



ROCKY MOUNTAIN DEVELOPMENT
COUNCIL, INC.
COMMUNITY NEEDS ASSESSMENT {2015}

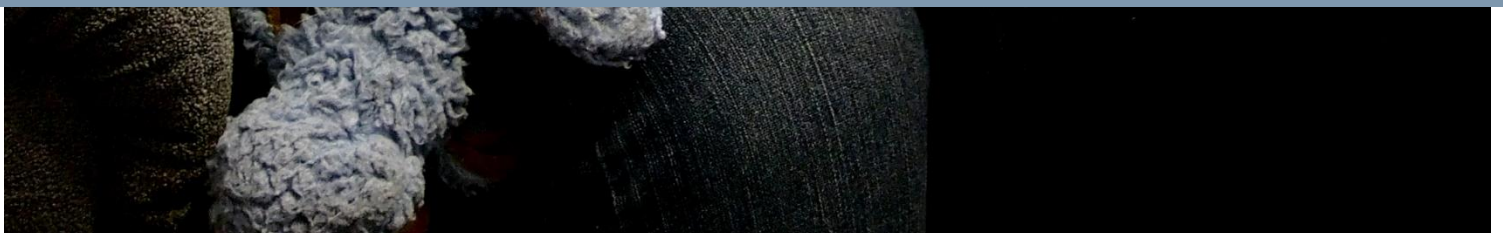


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1. Introduction

1.1 RMDC's History and Mission

Rocky Mountain Development Council, Inc. (RMDC) is a nonprofit 501(c)(3) human resource development council. We have been working in south-central Montana since 1965 and are part of a network of ten such organizations in Montana and 1,000 community action agencies around the nation.

We are committed to improving the quality of life for all community members, especially those who face poverty or for whom mental illness, isolation, or age puts them at unusual risk. We are also committed to encouraging volunteerism that addresses community need.

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

1.2 RMDC's Programs and Services

The Low Income Energy Assistance Program (LIEAP) helps households on limited incomes meet the expense of keeping warm during cold months. Donations to LIEAP help pay utility deposits and other energy related assistance that isn't covered by federal programs.

The Foster Grandparent Program places income-eligible volunteers 55 and older in schools, daycares and Head Start programs to mentor and encourage young scholars. Volunteers may receive stipends.

The Senior Companion Program links income-eligible volunteers 55 and older to other older adults, who need assistance and transportation in order to stay independent. Volunteers may receive stipends.

Rocky Mountain Preschool Center is a year-round, full-day kindergarten readiness program offering quality, affordable services for children ages 3 to 6, for families of all incomes.

Senior Congregate Meals provides more than 35,000 congregate meals to seniors and folks with disabilities in Broadwater, Lewis & Clark, and Jefferson counties each year.

The Area IV Agency on Aging (AOA) serves people age 60 and older and younger people with disabilities. AOA is a first stop for anyone who has questions about aging services and caregiver issues. AOA staff helps seniors access the information and services they need to live independently and with dignity; provides case management for Medicaid-eligible individuals; and offers advocacy assistance for those in or considering long-term care facilities.

Helena's Senior Center provides exercise, writing, art, craft, dance classes, informational programs, affordable trips, games, and opportunities to socialize for those age 50 and older.

Senior Transportation provides more than 9,000 bus rides per year to seniors in the Helena area—to the Senior Center, for Senior Center meals, and to volunteer assignments.

RMDC's Head Start is a leading early childhood program and is funded to serve 236 low income children and families each year in Lewis & Clark, Broadwater, and Jefferson counties. The comprehensive way families are served is one of the unique qualities of Head Start. Services are offered in the areas of health, nutrition, disabilities, mental health and transportation (at some locations).

Meals on Wheels delivers over 58,000 meals each year in Lewis & Clark, Broadwater and Jefferson counties, helping seniors live as independently as possible. Hot, nutritious meals are delivered Monday

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through Friday to seniors 60 and over who are homebound because of a disabling physical, emotional or environmental condition.

RMDC's Nutrition staff manages the Commodity Supplemental Food Program (CSFP) in Lewis & Clark, Broadwater, Powell, Meagher and Jefferson Counties. Through CSFP, senior citizens receive regular allocations of free food to supplement their own food purchases. Commodity recipients must be Montana residents age 60 or older and meet an income requirement.

