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# Human Resources Development Council District 7

COMMUNITY NEEDS ASSESSMENT (2024-2027)

**jg** | RESEARCH &  
EVALUATION

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## Introduction

This community needs assessment (CNA) was conducted to meet the Community Services Block Grant (CSBG) program requirements and inform Human Resources Development Council District 7 (HRDC) of documented community needs in the 5-county service area of HRDC in Montana. These counties include Big Horn, Carbon, Stillwater, Sweet Grass, and Yellowstone. The results of this CNA will help ensure the agency's services match the needs of low-income people and identify gaps in current services as the agency plans for future programs and community engagement. The CNA includes recommendations on how to develop or modify programs for low-income individuals and families in the community, especially in high priority areas of need, including those needs that are growing.

This introduction provides a short overview of HRDC, describes how this CNA meets CSBG program requirements, and then explains the goals of the needs assessment. This description is followed by an Executive Summary of findings from this CNA. After the Executive Summary, section 1 of this assessment provides a description of the demographics of the population in the service area of HRDC, while identifying particular areas of need by presenting secondary data from sources such as the United States (U.S.) Census Bureau, the U.S. Department of Labor, and the Centers for Disease Control and Prevention. Patterns, themes, and trends are discussed in the subject areas of demographics, food security, housing, educational attainment, crime statistics, inequality, community assets/environment, and community health. Section 2 then reports the findings from a community wide survey of the 5-county service area of HRDC. Following this, section 3 provides a more in-depth discussion of HRDC programs, partnerships, and community engagement strategies while reporting on outcomes, indicators, and measures of HRDC program participants. The report integrates the perspectives of HRDC Board of Directors members by presenting results from a survey of Board members. Section 3 concludes by presenting the findings of interviews with HRDC program participants and a focus group with HRDC program providers. The needs assessment ends with a discussion on emerging community needs in Section 4, as well as a set of recommendations for how HRDC can strengthen efforts to support the residents of the 5-county service area.

## HRDC District 7

For 58 years, HRDC District 7 has served the people of south-central Montana providing programs and services targeting disenfranchised and vulnerable populations. Since its inception in 1966, with the ratification of The Equal Opportunity Act, HRDC has assisted thousands of individuals and families to achieve economic independence and self-sufficiency. The agency's primary focus is to mitigate the causes and conditions of poverty while improving communities throughout its 5-county service area. Together, these counties span an area of over 13,300 square miles, including Big Horn, Carbon, Stillwater, Sweet Grass, and Yellowstone Counties.

Working with a wide array of community partners across Montana, it currently administers more than 20 core programs through over 40 funding sources. The agency is committed to conducting its business with complete transparency and full accountability to its grantors and its Board of Trustees. HRDC is a part of the Community Action Network consisting of over 1000 local community action agencies providing localized services across 99% of US counties. The network is designed to enable each agency to assist low-income people in their service area. It helps low-income people to navigate the system and access the resources needed to help individuals and families move out of poverty. There are ten community action agencies and one tribal entity receiving CSBG funds in Montana. This system is tailored for each agency to address local needs and to provide local solutions. These community resources are then used to address the causes and conditions of poverty.

HRDC attempts to bring compassion and empathy for all the people they serve, regardless of color, creed, sexual orientation, or religion. HRDC's mission and vision have been unwavering as it strives to empower, to provide opportunities for all people, and to eliminate barriers that impede economic independence. This same philosophy carries over into valuing the contributions of its dedicated staff. HRDC stresses the importance of employee education and professional development and is an Equal Opportunity Employer.

While the agency offers many programs, the success of HRDC as the community's safety net is grounded by the unconditional support of CEO, Denise Jordan, and her executive management team. Directors from each program work together to accomplish the strategic goals set forth and approved by its Board of Trustees. The agency at large works hard to implement its community plan which is based on the needs of individuals and families that live and work in its communities. The findings of this 2023 community needs assessment will serve as the introduction to the agency's future community work plans and is the basis for identifying the effectiveness of current services the agency provides, the resources the community offers, and the service gaps that need to be filled in its communities. HRDC believes that its programs help people on the road to self-sufficiency and build better communities.

## Community Block Services Grant requirements



Table 1: CBSG standards and matching CNA strategies

	<b>CBSG standard</b>	<b>Strategy to meet standard</b>
1.2	The organization analyzes information collected directly from low-income individuals as part of the Community Assessment. Data can be collected through a variety of ways, including, but not limited to, focus groups, interviews, community forums, customer satisfaction survey data provided by the agency, etc.	<ul style="list-style-type: none"> <li>• Primary data collection and analysis including surveys, interviews, and a focus group</li> <li>• Secondary data collection and analysis</li> <li>• Sections 1, 2, 3, 4, appendix</li> </ul>
2.2	The organization utilizes information gathered from key sectors of the community in assessing needs and resources during the community assessment process. These sectors would include community-based organizations, faith-based organizations, private sector, public sector, educational institutions, etc.	<ul style="list-style-type: none"> <li>• Primary, secondary, and administrative data collection and analysis</li> <li>• Sections 1, 3, 4</li> </ul>
2.3	The organization communicates its activities and its results to the community.	<ul style="list-style-type: none"> <li>• Presentation templates made available to HRDC and present results to Board</li> <li>• Executive summary included in report</li> </ul>
3.2	As part of the community assessment, the organization collects and includes current data specific to poverty related to gender, age, race/ethnicity, and other trackable indicators used in previous assessments for the service area.	<ul style="list-style-type: none"> <li>• Primary and secondary data collection and analysis</li> <li>• Sections 1, 2</li> </ul>
3.3	The organization collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment. This will be a vital component of the analysis section of the assessment.	<ul style="list-style-type: none"> <li>• Primary and secondary data collection and analysis</li> <li>• Sections 1, 2, 3</li> </ul>
3.4	The community assessment includes key findings on the causes and conditions of poverty and the needs of individuals and families living in the communities assessed in the 5-county service area.	<ul style="list-style-type: none"> <li>• Primary, secondary, and administrative data collection and analysis</li> <li>• Sections 1, 2, 3, 4</li> </ul>

## Goals for the needs assessment

- Conduct a local assessment of needs within the service area of the HRDC by compiling primary, administrative, and secondary data to portray characteristics of county residents and agency program participants.
- Collect and analyze primary and administrative data, including a community-wide survey, a client feedback survey, an organizational survey of the Board of Directors, program participant interviews, a focus group of program providers, and reported program outcome data of agency program partners and their participants to understand perceptions of agency activity impacts.
- Collect and analyze secondary data by researching national, state, and local data sets that document the characteristics and needs of residents in the Montana counties of Big Horn, Carbon, Stillwater, Sweet Grass, and Yellowstone.
- Utilize program participant outcome measures from existing administrative reports and program participant interviews to understand outcomes and perspectives of agency activities among those who participate in agency programs.
- Facilitate an analysis process that identifies priority areas of needs for those in the agency service area and informs recommendations.

## Executive summary of findings

### HRDC 7 service area overview

The service area of Human Resources Development Council District 7 (HRDC) encompasses five counties: Big Horn, Carbon, Stillwater, Sweet Grass, and Yellowstone. Of these, Yellowstone has the largest population (164,731) and includes the largest city in Montana, Billings (population 119,960)<sup>1</sup>, while the other counties are more rural with much lower population densities. The 5-county service area includes many recreational opportunities in the mountains, plains, and rivers, and residents report having deep community ties and engagement with one another.

The service area is 82% White, 0.68% Black, 0.71% Asian, 8.08% Native American/Alaska Native, 1.5% “Some other race,” and 6.85% “Multiple race”<sup>2</sup>. The service area as a whole is 50.72% female and 49.28% male<sup>3</sup>, with a median age of 42.8<sup>4</sup>. The foreign-born population in the service area is 1.68% compared to 2.19% in Montana. In the service area, 22.2% have at least a college bachelor’s degree, while 28.73% stopped their formal education after school<sup>5</sup>.

The percentage population living below 100% of the Federal Poverty Line (FPL) in the HRDC service area is 11.71%. However, the poverty rate in the service area widely differs by county and ranges from 28.57% in Big Horn County to a low of 5.19% in Sweet Grass County, compared to Montana (12.49%) and the United States (12.63%). 15.53% of children in the overall HRDC service area live below the FPL line. This ranges from Big Horn County, where 33.83% of children live below the FPL, to Sweet Grass County (4.56%).

The county with the lowest value owner-occupied homes is Big Horn, while the highest median value units are in Carbon County. Rent is most expensive in Yellowstone County and least expensive in Big Horn County. In the service area of HRDC, 43.77% of all rental households are cost-burdened, while 25.17% of owner-occupied households with mortgages are cost-burdened<sup>6</sup>.

For each county in the service area, the percentage of the population that does not have health insurance is as follows: Big Horn (15.4%), Carbon (11.3%), Stillwater (9.9%), Sweet Grass (10.4%), and Yellowstone (9.6%), compared to Montana (10.2%)<sup>7</sup>. In the service area, 23.26% of adults report heavy alcohol consumption<sup>8</sup>, and 16.2% (age-adjusted) of the population reports being current smokers.

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<sup>1</sup> U.S. Census Quickfacts (2022)

<sup>2</sup> U.S. Census (2020)

<sup>3</sup> U.S. Census (2020)

<sup>4</sup> American Community Survey (2017-2021)

<sup>5</sup> American Community Survey (2017-2021)

<sup>6</sup> American Community Survey (2017-2021)

<sup>7</sup> American Community Survey (2022)

<sup>8</sup> CD, Behavioral Risk Factor Surveillance System, Accessed via County Health Rankings (2020)

## HRDC service area needs

The research team conducted a representative survey of the 5-county service area of HRDC (n = 427, after exclusion criteria were applied). Survey respondents lived in Yellowstone (47% of those surveyed), Stillwater (21.1%), Big Horn (15.9%), Sweet Grass (8.8%), and Carbon (6.9%) counties. The majority of survey respondents were White (n = 295, 69.9%) and American Indian or Alaska Native (n = 79, 18.7%), with 23.2% of all the participants identifying as Hispanic or Latino/a (n = 98). Almost 40% of survey participants reported living in a household with 5 or more people, with 7.4% reporting at least 7 or more people in one household.

Sixty-four percent of those surveyed work full-time, yet 79.6% of survey respondents reported making less than \$4000/month for their entire household (less than \$48,000/year), and 10.2% reported a monthly household income less than \$1,000/month. For housing status, 48.3% are homeowners, 24.9% are renters, and 25.6% report unstable housing conditions, such as those who are unsheltered, living with family or friends for free, or living with two or more families in the same household.

Survey respondents reported general contentment with their communities, despite acknowledging challenges. The most identified top three community needs include “availability of safe and affordable housing” (67% of respondents), “availability and access to living wage jobs” (41%), and “access to healthcare” (33%). The top five most important issues that individuals and families experienced in the past 12 months include (1) “affordable healthcare,” with 85% of respondents labeling this as “somewhat” or “very important” and 15% not experiencing this as an issue; (2) “availability and access to living wage jobs,” with 77% of participants labeling this as a “somewhat” or “very important” and 23% of survey respondents not experiencing this issue in the last year; (3) “affordable dental care,” with 76% of participants labeling this as “somewhat” or “very important” and 24% not experiencing this issue in the last year; (4) “too few good paying living wage jobs with benefits in the area,” also with 76% labeling this as a “somewhat” or “very important” issue and 25% not experiencing this issue in the last year; and (5) “availability of safe and affordable housing,” with 73% of participants noting this was “somewhat” or “very important” and 27% of respondents not experiencing this as a difficulty in the last year.

## HRDC programs and impact

HRDC efforts comprise a full range of programs and services for all individuals and families, including childcare, education, employment and training, food distribution, emergency services, rental assistance, section 8 housing vouchers, energy assistance, transportation, temporary housing, financial education, and an array of youth programs all designed to help people on the road to self-sufficiency.

Findings on HRDC programs originate from HRDC administrative data, a survey with the HRDC Board of Directors, HRDC client satisfaction surveys, 12 interviews with program participants, and a focus group with program providers (n = 8) in the area.

In client satisfaction surveys, the majority of program participants felt that HRDC staff members were helpful (80%), the time it took between requesting and receiving services was reasonable (68%), and that HRDC programs met their family's needs (71%). They also generally held that they were treated with courtesy and respect (86%) by HRDC. However, in interviews, program participants highlighted barriers to program participation. These barriers, such as difficulty filling out applications, lengthy wait times for program approval, and difficulty obtaining documentation, originate outside of HRDC, in state and federal applications and eligibility requirements. While noting these state and federal barriers to their participation in HRDC programs, participants still spoke of the vital importance of HRDC programs like the commodity food program, LIHEAP, and housing services. They articulated that HRDC had been instrumental in helping them make ends meet and on the road to self-sufficiency. The majority of participants also felt that HRDC staff were “*understanding*” and “*helpful*.”

Interviews with program participants showed needs in the areas of affordable housing, youth services and literacy, health care costs, paying for utility bills, a lack of well-paying jobs, food security, the need for more senior services, and difficulties paying for childcare. 100% of interviewees reported that affordable housing was a major concern for themselves and their families. Program providers generally agreed that lack of housing and access to health care were some of the largest challenges facing their communities, in addition to participants losing Medicaid access in Montana. A lack of broadband internet was also cited as a problem facing rural communities by providers. About half of interview participants explained they had difficulty with internet connectivity and speeds. Program participants and providers highlighted a series of recommendations, including removing barriers to program utilization, expanding existing programs surrounding food and housing, and more communication with state and federal entities who are the gatekeepers to eligibility requirements and program applications.

## Priority recommendations

As HRDC looks to future planning for programs, this CNA highlights a few important considerations. First, it might be helpful to consider expanding programs or partnerships with other organizations in the areas of food and housing. For example, at a population-level, 45.5% of all HRDC service area children, and 95.1% of children in Big Horn County alone, are eligible for reduced price or free lunch, but only 9.8% of the service area population receives SNAP benefits<sup>9</sup> (a program not administered by HRDC), and 22% of those individuals eligible for SNAP in Montana are not receiving benefits<sup>10</sup>. Additionally, every interviewee mentioned the need for affordable housing, and survey respondents listed housing as the biggest community priority. Secondly, since many administrative and structural barriers to program utilization are unrelated to program administration by HRDC, HRDC may consider adding mobile community program navigators to their staff to fill gaps, if funding becomes available.

<sup>9</sup> U.S. Census Bureau, small area income and poverty estimates, (2020)

<sup>10</sup> Center on Budget and Policy Priorities (2023)

## Section 1: HRDC service area overview and county profiles

This first section of the CNA focuses on providing a demographic overview of the 5-county service area of Human Resources Development Council District 7 (HRDC), including the community environment and assets, gender, age, educational attainment, race, ethnicity, household composition, poverty, income, food security, housing, and measures of community health. The section begins with an overview of the service area region as a whole and then presents a focused profile of each individual county. The demographic section largely relies on a combination of U.S. Census data from 2020 and American Community Survey five-year estimates data from 2017-2021- and one-year 2022 estimates to provide the most comprehensive estimates. Slight differences in estimates in some cases reflect the different data sources and years.

### About Big Horn, Carbon, Stillwater, Sweet Grass, and Yellowstone Counties

#### Service area community environment and assets

From sweeping prairie vistas to the stunning Beartooth Mountain range, the 5-county service area of HRDC District 7 encompasses a vast total land area of 13,331.27 square miles; bigger than the land area of the 4 smallest states in America (Rhode Island, Delaware, Connecticut, and Hawaii) combined. Alternatively, the total population of the 5-county service area is only 200,969 people, or an average population density of 15 people per square mile. Yellowstone County, home to Billings—Montana’s most populous city—has an average population density of 63 people per square mile, while Sweet Grass County (the least populated county in the service area) has a population density of only 2 people per square mile<sup>11</sup>. Much of the Crow Indian Reservation and part of the Northern Cheyenne Indian Reservation are also included within the HRDC service area. In short, the service area of HRDC is largely quite rural, with the city of Billings being the main population center. The map below shows the counties in Montana with their corresponding total population and population densities.

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<sup>11</sup> U.S. Census (2020)

Figure 1: District 7, HRDC service area<sup>12</sup>

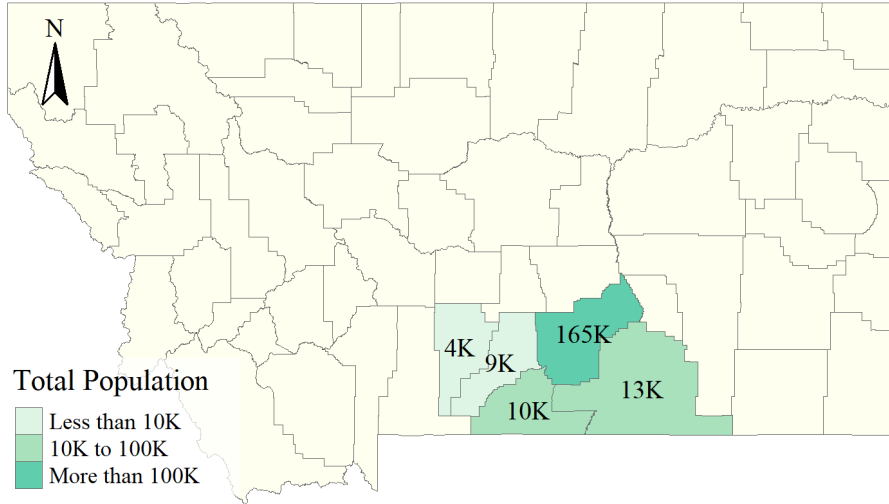


Table 2: Service area population estimates<sup>13</sup>

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
<b>HRDC service area</b>	200,969	13,331.27	15
<b>Big Horn County</b>	13,124	4,997.79	3
<b>Carbon County</b>	10,473	2,047.77	5
<b>Stillwater County</b>	8,963	1,796.74	5
<b>Sweet Grass County</b>	3,678	1,855.53	2
<b>Yellowstone County</b>	164,731	2,633.45	63
<b>Montana</b>	1,084,225	145,549.54	7
<b>United States</b>	331,449,281	3,533,018.38	94

The populations of Big Horn, Carbon, Stillwater, and Sweet Grass counties have remained largely stable over the last decade, while the population of Yellowstone County has increased steadily. Table 3 below shows the populations of the 5-county service area from 2010-2022.

<sup>12</sup> U.S. Census (2020)

<sup>13</sup> U.S. Census (2020)

Table 3: Service area population (2010-2022)<sup>14</sup>

	Sweet Grass County	Stillwater County	Carbon County	Big Horn County	Yellowstone County
<b>Population Estimates, (2022)</b>	3,715	9,177	11,179	12,851	169,852
<b>Population, Census, (2020)</b>	3,678	8,963	10,473	13,124	164,731
<b>Population, Census, (2010)</b>	3,651	9,117	10,078	12,865	147,972

As shown, of the counties in the HRDC service area, the population of Yellowstone County has increased the most, largely due to growth in the city of Billings. This is reflective of the rapid growth in other urban areas in Montana, such as Missoula and Bozeman. Table 4 shows the five Montana cities which grew the most in the last decade.

Table 4: Montana city and town population growth 2010-2020<sup>15</sup>

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

The growth in the urban areas of Montana is part of the larger trend in population growth in amenity-rich areas<sup>16</sup>. The natural beauty and recreation opportunities in the mountains, plains, and rivers is one of the many reasons why people want to live in these communities and move into these areas. The rural areas in the 5-county service area of HRDC also have deep community ties and engagement. For example, the average voter participation rate of the whole service area is 70.2%, as compared to the United States average of 68.8%. The service area ranges from a low participation rate in Big Horn County (54.7%) to a very high participation rate in Sweet Grass County (82.8%)<sup>17</sup>.

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

<sup>14</sup> U.S. Census QuickFacts, U.S. Census Population Estimates Program

<sup>15</sup> Montana Free Press (2021)'s analysis of U.S. Census data. Retrieved 12/1/23 from: <https://montanafreepress.org/2021/08/12/census-releases-detailed-montana-population-data/#:~:text=Montana's%20largest%20city%2C%20Billings%2C%20also,new%20population%20of%20a%20approximately%2073%2C000.&text=Unincorporated%20towns%20omitted>.

<sup>16</sup> Headwaters Economics (2023). Retrieved 11/30/23 from: <https://headwaterseconomics.org/wp-content/uploads/2023HE-Amenity-Report-R3b-LOWRES.pdf>

<sup>17</sup> Townhall.com Election Results (2020)

Table 5: Internet and computer access<sup>18</sup>

	Total Number of Broadband Serviceable Locations	Access to DL Speeds >= 25MBPS and UL Speeds >= 3 MBPS	Access to DL Speeds >= 100MBPS and UL Speeds >= 20 MBPS	Households with no computer (2017-2021)
<b>HRDC service area</b>	80,260	83.43%	74.70%	7.02%
<b>Big Horn County</b>	5,035	65.44%	26.04%	17.06%
<b>Carbon County</b>	6,892	39.48%	27.74%	7.67%
<b>Stillwater County</b>	5,172	55.70%	38.13%	6.72%
<b>Sweet Grass County</b>	2,294	81.39%	75.72%	12.6%
<b>Yellowstone County</b>	60,867	92.32%	87.12%	6.34%
<b>Montana</b>	481,305	78.28%	68.00%	8.24%
<b>United States</b>	114,537,050	92.73%	89.55%	6.95%

As shown in the table, the percentage of households with no computer is higher in every county in the HRDC service area than the United States except for Yellowstone County. Moreover, households in the service area have slower internet speeds than the United States as a whole.

Transportation is another issue for the rural counties in the HRDC service area. For example, in Stillwater County 13.46% of the population commutes more than 60 minutes to work versus 9.06% of the United States population or 4.53% in Montana as a whole. In Sweet Grass County, 12.88% of the population commutes more than 60 minutes to work, and 11.63% of the population commutes more than 60 minutes to work in Carbon County<sup>19</sup>.

## Service area demographics

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

<sup>18</sup> FCC Fabric data (additional analysis by CARE, 2022) and American Community Survey (2017-2021)

<sup>19</sup> American Community Survey (2017-2021)

Table 6: HRDC service area demographics<sup>20</sup>

<b>Age and Sex</b>	<b>Big Horn</b>	<b>Carbon</b>	<b>Stillwater</b>	<b>Sweet Grass</b>	<b>Yellowstone</b>
Persons under 5 years, percent	7.6%	4.1%	4.4%	3.5%	5.6%
Persons under 18 years, percent	32.4%	17.4%	20.4%	18.9%	22.8%
Persons 65 years and over, percent	13.5%	27.1%	24.9%	28.6%	18.0%
Female persons, percent	50.3%	48.4%	48.7%	49.0%	0.4%
<b>Race and Hispanic Origin</b>					
White alone, percent	28.3%	95.1%	95.2%	95.0%	89.9%
Black or African American alone, percent	0.5%	0.9%	0.4%	0.5%	0.7%
American Indian and Alaska Native alone, percent	66.7%	1.5%	1.4%	1.2%	5.2%
Asian alone, percent	0.8%	0.7%	0.7%	0.9%	0.9%
Native Hawaiian and Other Pacific Islander alone, percent	-	0.1%	0.1%	-	0.1%
Two or More Races, percent	3.7%	1.7%	2.3%	2.4%	3.3%
Hispanic or Latino/a, percent	6.6%	3.1%	4.6%	2.9%	6.6%
White alone, not Hispanic or Latino/a, percent	25.7%	92.6%	91.4%	92.5%	84.8%
<b>Population Characteristics</b>					
Veterans, 2017-2021	566	840	798	322	12,167
Foreign born persons, percent, 2017-2021	0.3%	0.9%	0.8%	0.9%	1.9%
<b>Gender and Poverty</b>					
Female population in poverty, percent	30.77%	10.16%	7.15%	4.10%	11.27%
Male population in poverty, percent	26.30%	9.31%	4.69%	6.19%	10.62%
<b>Education</b>					
High school graduate or higher, percent of persons age 25 years+, 2017-2021	89.4%	95.5%	92.7%	96.1%	95.0%
Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	19.4%	31.5%	28.0%	22.1%	33.7%

The 5-county service area as a whole is 50.72% female and 49.28% male<sup>21</sup>, with a median age of 42.8<sup>22</sup>. The service area population is 82% White, 0.68% Black, 0.71% Asian, 8.08% Native American/Alaska Native, 1.5% “Some other race”, and 6.85% “Multiple race”<sup>23</sup>. The percentage of the population who are veterans is 9.66% in the service area versus 10.03% for Montana and 6.85% in the United States. The foreign-born population in the service area is 1.68% compared to 2.19% in Montana and 13.6% in the United States. For education, 39.7% of the population ages 3-4 are enrolled in a preschool versus 45.93% in the United States. In the service area, 22.2% have at least a college bachelor’s degree, while 28.73% stopped their formal education after high school<sup>24</sup>.

<sup>20</sup> U.S. Census QuickFacts. Data sources include a combination of the U.S. Census Bureau, Population Estimates Program (2022) and the American Community Survey (2017-2021) estimates. Please see <https://www.census.gov/quickfacts/> for all sources and definitions

<sup>21</sup> U.S. Census (2020)

<sup>22</sup> American Community Survey (2017-2021)

<sup>23</sup> U.S. Census (2020)

<sup>24</sup> American Community Survey (2017-2021)

## Families and living arrangements

Table 7 indicates the total number of households in each county, the number of persons per household, the percentage of persons 1 year or older living in the same household as a year ago (a way to measure how transient communities are), and those households where a language other than English is spoken at home. The large percentage of households where a language other than English is spoken at home in Big Horn County is likely largely due to the Crow Tribe, or the Apsáalooke tribe, as 85% of the tribe speaks Crow as their first language<sup>25</sup>.

Table 7: HRDC service area households<sup>26</sup>

<b>Families &amp; Living Arrangements</b>	<b>Big Horn</b>	<b>Carbon</b>	<b>Stillwater</b>	<b>Sweet Grass</b>	<b>Yellowstone</b>
<b>Households, 2017-2021</b>	3,534	4,512	3,733	1,389	67,000
<b>Persons per household, 2017-2021</b>	3.69	2.30	2.36	2.64	2.39
<b>Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021</b>	95.1%	94.2%	93.3%	87.1%	84.4%
<b>Language other than English spoken at home, percent of persons age 5 years+, 2017-2021</b>	23.0%	2.7%	1.5%	1.4%	3.8%

Table 8 below includes the total number and percentage of households by composition. According to the American Community Survey subject definitions, a family household is any housing unit in which the householder is living with one or more individuals related to them by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals. Please note that family households and married-couple families do not include same-sex married couples. However, same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption<sup>27</sup>. The righthand side of the table indicates categories of households with children. In some cases, the percentages in the county do not directly add up to 100% because additional types of households are not included, such as households with two parents who are unmarried.

<sup>25</sup> Governor's Office of Indian Affairs, Montana. Retrieved 12/15/23 from: <https://tribalnations.mt.gov/>

<sup>26</sup> U.S. Census QuickFacts. Data sources include a combination of the U.S. Census Bureau, Population Estimates Program (2022) and the American Community Survey (2017-2021) estimates. Please see <https://www.census.gov/quickfacts/> for all sources and definitions

<sup>27</sup> Description by SparkMap from the University of Wisconsin-Madison

Table 8: HRDC service area total households and households with children<sup>28</sup>

	Total households	Family households (of total)	Non-family households (of total)	Married family households, (percentage of households with children)	Single-male family households, (percentage of households with children)	Single-female family households, (percentage of households with children)
<b>HRDC service area</b>	80,168	62.79%	37.21%	65%	12%	21%
<b>Big Horn County</b>	3,534	69.02%	30.98%	59%	12%	29%
<b>Carbon County</b>	4,512	60.48%	39.52%	74%	5%	18%
<b>Stillwater County</b>	3,733	69.46%	30.54%	80%	4%	16%
<b>Sweet Grass County</b>	1,389	66.16%	33.84%	84%	7%	9%
<b>Yellowstone County</b>	67,000	62.17%	37.83%	64%	13%	21%
<b>Montana</b>	436,481	61.31%	38.69%	69%	10%	20%
<b>United States</b>	124,010,992	65.12%	34.88%	65%	9%	25%

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

## Service area economic context and poverty

In the HRDC service area, the largest sector by employment size is “health care and social assistance,” which employs 15,930 people in the service area for an average annual salary of \$65,857. The second and third largest sectors by employment size is “retail trade and accommodation” (average wage of \$33,097) and “accommodation and food services” (average wage of \$24,349)<sup>29</sup>. Table 9 shows the percent of the population in each individual county age 16 or older in the labor force, the household median income, and the percent of persons in poverty.

<sup>28</sup> ACS (2017-2021)

<sup>29</sup> U.S. Department of Commerce, U.S. Bureau of Economic Affairs Analysis (2019)

Table 9: HRDC service area economy and poverty<sup>30</sup>

	<b>Big Horn</b>	<b>Carbon</b>	<b>Stillwater</b>	<b>Sweet Grass</b>	<b>Yellowstone</b>
<b>Economy</b>					
In civilian labor force, total, percent of population age 16 years+, 2017-2021	59.6%	62.0%	60.1%	61.2%	66.1%
In civilian labor force, female, percent of population age 16 years+, 2017-2021	57.0%	58.1%	51.8%	57.8%	62.1%
<b>Income &amp; Poverty</b>					
Median household income (in 2021 dollars), 2017-2021	\$49,640	\$63,178	\$72,906	\$59,238	\$65,656
Per capita income in past 12 months (in 2021 dollars), 2017-2021	\$19,240	\$37,557	\$38,767	\$31,237	\$38,186
Persons in poverty, percent	28.57%	9.72%	5.9%	5.19%	10.95%

Poverty is considered a key driver of health status, as the effects of poverty are wide-ranging. The percentage population living below 100% of the Federal Poverty Line (FPL) in the HRDC service area is 11.71%. However, the poverty rate in the service area widely differs by county and ranges from 28.57% in Big Horn County to a low of 5.19% in Sweet Grass County compared to Montana (12.49%) and the United States (12.63%). Poverty can be particularly problematic for children.

### **Children, youth, and families living under the federal poverty level**

Poverty creates barriers to accessing healthy food, community health services, and other necessities that can negatively impact development and consequently future life outcomes for children<sup>31</sup>. Thus, measuring overall poverty rates and child poverty remains an important indicator for understanding the need for HRDC-led programs that are designed to meet these needs for children and families.

<sup>30</sup> U.S. Census QuickFacts. Data sources include a combination of the U.S. Census Bureau, Population Estimates Program (2022) and the American Community Survey (2017-2021) estimates. Please see <https://www.census.gov/quickfacts/> for all sources and definitions

<sup>31</sup> American Community Survey (2016-2020) via University Missouri CARES CHNA tool

Table 10: HRDC service area child poverty<sup>32</sup>

	Total population	Population < age 18	Population < age 18 below 100% FPL, percent	Population under age 18 below 200% FPL, percent
<b>HRDC service area</b>	195,828	46,172	15.53%	35.94%
<b>Big Horn County</b>	12,952	4,324	33.83%	69.94%
<b>Carbon County</b>	10,367	1,823	12.01%	21.83%
<b>Stillwater County</b>	8,876	1,919	6.41%	29.81%
<b>Sweet Grass County</b>	3,661	746	4.56%	31.50%
<b>Yellowstone County</b>	159,972	37,360	14.27%	33.09%
<b>Montana</b>	1,053,304	227,055	15.15%	37.90%
<b>United States</b>	321,897,703	72,996,065	17.05%	37.79%

15.53% of children in the overall HRDC service area are below the FPL line. However, there are large variations between counties. For example, in Big Horn County, 33.83% of children are below the FPL, while only 4.56% are in Sweet Grass County.

