectors have been damaged the most. Many hotels laid off personnel, food establishments closed, low wage service sector jobs furloughed. Over 86,500 Montana unemployment claims had been filed to May 9 with many more businesses laying off workers.

Educational Impacts:

Closings of public schools in the Community Assessment area are having an immediate impact on children's education. Children with less access to resources (broadband internet, computers/tablets, technology expertise, language barriers, etc.) are most at-risk for suffering learning loss during a potentially protracted period of school closure.

Montana schools closed on March 17 at which time the governor maintained that schools would be closed at least through March 27. In a phased reopening of schools, they have the option of reconvening on May 7, but many schools in the service area have opted to stay closed for the rest of the school year. Online instruction through virtual platforms has been in effect since the original closure. Distance and online learning have been met with varying

degrees of success as not all children have access to technology. Universities and colleges are facing the same issues as all classes are virtual. As the 5-county service area has a large rural to urban ratio, there are many school age children that do not have broadband access, or even own a computer. Public libraries have been closed, so the general population may have little or no access to internet which has significantly disrupted learning. This is even more pronounced for children with disabilities. With schools planning to reconvene, some districts are paying for internet connections for low-income children that may be studying remotely.

Caregivers of school-age children must secure day care arrangements for their children or sacrifice employment to care for their children. These same caregivers are also expected to be primary teachers for their children during the period of the closure. Parents with limited resources face numerous challenges as a result of this situation.

Governor Bullock allowed child care businesses to stay open through the emergency because they support essential workers. During this period, the 14 county service area had 35 programs close for the emergency, displacing 1284 children. Since April 15, there have been some gradual reopening with more opening May 4. Three of the programs which closed in March will not reopen. There were 34 slots lost with those programs.

HRDC Childcare has assisted several of the Pop Up child care centers through the emergency. They have been paired them with closed facilities for materials and staff. They will continue to be assisted with grant funding specific to Temporary Emergency Care Facilities. These were not child care facilities prior to COVID-19, but were developed to support essential workers. There are about 200 slots of daily care for school age children of first responders and medical personnel (all in Billings) and 40 slots specific to medical staff and providers (16 in Red Lodge and 24 in Billings).

Impacts on human services provision:

Services to vulnerable populations are being curtailed or drastically changed. Some service providers are not operating. HRDC offices closed on March 18. OPA closed a week later, as did the majority of community service providers. Food banks and related charities scheduled pickup dates for their clients. While closed to the public, HRDC continued to administer all programs and services through virtual platforms, telephone, fax, email, and U.S. Mail. In early June HRDC discontinued a split shift and brought all personnel back on campus. Temperature checks are required and public areas are closed. As of June 18, 2020, the offices are still closed to the public. All transactions are completed virtually. Rescue missions and shelters remained open. As an update, on July 21, 2020, HRDC is fully staffed, operating all programs, but closed to the public.

Other service providers have had to alter their service provision in significant ways, leaving some family needs unmet. Substance abuse and mental health services were altered. Some private practice medical facilities closed down entirely leaving service gaps. Head Start and

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Child Care providers were also impacted as many closed. For those service providers continuing to operate, the changed circumstances have required significant, immediate adaptations that will require additional resources to support over a longer period of time.

At HRDC and throughout the community all professional development and staff training were cancelled. These cancellations include conferences, conventions, and other training opportunities such as continuing education, ROMA instruction and certifications. Childcare providers and Stars centers continued to train on a limited basis through interactive platforms such as zoom. As new programs surface including, but not limited to Housing Assistance, Emergency Energy Programs, Childcare, Emergency Services, Education, Food, and Youth Programs, additional training will be required. Most training will be onsite and in real time as new program and corresponding emergency services evolve.

Community Resource Impacts:

The impacts of COVID-19 on community resources are numerous and include a reduction in the availability of resources (access to group activities, commercial services), a scarcity of some resources (health care, food and emergency supplies) and/or needs for resources that have not previously been required in this community in any significant capacity.

Schools, community centers, gyms, parks, have all closed. Local government offices have conducted virtual transactions when possible. DMV license waivers and title work were extended. This is only one example of how local government and county offices have conducted business. Court dates have been rescheduled, and many correctional centers and jails have furloughed non-violent offenders due to COVID-19. Some medications have been scarce as have been cleaning supplies, toilet paper, towels, and other paper products. Some food items have been scarce, and substitutions have been required. The COVID outbreaks at meat packaging facilities have increased meat prices by 20%. Some stores have put limits on the number of packages that can be purchased, and meat shelves are picked over. Banks have been restricted to drive-up services preventing easy transactions or access to PPP. Difficulty with access and assistance to stimulus applications have met with dire outcomes. HRDC cancelled its premier annual event, "Playdate at the Zoo" which was scheduled for June.

The broad impacts of COVID-19 on this community have created an even more urgent need for coordination and collaboration of resources among the public sector, the public health sector, first responders, educators, the business community, the faith community and many others. While HRDC plays an important role in providing resources to support individuals and families, it has continued to provide all services with the exception of weatherization through virtual platforms, telephone, and US Mail. In early July, HRDC resumed weatherizations with new intensive protocols.

HRDC has always worked in collaboration with its community partners, sharing resources, referrals, and support to the community. The closure of many of the community's service providers to the public has made it more difficult for clients to access referrals made by and to community organizations. With shortened work schedules, furloughs, sickness, and other factors have contributed to the confusion, HRDC continues to work with offices closed to the public.

Anticipated Near- And Long-Term Impacts

1-3 months: Yellowstone County is home to Billings, Montana, the largest city in the state. Unemployment impact with loss of income, the need for emergency services such as food, shelter, energy assistance, rental assistance, must be escalated. The sheer number of people impacted by COVID-19 and in need of immediate services is the first obstacle to overcome. Additional support will be needed for food banks, shelters, and emergency services to handle the initial volume of applicants. The agency has initiated emergency services for rental and mortgage assistance, Emergency Energy Assistance, food, rent, utility and related expenses.

Greater than 3 months: Small Businesses will need all types of assistance as the Stimulus package will not be enough, nor will all applicants qualify. Unemployment will not recover quickly and some businesses will not reopen. There will be a significant need for reemployment and occupational training, emergency and transitional housing. As a result the demand for childcare services will escalate. Financial education, counseling, renter assistance will all be in higher demand and require phased planning. Education, and retraining programs will be in high demand, and require community partnerships to deliver programs and services. Mental Health will be in high demand, Vaccinations for children will require catch-up. Non-essential surgeries will require rescheduling.

Prolonged Service Disruptions

The disruptions in service delivery to customers are expected to continue for a substantial time. This is likely to lead to additional challenges for customers that may become long-term issues.

HRDC administers 4 childcare programs for a 14 county area. In normal times, just the geographical challenges of servicing the area are staggering. In mid and post COVID-19 logistics will become even more complex. As the agency does not offer Head Start services, many more children will end up in preschool, before and after school programs that will be supported by the department. Compound the complexity of childcare closures and the open slots that will need to be filled make this task even more difficult. Provider assistance with missed training and consulting requirements will be taxed.

Prolonged Employment Issues

Sudden layoffs and other employment disruptions are being addressed by emergency response measures; however, it is anticipated that long-term recovery efforts will be required to help customers reconnect to the workforce, particularly those for whom employment assistance has not previously been required. When COVID-19 benefits lapse this will be even more of a problem.

Extended layoffs, unemployment, and the numbers of people needing emergency services will require a change in operations and strategies. While the agency maintains a close partnership with Job Service, educational institutions, school districts, vocational and occupational training providers, the workforce will likely require extended employment assistance, occupational, entrepreneurial, trades training to reconnect and reenter the workforce. Some jobs will be forever lost and some businesses permanently shuttered. These needs will mandate new partnerships and require improved methods of moving people through the system in preparation for reemployment. While loans and incentive money may continue to be available, these will be temporary measures. Loans have to be paid back. In addition, it is likely that many jobs post COVID-19 will be eliminated or go unfilled. Contingent on the severity of additional virus waves, unemployment measures by the Feds offer only band aid solutions as the \$600 federal unemployment benefit runs through July. As an update on July 21, Congress is negotiating additional CARES funding for these and other business support programs. At this time no additional aid has been provided.

Prolonged Agency Capacity Issues

Policies limiting in-person staff/customer interactions may be in place for an extended period of time and agencies will need to maintain remote work and remote customer-interaction infrastructure to be responsive to these needs in a more sustainable capacity.

HRDC never missed a beat. While agency offices were closed to the public and currently remain closed, all programs continued to function, utilizing internet, email, Fax, telephone, and US mail services. While work hours were initially shortened and shifts scheduled to maximize social distancing, many staff were able to work at home and or on a shortened schedule, but were able to accomplish the goals of the agency and each individual program. Those that worked at home were able to utilize remote platforms. The agency's technology platforms are always upgraded and expanded as required for additional traffic with the assistance of a fulltime systems administrator. Incremental steps toward opening to the public will include appointments, temperature checks, and set meetings in conference rooms away from HRDC staff. To date, July 21, HRDC offices are still closed to the public, social distancing, temperature checks for employees, face coverings, additional disinfecting protocols are in place.

Prolonged Community Resource/Coordination Issues

The short-term community coordination needs cited in this Assessment are presumed to continue into the long-term. Current conditions may persist for an extended period; recovery efforts will require coordination; ongoing community preparedness to guard against a future outbreaks.

HRDC has a long history of working with VOAD members such as United Way, Salvation Army, Food Banks, Health organizations, including Red Cross, and numerous faith based organizations offering disaster assistance. As the agency's Board is in part represented by County commissioners, the agency has a direct link to local government. As an agency, the staff are well prepared to provide emergency services as required as we already contract with Yellowstone County for the aforementioned. HRDC's network of schools, childcare facilities, private partners, and other community institutions enable the agency to coordinate with their partners on a multitude of services.

Assessing Equity Implications

HRDC maintains an ongoing customer satisfaction effort through its surveys, interviews, focus groups, and has an established grievance procedure in place for issues related to prejudice, racial discrimination and other biases. For over 30 years, HRDC has administered FDPIR on the Crow Reservation. While there are over 280 tribes that participate in this Federal Food Commodity initiative, HRDC is the only non-native organization that has the honor of fulfilling this role. These many years of experience working with this unique vulnerable population has taught the agency a great deal about the equity lens. The agency's core values have been founded on respect, and in maintaining the dignity of all people to ensure that all individuals and families are treated with kindness and reverence.

Conclusion

In a 5 county service area that entails 13,330 square miles with a combined population of 193,076 there are many challenges that the agency will face as it provides assistance to the communities in its region. Unemployment will create a domino effect as incomes are lost, savings consumed, and short term unemployment benefits run out. Working families will require short-term immediate emergency assistance with rent food, energy, childcare and a myriad of other unmet immediate needs. Summer youth programs will be furloughed and transitional living for displaced youth impacted by COVID 19. Emergency Benefits for small businesses with rent, utilities, infrastructure bills, and assistance to shelters, food banks and support programs will become the highest priorities.

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COVID-19 Addendum

Longer term programs and services will include, financial counselling to determine and assess finance and budget situations with loss of incomes. The HRDC Home Center will need to assist with potential mortgage refinancing assessments/referrals, rental mediation services, coupled to rental and mortgage assistance in short term emergency programs. Assistance with Child Care through Scholarship programs and support of before and after school programs to catch up on learning lost during the COVID-19 school closures will be required. Efforts to coordinate referrals, find permanent housing for individuals and families that may lose their homes, help with employment and reemployment, occupational training, alternative education, coupled to bundled services will be the focus of the agency's longer term strategies.

REFERENCES

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- What is the Current Poverty Rate in the US: 2018, UC Davis
- Income and Poverty in the United States, 2016 Current Population Reports
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- National Community Action, Theory of Change
- 2016, Distressed Community Index
- Montana Response to COVID-19, Confirmed Cases by County
- St. Louis Needs Assessment, 2017
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- Opportunity Index.org
- HUD Exchange, Ending Youth Homelessness
- Covid-19 Community Vulnerability Index
- Hunger & Poverty in the US
- Montana Population Growth Rate, County Rank
- Collecting Community Needs Assessment Data, National CAP
- Center for Disease Control
- Community Action Partnership of San Luis Obispo County, 2018-19 Community Action Plan
- US Census Bureau, American Community Survey, 2014-18, 5 year estimates
- US Department of Education
- Index of Disparity, National Center of Health Statistics

APPENDIX A

A1. COMMUNITY RESOURCES

Public Name	Parent Agency	Physical Address	Physical City	Physical County
AA Meetings, Al-Anon and Al-Ateen - MT Website	AA Meetings, Al-Anon and Al-Ateen - MT Website		All cities	
Altacare	Altacare		All cities	
American Air Ambulance (Nationwide)	American Air Ambulance (Nationwide)			
AWARE Inc.	AWARE Inc.			
Big Sky Mental Health Services, PLLC	Big Sky Mental Health Services, PLLC	2000 Clark Street		
Big Sky Rx Program	Big Sky Rx Program	P.O. Box 202915		
CHADD, ADD (Nationwide)	CHADD, ADD (Nationwide)		All cities	
Christian Hotlines (Nationwide)	Christian Hotlines (Nationwide)			
Crow Tribal Family Preservation Program	Crow Tribe			
D.R.E.A.M. (Down Syndrome Research Education Advocacy in Montana)	D.R.E.A.M. (Down Syndrome Research Education Advocacy in Montana)			
Dental Lifeline Network Montana	Dental Lifeline Network Montana	PO Box 1154		
Department of Public Health and Human Services (DPHHS)	Department of Public Health and Human Services (DPHHS)	111 North Sanders Street		
Drug - Rehabs (Nationwide)	Drug - Rehabs (Nationwide)		All cities	
Facebook: Suicidal Content on Facebook – Nationwide	Facebook: Suicidal Content on Facebook - Nationwide		All cities	
GLBT National Help Center	GLBT National Help Center		All cities	
Healthy Montana Kids	Healthy Montana Kids	PO Box 202925		