The Retired and Senior Volunteer Program (RSVP) partners with 55 other nonprofit, secular or faith-based organizations, public agencies and health care organizations throughout the tri-county area to ensure that everyone has the opportunity to live with dignity and economic stability. In 2014, RSVP had 353 active senior volunteers who served 38,393 hours at 55 sites in 106 different types of jobs.

RMDC operates affordable senior apartment complexes in Helena: Eagles Manor Residences (three locations), Ptarmigan Residences, Pheasant Glen Residences and River Rock Residences. RMDC operates a 32-unit one and two bedroom affordable family apartment complex in Boulder called Big Boulder Residences along with a family apartment complex in Augusta. Finally, RMDC operates two affordable senior apartment complexes in Townsend — Homestead Manor and Townsend Housing Inc.

1.3 RMDC's Financial Overview

RMDC provides services that meet the CSBG Six National Goals of helping:

- 1) Low-income people become more self-sufficient.
- 2) Conditions in which low-income people live are improved.
- 3) Low-income people own a stake in their community.
- 4) Partnerships among supporters and providers of services to low-income people are achieved.
- 5) Agencies increase their capacity to achieve results.
- 6) Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems.

We are able to accomplish this in part by way of federal funding through the Community Services Block Grant (CSBG). Not every program offered is eligible to use CSBG funding, therefore we also depend on numerous other funding streams. Every currently offered program has come about by the engagement of community discussion and input regarding issues facing low-income, disabled and an aging population.

Rocky Mountain Development Council, Inc. currently operates under an annual budget of approximately 8 million. As financial resources are not static, we strive to fund all programs, however, an ongoing review of program outcomes and alignment with our mission statement are necessary to prioritize funding.

RMDC undergoes an external financial audit annually. Audited financial statements are available to the public upon request and on RMDC's website, www.rmhc.net.

1.4 Gathering of Data

The data in this report was collected from a variety of local and state resources. RMDC conducted surveys within the Head Start and Area IV Agency on Aging populations as well as a general needs assessment survey of previous RMDC clients. More information is contained in the end notes on page 37.

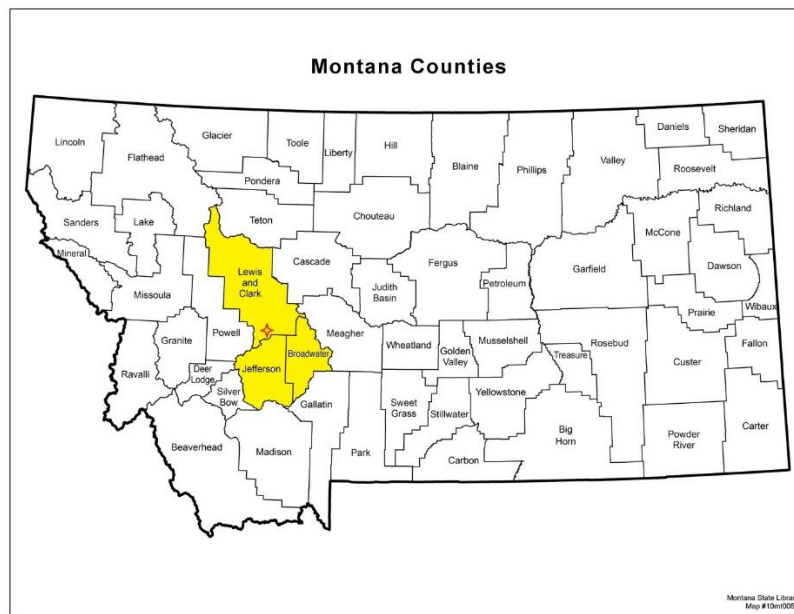
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2. Description of RMDC's Service Area

2.1 Geography

Rocky Mountain Development Council, Inc. mainly provides service to clients in Lewis & Clark, Jefferson, and Broadwater counties. Some of our senior services extend beyond these three counties, but for the purposes of this assessment only these core counties will be evaluated.

Main service area is highlighted in **YELLOW**.
Agency indicated by **RED** star.



Broadwater County was named for Colonel Charles Broadwater and made an official county by the Montana Legislature in 1897. Broadwater County is roughly defined by the Big Belt Mountains to the east and north, the Elkhorn Mountains to the west, and the Horseshoe Hills to the south. Townsend is the county seat and the only incorporated city in the county, although there are several other communities, including the Silos area, Toston, Radersburg, the Wheatland area, and Winston. (1)

According to the Montana Almanac, Jefferson County is one of the original nine counties of the Montana Territory. The Jefferson River, named by explorers, Lewis and Clark, for President Thomas Jefferson, runs through the county. Jefferson County's slogan "The Discovered In Between" was derived from its location between Bozeman, Butte and Helena. (2) The county seat is Boulder.