### Gender and poverty

Women of nearly all races and ethnicities face higher rates of poverty than their male counterparts in the HRDC service area. For example, the proportion of the male population within the 5-county area living in households with incomes below the federal poverty level is 11.22% versus 12.2% for women<sup>33</sup>. Women have higher rates of poverty than men in all five counties in the service area of HRDC except for Sweet Grass. Table 6 indicates the percentage of the county population in poverty by gender.

Single parent female households with children in the HRDC service area make up 21% as compared to 12% male parent households with children<sup>34</sup>. Female-headed households are an important consideration for addressing child poverty, as on average women make less money than men. In Big Horn County, where 66.7% of the population is American Indian, the number of female households with children is 29% while male parent households are 12%. In the HRDC service area 15.53% of children live under the 100% poverty level<sup>35</sup>. In Big Horn County, that number grows to 33.83%.

### Age and poverty

When looking at poverty rates by different age groupings for the 5-county service area, children have the highest levels of poverty. Children ages 17 and under have a 15.59% poverty rate, while adults ages 18-59 have a 11.74% poverty rate. The poverty rate for adults ages 60-74 is much lower at 8.08% and adults ages 75-84 have the lowest poverty

<sup>32</sup> American Community Survey (2017-2021)

<sup>33</sup> American Community Survey (2017-2021)

<sup>34</sup> American Community Survey (2017-2021)

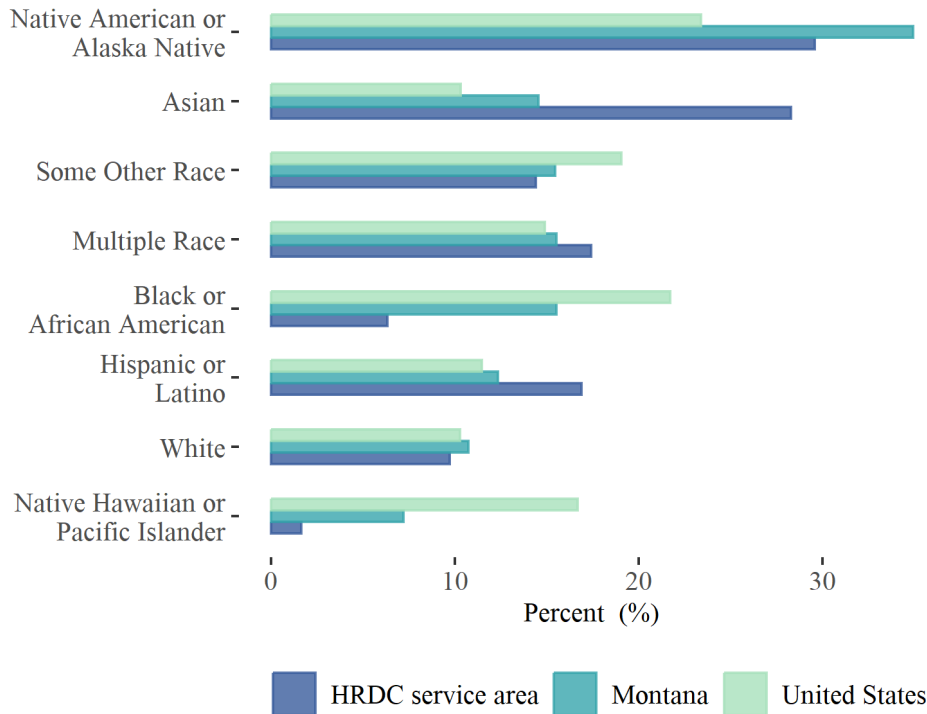
<sup>35</sup> American Community Survey (2017-2021)

rate of any age group at 6.02%. Importantly, however, the very old, or adults 85 or older also have a high poverty rate at 12.42%<sup>36</sup>.

**Race, ethnicity, and poverty**

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

Figure 2: Population served by HRDC living in poverty by race and ethnicity<sup>37</sup>

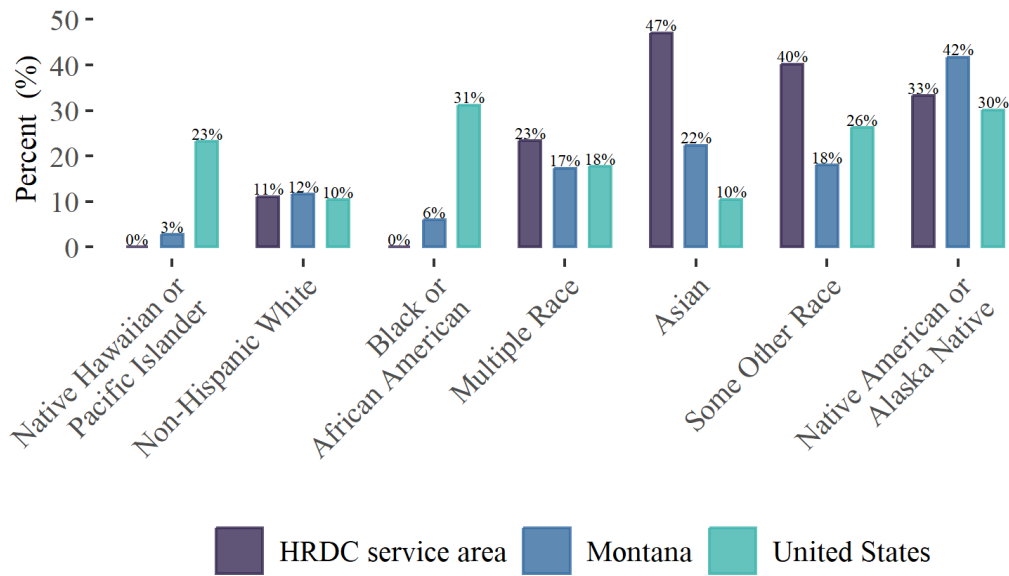


There are also distinct racial differences and inequalities for children living in poverty. Figure 3 demonstrates the percentage of children under age 18 in poverty by race alone and compares these percentages to the state of Montana and the United States.

<sup>36</sup> American Community Survey (2018-2022)

<sup>37</sup> American Community Survey (2017-2021)

Figure 3: Child poverty by race<sup>38</sup>



Non-Hispanic White children in the HRDC service area have the lowest level of poverty for any group (11.09%), while Asian children have the highest level of poverty (47.08%) in the service area. For Asian children, this percentage is skewed given that the non-Hispanic Asian population makes up only 0.69% of the total service area population. In other words, although Asian children represent the highest level of poverty by percentage, there are only 257 total Asian children in the service area versus 6,064 Native American and 3,661 multiple race children. There are 1,848 Native American and 848 multiple race children living in households below the federal poverty level<sup>39</sup>.

### Food security and environment

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

<sup>38</sup> American Community Survey (2017-2021)

<sup>39</sup> American Community Survey (2017-2021)

Table 11: Children eligible for reduced price or free lunch<sup>40</sup>

	2019-20
<b>HRDC service area</b>	45.5%
<b>Big Horn County</b>	95.1%
<b>Carbon County</b>	32.4%
<b>Stillwater County</b>	24.5%
<b>Sweet Grass County</b>	23.0%
<b>Yellowstone County</b>	42.2%
<b>Montana</b>	40.3%
<b>United States</b>	52.1%

The table above shows the percentage of children eligible for free or reduced-price lunch for the 2019-2020 school year. Almost all children in Big Horn County (95.1%) are eligible for reduced price or free lunch compared to 40.3% in Montana.

Access to healthy food is another indicator and key driver of health status. The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food courses due to income level, distance to supermarkets, or vehicle access. The service area of HRDC has a population of 27,479 living in a food desert, or about 15% of the population in the area<sup>41</sup>.

### **Housing, housing affordability, and people experiencing homelessness**

In this section, some data comes from the American Community Survey (2022) estimates and some comes from the (2017-2021) five-year estimates. The table below indicates the overall number of housing units for each county in the service area, the owner-occupied rate, the median value of owner-occupied housing units, the monthly owner costs, and the median gross rent for the area (2022).

<sup>40</sup> American Community Survey (2017-2021)

<sup>41</sup> U.S. Department of Agriculture, Economic Research Services, Food Access Research Atlas (2019)

Table 12: HRDC service area housing (2018-2022)<sup>42</sup>

	Big Horn	Carbon	Stillwater	Sweet Grass	Yellowstone
<b>Housing</b>					
<b>Housing units, July 1, 2022, (V2022)</b>	4,528	6,463	4,662	1,952	74,375
<b>Owner-occupied housing unit rate (2022)</b>	66.6%	73.8%	83.7%	76.3%	69.5%
<b>Median value of owner - occupied housing units, 2018-2022</b>	\$159,700	\$355,600	\$316,200	\$271,100	\$289,300
<b>Median selected monthly owner costs -with a mortgage, 2018-2022</b>	\$1,275	\$1,635	\$1,736	\$1,470	\$1,669
<b>Median selected monthly owner costs -without a mortgage, 2018-2022</b>	\$405	\$536	\$482	\$475	\$570
<b>Median gross rent, 2018-2022</b>	\$707	\$900	\$855	\$876	\$1,055

The county with the lowest value owner-occupied homes is Big Horn, while the highest median value units are in Carbon County. Rent is most expensive in Yellowstone County and least expensive in Big Horn County. As of 2023, the average monthly rent in Billings is \$1404, excluding deposits<sup>43</sup>. Averages skew higher than median values.

Vacancy rates are important to consider in terms of programs and needs because when vacancy rates are lower, housing can be more difficult to acquire, especially for those with low incomes. Of all the 89,293 housing units in the HRDC service area, 81,570 (or 91.35%) are occupied and 7,723 (or 8.65%) are vacant. Carbon County has the highest percentage of vacant units (26.18%), while Yellowstone County has the lowest percentage of vacant units (5.89%)<sup>44</sup>. The area has a lower vacancy rate than Montana and the United States.

Table 13: HRDC service area occupied and vacant housing<sup>45</sup>

	Total Housing Units	Occupied, Total	Vacant, Total	Occupied, Percent	Vacant, Percent
<b>HRCD service area</b>	89,293	81,570	7,723	91.35%	8.65%
<b>Big Horn County</b>	4,522	3,927	595	86.84%	13.16%
<b>Carbon County</b>	6,359	4,694	1,665	73.82%	26.18%
<b>Stillwater County</b>	4,659	3,777	882	81.07%	18.93%
<b>Sweet Grass County</b>	1,949	1,594	355	81.79%	18.21%
<b>Yellowstone County</b>	71,804	67,578	4,226	94.11%	5.89%
<b>Montana</b>	514,803	447,812	66,991	86.99%	13.01%
<b>United States</b>	140,498,736	126,817,580	13,681,156	90.26%	9.74%

<sup>42</sup> U.S. Census QuickFacts. Data sources include a combination of the U.S. Census Bureau, Population Estimates Program (2022) and the American Community Survey (2018-2022) estimates. Please see <https://www.census.gov/quickfacts/> for all sources and definitions

<sup>43</sup> HRDC Housing Counseling Work Plan, Fiscal Year (2024)

<sup>44</sup> U.S. Census (2020)

<sup>45</sup> U.S. Census (2020)

Although Montana is rich in natural beauty, housing affordability remains an ongoing challenge in amenity-rich areas. Income disparities and lack of buildable land often contribute to the lack of housing<sup>46</sup>. Moreover, in the last 25 years, nearly 20% of all public housing units in the United States have been eliminated<sup>47</sup>, leaving a sizable gap in the availability of affordable housing across the country. In 2017, over half of Americans spent at least 30% of their income on rent<sup>48</sup>, and this was before housing and rental prices increased during the COVID-19 pandemic.

Figure 4: Service area units affordable at area median household income (AMI)<sup>49</sup>

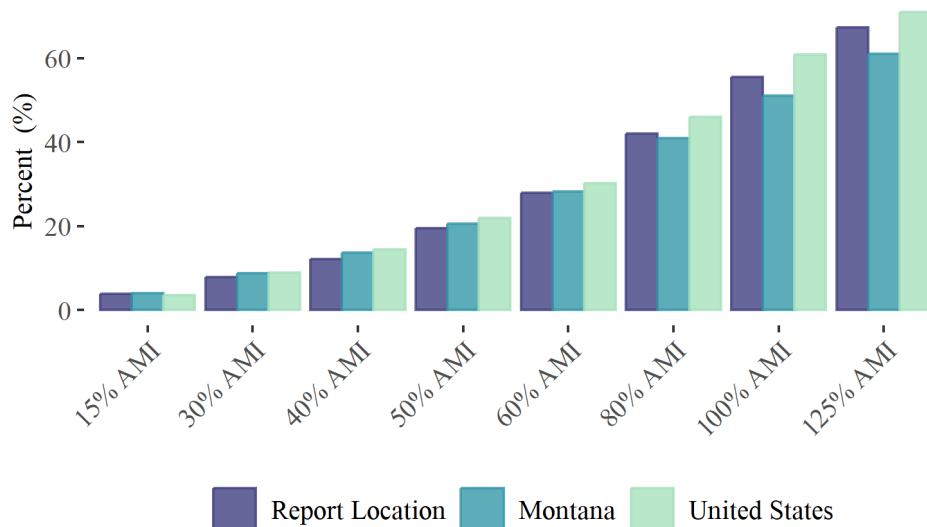
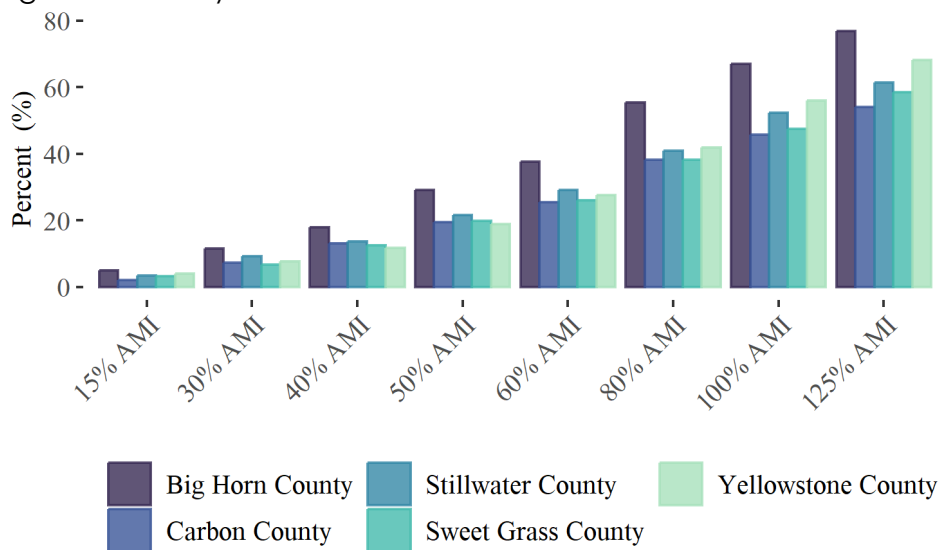


Figure 5: County units affordable at area median household income (AMI)<sup>50</sup>



<sup>46</sup> Headwaters Economics (2023). Retrieved 11/30/23 from <https://headwaterseconomics.org/wp-content/uploads/2023HE-Amenity-Report-R3b-LOWRES.pdf>

<sup>47</sup> HUD (2010)

<sup>48</sup> Joint Center for Housing Studies (2019)

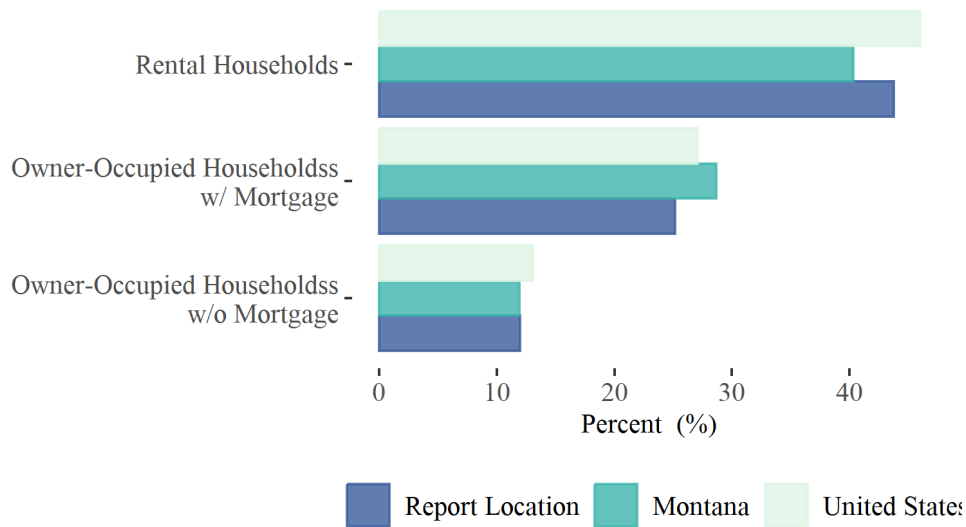
<sup>49</sup> American Community Survey (2017-2021)

<sup>50</sup> American Community Survey (2017-2021)

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

The structure, condition, and quality of housing, including issues such as overcrowding, evictions, and affordability, have been linked to multiple health and life outcomes. In the service area of HRDC, 43.77% of all rental households are cost-burdened, while 25.17% of owner-occupied households with mortgages are cost-burdened<sup>51</sup>. Cost-burdened households are defined as those who spend more than 30% of their household income on housing costs. Understanding where these households exist assists in identifying geographic areas with needs linked to housing affordability and shelter costs in an area. These data can be used to inform programmatic efforts to develop housing programs focused on supporting needs in these given areas of the service area.

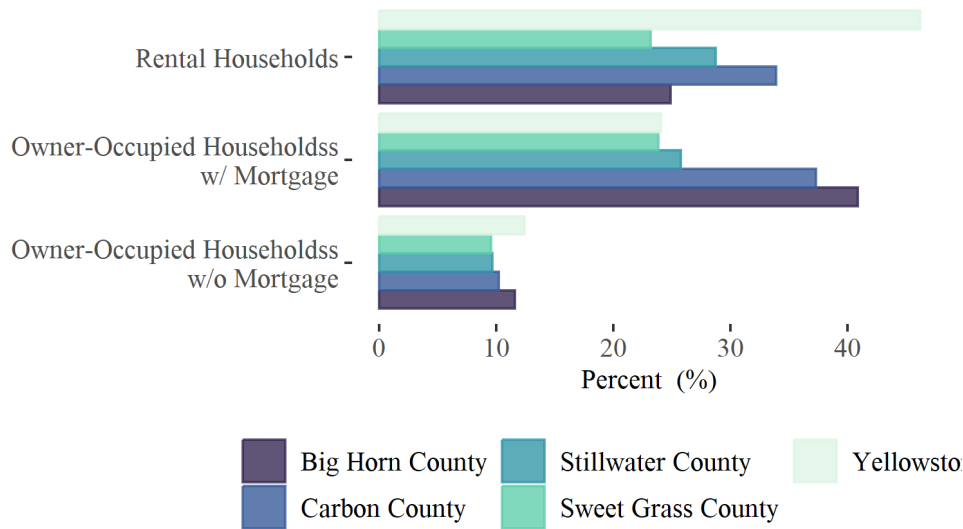
Figure 6: Service area cost-burdened households by tenure, percent<sup>52</sup>



<sup>51</sup> American Community Survey (2017-2021)

<sup>52</sup> American Community Survey (2017-2021)

Figure 7: County cost-burdened households by tenure, percent<sup>53</sup>



Quality of housing also matters when considering disparities in life outcomes or quality of life for communities. In the service area of HRDC, of the 80,168 total occupied housing units, 27.64% have been identified to have one or more substandard condition<sup>54</sup>. This ranges from 32.43% in Big Horn County to 18.36% in Sweet Grass County.

In 2022 in Montana, the official point-in-time information on the population of people experiencing homelessness from the U.S. Department of Housing and Urban Development listed a total number of 1,585 unhoused persons in Montana<sup>55</sup>. This is likely a gross undercount, especially given that in 2018 in the City of Billings alone, HRDC District 7 interviewed and counted over 450 individuals experiencing homelessness<sup>56</sup>. Being unhoused is due in part to the high cost of housing, but it is also a consequence of access to other resources, such as health care. For example, a recent analysis by the Continuum of Care and the 2022-2023 Yellowstone Community Health Needs Assessment found chronic health issues are among the root causes of homelessness<sup>57</sup>.

## Service area community health and behaviors

The social determinants of health are the conditions in the environment where people are born, learn, live, play, work, worship, and age that impact a wide range of quality-of-life outcomes<sup>58</sup> and health. For residents of Yellowstone County, mental health care, substance abuse, access to healthcare, physical activity, nutrition, and weight are among the most important community health issues, and this likely holds for others in the HRDC

<sup>53</sup> American Community Survey (2017-2021)

<sup>54</sup> American Community Survey (2017-2021)

<sup>55</sup> Retrieved 12/4/23 from: [https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_State\\_MT\\_2022.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_State_MT_2022.pdf)

<sup>56</sup> <https://hrdc7.org/get-involved/volunteer/>

<sup>57</sup> Healthy by Design (2023) “Yellowstone County’s Community Health Needs Assessment”. Retrieved 12/5/23 from: <https://www.healthybydesignyellowstone.org/yellowstone-county-data/chna/>

<sup>58</sup> U.S. DHHS Healthy People 2030

service area<sup>59</sup>. Throughout this needs assessment, a number of social determinants of health in the 5-county service area of HRDC are being examined, including housing, access to nutritious food, and income. This section includes an overview of the health indicators and outcomes in the 5-county service area of HRDC that help to give a better picture of the needs, obstacles, and strengths in service area of HRDC.

Lack of health insurance is a useful metric for understanding key drivers of health status within a community. For each county in the service area, the percentage of the population that is uninsured is Big Horn (15.4%), Carbon (11.3%), Stillwater (9.9%), Sweet Grass (10.4%), and Yellowstone (9.6%) compared to Montana (10.2%)<sup>60</sup>. After the COVID-19 public health emergency, beginning in April of 2023, Montana began removing people from their Medicaid rolls. As of November, 2023, approximately 112,442 people have been removed from the rolls for reasons such as “failure to provide requested information,” “determined ineligible,” “other reason,” or “returned mail, no new address”<sup>61</sup>. The impact of losing Medicaid benefits has been catastrophic on low-income populations and should be considered.

Additional indicators of the health care needs of a community include the percentage of the population with any disability and the teen birth rate. For the whole service area, 13.11% of the population has a disability, with highest age group being those ages 65 or older (33.21%)<sup>62</sup>. The teen birth rate is an important key indicator for understanding needs in the county and how they are reflected in household demographics. Of the 39,660 total female population ages 15-19, the teen birth rate is 24.9 per 1,000, which is higher than the state’s teen birth rate of 20.4 per 1,000. This ranges from the lowest county birth rate in Carbon County (11.0) to the county with the highest teen birth rate, Big Horn County (72.6)<sup>63</sup>. The percentage of low birthweight births, as shown in the table below, is another important indicator of needs.

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

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<sup>59</sup> Healthy by Design (2023)

<sup>60</sup> American Community Survey (2022)

<sup>61</sup> Montana DPHHS, “Montana Medicaid Redetermination”. Retrieved 1/19/24 from: <https://dphhs.mt.gov/interactivedashboards/MontanaMedicaidRedetermination>

<sup>62</sup> American Community Survey (2017-2021)

<sup>63</sup> CDC, National Vital Statistics System via County Health Rankings (2014-2020)

Table 14: Health outcomes, HRDC service area

	Percentage low birthweight births <sup>64</sup>	Adults with obesity (BMI>30) <sup>65</sup>	Coronary heart disease age-adjusted death rate (per 100,000) <sup>66</sup>	Cancer incidence rate (per 100,000) <sup>67</sup>	Adults age 20+ with diabetes (age-adjusted) <sup>68</sup>
<b>HRDC service area</b>	7.9%	31.1%	85.4	505.7	7.9%
<b>Montana</b>	7.5%	27.5%	88.4	457.0	7.1%
<b>United States</b>	8.2%	29.0%	91.5	442.3	9.0%

For sexually transmitted infections, both the chlamydia incidence per 100,000 (507.74) and the gonorrhea incidence (343.2) are higher than the Montana averages (chlamydia, 386.7 and gonorrhea, 158.9)<sup>69</sup>. The prevalence of HIV is also higher in the HRDC service area (96.8) than in Montana (75).

Behaviors, such as tobacco use and substance abuse, can contribute to poor health status, making them important measures to consider. In the service area, 23.26% of adults reported heavy alcohol consumption<sup>70</sup> and 16.2% (age-adjusted) of the population reports being current smokers. Behavioral health measures are also important to consider regarding overall health status. Behavioral health generally refers to mental health and substance use disorders<sup>71</sup>. The table below provides some indicators related to behavioral health for each county. Please note that drug overdose deaths per county were not available for each county.

Table 15: Behavioral health outcomes by county<sup>72</sup>

	Poor mental health days in past 30 days (2019)	Percentage of adults reporting binge or heavy drinking (2019)	Percentage of driving deaths with alcohol involvement (2016-2020)	Ratio of mental population to mental health providers (2022)	Percentage of adults reporting 14 or more days of poor mental health per month (2020)
<b>Big Horn County</b>	5.8	21%	67%	930:1	18%
<b>Carbon County</b>	4.4	27%	50%	900:1	13%
<b>Stillwater County</b>	4.5	32%	29%	1,180:1	13%
<b>Sweetgrass County</b>	4.5	26%	29%	620:1	14%
<b>Yellowstone County</b>	4.7	23%	46%	250:1	14%

<sup>64</sup> University of Wisconsin Population Health Institute, County Health Rankings (2014-2020)

<sup>65</sup> CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

<sup>66</sup> CDC, National Vital Statistics System. Accessed via CDC WONDER (2016-2020)

<sup>67</sup> State Cancer Profiles (2016-2020)

<sup>68</sup> CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

<sup>69</sup> CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2020)

<sup>70</sup> CD, Behavioral Risk Factor Surveillance System, Accessed via County Health Rankings (2020)

<sup>71</sup> American Medical Association "What is behavioral health?" Retrieved 1/18/24 from: <https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health>

<sup>72</sup> County Health Rankings "Compare Counties. Retrieved 1/18/24 from: countyhealthrankings.org

## Big Horn County Profile

Big Horn County, Montana is home to multiple American historical sites of interest. For example, Rosebud Battlefield State Park and Little Bighorn Battlefield National Monument exist within the county. The county seat is Hardin, and the majority of Big Horn County lies within the Crow and Northern Cheyenne Indian Reservations<sup>73</sup>. The county is considered 100% rural<sup>74</sup>.

The total population is 12,851<sup>75</sup> people within a land area of 4,997.79 square miles for a resulting population density of 3 people per square mile<sup>76</sup>. Generally, the county has a lower voter participation rate (54.7%) than that of Montana (74.6%)<sup>77</sup> and a higher property crime rate. The annual rate for property crimes per 100,000 is 3,085.8, while the rate for Montana as a whole is 2,575.4. The annual rate for violent crimes (712.9) is also much higher than in either Montana (393.7) or the United States (416)<sup>78</sup>. The population percentage with access to Broadband Internet download speeds greater than 100MBPS (28.87%) is much lower than either Montana (70.87%) or the national average (91.18%)<sup>79</sup>.

## Demographics

The median age in Big Horn County (31.4) is much lower than Montana as a whole (40.1)<sup>80</sup>. Of the total population in the county, the percentage of population ages 65+ is 13.5%<sup>81</sup>.

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<sup>73</sup> Demographic & Economic Information for Big Horn County (2010). Montana Department of Labor and Industry, Workforce Services Division, and Research & Analysis Bureau

<sup>74</sup> American Community Survey (2017-2021)

<sup>75</sup> U.S. Census QuickFacts, Big Horn County (2022)

<sup>76</sup> U.S. Census (2020)

<sup>77</sup> Townhall.com Election Results (2020)

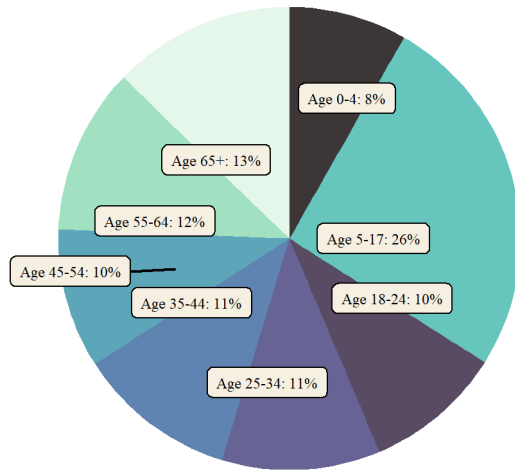
<sup>78</sup> FBI Uniform Crime Reports. Accessed via the Inter-university Consortium for Political and Social Research (2014 and 2016) and (2015-2017)

<sup>79</sup> FCC FABRIC Data. Additional analysis by CARES (2023)

<sup>80</sup> U.S. Census (2020)

<sup>81</sup> American Community Survey (2017-2021)

Figure 8: Total population by age group, Big Horn County<sup>82</sup>



Big Horn is a majority minority county, with 66.3% of the county identifying as Native American or Alaska Native, 28.31% identifying as White, 4.9% of county residents reporting being “multiple race,” and 6.03% identifying as Hispanic or Latino/a<sup>83</sup>.

Table 16: Total population by race alone and ethnicity, Big Horn County<sup>84</sup>

	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some other race	Multiple race	Hispanic or Latino/a (any race)
<b>Big Horn County</b>	28.31%	0.00%	0.19%	66.38%	0.00%	0.21%	4.9%	6.03%
<b>Montana</b>	87.04%	0.58%	0.83%	6.07%	0.05%	0.94%	4.49%	4.07%
<b>United States</b>	68.17%	12.55%	5.70%	0.83%	0.19%	5.58%	6.99%	18.44%

Big Horn County is 50.77% female and 49.23% male. 8.52% of women reported having a disability versus 10.23% of men. Only 0.33% of the county’s population are foreign-born versus 13.6% of those in the United States. The county has a smaller percentage of Veterans (6.49%) than the United States (6.85%)<sup>85</sup> as a whole.

### Economic context and poverty

The largest sector by employment is government and government enterprises, which employs 1,802 people in the county, with an average wage of \$62,136. The next largest sector is mining, quarrying, and oil and gas extraction, with 634 people and an average wage of \$97,482<sup>86</sup>. The unemployment rate of Big Horn (3.4%) is lower than the national average of 3.6%<sup>87</sup>, and the county has a much higher percentage of the population below

<sup>82</sup> American Community Survey (2017-2021)

<sup>83</sup> American Community Survey (2017-2021)

<sup>84</sup> American Community Survey (2017-2021)

<sup>85</sup> American Community Survey (2017-2021)

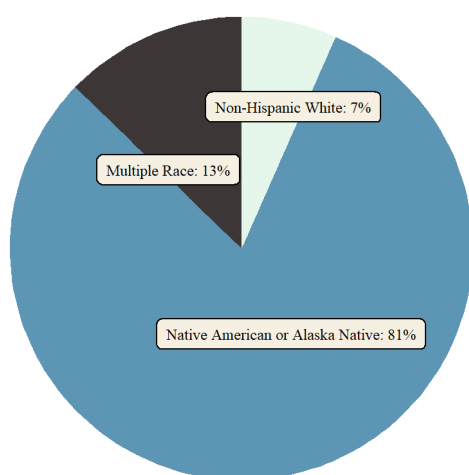
<sup>86</sup> US Department of Commerce, US Bureau of Economic Analysis (2019)

<sup>87</sup> U.S. Department of Labor, Bureau of Labor Statistics (2023)

100% of the Federal Poverty Level (FPL) (28.57%) than Montana (12.49%) or the United States (12.63%)<sup>88</sup>.