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
HOPE Animal-Assisted Crisis Response	HOPE Animal-Assisted Crisis Response	1292 High Street		
Montana Cancer Screening Program	Montana Cancer Screening Program		All cities	
Montana Chemical Dependency Center	Montana Chemical Dependency Center		All cities	
Montana Community Development Corporation	Montana Community Development Corporation			
Montana Psychiatry, PLLC	Montana Psychiatry, PLLC	3737 Grand Avenue	Billings	
Montana Warm Line	Montana Warm Line			
National Assessment Foundation	National Assessment Foundation		All cities	
National Association of Anorexia Nervosa and Associated Disorders	National Association of Anorexia Nervosa and Associated Disorders		All cities	
National Center for Missing and Exploited Children	National Center for Missing and Exploited Children	699 Prince Street	Alexandria	
National Domestic Violence Hotline	National Domestic Violence Hotline			
National MS Society	National MS Society	192 Nickerson Street	Seattle	
Native Employment Work Program	Native Employment Work Program	Red WIA Building		
Northwest Parkinson's Foundation	Northwest Parkinson's Foundation	7525 SE 24th Street	Mercer Island	
Nurse First (Statewide)	Nurse First (Statewide)		All cities	
Poison Information Hotline - (Nationwide)	Poison Information Hotline - (Nationwide)	Telephone only	All cities	
Providence Saint Joseph Medical Center	Providence Saint Joseph Medical Center			
Rocky Mountain Hemophilia & Bleeding Disorders Association	Rocky Mountain Hemophilia & Bleeding Disorders Association	1627 W. Main Street		
Rotary Club of Billings	Rotary Club of Billings			

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
Ryegate Public School	Ryegate Public School	207 2nd Avenue West		
StrongHearts Native Helpline	StrongHearts Native Helpline	PO Box 22293	Saint Paul	
Teton County Health Department	Teton County Health Department			
The Trevor Project	The Trevor Project			
Awe Kualawaache Care Center	Awe Kualawaache Care Center	10131 South Heritage Road	Crow Agency	Big Horn
Big Horn Council on Aging	Big Horn Council on Aging	317 North Custer Avenue	Hardin	Big Horn
Big Horn County Attorney	Big Horn County Attorney	121 West Third Street	Hardin	Big Horn
Big Horn County Memorial Hospital	Big Horn County Memorial Hospital	17 North Miles Avenue	Hardin	Big Horn
Big Horn County Mental Health Local Advisory Council	Big Horn County Mental Health Local Advisory Council	516 North Center Avenue	Hardin	Big Horn
Big Horn County Public Health Department	Big Horn County Public Health Department	809 North Custer Avenue	Hardin	Big Horn
Big Horn County Public Library	Big Horn County Public Library	419 North Custer Avenue	Hardin	Big Horn
Big Horn County Rural Fire Department	Big Horn County Rural Fire Department	PO Box 334	Hardin	Big Horn
Big Horn County Superintendent of Schools	Big Horn County Superintendent of Schools	121 West 3rd Street	Hardin	Big Horn
Big Horn Industries	Big Horn Industries	910 North Miles Avenue	Hardin	Big Horn
Bighorn Valley Health Center - Big Horn County	Bighorn Valley Health Center - Big Horn County	10 4th Street West	Hardin	Big Horn
Crawford Avenue Group Home	Resource, Support, and Development Inc	520 North Crawford Avenue	Hardin	Big Horn
Crimestoppers	Big Horn County Sheriff's Office	121 West Third Street	Hardin	Big Horn
Crow Agency Police Department	Crow Agency Police Department	124 Crow River Road	Crow Agency	Big Horn

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
Crow Nation Education Department - Adult Vocational	Crow Tribe		Crow Agency	Big Horn
Crow Nation Recovery Center	Crow Tribe	101 Butchetch Avenue	Crow Agency	Big Horn
Crow Nation Transit Services	Crow Tribe	Baacheche Avenue	Crow Agency	Big Horn
Crow Tribal Diabetes Program	Crow Tribe	PO Box 159	Crow Agency	Big Horn
Crow Tribal Housing Authority	Crow Tribe	1 Circle Lane	Crow Agency	Big Horn
Crow Tribal Senior Citizens Program	Crow Tribe	20 Johnny Wilson Acres	Lodge Grass	Big Horn
Crow Tribal Social Services	Crow Tribe		Crow Agency	Big Horn
Crow Tribe Victim Assistance	Crow Tribe	PO Box 125	Crow Agency	Big Horn
Crow/Northern Cheyenne Hospital	Crow/Northern Cheyenne Hospital	1010 7650 E	Crow Agency	Big Horn
Disaster and Emergency Services - Big Horn County	Disaster and Emergency Services - Big Horn County	121 Third Street West	Hardin	Big Horn
Extension Offices	Montana State University	317 North Custer Avenue	Hardin	Big Horn
Hardin Kiwanis Club	Kiwanis Clubs of Big Horn County	RR 1 Box 1152	Hardin	Big Horn
Hardin Volunteer Fire Department	Hardin Volunteer Fire Department	406 North Cheyenne Avenue	Hardin	Big Horn
Head Start - Big Horn County	Head Start - Big Horn County			Big Horn
Helping Hands Food Bank	Helping Hands Food Bank	825 3rd Street West	Hardin	Big Horn
Heritage Acres Nursing Home - Assisted Living - Independent Living	Big Horn County Memorial Hospital	200 North Mitchell Avenue	Hardin	Big Horn
Little Big Horn College	Little Big Horn College	8645 South Weaver Drive	Crow Agency	Big Horn
Lodge Grass Health Clinic	Crow/Northern Cheyenne Hospital	John Nomee Circle	Lodge Grass	Big Horn

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
Lodge Grass Satellite Senior Center	Big Horn Council on Aging	119 Harding Avenue	Lodge Grass	Big Horn
Messengers For Health	Messengers For Health	Little Big Horn Tribal College	Crow Agency	Big Horn
Pryor Health Station	Crow/Northern Cheyenne Hospital	Pryor Gap Road	Pryor	Big Horn
Reach Out and Read, Crow Agency	Reach Out and Read, Crow Agency	PO Box 9	Crow Agency	Big Horn
The Center Pole	The Center Pole	3391 I-90 Frontage Road	Garryowen	Big Horn
BareTooth Cupboards Food Bank	BareTooth Cupboards Food Bank	17 East 11th Street	Red Lodge	Carbon
Beartooth Billings Clinic - Red Lodge	Beartooth Billings Clinic - Red Lodge	2525 North Broadway	Red Lodge	Carbon
Belfry Senior Citizens Center	Belfry Senior Citizens Center	212 Broadway Avenue	Belfry	Carbon
Bridger Chamber of Commerce	Bridger Chamber of Commerce	PO Box 99	Bridger	Carbon
Bridger Community Food Bank	Bridger Community Food Bank	206 North D Street	Bridger	Carbon
Bridger Golden Age Society	Bridger Golden Age Society	117 East Broadway	Bridger	Carbon
Bridger Police Department	Bridger Police Department	201 South B Street	Bridger	Carbon
Bridger Public Library	Bridger Public Library	119 West Broadway Ave	Bridger	Carbon
Bridger Volunteer Fire Department	Bridger Volunteer Fire Department	210 South C Street	Bridger	Carbon
Carbon County Attorney	Carbon County Attorney	102 North Broadway Avenue	Red Lodge	Carbon
Carbon County Health Association	Carbon County Health Association	101 South Main Street	Joliet	Carbon
Carbon County Mental Health Local Advisory Council	Carbon County Mental Health Local Advisory Council	115 South Broadway Avenue	Red Lodge	Carbon
Carbon County Public Health Department	Carbon County Public Health Department	County Persona Service Building	Red Lodge	Carbon

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
Carbon County Sheriff's Office	Carbon County Sheriff's Office	102 North Broadway	Red Lodge	Carbon
Carbon County Superintendent of Schools	Carbon County Superintendent of Schools	17 West 111th Street	Red Lodge	Carbon
Child Protective Services - Carbon County	Child Protective Services - Carbon County	206 North Broadway	Red Lodge	Carbon
Community Mental Health Center (CMHC): Red Lodge Office	Community Mental Health Center (CMHC): Red Lodge Office	5 East 9th Street	Red Lodge	Carbon
Disaster and Emergency Services - Carbon County	Disaster and Emergency Services - Carbon County	17 West 11th Street	Red Lodge	Carbon
Domestic and Sexual Violence Services of Carbon County	Domestic and Sexual Violence Services of Carbon County	1119 South Broadway Avenue	Red Lodge	Carbon
Edgar Volunteer Fire Department	Edgar Volunteer Fire Department	PO Box 14		Carbon
Joliet Food Pantry	Joliet Food Pantry	128 South Main Street	Joliet	Carbon
Joliet Public Library	Joliet Public Library	211 East Front Street	Joliet	Carbon
Joliet Volunteer Fire Department	Joliet Volunteer Fire Department	129 North Main Street	Joliet	Carbon
Joliet XYZers	Joliet XYZers	209 East Front Avenue	Joliet	Carbon
Kids Corner	Kids Corner	18 North Broadway	Red Lodge	Carbon
Red Lodge Carnegie Library	Red Lodge Carnegie Library	3 West 8th Street	Red Lodge	Carbon
Red Lodge Chamber of Commerce	Red Lodge Chamber of Commerce	701 North Broadway	Red Lodge	Carbon
Red Lodge Fire and Rescue	Red Lodge Fire and Rescue	801 North Broadway	Red Lodge	Carbon
Red Lodge Police Department	Red Lodge Police Department	1 South Platt	Red Lodge	Carbon
Red Lodge Public Schools	Red Lodge Public Schools	800 Chambers Avenue North	Red Lodge	Carbon
Red Lodge Senior Center and Community Center	Red Lodge Senior Center and Community Center	207 South Villard Avenue	Red Lodge	Carbon

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
Roberts Volunteer Fire Department	Roberts Volunteer Fire Department	3 First Street	Roberts	Carbon
Valley Senior Citizens Center	Valley Senior Citizens Center	202 North Montana Avenue	Fromberg	Carbon
Yellowstone Wildlife Sanctuary	Yellowstone Wildlife Sanctuary	615 2nd Street East	Red Lodge	Carbon
Pension Rights Center	Pension Rights Center	1350 Connecticut Avenue	Washington	District Of Columbia
RAINN	RAINN	1220 L Street NW	Washington	District Of Columbia
US Department of Veteran Affairs	US Department of Veteran Affairs	810 Vermont Avenue	Washington	District Of Columbia
HIV Treatment Infoline	HIV Treatment Infoline	273 9th Street	San Francisco	San Francisco
Absarokee Area Food Bank	Absarokee Area Food Bank	PO Box 88	Absarokee	Stillwater
Absarokee Volunteer Fire Department	Absarokee Volunteer Fire Department	105 W B Street	Absarokee	Stillwater
Columbus Fire and Rescue	Columbus Fire and Rescue	400 East 3rd Avenue North	Columbus	Stillwater
Columbus Kiwanis Club	Kiwanis Clubs of Stillwater County		Columbus	Stillwater
Columbus Police Department	Columbus Police Department	408 East 1st Avenue	Columbus	Stillwater
Columbus Senior Citizens Center	Columbus Senior Citizens Center	620 Palladium Place	Columbus	Stillwater
Disaster and Emergency Services - Stillwater County	Disaster and Emergency Services - Stillwater County	400 East 3rd Avenue North	Columbus	Stillwater
Kiwanis Clubs of Stillwater County	Kiwanis Clubs of Stillwater County			Stillwater
Park City Volunteer Fire Department	Park City Volunteer Fire Department	305 First Street Southwest	Park City	Stillwater
Project Hope	Project Hope	428 East Pike	Columbus	Stillwater
Reed Point Volunteer Fire Company	Reed Point Volunteer Fire Company	1 Second Avenue NW	Reed Point	Stillwater
Special K Ranch, Inc.	Special K Ranch, Inc.	PO Box 479	Columbus	Stillwater
Stillwater Billings Clinic	Stillwater Billings Clinic	710 North 11th Street	Columbus	Stillwater

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
Stillwater County Attorney	Stillwater County Attorney	544 North Diamond Avenue	Columbus	Stillwater
Stillwater County Chamber of Commerce	Stillwater County Chamber of Commerce	565 N 9th Street	Columbus	Stillwater
Stillwater County Disaster and Emergency Services (DES)	Stillwater County Disaster and Emergency Services (DES)	400 East 3rd Avenue North	Columbus	Stillwater
Stillwater County Library	Stillwater County Library	27 North 4th Street	Columbus	Stillwater
Stillwater County Local Advisory Council	Stillwater County Local Advisory Council	410 East Pike	Columbus	Stillwater
Stillwater County Superintendent of Schools	Stillwater County Superintendent of Schools	Stillwater County West Annex	Columbus	Stillwater
Stillwater Senior Citizens Center	Stillwater Senior Citizens Center	9 Woodard Avenue	Absarokee	Stillwater
Tri-County Victim Witness Program	Tri-County Victim Witness Program	400 East 3rd Avenue North	Columbus	Stillwater
WIC (Women, Infants, Children) - Stillwater County	WIC (Women, Infants, Children) - Stillwater County	Stillwater Community Hospital	Columbus	Stillwater
Pioneer Medical Center Diabetes Prevention Program	Pioneer Medical Center Diabetes Prevention Program	220 West 1st Avenue	Big Timber	Sweet Grass
A Relationship Counseling Center	A Relationship Counseling Center	220 Grand Ave	Billings	Yellowstone
Addiction and Mental Health Services		710 Grand Avenue	Billings	Yellowstone
Adult Outpatient Substance Abuse Co-Occurring Treatment Program	New Day Ranch	1724 Lampman Drive	Billings	Yellowstone
Adult Protective Services - Yellowstone County	Department of Public Health and Human Services (DPHHS)	2121 Rosebud Drive	Billings	Yellowstone
Adult Resource Alliance of Yellowstone County	Adult Resource Alliance of Yellowstone County	1505 Avenue D	Billings	Yellowstone
Advanced Care Hospital	Advanced Care Hospital	3528 Gabel Road	Billings	Yellowstone
Affiliated Professional Counselors	Affiliated Professional Counselors	710 Grand Avenue	Billings	Yellowstone