Lewis and Clark County encompasses an area of approximately 3,513 square miles and ranges in elevation from 3,400 feet above mean sea level on the Missouri River, where it flows northward out of the County, to peaks more than 8,000 feet above mean sea level along the Continental Divide. More than 70 percent of the land is mountainous. (3) The state capital and county seat is Helena.

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2.2 General Economic Conditions

INCOME AND POVERTY

REGION	MEDIAN HOUSEHOLD INCOME (IN 2014 DOLLARS), 2010-2014	PER CAPITA INCOME IN PAST 12 MOS. (IN 2014 DOLLARS), 2010-2014	PERSONS IN POVERTY, PERCENT
Broadwater County	\$48,211	\$27,243	13.3
Jefferson County	\$61,460	\$30,721	10.5
Lewis & Clark County	\$55,594	\$28,651	12.6
Montana	\$46,766	\$25,977	15.4
United States	\$53,482	\$28,555	14.8

(4)

2.3 Key Population Characteristics

RACE BY COUNTY, 2010

RACE, BY PERCENT	BROADWATER	JEFFERSON	LEWIS & CLARK
White alone (not Hispanic/Latino)	94.6	94	92.4
Black/African American alone	.3	.1	.3
American Indian/Alaska Native alone	1.3	1.4	2.1
Asian alone	.2	.4	.6
Hispanic/Latino	2.2	2	2.5
Two or more races	1.5	2.2	2.4

(4)

KEY POPULATION CHARACTERISTICS FOR TRI-COUNTY AREA

POPULATION	BROADWATER	JEFFERSON	LEWIS & CLARK
Population, 2010 Census	5,612	11,406	63,395
Population Estimate, July 1, 2014	5,667	11,558	65,856
Persons under 5 years, 2010 (%)	5.8	5.1	6.2
Estimated Persons under 5, 2014	5.0	4.2	5.9
Persons 65 years and up, 2010 (%)	17.8	14.1	13.8
Estimated Persons 65 and up, 2014	20.9	18.7	16.2
Households, 2010-2014	2,469	4,497	26,553
Persons per household, 2010-2014	2.29	2.49	2.37
Veterans, 2010-2014	707	1,312	6,233

(4)