The median household income (\$49,640) is lower than the United States median household income of \$69,021. Additionally, many more people in the county receive SNAP benefits. In Big Horn, 27.1% of the population receives SNAP benefits versus 9.1% of Montana. Additionally, 28.57% of the population lives below 100% of the FPL, and child poverty is large in comparison to Montana (15.15%) and the United States (17.05%)<sup>89</sup>. For children ages 0-17, 33.83% are living in households with income below the Federal Poverty Level<sup>90</sup>. Far more Native American/Alaska Native children live below the FPL than White children.

Figure 9: Children below 100% FPL by race, Big Horn County<sup>91</sup>



As Figure 9 demonstrates, in Big Horn County, the largest percentage of children in poverty by far is in the Native American/Alaska Native category. As discussed, the Crow Indian Reservation is found within Big Horn County.

### Education and housing

For education, only 23.02%% of the children ages 3-4 are enrolled in preschool (versus 40.70% in Montana or 45.93% in the United States). Regarding educational attainment for those 25 years or older, 12.1%% of Big Horn residents have a bachelor's degree and 10.6% have no high school diploma versus 5.7% of all Montanans<sup>92</sup>.

<sup>88</sup> American Community Survey (2017-2021)

<sup>89</sup> American Community Survey (2017-2021)

<sup>90</sup> American Community Survey (2017-2021)

<sup>91</sup> American Community Survey (2017-2021)

<sup>92</sup> American Community Survey (2017-2021)

Table 17: Educational attainment, Big Horn County<sup>93</sup>

Report Area	No high school diploma	High school only	Some college	Associate's degree	Bachelor's degree	Graduate or professional degree
<b>Big Horn County</b>	10.6%	33.9%	25.1%	11.0%	12.1%	7.4%
<b>Montana</b>	5.7%	27.8%	23.4%	9.5%	22.4%	11.3%
<b>United States</b>	11.1%	26.5%	20.0%	8.7%	20.6%	13.1%

For housing, of all the 4,548 total housing units in the county, there is a vacancy rate of 22.30% versus Montana (14.84%)<sup>94</sup>. Of the occupied housing units in Big Horn, 32.43% report one or more substandard conditions, while only 27.79% of Montana's households report one or more substandard conditions. Cost burdened households are those where housing costs account for 30% or more of total household income. In Big Horn County, 21.53% of the households are cost-burdened versus 27.15% of households in Montana<sup>95</sup>.

### Community health and behaviors

A higher percentage of Big Horn County residents are uninsured (26.38%) than in Montana as a whole (8.55%)<sup>96</sup>, which could be due to the utilization of Indian Health Services for Native Americans. The table below shows various health outcomes and conditions, as compared to Montana and the United States.

Table 18: Health outcomes, Big Horn County

	Percentage low birthweight births <sup>97</sup>	Adults with obesity (BMI>30) <sup>98</sup>	Coronary heart disease age-adjusted death rate (per 100,000) <sup>99</sup>	Cancer incidence rate (per 100,000) <sup>100</sup>	Teen Births rate (per 1,000 females ages 15-19) <sup>101</sup>	Adults age 20+ with diabetes (age-adjusted) <sup>102</sup>
<b>Big Horn County</b>	9.0%	35.6%	84.2 <sup>103</sup>	484.8	72.6	13.4%
<b>Montana</b>	7.5%	27.5%	88.4	457.0	20.4	7.1%
<b>United States</b>	8.2%	29.0%	91.5	442.3	19.3	9.0%

For sexually transmitted infections, the rate per 100,000 population for Chlamydia is 1,216.31 (versus Montana at 386.7), the gonorrhea incidence is 998.6 (versus Montana

<sup>93</sup> American Community Survey (2017-2021)

<sup>94</sup> American Community Survey (2017-2021)

<sup>95</sup> American Community Survey (2017-2021)

<sup>96</sup> American Community Survey (2017-2021)

<sup>97</sup> University of Wisconsin Population Health Institute, County Health Rankings (2014-2020)

<sup>98</sup> CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

<sup>99</sup> CDC, National Vital Statistics System. Accessed via CDC WONDER (2016-2020)

<sup>100</sup> State Cancer Profiles (2016-2020)

<sup>101</sup> CDC, National Vital Statistics System via County Health Rankings (2014-2020)

<sup>102</sup> CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

<sup>103</sup> Retrieved 11/28/23 from datausa.io "Big Horn County, MT"

at 158.9), and the rate of HIV/AIDS is 100.6<sup>104</sup> (versus Montana at 75). In the county, 22.43% of adults reported excessive drinking of alcohol as opposed to 23.89% in Montana or 19% nationally<sup>105</sup>. Moreover 720 or 22.6% of adults ages 20 and older self-reported no active leisure time, versus 19.2% in Montana<sup>106</sup>. Of adults over age 18, 26.7% reported being current smokers (Montana as a whole is 16.39%) (age-adjusted)<sup>107</sup>.

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<sup>104</sup> CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2020)

<sup>105</sup> CDC, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings (2020)

<sup>106</sup> CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

<sup>107</sup> CEC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal (2021)

## Carbon County Profile

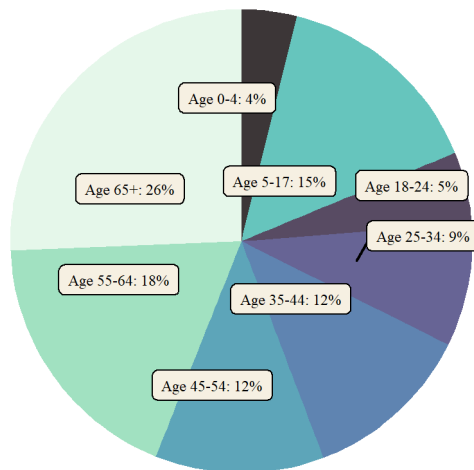
Carbon County is home to spectacular mountain ranges, including the Pryor and Beartooth Mountains that contain the Beartooth Scenic Byway. The county seat is Red Lodge. With scenic vistas and snowcapped peaks, the Beartooth Highway extends south from Red Lodge to the northeast entrance of Yellowstone National Park<sup>108</sup>.

The total population is 11,179<sup>109</sup> people within a land area of 2,047.77 square miles for a resulting population density of 5 people per square mile<sup>110</sup>. The county is considered 100% rural<sup>111</sup>. The voter participation rate is 81.7%<sup>112</sup>, which is higher than Montana's (74.6%). Carbon County's annual rate for property crimes per 100,000 is 975.2, while Montana's is 2,575.4, and the annual rate for violent crimes is 454.2 compared to Montana (393.7)<sup>113</sup>. The percentage population with access to Broadband Internet download speeds greater than 100MBPS (29.57%) is lower than Montana (70.87%) as a whole and much lower than the national average (91.18%<sup>114</sup>).

## Demographics

The median age in Carbon County is 50.7 versus the United States median age of 38.4<sup>115</sup>. Carbon is an aging county, with a large portion of the county being 65 years or older. Of the total population in the county, the percentage of population ages 65+ is 25.82%<sup>116</sup>.

Figure 10: Total population by age group, Carbon County<sup>117</sup>



<sup>108</sup> Retrieved 11/29/23 from: <https://co.carbon.mt.us/>

<sup>109</sup> U.S. Census QuickFacts, Carbon County (2022)

<sup>110</sup> U.S. Census (2020)

<sup>111</sup> U.S. Census (2020)

<sup>112</sup> Townhall.com election results (2020)

<sup>113</sup> FBI Uniform Crime Reports. Accessed via the Inter-university Consortium for Political and Social Research (2014 and 2016) and (2015-2017)

<sup>114</sup> FCC FABRIC Data. Additional analysis by CARES (2023)

<sup>115</sup> American Community Survey (2017-2021)

<sup>116</sup> American Community Survey (2017-2021)

<sup>117</sup> U.S. Census Bureau (2020)

Carbon is 92.81% White, 1.06% Native American/Alaska Native, 5% of county residents report being “multiple race”, and 2.49% identify as Hispanic or Latino/a<sup>118</sup>.

Table 19: Total population by race alone, and ethnicity, Carbon County<sup>119</sup>

	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some other race	Multiple race	Hispanic or Latino/a (any race)
<b>Carbon County</b>	92.81%	0.21%	0.2%	1.06%	0%	0.72%	5%	2.71%
<b>Montana</b>	87.04%	0.58%	0.83%	6.07%	0.05%	0.94%	4.49%	4.07%
<b>United States</b>	68.17%	12.55%	5.70%	0.83%	0.19%	5.58%	6.99%	18.44%

Carbon County is 48.66% female and 51.34% male. A higher percentage of men reported having a disability (16.62%) than women (15.73%). Ninety-nine percent of the county’s population speak English “very well” versus 92% of the United States, and only 0.36% of the county’s population are foreign-born versus 13.6% of those in the United States. The county has a larger percentage of Veterans (9.76%) than the United States (6.85%)<sup>120</sup> as a whole.

### Economic context and poverty

The largest sector by employment size in Carbon County is “accommodation and food services,” with the low annual average wage of \$20,088 per year. The second largest industry is “government and government enterprises,” with an annual average salary of \$56,825<sup>121</sup>. The unemployment rate (2.5%) is lower than the national average of 3.6%<sup>122</sup>, and the county has a lower percentage of the population below 100% of the Federal Poverty Level (FPL) (9.72%) than the United States (12.63%). The median household income (\$63,178) is lower than the United States median household income of \$69,021. 5.2% of the population receives SNAP benefits versus 9.1% of Montana<sup>123</sup>. In the county, 12.01% of children ages 0-17 are living in households with incomes below the FPL<sup>124</sup>.

Table 20: Children below 100% FPL, Carbon County<sup>125</sup>

	Total population	Population < age 18	Population < age 18 in poverty	Population < age 18 in poverty, percent
<b>Carbon County</b>	10,367	1,823	219	12.01%
<b>Montana</b>	1,053,304	227,055	34,405	15.15%
<b>United States</b>	321,897,703	72,996,065	12,443,424	17.05%

<sup>118</sup> U.S. Census (2020)

<sup>119</sup> American Community Survey (2017-2021)

<sup>120</sup> American Community Survey (2017-2021)

<sup>121</sup> U.S. Department of Commerce, US Bureau of Economic Analysis (2019)

<sup>122</sup> U.S. Department of Labor, Bureau of Labor Statistics (2023)

<sup>123</sup> US Census Bureau, Small Area Income and Poverty Estimates (2020)

<sup>124</sup> American Community Survey (2017-2021)

<sup>125</sup> American Community Survey (2017-2021)

## Education and housing

For education, 47.67% of the children ages 3-4 are enrolled in preschool (versus 40.70% in Montana or 45.93% in the United States). Regarding educational attainment for those 25 years or older, 19.9% of Carbon County residents have a bachelor's degree<sup>126</sup>.

Table 21: Education attainment, Carbon County<sup>127</sup>

	No high school diploma	High school only	Some college	Associate's degree	Bachelor's degree	Graduate or professional degree
<b>Carbon County</b>	4.5%	30.3%	25.7%	8.0%	19.9%	11.7%
<b>Montana</b>	5.7%	27.8%	23.4%	9.5%	22.4%	11.3%
<b>United States</b>	11.1%	26.5%	20.0%	8.7%	20.6%	13.1%

For housing, of the total 6,377 housing units in the county, 1,865 are vacant for a 29.25% vacancy rate compared to Montana (14.84%)<sup>128</sup>. Of the total occupied housing units (4,512) in Carbon County, 27.11% reported one or more substandard conditions, similar to 27.79% of Montana's households overall. Cost burdened households are those where housing costs account for 30% or more of total household income. 26.71% of the households in Carbon County are cost-burdened versus 27.15% of households in Montana<sup>129</sup>.

## Community health and behaviors

A lower percentage of Carbon County residents are uninsured (7.12%) than in Montana as a whole (8.55%)<sup>130</sup>. The table below shows various health outcomes and conditions, as compared to Montana and the United States.

Table 22: Health outcomes, Carbon County

	Percentage low birthweight births <sup>131</sup>	Adults with obesity (BMI>30) <sup>132</sup>	Coronary heart disease age-adjusted death rate (per 100,000) <sup>133</sup>	Cancer incidence rate (per 100,000) <sup>134</sup>	Teen Births (rate per 1,000 females ages 15-19) <sup>135</sup>	Adults age 20+ with diabetes (age-adjusted) <sup>136</sup>
<b>Carbon County</b>	5.0%	25.4%	43.0	423.0	11.0	7.2%
<b>Montana</b>	7.5%	27.5%	88.4	457.0	20.4	7.1%
<b>United States</b>	8.2%	29.0%	91.5	442.3	19.3	9.0%

<sup>126</sup> American Community Survey (2017-2021)

<sup>127</sup> American Community Survey (2017-2021)

<sup>128</sup> American Community Survey (2017-2021)

<sup>129</sup> American Community Survey (2017-2021)

<sup>130</sup> American Community Survey (2017-2021)

<sup>131</sup> University of Wisconsin Population Health Institute, County Health Rankings (2014-2020)

<sup>132</sup> CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

<sup>133</sup> CDC, National Vital Statistics System. Accessed via CDC WONDER (2016-2020)

<sup>134</sup> State Cancer Profiles (2016-2020)

<sup>135</sup> CDC, National Vital Statistics System via County Health Rankings (2014-2020)

<sup>136</sup> CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

For sexually transmitted infections, the rate per 100,000 population for Chlamydia is 121.21 (versus Montana at 386.7), the gonorrhea incidence is 9.3 (versus Montana at 158.9), and the rate of HIV/AIDS is 83.2<sup>137</sup> (versus Montana at 75). In the county, 24.63% of adults reported excessive drinking of alcohol as opposed to 23.89% in Montana or 19% nationally<sup>138</sup>. Of adults over age 18, 15.3% reported being current smokers (Montana as a whole is 16.39%)<sup>139</sup>.

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<sup>137</sup> CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2020)

<sup>138</sup> CDC, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings (2020)

<sup>139</sup> CEC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal (2021)

## Stillwater County Profile

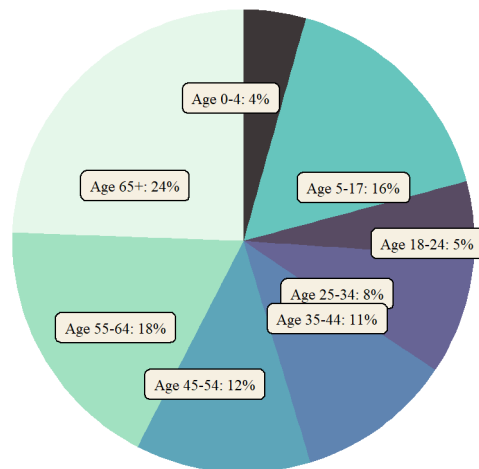
Originating outside Stillwater County in the interior of Yellowstone National Park, the Yellowstone River weaves through Stillwater County (and other counties in the 5-county service area of HRDC) on the way to its confluence with the Missouri River in North Dakota. Views of the Granite Range and Beartooth Mountains can also be found in Stillwater County. The county seat is Columbus<sup>140</sup>.

The total population of the county is 8,963 people within a land area of 1,796.74 square miles for a resulting population density of 5 people per square mile<sup>141</sup>. The county is considered 100% rural<sup>142</sup>. The voter participation rate is 78.4%<sup>143</sup>, which is higher than Montana's (74.6%). The annual rate for property crimes per 100,000 is 3,085.8, higher than Montana's (2,575.4). The annual rate for violent crimes is 712.9 compared to Montana (393.7)<sup>144</sup>. The percentage population with access to Broadband Internet download speeds greater than 100MBPS (38.87%) is lower than Montana (70.87%) as a whole and much lower than the national average (91.18%<sup>145</sup>).

## Demographics

The median age in Stillwater County is 48.3 versus Montanan's median age of 40.0<sup>146</sup>. Stillwater is an aging county, with a large portion of the county being 65 years or older. Of the total population in the county, the percentage of population ages 65+ is 23.08%<sup>147</sup>.

Figure 11: Total population by age group, Stillwater County<sup>148</sup>



<sup>140</sup> <https://www.stillwatercountymt.gov/27/Government>

<sup>141</sup> U.S. Census (2020)

<sup>142</sup> U.S. Census (2020)

<sup>143</sup> Townhall.com election results (2020)

<sup>144</sup> FBI Uniform Crime Reports. Accessed via the Inter-university Consortium for Political and Social Research (2014 and 2016) and (2015-2017)

<sup>145</sup> FCC FABRIC Data. Additional analysis by CARES (2023)

<sup>146</sup> American Community Survey (2017-2021)

<sup>147</sup> American Community Survey (2017-2021)

<sup>148</sup> U.S. Census (2020)

Stillwater is 91.67% White, 0.99% Native American/Alaska Native, 5.95% of county residents report being “multiple race”, and 3% identify as Hispanic or Latino/a<sup>149</sup>.

Table 23: Total population by race alone and ethnicity, Stillwater County<sup>150</sup>

	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some other race	Multiple race	Hispanic or Latino/a (any race)
<b>Stillwater County</b>	91.67%	0.19%	0.28%	0.99%	0%	0.93%	5.95%	3.99%
<b>Montana</b>	87.04%	0.58%	0.83%	6.07%	0.05%	0.94%	4.49%	4.07%
<b>United States</b>	68.17%	12.55%	5.70%	0.83%	0.19%	5.58%	6.99%	18.44%

Stillwater County is 49.27% female and 50.73% male. A higher percentage of men reported having a disability (15.55%) than women (14.48%). One hundred percent of the county’s population speak English “very well” versus 92% of the United States, and only 0.82% of the county’s population are foreign-born versus 13.6% of those in the United States. The county has a larger percentage of Veterans (11.45%) than the United States (6.85%)<sup>151</sup> as a whole.

### Economic context and poverty

The largest sector by employment size in Stillwater County is “government and government enterprises,” with an annual average wage of \$52,572 per year. The second largest industry is “retail trade,” with a low annual average salary of \$19,397<sup>152</sup>. The unemployment rate (2.2%) is lower than the national average of 3.6%<sup>153</sup>, and the county has a lower percentage of the population below 100% of the Federal Poverty Level (FPL) (5.9%) than the United States (12.63%). The median household income (\$72,906) is higher than the United States median household income of \$69,021. Only 4.7% of the population receives SNAP benefits versus 9.1% of Montana or 12.6% of the United States<sup>154</sup>. In the county, 6.41% of children ages 0-17 are living in households with incomes below the FPL<sup>155</sup>.

Table 24: Children below 100% FPL, Stillwater County<sup>156</sup>

	Total population	Population < age 18	Population < age 18 in poverty	Population < age 18 in poverty, percent
<b>Stillwater County</b>	8,876	1,919	123	6.41%
<b>Montana</b>	1,053,304	227,055	34,405	15.15%
<b>United States</b>	321,897,703	72,996,065	12,443,424	17.05%

<sup>149</sup> U.S. Census (2020)

<sup>150</sup> American Community Survey (2017-2021)

<sup>151</sup> American Community Survey (2017-2021)

<sup>152</sup> U.S. Department of Commerce, US Bureau of Economic Analysis (2019)

<sup>153</sup> U.S. Department of Labor, Bureau of Labor Statistics (2023)

<sup>154</sup> US Census Bureau, Small Area Income and Poverty Estimates (2020)

<sup>155</sup> American Community Survey (2017-2021)

<sup>156</sup> American Community Survey (2017-2021)

## Education and housing

For education, 50.2% of the children ages 3-4 are enrolled in preschool (versus 40.70% in Montana or 45.93% in the United States). Regarding educational attainment for those 25 years or older, 20% of Stillwater County residents have a bachelor's degree<sup>157</sup>.

Table 25: Educational attainment, Stillwater County<sup>158</sup>

Report Area	No high school diploma	High school only	Some college	Associate's degree	Bachelor's degree	Graduate or professional degree
<b>Stillwater County, MT</b>	7.3%	32.0%	25.05%	7.8%	20.0%	7.9%
<b>Montana</b>	5.7%	27.8%	23.4%	9.5%	22.4%	11.3%
<b>United States</b>	11.1%	26.5%	20.0%	8.7%	20.6%	13.1%

For housing, of the total 4,682 housing units in the county, 949 are vacant for a 20.27% vacancy rate compared to Montana (14.84%)<sup>159</sup>. Of the total occupied housing units (3,733) in Stillwater County, 21.79% reported one or more substandard conditions, compared to 27.79% of Montana's households overall. Cost burdened households are those where housing costs account for 30% or more of total household income. Of the households in Stillwater County, 20.12% are cost-burdened versus 27.15% of households in Montana<sup>160</sup>.

## Community health and behaviors

A lower percentage of Stillwater County residents are uninsured (5.14%) than in Montana as a whole (8.55%)<sup>161</sup>. The table below shows various health outcomes and conditions, as compared to Montana and the United States.

Table 26: Health outcomes, Stillwater County

	Percentage low birthweight births <sup>162</sup>	Adults with obesity (BMI>30) <sup>163</sup>	Coronary heart disease age-adjusted death rate (per 100,000) <sup>164</sup>	Cancer incidence rate (per 100,000) <sup>165</sup>	Teen Births (rate per 1,000 females ages 15-19) <sup>166</sup>	Adults age 20+ with diabetes (age-adjusted) <sup>167</sup>
<b>Stillwater County</b>	9.0%	35.7%	83.5	466.1	13.3	6.8%
<b>Montana</b>	7.5%	27.5%	88.4	457.0	20.4	7.1%
<b>United States</b>	8.2%	29.0%	91.5	442.3	19.3	9.0%

<sup>157</sup> American Community Survey (2017-2021)

<sup>158</sup> American Community Survey (2017-2021)

<sup>159</sup> American Community Survey (2017-2021)

<sup>160</sup> American Community Survey (2017-2021)

<sup>161</sup> American Community Survey (2017-2021)

<sup>162</sup> University of Wisconsin Population Health Institute, County Health Rankings (2014-2020)

<sup>163</sup> CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

<sup>164</sup> CDC, National Vital Statistics System. Accessed via CDC WONDER (2016-2020)

<sup>165</sup> State Cancer Profiles (2016-2020)

<sup>166</sup> CDC, National Vital Statistics System via County Health Rankings (2014-2020)

<sup>167</sup> CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

For sexually transmitted infections, the rate per 100,000 population for Chlamydia is 248.91 (versus Montana at 386.7), the gonorrhea incidence is 124.5 (versus Montana at 158.9), and the prevalence of HIV/AIDS is 70.6<sup>168</sup> (versus Montana at 75). In the county, 25.17% of adults report excessive drinking of alcohol as opposed to 23.89% in Montana or 19% nationally<sup>169</sup>. Moreover, 15.6% of adults over age 18 reported being current smokers (Montana as a whole is 16.39%)<sup>170</sup>.

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<sup>168</sup> CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2020)

<sup>169</sup> CDC, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings (2020)

<sup>170</sup> CEC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal (2021)

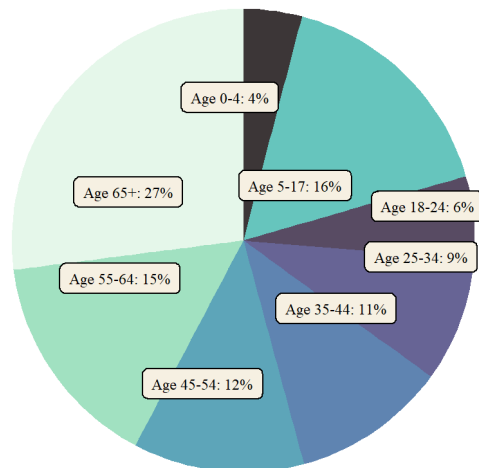
## Sweet Grass County Profile

Sweet Grass became a county in 1895<sup>171</sup>. All of Sweet Grass County is rural, with a total population of 3,678 people within a land area of 1,855.53 square miles for a resulting population density of 2 people per square mile<sup>172</sup>. The towns in Sweet Grass County include Big Timber, Greycliff, McLeod, and Melville. Generally, the county is high in community engagement and low in crime. The voter participation rate is 82.8%<sup>173</sup>, while Montana's is 74.6%. The annual rate for property crimes per 100,000 is 218.3, while Montana's as a whole is 2,575.4. The annual rate for violent crimes is 146.2, with Montana's being 393.7<sup>174</sup>. The percentage population with access to Broadband Internet download speeds greater than 100MBPS (76.26%) is higher than Montana (70.87%) but lower than the national average (91.18%<sup>175</sup>).

## Demographics

The median age in Sweet Grass County is 45.4 versus the United States median age of 38.4<sup>176</sup>. Sweet Grass is an aging county, with a large portion of the county being 65 years or older. Of the total population in the county, the percentage of population ages 65+ is 27%<sup>177</sup>.

Figure 12: Total population by age group, Sweet Grass County<sup>178</sup>



Sweet Grass is 95% White, 2.25% Black, and 1.98% identify as Hispanic or Latino/a.

<sup>171</sup> Sweet Grass County <https://sweetgrasscountygov.com/about/about-sweet-grass-county/>

<sup>172</sup> U.S. Census (2020)

<sup>173</sup> Townhall.com election results (2020)

<sup>174</sup> FBI Uniform Crime Reports. Accessed via the Inter-university Consortium for Political and Social Research (2014 and 2016) and (2015-2017)

<sup>175</sup> FCC FABRIC Data. Additional analysis by CARES (2023)

<sup>176</sup> American Community Survey (2017-2021)

<sup>177</sup> U.S. Census (2020)

<sup>178</sup> U.S. Census (2020)

Table 27: Total population by race alone and ethnicity, Sweet Grass County<sup>179</sup>

	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some other race	Multiple race	Hispanic or Latino/a (any race)
<b>Sweet Grass County</b>	95.07%	2.25%	0.08%	0.79%	0.00%	0.00%	1.82%	1.98%
<b>Montana</b>	87.04%	0.58%	0.83%	6.07%	0.05%	0.94%	4.49%	4.07%
<b>United States</b>	68.17%	12.55%	5.70%	0.83%	0.19%	5.58%	6.99%	18.44%

Sweet Grass County is 49.21% female and 50.79% male. A higher percentage of men reported having a disability (15.67%) than women (12.35%). Ninety-nine percent of the county’s population speak English “very well” versus 92% of the United States, and only 0.14% of the county’s population are foreign-born versus 13.6% of those in the United States. The county has a larger percentage of Veterans (10.98%) than the United States (6.85%)<sup>180</sup> as a whole.

### Economic context and poverty

The unemployment rate of Sweet Grass (2.3%) is lower than the national average of 3.6%<sup>181</sup>, and the county has a lower poverty rate than the United States. The median household income (\$59,238) is lower than the United States median household income of \$69,021. In the county, 3.2% of the population receives SNAP benefits versus 9.1% of Montana. Additionally, 5.19% of the population lives below 100% of the FPL, while 4.56% of children aged 0-17 are living in households with income below the Federal Poverty Level<sup>182</sup>.

Table 28: Children below 100% FPL, Sweet Grass County<sup>183</sup>

	Total population	Population < age 18	Population < age 18 in poverty	Population < age 18 in poverty, percent
<b>Sweet Grass County</b>	3,661	746	34	4.56%
<b>Montana</b>	1,053,304	227,055	34,405	15.15%
<b>United States</b>	321,897,703	72,996,065	12,443,424	17.05%

### Education and housing

For education, 54.84% of the children ages 3-4 are enrolled in preschool (versus 40.70% in Montana or 45.93% in the United States). Regarding educational attainment for those 25 years or older, 16.9% of Sweet Grass have a bachelor’s degree<sup>184</sup>.

<sup>179</sup> American Community Survey (2017-2021)

<sup>180</sup> American Community Survey (2017-2021)

<sup>181</sup> U.S. Department of Labor, Bureau of Labor Statistics (2023)

<sup>182</sup> American Community Survey (2017-2021)

<sup>183</sup> American Community Survey (2017-2021)

<sup>184</sup> American Community Survey (2017-2021)

Table 29: Educational attainment, Sweet Grass County<sup>185</sup>

Report Area	No high school diploma	High school only	Some college	Associate's degree	Bachelor's degree	Graduate or professional degree
Sweet Grass County	3.9%	32.6%	30.7%	10.8%	16.9%	5.2%
Montana	5.7%	27.8%	23.4%	9.5%	22.4%	11.3%
United States	11.1%	26.5%	20.0%	8.7%	20.6%	13.1%

Regarding all 1,949 housing units in the county, 1,594 are occupied and 355 are vacant, for a vacancy rate of 18.21% versus Montana (9.74%)<sup>186</sup>. Of the occupied housing units in Sweet Grass, 18.36% reported one or more substandard conditions, while 27.79% of Montana's households reported having substandard conditions. Cost burdened households are those where housing costs account for 30% or more of total household income. In Sweet Grass County, 16.92% of the households are cost-burdened versus 27.15% of households in Montana<sup>187</sup>.

### Community health and behaviors

A lower percentage of Sweet Grass County residents are uninsured (7.06%) than in Montana as a whole (8.55%)<sup>188</sup>. The table below shows various health outcomes and conditions, as compared to Montana and the United States.

Table 30: Health outcomes, Sweet Grass County

	Percentage low birthweight births <sup>189</sup>	Adults with obesity (BMI>30) <sup>190</sup>	Coronary heart disease age-adjusted death rate (per 100,000) <sup>191</sup>	Cancer incidence rate (per 100,000) <sup>192</sup>	Percentage asthma (Medicaid population) <sup>193</sup>	Adults age 20+ with diabetes (age-adjusted) <sup>194</sup>
Sweet Grass County	6.0%	23.2%	79.7	427.7	1.5%	8.1%
Montana	7.5%	27.5%	88.4	457.0	3.7%	7.1%
United States	8.2%	29.0%	91.5	442.3	5.0%	9.0%

For sexually transmitted infections, the rate per 100,000 population for Chlamydia is 133.8 (versus Montana at 386.7), the gonorrhea incidence is 107 (versus Montana at 158.9), and the rate of HIV/AIDS is zero<sup>195</sup>. In the county, 26.17% of adults reported excessive drinking of alcohol, as opposed to 23.89% in Montana or 19% nationally<sup>196</sup>. Moreover, 720 (22.6%) of adults ages 20 and older self-reported no active leisure time, versus 19.2%

<sup>185</sup> American Community Survey (2017-2021)

<sup>186</sup> U.S. Census (2020)

<sup>187</sup> American Community Survey (2017-2021)

<sup>188</sup> American Community Survey (2017-2021)

<sup>189</sup> University of Wisconsin Population Health Institute, County Health Rankings (2014-2020)

<sup>190</sup> CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

<sup>191</sup> CDC-National Vital Statistics System. Accessed via CDC WONDER (2016-2020)

<sup>192</sup> State Cancer Profiles (2016-2020)

<sup>193</sup> Centers for Medicare & Medicaid Services, Chronic Conditions (2018)

<sup>194</sup> CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

<sup>195</sup> CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2020)

<sup>196</sup> CDC, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings (2020)

for Montana<sup>197</sup>. Of adults over the age of 18, 14.6% reported being current smokers (Montana as a whole is 16.39%)<sup>198</sup>.