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
Al Bedoo Shrine	Al Bedoo Shrine	1125 Broadwater	Billings	Yellowstone
All Seasons Counseling and Consulting	All Seasons Counseling and Consulting	1643 24th Street West	Billings	Yellowstone
Alpine Counseling Associates	Alpine Counseling Associates	1001 South 24th Street West	Billings	Yellowstone
Alternatives, Inc/Passages	Alternatives, Inc	1001 South 27th Street	Billings	Yellowstone
Alzheimer's Association Montana	Alzheimer's Association Montana	3010 11th Avenue North	Billings	Yellowstone
American Cancer Society - Eastern Field Office	American Cancer Society - Eastern Field Office	1903 Central Avenue	Billings	Yellowstone
American Legion	American Legion	1540 Broadwater Avenue	Billings	Yellowstone
American Legion Post 119 - Billings	American Legion	Eagles Lodge	Billings	Yellowstone
American Red Cross - Yellowstone County	American Red Cross of Montana	1537 Avenue D	Billings	Yellowstone
AmVets Club 90	AmVets Club 90	2033 Grand Ave	Billings	Yellowstone
Angela's Piazza	Angela's Piazza	420 Grand Avenue	Billings	Yellowstone
Army National Guard-Citizen Soldier for Life	Army National Guard-Citizen Soldier for Life	Billings Armory	Billings	Yellowstone
Aspen Practice, P.C.	Aspen Practice, P.C.	2900 12th Avenue North	Billings	Yellowstone
Associates in Counseling	Associates in Counseling	1601 Lewis Avenue	Billings	Yellowstone
Aurora Counseling	Aurora Counseling	1101 North 32nd Street	Billings	Yellowstone
Avenues Counseling	Avenues Counseling	1643 24th Street West	Billings	Yellowstone
Barbara J Harrold, PhD	Barbara J Harrold, PhD	1701 Avenue E	Billings	Yellowstone
Bears and Cubs	Big Brothers Big Sisters - Yellowstone County	2123 2nd Avenue North	Billings	Yellowstone
Beartooth Counseling	Beartooth Counseling	1597 Avenue D	Billings	Yellowstone
Big Brothers Big Sisters - Yellowstone County	Big Brothers Big Sisters - Yellowstone County	2123 2nd Avenue North	Billings	Yellowstone

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
Big Sky Critical Incident Stress Management	Big Sky Critical Incident Stress Management	2305 8th Avenue North	Billings	Yellowstone
Big Sky Senior Services	Big Sky Senior Services	937 Grand Avenue	Billings	Yellowstone
Billings Adult and Community Education Center	Billings Public Schools	415 North 30th Street	Billings	Yellowstone
Billings Baby Bistro	Billings Baby Bistro		Billings	Yellowstone
Billings Chamber of Commerce	Billings Chamber of Commerce	815 South 27th Street	Billings	Yellowstone
Billings Child Care Association	Billings Child Care Association	145 Grand Avenue	Billings	Yellowstone
Billings Christian School	Billings Christian School	4519 Grand Avenue	Billings	Yellowstone
Billings City Attorney Domestic Violence Unit	City of Billings	210 North 27th Street	Billings	Yellowstone
Billings Clinic	Billings Clinic	2929 10th Avenue North	Billings	Yellowstone
Billings Community Center	Billings Community Center	360 North 23rd Street	Billings	Yellowstone
Billings Counseling Connection	Billings Counseling Connection	1220 Avenue C	Billings	Yellowstone
Billings Crime Stoppers	Billings Police Department	2305 8th Avenue North	Billings	Yellowstone
Billings Family YMCA	Billings Family YMCA	402 North 32nd Street	Billings	Yellowstone
Billings Fire Department	Billings Fire Department	2305 8th Avenue North	Billings	Yellowstone
Billings Food Bank	Billings Food Bank	2112 4th Avenue North	Billings	Yellowstone
Billings Kiwanis Club	Kiwanis Clubs of Yellowstone County			Yellowstone
Billings Mothers Of Multiples Club	Billings Mothers Of Multiples Club		Billings	Yellowstone
Billings Public Library	Billings Public Library	510 North Broadway	Billings	Yellowstone
Billings Public Schools	Billings Public Schools	415 North 30th Street	Billings	Yellowstone

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Appendices

Public Name	Parent Agency	Physical Address	Physical City	Physical County
Billings Public Schools Education Foundation	Billings Public Schools Education Foundation	415 North 30th Street	Billings	Yellowstone
Billings Treatment Services	Billings Treatment Services	1348 Main Street	Billings	Yellowstone
Billings Urban Indian Health and Wellness Center	Billings Urban Indian Health and Wellness Center	1230 North 30th Street	Billings	Yellowstone
Boy Scouts of America - Billings	Boy Scouts of America - Billings	2409 Arnold Lane	Billings	Yellowstone
Bridges of Montana	Bridges of Montana	711 Central Avenue	Billings	Yellowstone
Bridges Therapy, PLLC	Bridges Therapy, PLLC	208 North 29th Street	Billings	Yellowstone
Brighter Sky Counseling	Brighter Sky Counseling	3333 2nd Avenue North	Billings	Yellowstone
Broadview Fire Department	Broadview Fire Department		Broadview	Yellowstone
Broadview Senior Center	Broadview Senior Center	13724 5th Street	Broadview	Yellowstone
Bruce Chessen, Ph.D	Bruce Chessen, Ph.D	1250 15th Street West	Billings	Yellowstone
Bureau of Indian Affairs - Rocky Mountain Region	Bureau of Indian Affairs - Rocky Mountain Region	2021 4th Avenue North	Billings	Yellowstone
Burford Psychiatric Services, PC	Burford Psychiatric Services, PC	902 Wyoming Avenue	Billings	Yellowstone
CASA of Yellowstone County	CASA of Yellowstone County	1201 Grand Avenue	Billings	Yellowstone
Catholic Social Services	Catholic Social Services	1048 North 30th Street	Billings	Yellowstone
Chase Hawks Memorial Association	Chase Hawks Memorial Association	CHMA	Billings	Yellowstone
Child & Family Services - Yellowstone County	Department of Public Health and Human Services (DPHHS)	2525 4th Avenue North	Billings	Yellowstone
Child Care Licensors	Department of Public Health and Human Services (DPHHS)	2121 Rosebud Drive	Billings	Yellowstone
Child Placement and Foster Care	Department of Public Health and Human Services (DPHHS)	2525 4th Avenue North	Billings	Yellowstone
Child Support Enforcement Division - Region 3	Child Support Enforcement Division - Region 3	1500 Poly Drive	Billings	Yellowstone

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
Christos Therapy Christian Counseling	Christos Therapy Christian Counseling	1500 Poly Drive	Billings	Yellowstone
City College	Montana State University Billings	3803 Central Avenue	Billings	Yellowstone
City of Billings	City of Billings	PO Box 20126	Billings	Yellowstone
Clubhouses	Boys And Girls Club Of Yellowstone County	1441 Governors Boulevard	Billings	Yellowstone
Community Crisis Center	Community Crisis Center	704 North 30th Street	Billings	Yellowstone
Community Hope, Inc.	Community Hope, Inc.	204 Cedar Avenue	Laurel	Yellowstone
Community Leadership & Development, Inc.	Community Leadership & Development, Inc.	24 South 29th Street	Billings	Yellowstone
Compassionate Friends - Billings Chapter	Compassionate Friends, Inc.	842 Burlington Avenue	Billings	Yellowstone
Compassus - Billings	Compassus - Billings	2110 Overland Avenue	Billings	Yellowstone
COR Enterprises	COR Enterprises	2121 Lampman Drive	Billings	Yellowstone
Crossroads Counseling	Crossroads Counseling	1629 Avenue D	Billings	Yellowstone
CrossWay Counseling Center, Inc.	CrossWay Counseling Center, Inc.	1540 Lake Elmo Drive	Billings	Yellowstone
Dan Geiger, MS, Hypnotherapy	Dan Geiger, MS, Hypnotherapy	PO Box 30683	Billings	Yellowstone
Developmental Disabilities Program - Region 3	Department of Public Health and Human Services (DPHHS)	2121 Rosebud Drive	Billings	Yellowstone
Disaster and Emergency Services - Yellowstone County	Disaster and Emergency Services - Yellowstone County	316 North 26th Street	Billings	Yellowstone
Dog Tag Buddies	Dog Tag Buddies	PO Box 250	Shepherd	Yellowstone
Dress for Success	Dress for Success	304 North 29th Street	Billings	Yellowstone
Eagle Ambulance Services	Eagle Ambulance Services	7033 Niehenke	Billings	Yellowstone
Eagle Mount Billings	Eagle Mount Billings	1140 16th Street West	Billings	Yellowstone
Early Childhood Intervention Program	Early Childhood Intervention Program	2016 Grand Avenue	Billings	Yellowstone

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
Easter Seals - Goodwill Billings Center	Easter Seals - Goodwill Billings Center	2401 Montana Avenue	Billings	Yellowstone
Eastern Yellowstone Special Services Co-op	Eastern Yellowstone Special Services Co-op	1932 Us Highway 87 East	Billings	Yellowstone
Elks Lodge 394 - Billings	Elks Lodge 394 - Billings	934 Lewis Avenue	Billings	Yellowstone
Exchange Clubs - Billings	Exchange Clubs - Billings			Yellowstone
Expanded Food & Nutrition Education Program	Montana State University	3212 1st Ave South	Billings	Yellowstone
Experience Works Incorporated	Experience Works Incorporated	927 Broadwater Avenue	Billings	Yellowstone
Explorers Academy	Explorers Academy (Head Start) - Billings	511 Custer Ave	Billings	Yellowstone
Explorers Academy (Head Start) - Billings	Explorers Academy (Head Start) - Billings	615 North 19th Street	Billings	Yellowstone
Family Promise of Yellowstone Valley	Family Promise of Yellowstone Valley	10 South 26th Street	Billings	Yellowstone
Family Service	Family Service	1824 1st Avenue North	Billings	Yellowstone
Family Support Network	Family Support Network	1002 10th Street West	Billings	Yellowstone
Family Tree Center	Family Tree Center	2520 5th Avenue South	Billings	Yellowstone
Firefly Outdoor Movie Company	Firefly Outdoor Movie Company	Fire Fly Outdoor Movie Company	Billings	Yellowstone
Fortis Leadership Academy	Fortis Leadership Academy	3737 Grand Avenue	Billings	Yellowstone
Fraser Tower	Fraser Tower	715 South 28th Street	Billings	Yellowstone
Fred W. Graff Elementary School	Laurel Public Schools	417 East 6th Street	Laurel	Yellowstone
Friendship House of Christian Services	Friendship House of Christian Services	3123 8th Ave South	Billings	Yellowstone
Gamblers Anonymous - Billings	Gamblers Anonymous - Billings		Billings	Yellowstone

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
General Federation of Women's Club- Billings Junior Woman's Club	General Federation of Women's Club- Billings Junior Woman's Club	2623 Terrace Drive	Billings	Yellowstone
Girl Scouts of Montana and Wyoming	Girl Scouts of Montana and Wyoming	2303 Grand Avenue	Billings	Yellowstone
Goodwill Thrift Stores	Easter Seals - Goodwill Billings Center	951 South 29th Street	Billings	Yellowstone
Grace Montessori Academy	Grace Montessori Academy	4809 Grand Avenue	Billings	Yellowstone
Habitat for Humanity Mid - Yellowstone Valley	Habitat for Humanity Mid - Yellowstone Valley	1617 1st Avenue North	Billings	Yellowstone
Healing Winds Therapeutic Services	Healing Winds Therapeutic Services	1643 Lewis Avenue	Billings	Yellowstone
HomeCare Services, LLC	HomeCare Services, LLC	1220 Avenue C	Billings	Yellowstone
Horses Spirits Healing Inc.	Horses Spirits Healing Inc.	7256 Highway 3	Billings	Yellowstone
Housing Authority of Billings	Housing Authority of Billings	2415 1st Avenue North	Billings	Yellowstone
Human Resource Development Council	Human Resource Development Council	7 North 31st Street	Billings	Yellowstone
Inner Journeys	Inner Journeys	2139 Broadwater Avenue	Billings	Yellowstone
Jane Moses, Counselor, MsEd, LCPC	Jane Moses, Counselor, MsEd, LCPC	303 North Broadway	Billings	Yellowstone
Jason Buyse, LCSW	Jason Buyse, LCSW	303 North Broadway	Billings	Yellowstone
Jefferson Bus Lines	Jefferson Bus Lines	1830 4th Avenue North	Billings	Yellowstone
Jeffrey Cummins, MSW, LCSW	Jeffrey Cummins, MSW, LCSW	902 Wyoming Ave	Billings	Yellowstone
Job Connection, Inc	Job Connection, Inc	2070 Overland Avenue	Billings	Yellowstone
Job Service Billings	Job Service Billings	2121 Rosebud Drive	Billings	Yellowstone
Judith C. Silverman, LCPC	Judith C. Silverman, LCPC	2817 2nd Avenue North	Billings	Yellowstone
Kathleen Erickson, MSW, LCSW	Kathleen Erickson, MSW, LCSW	225 North 23rd Street	Billings	Yellowstone

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
Laurel Crime Stoppers	Laurel Police Department	215 West 1st Street	Laurel	Yellowstone
Laurel Public Schools	Laurel Public Schools	410 Colorado Avenue	Laurel	Yellowstone
Laurel Senior Citizen Center	Laurel Senior Citizen Center	720 South 4th Street	Laurel	Yellowstone
Laurel Transit	Laurel Transit	PO Box 10	Laurel	Yellowstone
Laurel Volunteer Fire Department	Laurel Volunteer Fire Department	215 West First Street	Laurel	Yellowstone
LaVie	LaVie	2321 Broadwater Avenue	Billings	Yellowstone
Living Independently For Today & Tomorrow (LIFTT)	Living Independently For Today & Tomorrow (LIFTT)	1201 Grand Avenue	Billings	Yellowstone
Lockwood Fire Department	Lockwood Fire Department	501 Johnson Lane	Billings	Yellowstone
Lutheran Disaster Response of Montana	Lutheran Social Services of Montana	2949 Mission Way	Billings	Yellowstone
Lutheran Social Services of Montana	Lutheran Social Services of Montana	2429 Mission Way	Billings	Yellowstone
Marian F Martin, PhD	Marian F Martin, PhD	1018 North 30th Street	Billings	Yellowstone
Meadowbrook Counseling	Meadowbrook Counseling	820 Division Street	Billings	Yellowstone
Meadowlark Recovery Services	Meadowlark Recovery Services	1925 Grand Avenue	Billings	Yellowstone
MET Transit	MET Transit	1705 Monad Rd	Billings	Yellowstone
Military & Veterans' Campus Services	Montana State University Billings	1500 University Drive	Billings	Yellowstone
Military OneSource	Military OneSource		Billings	Yellowstone
Molly Ward Disability Law	Molly Ward Disability Law	PO Box 1536	Billings	Yellowstone
Molt Volunteer Fire Department	Molt Volunteer Fire Department	29 Wolfskill Road	Molt	Yellowstone
MOMS Club	MOMS Club		Billings	Yellowstone
Montana Community Services, Inc	Montana Community Services, Inc	993 South 24th Street West	Billings	Yellowstone