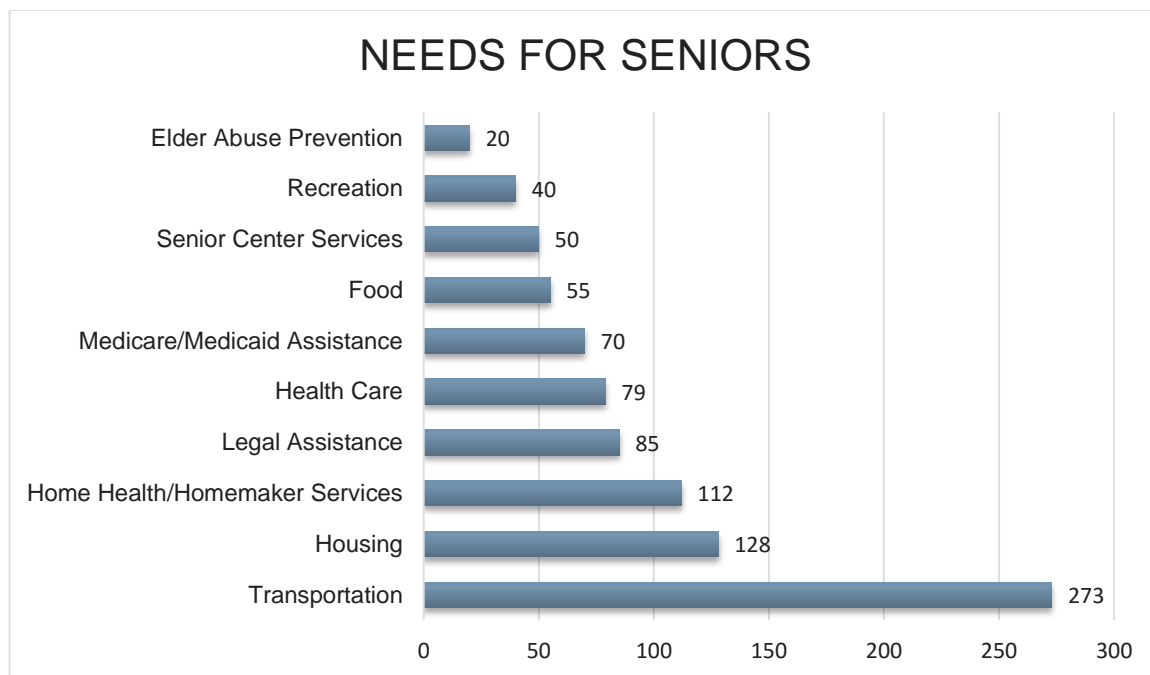
3. Community Needs by Category

3.1 Senior Citizens

Area IV Agency on Aging Needs Survey:

What are the most pressing needs of seniors in your community that aren't being met adequately? Please mark the top 3 needs in your community.

The chart below indicates the number of times each item was marked as a "Top 3 Need."



Discussion: Transportation is by far the most frequently identified need in our survey. Housing and home health/homemaker services round out the top three most pressing needs of seniors in their communities. These three were also the most frequently identified and discussed needs at our senior forums.

Only 18 responses were provided on the "Others" line where respondents were able to identify needs that were not on the survey list. Interestingly, 8 of the 18 centered on issues related to upkeep of their homes such as home repair, home maintenance, lawn care, snow shoveling and housekeeping. This constellation of issues was one of the most frequently mentioned at forum sessions.

Area IV Agency on Aging Forum Results and Findings

Consistent with survey findings, forum respondents also stressed transportation, housing, home health/homemaker services, and home maintenance services as their primary unmet senior needs.

Forum findings varied among communities based on existing services, geographic remoteness, and demographic makeup.

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Forum Findings on the Main Issues Identified

Transportation

The ability to easily access appropriate transportation is a cornerstone of independence for seniors. Without the ability to access services, shopping, and social interaction, seniors are unable to live a full and fulfilling life.

Lack of adequate transportation was identified at most forums as one of the major unmet needs of seniors. While the availability of transportation varies dramatically throughout RMDC, Inc. Area IV, especially between rural and urban areas, a near universal dissatisfaction exists regarding available transportation services.

“Transportation on a daily basis to and from Bozeman, Belgrade, etc.”
(Three Forks)

While RMDC, Inc. Area IV provides a relatively small amount of funds for assisting transportation, the information collected at the forums is valuable and will be shared with stakeholders in RMDC, Inc. Area IV.

Urban Transportation

The urban areas of Belgrade, Bozeman and Helena have regular bus service, both door-to-door and set routes. Attendees at all three forum venues stated that

senior needs and demand for service far outstrip available transportation resources.

Galvan’s door-to-door bus service in Belgrade and Bozeman was cited for long wait times, no nighttime hours, and limited geographic coverage in Gallatin County. Belgrade only receives Galvan service on Tuesdays and Fridays. For those seniors unable to use the Streamline route buses, limited door-to-door service is a handicap.

Streamline route service in Bozeman operates some evenings and Saturdays and is easily the most complete bus service in Area IV. Streamline runs weekdays and Saturdays in Belgrade but provides no evening service.

Attendees at the Helena forum (including all three County Commissioners) were highly critical of the service provided by the Helena Area Transit System (HATS). HATS provides door-to-door service only to disabled individuals. With just one fixed route most people in Helena are not able to use the bus system to go to work or for other purposes.

HATS service hours are limited to weekdays with no evening hours in a limited geographic area due to the existence of only one fixed route. One senior attendee stated that “transportation is ridiculous in Helena”. She said that it takes her a half day to do one errand using the checkpoint route system. Since she is not disabled, she is no longer eligible for door-to-door service, even though, considering the lack of fixed routes, it is the only feasible way for her to use public transportation.

A Helena County Commissioner recommended that a mobility manager could coordinate existing transportation services and maximize available transportation resources. A mobility manager would act like a dispatcher to coordinate multiple ride options. Agencies and businesses in Helena may have passenger vehicles that sit unused for long periods of time. These vehicles could possibly be integrated into the transportation system to help meet unmet transportation needs of seniors. Hospitals could also provide transportation for appointments and stays.

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Rural Transportation

Rural areas in RMDC, Inc. Area IV, for the most part, have little to no public transportation available for seniors. Many seniors without vehicles rely on family, friends or volunteers to access services in and out of town.