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<sup>197</sup> CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

<sup>198</sup> CEC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal (2021)

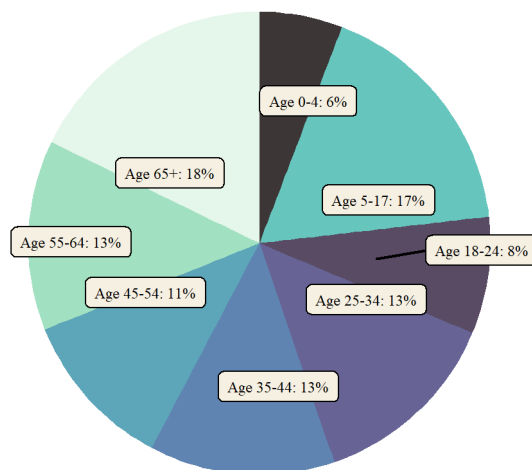
## Yellowstone County Profile

Yellowstone County is home to the largest city in Montana, Billings, with a population of 119,960<sup>199</sup>. A northern portion of the Crow Reservation is situated in part of the county. Most of Yellowstone County is urban (137,576 or 83.52% of the county), with a total population of 164,731 people. The land area is 2,633.45 square miles with a resulting population density of 63 people per square mile<sup>200</sup>. The voter participation rate is 69.7%<sup>201</sup>, while Montana's is 74.6%. The annual rate for property crimes per 100,000 is 3,743.4, while Montana's as a whole is 2,575.4. The annual rate for violent crimes in Yellowstone County is 396.3, while in Montana it is 393.7<sup>202</sup>. The percentage population with access to Broadband Internet download speeds greater than 100MBPS (88.38%) is higher than Montana (70.87%), but it is still lower than the national average (91.18%<sup>203</sup>).

## Demographics

The median age in Yellowstone County is 38.5, similar to the United States median age of 38.4<sup>204</sup>. Of the total population in the county, the percentage of population ages 65+ is 17.81%<sup>205</sup>, which is younger than Montana's average (19.86%).

Figure 13: Total population by age group, Yellowstone County<sup>206</sup>



Yellowstone is 84.97% White and 4.39% Native American/Alaska Native. Of county residents, 7.19% reported themselves as "multiple race" and 6.14% identify as Hispanic or Latino/a<sup>207</sup>.

<sup>199</sup> U.S. Census Bureau, Population Estimates Program (2022)

<sup>200</sup> U.S. Census (2020)

<sup>201</sup> Townhall.com election results (2020)

<sup>202</sup> FBI Uniform Crime Reports. Accessed via the Inter-university Consortium for Political and Social Research (2014 and 2016) and (2015-2017)

<sup>203</sup> FCC FABRIC Data. Additional analysis by CARES (2023)

<sup>204</sup> American Community Survey (2017-2021)

<sup>205</sup> U.S. Census (2020)

<sup>206</sup> U.S. Census (2020)

<sup>207</sup> U.S. Census (2020)

Table 31: Total population by race alone and ethnicity, Yellowstone County<sup>208</sup>

	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some other race	Multiple race	Hispanic or Latino/a (any race)
<b>Yellowstone County</b>	88.28%	0.86%	0.74%	4.19%	0.03%	1.3%	4.6%	6.05%
<b>Montana</b>	87.04%	0.58%	0.83%	6.07%	0.05%	0.94%	4.49%	4.07%
<b>United States</b>	68.17%	12.55%	5.70%	0.83%	0.19%	5.58%	6.99%	18.44%

Yellowstone County is 50.91% female and 49.09% male. A higher percentage of men reported having a disability (13.4%) than women (12.71%). Ninety-nine percent of the county’s population speak English “very well” versus 92% of the United States, and only 1.91% of the county’s population are foreign-born versus 13.6% of those in the United States. The county has a larger percentage of Veterans (9.74%) than the United States (6.85%)<sup>209</sup> as a whole.

### Economic context and poverty

The largest sector by employment size is “health care and social assistance,” which employs 15,436 people for an average annual wage of \$66,711. The second largest sector is “retail trade”, with an average annual wage of \$33,593<sup>210</sup>. The unemployment rate of Yellowstone (2.3%) is lower than the national average of 3.6%<sup>211</sup>, and the county has a lower poverty rate (10.95%) living below 100% of the Federal Poverty Line (FPL) than the United States (12.49%). The median household income (\$65,656) is lower than the United States median household income of \$69,021. Of the county population, 9.1% receive SNAP benefits, which is the same as Montana (9.1%) as a whole. Of children ages 0-17, 14.27% are living in households with income below the Federal Poverty Level<sup>212</sup>.

Figure 14. Children below 100% FPL<sup>213</sup>

	Total population	Population < age 18	Population < age 18 in poverty	Population < age 18 in poverty, percent
<b>Yellowstone County</b>	159,972	37,360	5,333	14.27%
<b>Montana</b>	1,053,304	227,055	34,405	15.15%
<b>United States</b>	321,897,703	72,996,065	12,443,424	17.05%

<sup>208</sup> American Community Survey (2017-2021)

<sup>209</sup> American Community Survey (2017-2021)

<sup>210</sup> US Department of Commerce, US Bureau of Economic Analysis (2019)

<sup>211</sup> U.S. Department of Labor, Bureau of Labor Statistics (2023)

<sup>212</sup> American Community Survey (2017-2021)

<sup>213</sup> American Community Survey (2017-2021)

## Education and housing

For education, 40.5% of the children ages 3-4 are enrolled in preschool (versus 40.70% in Montana or 45.93% in the United States). Regarding educational attainment for those 25 years or older, 23.3% of Yellowstone residents have a bachelor's degree<sup>214</sup>.

Table 32. Educational attainment, Yellowstone County<sup>215</sup>

Report Area	No high school diploma	High school only	Some college	Associate's degree	Bachelor's degree	Graduate or professional degree
<b>Yellowstone County</b>	5.0%	28.0%	23.8%	9.5%	23.3%	10.4%
<b>Montana</b>	5.7%	27.8%	23.4%	9.5%	22.4%	11.3%
<b>United States</b>	11.1%	26.5%	20.0%	8.7%	20.6%	13.1%

For housing, of all the total housing units in the county (71,296), 67,000 are occupied and 4,296 are vacant for a vacancy rate of 6.03% versus Montana (9.74%)<sup>216</sup>. Of the occupied housing units in Yellowstone, 27.98% reported one or more substandard conditions, while 27.79% of Montana's households reported having substandard conditions. Cost burdened households are those where housing costs account for 30% or more of total household income. In Yellowstone County, 27.8% of the households are cost-burdened versus 27.15% of households in Montana<sup>217</sup>.

## Community health and behaviors

A lower percentage of Yellowstone County residents are uninsured (6.06%) than in Montana as a whole (8.55%)<sup>218</sup>. The table below shows various health outcomes and conditions, as compared to Montana and the United States.

Table 33: Health outcomes, Yellowstone County

	Percentage low birthweight births <sup>219</sup>	Adults with obesity (BMI>30) <sup>220</sup>	Coronary heart disease age-adjusted death rate (per 100,000) <sup>221</sup>	Cancer incidence rate (per 100,000) <sup>222</sup>	Teen Births rate (per 1,000 females ages 15-19) <sup>223</sup>	Adults age 20+ with diabetes (age-adjusted) <sup>224</sup>
<b>Yellowstone County</b>	8.0%	31.1%	88.5%	519.9	21.4	7.7%
<b>Montana</b>	7.5%	27.5%	88.4	457.0	20.4	7.1%
<b>United States</b>	8.2%	29.0%	91.5	442.3	19.3	9.0%

<sup>214</sup> American Community Survey (2017-2021)

<sup>215</sup> American Community Survey (2017-2021)

<sup>216</sup> U.S. Census (2020)

<sup>217</sup> American Community Survey (2017-2021)

<sup>218</sup> American Community Survey (2017-2021)

<sup>219</sup> University of Wisconsin Population Health Institute, County Health Rankings (2014-2020)

<sup>220</sup> CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

<sup>221</sup> CDC, National Vital Statistics System. Accessed via CDC WONDER (2016-2020)

<sup>222</sup> State Cancer Profiles (2016-2020)

<sup>223</sup> CDC, National Vital Statistics System via County Health Rankings (2014-2020)

<sup>224</sup> CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

For sexually transmitted infections, the rate per 100,000 population for Chlamydia is 499.07 (versus Montana at 386.7), the gonorrhea incidence is 329.8 (versus Montana at 158.9), and the prevalence of HIV/AIDS is 101.4<sup>225</sup> (versus Montana at 75). In the county, 23.03% of adults reported excessive drinking of alcohol as opposed to 23.89% in Montana or 19% nationally<sup>226</sup>. Of adults over age 18, 15.5% reported being current smokers versus 16.39% in Montana as a whole<sup>227</sup>.

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<sup>225</sup> CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2020)

<sup>226</sup> CDC, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings (2020)

<sup>227</sup> CEC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal (2021)

## Section 1 Summary

Section 1 presented data from sources such as the U.S. Census Bureau and the Centers for Disease Control and Prevention to paint an overall picture of the service area of HRDC and each of the five individual counties within the service area. Major findings are presented below.

### Key findings in trends and needs

- The five counties in the HRDC service area include Big Horn, Carbon, Stillwater, Sweet Grass, and Yellowstone counties with a combined total land area of 13,331 square miles (bigger than the states of Rhode Island, Delaware, Connecticut and Hawaii combined).
- Yellowstone County has the largest population (164,731), with Billings as the largest urban population center (119,960, as of 2022) in Montana. Sweet Grass County has the smallest population (3,678) of the counties in the service area.
- Internet access remains a problem across the service area, as only 74.7% of service area residents have access to download speeds greater than 100MPS versus almost 90% of the United States.
- Of the five counties in the service area, Big Horn County—home to the Crow Indian Reservation and part of the Northern Cheyenne Indian Reservation—has the largest health and income disparities. For example, Big Horn County has the smallest per capita income (\$19,240 versus \$36,799 for the service area), the highest percentage of children in poverty (33.83% versus 15.53% for the service area), the highest rate of diabetes in age-adjusted adults ages 20+ (13.4% versus 7.4% for the service area), the highest teen birth rate per 1,000 population (72.6 versus 24.9 for the service area), and the highest percentage of low birthweight births (9.0% versus 7.5% in the service area).
- The largest areas of need for the service area include aspects of the social determinants of health, such as housing and access to health care.

## Section 2: Service-area survey findings

In section 1 of this assessment, current population-level data were used to depict the overall demographic picture of the 5-county service area of HRDC and determine community needs through this demographic overview. The research team provided an overview of these counties utilizing a secondary analysis of publicly available data sources, including data compiled by the U.S. Census Bureau in the American Community Survey. Secondary data sources, such as the Centers for Medicare and Medicaid Services and the U.S. Department of Housing and Urban Development, were also used to identify community needs and to provide an overview of the social conditions and determinants of health that influence population outcomes in the 5-county service area by examining the state of food security, housing needs, and community health in the county.

This section, section 2, narrows the scope of an overview of community needs and issues by reporting the findings from a community-wide survey targeting the 5-county service area of HRDC. The survey received 884 total responses before exclusion criteria were applied. After cleaning the dataset, all survey participants in the remaining sample lived within a county of the HRDC service area (n = 427). The number of respondents is statistically representative of the population within the service area of HRDC, allowing us to generalize these findings to the entire 5-county service area. The survey instrument is available in the appendix of this document. The findings from this survey help provide HRDC with a better picture of the needs, obstacles, and strengths in the service area of HRDC as it plans for future programs and community engagement.

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

#### Survey participant demographic information

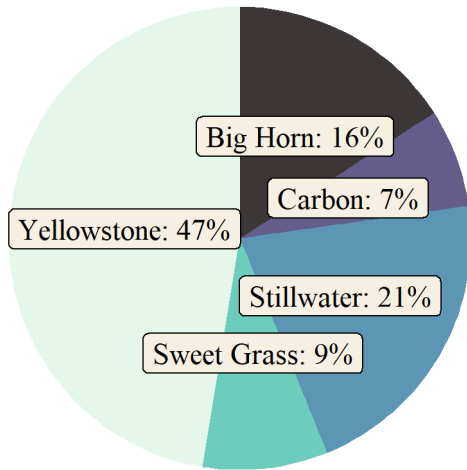
Participants were given a dropdown list of zip codes to choose from and were also asked which county they live in. The majority of survey respondents (47%) live in Yellowstone County, with those in Stillwater (21.1%) having the second most survey participants.

Table 34: County of residence<sup>228</sup>

County	Survey n	Percent (%) of survey respondents	Population	Percent (%) of county population
Big Horn	67	15.9%	12,851	6.2%
Carbon	29	6.9%	11,179	5.4%
Stillwater	89	21.1%	9,177	4.4%
Sweet Grass	37	8.8%	3,715	1.8%
Yellowstone	200	47.4%	169,852	82.1%
<b>Total</b>	<b>422</b>	<b>100.1%</b>	<b>206,774</b>	<b>100.0%</b>

<sup>228</sup> Population data source: census.gov (<https://www.census.gov/quickfacts/fact/table/>)

Figure 15: Survey respondents by county



In addition to county, the research team grouped participants using zip codes into the two categories of “urban,” which included Billings zip codes of 59101, 59102, 59103, 59105, 59106, and 59112 (n = 144, 34.1% of survey respondents), and “rural,” which included all other zip codes (n = 278, 65.9% of survey respondents). These categories provided groups for comparison of survey responses in analyses, which are presented later in this section.

The largest share of participants are long time Montanans who have lived in the HRDC service area for 20 or more years (37%), followed by 1-4 years (25%), 10-19 years (17%), 5-9 years (17%), and less than 1 year (4%).

Table 35: Participant age

Age	n	Percent (%)
0-19	3	0.7%
20-29	86	20.4%
30-39	165	39.1%
40-49	77	18.2%
50-59	46	10.9%
60-69	32	7.6%
70-79	6	1.4%
80+	4	0.9%
<b>Total</b>	<b>419*</b>	<b>99.9%</b>
* (n = 3) respondents left this question blank		

The majority of participants identified as female (n = 266, 63%), followed by male (n = 145, 34.4%). Other participants identified as non-binary (n = 4, .9%) or preferred not to say (n = 6, 1.4%). The mean age of participants was 39, with the largest share of participants being in their 30s (n = 165, 39.1%).

Households ranged in reported size from 1 to 12 people. Table 36 reports the data from the survey question, “How many people currently live in your household including children?”

Table 36: Household size

Number of people	n	Percent (%)
1	27	6.4%
2	59	14.0%
3	77	18.2%
4	86	20.4%
5	86	20.4%
6	51	12.1%
7	15	3.6%
8	8	1.9%
9	2	0.5%
10	3	0.7%
12	3	0.7%
<b>Total</b>	417*	100.0%
<i>*5 people did not answer this question</i>		

Interestingly, almost 40% of survey participants reported living in a household with 5 or more people, with 7.4% reporting at least 7 or more people in one household. This implies that, in addition to children, more than one family might be sharing households in parts of the service area. This is consistent with other data from the survey and echoed later in this section in Table 44 where specific housing status is discussed.

In terms of households with members with disabilities, a large share of respondents reported that one or more members of their household has a disability, as shown in the table below.

Table 37: Household disability

<b>Do you or any members of your house have a disability</b>	<b>n</b>	<b>Percent (%)</b>
No	258	57.3%
Yes, I do	79	17.6%
Yes, another adult in my household does	73	16.2%
Yes, a child in the household does	40	8.9%
<b>Total</b>	<b>450</b>	<b>100.0%</b>

The respondents in Table 37 had the option of choosing more than one disability. However, roughly 38.9% of all respondents (422 total respondents minus 258 answering “no” = 164 or 38.9%) reported one or more persons with a disability in their household. The survey also asked participants “If a child in the household has a disability, which services do you currently use for your child?” Results are shown below in Table 38.

Table 38: Report disability services/programs for children

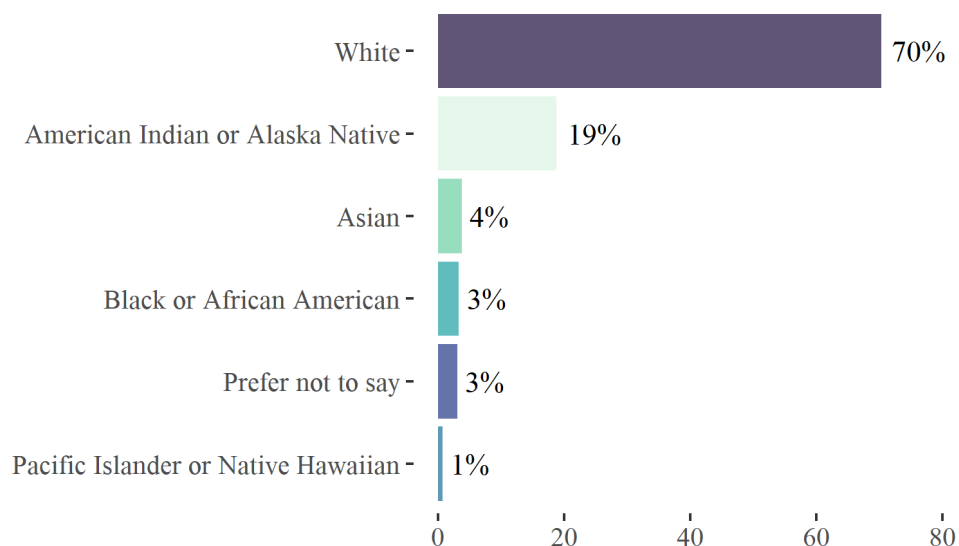
<b>Do you or any members of your house have a disability</b>	<b>n</b>	<b>Percent (%)</b>
Special education services, IEP	26	24.8%
Children's Health Insurance Program (CHIP)	19	18.1%
Supplemental Security Income (SSI)	14	13.3%
Early intervention services, Part C	10	9.5%
Best Beginnings special needs subsidy	8	7.6%
Parent/family support groups	8	7.6%
Case management services	5	4.8%
Parenting classes	5	4.8%
Home visiting	4	3.8%
Military OneSource	3	2.9%
Deaf And Blind school	1	1.0%
Receives outside therapies at Wild Roots. Counseling in Red Lodge.	1	1.0%
Still in process	1	1.0%
<b>Total</b>	<b>105</b>	<b>100.2</b>

The survey participants could select more than one option in Table 38. However, the table shows that programs for children are being highly utilized. For example, 45 participants, or fully 10.5% of the entire survey sample, reported using special education services or the Children’s Health Insurance Program.

The research team also measured race and ethnicity. The majority of survey respondents were White (n = 295, 69.9%) and American Indian or Alaska Native (n = 79, 18.7%), with

23.2% of all the participants identifying as Hispanic or Latino/a (n = 98). Figure 17 below shows survey participants by race.

Figure 16. Race



### Household finances, employment, and educational attainment

For indicating financial well-being, the survey asked participants, “Overall, which of the following statements best describes how well you are managing financially these days?” The responses are shown in Table 39.

Table 39: Financial well-being

Managing	n	Percent
Living comfortably	86	20.4%
Doing okay	145	34.4%
Just getting by	132	31.3%
Finding it difficult to get by	59	14.0%
<b>Total</b>	<b>422</b>	<b>100.1%</b>

As shown above, 45.5% of survey participants noted that they were “just getting by” or “finding it difficult to get by.” When broken down by race, a clear pattern emerges whereby participants of color reported being worse off financially than White respondents, as presented in the table below.

Table 40: Financial well-being by race

Race	Living comfortably	Doing okay	Just getting by	Finding it difficult to get by	Total
American Indian or Alaska Native	8 (10%)	20 (25%)	34 (43%)	17 (22%)	79 (100%)
Asian	6 (38%)	2 (12%)	8 (50%)	0 (0%)	16 (100%)
Black or African American	2 (14%)	3 (21%)	7 (50%)	2 (14%)	14 (100%)
Prefer not to say	4 (31%)	4 (31%)	3 (23%)	2 (15%)	13 (100%)
White	65 (22%)	116 (39%)	77 (26%)	37 (13%)	295 (100%)
Pacific Islander or Native Hawaiian	0 (0%)	0 (0%)	3 (100%)	0 (0%)	3 (100%)

As indicated in Table 40, 61% of White participants reported they are “doing okay” or “living comfortably,” whereas only 35% of Native participants, 35% of Black participants, and 50% of Asian participants reported they are “doing okay” or “living comfortably.” Due to the racial make-up of the service area (82% White, 0.68% Black, 0.71% Asian, 8.08% Native American/Alaska Native, 1.5% “Some other race”, and 6.85% “Multiple race”<sup>229</sup>), The research team utilized a chi-square statistic to understand if there was a statistically significant difference of means between White and Native participants, as these two races make up the majority of the population in the service area of HRDC. Native participants are much less likely to report they are doing well financially than White participants<sup>230</sup>. This has implications for programs that could specifically focus on the needs of Native populations.

For the estimated monthly household income, 79.6% of survey respondents make less than \$4000/month for entire household (less than \$48,000), well below the median household income for Montana (\$66,341<sup>231</sup>).

<sup>229</sup> U.S. Census (2020)

<sup>230</sup> When comparing White and Native participants, the chi-square statistic is 17.388 with 3 degrees of freedom (p-value < 0.000). Thus, the data argues against the null hypothesis that White and Native participants have the same financial well-being.

<sup>231</sup> U.S. Census Bureau QuickFacts Montana

Table 41: Household income

Income	n	Percent (%)
Less than \$1000/month	43	10.2%
\$1001-\$2000/month	96	22.7%
\$2001-\$3000/month	101	23.9%
\$3001-\$4000/month	100	23.7%
More than \$4000/month	81	19.2%
<b>Total</b>	421	100.1
<i>*One respondent did not answer the question.</i>		

As shown in Table 41, 1 in 10 (10.2%, n = 43) of the survey respondents reported a monthly income of less than \$1,000. That equates to 10% of the entire service area of HRDC having a household income of only \$12,000 a year or less. The survey also asked participants about their current employment status. Despite reporting such low incomes, roughly half of participants (n = 244, 49.1%) work in a full-time capacity (30 hours or more per week) or in multiple jobs (14.9%). In other words, 64% of those surveyed work full-time. Thus, much of the population makes up the working poor. This finding also has programmatic implications.

Table 42: Employment status

Employment Status	n	Percent (%)
Work full-time in one job (30 hours or more/week)	244	49.1%
Work full-time, (over 30 hours/week) in multiple jobs	74	14.9%
Work part-time (less than 30 hours/week)	50	10.1%
Unemployed	35	7.0%
Homemaker or stay-at-home parent	31	6.2%
Retired	24	4.8%
Work occasionally	20	4.0%
Student	17	3.4%
Prefer not to say	2	0.4%
<b>Total</b>	497	99.9%

Survey participants could choose more than one option in Table 43. Also, those that responded “other” are not included in Table 42. Interestingly, only 7% of survey participants reported being unemployed at the time they took the survey. This finding shows that the vast majority of those receiving services are working.

For educational attainment, a large share of survey respondents had a 4-year college degree or higher (n = 185, 43.8%), while only 5.2% (n = 22) had less than high school. The question indicating educational attainment asked respondents “How far did you go in school?”

Table 43: Educational attainment

<b>Education</b>	<b>n</b>	<b>Percent (%)</b>
4-year college degree or higher	185	43.8%
Some college, Technical, Associates, or 2-year degree	161	38.2%
High school	50	11.8%
Less than high school	22	5.2%
Prefer not to say	3	0.7%
<b>Total</b>	421*	99.9%
<i>*1 respondent did not answer this question</i>		

## Housing

There was a large variation in reported types of households, with almost a quarter of the survey sample not being homeowners or renters themselves. Table 44 asked survey respondents, “Which of the following best describes your housing status?”

Table 44: Housing status

<b>Housing status</b>	<b>n</b>	<b>Percent (%)</b>
Homeowner	204	48.3%
Renter	105	24.9%
Living with family/friend for free	61	14.5%
Living with two or more families in the same household	30	7.1%
Unsheltered	8	1.9%
Other - Write In	14	3.3%
<b>Total</b>	422	100.0%

As shown in Table 44, 23.5% of survey participants are unsheltered, living with two or more families in the same household, or living with a family or friend for free. This indicates that participants might not have stable housing. As such, for further analyses, the research team grouped participants into the categories of “stable” versus “unstable” households. “Stable” households included those who were homeowners or renters, while “unstable” included those who are unsheltered, living with family or friends for free, living with two or more families in the same household, and written responses in the “other” category which indicated respondents did not have stable housing.

Table 45: Stable and unstable housing

Housing type	n	Percent (%)
Stable housing	314	74.4%
Unstable housing	108	25.6%
<b>Total</b>	<b>422</b>	<b>100.0%</b>

As indicated in the table, about 26% of survey participants reside in “unstable” housing, while about 74% live in “stable” housing.

### Community assets, quality-of-life, and environment

In order to determine participant views on their communities, the research team asked participants questions<sup>232</sup> about their quality-of-life and what they valued about their respective communities. They responded on a scale from 1 to 5, with 1 being “no” agreement and 5 being strong agreement or “yes”<sup>233</sup>. Their responses are shown in the table below.

Table 46: Community assets and quality-of-life

Quality of Life Questions	1 (No)	2	3	4	5 (Yes)	Total n
1. Are you satisfied with the quality of life in your community? (Consider your sense of well-being, participation in community, life, recreation, etc.)	23 (5%)	56 (13%)	138 (33%)	127 (30%)	75 (18%)	419
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, and options in health care)	37 (9%)	67 (16%)	127 (30%)	120 (29%)	68 (16%)	419
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	27 (6%)	66 (16%)	138 (33%)	129 (31%)	60 (14%)	420
4. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training,	38 (9%)	80 (19%)	131 (31%)	109 (26%)	63 (15%)	421

<sup>232</sup> Questions were modified from the National Association of County Health Officials

<sup>233</sup> Questions were tested for internal reliability using Cronbach’s alpha. Each question had a 0.9 or above indicating “excellent” reliability.

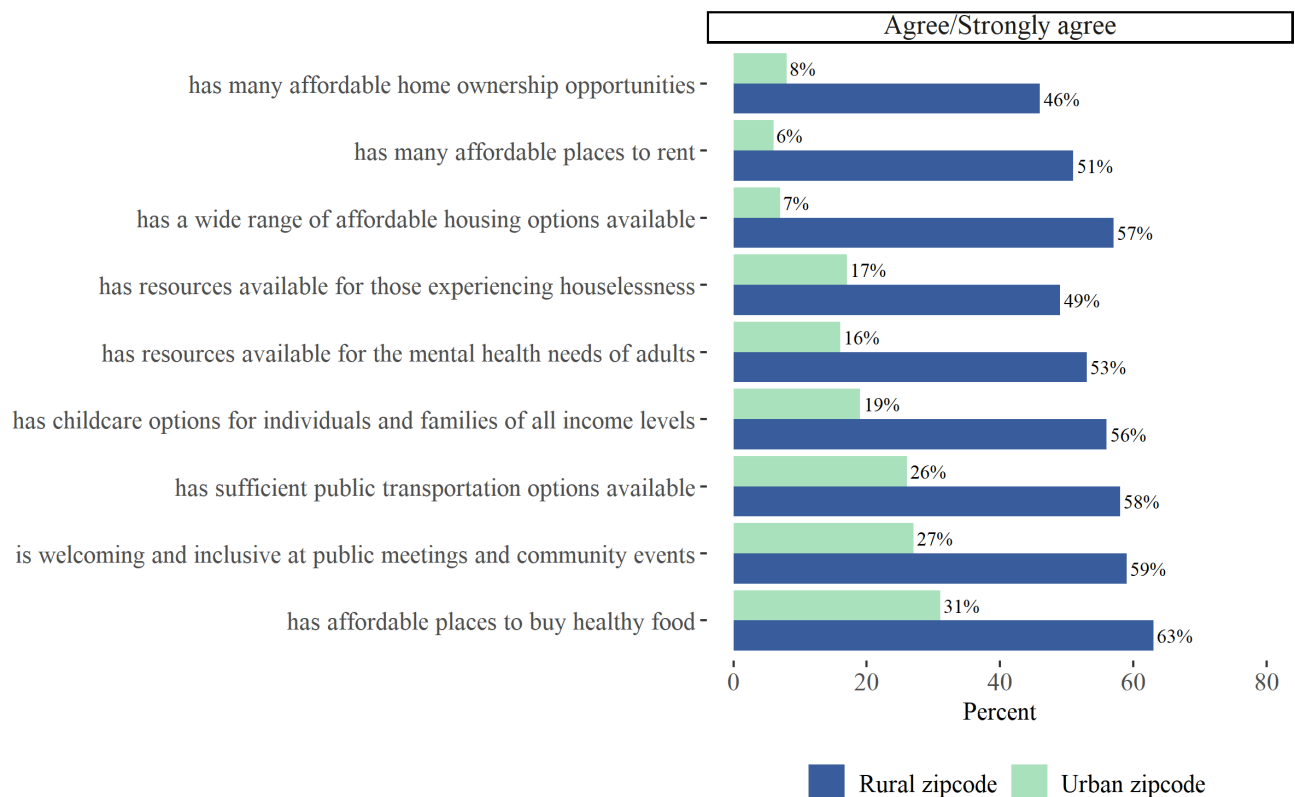
higher education opportunities, affordable housing, reasonable commute, etc.)						
5. Is the community a safe place to live? (Consider residents perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall.) Do neighbors know and trust one another? Do they look out for one another?	51 (12%)	77 (18%)	121 (29%)	101 (24%)	71 (17%)	421
6. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need?	35 (8%)	71 (17%)	129 (31%)	118 (28%)	68 (16%)	421
7. Do all residents perceive that they individually and collectively can make the community a better place to live?	26 (6%)	80 (19%)	161 (39%)	93 (22%)	58 (14%)	418
8. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	35 (8%)	68 (16%)	151 (36%)	101 (24%)	64 (15%)	419
9. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? (local, state, and national policy work, supporting youth, etc.)	32 (8%)	64 (15%)	151 (36%)	109 (26%)	65 (15%)	421
<b>Total</b>	304 (8%)	629 (17%)	1247 (33%)	1007 (27%)	592 (16%)	3,779

As shown in the table, the majority of responses were within the middle range in the quality-of-life scale. Moreover, more respondents rated the quality-of-life of their communities positively than those who rated it negatively. This implies that survey

respondents in the service area of HRDC District 7 reported general contentment with their quality-of-life, despite the challenges associated with housing and employment.

The survey also asked participants about how much they agreed or disagreed on a series of statements about their communities. Below, the report provides these responses grouped by “urban” versus “rural” zip codes and both groups together. Additionally, “agree” and “strongly agree” statements were added together to provide more meaningful comparisons. In the figure below, blue bars indicate those respondents from a rural zip code, while green bars indicate urban responses.

Figure 17: Urban and rural views of community environment



For each question, the rows total 100%. The figure shows that those in rural areas are generally much more satisfied with all aspects of their community than those participants who live in Billings<sup>234</sup>. For example, only 8% of urban survey respondents agreed or strongly agreed that their community “has many affordable home ownership opportunities,” whereas 46% of rural respondents agreed or strongly agreed.

<sup>234</sup> In order to test whether this was a statistically significant comparison, the research team calculated a chi-square statistic for each question. The comparison between rural and urban communities shows that there is a statistically significant difference between rural and urban communities, as to how they view their communities. Generally, those in rural environments are more likely to agree that their communities have more positive attributes than are those who reside in Billings.

## Community programs and needs

The results of this community needs assessment will aid in the ability of HRDC District 7 to better match the needs of low-income people within the 5-county service area to their programs. First, the report presents findings from the survey on program utilization and access in this section. Later, section 3 of the community needs assessment provides a more in-depth discussion of HRDC programs, utilizing interviews with HRDC program participants and a focus group with program providers. After discussing HRDC program utilization, the report presents respondent-identified community, family, and individual needs.

### HRDC programs

Table 47 displays the HRDC programs that survey respondents reported using.