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
Montana Gender Alliance	Montana Gender Alliance		Billings	Yellowstone
Montana Highway Patrol - Statewide	Montana Highway Patrol - Statewide		Billings	Yellowstone
Montana Legal Services Association - Billings	Montana Legal Services Association	207 North Broadway	Billings	Yellowstone
Montana Migrant Council	Montana Migrant Council	3318 3rd Avenue North	Billings	Yellowstone
Montana Rescue Mission	Montana Rescue Mission	2902 Minnesota Avenue	Billings	Yellowstone
Moose Lodge 558 - Billings	Moose Lodge 558 - Billings	131 Calhoun Lane	Billings	Yellowstone
MSU Billings	Montana State University Billings	Student Health Services - Petro Hall	Billings	Yellowstone
NAMI - Billings	NAMI - Billings	3333 2nd Avenue North	Billings	Yellowstone
Narcotics Anonymous	Narcotics Anonymous - Billings		Billings	Yellowstone
National Call Center for Homeless Veterans	National Call Center for Homeless Veterans		Billings	Yellowstone
New Day Ranch	New Day Ranch	1111 Coburn Road	Billings	Yellowstone
Northern Rockies Neuropsychology	Northern Rockies Neuropsychology	1655 Shiloh Road	Billings	Yellowstone
Northwest Counseling Center, LLC	Northwest Counseling Center, LLC	1597 Avenue D	Billings	Yellowstone
Open Door Counseling	Open Door Counseling	304 Grand Avenue	Billings	Yellowstone
Optimist Clubs of Billings	Optimist Clubs of Billings			Yellowstone
P.E.A.K.S	P.E.A.K.S	1104 North 30th Street	Billings	Yellowstone
PABSS: Protection and Advocacy for Beneficiaries of Social Security	PABSS: Protection and Advocacy for Beneficiaries of Social Security	1500 University Drive	Billings	Yellowstone
Pack The Place In Pink	Pack The Place In Pink	1425 Oklahoma Star Trail West	Billings	Yellowstone
Parent and Child Reading Assistance	Parent and Child Reading Assistance	2205 Lyman Avenue	Billings	Yellowstone

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
Parents Let's Unite For Kids (PLUK)	Parents Let's Unite For Kids (PLUK)	516 North 32nd Street	Billings	Yellowstone
Peggy Barta, MSW, LCSW, LMFT	Peggy Barta, MSW, LCSW, LMFT	404 31st Street	Billings	Yellowstone
Pine Creek Counseling	Pine Creek Counseling	1629 Avenue D	Billings	Yellowstone
Planned Parenthood of Montana	Planned Parenthood of Montana	100 West Wicks Lane	Billings	Yellowstone
Pleasant View Apartments	Pleasant View Apartments	825 Avenue D	Billings	Yellowstone
Ponderosa Acres	Ponderosa Acres	1301 Industrial Avenue	Billings	Yellowstone
Prairie Tower Apartments	Prairie Tower Apartments	725 North 25th Street	Billings	Yellowstone
Prevention of Elder Abuse	Big Sky Senior Services	937 Grand Ave	Billings	Yellowstone
Prison Paws	Montana Women's Prison	701 South 27th Street	Billings	Yellowstone
Professional Counseling Associates, LLC	Professional Counseling Associates, LLC	208 North 29th Street	Billings	Yellowstone
Project Challenge - AFL/CIO - Billings	Project Challenge - AFL/CIO - Billings	530 South 27th Street	Billings	Yellowstone
Reach Out and Read	Children's Clinic	3401 Avenue E	Billings	Yellowstone
Residential Support Services, Inc	Residential Support Services, Inc	2110 Overland Avenue	Billings	Yellowstone
Resource, Support, and Development Inc	Resource, Support, and Development Inc	2110 Overland Avenue	Billings	Yellowstone
Rimrock Foundation	Rimrock Foundation	1231 North 29th Street	Billings	Yellowstone
RiverStone Health	RiverStone Health	123 South 27th Street	Billings	Yellowstone
Rocky Mountain Healthy Living, LLC	Rocky Mountain Healthy Living, LLC	3133 Central Avenue	Billings	Yellowstone
Rocky Mountain Tribal Leaders Council	Rocky Mountain Tribal Leaders Council	711 Central Ave	Billings	Yellowstone
Ronald McDonald House of Billings	Ronald McDonald House of Billings	1144 North 30th Street	Billings	Yellowstone
Rose Park Plaza Apartments	Rose Park Plaza Apartments	2325 Avenue C	Billings	Yellowstone

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
Rural Employment Opportunities - Billings Office	Rural Employment Opportunities - Billings Office	2121 Rosebud Drive	Billings	Yellowstone
Safe Harbor Therapeutic Services	Safe Harbor Therapeutic Services	1597 Avenue D	Billings	Yellowstone
Safe Kids Yellowstone County	American Medical Response (AMR)	1701 Montana Avenue	Billings	Yellowstone
Sage Counseling	Sage Counseling	2475 Village Lane	Billings	Yellowstone
Sage Tower	Sage Tower	115 North 24th Street	Billings	Yellowstone
Salvation Army - Billings	Salvation Army - Billings	2100 6th Avenue North	Billings	Yellowstone
Second Story	Second Story	15 North 26th Street	Billings	Yellowstone
Shepherd Volunteer Fire Department	Shepherd Volunteer Fire Department	5453 Carey Avenue	Shepherd	Yellowstone
Social Security Administration - Billings	Social Security Administration	2900 4th Avenue North	Billings	Yellowstone
South Central Montana Regional Mental Health Center	South Central Montana Regional Mental Health Center	1245 North 29th Street	Billings	Yellowstone
South Elementary School	Laurel Public Schools	606 South 5th	Laurel	Yellowstone
Southside Community Center	Southside Community Center	901 South 30th Street	Billings	Yellowstone
St. Vincent de Paul	St. Vincent de Paul	3005 1st Avenue South	Billings	Yellowstone
St. Vincent Healthcare	St. Vincent Healthcare	1233 North 30th Street	Billings	Yellowstone
Steve Tobin, LCSW	Steve Tobin, LCSW	303 North Broadway	Billings	Yellowstone
Summer Feeding Program	Laurel Public Library	720 West 3rd Street	Laurel	Yellowstone
Support and Techniques for Empowering People	Support and Techniques for Empowering People	11 North 26th Street	Billings	Yellowstone
Synergy Home Care	Synergy Home Care	513 Hilltop Road	Billings	Yellowstone
Teri Helmer, Lac, LCPC	Teri Helmer, Lac, LCPC	1116 Grand Avenue	Billings	Yellowstone

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
The Phoenix-Montana	The Phoenix-Montana	1440 Central Avenue	Billings	Yellowstone
Therapy Connections, LLC	Therapy Connections, LLC	945 Broadwater Square	Billings	Yellowstone
Tumbleweed Runaway Program	Tumbleweed Runaway Program	505 North 24th Street	Billings	Yellowstone
United Way of Yellowstone County	United Way of Yellowstone County	2173 Overland Avenue	Billings	Yellowstone
USDA Rural Development	USDA Rural Development	1629 Avenue D	Billings	Yellowstone
Vantage Point Counseling	Vantage Point Counseling	3300 2nd Avenue North	Billings	Yellowstone
Vertical Ascent Counseling	Vertical Ascent Counseling	1643 Lewis Avenue	Billings	Yellowstone
Veterans Business Outreach Center	Veterans Business Outreach Center	222 North 32nd Street	Billings	Yellowstone
Veterans Court	Veterans Court	19 North 25th Street	Billings	Yellowstone
Veterans Crisis Hotline	Veterans Crisis Hotline		Billings	Yellowstone
Veteran's Meat Locker	Veteran's Meat Locker	117 North 25th Street	Billings	Yellowstone
Veterans of Foreign Wars - Yellowstone County	Veterans of Foreign Wars - Yellowstone County			Yellowstone
Victim Service Program - Yellowstone County	Yellowstone County Attorney	217 North 27th Street	Billings	Yellowstone
Visiting Angels	Visiting Angels	1211 Grand Avenue	Billings	Yellowstone
Vocational Rehabilitation Services - Yellowstone County	Vocational Rehabilitation Services - Yellowstone County	2121 Rosebud Drive	Billings	Yellowstone
Volunteers of America - Northern Rockies	Volunteers of America - Northern Rockies	219 North 30th Street	Billings	Yellowstone
Walla Walla University - Billings Campus	Walla Walla University - Billings Campus	2520 5th Avenue South	Billings	Yellowstone
Warrior Wishes Montana	Warrior Wishes Montana	835 Poly Drive	Billings	Yellowstone
Warriors at Ease	Warriors at Ease	2795 Enterprise Avenue	Billings	Yellowstone

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
West Elementary School	Laurel Public Schools	502 8th Avenue	Laurel	Yellowstone
Worden Senior Center	Worden Senior Center	VFW Hall	Worden	Yellowstone
Yellow Ribbon Program for Veterans	Rocky Mountain College	1511 Poly Drive	Billings	Yellowstone
Yellowstone Boys and Girls Ranch	Yellowstone Boys and Girls Ranch	3212 1st Avenue South	Billings	Yellowstone
Yellowstone Counseling Center	Yellowstone Counseling Center	208 North Broadway	Billings	Yellowstone
Yellowstone County Family Drug Treatment Court	Yellowstone County Family Drug Treatment Court	2525 4th Avenue North	Billings	Yellowstone
Yellowstone County Local Advisory Council	Yellowstone County Local Advisory Council	704 North 30th Street	Billings	Yellowstone
Yellowstone County Self-Help Law Center	Yellowstone County Self-Help Law Center	216 North 29th Street	Billings	Yellowstone
Yellowstone County Sheriff's Office	Yellowstone County Sheriff's Office	2550 3rd Avenue North	Billings	Yellowstone
Yellowstone County Superintendent of Schools	Yellowstone County Superintendent of Schools	217 N 27th Street	Billings	Yellowstone
Yellowstone County's 'Extra' Special Kids (YES Kids)	Yellowstone County's 'Extra' Special Kids (YES Kids)	3814 Parkhill Drive	Billings	Yellowstone
Yellowstone Free Store	Yellowstone Free Store	345 Broadwater Avenue	Billings	Yellowstone
Yellowstone Valley Animal Shelter	Yellowstone Valley Animal Shelter	1735 Monad	Billings	Yellowstone
Yellowstone Valley Behavioral Health	Yellowstone Valley Behavioral Health	490 North 31st Street	Billings	Yellowstone
Yellowstone Youth Crisis Network	Yellowstone Youth Crisis Network	415 North 30th Street	Billings	Yellowstone
Yellowstone Youth Services Center	Yellowstone Youth Services Center	410 South 26th Street	Billings	Yellowstone
Yellowstone/West Carbon County Special Education Cooperative	Yellowstone/West Carbon County Special Education Cooperative	410 Colorado Avenue	Laurel	Yellowstone
Young Families Early Head Start	Young Families Early Head Start	1020 Cook Avenue	Billings	Yellowstone

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Public Name	Parent Agency	Physical Address	Physical City	Physical County
Youth Dynamics, Inc. - Billings	Youth Dynamics, Inc. - Billings	1250 15th Street West	Billings	Yellowstone
Youth Empowerment Program	Youth Empowerment Program	2424 1st Avenue North	Billings	Yellowstone
Youth Intake and Assessment Center	Yellowstone County Attorney	217 North 27th Street	Billings	Yellowstone
YWCA Billings	YWCA Billings	909 Wyoming Avenue	Billings	Yellowstone
Zonta Club of Billings	Zonta Club of Billings		Billings	Yellowstone

APPENDIX B

COUNTY PROFILES

B1. Profile of Big Horn County

Big Horn County is home to nearly 13,290 people. Located in South Central Montana, Big Horn County has a total area of 5,015 square miles. It is Montana's fifth largest county and home to the Crow and Northern Cheyenne Indian reservations. The Crow Reservation covers over 64% of the county while the Northern Cheyenne reservation covers over 6%. The remainder of the county falls under the state of Montana.

According to US Census Data, American Community Survey, 2013-17 5-year estimates, the following data is provided; Over 66 percent of the population is Native American, over 31% is white with the remainder consisting of multiple races. Almost 34 percent of the population fall into age group 0-17 and the median age in the county is just under 30. This is significant as most of Montana falls into the just under 40 level. Almost 55 percent of the county is between the ages of 18-64. Over 11 percent of the population is over 65. Income inequality is at 0.42%. A value of 1 is equal to perfect inequality. A value of 0 is equal to perfect equality. Over 34 percent of children under the age of 18 are in poverty as compared to the rest of Montana at under 18 percent. In 2016-17, 99.82 percent of the county's student age children were eligible for student lunch program.

Twelve percent of the population age 25 and over have no high school diploma and just under 27 percent live below the poverty level. Over 34 percent of those living in poverty are Native American. Teen births 15-19 are three times more than the Montana average with more than ten percent of girls in this age group giving birth. Unemployment is over twice that of Montana average and hovers over 7 percent. Over 15 percent of youth ages 16-19 are not in school and are not employed. The median income is Just under \$47,300 and over 32 percent of the population lives in substandard housing.

District 7 Human Resources Development Council, (HRDC) is one of 10 designated Community Action Agencies in the state of Montana and a part of a network of over 1,000 such agencies across the nation. Every three years, HRDC7 is required to provide a snapshot of the living conditions of low-income residents of Big Horn, Carbon, Stillwater, Sweet Grass, and Yellowstone Counties. This report reveals both the needs faced by low-income residents of these counties, and the available resources to meet those needs. The information gathered is used to formulate the agency's Community Action Plan, which prioritizes strategies, programs,

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Appendices

and services offered to low-income community members. While each of the five counties is profiled individually, the findings of the assessment will be combined to develop a comprehensive and inclusive study of the HRDC service area. HRDC maintains a satellite office in Hardin, Montana, however the main headquarters are based in Billings. HRDC also administers the Food Distribution Program on Indian Reservations for the Crow Reservation and surrounding area in Big Horn County.

A lack of access to healthcare presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of un-insurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Big Horn County has seven Dentists, which equates to just under 53 dentists per 100,000 population. Montana average is 67.5. There are seven mental health providers, one per 1908 people. There are 12 physicians in the county, one per 1,107 people.