One exception to the transportation deficit is the situation in Whitehall. Through a combination of grants, county funds, fundraising and fees, the citizens of Whitehall have access to three buses and three vans belonging to Liberty Place. Jefferson County has a grant writer who could pursue funds for Boulder to obtain a bus/van or perhaps partner with Whitehall.

Transportation options are sometimes available in the rural communities of RMDC, Inc. Area IV but may not be known to the public. For example, Townsend has a hospital bus that can be used for hospital appointments and stays but is apparently not well known or advertised in the community.

In other cases, vehicles may exist but are not suited to their purpose. For example, White Sulphur Springs has a large bus that is not economically feasible to use for trips to Helena, Bozeman or Great Falls, whereas a small van would fit the bill for long and short excursions.

West Yellowstone residents are able to access a bus to Bozeman twice a week but have no public transit available in town or the surrounding area. To paraphrase one attendee, "you may only be a mile from what you need but it might as well be a hundred if you're unable to get there".

While it was clear from forum input that it's common for people to help out neighbors and family with transportation in small towns, it is not a substitute for a consistently available ride source. Small vans, whether purchased, leased or otherwise available, are the perfect solution to most rural transportation needs. In order to minimize costs, the use of volunteer drivers could be explored at the local level. Another excellent idea was to house a ride board or ride board coordinator at the local senior center. A volunteer could coordinate the effective scheduling and use of the vans and have a complete listing of other transportation options available in the community, such as hospital and Veterans Administration (VA) vehicles.

Housing, Home Health Care/Homemaker Services and Home Maintenance Services

After transportation, housing, home health care/homemaker services and home maintenance services were the unmet senior needs most identified in the forums and surveys. They form a constellation of services that are often inextricably linked. Whether a senior wishes to stay in his/her long-established home or find new senior-appropriate or affordable senior housing, there are often barriers.

RMDC, Inc. Area IV Information and Assistance counselors frequently hear of clients' inability to access affordable senior housing. RMDC, Inc. Area IV board members stressed that the population of seniors will be increasing dramatically in the near future. There is a great need throughout Area IV for more low-income housing and assisted living units.

The Board and RMDC, Inc. Area IV staff also agreed that home health, homemaker and home maintenance services were in short supply or unaffordable in RMDC, Inc. Area IV.

A summary of meeting comments:

- Home maintenance is too costly for many seniors.
- Medicaid waiver slots need to be increased in order to meet the need of seniors wanting to stay in their homes.
- There is an inadequate supply of home health services throughout Area IV, with services mostly absent in rural areas.
- Seniors are often not able to cover the expense of available home health services.

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- Qualified home health workers are in short supply.

Housing

The need for senior housing units, especially subsidized senior housing, is acute and growing in both rural and urban areas of RMDC, Inc. Area IV. In many communities, independent senior housing exists but the waiting lists are long or the housing is not affordable. In West Yellowstone, according to forum attendees, no new affordable senior housing is being built, making it increasingly difficult for many seniors to continue to reside in town.

While Bozeman is demographically a relatively young community, it has the fastest growing senior population in RMDC, Inc. Area IV. In addition to a lack of affordable housing, attendees pointed out the need for appropriate senior housing. Smaller, independent units should be built with access the urban transportation system. Units should provide options to include meals, home maintenance, snow shoveling, etc.

Some existing rental housing in communities throughout RMDC, Inc. Area IV could be converted to subsidized housing that would be more affordable for low-income seniors. There should be a program(s) to inform and educate landlords on how to qualify their units as subsidized housing.

According to the RMDC, Inc. Area IV regional ombudsman, the overall number of nursing homes and assisted living facilities is growing rapidly. There was a call, however, at the Belgrade forum for specifically larger facilities that provide more services. Whether a larger, more full-service facility would be affordable or accept Medicaid is potentially problematic. Also, despite the overall increase in facilities, some communities still fall through the cracks. Augusta would like to have an assisted living facility so that people could stay in the community rather than use a facility in Fairfield or Choteau. The need for more assisted living facilities was also expressed at the RMDC, Inc. Area IV board forum.

Home Health and Homemaker Services

The availability of home health and homemaker services is crucial for the independence of many seniors.