Table 47: HRDC program utilization

Program	n	Percent (%)
Employment and training	191	18.4%
Childcare	146	14.1%
Energy assistance	120	11.6%
Housing	104	10.0%
Rental assistance	103	9.9%
Food	85	8.2%
Youth services	83	8.0%
Transportation	61	5.9%
Emergency services	56	5.4%
Weatherization	53	5.1%
Alternative education	34	3.3%
<b>Total</b>	<b>1,036</b>	<b>99.9%</b>

For the table above, survey participants could select more than one program, which accounts for the 1,036 program responses. As shown, the most utilized HRDC resources included “childcare services,” “employment and training” (which also includes Pathways and SNAP ET), and “energy assistance.” The least utilized programs included “weatherization” and “alternative education.” However, it is worth noting that actual program participation is likely different than the representation provided by the survey. For example, in 2022, Pathways clients comprised 13% of the HRDC individual clients (or 1,916 clients out of 14,900 individuals). Moreover, program participants may have difficulty in differentiating programs they participate in when identifying them on surveys or in interviews. For example, Supplemental Nutrition Assistance Program (SNAP), which HRDC does not administer, is different from SNAP ET, which HRDC does administer and is employment and training focused.

The survey also asked participants about barriers and facilitators to HRDC program participation as a means to gauge improving program access and programmatic needs. From a list, the survey asked them to “identify how each item has made it easier (facilitators) or more difficult (barriers) to get assistance or access to services and programs.”

Table 48: Barriers and facilitators to program utilization

Statement	Easier	More difficult	Neither	Total
Friends’ and/or relatives’ opinions about HRDC	186 (50%)	57 (15%)	131 (35%)	374
The trust I have in HRDC	204 (55%)	69 (19%)	99 (27%)	372
The help of friends and/or relatives	227 (61%)	71 (19%)	75 (20%)	373
Distance from my house to services	170 (45%)	90 (24%)	116 (31%)	376
Transportation to from services or programs	159 (42%)	106 (28%)	110 (29%)	375
The ability to find childcare	143 (38%)	108 (29%)	123 (33%)	374
Providing documentation such as residency status or income	168 (45%)	112 (30%)	93 (25%)	373
Understanding eligibility requirements	181 (48%)	118 (31%)	76 (20%)	375
Applying for services and/or completing paperwork	144 (39%)	153 (41%)	76 (20%)	373
<b>Total</b>	1591 (47%)	897 (26%)	902 (27%)	3,390

The statements above are ranked by level of difficulty participants attributed to them. The largest barriers that participants cited regarding program access had to do with program application forms created at state and federal levels. Specifically, those barriers such as “applying for services and/or completing paperwork,” “understanding eligibility requirements,” and “providing documentation such as residency status or income.” This suggests that participants might not be accessing programs due to application processes outside of HRDC that participants find difficult to navigate. In other words, survey participants identified the application of programs as the largest barrier to accessing services. Notably, HRDC administers some programs, while program application and eligibility requirements are the purview of state and federal requirements and entities, such as Montana’s Department of Public Health and Human Services (DPHHS). This suggests that participants may need additional assistance through program navigators and advocates.

Alternatively, the largest facilitators include social relational elements such as “the help of friends and/or relatives,” “the trust I have in HRDC,” and “friends and/or relative’s opinions about HRDC.” These findings suggest that HRDC could build upon existing positive social networks to increase programmatic access and administration. Moreover,

participants may need additional assistance through program navigators and advocates. Although eligibility requirements are set by federal and state guidelines, there might be ways to help alleviate difficulties for those wishing to utilize programs. For example, one participant in the write-in responses to the survey suggested that a short assessment tool on the HRDC website, letting them quickly know which services they qualify for, might be one way to make guidelines more accessible.

## Community needs

The survey asked participants to identify the top three needs in their communities.

Table 49: Top community needs

Need	Top three needs	Not top three	Total
Availability of safe and affordable housing	284 (67%)	138 (33%)	422
Availability and access to living wage jobs	175 (41%)	247 (59%)	422
Access to healthcare	139 (33%)	283 (67%)	422
Crime and/or public safety	106 (25%)	316 (75%)	422
Access to behavioral health services including substance use disorder services	106 (25%)	316 (75%)	422
Access to mental health services	98 (23%)	324 (77%)	422
Access to affordable childcare	95 (23%)	327 (77%)	422
Older adult senior needs	54 (13%)	368 (87%)	422
Availability of transportation or cost of transportation	46 (11%)	376 (89%)	422
Food insecurity or hunger	45 (11%)	377 (89%)	422
Youth needs	34 (8%)	388 (92%)	422
Diversity cultural awareness	28 (7%)	394 (93%)	422

The needs most identified as top three needs include “availability of safe and affordable housing” (67% of respondents cited housing in the top three needs), “availability and access to living wage jobs” (41% of respondents), and “access to healthcare” (33%). Interestingly, only 23% of survey respondents listed “access to affordable childcare” in their top three needs. This suggests a disconnect between the top needs in the community and the availability of programs to meet identified top needs. In order to determine the different needs for rural versus urban populations and those with different housing needs, the research team also groups the top three listed needs by these two groups in the table below.

Table 50: Top needs by rural versus urban status

Need	Zip code	
	Rural zip code	Urban zip code
Availability of safe and affordable housing	174 (22%)	110 (26%)
Availability and access to living wage jobs	123 (16%)	52 (12%)
Access to healthcare	114 (14%)	25 (6%)
Access to behavioral health services including substance use disorder services	78 (10%)	28 (7%)
Access to affordable childcare	69 (9%)	26 (6%)
Access to mental health services	50 (6%)	48 (11%)
Crime and or public safety	47 (6%)	59 (14%)
Older adult senior needs	41 (5%)	13 (3%)
Availability of transportation or cost of transportation	30 (4%)	16 (4%)
Food insecurity or hunger	25 (3%)	20 (5%)
Youth needs	22 (3%)	12 (3%)
Diversity cultural awareness	19 (2%)	9 (2%)

Both Table 49 and Table 50 list the “availability of safe and affordable housing” within their top three community needs. In other words, housing remains a top need for all survey participants, regardless of geography.

### Individual and family needs

The survey asked participants to name “the most important issues that you or your family currently experience or have experienced in the last 12 months.” Participants could also respond that they did not experience the issues in the last year. The table below organizes results for responses from the least important to the most important issues that participants designated.

Table 51: “Somewhat” and “very important” issues experienced by participants currently or during last 12 months

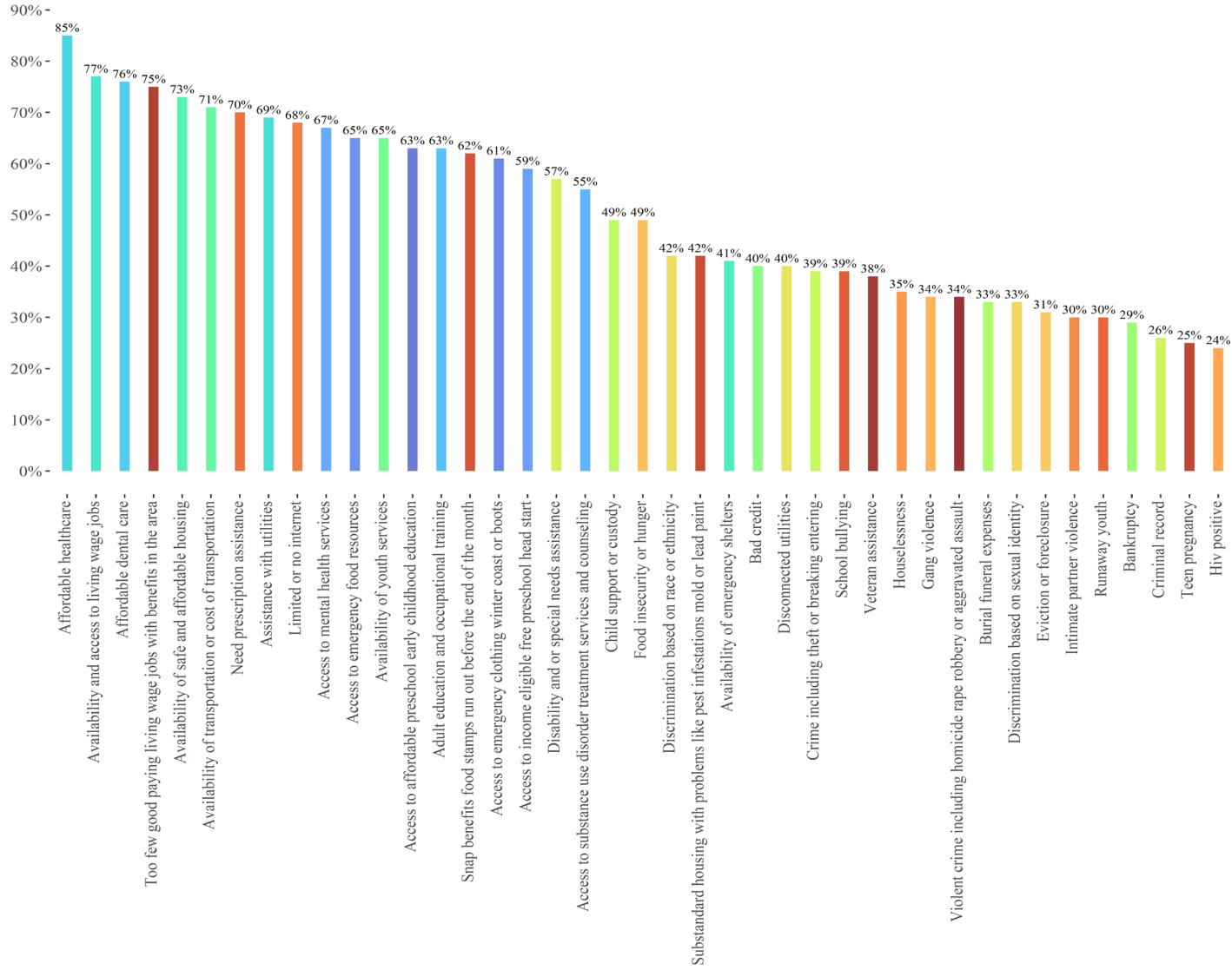
Issue	Did not experience in the last 12 months	Somewhat important	Very important	Total
Teen pregnancy	290 (75%)	60 (16%)	35 (9%)	385
Criminal record	288 (74%)	61 (16%)	38 (10%)	387
Bankruptcy	277 (71%)	65 (17%)	47 (12%)	389
HIV positive	294 (76%)	47 (12%)	48 (12%)	389
Eviction or foreclosure	266 (69%)	70 (18%)	50 (13%)	386

Burial funeral expenses	260 (67%)	75 (19%)	55 (14%)	390
Runaway youth	267 (70%)	60 (16%)	56 (15%)	383
Disconnected utilities	231 (60%)	99 (26%)	57 (15%)	387
Intimate partner violence	274 (70%)	60 (15%)	57 (15%)	391
Discrimination based on sexual identity	259 (67%)	67 (17%)	60 (16%)	386
Veteran assistance	237 (62%)	84 (22%)	62 (16%)	383
Substandard housing with problems like pest infestations mold or lead paint	227 (58%)	96 (25%)	66 (17%)	389
Gang violence	254 (66%)	64 (17%)	68 (18%)	386
Violent crime including homicide rape robbery or aggravated assault	256 (66%)	60 (15%)	73 (19%)	389
Houselessness	251 (65%)	59 (15%)	78 (20%)	388
Discrimination based on race or ethnicity	226 (58%)	85 (22%)	79 (20%)	390
Availability of emergency shelters	233 (59%)	80 (20%)	80 (20%)	393
Bad credit	232 (60%)	75 (19%)	81 (21%)	388
School bullying	233 (61%)	71 (18%)	81 (21%)	385
Crime including theft or breaking entering	241 (61%)	68 (17%)	84 (21%)	393
Food insecurity or hunger	196 (51%)	99 (26%)	90 (23%)	385
Access to substance use disorder treatment services and counseling	172 (45%)	121 (32%)	91 (24%)	384
Availability of transportation or cost of transportation	111 (29%)	172 (45%)	101 (26%)	384
Need prescription assistance	115 (30%)	167 (43%)	104 (27%)	386
Child support or custody	196 (51%)	86 (22%)	106 (27%)	388
Adult education and occupational training	142 (37%)	134 (35%)	108 (28%)	384
Availability of youth services	134 (35%)	146 (38%)	108 (28%)	388

Access to emergency clothing winter coat or boots	154 (39%)	127 (33%)	109 (28%)	390
Snap benefits food stamps run out before the end of the month	145 (38%)	124 (32%)	115 (30%)	384
Access to emergency food resources	137 (35%)	124 (32%)	125 (32%)	386
Disability and or special needs assistance	165 (43%)	98 (25%)	125 (32%)	388
Access to income eligible free preschool head start	160 (41%)	97 (25%)	129 (33%)	386
Access to mental health services	126 (33%)	129 (33%)	132 (34%)	387
Access to affordable preschool early childhood education	144 (37%)	108 (28%)	134 (35%)	386
Assistance with utilities	122 (31%)	130 (34%)	136 (35%)	388
Limited or no internet	124 (32%)	133 (34%)	136 (35%)	393
Affordable dental care	91 (24%)	143 (37%)	148 (39%)	382
Too few good paying living wage jobs with benefits in the area	97 (25%)	136 (35%)	160 (41%)	393
Affordable healthcare	60 (15%)	156 (40%)	176 (45%)	392
Availability of safe and affordable housing	106 (27%)	103 (26%)	182 (47%)	391
Availability and access to living wage jobs	88 (23%)	113 (29%)	186 (48%)	387
<b>Total</b>	<b>7883 (49%)</b>	<b>4058 (25%)</b>	<b>4000 (25%)</b>	<b>15,941</b>

Figure 20 shows the sum of the “somewhat important” and “very important” issues that participants said they experienced in the last 12 months.

Figure 18: “Somewhat” and “very important” issues experienced by participants currently or during last 12 months



Responses were similar between community and family/individual needs, although a few differences exist. For example, housing was the top need listed for the community, but only in the top five listed individual needs. The top five issues for family/individual needs include (1) “affordable healthcare”, with 85% of respondents labeling this as “somewhat” or “very important” and 15% not experiencing this as an issue; (2) “availability and access to living wage jobs,” with 77% of participants labeling this as a “somewhat” or “very important” and 23% of survey respondents not experiencing this issue in the last year; (3) “affordable dental care” with 76% of participants labeling this as “somewhat” or “very important” and 24% not experiencing this issue in the last year; (4) “too few good paying living wage jobs with benefits in the area”, also with 76% labeling this as a “somewhat” or “very important” issue, with 25% not experiencing this issue in the last year; and (5) “availability of safe and affordable housing”, with 73% of participants noting this was “somewhat” or “very important” and 27% of respondents not experiencing this as a difficulty in the last year.

## Survey trends, comparison, and updates since 2020

During the last HRDC District 7 community needs assessment, the COVID-19 pandemic was just beginning. Community action agencies around the United States were struggling to provide essential services during that difficult time. First, briefly provide data surrounding the ongoing COVID-19 pandemic. Then, the report focuses on updates and trends from the last CNA by comparing survey data from the 2020 CNA with this current CNA.

### COVID-19 updates

According to the 2022-2023 Yellowstone Community Health Needs Assessment, the effects of the ongoing COVID pandemic continues to exacerbate issues such as mental health and substance abuse in Montana. For example, 24% of participants said their mental health worsened since the start of the pandemic, and 23% were financially impacted by lost employment, wages, hours, or health insurance<sup>235</sup>. The survey asked a question surrounding COVID-19 impacts on this CNA to assess whether the effects of the pandemic were still influencing participants. The question read, “from your perspective, how has COVID-19 impacted yourself and your family?”

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<sup>235</sup> Healthy by Design (2023) “Yellowstone County’s Community Health Needs Assessment”. Retrieved 12/5/23 from: <https://www.healthybydesignyellowstone.org/yellowstone-county-data/chna/>

Table 52: COVID-19 individual/family impact

Concept	Strong negative impact	Somewhat negative impact	Neutral	Somewhat positive impact	Strong positive impact	Total
Access to food programs or access to food	20 (5%)	45 (12%)	99 (26%)	95 (25%)	72 (19%)	378
Access to childcare	21 (6%)	37 (10%)	110 (29%)	74 (20%)	64 (17%)	377
Access to behavioral health services including substance use disorder treatment	25 (7%)	40 (11%)	113 (30%)	69 (18%)	64 (17%)	377
Access to health care	29 (8%)	62 (16%)	115 (30%)	81 (21%)	65 (17%)	378
Access to behavioral health services	31 (8%)	48 (13%)	100 (27%)	87 (23%)	65 (17%)	377
Access to housing	38 (10%)	34 (9%)	115 (31%)	67 (18%)	59 (16%)	377
Mental health well being	38 (10%)	79 (21%)	90 (24%)	74 (20%)	70 (18%)	379
Physical health	55 (15%)	97 (26%)	101 (27%)	40 (11%)	60 (16%)	378
<b>Total</b>	266 (9%)	444 (15%)	844 (28%)	589 (19%)	520 (17%)	3,037

Responses to this question are ranked by those with the strongest negative impact from least strong to most strong. When viewing responses generally, responses are lightly skewed in the positive direction. This suggests that participants within the HRDC service area have either been bouncing back from the early effects of the pandemic or that programs intended to mitigate the problems associated with the COVID-19 pandemic were targeted and worked. For example, 44% of respondents said that COVID-19 had a “somewhat” or “strong” positive impact on access to food programs for them, which is not what would be expected if the pandemic continues to have lasting impacts on programs. However, some of the written responses on the survey indicated that COVID-19 continues to impact clients. One participant wrote, “COVID-19 has made life extremely difficult. It changed the welfare system for the worse.” One reason for the difference in responses could be that COVID-19 continues to negatively impact a few outliers in very meaningful ways, while others continue on the road to resiliency.

## Comparison with 2020 CNA

In order to be able to assess changing issues and needs over time, this current CNA utilized the same list of needs that the 2020 CNA provided, although the question was asked a little differently in each of the surveys. In 2020, respondents were asked to check all of the issues they have faced over the last 12 months one issue at a time. The top five issues that respondents had experienced in 2020 were (1) “affordable healthcare” (45%), (2) “affordable dental care” (39%), (3) “availability of safe and affordable housing” (30%), (4) “availability and access to living wage jobs” (28%), and (5) “bad credit” (23%).

In the 2023 CNA, the research team changed the question to provide more detail surrounding whether respondents ranked the issues as “somewhat” or “very important” and added a category labeled “did not experience in last 12 months.” The question specifically asked participants to name “the most important issues that you or your family currently experience or have experienced in the last 12 months.” The top five issues for family/individual needs in 2023 include (1) “affordable healthcare,” with 15% not experiencing this as an issue; (2) “availability and access to living wage jobs,” with 23% of survey respondents not experiencing this issue in the last year; (3) “affordable dental care,” with 24% not experiencing this issue in the last year; (4) “too few good paying living wage jobs with benefits in the area,” with 25% not experiencing this issue in the last year; and (5) “availability of safe and affordable housing,” with 27% of respondents not experiencing this as a difficulty in the last year. Although a greater proportion of respondents implied that they had experienced the issue in 2023 than in 2020 by not checking the “did not experience” box, findings reveal that four of the five same top issues have remained the most salient to survey participants over the course of the last three years.

## Section 2 Summary

Section 2 presented statistically representative data from an HRDC service area-wide survey with the aim of identifying existing community strengths and individual, family, and community needs within the 5-county service area. Demographics and aspects of the social determinants of health such as housing and community environment were examined.

### Key findings in trends and needs

- The mean age of survey participants was 39, with 63% identifying as female. For race and ethnicity, 70% of participants are White, 18.7% are Native American, and 23.2% identify as Hispanic or Latino/a.
- 40% of survey participants reported living in a household with 5 or more people, and 38.9% of respondents reported one or more persons in their household as having a disability.
- 79.6% of survey respondents reported making less than \$4,000/month, and 10% of the survey participants reported having a household income below \$12,000/year.
- 64% of participants reported working full-time in one or more jobs, and 82% of the survey sample reported having some college or a 4-year college degree.
- White participants were more likely to report having better financial well-being than Native participants.
- Rural participants were more likely to agree their communities had positive attributes than those living in Billings.
- Survey participants affirmed that the three most important needs for the community echoed experiences they have themselves had in the last year. The most cited needs for both communities and families/individuals include affordable housing, access to living wage jobs, and affordable health care. These findings are similar across urban and rural communities.
- The top five most important individual and family needs include (1) affordable healthcare, (2) availability and access to living wage jobs, (3) affordable dental care, (4) too few good paying living wage jobs with benefits in the areas, and (5) availability of safe and affordable housing. These top individual/family needs were almost identical to the 2020 CNA, suggesting that these areas need continued and expanded programmatic focus.
- The most utilized HRDC programs include childcare, employment and training, and energy assistance. This suggests that programs for housing and rental assistance should be expanded, as housing and affordable health care are the most pressing community needs.
- The largest barriers to program participation include state and federal application processes of “applying for services and/or completing paperwork,” “understanding eligibility requirements,” and “providing documentation such as residency status or income.”. This suggests that reviewing and revising administrative requirements for program application at state and federal agencies would help more people participate in these programs.

## Section 3: HRDC mission and impact

Section 3 provides an overview of the agency programs and partners working to address the current needs discussed in sections 1 and 2 of this community needs assessment. The report portrays the impact of HRDC programs and engagement within the larger community by reviewing administrative data in annual reports from 2020 to 2022, a survey from the HRDC Board of Directors, and client satisfaction surveys. The report presents findings from two additional primary data sources, including 12 interviews with HRDC program participants and a focus group with HRDC program providers (n = 8).



HRDC District 7 has served the residents of south-central Montana for over fifty years. The agency's primary focus is to mitigate the causes and conditions of poverty. HRDC serves vulnerable populations through their core programs which assist individuals and families in achieving economic independence and self-sufficiency.

### HRDC mission

HRDC empowers people in need through mobilizing and developing community resources by creating opportunities for success in Big Horn, Carbon, Stillwater, Sweet Grass, and Yellowstone counties<sup>236</sup>.

HRDC envisions a world in which individuals don't have to choose between heating their homes or feeding their families, where jobs pay a living wage and homes are affordable, where children receive early learning to promote healthy development, and all community members are provided equal opportunity, free from economic barriers, to achieve their full human potential.

An estimated 142,000, or 14 percent, of Montana's community members live in poverty. Montana ranks 42nd in the nation for number of low-income working families, 47th for low-income minority working families, 41st for children in low-income working families, and 42nd for jobs in occupations paying below poverty FPL.

HRDC delivers programs and supportive services which encourage self-sufficiency and community collaboration for the betterment of Montana's most disadvantaged. HRDC

<sup>236</sup> "HRDC about". Retrieved 12/7/23 from: <https://hrdc7.org/about/>

accomplishes this through their promise of community action. HRDC believes community action changes people's lives, embodies the spirit of hope, improves communities, and makes Montana a better place to live.

Together, with committed partners, generous funders, dedicated staff and community leaders, HRDC can restore **HOPE**, by extending **RESPECT**, encouraging individuals to **DREAM** of a better future, and ultimately **CHANGE** the economic landscape of our communities.

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

## HRDC programs and impact

HRDC currently administers more than 20 core programs through over 40 funding sources. The efforts of the agency include a full range of programs and services for all individuals and families including childcare, education, employment & training, food distribution, emergency services, rental assistance, section 8 housing vouchers, energy assistance, transportation, temporary housing, financial education, and an array of youth programs all designed to help people move out of poverty.

Through a system of intakes and referrals, every agency program is responsible for achievement of its own assigned program goals, while also providing support services to all eligible clients in other agency programs. All HRDC programs that share clients work together to bundle services internally and make referrals to community partners which reduces duplication, and redundancy. In 2022 alone, HRDC provided services to 14,990 clients and assisted 6,484 households. Below, the report describes important programs that HRDC offers.

### Youth and families

The agency is especially empathetic to youth as it believes that services provided to young people have the potential to break the cycle of generational poverty. Since the agency's first Summer Neighborhood Youth Corps Program in 1967, HRDC has been actively engaged with a myriad of youth initiatives. In 1974-75, it provided work and

recreational opportunities to 277 economically disadvantaged youth. It established the Youth Independence Program for Runaway and Homeless Youth, foster care summer programs, a youth IDA savings program, and many other youth opportunities. Many of the agency's foundational programs established at the agency's inception continue today.

In 2008, HRDC established Harmony House, one of three maternity group homes and transitional living programs in the state. Since its inception, Harmony House has served runaway and homeless teens and their children across 20 counties. In 2016, the transitional housing program expanded to include off-campus options to youth couples and single parent youth providing the same blanket support services offered in Harmony House. Participants of these programs receive intensive case management utilizing a client-centered advocacy model.

The Family-Forward program takes a similar approach but carries it a step further with some unique innovations. Originally funded as a pilot project with CSBG special project funds, the program was piloted as a family platform to bundle services that eliminate multiple barriers at one time as it concurrently addresses the needs of each family member and the family as a whole. This compassionate approach not only overcomes individual barriers but provides the foundation for each family to work together to set and achieve its goals under the guidance of a case manager.

### **Childcare and education**

The agency's childcare provider programs serve as the training platform for fourteen counties and two tribal territories in south-central and central Montana providing consultants and training to new and existing childcare facilities. America is experiencing a vast shortage of childcare providers with only one childcare slot for every three children. This critical need is a part of the agency's mission, and the agency has helped address it, even when the COVID19 pandemic required creativity to do so. During this time, agency childcare staff worked with community partners to establish a childcare center at the Billings Public Library. The center was set up to facilitate frontline workers and first responders that had no childcare options.

Affordable childcare is essential to parents battling the obstacles associated with poverty. Parents must have the ability to support their families. Recognizing a parent's ability to work as a way out of poverty, the agency has focused on training more childcare providers and offering Best Beginnings scholarships to families in need. In addition to helping parents work their way out of poverty, scholarships provide parents peace of mind by ensuring their children are safe and properly cared for. In 2022, the Best Beginnings scholarship distributed \$6,885,496 to qualifying childcare providers. A total of 1,369 families participated in this program, providing childcare to 8,199 Montana children.

### **Food assistance and security**

Poverty may contribute to families and individuals without reliable access to food for themselves and their children. As such, food programs remain vital to HRDC's mission. Two programs from HRDC focus on food assistance, including the Child and Adult Care

Food Program (CACFP) and the Food Distribution Program on Indian Reservations (FDPIR). In 2022 alone, the CACFP reimbursed 435 childcare programs for meals served to 6,059 children, and the FDPIR provided a total of \$305,705 in food support to 112 families.

### **Housing and employment & training**

A source of great pride and achievement to the agency is the HRDC Home Center located on the agency campus in Billings, Montana. The Home Center is a community effort with Neighborworks, among other key partners, which provides a myriad of housing services: financial education, financial counseling, rental location assistance, referrals to renter mediation assistance, and more. HRDC also has a housing navigator who serves multiple roles within the center and interfaces with other programs to assist individuals and families find and maintain rapid rehousing. HRDC manages the Housing Choice Voucher Program, providing inspection and case management both in the program and post-exit for many of the agency's other programs. These services included eviction counseling, landlord and tenant education, and rental arrears. In 2022, 295 households received a total of \$1,747,040 in assistance, covering 1,396 months of rent, 156 utility payments, and 30 housing inspections.

During the height of the COVID-19 pandemic, the agency served as partner in Off the Street Shelter, providing those who are sick and unhoused with warm beds and quarantine facilities. Compassion, empathy, community, and a dedicated staff are the agency's greatest assets. HRDC staff, many who have served those less fortunate for decades, are the foundation of the agency's success and its ability to move so many people out of poverty as it builds communities.

The Pathways Program is designed to support individuals who receive Temporary Assistance for Needy Families (TANF). Pathways is a group of interconnected programs designed to help participants define family and personal goals that lead them to self-sufficiency. In 2022, a total of 1,916 clients received assistance in several different areas, including transportation services (313) and utility payments (421).

Supplemental nutrition assistance program employment & training (SNAP ET) provides opportunities for work experience, education, and job retention training activities to those participants receiving SNAP food benefits. SNAP is not administered by HRDC. Once program participants are eligible for SNAP benefits, they are referred to HRDC for the SNAP ET program.

### **Energy assistance and weatherization**

No family, individual, or parent should ever have to choose between feeding their children and paying a utility bill to stay warm. HRDC takes pride in knowing they are able to impact this dire situation. The agency administers the Low-Income Home Energy Assistance Program, (LIHEAP) providing low-income households with residential energy costs needed to heat and power homes. In 2022, LIHEAP totaled \$5,461,447 in assistance. The LIHEAP application doubles as an application for weatherization services. Once

approved for LIHEAP, households are automatically added to the weatherization priority list. The weatherization program provides energy conservation services to low-income families to help them improve the energy efficiency of their home. Following an energy audit, a professional installation crew takes measures to improve energy efficiency and safety of the household by installing smoke detectors, adding insulation, providing CO2 alarms, and other related energy saving services.

Families who receive SNAP benefits automatically qualify for LIHEAP. However, since not all households can qualify for LIHEAP, the agency also administers Energy Share of Montana, which serves as a loan program, offering year-round emergency assistance for eligible households facing an energy crisis. This program is used when all other resources have been exhausted. In 2022, \$704,389.99 was provided to 412 households.

## Key metrics of selected HRDC services provided from 2020-2022

Below, the report lists some highlights of the impact of the programs and services HRDC has provided over the last three years.

### 2020

- In 2020, HRDC provided services to 17,567 people and 7,041 households
- 473 individuals were sheltered in temporary housing and emergency shelters
- Certified volunteers prepared tax returns for 558 taxpayers, free of charge, saving them \$132,750 in tax preparation fees and generating \$962,196 in refunds and tax credits
- HRDC administered the Coronavirus Aid, Relief, and Economic Security Act issuing \$2,373,300 in scholarships to 594 families, serving 1,510 children for things like tutoring, education supplies, and in-home care
- 316 individuals received food assistance through the Food Distribution Program on Indian Reservations (FDPIR)
- HRDC supported local food banks, helping them provide 6,682 boxes of food
- 8,051 individuals received energy assistance
- 44 childcare programs were reimbursed \$272,126 for nutritious meals and snacks served to 666 enrolled children
- Best Beginnings Childcare Scholarship Program provided \$8,099,425 in subsidized scholarships to low-income children at qualifying care providers

### 2021

- In 2021, HRDC provided services to 14,802 individuals
- 742 individuals were sheltered in temporary housing and emergency shelters
- Certified volunteers prepared tax returns for 830 taxpayers with no tax preparation fees, saving them \$186,750
- 199 individuals received food assistance through FDPIR
- HRDC helped provide 6,512 boxes of food
- 4,189 individuals received energy assistance

- 52 youth participated in employment programs with 31 receiving paid work experience through the Workforce Innovation Opportunity Act
- Through Pathways, 319 people received transportation assistance, help with 620 utility payments, received 1,952 referrals to community programs, and were provided with 3,660 hours of case management
- General relief provided 25 households with \$94,890 in rental assistance

## 2022

- In 2022, HRDC provided services to 14,990 clients and assisted 6,484 households
- 723 individuals received home repair assistance and 9,485 clients received utility assistance
- HRDC helped 226 individuals secure employment
- 695 households received Healthy Home Services and energy efficient improvements
- The Best Beginnings Scholarship Program distributed \$6,885,496 to qualifying childcare providers. A total of 1,369 families (including 8,199 children), received the scholarships
- HRDC placed 8 unhoused participants in stable housing, received 76 months of rent, 8 security deposits, and issued 28 supportive services for school and employment supplies
- Wheels to Work assisted 252 households, providing 64 car repairs, 60 bus passes, and 418 gas cards.