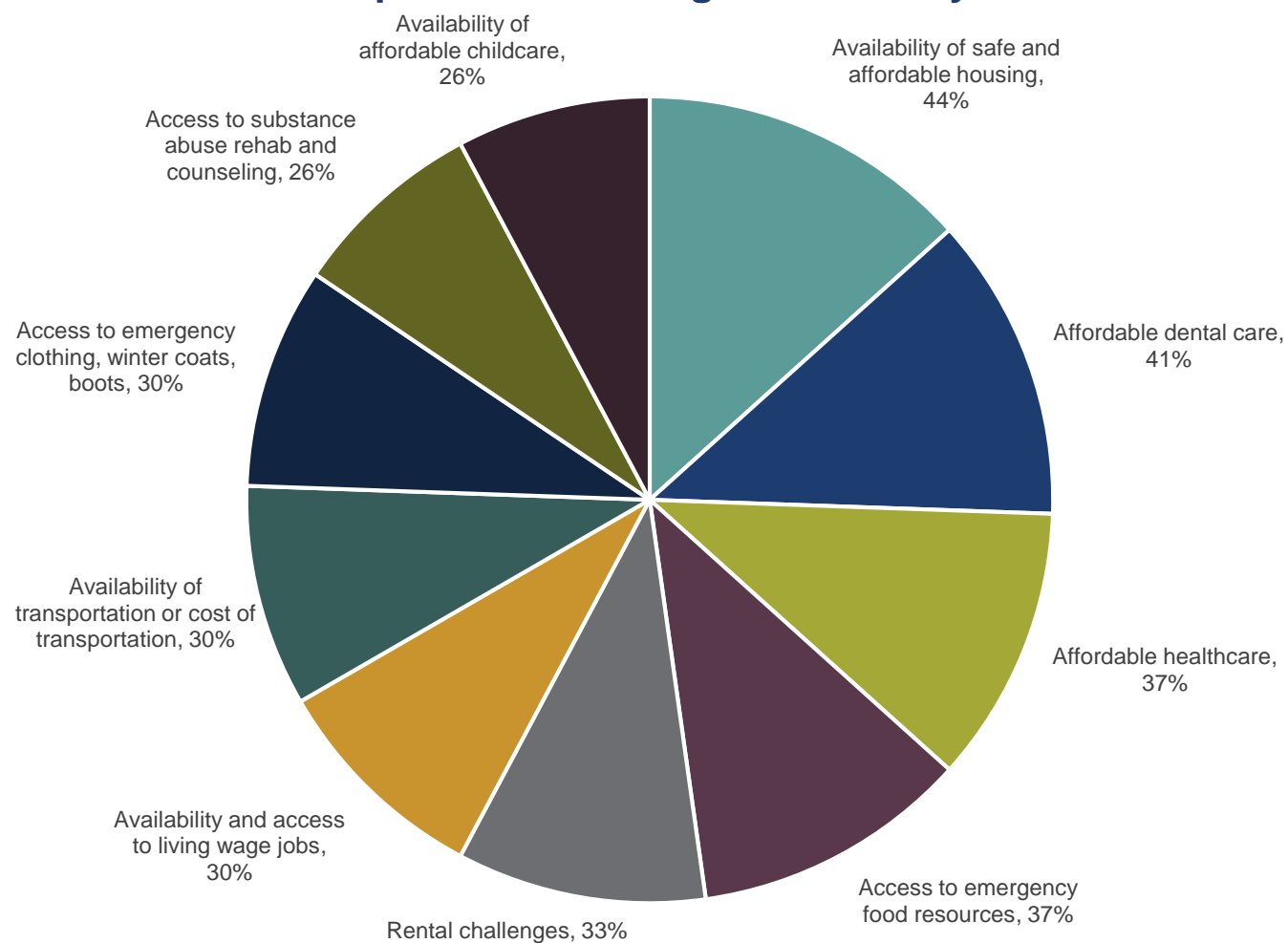
Goal

This needs assessment captures the problems and conditions of poverty in the five county service area based on income, housing, employment, education, health, food, and community engagement. As part of the Community Action Plan, this needs assessment will inform and guide the agency's strategic planning process, program development, and service delivery.

Methodology

HRDC7 relied on several methods and strategies to collect qualitative and quantitative data to conduct a community needs assessment of low-income people in Big Horn, Carbon, Stillwater, Sweet Grass, and Yellowstone Counties in South Central Montana. The problems and conditions of low income people are identified and substantiated through a variety of verified primary and secondary data. These data were gathered through community member surveys, HRDC staff and board surveys, focus groups, low-income and key stakeholder interviews, and reliable secondary statistical data such as census and community reports.

Top 10 Needs in Big Horn County



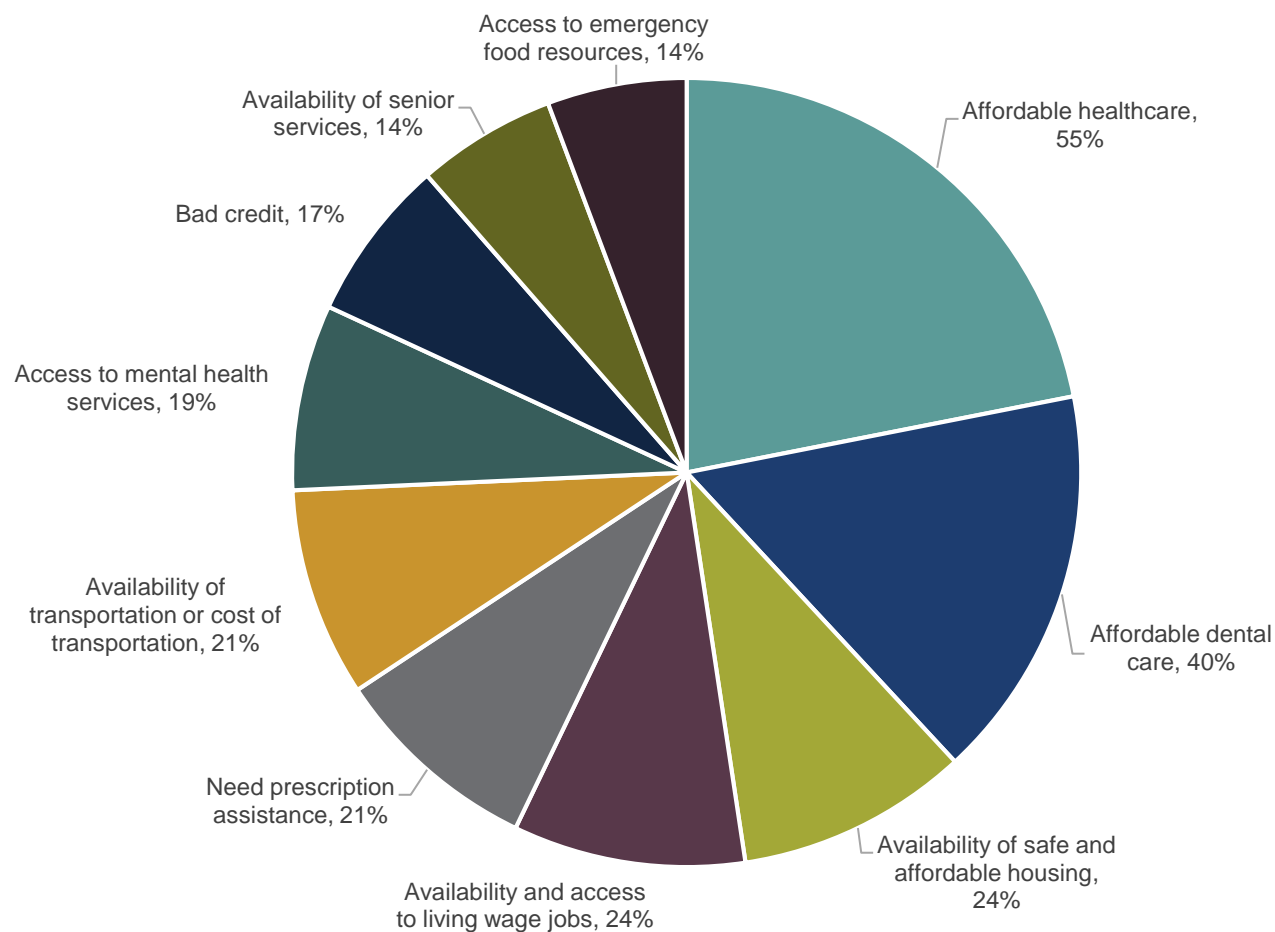
B2. Profile of Carbon County

Carbon County is home to nearly 10,496 people. Located in South Central Montana, Carbon County is has a total area of 2048 square miles. Its largest population by age group is over 65 years of age and makes up almost 24 percent of the county's population. Ages 55-64 make up almost 19 percent, demonstrating an aging population in comparison to younger groups in the county. Just less than 97 percent of the population is white with the remainder consisting of Native American, Black, Asian, and Hispanic people. The median age for both men and women is 50 year as compared to 39 and 40 for the state of Montana. There are 1356 public school students in the county with 417 or just under 31 percent eligible for school lunch programs. Those individuals 25 and over without a high school diploma consist of just over 6 percent as compared to over 7% in Montana and almost 13 percent in the U.S.

The GINI Inequality Index is 0.42, as compared to the Montana average of 0.48. A value of zero indicates perfect equality, where all households have equal income while a value of 1 indicates perfect inequality. The Median income is just under \$57,000 compared to \$50,800 for the state. Still with a high median income rate, just under 11 percent of children under the age of 18 live in poverty, as compared to almost 18 percent for the state. Total county population living in poverty is below 10 percent. Teen birth rates are high, just under 20 percent for girls 14-19, but there are only 284 girls in the county in that age group. Unemployment in Carbon County is lower that the state average, much of it the result of mining jobs and mines in the proximity. Just less than 6 percent of teens, 16-19 are unemployed or not enrolled in school as compared to 15 percent in Big Horn County.

A lack of access to healthcare presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of un-insurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Carbon County has four dentists, which equates to one dentists for every 2602 county residents. There are seven mental health providers one per 1528 people. In 2014, there were only five primary care physician, but Billings Clinic has since established a facility in Red Lodge and that number has increased.

Top 10 Needs in Carbon County



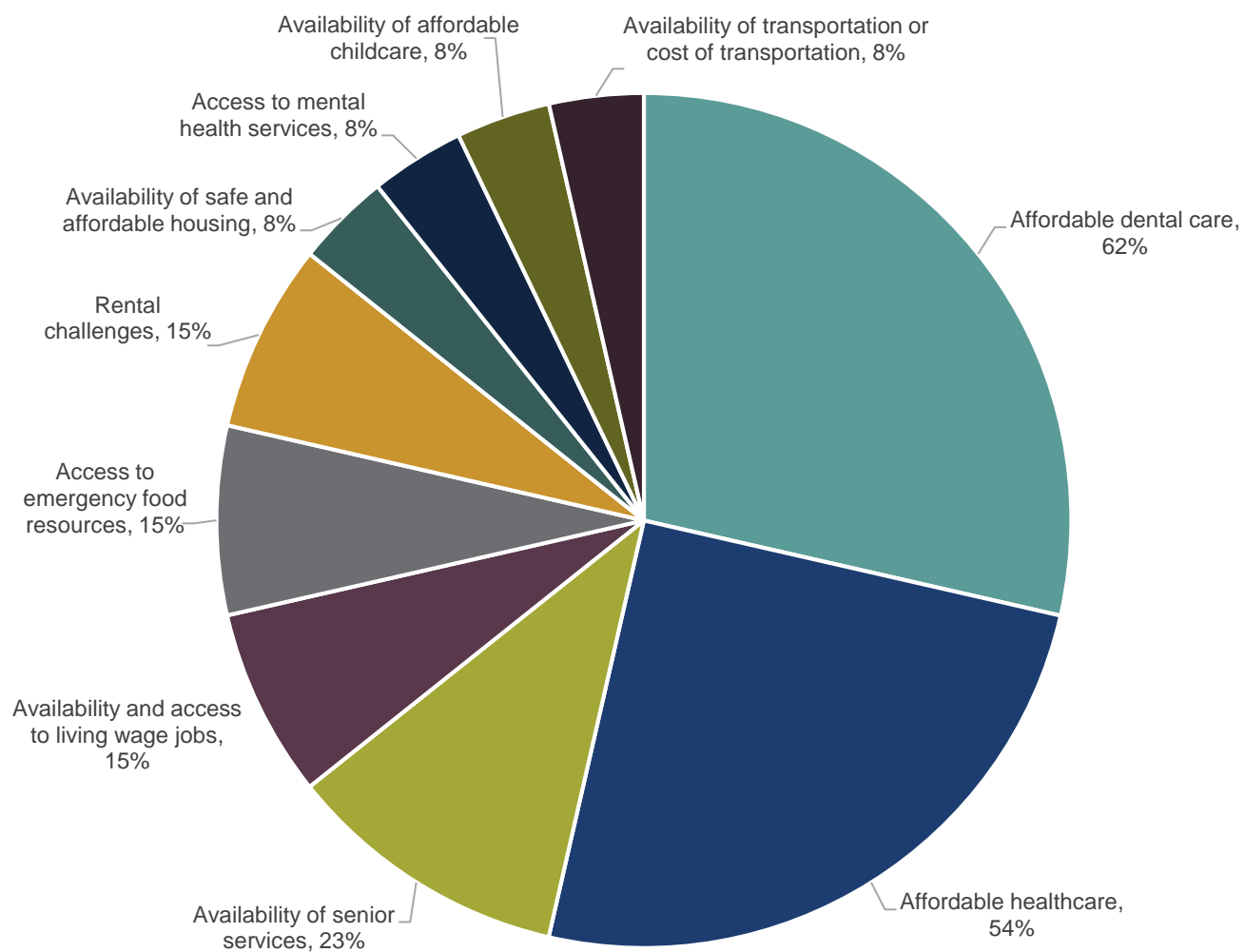
B3. Profile of Stillwater County

Stillwater County is home to nearly 9,342 people. Located in South Central Montana, Stillwater has a total area of just over 1,727 square miles. Its largest population by age group is over 65 years of age and makes up over 20 percent of the county's total. Ages 55-64 include over 18 percent, demonstrating another county with an aging populace. It is of interest to note, however, that Stillwater County has a growing youth population, ages 5-17 which consist of 17 percent of the population. Just less than 96 percent of Stillwater County is white with the remainder consisting of Native American, Black, Asian, and Hispanic people. The median age for men is over 46.5 and for women, it's just under 38. These county statistics are more aligned with the Montana median age distribution. There are 1397 public school students in the county with 359 or just under 26 percent eligible for school lunch programs. Those individuals 25 and over without a high school diploma consist of less than 5 percent as compared to over 7% in the state and almost 13 percent in the U.S.