Area IV has an inadequate supply of skilled home health services with an almost total absence in some rural areas. Even when home health services are available the cost is often prohibitive for low-income seniors. Many home health businesses do not take Medicaid. Similar to the home maintenance issue, forum attendees expressed the common frustration that being unable to obtain or afford “a little help to stay in their homes” will lead to the greater expense and unsatisfactory experience of a nursing home. In urban Bozeman, home health services are available but beyond the ability of many people to pay, as illustrated by the example of \$25/hour for dementia care. When home health services are absent or too costly, caregiver training becomes essential. Family caregivers require training including mobility, patient transfers and personal care. It was suggested that caregiver training should be provided or coordinated by RMDC, Inc. Area IV, county health nurses, or community health centers.

“Too many elders alone and lonely; need someone to talk to and take for ride; need senior companions.”
(White Sulphur Springs)

“Housing will be critical in the near future - not enough senior housing available.”
(Livingston)

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Spouse or family caregivers, no matter how well trained, need regular breaks from the strain of constant care of a loved one. Respite care, both in-home and off-site, is essential for spouses or family members serving as caregivers to a senior. Respite care, like regular home health care, is often difficult to find or afford in Area IV. An attendee in Boulder proposed that family caregivers should be compensated and that the funds could be used to pay for needed respite care.

Homemaker services can also serve to help people stay in their homes. Unlike professional home health services, homemaker services can often be provided by volunteers in a community if the mechanisms to coordinate a program exist. The HRDC Homemaker Program in Bozeman provides services to low-income clients at no cost.

Home Maintenance

Home maintenance was not highlighted by RMDC, Inc. Area IV staff in the preparation of surveys and possible forum topics. Despite its absence, it was one of the most commonly discussed issues by the public in surveys and forums. It was considered an important issue and one that seniors wanted us to hear.

For seniors wishing to stay in their homes it is often difficult to do their own home maintenance or to find someone who will do the maintenance at an affordable rate. In White Sulphur Springs, it was estimated that over half of the local housing stock is over 100 years old. As housing deteriorates, residences become unlivable and the stock of available housing

“Need things repaired, house leaks roof, need fixes so elderly can stay home.”
(Townsend)

decreases, exacerbating the need for additional new housing. In White Sulphur, some homes may qualify for historical renovation but this would probably cover only a small number of current homes. The sentiment expressed in Boulder - that seniors just need “a little help to stay in their homes” - was one stressed repeatedly in communities throughout Area IV. Home repair and maintenance is difficult to do on fixed or low incomes and the

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inability to perform or hire someone to perform home maintenance was frustrating for many seniors. Seniors made the point that preventive maintenance would help them stay in their homes with the security and joy of living at home at less cost to the taxpayers due to staying out of nursing homes.

Some opportunities for low-cost or free home maintenance services were brought up in Bozeman and Livingston. Love, Inc. in Bozeman provides free or low-cost maintenance services. Attendees of the Livingston forum thought volunteers would provide services if they knew the need existed. It was proposed that the Livingston Senior Center should house a senior help line or senior citizen volunteer ombudsman. One person's vision was that such volunteer activities should be funded and coordinated by Area IV or some other entity. (5)

The Silver Tsunami

According to the current Montana State Plan on Aging, "The number one concern continues to be funding and retention for all services and programs. This includes core services, such as Congregate & Home Delivered Meals, Transportation, Ombudsman Services, Information & Assistance, Legal Services, Senior Centers, Home Health Services and Homemaker Services, and programs such as Aging and Disability Resource Centers (ADRC) and the State Health Insurance Assistance Program (SHIP). This comes as no surprise as funding over the last eight to ten years has declined or remained flat at the federal level. This has resulted in service partners within each Planning and Service Area having to make hard choices about the level of services they can offer. There is great concern and anxiety over the fact that our elderly population continues to increase, but our funding is not following that trend." (6)



This steady and surging increase in the senior population is referred to as the Silver Tsunami. This trend is not unique to Montana, but is a worldwide phenomenon. "One of the biggest mega trends impacting the world today is population aging. By 2020, for the first time in history, the number of older people will outnumber the number of children younger than 5 years of age. In the next 25 years, the number of people older than 65 will double," says a Forbes Magazine article titled "A Silver Tsunami Invades the Health of Nations."