Table 53: HRDC program support financial impact

<b>HRDC program support financial impact</b>			
<b>Client services</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b>Childcare assistance</b>	\$8,109,377	\$7,898,482	\$7,873,983
<b>Low-income energy assistance</b>	\$2,744,979	\$2,210,712	\$5,461,447
<b>Section 8 housing (estimate)</b>	\$872,446	\$798,142	\$708,380
<b>Pathways client direct assistance</b>	\$86,877	\$72,504	\$54,675
<b>Total financial assistance</b>	\$11,813,679	\$10,979,840	\$14,098,485
<b>Crow Reservation food distribution</b>	\$169,024	\$92,814	\$99,030
<b>Total impact</b>	\$11,982,703	\$11,072,654	\$14,197,515

## HRDC Board of Directors perspectives

HRDC and all community action agencies utilize a tripartite Board of Directors to ensure equal representation within the community. The agency's board includes representatives from the private sector, members of the low-income population, and representatives of local government through delegated county commissioners serving the interests of their respective county. This unique board structure is vital to the agency's governance and ensures that all sectors of interest are included in the decision-making process.

Seven Board members responded to a survey on the online survey platform, Alchemer. The survey aim was to attain feedback on HRDC processes, inclusion of the low-income community in the decision-making process, and the role of the Board of Directors from the Board perspective. The home counties of the Board member survey participants include Stillwater (1 Board member), Sweet Grass (1 Board member), and Yellowstone (5 Board members). The Board indicated their participation in the development of Board goals and priorities, the development of agency goals and priorities, Board development work, and participation in the Community Needs Assessment process. Organizations that participants noted that HRDC has partnered with during their time as Board members included other Boards, committees, and commissions, other agencies in the 5-county service area, faith-based organizations, non-profit organizations, other community action agencies, and local businesses. About 67% of Board members responded that HRDC does a "great job of including the perspectives of low-income clients" in planning and facilitating programs, while 33% said they did not know because they were new Board members. Table 54 highlights the percentage of Board members who responded affirmatively to ways HRDC determines community needs.

Table 54: Ways HRDC determines the needs of the service area

<b>How HRDC determines community needs</b>	<b>Percent of Board members</b>
Analysis of demographic data	67%
Using information gathered by partner organizations and other governmental agencies	67%
Expertise of staff members	67%
Expertise of Board members	50%
Community forums/meetings	50%
Utilizing available federal funding opportunities and announcements	50%
Feedback from customer satisfaction and needs assessment surveys	33%
Feedback from program participants	33%
Interviews/focus groups	17%
I don't know	17%

Board members indicated that they are updated on ways the HRDC progresses in achieving outcomes through written reports and updates at meetings from the Executive Director (100%), written reports and updates at meetings from the Program Directors (83%), written reports and updates at meetings from an HRDC Board staff liaison (67%), data regarding the provision of services by HRDC (67%), correspondence regarding the

Board’s advocacy and activities (50%), and other information such as program data or announcements (50%). Board members overwhelmingly felt their experience with HRDC was positive. On a scale from “poor to excellent,” 83% of Board members rated their experience as “good,” while 17% rated their experience on the Board as “satisfactory.” Table 55 presents results from the community needs assessment and issues Board members thought were impacting residents in the service area.

Table 55: Board perspective on important issues in the HRDC service area

<b>Issue</b>	<b>No, this is not an important issue in the 5-county service area</b>	<b>Yes, this is a somewhat important issue in the 5-county service area</b>	<b>Yes, this is a very important issue in the 5-county service area</b>
<b>Access to services and resources</b>			
Affordable healthcare	0%	20%	80%
Need prescription assistance	0%	20%	80%
Access to mental health services	0%	0%	100%
Affordable dental care	0%	0%	100%
Access to substance use disorder treatment services and counseling	0%	0%	100%
Availability of affordable childcare	0%	0%	100%
Availability of transportation or cost of transportation	0%	40%	60%
Access to affordable preschool/early childhood education	0%	40%	60%
Access to income-eligible free preschool/Head Start	20%	40%	40%
Adult education and occupational training	0%	60%	40%
Too few good paying/living wage jobs with benefits in the area	0%	80%	20%
Availability of youth services	0%	80%	20%
Access to emergency food resources	0%	60%	40%
SNAP benefits/food stamps run out before the end of the month	0%	60%	40%
Access to emergency clothing, winter coats, or boots	0%	20%	80%
Disability and/or special needs assistance	0%	80%	20%
Availability of safe and affordable housing	0%	40%	60%
Availability and access to living wage jobs	0%	100%	0%
Limited or no internet	40%	60%	0%
Assistance with utilities	0%	75%	25%
<b>Personal and/or family hardships or health</b>			
Bankruptcy	40%	60%	0%
Child support or custody	20%	80%	0%
Houselessness	0%	60%	40%

Substandard housing with problems like pest infestations, mold, or lead paint	20%	60%	20%
Veteran assistance	0%	20%	80%
Criminal record	40%	60%	0%
Bad credit	40%	60%	0%
Disconnected utilities	20%	60%	20%
Eviction or foreclosure	25%	75%	0%
Burial/funeral expenses	60%	40%	0%
Food insecurity or hunger	0%	60%	40%
HIV positive	40%	60%	40%
Teen pregnancy	20%	60%	20%
Discrimination based on race or ethnicity	40%	60%	0%
Discrimination based on sexual identity	40%	60%	0%
<b>Safety and security</b>			
Crime including theft or breaking/entering	20%	40%	40%
Violent crime including homicide, rape, robbery, or aggravated assault	20%	40%	40%
Gang violence	20%	20%	60%
Intimate partner violence	20%	40%	40%
School bullying	20%	40%	40%
Availability of emergency shelters	0%	80%	20%
Runaway youth	0%	80%	20%

Interestingly, there were some small areas of difference between the importance of issues listed by the Board in Table 55 and the qualitative findings of program participants. One hundred percent of interviewees reported that affordable housing was a major concern for themselves and their families, while 40% of Board members saw this only as a “somewhat important issue.” However, when ranking issues, Board members did rank housing as the most important current need in the area and as the most important growing need over the next 3 years in their communities. Forty percent of Board members saw “limited or no internet” as not an important issue in the service area, while about half of interview participants explained they had difficulty with internet. These discrepancies could be due to the majority of the Board being from the City of Billings, while most of the interview participants came from rural areas outside of Billings. When asked about ways that HRDC might help community members meet the current and emerging needs, one Board member wrote, “We need more funding from state and federal programs.”

## HRDC client satisfaction surveys (2020-2023)

To better understand client needs and experiences, over the course of three years, HRDC kept a survey link open for clients of their programs to give feedback on their experiences with HRDC programs. In this client satisfaction survey (n = 524), HRDC collected rolling survey responses from January 2020 through November 2023. This client satisfaction survey is distinct and separate from the survey in section 2 of the community needs assessment. The largest share of participants in the survey utilized SNAP ET and housing assistance. Table 56 shows the types of programs that those who took the client satisfaction survey participated in.

Table 56: Client satisfaction survey program participants

HRDC client satisfaction survey		
Program or service	Number of survey respondents	Percentage of survey respondents
SNAP ET	131	25%
Other	91	17.40%
Housing	69	13.20%
Food	51	9.70%
Childcare assistance	44	8.40%
Energy assistance	41	7.80%
COVID-19 emergency services	26	5%
Emergency services	21	4%
Tax assistance	14	2.70%
Childcare provider services	11	2.10%
Employment and training	8	1.50%
Transportation	5	1%
Pathways	5	1%
Youth services	3	0.60%
Weatherization	2	0.40%
Alternative education	2	0.40%

The majority of program participants (78%) included in the client satisfaction surveys felt that program applications and information were easily accessible to them. They also felt that staff members were helpful (80%), the time it took between requesting and receiving services was reasonable (68%), and that HRDC programs met their family's needs (71%). They also generally held that they were treated with courtesy and respect (86%), and they were satisfied with the services they received (72%). However, a slimmer majority responded that they received prompt service (62%) and that the application and eligibility processes were fully explained to them (70%). In other words, the program participants tended to emphasize that HRDC staff were courteous and respectful, but bureaucratic processes and explaining the nuances of applications and requirements could be streamlined. This is also reflected in the response to the question, "How can HRDC improve upon the services we offer?" Forty-two percent of participants responded that they would like HRDC to decrease the processing time from application to assistance, which had the most affirmative responses to this question. Again, it is important to note that for most programs HRDC simply implements the programs according to state and federal guidelines. The other response categories included: "provide more referrals to

other community organizations” (37%), “provide additional support such as appointment reminders and transportation services” (29%), “offer phone or zoom appointments” (35%), and “offer additional programs and services” (22%).

## Program participant interview findings

This section provides findings from 12 interviews that highlight lived experiences with agency programs and participant experiences in their community. These in-depth interviews help to deepen the understanding of program participant perspectives and lived experiences. It is important to note that participants often spoke about HRDC and other entities, such as the Office of Public Assistance or the Housing Authority, interchangeably. Interviewees did not know that HRDC did not administer all the programs they discussed.

Interviews were coded for themes. Qualitative data in the form of quotes from program participants are integrated into this findings section in italics. Particular quotes were chosen to highlight emergent participant themes. Codes used to analyze the interview transcripts are available in the methods section of the appendix of this document. Table 57 highlights the programs that interviewees participated in. Please note that many of the interviewees utilized multiple services and/or programs.

Table 57: Interview participants by program utilization

Interviews with program participants	
Programs/services	Number of interview participants
Housing	6
Food programs and assistance	5
SNAP ET	5
Childcare provider services	4
Energy assistance	4
Weatherization	3
Childcare	2
Emergency services	2
Pathways	2
Transportation	1
Youth services	1
Alternative education	1
Employment and training	1
<b>Total programs utilized</b>	<b>37</b>

## Community assets and environment

From the beautiful Crazy Mountains to “good” school systems and the strong social ties of living in small rural communities with a “*quiet, small-town feel,*” participants outside of Billings, the only city in the service area, described that they liked living in rural Montana. One participant from Billings said, “*I like the scenery, the mountains and everything. It’s peaceful. The people around the community are, I would say, polite*”. Geographically, the counties that interview participants hailed from included Yellowstone (4 participants in

Billings and 1 participant 15 miles outside Billings), Big Horn (3 participants), Carbon (2 participants), Stillwater (1 participant), and Sweet Grass (1 participant).

One stand-out asset of the service area described by participants includes their strong social ties amidst the ruralness of their communities. One participant explained that “*everyone tries to help everyone out*” and another labeled the feeling as an “*amazing community spirit*.” Although struggling with food and bills, this participant says she volunteers once a week to serve free dinner to others at a local church. A third participant from Big Horn County described that she felt the senior lunch programs on the Crow Reservation provided a way for folks to “*network*” and catch up on life.

### **Community needs/issues**

While participants tended to feel socially supported in their communities and liked the natural beauty of the area, they also noted multiple needs and issues contributing to their struggle to make ends meet. Participants highlighted the difficulties in affordable housing, youth services and literacy, health care costs, paying for utility bills, a lack of well-paying jobs, food security, the need for more senior services, and difficulty paying for childcare so they could work outside the home.

#### **Rural geography, literacy, food security, utility bills, and lack of employment**

Participants outside of Billings noted that the long distances between towns complicated receiving services in their rural areas. A participant from Yellowstone County noted that the “*distance*” was an “*obstacle*,” especially “*because not everybody lives right in the little town, and I know there’s a lot of people out here that don’t have vehicles*.” A Crow elder from Big Horn County described many unmet needs in her area which were interrelated with the rural geography.

*We need more services out here to help young mothers. In Billings they help young mothers, they have SNAP, they have those kinds of things. Some of the people here, but nobody, when I say most of Billings and they’re in Billings area, but see, Hardin is so far away. These people at the senior citizen, the Commodity’s put up a sign. There’s just not people signing up for it. And then once they’re signing up for it, then they literally don’t know how to fill out all the blanks and there are no services for the illiterate here. –Crow elder, Big Horn county*

As her explanation makes clear, one of the most important needs in and around the Crow reservation is helping both younger mothers and seniors access food benefits that they are entitled to but may be too far away geographically to access. Moreover, they may not be able to read English, as many people grow up speaking Apsáalooke in the home. In her interview, she continually referred to the need to help those who could not adequately read and write in English to fill out applications for benefits. She went on to explain that it’s much easier for many of the people to have in-person help with filling out applications for state and federal programs. She explains, “*the convenience of going to Billings or Hardin, super good because there’s that support [for understanding forms and benefits]*”. At the same time, she acknowledges how the distance between towns was problematic for accessing this help.

She also recounted the story of her sister who has a roof with shingles coming off and would benefit from HRDC's weatherization program. She said her sister went to the tribe to get help applying but has been waiting for assistance for three years, likely because of filling out the wrong forms or filling them out incorrectly. Her statement implies that a lot of people who qualify for services simply do not fully understand how to access them and do not understand how to take the initiative to follow-up once they think they have applied.

A single mother working full-time as a custodian in Carbon County explained all the financial barriers she encounters trying to make ends meet. She explained that "*rent is too high*," utilities are expensive because of the harsh Montana winters, and medical bills compound her financial issues. She said that by "*the time I get paying them medical bills that need to get paid, I barely have enough money to buy groceries*." Moreover, on top of not being able to afford rent, there are very few places available to rent. She considers herself lucky to live in the two-bedroom, poorly insulated trailer she shares with her son. She said she lived with her mother for a year before she could find an available place she could afford to rent.

## Housing

Again and again, participants noted that they were struggling with housing affordability. Every single participant mentioned the affordable housing crisis engulfing Montana. A mother living in a camper listed the issues she struggles with: "*housing, transportation, and access to utilities like electric, gas, and water*." She explained that these struggles abound in her community.

*A lot of people, especially where we live. We are in a camper, and we just are hooked up to electricity, and we have to supply our own propane. We have to get water. And it's the same for a lot of other people in this community. There is a lot of people living in campers because there's no housing, no affordable housing. – Mother, interview participant*

The struggles attached to affordable housing often led to compounding effects in other areas. One small business owner with 18 employees explained that the lack of available housing, let alone affordable housing, negatively impacted her ability to run her business. From her perspective, the top three most important issues in her community are "*housing, the cost of childcare, and good employment*." She described how these issues relate to one another, saying:

*And all three of those issues have to go together. They have to marry each other to get things right. Because if somebody comes into this town and they're like, "I am going to live here with my family", and if they don't qualify for Best Beginnings and they have to pay for their childcare costs, then they have to find a good paying job to cover their health care costs, and their house maintenance, and unfortunately that's not always possible in this small town. And then if their housing on top of that's really expensive, then they've got that piece to worry about. So half the time when people interview for jobs here in my business, if they don't have*

*housing, I pretty much already know that they have a huge battle to climb in order just to move to this town. So I mean, I can offer them a job, but until they actually find housing, it might as well not be... I can't hire people that aren't here and people don't apply for jobs until they get here and find housing. And so we don't get nearly the job applicants that other places might get. So I feel lucky for the people that work here and blessed that they work here for us. But yeah, that's definitely a huge struggle.* –Small business owner, interview participant

She explained that she feels “*blessed*” to have employees working for her because housing is such an issue in her small community, which negatively impacts the local economy. There are simply not enough workers, especially if someone calls out sick. She noted that the only affordable housing in her community was for more vulnerable populations, such as the elderly, leaving out “*the everyday worker type*”.

In addition to lack of affordable housing, felony convictions may prevent an applicant from being able to attain housing. One participant from Billings who has experienced homelessness explained how he and others like him felt hopeless in their search for housing.

*I know from personal experience it is hard for people with felony backgrounds to get accepted into housing. And they try to go everywhere where they think that they can try to get housing, but they get turned away and everything because they have a felony background. So it puts that mindset at, there's nothing out there for them no more. They tried every option, and it just makes a more mental health issue in their mind of nobody wants to help me... Because I went to several different places myself and because I have a past background and it's hard to find housing that someone would give me a chance to prove to the community and society that I am a changed person and all I want is to be given a chance to be successful in life and take a different path in life that I can be more successful in. But when you get turned away from several people, it's very mentally heartbreaking because all you have in your mindset is: I tried every option now. I don't know what else to do, but just give up and just let life pass me by.* –Interview participant, Billings

Even though he feels he is “*a changed person,*” he gets “*turned away*” and finds it “*heartbreaking*” that he and others with felony backgrounds cannot participate in community and society because of the stigma attached to their experience. Other participants went on to explain that Section 8, although certainly helpful, has not kept up with the astronomical increases in rent in recent years. Moreover, because of the housing shortage, people are unable to find housing in the time frame allotted by the housing voucher before it expires, and they end up losing the voucher they waited months to obtain.

### **Childcare, education, and youth services**

A married mother of two children explained her difficulties paying for childcare, even with the Best Beginnings scholarship.

*There's no daycares near us, and none of them are affordable. When we were previously trying to get our 4-year-old into a program, we at first thought she wasn't going to be allowed to be in the program at school because we didn't know that they had a Pre-K program. So our only option was to try to find something in Laurel for her to get that education and that socialization. And even after them saying that, yes, they took the Best Beginning scholarship, which is also through OPA, I think it is what it is. They were still going to tell us that we needed to pay \$200 a month. –Married mother of two, interview participant*

She explained that even with the help of Best Beginnings her family would have to pay around \$200/month for childcare, which is a prohibitive amount of money for low-income families. She went on to explain that reopening Head Start programs would go very far in helping her family, both from a financial standpoint but also because the social interaction would benefit her daughter. One of her children is currently in another program for four-year-olds, but she really would have preferred to have had a Head Start program available. Another mother also explained that childcare subsidies do not cover enough of the childcare if you make a lower-moderate income because you will not qualify for the help.

Participants also described a lack of activities for youth. A childcare provider from Carbon County noted that *“there’s nothing to do here [for youth]. There’s nothing that’s pointed at that age group to do.”* Another participant said she would like to see more *“opportunities for kids and teens to have activities that are safe”*. A third participant from Big Horn County recommended that a Big Brothers, Big Sisters program would go a long way towards developing social engagement for youth in their community. She felt this would be particularly useful in Big Horn County where a lot of Crow grandparents are raising children and thus *“don’t have all that much energy.”* Another woman from Big Horn County reflected that families are keeping their children out of school, which is likely contributing to low levels of literacy.

*A lot of children who are non-readers who are now even teenagers, there’s no support for the education process for these kids. A lot of them, they’re in a home with drugs and alcohol, and that’s basically surviving. And so then these children have not gotten a lot of preschool education. We don’t have Head Start here anymore. Interview participant, Big Horn County*

As these participants imply, there is a connection between lack of free early education for children, childcare costs, substance use in the home, and literacy problems later in life. She said that there were a lot of services *“for the very end of the road”* or for those who have substance use disorder later in life but *“nothing to prevent it,”* especially in a community as poverty-stricken as her own. She also explained that many in her community cannot read English and computer literacy levels are low.

## Barriers to program participation

Participants noted that the “*food stamp office*” (i.e., SNAP, a program that HRDC does not administer) is “*really backed up*” with applications. This leads to longer waiting times for benefits, and sometimes their benefits are so low each month that they can only buy eggs and milk with the monthly benefit. One participant felt that income guidelines should be raised for families and individuals without children to accommodate the recent price increases due to inflation. Others noted that the applications were “*lengthy*” and required things like “*income verification*” that can be difficult for seniors on social security to obtain. Moreover, a participant noted that she did not understand that LIHEAP was not a “*roll-over system*” from year to year. She did not realize that she needed to fill out a new application every year. Moreover, she thought she would only qualify for heating assistance when she said she really needed both electric assistance and heating assistance because she runs electricity when running her furnace.

When asked if moving to online applications was helpful, interviewees were split in their responses. Participants often gave ambiguous responses about whether they preferred online applications or paper applications. On the one hand, participants noted that online applications seem confusing and can be tough to fill out on phones or on the computer when they “*don’t have the greatest internet service*” in their rural environment. One participant said she preferred paper forms because “*if I have questions, I can call somebody and be able to get my answers.*” However, at the same time, participants noted that it was easy to make mistakes on written forms. A man from Big Horn County utilizing temporary emergency housing expressed a strong preference for in-person applications.

*I don’t have a computer at home that I can upload my documents onto. I think that’d make it more challenging for me on doing online like that...So I’d rather go in, in person, and figure out what I need, then go from there.* –Interview participant, Big Horn County

On the other hand, those with self-reported high levels of computer literacy said they preferred the online application because they did not have to travel to get a form and it was easier for them to fill out the application at home.

The Crow elder who emphasized the importance of preventing problems in her community, rather than trying to treat the underlying problems after the fact, went on to explain the link between poverty, substance use, and the multiple steps people have to navigate to get help with addiction.

*Poverty is so high here that people just struggle all the time. And I think that’s the basis of the drug problem, drinking, and a drug problem...There are no services for addiction...here in our community. You’re on your own unless you go to a treatment program, if it’s approved by Indian Health Service (IHS). You have to go through the courts. It’s just so difficult for people who want to seek out that.* –Crow elder, interview participant

She articulated that those who need the benefit of treatment programs outside her immediate community cannot access those services without first going through IHS. For someone struggling with substance use disorder and living in the present moment with less ability to think of the future, navigating multiple steps to get access to services is very difficult. Multiple bureaucratic requirements and steps are also difficult for those struggling with other issues, such as lacking access to the internet, phone, or physical mail.

She went on to recount the story of how her young cousin with multiple “*little kids*” lost her SNAP benefits. She said that her cousin was very “*happy*” being able to choose her own grocery items through SNAP and thought the program was working really well for her. But she lost her benefits because she did not show up for her next appointment. The reason she missed her appointment was because she did not fully understand that she needed to check her mail to continue receiving SNAP benefits. Moreover, eight people were sharing the same mailbox and all had lost their keys to the mailbox so no one was checking the mail. She feels it’s a generational difference in understanding how to navigate bureaucratic requirements.

*I’ve had a world of just being responsible...I have that. But at the same time, the new generation don’t have that. They don’t have that skill. So they don’t have the skill of answering letters, answering calls, being responsible in that communication role. It’s breaking down. They don’t know how to answer. They don’t even check the mail.* –Crow elder, interview participant

From her perspective, youth in the community are not able to navigate a world which requires them to communicate and answer letters or calls. Whether or not this is accurate, or where the “*fault*” lies in an inability to plan or communicate, is less important than the immediate result which is a loss of food security for children and a compounding of poverty. Meeting participants compassionately where they are might necessitate more flexibility in meeting requirements or immediately reinstating benefits through creative problem solving and rethinking the administration of benefits.

### **Program administration**

A childcare provider from Stillwater County utilizing the provider support program explained that she felt as though the HRDC website was difficult to navigate, but at the same time she really appreciated that she could do her licensing renewals online and liked the fingerprinting services that HRDC provided. Another childcare provider from Sweet Grass County said that in her experience, parents who utilize Best Beginnings really struggle with filling out the application online because it is “*clunky and hard,*” leading them to ultimately give up on utilizing the program.

*In the beginning when I first started with people, like, there’s the Best Beginnings program you should see if you can apply. Half the people never tried. The other half that did try, they might’ve gotten started, but then there was something along the way that stopped them. And the part that’s super frustrating for me is when I reach out as a provider to HRDC 7 and say, “hi, my name is ---- and I’m working with a client who I believe can benefit from Best Beginnings, we’ve sent in their*

*application and they say they've heard nothing from you.” It takes me almost having to, I don't want to say yell and scream, but it takes me so long to get through to anybody in HRDC 7 to call me back. And most of the time they call me back, they can only say to me, “Yes, we received the application and well, we're waiting to hear back from the client.” –Childcare provider, Sweet Grass County*

This childcare provider went on to explain that renewal paperwork is also very confusing for families who may not understand cancellation and renewal dates for services.

*The only paper I get [as a childcare provider] is a paper saying that their Best Beginnings is pending for cancellation. That's all I get. And I know that paper goes to that family as well, but I never ever see the renewal paperwork or anything that they need to get done. And so when that renewal... I almost feel like, I don't know when they send out that renewal paperwork, but I'm at a point in my provider journey now where I'm like, we have to make sure that their renewal paperwork is into us before the cancellation date because we can't keep accruing all of these...I have four accounts right now that are pending that I need to go to small claims court on, and they're all from families that are Best Beginnings families that I know they can't pay their bill. And they're for thousands of dollars, and it shouldn't be that way. –Childcare provider, Sweet Grass County*

She explained that it would aid the families in her program if she, as the business owner, were able to communicate with HRDC about applications. As she explains, it would a firm understanding of both cancellation and renewal dates would benefit families by preventing families from accruing debts they could not pay. Another childcare provider also noted that, due to HRDC's high caseload, it can be difficult to get ahold of staff on the phone.

Participants also emphasized that they had trouble speaking to anyone at DPHHS because of long wait times on the phone, likely due to lack of staff and funding. For example, one participant explained that her elderly father does not “do good with paperwork sometimes,” and it's difficult to talk with staff about SNAP benefits. She explained that they had sometimes waited hours on the phone. This same participant, a single mother, noted that programs should be expanded to single men because she felt like all the programs were geared towards women with children.

### **Program benefits and successes**

While participants acknowledged some problems with program administration, they also articulated gratitude for the help they'd been given by agencies in Montana, including HRDC. One childcare provider noted the importance of the role Best Beginnings plays in her employment. “*The majority of my kids in my childcare are on the Best Beginnings Scholarship, so I know that without this scholarship I wouldn't be working, I wouldn't have a job, so I'm super appreciative,*” Other participants noted the benefits and importance of the commodity food program, the housing programs, and LIHEAP.

Secure housing allows people to focus on other aspects of gaining a foothold in self-sufficiency. When asked what has been the most helpful programs for her that HRDC administers, one young mother living at Harmony House said, *“Probably having a place to stay, and then, where I could focus on getting my education.”* In other words, having a safe place to live allowed her to work on educational requirements. She said she loves living at Harmony House because she’s getting help figuring out her career while she and her baby have a secure place to live. Another participant with children from Big Horn County said that the temporary housing assistance he received *“was what put me back on track of where I need to be. I was kind of going through things with a previous landlord, but I felt like it gave me the assistance I needed to get back on track,”* mostly because his family would have otherwise had no place to live. In other words, a short amount of housing help went a long way toward enabling this participant to recalibrate. Participants also generally felt like Section 8 was *“really great”* and easy to apply for through HRDC. One participant discussed how much she enjoyed HRDC staff. She said the staff have a lot of *“empathy...for their clients. The one I work with anyway, she’s really great.”* It was the larger structural problems associated with Section 8 and housing that prevented participants from easily securing housing.

The earlier participant from Billings with a felony conviction who has experienced homelessness eventually found housing with the help of HRDC.

*I had to jump through several different hurdles, and I can thank the grace of God that HRDC was able to help me and they were going to put me on a waiting list. But since I took it upon myself to find the housing and talk with the landlord and take the steps of filling out the application and paying the application fee myself with the money that I earned with the three jobs at the time that I was working, they put me at the top of the list and was able to go inspect the house and they approved it...I'm going on seven to eight months now, being in my place and rent's always been on time. I've never been late.*

***And I can just thank HRDC for helping me to get into this place that I've been fighting for and jumping through so many hurdles. I have a friend that works through the Open Doors nonprofit organization, and he told me, "I am so proud of you, because most people would get through the first couple of hurdles and then it'll be a dead stop and they'll just throw their hands and say, 'Forget it, I'm done and I want to give up.'" But I kept on pushing forward and what helped me out the most was HRDC helping me get into my place.*** –Interview participant, Billings

A lot of steps were involved in his securing housing that combined his own initiative with the support of HRDC. Alongside the Salvation Army, HRDC provided part of a security deposit and the first three months of rent for this participant. But since that initial assistance, he has slowly gained the ability to pay rent by himself. He explained that he was very proud of himself because this was the first time in his life that he’s been able to *“stand on my own two feet.”* He says he still calls HRDC to talk to some of the staff who helped him and gives them updates on his life since he is no longer unhoused. He noted that he feels *“successful.”*

Pathways (which is administered by HRDC) is a referral program from OPA for those receiving Temporary Assistance for Needy Families (TANF). Pathways helps TANF clients with a myriad of bundled services, including training in job readiness. A participant enrolled in Pathways said she has *“a really good Pathways worker. I feel like if we had another one, I don’t know if it would be as good of as an experience. He’s very understanding, and he comes to us for the most part so we don’t have to drive.”* She explained that she had previous bad experiences with the cash assistance program in Michigan and thus did not want to apply. But *“we really needed the help,”* so her family applied for TANF, which is administered by DPHHS, not HRDC.

*And I was surprised that we work one-on-one with a worker. I think that specialization of just having your own case worker, you can tap into them for various resources. They have good recommendations. Yeah, he's the one that told us about the Best Beginnings scholarship when we were trying to see what we could do for childcare. But yeah, overall it's a good experience. They're understanding, they're great with trying to connect you to resources and do the best you can. And then also he helps us too with getting a supplemental payment for gas transportation assistance. So he has us sign us something once a month where we get an additional payment for help with that.* –Interview participant enrolled in Pathways

Her explanation shows that one-on-one help from staff at HRDC gives her connections to resources and recommendations. She also went on to explain that there’s *“no judgment”* from these organizations. Another single mother explained that *“If I didn’t have the TANF program, I wouldn’t be where I am now. They helped me so much with everything I needed.”* Generally, program participants communicated an appreciation for all staff, most notably HRDC staff, and felt that the help they received from HRDC was essential on their road to self-sufficiency.

Generally, LIHEAP participants receiving heating assistance and those who also received weatherization services communicated strong approval and gratitude for those programs. One participant said her monthly bills were \$25-50 cheaper because of the weatherization services. She also said the impact of heating assistance was *“incredible”* for her personally because it saved her between \$600-1000 a year on heating costs. She said she strongly recommends the program to family and friends and feels as though any time she’s *“talked with anybody [at HRDC], it’s been a positive experience”*.

## Program provider focus group findings

In addition to interviews with program participants, the research team conducted one virtual focus group of eight program providers to better understand community needs from the program provider perspective. Participants included providers from Project Hope (1 participant in Stillwater County), Helping Hands Food Bank on the Crow Reservation (1 participant in Big Horn County), an extension agent with Montana State University (1 participant in Yellowstone County), a representative from a job service organization outside HRDC (1 participant in Yellowstone County), the United Way (2 participants in Yellowstone County), and the Red Lodge Area Community Foundation (2 participants in Carbon County). In order to provide anonymity to participants, this report does not attribute the quotes below to specific organizations or counties.

### Community assets and environment

Participants noted that their communities had strong social support networks. Observing this sentiment, one provider said, *“I feel like our community really rallies around certain topics really well. So, if there’s a community need, there’ll be a group of people working to serve that need until that need is met, and work really collaboratively as well.”* The providers explained that even if they had different goals organizationally, they seemed to at least have shared intentions surrounding helping low-income people get their needs met. They felt the *“community just rallies [to help others]”* during times like the Christmas season and that there is *“a very strong sense of community pride and taking care of each other”* across all the counties in the service area. Providers also articulated that they noticed more increasing involvement between the nonprofits and the city government and have also seen more of a coordinated effort between nonprofits and Native leaders working together to address community needs and issues.

### Community needs/issues

In our focused conversation, researchers asked providers about the biggest challenges facing low-income individuals and families in their communities. Providers listed a variety of challenges including access to health care, housing, childcare costs, and problems associated with the rural geography, such as a lack of broadband internet, transportation, and aging communities.

#### Health care, housing, and childcare

Providers generally agreed that lack of housing and access to health care were some of the largest challenges facing their communities. They explained that it’s very difficult to find housing and there’s been an increase in houselessness and outdoor camping in recent years. Providers also tended to discuss how lack of housing was intertwined with many of the area’s social problems like lack of health care.