The GINI Inequality Index is 0.39, as compared to the Montana average of 0.46. A value of zero indicates perfect equality, where all households have equal income while a value of 1 indicates perfect inequality. The Median income in Stillwater is just under \$62,000 compared to \$50,800 for the state. With a high income average, less than 9 percent of children under the age of 18 live in poverty, as compared to almost 18 percent for the state. Total county population living in poverty is below 7 percent. Teen birth rates are just under 14 percent for girls 14-19, but there are only 247 girls in the county within that age group. Unemployment in Stillwater County is lower than the state average, hovering below 3 percent prior to COVID, although the mines worked continuously throughout the pandemic with only 1 reported case in the county. Low unemployment is the result of mining jobs and mines in the proximity, less impacted by palladium than coal. Just less than 8 percent of teens, 16-19 are unemployed or not enrolled in school, higher than the state average. Almost 23 percent live in substandard housing, considerably less than the state average of almost 29 percent.

A lack of access to healthcare presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of un-insurance, transportation barriers, cultural competency, and coverage limitation affect access. Stillwater County has 3 dentists and 4 mental health providers. In 2014 only one primary care physician was counted, but with the addition of Billings Clinic in Columbus, there are more Physicians available as well as a small hospital and emergency room. Transportation is an issue for low income people in Stillwater County as many moderate income people drive to Billings for employment, which is 39 miles from the town of Columbus. There is no public transportation, and people must rely on rides for additional services or employment.

Top 10 Needs in Stillwater County



B4. Profile of Sweet Grass County

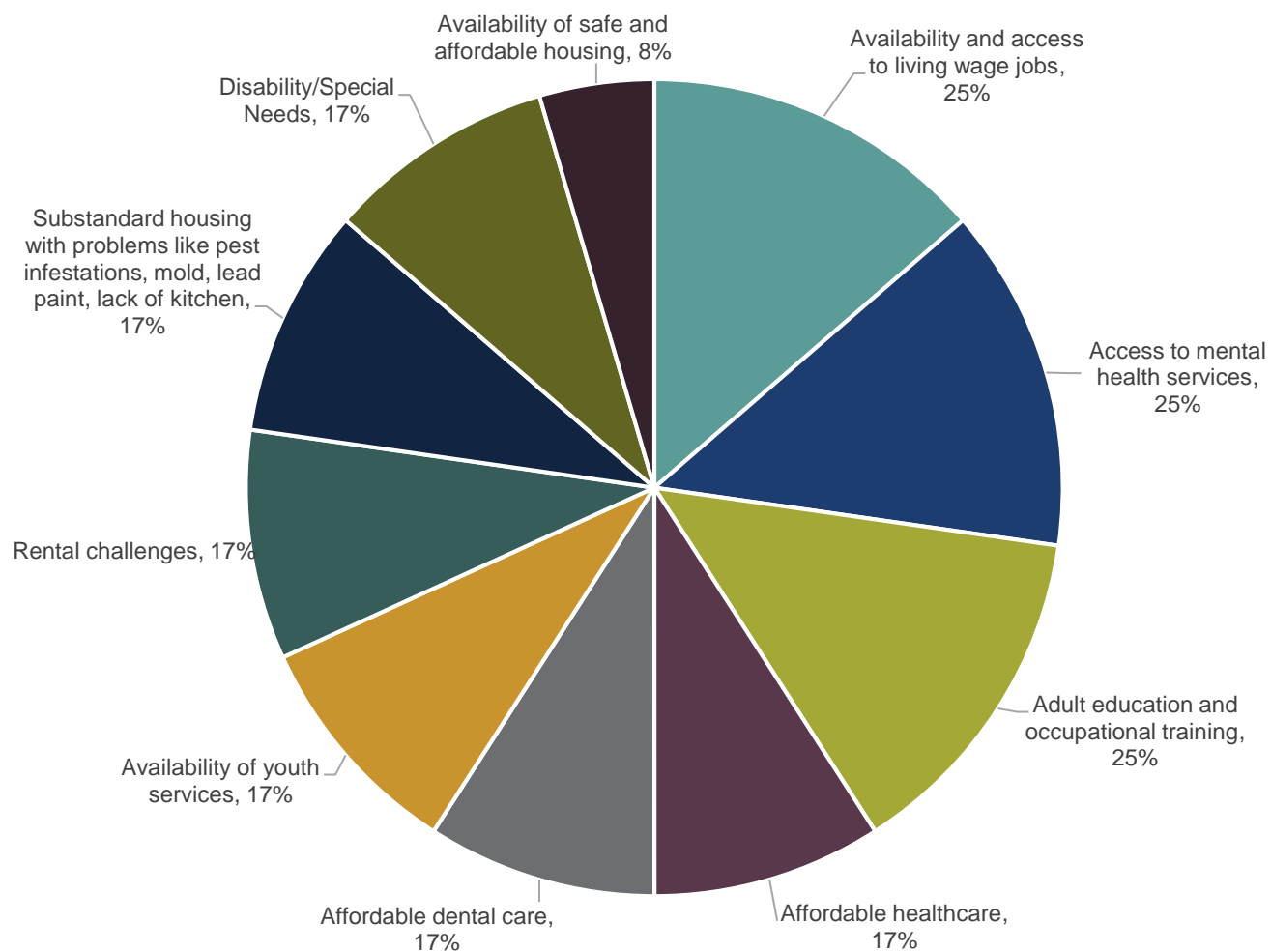
Sweet Grass County is home to 3,646 people. Located in South Central Montana, Sweet Grass County has a total area of just over 1,855 square miles. According to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. Its largest population by age group is over 65 years of age and makes up over 26 percent of the county's population. Ages 55-64 make up over 15 percent, demonstrating an aging populace. It is of interest to note, however, that Sweet Grass County has a growing youth population, ages 5-17 at 18 percent. These statistics are very similar to those displayed in Stillwater County. Over 95 percent of the population is white with the remainder consisting of Native American, Black, Asian, and Hispanic people. The median age for men is just under 49 and for women, it's just under 51. These statistics again demonstrate a striking difference to Montana's median age statistics by 10 years.

There are 525 public school students in the county with 124 or just under 24 percent eligible for school lunch programs. This statistic has been used in all the county profiles. It is important as it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with other poverty data, providers can use this measure to identify gaps in eligibility in a myriad of programs. Those individuals 25 and over without a high school diploma consist of less than 6 percent as compared to over 7% in Montana and almost 13 percent in the U.S.

The GINI Inequality Index is 0.44, as compared to the Montana average of 0.46. A value of zero indicates perfect equality, where all households have equal income while a value of 1 indicates perfect inequality. The Median income in Sweet Grass County is just under \$49,760 compared to \$50,800 for the state. Just less than 16 percent of children under the age of 18 live in poverty, as compared to almost 18 percent for the state. Total county population living in poverty is over 10 percent, much lower than the Montana average. There is no data for Teen birth rates ages 14-19. Unemployment in Sweet Grass County is lower than the state average, 2.7 percent. Low unemployment is the result of mining jobs and mines in the proximity. However, the large senior population makes the total workforce statistically less significant. Over 14 percent of teens, 16-19 are unemployed or not enrolled in school, more than twice the state average. Almost 22 percent of residents live in substandard housing, considerably less than the state average of near 29 percent.

Healthcare is an ongoing issue as it is in the other counties. There is only one dentist in Sweet Grass County. There are two mental health providers, and only one primary health care physician. The overall number of health care providers in the county has decreased over the last 10 years. Residents have to travel outside the county for treatment. The county is considered a food desert with only one small grocery store in Big Timber. The following represents the top 10 needs of Sweet Grass County.

Top 10 Needs in Sweet Grass County



B5. Profile of Yellowstone County

Yellowstone County is home to 156,332 people. Located in South Central Montana, Yellowstone County has a total area of just under 2,634 square miles. The county includes Billings, the largest city in Montana, and is equally divided between urban and rural. The county has a more equal age distribution due to the higher total population as compared to the other 4 counties profiled as the HRDC service area. The highest population by age group is between 5-17 at a little more than 17 percent at 26,801 followed by those 65 years and older at 24, 533. The remaining age groups are somewhat equally distributed with the exception of 0-4 at 10,117.

Yellowstone County more closely reflects Montana's ethnic distribution, with Whites making up just less than 91 percent of the population, Native Americans, slightly above 4%, with Asians, Blacks, Hispanic, Pacific Islanders and multiple races making up the remainder. According to the United States Census Bureau Decennial Census, between 2000 and 2010 the population in the report area grew by 18,620 persons, a change of 14.39%. The trend continues and health infrastructure continues to grow exponentially.

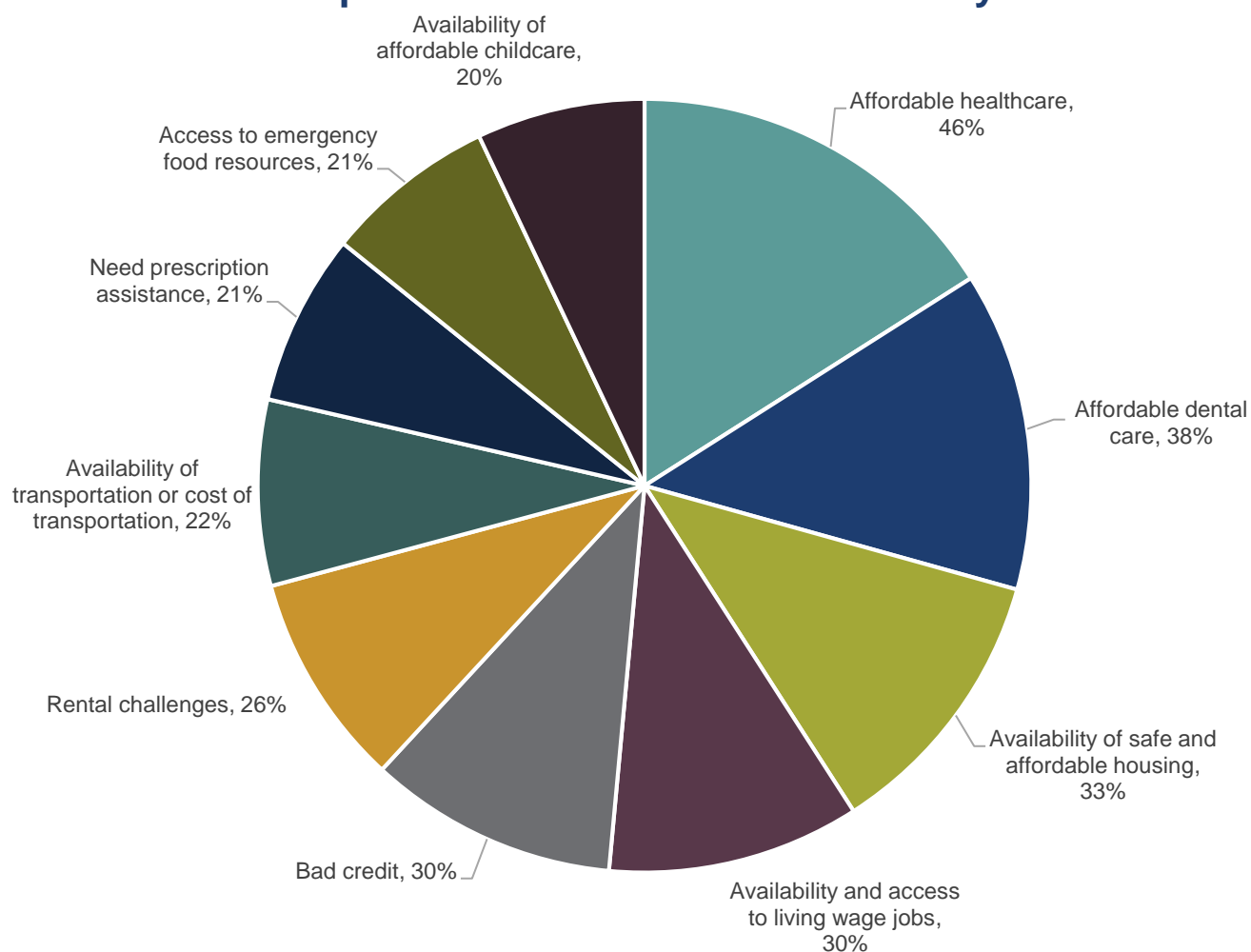
The data used in this profile is taken from U.S. Census Bureau American Community Survey 2013-17 5-year estimates. The largest increase in ethnicities in the count have been Blacks, and American Indian. The median age of Yellowstone's population is just over 38. Within the county, there are a total of 23,661 public school students with 8,842 or just over 37 percent eligible for school lunch programs. Seven percent of the county has no high school diploma. More than 29 percent of people over 25 have a Bachelor's Degree and 2.7 percent have an advanced degree.

The GINI Inequality Index is 0.46, as compared to the Montana average of 0.48. A value of zero indicates perfect equality, where all households have equal income while a value of 1 indicates perfect inequality. The Median income is just under \$57,955 compared to \$50,800 for the state. This is in part due to high paying jobs in the city of Billings. Even with high median incomes, almost 12 percent of children under the age of 18 live in poverty as compared to almost 18 percent for the state. Total county population living in poverty is just over 10 percent. Teen birth rates are high, for this age group (15-19) at just under 38 births per 1000 as compared to a lower Montana rate. Unemployment in Yellowstone County has been equal to the state rate. However, with the job losses suffered from March through May, as a result of COVID-19, the county lost 6100 jobs in the hospitality and service industry. There are 6,926 young people between the ages of 16-19 that are unemployed or not enrolled in school closely shadowing the state rate. Just less than 29 percent of the county's total population occupy homes with one or more substandard conditions, again mirroring the state's statistics.

A lack of access to healthcare presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of un-insurance, financial hardship, transportation barriers,

cultural competency, and coverage limitations affect access. Yellowstone County has 132 dentists. There are 505 mental health providers. In 2014, there were 169 primary care physicians, almost 25 percent of the states total primary care doctors. With the exponential population growth in the county there has also been significant growth in hospitals, clinics, and specialty providers throughout Yellowstone County, primarily in Billings. The top 10 needs in Yellowstone County is as follows

Top 10 Needs in Yellowstone County



APPENDIX C

C1-C12. COMMUNITY NEEDS ASSESMENT ONLINE SURVEY

C1.