To put it into perspective on a local level, the Montana State Plan on Aging explains: "In January 2011, the Baby Boomer generation began to turn 65. Over the next 15 to 20 years, Montana's 65 and older population is expected to increase 1.45 people per hour, 34.8 people per day, 1,044 people per month, or 12,528 people per year. If all of these resided in one town, it would be the 8th largest city in Montana. Montana's 60 and older population is expected to increase from about 14% currently to about 25% of our total population." (6)

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Not only does our tri-county area lack sufficient core resources for seniors, but the current available resources are beginning to feel the effects of an aging population within their own organizations. At least half of Montana's Department of Public Health and Human Services (DPHHS) employees could retire within the next 4 years. "In the Aging Network, there are several Area Agency on Aging directors and staff members who are also in a position to retire in the next four years, as well as a large number of staff working for local providers which include but are not limited to senior center directors, cooks, home delivered meals delivery personnel and transportation drivers. The loss of these service providers and program staff means there could be potential problems in the service delivery system for many human services programs for a period of time while new staff are recruited or come up to speed." (6)

3.2 Energy

Per the US Department of Energy, Montana ranks 4th in the nation for the number of heating degree days, a measure of heating needs. Per 2010 Census data, nearly 20% of housing units in Montana are heated with electricity (a highly inefficient method) as of 2010. In addition, Montanans are the 6th highest per capita users of electricity. Interviews with housing counselors suggest that many lower-income tenants and homeowners struggle to save money in the face of large energy bills. Emphasis on Energy Star appliances and insulation standards, conservation and weatherization through housing counseling can help steer Montana homebuyers away from some of these problems. (7)

Some recent numbers from RMDC's Low Income Energy Assistance Program (LIEAP), Weatherization and Energy Share:

- 1,750 LIEAP applications were approved through the Helena office in 2015 (only 48 were denied). These are households, so the number of individuals served through RMDC is roughly 2,700, with a total \$1,079,610 in benefits awarded.
- RMDC currently has 1,720 households on the Weatherization priority list. The program weatherized 45 homes in 2015 (looking at 67 completions budgeted for 2016) with an average cost of around \$6,000 each.
- RMDC processed about 267 Energy Share applications in 2015. About 1/6th of these are denied by the Energy Share board. Typically, denied clients have already received the maximum award, or fail to complete the application process.) This resulted in about \$78,800 in assistance being awarded for emergency energy assistance across the tri-county area.

RMDC's 2015 Needs Survey

In 2015, RMDC sent out a questionnaire to 2,000 former clients and received 478 responses. Of the respondents, 213 had used Low Income Energy Assistance, 4 had received Weatherization services and 3 used Energy Share at some point. Just 72 respondents reported their age to be below 55 (16%) and of the 385 respondents over age 55 (84%), 174 reported to be between 75 and 85 years old. That's 38% of those who responded to the question (457 total). The following table illustrates the income level of the respondents.

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ANNUAL GROSS INCOME (425 RESPONSES)

RESPONSES	TOTAL	PERCENT
UNDER \$3,000	29	6.8
\$3,000-\$5,999	16	3.7
\$6,000-\$9,999	88	20.7
\$10,000-\$14,999	120	28.2
\$15,000-\$19,999	61	14.3
\$20,000-\$24,999	48	11.3
\$25,000-\$50,000	50	11.7
OVER \$50,000	13	3

Dental & Vision Services

"I do wish I could afford to get several broken teeth fixed."
"I don't see, because I don't have and cannot afford insurance."

37% of respondents indicated a problem getting dental care.
29% of respondents indicated a problem meeting vision needs.

84% of respondents were 55 or older, with 45% of those seniors ranging from 75 to 85 years old.

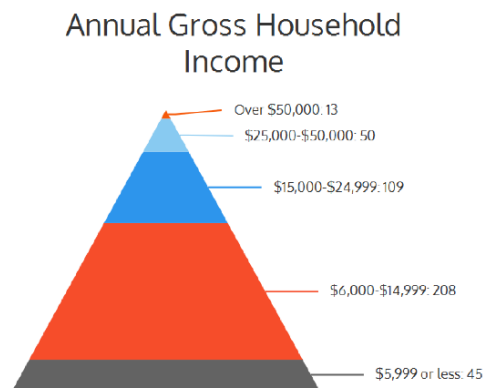
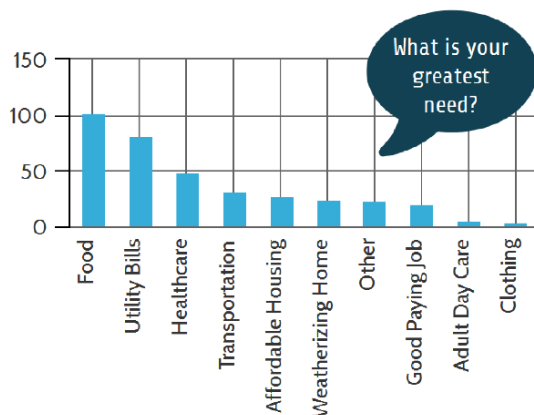
Heat & Electricity Bills

"I suppose my main concern is how high my power bill has been."