When asked if there were sufficient economic opportunities or access to health care, providers discussed that there *“a great unwinding”* of Medicaid benefits to individuals in Montana. Families, particularly for those with children with disabilities or access to mental

programs, were strongly and negatively impacted by the changes in Medicaid benefits. One participant said that many of the people who lost Medicaid struggle with behavioral health issues and no longer have access to supportive case management, further perpetuating their issues and exacerbating the problem of finding housing.

Providers noted that unemployment in the service area was actually very low. However, this did not necessarily translate to needs being met for low-income individuals. In fact, they noted that, through their employment networks and contacts, they've seen a lot of people living in emergency shelters who are employed and unhoused because a \$16/hour job "*is not going to cover rent and utilities and food for a single parent with one child.*" In other words, emergency shelters are no longer just for those without employment. Because of the scarcity and high cost of housing, they often shelter the working poor as well.

### **Rurality: Broadband internet, transportation, and aging communities**

Providers cited difficulties associated with the rurality of their communities as common challenges as well. For example, due to the rural geography, a lack of fast broadband internet service—required for remote meetings and uploading documents for program application—is an ongoing problem, as is transportation to and from work or to places where programs are offered. Another challenge currently engulfing much of rural America, including Montana, includes aging.

*One of the challenges for our community, too, is just our community is aging. And so, we also had the nursing home just left. All of the families that have owned the restaurants or buildings or companies in town are retiring and nobody can take those over, and it costs too much to buy those buildings now. So we're seeing a huge increase in lack of services for our elderly. And then also, just transportation is a huge issue for us. –Provider*

As this quotation articulates, the aging of their population often means there are not working-age people to take over businesses in rural areas, especially with the current high cost of real estate. An aging population also exacerbates problems with health care because elderly adults require more health care services, and nursing homes are closing in some rural areas. This is also tied to transportation to and from these health care services.

### **Goals and responsibilities of area providers**

The research team asked providers what the goals and responsibilities should be surrounding providing services to low-income residents in their communities. One provider responded:

*This, in my mind, goes across rural and urban is that, not just providing this service, but providing equitable services...I think it's very easy...to get stuck in the band-aid model... [Not] just trying to keep up with the need, but then [also] being able to do it in a way that's best for the community. –Provider*

She explained that she saw her role as more than just providing limited services. Part of her role is ensuring the quality of services for residents regardless of their income level. The example she gave included that food banks should not just be about “*food, but here’s nutritious food*”.

## Barriers to program participation

### Lack of physical offices

The barriers to program participation of providers largely echoed those of the program participants regarding the closures by Montana’s DPHHS of field Offices of Public Assistance. For example, program participants repeatedly noted their preference for physical offices to visit, and providers also acknowledged the lack of physical offices as a barrier.

*It’s been quite a few years now since --- County’s Office of Public Assistance closed, and I feel like we’re still feeling the effects of that. I think there was a hope that the food bank could take on the role of the case manager, which is just something that we have never had the capacity or even the space, even the meeting space, to be able to really do. And I know that the Montana Food Bank Network does offer that fall line to get the ball rolling on a SNAP application, and it is really helpful. But then, at a certain point, it does turn over to DPHHS, and then the more difficult financial questions and stuff that’s difficult for, especially seniors, to manage remotely. –Provider*

As the provider acknowledged there are ongoing “effects” from the closure of satellite Offices of Public Assistance. This lack of a physical place for program participants to ask questions and work with case managers makes it more difficult for vulnerable populations—such as seniors—to understand applications and requirements.

### Program applications and income limits

Processes associated with applying to programs from DPHHS, such as long applications and low program income limits, were also barriers that providers recognized. One provider tied the difficulty of applications to a “*large mistrust of authorities*” because “*exhausted*” and “*overwhelmed*” program participants have to “*constantly*” give out a lot of their personal information. She said it was simply “*just too much to do the paperwork or access to online to be able to do it.*” In short, providers noted that lengthy applications are difficult for participants and ultimately prevent individuals from accessing services, especially when they cannot go to a physical office due to rural geography or speak to someone on the phone due to long wait times.

Providers also explained that as wages increase to match the high cost of living and housing, program participants may no longer qualify for some of the programs they desperately need. A provider recognized that one of the challenges associated with ameliorating the lack of affordable childcare was tied to low-income limits.

*With Best Beginnings, a family of three, at \$3,900 a month, they're over the income to qualify. And even if they did qualify, it would get about halfway to the cost of what childcare is. –Provider*

As this provider explained, the income limits on the Best Beginnings program prevent many families from being able to utilize the program. She went on to explain that this is especially problematic because rents are so high in the area that sometimes wages are also increased, which then locks them out of utilizing programs that could benefit their families. These income guidelines for programs might also prevent participants from accepting promotions for fear of making more money over the income limits and being removed from programs. Another participant explained,

*So one of the things that I know that, just in a meeting I was in this week, talking about the new child workforce grant, in particular, and somebody from HRDC was saying they're not getting as many people as they thought, that would be applying for that. And one of the factors they thought was that they don't meet those income guidelines. **They're still struggling, but that they might have another person already working in that household, and so then they don't qualify. And that led us into a larger conversation about our social service cliffs and folks that want to maybe get a better job, but that's not leading to being able to keep up with the cost of everything.** And so, them not wanting, asking their employer to not give them a raise, just because that raise would not allow them to then meet the needs of the family. Even though they want to have a raise and they want to be that productive person within our community and in that workforce. –Provider*

This provider described how having other working people in a household might prevent low-income individuals from accessing programs or from accepting a raise at work because, ironically, accepting a raise would actually decrease their ability to meet their family's needs due to program income limits.

### **Program benefits and successes**

Although providers spoke about how they may sometimes feel disappointed in their inability to meet the needs of their clients because the demand for services is much greater than the supply of services, they also noted that “*we have some great direct service providers doing great, awesome, things.*”

A second provider discussed how their county also lost their Office of Public Assistance, which has had negative ramifications for their low-income residents. They explained that, in response, they have two volunteer “navigators” at their organization who help applicants fill out forms in person. They can even sit with applicants at a computer and guide them through the process. However, giving this improvised solution a grade of a C+/B-, he said this solution was not “*super great, but it's better than nothing.*” He noted that a recent success story was that someone came in for one thing, but then a navigator also got them onto a waiting list for a housing choice voucher.

## Recommendations from program participants and program providers

Participants directly articulated the following recommendations for improving services for low-income service area individuals and families.

### Recommendations from program participant interviewees

The recommendations from program participants can be grouped into two main areas: 1) removing barriers to utilizing programs for participants, such as updating requirements and easing the application process from DPHHS by providing more face-to-face interaction and 2) the addition of new programs and expansion of existing programs, either from DPHHS or HRDC. An elder on the Crow Reservation explained her perspective on program applications.

*The application itself [for TANF] is lengthy...The application needs to be simpler. For many of the people, they don't have accessibility to documents. They don't have that knowledge, and a lot of times they end up not applying because of the application. One of the things that I think that will be good is a person that's designated to come and walk through with that person and then continue to walk through with that person. Every month if a person comes, we walk through...It's almost like a teacher aid or something that can help them. –Elder, Crow Reservation*

In her perspective, a barrier to program participation for a lot of people on the Reservation is the lengthy application process to DPHHS that prevents them from applying at the outset. She went on to acknowledge that it might be very expensive for HRDC to add staff for face-to-face interaction in their administration of programs but felt that more face-to-face interaction would really help a lot of people who do not have the background to navigate bureaucratic processes or online forms at the outset. The recommendations that participants articulated in interviews are bulleted below. Please note that these recommendations came directly from program participants who did not necessarily have inside knowledge of HRDC programming and processes.

#### Removing barriers to program utilization

- Continue to include program applications in both paper and online forms at DPHHS and HRDC. As the transition towards online applications is underway, provide case workers who can manually enter the information online for the most vulnerable populations and instruct the most vulnerable program participants on online processes.
- Expand the ability for program participants to speak directly to staff or representatives face-to-face, whether through outreach and what one participant called “knocking on doors” or through re-opening satellite Office of Public Assistance (OPA) offices.
- Streamline and reorganize the HRDC website to make accessing and applying for programs more straightforward. Simplify language for those at a basic literacy level.
- Help make the program renewal process for Best Beginnings and LIHEAP clear and transparent.

- Allow childcare providers to be authorized to speak directly with HRDC staff regarding Best Beginnings client applications so they can communicate directly with parents.

### **Program expansion and the addition of new programs**

- Expand childcare provider programs to include a focus on business development and tax reporting.
- Create and expand programs, or partner with others, that work to increase home ownership and affordable housing development.
- Expand youth services programming with the addition of volunteer community mentors for teens and young adults.
- Partner with existing institutions and programs, such as City College at Montana State University, Billings Automobile Collision Repair & Refinishing Technology program, to link HRDC program participants with possible free services.
- Expand food access with the FDPIR program by making it universal and eliminating income requirements, if possible, given federal guidelines. Alternatively, accept different forms of income documentation, such as a signed affidavit rather than documentation from an outside source.
- Reinstate Head Start programming.
- Add parenting skills classes for new parents in Hardin and Billings.

### **Additional recommendations from providers**

As a general recommendation, one provider simply said, “*remove the barriers to service*” for program participants. Echoing program participants, providers also recommended that updating program requirements and maintaining more face-to-face and verbal presence would go a long way towards removing program barriers. The list below includes recommendations from providers. There was some overlap between program participants and program providers, so this section includes only additional recommendations beyond what participants already articulated.

- Create a data “warehouse” with consent from program participants that holds their information to be aggregated to multiple program applications at once, decreasing the number of applications that have to be filled out.
- Increased remote and home distribution of food and mobile in-person outreach to rural communities.
- Improve “warm handoffs” between HRDC and partner organizations by making releases more readily available.
- Increase affordable housing and permanent supportive housing.

## Section 3 summary

As the report has shown, HRDC District 7 works to address the causes and conditions of poverty in the 5-county service area including Big Horn, Carbon, Stillwater, Sweet Grass, and Yellowstone counties. Section 3 discusses HRDC programs in depth and presents administrative data on program impact. This section also provides findings from a survey of the HRDC board of directors, HRDC client satisfaction surveys, interviews with 12 program participants, and a focus group of 8 program providers.

## Key findings in trends and needs

- HRDC's primary focus is to mitigate the causes and conditions of poverty. HRDC serves vulnerable populations through administering core programs which assist individuals and families in achieving economic independence and self-sufficiency.
- HRDC programs focus on youth and families, childcare assistance and education, food assistance and security, housing and cash assistance, and energy assistance and weatherization. From 2020-2022, HRDC provided assistance to a total of 47,359 individuals.
- Respondents from HRDC's client satisfaction survey generally felt staff members were helpful and courteous.
- Interviews with program participants and program providers showed needs in the areas of affordable housing, youth services and literacy, health care costs, paying for utility bills, a lack of well-paying jobs, food security, the need for more senior services, and difficulty paying for childcare.
- All program participant interviewees (12 out of 12 participants) reported that affordable housing was a major concern for themselves and their families.
- Interview participants highlighted barriers to program participation including lengthy application wait times, low SNAP benefits from DPHHS, and problems reaching DPHHS staff on the telephone or in person. Program providers noted difficulties with lengthy applications and unrealistic income limits on programs.
- Program participants highlighted successes with HRDC programs including engaging with the commodity food program on the Crow Reservation, the helpfulness of LIHEAP, and the benefits of HRDC helping them secure housing.
- Program participants highlighted a series of recommendations including expanding existing programs or creating new ones, such as programs that help low-income people achieve home ownership or reinstating Head Start.
- Program participants and providers articulated multiple recommendations to remove barriers to program utilization, such as updating requirements and easing the application process from DPHHS by providing more face-to-face and verbal interaction.

## Section 4: Priority emerging needs and recommendations

In prior sections, the research team used the most current population-level and family-level data available to help determine the community needs of those within the HRDC service area. This section of the current needs assessment focuses on summarizing the main priorities which have emerged from the findings presented in sections 1-3. It examines ways that HRDC District 7 may anticipate filling gaps and serving these emerging and growing needs in the service area.

A comprehensive community needs assessment aids an agency in its planning process by determining the needs of a community through a snapshot of the service area and the characteristics of the community. Planning in rural areas, such as the service area of HRDC District 7, can be especially difficult due to geographic barriers or larger barriers surrounding the multiple entities involved in program application and administration beyond HRDC.

Significant structural barriers exist for applying to the state and federal programs. These barriers prevent individuals from being able access programs and were highlighted by participants in this CNA. In January 2018, Montana closed 19 field outreach offices for the Office of Public Assistance (OPA) and laid off over 30 case workers, with devastating consequences for vulnerable populations in Montana who rely on face-to-face help for difficult program applications and program administration for programs like SNAP<sup>237</sup>. OPA helps applicants apply for SNAP benefits (formerly food stamps); Temporary Assistance for Needy Families (TANF); Women, Infants, and Children (WIC); and Medicaid. Some of these offices were in the service area of HRDC District 7. For example, in Stillwater County, prior to the office closures, 146 individuals on average per month came to the office for help with program applications despite the small size of the county<sup>238</sup>. In some rural areas, these offices were the only way participants could apply to programs in their communities due to slow internet speeds. In rural areas with lack of internet connections, program applicants cannot upload necessary documents, which leads to either the loss of benefits they once had or impeding their ability to apply for them in the first place. In addition to the closure of multiple outreach offices for OPA and slow internet speeds, many areas are not eligible for Housing and Urban Development (HUD) funding because they reside in unincorporated areas with low population levels. In short, HRDC District 7 faces significant challenges when administering or creating programs due to existing structural barriers.

### Service-area current community, family, and individual priority needs

As shown in the community-wide representative survey, the top five needs that survey respondents highlighted for their communities include (1) “availability of safe and affordable housing,” (2) “availability and access to living wage jobs,” (3) “access to

<sup>237</sup> See <https://mfbn.org/one-year-ago-19-opa-offices-closed-in-montana/> and <https://montanabudget.org/post/state-budget-cuts-community-impact-series>

<sup>238</sup> See <https://montanabudget.org/post/state-budget-cuts-community-impact-series>

healthcare,” (4) “crime and/or public safety,” and (5) “access to behavioral health services including substance use disorder services.”

The top five issues for families and individuals include (1) “affordable healthcare,” with 85% of respondents labeling this as “somewhat” or “very important” and 15% not experiencing this as an issue; (2) “availability and access to living wage jobs,” with 77% of participants labeling this as “somewhat” or “very important” and 23% of survey respondents not experiencing this issue in the last year; (3) “affordable dental care” with 76% of participants labeling this as “somewhat” or “very important” and 24% not experiencing this issue in the last year; (4) “too few good paying living wage jobs with benefits in the area,” also with 76% labeling this as a “somewhat” or “very important” issue and 25% not experiencing this issue in the last year; and (5) “availability of safe and affordable housing,” with 73% of participants noting this was “somewhat” or “very important” and 27% of respondents not experiencing this as a difficulty in the last year.

## Emerging needs and recommendations

The research team found gaps between some population-level characteristics, articulated needs in surveys and interviews, and program reach. The HRDC programs with the highest rates of utilization include childcare, employment and training, and energy assistance. However, only 23% of survey respondents listed access to affordable childcare in their top three needs, and the largest share of HRDC financial program support goes towards childcare assistance. This could be a scenario whereby this is not one of the largest reported community and family needs because HRDC is filling this important gap within the community. However, there still exists a need to expand programs that the majority of participants note as vitally important to all community members, such as housing, health care, behavioral health needs, and dental care. Every single interviewee mentioned the growing need for affordable housing. Given these data, along with recommendations from program participants and program providers, some programs could be expanded or created especially in the area of food security and housing.

### Food security

At a population-level, 45.5% of all HRDC service area children and 95.1% of children in Big Horn County alone, are eligible for reduced price or free lunch. However, only 9.8% of the service area population receives SNAP benefits<sup>239</sup>, and only 8.2% reported using HRDC programs surrounding “food,” including the Food Distribution Program on Indian Reservations (FDPIR) and child nutrition programs for children in childcare. While HRDC does not administer SNAP benefits in the state, the need for food security in the area remains. In Montana, 22% of people eligible for SNAP are not receiving any SNAP benefits<sup>240</sup>, and interviewees in this CNA reported that even if they were receiving SNAP benefits, they could not feed their families. They noted that the help amounted to less

<sup>239</sup> U.S. Census Bureau, small area income and poverty estimates, (2020)

<sup>240</sup> Center on Budget and Policy Priorities (2023)

than \$30 to 40 per month, which did not go far given inflation, even if they worked full-time. Those interviewees from Big Horn County who participated in FDPiR noted how important food was to their communities and appreciated food being transported to be distributed in the rural areas, given the difficulties associated with transportation. However, these same interviewees noted that certain vulnerable populations were not equipped to handle the paperwork associated with program participation, such as income verification. As such, being creative about ways to verify income when it is a requirement for state and federal programs or having community navigators available to assist vulnerable populations might be beneficiary.

### **Recommendations**

- Develop or partner with programs which help link clients with existing community health and behavioral health services.
- Consider developing or partnering on new programs based on current and emerging needs for all community members, especially increasing food security.

### **Lack of affordable housing**

Every interviewee mentioned the importance of housing security and a growing need for affordable housing for themselves and their families. Moreover, survey respondents listed housing as the first community priority and as a top five issue for themselves and their families. Of survey respondents, 25.6% live in unstable housing, which is defined as those who are unsheltered, living with family or friends for free, or living with two or more families in the same household. In the 5-county service area of HRDC, 43.77% of all rental households in the area are cost-burdened<sup>241</sup>. However, only 10% of participants listed having participated in HRDC “housing” programs, and 9.9% of participants reported utilizing “rental assistance.” Moreover, there is likely some duplication of responses between selecting these two categories resulting in less than the 19.9% of respondents actually using these combined services associated with housing or rental assistance. Additionally, there is some confusion for program participants regarding the administration of Section 8 housing vouchers because HRDC administers the program in Big Horn, Stillwater, Sweet Grass, and greater-Yellowstone counties, but not within the City of Billings.

In 2022, HRDC placed 8 unhoused individuals in stable housing in 2022 and helped with 76 months of rent and 8 security deposits. Still, the vast amount of demonstrated need for affordable housing is simply not being met by housing vouchers, and there are large structural barriers to affordable housing in Montana. It is important to note, however, that those participants who were able to use housing services from HRDC reported gratitude that HRDC helped them to “*stand on [their] own two feet.*”

### **Recommendations**

- Expand the reach of programs that aid in affordable housing, rental assistance, and security deposits, and consider deepening partnerships with organizations focused on home ownership.

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<sup>241</sup> American Community Survey (2017-2021) 5-year estimates

## Administrative barriers to program utilization

Although interview and focus group participants noted how meaningful and vital HRDC programs have been for themselves and their communities, both groups of interview participants and survey respondents highlighted significant barriers to low-income individuals accessing these important services due to administrative barriers from DPHHS and state and federal regulations. Interviewees expressed difficulty getting in direct contact with staff members, which hindered their ability to navigate complex applications for services. They also noted lengthy application wait times from DPHHS. This could be another consequence of the closure of field OPA offices. The largest barriers cited by survey participants regarding program access include “applying for services and/or completing paperwork,” “understanding eligibility requirements,” and “providing documentation such as residency status or income.” These triangulated qualitative and quantitative data suggest that HRDC might aid in addressing these “downstream” DPHHS barriers resulting from the closure of rural OPA offices, if at all possible.

Interestingly, in the community-wide survey, participants listed “limited or no internet” as the sixth most experienced issue in their individual lives. The fact that participants placed lack of internet so close to the top of their lists suggests that this is an emerging need worth highlighting, especially given the movement towards remote work and program applications moving to online application only. Both program participants and program providers noted the problematic effects on residents of the closure of multiple Office(s) of Public Assistance in the last few years. Program participants noted they hoped HRDC could help them fill this void through increasing phone and mobile face-to-face presence.

### Recommendations

- Increase agency verbal and face-to-face communication and responsiveness with clients and providers where possible given structural barriers.
- Consider working to add community navigators and/or satellite or mobile offices to aid participants in navigating program applications or renewals.

## Conclusion

This needs assessment directly asked survey respondents, program providers, and program participants to highlight challenges in their lives and offer recommendations for improving the HRDC programs they participate in. They also spoke about the significant role that HRDC staff and programs fulfill in their lives. From gratitude for the Best Beginnings scholarships to the essential help offered by the Food Distribution Program on Indian Reservations, appreciation for assistance from the Low-Income Home Energy Assistance Program, and a formerly unhoused individual who proudly credited HRDC for helping him find “*success*”, HRDC participants noted that HRDC fulfills a vital and indispensable role in the communities it serves.

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<sup>242</sup> All data sources are labeled in footnotes, rather than references

## Appendix: Methodology

The following appendix first discusses the domains of needs assessed; then discusses the primary, secondary, and administrative data collected and methods of analysis; and ends with the survey instruments and interview guides used in the community needs assessment.

### Community needs categories and domains

The research team first grouped assessment criteria into three main categories; 1) demographic characteristics (section 1 of this CNA), 2) community needs and priorities (parts of sections 1-4), and 3) emerging needs and recommendations (part of section 3 and 4).

These three main categories covered multiple outcomes and metrics such as service area community environment and assets (including populations estimates, land area, growth rates, community engagement, internet access, transportation), demographics (including age, sex, race, ethnicity, veteran status, foreign born persons, educational attainment, household composition), service area economic context and poverty (including key metrics in the economy, income, poverty rates, food security and environment, and housing) community health and behaviors (including health insurance rates, health behaviors, and key health outcomes). Community needs, priorities and recommendations were categorized in ways that included the domains of human services, emergency services, food and nutrition, education, employment, housing, community engagement, and a discussion of the post pandemic service area. A domain is identified as an area of influence affecting local community conditions and the quality of life of low-income people residing in the service area<sup>243</sup>. Within these domains, the research team assessed and described the general conditions in the HRDC service area, particularly regarding poverty, inequalities, and the needs of low-income residents in the county.

### Methods

The CNA utilized a mixed methodology approach, including both qualitative and quantitative data. Qualitative data included 12 interviews and one focus group with 8 participants while quantitative data included both primary and secondary data. The research team included individual-level, household/family-level, and community/county-level data to identify the 5 top needs in the counties of Big Horn, Carbon, Stillwater, Sweet Grass, and Yellowstone. JG worked to secure sampling/active participation from low-income populations in each county to better understand and measure the causes of poverty in the HRDC7 service area, with assistance from HRDC7.

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<sup>243</sup> Nicholas County Community Action Partnership (2018)

## Data Collection and analysis

### Data Sources

#### Secondary and administrative data sources

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A variety of sources (e.g. American Community Survey and datasets from the Centers for Disease Control and Prevention) were used for secondary data analysis. All sources are available in the footnotes and in the References section. Additional secondary and administrative data came from HRDC administrative reports. Program participant data collected by HRDC as part of their administrative and planning efforts was also utilized.

#### Primary data sources

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##### Service-area community survey

The research team conducted a survey targeting the five counties in the HRDC service area (n = 427) from mid-November to December, 2023. The survey received 884 total responses before exclusion criteria were applied. First, researchers limited observations to those within the United States (n = 843). The team then removed surveys completed in under three minutes, those that were below 8% complete, and those who indicated a county and/or zip code outside the HRDC service area.

JG built upon the survey completed by HRDC District 7 in the 2020 CNA for continuity, reliability, and comparison over time. Measures and survey data in the updated survey for dissemination on Alchemer were tested for construct validity. The focus of the survey included three main areas: community assets and environment, community issues and needs, and COVID-19 long-term impacts. The survey also covered demographics such as race, ethnicity, gender, age, employment status, and educational attainment. In order to maximize response rates, HRDC District 7 helped to advertise the survey through their networks, while JG utilized their marketing partner, Flathead Beacon, to develop a targeted social media campaign through Instagram and Facebook.

##### HRDC client satisfaction survey

For over three years, HRDC kept a survey link open for clients of their programs to give feedback on their experiences with HRDC programs. In this client satisfaction survey (n = 524), HRDC collected rolling survey responses from January 2020 through November 2023. JG Research & Evaluation completed a secondary analysis of these survey results.

##### Board of directors' survey

JG conducted one survey of the HRDC District 7 Board of Directors (n = 7) on Alchemer in December 2023. The survey aim was to attain feedback on HRDC processes, inclusion of the low-income community in the decision-making process, and the role of the Board of Directors from the Board perspective. The home counties of the Board member survey participants include Stillwater (1 Board member), Sweet Grass (1 Board member), and Yellowstone (5 Board members).

### Key stakeholder interviews with program participants

The research team conducted 12 interviews with HRDC program participants to better understand program impact and needs of those who engage with HRDC District 7 from November to December 2023. Please see Table 57 in section 3 for a list of programs that interview participants utilized. Interview participants were sampled from HRDC District 7 programs identified by HRDC as valuable programs for low-income individuals in the service area by HRDC staff. Each participant received a \$50 Visa gift card in appreciation of their participation. As indicated by participant preference, the JG team completed interviews in person, over the telephone, or through Zoom. The focus of the interviews was participants' experiences in HRDC service area programs; participant-identified community assets, such as social infrastructure and organizations; topmost important issues that participants identify as being important to community development; and existing challenges or obstacles to solving these community issues. Table 58 gives a list of number of interview participants per county.

Table 58: Interview participant home counties

County	Number of participants
Big Horn	3
Carbon	2
Stillwater	1
Sweet Grass	1
Yellowstone	5

### Key stakeholder focus group with program providers

One focus group was facilitated with program providers from various organizations in the HRDC service area (n = 8) in December, 2023. Not all organizations were affiliated with HRDC to provide a meaningful outside perspective on the area. The focus group centered on issues such as the causes and consequences of poverty in the service area of HRDC, the unmet needs of individuals and families, gaps in services, challenges, and any recommendations or solutions. The focus group also asked participants about ways to improve existing partnerships and programs. HRDC helped to provide JG with a list of program participants for this focus group.

## Methods and primary data analysis

### Surveys

Frequencies, percentages, and both descriptive and inferential statistics of survey responses were calculated in Alchemer and R Studio. The service area community survey received 884 total responses. JG then cleaned the survey. Inclusion/exclusion criteria applied included that the responses must have come from a computer within the United States, survey responses were removed that were completed in under three minutes, surveys that were less than 9% complete were removed, and participants who did not live in a county of interest.

After cleaning and exclusion/inclusion criteria were applied to service area community survey, JG captured a statistically significant proportion of the population, which only requires a sample size of 385 based on calculations applied to population characteristics

in the service area (total population of 206,774 people). Survey results are thus meaningful at the 95% confidence interval with a 5% margin of error. JG utilized common inferential statistics including correlations, t-tests, and multiple regression.

### Interviews and focus group

Interviews and focus group were coded for emergent themes, first with a round of open coding, followed by a round of focused coding<sup>244</sup>. The resulting scheme included 5 open codes and 15 focused codes. Open codes ranged from “program outputs”<sup>245</sup> to “community assets.” Focused codes ranged from bureaucratic barriers to utility benefits. All open and focused codes are listed below. The interviews and focus groups utilized the same coding scheme.

Table 59: Interview coding scheme

Open Code	Focused Code
<b>Community assets</b>	Natural environment Social networks and support
<b>Community needs/issues</b>	Crime Education Food costs Health care and insurance Housing security/rental costs Poverty and transportation Senior services Substance use disorder Technology access Youth services
<b>Program participation barriers</b>	Bureaucratic barriers General barriers
<b>Program outputs and/or benefits</b>	Food delivery Provider training Utility benefits Housing benefits
<b>Recommendations</b>	

<sup>244</sup> Charmaz, 2006

<sup>245</sup> see Harris 2017

## Interview guides and surveys

### JG Research and Evaluation Interview Guide

District 7 Human Resources Development Council (HRDC), with assistance from JG Research and Evaluation, is conducting its triennial community needs assessment. A community needs assessment is where people in the community and those who engage with the community action agency work together to identify what is important to residents and meaningful strategies to address these needs. As part of this needs assessment, we're chatting with program participants like you. The information you share in the interview will help HRDC identify the highest priority needs of low-income individuals and families living in our communities. The results of this study will be used to ensure the agency's services match the needs of low-income people and to identify gaps in current services as the agency plans for future programs and community engagement.

The interview should take around one hour, and we will email you a \$50 Visa gift card for your participation at the end of the interview. Although we will use quotes from interviews, we will keep your name confidential, and no one will know you participated unless you share that information. If you do not answer questions or decide to end the interview, your participation in programs or services with HRDC will not be affected. We have a couple of logistics to get out of the way before we get started, okay?

1. Do you mind if I record this interview? The audio recording will only be viewed by the research team and there will be no personally identifiable information stored with the file or the transcript of the recording.
2. When we use the information that we learn from these interviews, we will present all quotes anonymously. In other words, we will keep your name confidential.
3. Finally, you're welcome to skip any question. You'll still receive the gift card even if you want to stop halfway through the interview and benefits will not be affected.

Do you have any questions before we begin?

1. First of all, which programs from HRDC have you participated in?  
Interviewer (please check):

<b>Program participation</b> (Please check if participated)	
<input type="checkbox"/> Housing	<input type="checkbox"/> Childcare
<input type="checkbox"/> Rental assistance	<input type="checkbox"/> Transportation
<input type="checkbox"/> Weatherization	<input type="checkbox"/> Energy assistance
<input type="checkbox"/> Food	<input type="checkbox"/> Youth services
<input type="checkbox"/> Emergency services	<input type="checkbox"/> Employment and training
<input type="checkbox"/> Alternative education	<input type="checkbox"/> Pathways

<input type="checkbox"/> SNAP ET	<input type="checkbox"/> Other (list): _____
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2. Which county do you live in? Could you tell us a little bit about yourself and what it's like living there? [*counties include Big Horn, Carbon, Stillwater, Sweet Grass, Yellowstone*]
3. When you broadly think about the community you live in, what kinds of things make it a good place to live?  

**[prompt:** *if they aren't sure what you're asking. Examples could include community organizations, bike paths, relationships between people, access to health care, access to helpful programs, natural beauty etc.]*
4. Based on your own experience, what are the top three issues that you are most concerned with or that might make your community a better place to live, especially for folks struggling to make ends meet?  

**[prompt:** *What kinds of things make it a bad place to live? Probe participant to elaborate and describe any issues that are problematic for them. For example:*

  - *Do you have enough money to buy nutritious food and can you easily find it in the local stores?*
  - *Do you like the schools?*
  - *Affordable child care?*
  - *Senior and youth needs?*
  - *Access to housing?*
  - *Mental health services?*
5. What do you think are the challenges or obstacles to addressing these general issues?  

*[probe or reframe if necessary—Is there anything in the community preventing these problems from being solved? Are the health care organizations easy to use? Are the police helpful? Etc.]*
6. If you had a magic wand, what top new programs or general community things would you like to see implemented in your community?  

*[probe and explain what initiatives could be—For example, what policies or programs or types of support or governmental assistance would help make your community better? Examples could include rental assistance or childcare programs, etc.]*
7. Tell me a little bit about the HRDC program/s you've participated in you already listed.  

**[probe:** *How did it go? Did it address/focus on what you thought it would address? What did you like? What didn't you like?]*
8. Was there anything that made it hard for you being able to participate in the program? Anything that made it easier?  

**[probe** *regarding barriers or facilitators to program access; filling out application forms online a challenge?]*

9. Is there anything about the program that has really helped you or anything you'd like to add or change about the program?

**[probe:** *Would you recommend this program to your friends and family? Why or why not? Are there any other types of programs that you like to see HRDC create?]*

10. Is there anything you'd like to tell us about things you or your community need or a HRDC program that we didn't cover?