Community Needs Assessment

For Big Horn, Carbon, Stillwater, Sweet Grass, and Yellowstone Counties

Thank you for taking the time to complete this important survey; the results will be included in HRDC's Community Action Plan. The report addresses the issues of low-income people in our community's and identifies needed services. Your responses will be kept **ANONYMOUS** and **CONFIDENTIAL**. The survey will take approximately 8 minutes to complete. Thank you in advance for sharing your information and being a part of this important process.

1. City or Town where you live:

2. What county do you live in?

- | | |
|----------------------------------|---|
| <input type="radio"/> Big Horn | <input type="radio"/> Sweet Grass |
| <input type="radio"/> Carbon | <input type="radio"/> Yellowstone |
| <input type="radio"/> Stillwater | <input type="radio"/> Other County Not Listed |

3. What is your race/ethnicity?

- | | | |
|---|--|------------------------------------|
| <input type="radio"/> White/Caucasian | <input type="radio"/> Asian | <input type="radio"/> Multi-Racial |
| <input type="radio"/> American Indian/Alaska Native | <input type="radio"/> Native Hawaiian/Pacific Islander | |
| <input type="radio"/> Black/African-American | <input type="radio"/> Hispanic/Latino | |

4. What is your age?

- | | | |
|--------------------------------------|--------------------------------------|---|
| <input type="radio"/> Under 18 years | <input type="radio"/> 24 to 44 years | <input type="radio"/> 55 to 69 years |
| <input type="radio"/> 18 to 23 years | <input type="radio"/> 45 to 54 years | <input type="radio"/> 70 years or older |

5. What is your gender:

- ☐ Male ☐ Female ☐ Other Gender

C2.

6. Which of the following best describes your employment status?

- | | | |
|--|----------------------------------|---------------------------------------|
| <input type="radio"/> Full-time (30 hours or more) | <input type="radio"/> Unemployed | <input type="radio"/> Disabled |
| <input type="radio"/> Part-time (less than 30 hours) | <input type="radio"/> Retired | <input type="radio"/> Active Military |
| <input type="radio"/> Self-Employed | <input type="radio"/> Student | <input type="radio"/> Veteran |
| <input type="radio"/> Other (please specify) | | |

7. What is the highest level of education you have completed?

- | | |
|--|--|
| <input type="radio"/> Not completed High School | <input type="radio"/> Professional/Tech Certificate or License |
| <input type="radio"/> Completed High School / received Diploma | <input type="radio"/> Bachelor's Degree |
| <input type="radio"/> Completed GED/HiSET | <input type="radio"/> Advanced Degree |
| <input type="radio"/> Associate's Degree | |

8. Which of the following best describes your housing status?

- | | |
|--|--|
| <input type="radio"/> Homeowner | <input type="radio"/> Homeless |
| <input type="radio"/> Renter | <input type="radio"/> Living with two or more families in the same household |
| <input type="radio"/> Living with family/friend for free | |
| <input type="radio"/> Other (please specify) | |

9. Which of the following best describes your household?

- | | |
|--|---|
| <input type="radio"/> Single Person | <input type="radio"/> Two or more adults with no children |
| <input type="radio"/> Single Parent with children under 18 | <input type="radio"/> Grandparent(s) raising grandchildren / Kinship care |
| <input type="radio"/> Two parent family with children under 18 | |
| <input type="radio"/> Other (please specify) | |

10. How many people currently live in your household?

11. What is your estimated monthly household income?

- | | | | | | |
|---|--------------------------------------|---------------------------------------|--|--|--|
| <input type="radio"/> Less than \$500 | <input type="radio"/> \$501 - \$1000 | <input type="radio"/> \$1001 - \$1500 | <input type="radio"/> \$ 1501 - \$2000 | <input type="radio"/> More than \$2000 | <input type="radio"/> More than \$3000 |
| <input type="radio"/> More than \$4000 <input type="radio"/> More than \$5000 | | | | | |

C3.

12. Do you have a phone?

☐ Yes ☐ No

13. Do you or someone in your family have internet access through a smart phone or computer?

☐ Yes ☐ No

C4.



Community Needs Assessment

14. What are the most important issues that you or your family currently experience or have experienced in the last 12 months? (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Availability of safe and affordable housing | <input type="checkbox"/> Access to emergency clothing, winter coats, boots |
| <input type="checkbox"/> Availability and access to living wage jobs | <input type="checkbox"/> Availability of emergency shelters |
| <input type="checkbox"/> Affordable healthcare | <input type="checkbox"/> Discrimination, Race, Religion, LGBTQ, Other |
| <input type="checkbox"/> Need prescription assistance | <input type="checkbox"/> Disconnected utilities |
| <input type="checkbox"/> Access to mental health services | <input type="checkbox"/> Legal issues/bankruptcy/child support/custody |
| <input type="checkbox"/> Affordable dental care | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Access to substance abuse rehab and counseling | <input type="checkbox"/> Rental challenges |
| <input type="checkbox"/> Availability of affordable childcare | <input type="checkbox"/> Substandard housing with problems like pest infestations, mold, lead paint, lack of kitchen |
| <input type="checkbox"/> Availability of transportation or cost of transportation | <input type="checkbox"/> Veteran assistance |
| <input type="checkbox"/> Access to preschool/Head Start | <input type="checkbox"/> Criminal record / incarcerated and released |
| <input type="checkbox"/> Adult education and occupational training | <input type="checkbox"/> Bad credit |
| <input type="checkbox"/> Availability of youth services | <input type="checkbox"/> Disability/Special Needs |
| <input type="checkbox"/> Availability of senior services | <input type="checkbox"/> Eviction/foreclosure |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Burial/funeral expenses |
| <input type="checkbox"/> Teen pregnancy | <input type="checkbox"/> Runaway youth |
| <input type="checkbox"/> Victim of crime or gang violence | <input type="checkbox"/> Student homelessness/hunger |
| <input type="checkbox"/> Access to emergency food resources | <input type="checkbox"/> HIV positive |
| <input type="checkbox"/> Do you have any additional issues not listed or comments you would like to make: | |

C5.



Community Needs Assessment

15. Is employment or income an issue for you or your family?

☐ Yes ☐ No ☐ Not Sure

16. If you answered "Yes" above, why is employment or income a problem for you or your family? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Lack skills and/or education to obtain a job | <input type="checkbox"/> Cost of child care |
| <input type="checkbox"/> Unable to find a job in the area | <input type="checkbox"/> Inadequate computer skills |
| <input type="checkbox"/> Too few good paying/living wage jobs with benefits | <input type="checkbox"/> Lack of transportation or cost of transportation |
| <input type="checkbox"/> Not offered enough work hours to cover living expenses | <input type="checkbox"/> Health issues or disability |
| <input type="checkbox"/> Lack of child care during the hours needed | |
| <input type="checkbox"/> Other, please explain below. | |

C6.



Community Needs Assessment

17. Is education or training an issue for you or your family?

☐ Yes ☐ No ☐ Not Sure

18. If you answered "Yes" above, why is education a problem for you or your family? (Check all that apply)

☐ Unable to access adult or alternative education programs to obtain a GED/HiSET

☐ Unable to access help to learn computer skills

☐ Lack of transportation or cost of transportation

☐ Insufficient funds to pay for tuition and/or other training costs

☐ Work hours conflict with program availability

☐ No internet accessibility for online courses

☐ Access to Preschool/Head Start

☐ Lack of after school programs for kids

☐ Insufficient Special Education services

☐ Lack of accommodations for special Needs children

☐ Other, please explain below.

C7.



Community Needs Assessment

19. Is housing an issue for you or your family?

☐ Yes ☐ No ☐ Not Sure

20. If you answered "Yes" above, why is housing a problem for you or your family? (check all that apply)

- ☐ Cost of rent/house payment
- ☐ Cost of utilities / rental deposit
- ☐ Housing size doesn't meet family needs
- ☐ Need weatherization services to lower utility bills
- ☐ Need major repairs (roof, foundation, plumbing, etc.), but can't afford them
- ☐ Conditions are not acceptable where housing is available
- ☐ Lack of shelters for emergency situations (homeless/domestic violence)
- ☐ Currently, living in substandard housing
- ☐ Poor credit

C8.



Community Needs Assessment

21. Is access to food an issue for you or your family?

☐ Yes ☐ No ☐ Not Sure

22. If you answered "Yes" above, why is food access a problem for you or your family? (check all that apply)

- ☐ Lack of transportation to available grocery stores
- ☐ Not enough income to purchase food
- ☐ SNAP benefits/food stamps run out before the end of the month
- ☐ Not eligible for SNAP benefits/food stamps
- ☐ Alternative food resources not available (food banks & commodity distribution sites)
- ☐ Food desert/no accessible stores
- ☐ Lack of nutrition education / don't know how to prepare meals
- ☐ Do not have kitchen facilities

C9.



Community Needs Assessment

23. Is managing your money an issue for you or your family?

☐ Yes ☐ No ☐ Not Sure

24. If you answered "Yes" above, why is managing your money a problem for you or your family? (check all that apply)

- ☐ Do not have a checking or savings account
- ☐ Lack knowledge of budgeting & finance
- ☐ Difficulty managing money
- ☐ Lack of free tax preparation services
- ☐ Have no credit or bad credit
- ☐ Foreclosure/eviction
- ☐ Bankruptcy

C10.



Community Needs Assessment

25. Is transportation an issue for you or your family?

☐ Yes ☐ No ☐ Not Sure

26. If you answered "Yes" above, why is transportation an issue for you or your family? (check all that apply)

- ☐ Do not have a driver's license
- ☐ Do not know how to drive a car
- ☐ Do not have a down payment for a car
- ☐ Lack of credit to buy a car
- ☐ Cannot afford monthly payments, insurance, and/or repairs
- ☐ Cannot afford the cost of gasoline
- ☐ Limited public transportation
- ☐ Cannot afford public transportation
- ☐ Public transportation routes/schedules are not convenient or available

C11.



Community Needs Assessment

27. Is health an issue for you or your family?

☐ Yes ☐ No ☐ Not Sure

28. If you answered "Yes" above, why is health a problem for you or your family? (check all that apply)

- ☐ Doctors will not accept Medicaid
- ☐ Unsure of what services are covered by my insurance
- ☐ Do not have medical insurance
- ☐ Lack of dental insurance / Cannot afford dental treatment
- ☐ No clinics or doctor offices near me
- ☐ Hospital/emergency room not available near me
- ☐ Lack of transportation
- ☐ Cannot afford to pay for prescriptions
- ☐ Cannot afford medical treatment
- ☐ My community lacks alcohol or drug abuse treatment/services
- ☐ My community lacks mental health treatment/services
- ☐ I do not know how to get services to prevent pregnancy
- ☐ I do not know where to find information on sexual health
- ☐ I do not know how to get services to treat sexually transmitted diseases/infections

C12.



Community Needs Assessment

29. Which of the following programs and services that appear below do you need assistance with, but don't know how to access? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Minor home repair or weatherization services |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Employment and Training | <input type="checkbox"/> Adult education |
| <input type="checkbox"/> Food distribution or SNAP/food stamps | <input type="checkbox"/> Youth services |
| <input type="checkbox"/> Health care insurance | <input type="checkbox"/> Senior services |
| <input type="checkbox"/> Where and how to access health care services | <input type="checkbox"/> Financial education |
| <input type="checkbox"/> Where and how to access mental health services | <input type="checkbox"/> Disability/special needs |
| <input type="checkbox"/> Where and how to access dental services | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Low-income housing or rental payment assistance | <input type="checkbox"/> Runaway youth |
| <input type="checkbox"/> Utility payment assistance | <input type="checkbox"/> Teen pregnancy |

30. Do you have any additional comments:

If you would you like additional information on HRDC programs and services, find us on the web at: www.hrdc7.org.

APPENDIX D

COMMUNITY NEEDS ASSESMENT ADDITIONAL COMMENTS

D1. Q8. Responses to “Other” Regarding Housing Status.

1. Rental for the rest of May, staying with family (close to hospital, due 6-20-2020) then moving into new Apartment.
2. Included with job.
3. Pre-release.
4. I stay where I can.
5. Sober Living.
6. Sober Living.
7. Sober living Ignatius House.
8. Alpha house.
9. Getting evicted.
10. Sober living house.
11. Passages/Transitional living.
12. Passages Pre-Release.
13. Seeking help paying for sober living or motel room.
14. Living at the mission.
15. Homeless, shelter.
16. Staying in brother's office building.
17. Two parent family with children under 18 and two or more adults with no children.
18. Renter and homeowner.
19. Live with significant other whom owns home.

D2. Q9.Responses to “Other” Regarding Households.

1. Mother, aunt, brother, self.
2. Single pregnant woman.
3. Widowed.
4. 2 adults, with 1 adult son.
5. Two or more adults - Child over the age of 18.
6. Roommates.
7. 2 parents, 1 child under 18, 1 child over 18.
8. 2 adults and 2 adult children.
9. Dorm.
10. Halfway/Alpha House.
11. Sober Living.
12. 2 grandparents/no kids.
13. Family.
14. Living with family.
15. Multigenerational living.
16. Her and son.
17. Living with girlfriends' sister.
18. Living with unmarried partner, no children.
19. Married couple with children under 18 & over 18 in college.
20. Living with parents.
21. Living with Mother, Aunt, and brother.
22. Single mom, son, Uncle.
23. Husband/wife team, Empty nesters.
24. Two parents with kids over 21.
25. Living with Mom and Grandmother.
26. Two parent family adult children, 1 in college.
27. Two roommates.
28. Two parent family with adult child living in home.
29. Parents, Daughter, Grandkids.
30. Single parent with children under 18 equally living with grandparents.
31. 2 adults. Married.
32. Parents with adult children and grandchildren living on small ranch.
33. Two adults (parent and grandparent) with two children.
34. Children raised.
35. Single, grown children.

D3. Q14. Do You Have Any Additional Issues Not Listed Or Comments You Would Like To Make?