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

## JG Research & Evaluation Community Needs Assessment Survey for Big Horn, Carbon, Stillwater, Sweet Grass, and Yellowstone Counties

District 7 Human Resources Development Council (HRDC), with assistance from JG Research and Evaluation, is conducting its triennial community needs assessment. The purpose of this survey is to identify and address the causes and conditions of poverty in its 5-county service area. The survey helps HRDC identify the highest priority needs of low-income individuals and families living in our communities. The results of this study will be used to ensure the agency's services match the needs of low-income people and to identify gaps in current services as the agency plans for future programs and community engagement. Your participation in this survey takes about 10 minutes. Your responses will only be viewed by the research team and will be kept confidential and anonymous. Completing the survey is voluntary and will not affect your participation in any programs or services you are currently receiving. All participants will be entered into a drawing to win one of three \$100 Visa gift cards.

### **Part 1. Geographic location and housing/work status**

#### **What is your zip code?**

(drop-down list of all zip codes)

#### **Which county do you live in?**

Big Horn

Sweet Grass

Carbon

Yellowstone

Stillwater

Other (list): \_\_\_\_\_

#### **How long have you lived in this county?**

Less than 1 year

1 to 4 years

5 to 9 years

10 to 19 years

20 or more years

#### **Which of the following best describes your current employment status? *Please select all that apply.***

Work full-time in one job (30 hours or more)

Work full-time, (over 30 hours) in multiple jobs

Work part-time (less than 30 hours)

- Work occasionally
- Homemaker or stay-at-home parent
- Unemployed
- Student
- Retired
- Other: \_\_\_\_\_
- Prefer not to say

**Which of the following best describes your housing status**

- Homeowner
- Renter
- Living with family/friend for free
- Unsheltered
- Living with two or more families in the same household
- Other: \_\_\_\_\_

**Including yourself, how many total people live in your household?** \_\_\_\_\_

**How many children under age 18 live in your home?** \_\_\_\_\_

**How many people in your household are 65 or older?** \_\_\_\_\_

**Do you or any of the members in your household have a disability? *Please select all that apply.***

- Yes, I do
- Yes, another adult in my household does
- Yes, a child in the household does

➔ If selects Yes:

➔ Which services do you currently use for your child:

- Early intervention services, Part C
- Special education services, IEP
- Supplemental Security Income (SSI)
- Children's Health Insurance Program (CHIP)

- Best Beginnings special needs subsidy
- Case management services
- Parenting classes
- Parent/family support groups
- Home visiting
- Military OneSource
- Other: \_\_\_\_\_

No

**Which programs from HRDC have you participated in? *Please select all that apply.***

<input type="checkbox"/> Housing	<input type="checkbox"/> Childcare
<input type="checkbox"/> Rental assistance	<input type="checkbox"/> Transportation
<input type="checkbox"/> Weatherization	<input type="checkbox"/> Energy assistance
<input type="checkbox"/> Food	<input type="checkbox"/> Youth services
<input type="checkbox"/> Emergency services	<input type="checkbox"/> Employment and training
<input type="checkbox"/> Alternative education	<input type="checkbox"/> Pathways
<input type="checkbox"/> SNAP ET	<input type="checkbox"/> Other (list): _____

**Part 2. Community assets and environment**

**On a scale from 1 to 5, with 1 indicating a strong *no* and 5 indicating a strong *yes*, please give your opinion. Modified from National Association of County Health Officials QOL Questions**

Quality of Life Questions					
	1 No	2	3	4	5 Yes
1. Are you satisfied with the quality of life in your community? (Consider your sense of well-being, participation in community life and recreation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, and options in health care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there economic opportunity in the community? (Consider locally owned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)					
5. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments (local, state, and national policy work, supporting youth, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how much you agree or disagree with the following statements:

	Strongly Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Strongly Agree
My community has many affordable home ownership opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has many affordable places to rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has resources available for those experiencing houselessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has a wide range of affordable housing options available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has resources available for the mental health needs of adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My community has childcare options for individuals and families of all income levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has sufficient public transportation options available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has affordable places to buy healthy food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community is welcoming and inclusive at public meetings and community events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Above questions adapted from Bozeman HRDC's 2019 Community Needs Assessment.

Please select the three most important needs in your community, with 1 indicating the top need.

Need	1	2	3
Availability of safe and affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability and access to living wage jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to behavioral health services including substance use disorder services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to affordable childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of transportation or cost of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older adult/senior needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime and/or public safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversity/cultural awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food insecurity or hunger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part 3. Demographics

What is your age? \_\_\_\_\_

What is your gender?

Female

Male

Non-binary

Other: \_\_\_\_\_

Prefer not to say

**Are you Hispanic, Latino/a, or of Spanish origin?**

- Yes
- No
- Prefer not to say

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

- Black or African American
- American Indian or Alaska Native
- Asian
- Pacific Islander or Native Hawaiian
- White
- Other: \_\_\_\_\_
- Prefer not to say

**How far did you go in school?**

- Never attended high school
- Attended high school but did not finish
- Completed high school or GED
- Some college
- Technical, Associates, or 2-year degree
- 4-year college degree
- Completed graduate or professional school
- Prefer not to say

**Overall, which of the following statements best describes how well you are managing financially these days?**

- Living comfortably
- Doing okay
- Just getting by

Finding it difficult to get by

**What is your estimated monthly household income?**

Less than \$1000/month

\$1001-\$2000/month

\$2001-\$3000/month

\$3001-\$4000/month

More than \$4000/month

**Part 4. Individual/family issues and needs**

**What are the most important issues that you or your family currently experience or have experienced in the last 12 months?**

<b>Issue</b>	<b>Did not experience in the last 12 months</b>	<b>Somewhat important</b>	<b>Very important</b>
<b>Access to services and resources</b>			
<b>Affordable healthcare</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Need prescription assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Access to mental health services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Affordable dental care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Access to substance use disorder treatment services and counseling</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Availability of affordable childcare</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Availability of transportation or cost of transportation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Access to affordable preschool/early childhood education</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Access to income-eligible free preschool/Head Start</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Adult education and occupational training</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Too few good paying/living wage jobs with benefits in the area</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Availability of youth services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Access to emergency food resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SNAP benefits/food stamps run out before the end of the month</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Access to emergency clothing, winter coats, or boots</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Disability and/or special needs assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Availability of safe and affordable housing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Availability and access to living wage jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited or no internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal and/or family hardships or health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child support or custody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Houselessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substandard housing with problems like pest infestations, mold, or lead paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disconnected utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction or foreclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burial/funeral expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food insecurity or hunger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discrimination based on race or ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discrimination based on sexual identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety and security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime including theft or breaking/entering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violent crime including homicide, rape, robbery, or aggravated assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intimate partner violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School bullying			
Availability of emergency shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runaway youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Program/service	
Childcare	<input type="checkbox"/>
Legal services	<input type="checkbox"/>
Employment and training	<input type="checkbox"/>
Food distribution or Supplemental Nutrition Assistance Program/food stamps	<input type="checkbox"/>
Health care insurance	<input type="checkbox"/>

Where and how to access health care services	<input type="checkbox"/>
Where and how to access mental health services	<input type="checkbox"/>
Where and how to access dental services	<input type="checkbox"/>
Low-income housing or rental payment assistance	<input type="checkbox"/>
Utility payment assistance	<input type="checkbox"/>
Minor home repair or weatherization services	<input type="checkbox"/>
Transportation	<input type="checkbox"/>
Adult education	<input type="checkbox"/>
Youth services	<input type="checkbox"/>
Older adult/senior services	<input type="checkbox"/>
Financial education	<input type="checkbox"/>
Disability/special needs assistance	<input type="checkbox"/>
Houselessness	<input type="checkbox"/>
Runaway youth	<input type="checkbox"/>
Teen pregnancy	<input type="checkbox"/>
Other (list):	<input type="checkbox"/>

From the list below, identify how each item has made it easier or more difficult to get assistance or access to services and programs?

	Easier	More difficult	Neither
Understanding eligibility requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applying for services and/or completing paperwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing documentation such as residency status or income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The trust I have in HRDC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The help of friends and/or relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends' and/or relatives' opinions about HRDC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distance from my house to services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to/from services or programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ability to find childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (list):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

From your perspective, how has COVID-19 impacted yourself and your family?

	Strong negative impact	Somewhat negative impact	Neutral	Somewhat positive impact	Strong positive impact	N/A
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health/well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Access to behavioral health services including substance use disorder treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to food programs or access to food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (list):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there anything else you would like to tell us about addressing the needs of low-income individuals and families in your community?

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This survey is anonymous. However, participants will be entered into a drawing to win one of three \$100 Visa gift cards, so we will need to be able to contact the winners. Answering “yes” to the following question will redirect you to a separate form to enter your contact information disconnected from your anonymous survey responses. The drawing will take place on December 20, 2023.

**Would you like to proceed to the contact form and be entered to win a \$100 Visa gift card?**

Yes

No

**Thank you** for taking the time to complete this survey! Your input is very important to us. The results of this study will be used to ensure the agency’s services match the needs of low-income people and to identify gaps in current services as the agency plans for future programs and community engagement.

## JG Research & Evaluation 2023 Community Needs Assessment Board of Directors Survey

District 7 Human Resources Development Council (HRDC), with assistance from JG Research and Evaluation, is conducting its triennial community needs assessment. The purpose of this survey is to identify and address the causes and conditions of poverty in its 5-county service area. The survey helps HRDC identify the highest priority needs of low-income individuals and families living in our communities. The results of this study will be used to ensure the agency's services match the needs of low-income people and to identify gaps in current services as the agency plans for future programs and community engagement. Your participation in this survey takes about 10 minutes. Your responses will only be viewed by the research team and will be kept confidential and anonymous.

### **Part 1. Geographic location**

What is your zip code? \_\_\_\_\_

Which county do you live in?

Big Horn

Sweet Grass

Carbon

Yellowstone

Stillwater

Other (list): \_\_\_\_\_

### **Part 2. Board and HRDC activities**

What is your role on the Board of Directors?

(List) \_\_\_\_\_

**Please select any activities in which you have participated that are related to strategic planning. *Please select all that apply.***

- Development of Board goals and priorities
- Participation in the annual Board retreat
- Development of agency goals and priorities
- Board development work
- Participation in the Community Needs Assessment process
- Development of anti-poverty strategies
- I don't know
- Other (list): \_\_\_\_\_

**Please select any organizations/agencies that HRDC partnered with during your time as a Board member. *Please select all that apply.***

- Other Boards, committees, and commissions
- Other agencies within the 5-county service area
- Service area public schools
- Faith-based organizations

- Non-profit organizations
- Local businesses
- Other community action agencies or community action partnerships
- I don't know
- Other (list): \_\_\_\_\_

**Does HRDC sufficiently include the perspectives of low-income program clients in their activities?**

- Yes, HRDC does a great job of including the perspectives of low-income clients in the planning and facilitation of their programs and activities
- No, HRDC should take the perspectives of low-income clients into account more often
- I don't know

**If answered no: In what ways might HRDC include more perspectives of low-income clients in their activities? *Please select all that apply.***

- Additional customer satisfaction surveys
- More low-income representatives serving on the Board
- Participation in public forums or meetings
- Participation in programs, training, and events that highlight the needs of low-income residents
- Interviews
- I don't know
- Other (list): \_\_\_\_\_

**How does HRDC determine the needs of the community? *Please select all that apply.***

- Analysis of demographic data
- Community forums/meetings
- Using information gathered by partner organizations and other government agencies
- Expertise of staff members
- Expertise of Board members
- Feedback from customer satisfaction and needs assessment surveys
- Interviews/focus groups
- Large-scale surveys of community members
- Utilizing available federal funding opportunities and announcements
- Feedback from participants of these programs: \_\_\_\_\_
- I don't know
- Other (please specify): \_\_\_\_\_

**Please select all of the ways you are updated on HRDC's progress in achieving its stated outcomes.**

- Written reports and updates at meetings from the Executive Director
- Written reports and updates at meetings from the Program Directors
- Written reports and updates at meetings from an HRDC Board staff liaison
- Data regarding the provision of services by HRDC
- Correspondence regarding the Board's advocacy and activities

- Other information included in Board meeting packets (program data, Board testimony, announcements of upcoming events related to HRDC’s priorities, etc.)
- I don’t know
- Other (list):\_\_\_\_\_

**Please select all training/guidance from HRDC you have received as a Board member**

<input type="checkbox"/> Orientation session with HRDC staff	<input type="checkbox"/> Ethics training
<input type="checkbox"/> Receipt of Board governing materials (i.e. bylaws, meeting minutes, etc.)	<input type="checkbox"/> Community Services Block Grant (CSBG) organizational standards, including reviews of materials or presentations by HRDC staff
<input type="checkbox"/> Training/instruction by other Board members	<input type="checkbox"/> I don’t know
<input type="checkbox"/> Results Oriented Management & Accountability (ROMA)	<input type="checkbox"/> Other type of training (list):_____
<input type="checkbox"/> Training during Board meetings	

**Overall, how would you rate your experience as a member of the Board of Directors?**

- Poor
- Fair
- Satisfactory
- Good
- Excellent

**Is there anything you would like to see done differently or improved upon regarding your involvement with HRDC? \_\_\_\_\_**

**Part 3: Community needs/issues**

**Please help us better understand community issues impacting the residents in the 5-county service area of HRDC. Are the following issues important?**

<b>Issue</b>	<b>No, this is not an important issue in the 5-county service area</b>	<b>Yes, this is a somewhat important issue in the 5-county service area</b>	<b>Yes, this is a very important issue in the 5-county service area</b>
<b>Access to services and resources</b>			
<b>Affordable healthcare</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Need prescription assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Access to mental health services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Affordable dental care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Access to substance use disorder treatment services and counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of affordable childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of transportation or cost of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to affordable preschool/early childhood education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to income-eligible free preschool/Head Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult education and occupational training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too few good paying/living wage jobs with benefits in the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of youth services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to emergency food resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SNAP benefits/food stamps run out before the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to emergency clothing, winter coats, or boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability and/or special needs assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of safe and affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability and access to living wage jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited or no internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal and/or family hardships or health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child support or custody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Houselessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substandard housing with problems like pest infestations, mold, or lead paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disconnected utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction or foreclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burial/funeral expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food insecurity or hunger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discrimination based on race or ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discrimination based on sexual identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety and security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime including theft or breaking/entering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Violent crime including homicide, rape, robbery, or aggravated assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intimate partner violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School bullying			
Availability of emergency shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runaway youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select the three **CURRENT** most important needs in the 5-county service area of HRDC, with 1 indicating the top need.

Need	1	2	3
Availability of safe and affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability and access to living wage jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to behavioral health services including substance use disorder services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to affordable childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of transportation or cost of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older adult/senior needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime and/or public safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversity/cultural awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food insecurity or hunger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select the top three **FUTURE** needs over the next 3 years in the 5-county service area of HRDC, with 1 indicating the top need.

Need	1	2	3
Availability of safe and affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability and access to living wage jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to behavioral health services including substance use disorder services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to affordable childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of transportation or cost of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older adult/senior needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime and/or public safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversity/cultural awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food insecurity or hunger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**In your own words, how might HRDC help community members meet the kinds of needs listed above? [open-ended question]** \_\_\_\_\_

**Thank you** for taking the time to complete this survey! As a Board member, your input is very important to us. The results of this study will be used to ensure the agency's services match the needs of low-income people and to identify gaps in current services as the agency plans for future programs and community engagement.

## JG Research & Evaluation Program Provider CNA Focus Group Guide

Thank you all for taking the time out of your busy schedules to join this discussion today. My name is \_\_\_\_\_. I am researcher at the Bozeman-based applied social science firm, JG Research and Evaluation (JG). JG has been contracted by the Human Resources Development Council, District 7 (HRDC7) to identify the community needs of low-income families in the 5-county service area of HRDC. The results of this focus group will be used to ensure the agency's services match the needs of low-income people and to identify gaps in current services as the agency plans for future programs and community engagement. A key part of this community needs assessment is understanding the experiences of your organizations in these counties, especially those of you who have partnered with and or facilitated programs from or with HRDC. We look forward to hearing your perspectives.

Before I get started, a couple logistical things...

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

### **1. Introductions**

- a. First name – (confidential—just for conversation)
  - b. And why are you here?
    - i. What the nature of your engagement with HRDC? What role do you have in your organizations?
2. First off, let's talk about some of the good things that might exist in your communities. What kinds of things do you love about where you live? [*prompt*: what kinds of things make it a good place to live? Support networks of friends and family? Health care? Economic opportunity? Natural beauty? Do you think folks take pride in participating in the community around them?]

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

### **Closing**

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

Thank you, again, for taking time to join this discussion. Your point of view is really important. And as a reminder, your answers are confidential and any quotes that we use from this focus group will be presented in a way that protects your anonymity.

## Appendix: HRDC community partners (2023)

The following appendix highlights the extensive partnerships that HRDC utilizes.

### Non-profit partners:

- Al Bedoo Shrine
- Alternatives
- American Red Cross
- AmeriCorps VISTA
- Angela's Piazza
- Appsaalooke Family and Social Services
- AWARE
- AWARE EHS
- AWARE in Billings and Miles City
- Baretooth Cupboards - Red Lodge
- BARK (Billings Animal Rescue Kare)
- Better Babies/Maternal Child Health
- Better Billings Foundation
- Big Horn Best Beginnings Council
- Big Horn County Adult Education
- Big Horn Electric Coop
- Big Sky Senior Services
- Bikers Against Child Abuse
- Billings Food Bank
- Billings Public Library
- Birds of Pray
- Boys & Girls Club of Carbon County
- Boys & Girls Club of Yellowstone County
- Bridger Food Bank
- Butte 4 C's
- Care Net
- Career Guidance Center
- Celebrate Recovery
- Center Pole Foundation
- Chase Hawks
- Child Bridge
- Child Care Resources
- Childcare Connections
- Circle of Life
- Community Hope - Laurel
- Community Thrift Shoppe - Big Timber
- Consumer Direct Care Network (formerly Full Circle)
- COR Enterprises
- DEAP - Miles City
- Desert Mountain Broadcasting
- District 4 HRDC
- District 6 HRDC
- Dress for Success
- DSVS - Red Lodge
- Early Childhood Intervention (ECI)
- Early Childhood Project
- Easter Seals - Goodwill
- Educational Opportunity Center
- Family Connections of MT
- Family Promise of Yellowstone Valley
- Family Service
- Family Support Network
- Family Tree Center
- Friends of Pompey's Pillar
- Friendship House
- Garfield Community Resource
- Goodwill Industries
- Gratitude in Action
- Habitat for Humanity
- Habitat for Humanity Re-Store
- Head Start-North Park (Billings)
- Head Start (Laurel)
- Head Start (Lockwood)
- Help for Homeless Pets
- Helping Hands Food Bank
- Huntley Project Museum
- In-Care Network
- Intermountain Planned Parenthood
- Job Corp
- Joliet Food Bank
- Legal Services
- LIFTT
- March of Dimes
- Montana Legal Services
- Montana Lions Club District 37
- Montana Migrant Council
- Montana Public Broadcasting-EC
- Montech
- Moss Mansion
- MRM - Westend Bargain Center & MRM Food Service)
- MT Child Care Association
- National CACFP Spon. Assoc.
- Native American Development
- Neighborworks Montana
- New to Work (Tribal WoRc Program)
- NOVA Center for the Performing Arts
- Nut Tree Enterprises, Inc.
- Oasis Water Park
- Off The Streets
- Office of Public Instruction
- Pediatric Therapy Clinic
- Prayer Lodge
- Project Hope - Columbus
- Raise Montana
- Rebuilding Together Yellowstone County
- Red Lodge Area Community Foundation
- REO
- Residential Support Services
- Rimrock
- Rosebud Best Beginnings Council
- Rural Dynamics
- Safe Kids
- Salvation Army
- Special K Ranch - Columbus
- South Central Regional Mental Health Center
- St. Vincent De Paul
- STEP
- Stillwater Senior Citizen Center
- The HUB
- The Nurturing Center
- Tumbleweed
- United Way
- Vocational Rehabilitation Services
- Voices of Incarceration
- Voices of Incarceration
- Volunteers of America
- Western Heritage Center
- Western Native Voice
- WIC
- Wise Wonders Children's Museum
- Women & Family Shelter
- Yellowstone Art Museum
- Yellowstone Best Beginnings Council
- Yellowstone Boys & Girls Ranch
- Yellowstone County Self-Help Law Center
- Yellowstone Valley Animal Shelter
- YMCA Billings
- Young Families
- Youth Challenge
- Youth Dynamics
- YWCA
- Zoo Montana

### For-profit business or corporation partners

- B.5f
- For-Profit Business or Corporation
- 406 HVAC
- 406 Rooney Ranch
- ABC 123 University
- A Better Property
- Action Electric
- Action Now Home Inspections
- Advantage Properties
- Aesthetic Agency Tattoo
- Al's Bootery & Repair Shop
- All Lock
- Allen's Tool and Repair
- Allegra Printing
- Alpha Omega
- Alside
- AM Conservation
- American Medical Response
- American Title and Escrow

- Amerigas
- Angry Hank's
- Anvil Insurance
- Applebee's
- Art of Play
- Associated Glass
- Auto Resource
- B-4 It Breaks
- Barjon's Books
- Bauer's Handyman Services
- Beauty Outlet & Boutique
- Berkshire Hathaway Real Estate
- Big Horn Resort
- Big Sky Linen
- Billings Association of Realtors
- Billings Construction Supply
- Billings Hotel & Convention Center
- Billings Real Estate Nancy Brook
- Blessed Beginnings-Laurel
- Bob Smith Ford
- Bolerjack and Sons
- BP Asset Management
- Bradford Roofing
- Bridger Motel
- Buckeye Bar & Garage Steakhouse
- Builder's First Source
- Burger King
- Burlington Northern Santa Fe Railway
- Cajun Phatty's
- Callaghan Enterprises
- Casmur Assisted Living
- CC Insulation
- Centennial Ice Arena
- Rimrock Pediatric Dentistry
- Rimrock Property Management
- Rimrock Subaru/Kia
- Robin's Nest Photography
- Roger Daniels Insurance
- Rose Park Apartments
- Sam's Club
- Sandee's
- Schutz Foss Architects
- Chicago Title
- Christensen Fulton Filz
- Cindan Heating
- CLDI Property Management
- Community Thrift Shoppe - Big Timber
- Copy Right
- Cornerstone Inspection Services
- Country Inn & Suites
- Crazy Mary's Fish & Chips
- Crazy Peak Boutique
- Critelli Glass
- CRL Health & Fitness
- Crow Nation Express
- Crowne Plaza
- Crystal Clean Carpet & Upholstery
- CTA Architects
- D & D Transport Refrigeration Services
- Debziel
- Dennis Dill Insurance
- Dr. Wickliffe
- D's Discount Furniture
- Earth First Aid
- Ebon Coffee
- Edam Staley's
- Elephas Real Estate Group-EXO Realty
- Employment Source
- ERA Sally Gabriel
- Ethan Allen
- Exxon Mobile
- First Montana Title
- Fischer's Technology
- Fisher & Erwin
- Flying S Title
- Fred Snodgrass Law Firm
- French's Lumber
- Glover Realty
- Goosehead Insurance
- Grainger
- Great Clips - Heights
- Guccione Salon
- H.D.A. Management
- Hair Designs
- Hardin Chevrolet
- High Plains Architect
- Holiday Gas
- Holllowtop Inspection
- Home Depot
- Homestead Lodge - Absarokee
- J&R Products
- JB Automotive
- Jeff Wiggin's State Farm
- Jefferson Lines
- Johnstone Supply
- KSVI/KHMT
- Keller Williams Realtors
- Kentucky Fried Chicken
- Kohl's
- Lamplighter Dental
- Leather Legends
- Lowes
- Ma & Pa's Ice Cream Truck
- Magic City Property
- Marsh Mclennan Agency
- Masterlube
- Mattress King
- MDU
- Merenz Insurance
- MetraPark
- Metro Property Management
- Metro Realtors
- Midwest Heating
- Miles City Insurance Services
- Mobile Bailing Services, Inc.
- Montana Dress Co.
- Montana Fair
- Montana Realty Company
- Mom's 2 Be/Precious Seconds
- Mountain Plains Equity Group
- Mr. Thrifty's
- Northwest Industrial Supply
- Northwest Pipe
- NW Energy
- Original Briefs
- Parent & Child Reading Assistance
- Party America
- Payne West Insurance
- Pita Pit
- Planet 106.7
- Pondersosa Pines Health Care
- Pooch'z B&B
- Positive Energy
- Pr1me Staffing
- Premier Inspection
- Pro TECH Mechanical, Inc.
- Professional Management
- Q'Doba
- Q's Quality Auto Repair, Inc.
- Rainbow Property
- Redwing Shoes
- ReMax of Billings
- Rental Finder
- Seder Realty
- Snowy Snow Cones
- Sourdough Bagel
- Sweetwater Retirement
- Taco Treat
- The Beauty Mark
- The Coffee Stop
- The Grand Hotel
- The Northern Hotel
- The Reef
- Tightline Home Inspections
- Topel Printing
- Town Pump
- Treasure State Electric
- Tuscano Machine
- Twice As Nice Consignment Shop
- Ullman Lumber
- Underriner Motors
- Vintage 5
- Well Pared
- West River Industries
- White Heating and Air Conditioning
- Yellowstone Brewing
- Daycare Providers per Janet M. = 241 2023

### Faith-based partners

- Billings Praise Center
- Columbus Evangelical Church
- Faith Chapel
- Fellowship Baptist Church - Lockwood
- Harvest Church
- Open Bible Church
- Sacred Heart Renewal Center
- Spirit of Life Church
- St. Johns Lutheran Ministries
- St. Luke's Child Enrichment Center

- St. Pius X Church

## Local government

- Big Horn County Commissioners
- Big Horn County Extension Services
- Big Horn County Public Library
- Billings Adult Municipal DUI Treatment Court
- Billings City Community Development
- Carbon County Commissioners
- Columbus Public Library
- District Court Services - Youth
- Harlowton Library
- Housing Authority of Billings
- Joliet Community Center
- Laurel Public Library
- Lodge Grass City Hall
- Parnly Billings Library
- Red Lodge Public Library
- Stillwater County Commissioners
- Sweet Grass County Commissioners
- Thirteenth Judicial District Juvenile Court
- Yellowstone County Commissioners
- Yellowstone County Self Help Law Center
- Sweet Grass LEPC(Clifford Brophy)
- Yellowstone LEPC (KC Williams)
- Rosebud LEPC (Keith Raymond)
- Treasure LEPC (Nicole Stephenson)
- Custer LEPC (Cory Cheguis)
- Billings Public Library

## State government

- Big Horn County OPA
- Billings Job Service
- Chief Plenty Coups State Park
- Child Support Enforcement Center
- Child & Family Services of Yellowstone County
- Custer County OPA
- Department of Commerce
- Department of Justice
- Department of Labor
- Department of Motor Vehicles
- Dept. of Child & Family Services
- DPHHS Early Childhood Services
- DPHHS MT Asthma Control Program
- DPHHS Quality Assurance
- EFNEP
- Healthy Montana Kids
- Lake Elmo State Park (Fish Wildlife & Parks)
- Medicaid Transport
- Montana Center on Disabilities
- Montana DPHHS
- Office of Public Instruction
- Vocation Rehabilitation & Blind Services
- Yellowstone County OPA

## Federal government

- Bureau of Indian Affairs
- Bureau of Reclamation
- CAMO (Courts Assisting Military Offenders)
- Crow Transit System
- Crow Tribe
- Crow Tribe Family Preservation
- Housing & Urban Development
- Indian Child Welfare
- Indian Health Services
- Internal Revenue Service
- MT WY Tribal Leaders Council
- Northern Cheyenne Child Care Program
- Office of Community Services
- Social Security Admin
- US Postal Service

## Consortiums/collaboration

- Best Beginnings Council - Carbon County
- Big Horn County Best Beginnings Council
- Billings Assoc. for the Education of Young Children
- Billings Chamber of Commerce
- Billings Child Care Association
- Billings Partners for American Indian Home Ownership
- Childcare Resource & Referral Network
- Children and Youth Advocacy Network
- Community Housing Resource Board
- Community Management Team
- Family Forward Program Consortium
- Family Self Sufficiency Program Committee - Housing Authority
- Homebuilders Association
- LIEAP/WX Roundtable
- Miles City Chamber of Commerce
- Non-Profit Café
- Northern Cheyenne Best Beginnings Community Coalition
- Pathways Consortium
- Re-entry Task Force
- South Central MT Continuum of Care
- Southside Task Force
- Substance Abuse Connect
- WIA Program Operators
- Yellow Ribbons Committee
- Yellowstone County Best Beginnings Council
- Yellowstone County Safe Kids Coalition
- Yellowstone Property Managers
- Early Childhood Coalition-Carbon County

## School districts

- Absorkee School District
- Belfy School District
- Billings Catholic Schools
- Billings Public Schools
- Bridger Public School
- Columbus School District
- Fromberg Public Schools
- Hardin District Kindergarten Readiness Center
- Hardin Public School
- Joliet School District
- Laurel School District
- Lockwood Middle School
- Lockwood Public School District
- Lodge Grass Public Schools

- Northern Cheyenne Tribal School
- Pryor School District
- Red Lodge School District
- Shepherd School District
- St. Charles Mission School - Pryor
- St. Labre Boarding School
- Miles City School District
- Ekalaka School District

### **Institutions of post-secondary education/training**

- Big Horn Memorial Hospital (CNA)
- Bold Beauty Academy
- Chief Dull Knife College
- City College
- Little Big Horn College
- Miles City Community College
- Montana State University-Billings
- MSU Early Childhood Project
- MSU Extension Service
- MSU-Billings Counseling Clinic
- Reach Higher Montana
- Rocky Mountain College
- Student Support Services – TRIO

### **Financial/banking institutions**

- Altana FCU
- Bravera Bank
- First Interstate Bank Foundation
- First Interstate Bank
- Guardian Mortgage
- Guild Mortgage
- Homestead Federal Credit Union
- Montana Credit Unions
- Mortgage Lending Guaranteed Rate
- Opportunity Bank
- Stockman Bank
- Universal Lending Home Loans
- US Bank
- Valley Federal Credit Union
- Wells Fargo Bank
- Wells Fargo Housing Foundation
- Western Security Bank
- Yellowstone Bank

### **Health service institutions**

- Beartooth Billings Clinic - Red Lodge
- Big Horn County Mental Health
- Big Horn County Public Health
- Big Horn Valley Health Center
- Big Sky OBGYN
- Billings Clinic
- Billings Urban Indian Health & Wellness Center
- Community Crisis Center
- Crow-Northern Cheyenne Hospital
- Forefront @ St. Johns
- Forefront @ WyndStone
- Indian Health Board
- LaVie
- Lodge Grass Health Center
- Mental Health Center-Billings
- Mental Health Center-Columbus
- Mental Health Center-Red Lodge
- Parkview Healthcare Community
- Planned Parenthood
- Rimrock Foundation
- Riverstone Health
- Rosebud Health Center
- Saint Vincent Hospital & Health Care
- Saint Vincent Occupational Health
- South Central MT Regional Mental Health Center

### **Statewide associations or collaborations**

- Energy Share of Montana
- HRDC Directors Association
- Montana Continuum of Care
- MT Advocates for Children (MAC)
- MT Assoc. for the Education of Young Children
- Montana Childcare Business Connect
- Montana Early Childhood Coalition-HMHB
- National Association of Realtors
- Zero-to Five