1. Water System Need help with water delivery costs
2. Water cistern. Need help with delivery costs. It's easy to run out even with rationing. If water is not kept up to level pump runs constantly running up bill.
3. Not being taken seriously about preventing child abuse
4. I feel like nobody wants to hire me because I'm pregnant and will be unavailable.
5. No
6. No
7. The greatest need in the community is to improve the schools. The top priority is to create a wholesome environment. Last year two students wrote a letter to the editor pleading for the community to address harassment, intimidation and bullying. The administration has ignored the problem. The schools point to the success of a few students while neglecting those from less affluent homes with different, more difficult circumstances. To claim "good" schools is one thing. To actually create good schools is something different. This is a wealthy county. There is no reason the schools aren't exceptional.
8. I work in the area of low-income housing assistance. Rent levels here are (and have been for a long time) very unaffordable for that population. Local, state and federal gov't need to do much more to ensure shelter as a basic right.
9. Accessible transportation. I work at an Independent Living Center and except for the demographics of the first page my answers are based on what we see with the people we serve.
10. property taxes are too high
11. "Who will pay for all the ""free medical care, food, and unemployment checks""? The working people will through taxes and inflation. Who is questioning the information we are getting? Who makes money off this pandemic? Drug companies? Who gains more power? I'm very concerned about the fact that There is great loss of freedom due to fear and misinformation. The COVID-19 is not as serious as made out to be and the result of shutting down will be far worse. The healthiest thing for People and the economy is to take back their freedom to work.
12. Availability of after school care for first thru eighth grades. This should be for working parents.
13. We are fine but want to be sure nobody in Big Timber is going hungry. And, it would be helpful for individuals to see a list of available jobs. It seems there are employment opportunities but it can be hard to figure out what and where. So, my concern is for others.
14. Very concerned about the Economic Health of our town/State/Nation in the aftermath of the Corona19
15. These are the issues that clients at Angela's Piazza experience, not me personally.
16. I pay to much in taxes that go to illegal aliens and all the amenity's they receive. I lost my constitutional freedoms with this illegal shut down. I thought in a democracy there was majority rule since when did 10% rule the 90 percentile. This shut down is the start

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- of socialism 101. I praise the Governor of South Dakota she is a real leader she believes in our constitutional freedoms we need more leaders like her.
17. Children's access to activities in the summer. We currently have no pool which is a major focus for kids in the summer. No head start and it shows-I am a teacher
 18. Debt
 19. Filing taxes
 20. This town would benefit highly from water/spray parks like the ones they have in billings
 21. My daughter is on disability and the things I've marked here are what we have found are serious problems in Big Timber.
 22. Grateful to be fortunate
 23. Lack of swimming pools- pools overrun or too shallow
 24. No
 25. assessment not completed
 26. child care for hours I need in my town
 27. SAFETY ON THE STREETS, especially for a female with trust issues and PTSD from trauma, abuse & rape
 28. I was granted Rapid Rehousing and have had a lot of trouble finding a place because of my violent offender status.
 29. I was granted Rapid Rehousing & have had a lot of trouble finding a place cause of my violent offender status.
 30. it seems by working, they want to take away all help there willing to give you
 31. waiting for foot to heal to work
 32. no
 33. More grandparents, like myself, are raising and taking care of their grandchildren. Not to mention my parents and amputee elderly brother. GRANDPARENTS HAVE NO RIGHTS, no help or assistance for anything because we don't have custody. The state does nothing because they have to many cases already. CHILDCARE ASSISTANCE would definitely help. 3 children, no legal recourse as grandparents, we have the right to pay! (and get by, by going into debt) And that is it. As for my elderly, handicap brother, there are virtually NO bug free, NO available, NO affordable housing, that is truly wheelchair accessible. If you find a place that the wheelchair can get in the bathroom, you have dangers of stoves with knobs not accessible, and the deficiencies go on.
 34. Can only work part time due to children therapy
 35. Health assistant at home
 36. affordable education costs
 37. Income varies, need help with finding housing for people with bad credit.
 38. Availability of daycare at all - most places have a six month (or longer!!) waiting list for infants. Even with all the money in the world, I almost couldn't take a new position recently because I couldn't find any daycares that would take my 18 month old during the day (normal business hours). The daycare that I did finally find at the last minute is not my ideal choice, nor the quality I would desire (they have the tv going all day long), but I have no other options until my youngest turns 2 (there seems to be tons and tons of openings for 2-4 year olds so it's just a regulation/incentive? issue with the 1:2 ratio I believe).
 39. Public safety is a huge concern for Yellowstone County.

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40. I work in the social service sector and have firsthand knowledge of people in my community (but outside my family) who have issues with housing, jobs, emergency clothing, utilities, transportation, criminal records, veterans' assistance, domestic violence, senior services, victim of crime, teen pregnancy, runaways, student homelessness, hunger
41. Access to Law enforcement. My bicycle was stolen and I was told it would be several hours before an officer could take my statement. Dispatch stated that I would have to wait in one location during this time and I was unable to do this because of work. I was also informed that I could not make a report at the police station. Our community needs a better system for reporting crime than this.
42. Transportations needs to improve, access to food that is not outdated and causing illness
43. Help with IEP meetings at the schools
44. Luckily I do not have any of these issues but I work with a lot of families who do.
45. I have not experienced it. But lack of affordable housing for low and middle income wage and salaried workers is a growing issue. Primarily due to the proliferation of second homes and short term rentals.
46. affordable transportation (vehicle)
47. electric and gas payments
48. making sure children are in a safe home and environment
49. both children with disabilities, not enough food stamps
50. Local Veterans medical care...more providers in Hardin
51. We are fortunate.
52. Continued excessive tax increases on property and otherwise that is making it difficult to pay a mortgage, student loans, utilities, and keep a family of 5 fed. Yet, Bridger is building a new high school gym and the county is building a prison that will be levied on property owners. It's difficult enough to find affordable housing, let alone a decent job to pay for these continued tax increases. The county and towns should be focused on building infrastructure and bringing jobs to the area before they increase social welfare services and tax homeowners out of the county they live in.
53. As a retired mental health professional, our rural communities have tremendous needs for mental health services.
54. Lack of proper heating in rental and lack of landlord assistance in sealing up the rental properly for the winter.
55. Lack of police presence. They need to adjust funds to fund the police. No new taxes.
56. Life is great, no problems here.
57. Having someone to assist at OPA with snap applications without waiting on hold.
58. more and better resources for single dads

D4. Q16. Responses to “Other” Regarding Employment and Income.

1. I have to drive long haul truck to support my family. Because rent Vs income is ridiculous high. I pay over & 1000. For less than 800 Sq. feet living space.
2. I will be an only parent and want to be a part of my son's life. I don't want anyone else to be the one raising him.
3. low wages
4. I care for my aging mother and my husband gets social security, so that is what we live on.
5. Concerns of people on SSI or SSDI about potential for losing benefits if they work.
6. In order to obtain a good paying job, I would have to travel 30 to 60 miles from home.
7. When the whole community state, and nation suffer from a huge loss of income so do I. It effects the prices and the availability of commodities and services.
8. We are OK, but I am very concerned for our businesses & the people here.
9. I planned ahead I don't need to rely on the government for bail outs. I only need a Government to provide me with roads schools and a top military
10. I need a new roof and can't afford it and I can't even set up time payments due to my credit report
11. self-employed can't afford medical
12. On maternity leave, and will go back to work after my son is a month to two months old, or before.
13. Corona virus
14. Living with fibromyalgia
15. Right Laid off
16. I lost my job, Feb 7
17. Ex-con Stigma/preconceived notions/tattoos
18. Ex-con stigma/Preconceived notions/tattoos
19. All four fingertips on the left hand are cut
20. All four fingertips on left hand are cut
21. Sick children, child with medical issues
22. fixed income
23. If I work I lose Medicaid and rent goes up
24. still pursuing my BA full-time
25. new to area & no work history
26. unemployed
27. Social security check not enough to live on. Have to dip into savings
28. Due to the unregistered daycares & now a daycare center, it is very hard to compete with their rates. So we have no choice but to offer affordable high quality daycare (with trained & college degreed caregivers) at very low rates. It doesn't pay the bills.(\$3.25/hr. at max per hr.) Good thing I look to God to provide our needs & not our government.
29. just moved to billings homeless
30. Discrimination based on age
31. No transportation
32. Cost of life sustaining meds
33. due to children therapy sessions can only work part time from 8:30am to 2:30pm

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- 34. Availability to work full time around getting kid to multiple therapy and doctor appointments
- 35. been too busy
- 36. I have an education degree, but the jobs I'm qualified for don't pay a wage to support a single mom with three kids, so unless I get lucky, I will likely have to move in the next couple years for either education advancement or better job/cost of living-pay ratio.
- 37. not enough jobs that work around school
- 38. not enough income to live
- 39. The jobs that are posted publicly are already filled by the old boys network in our communities, regardless of qualified applicants applying. State, county and city agencies should be required to use 3rd party human resources to ensure that qualified applicants are hired and not cousins and friends.
- 40. Single adults need more than one job to meet expenses. I live in a house with 4 other adult men.

D5. Q18. Responses to “Other” Regarding Education.

1. The cost to take off work to gain new skills is not acceptable
2. Fi or internet
3. The greatest need in the community is to improve the schools. The top priority is to create a wholesome environment. Last year two students wrote a letter to the editor pleading for the community to address harassment, intimidation and bullying. The administration has ignored the problem. The schools point to the success of a few students while neglecting those from less affluent homes with different, more difficult circumstances. To claim "good" schools is one thing. To actually create good schools is something different. This is a wealthy county. There is no reason the schools aren't exceptional.
4. These are some of the circumstances our consumers face.
5. I am retired and live solely on Social Security.
6. Not able to pursue normal high school and college entrance tests. Not knowing how to plan for the future as a high school graduate. Will there be college next fall? If the college does open will it get shut down every time an outbreak of something hits?
7. Plateau/Rut
8. plateau/rut
9. no computer
10. This is a hard one. Training for our daycare requirements has been difficult. Most trainings are in Billings which is 145 miles away. Most are scheduled in the evening, 6-9pm. It's an unreasonable time frame for self-employed, no employee home based run daycare. Some may be on weekends, but most of them are part 1 of part 2 or vice versa & it's hard to do 2 weekends in a row. This forces us to have to do online classes, which often costs us more \$. In actuality require more of us than others that are able to go to in class trainings.
11. Having trouble getting counselor for granddaughter
12. I also homeschool both kids due to severe lack of special education services in our district. My son has PTSD from the way he was treated at school.
13. We have been able to assist our daughter but college costs are almost criminal very expensive even in state tuition
14. child with mental health issues
15. If degree or training is obtained, which is very costly, the jobs offered still don't cover the costs of living

D6. Q30. Additional Comments

1. "It seems to me Billings is trying to become Seattle Washington. Crime is going up and the cost to rent or buy a home is so ridiculously high. To live in a safe area where my yard decorations are not stolen I have to be upper middle class. If I wanted to live in Seattle Washington I would move back there. If housing was not such an obstacle I would have my own business in bighorn or Laurel, Lockwood area. "
2. Going through any process during this pandemic has been a challenge. I have to fight to keep my benefits every month because of communication issues.
3. No
4. Domestic Violence/shelter services
5. No
6. Health care expenses this year due to needed procedures have required the possibility of a loan to pay for out of pocket expenses even with good health insurance.
7. Money and services are not free. Who will pay for the "free" stuff? COVID deaths are being assigned to way to many deaths that has the data un-factual. It appears hardly more serve than a flu. We need to be able to WORK. People died to give us a free country yet we are so afraid to die we are letting our freedom slip right though our fingers. What's next? Mandatory vaccine? So not only can't I work when I want but I lose control of what I put in my own body? Fight for freedom!
8. There are hungry people in our county - I am not one of them - they need help!
9. This has been difficult to fill out because I am not in poverty but so many apply to women and families that come to Angela's Piazza but the questions are personal.
10. Having someone in red lodge to help with the process of RD loans instead of going to billings
11. I have repeatedly called your organization on behalf of others and no one ever returns my calls. I'm not sure why your organization receives public tax payer funding.
12. My biggest concern right now for our community and myself is the fear of lack of services and products due to Covid-19.
13. did not answer questions 7-12
14. assessment not completed
15. The whole system seems to be designed for handouts rather than a hand up. The people that are trying, don't seem to get the help they need.
16. I am new to Billings. Just getting settle & trying to find employment. Just need to know who and where is hiring for jobs
17. Bus Pass
18. Really need more help for homeless
19. My wife and I are blessed with good health and good retirement plans
20. No
21. I have been treated very fair. Thank you.
22. thank you for any additional programs
23. none needed above
24. very difficult to get housing assistance, few places help/ long waiting periods- 5+years
25. This survey is a great idea! We need to let people know what services we need more of!
26. We are grateful for help
27. My house payment is less than the average 2 BR apartment, unbelievable.

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Appendices

28. n/a
29. none
30. Last page omitted
31. Is this really an assessment for us providers?
32. na
33. Medical care for menopause!!! Horrible, up all night, mental instability, too exhausted to perform at work, (just for starters) and lasts for years. All COSTS out of pocket. (approx. \$200 mo.) Women's health care is a bad joke. Yet if a MAN needs Viagra (or anything else) it is covered.
34. I am very grateful for VITA especially for us elderly.
35. No
36. parenting class
37. medical disorder needing transportation
38. Help getting off public assistance.
39. Many of these options I do know how to access, but simply do not have the time to sort everything out, and I'm more knowledgeable than many about them and I still struggle with completing lengthy paperwork, gathering necessary documentation, finding time and gas money to drop them off at offices, etc. I haven't bothered to apply to the Snap program in a while because I know that I'll have to block out pretty much a half to whole day just to go down to the office and sit in the waiting room (which is the "most efficient" way I've found in the past to take care of all issues with case, interview, papers turned in, etc.). There's very little streamlining and many offices require the exact same paperwork over and over again as the others - couldn't a simple release of information mitigate a lot of this work? Applying for services is almost a whole full time job just by itself, and most families that need them are already stressed and overwhelmed to begin with, so a lot falls through the cracks (like no one is gonna worry about applying for preschool or special needs when they have six other offices they have to visit this month and food/housing and others are a bit more pressing even though all these services are needed to fully support and lift people up to self-sustainability.
40. Work on bettering the city bus system, work on bettering the food bank resources, not giving out rotten food causing illness
41. Since PLUCK's resource have changed hands, I can't find anyone who will attend IEP meetings with me and my child.
42. I have a lot to be grateful for at this point in my life. Even though I'm not personally experiencing any of these problems, I know and work with people who are. I am a substance use counselor and one very needed resource is a detox center.
43. Transportation access survey responses should be expanded to consider biking and walking accessibility in town too as these are components of transportation for a lot of my clients, even if they use public transportation.
44. Thank you for all that you do.
45. I was unable to take this survey on my smart phone. The mobile screen did not allow for seeing all the answers or scrolling without snapping back. I took it on a computer.
46. It would be nice to have some education if there's any help to starting your own business or knowing if there are any grants to help start a business

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Appendices

- 47. Where is this information going to be used? Is it to justify additional grants/federal funding for programs?
- 48. I take care of myself. More people should take responsibility for their lives. HRDC has no reason to exist.
- 49. would be hard without best beginnings