151 of 439 respondents said their ability to afford utilities is a problem. **34%**

28% of respondents were extremely or somewhat unsatisfied with their residence.

A Snapshot of Our Clients' Needs



"At this point, I do not need the services RMDC offers, but I know the day will come. I'm glad our community has RMDC and its hardworking staff."

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3.3 Food/Nutrition

RMDC's Commodity Supplemental Food Program (CSFP) distributes food every other month to low-income seniors in the tri-county area as well as Powell and Meagher counties. In addition to the commodities program, in 2014 RMDC's Daily Dinner Clubs prepared and served:

- 13,519 Head Start lunches for over 200 preschoolers
- 17,035 congregate meals for seniors at our senior centers
- 42,338 home delivered meals through the Meals on Wheels program (Figures from 2014 fiscal year)

“Researchers concur that eating breakfast helps student perform better in school. According to the 2013 Montana Youth Risk Behavior Survey Report, only 40% of high school students reported eating breakfast in the past 7 days prior to the survey.”

-OPI 2014 ANNUAL REPORT

Food pantries are located throughout the tri-county area – Helena, East Helena, Townsend, Boulder, Whitehall and Lincoln all provide food resources for individuals and families. Helena Food Share reported an 11% increase in the number of families seeking monthly groceries from 2009-2010, and the need increased another 20% from 2010-2011. A snapshot of the month of August 2014 from Food Share:

- 1,544 different households were served by Helena Food Share's programs in August, with a total of 3,418 lives being impacted.
- In August, 30% of our clients were children under 18 years old and 20% were seniors 56 years and older.
- 69 new households accessed our programs during the month.
- A total of 97,306 pounds of food was distributed to our clients in August.
- Local stores donated a total of 49,184 pounds of food and members of the community donated 24,968 pounds of food through the month.
- In August, 39% of our clients received SNAP Benefits. (8)

Montana Department of Health and Human Services (DPHHS) reported the following information regarding the number of households in our tri-county area utilizing the Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps:

HOUSEHOLDS RECEIVING SNAP/VALUE OF SNAP ISSUED (MONTH OF AUGUST)

YEAR	CASES	RECIPIENTS	VALUE OF SNAP	AVG PER CASE	AVG PER RECIPIENT
2013	4,248	8,719	\$1,059,113	\$249	\$121
2014	5,061	10,868	\$1,260,264	\$249	\$116
2015	3,794	7,830	\$922,011	\$243	\$118

(9)
(10)
(11)

In addition to food pantries and SNAP, the public school system offers assistance to qualifying families through the free/reduced lunch program. Children in households that receive SNAP, TANF or FDPIR, and most foster children can receive free meals by completing a program application. Households not participating in those programs may still qualify based on the income guidelines. A student would pay \$1.20 for breakfast and \$2.35 for lunch, but a qualifying student would pay \$.30 for breakfast and \$.40 for lunch. This brings the monthly breakfast cost per student from \$24 to \$6 and the lunch cost from \$47 to \$8 for those who eat their meals at

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school. This savings is significant, particularly when a family has multiple children attending school.

The Office of Public Instruction states the following in its 2014 Annual Report: “Children who come from low income families are at most risk for hunger and food insecurity. Improved access to affordable meals helps decrease the likelihood of children living in hunger. School Nutrition Programs offer meal benefits to students based on income eligibility. During the 2013-2014 school year, 149,942 students were enrolled in schools that participated in School Nutrition Programs. Of these enrolled students, 52,368 (35 percent) were eligible for free meals, 12,670 (8 percent) were eligible for reduced-price meals, and 84,904 (57 percent) were eligible for paid meals.” (12)

The table below breaks down the numbers for our tri-county area.

FREE/REDUCED LUNCH ELIGIBLE STUDENTS BY COUNTY			
LEWIS & CLARK COUNTY			
	2013	2014	2015
Free/Reduced Eligible Students	3,649	3,677	3,105
Students Enrolled	9,576	9,577	9,507
% of Free/Reduced Eligible Students	38.11	38.39	32.66
BROADWATER COUNTY			
	2013	2014	2015
Free/Reduced Eligible Students	253	245	256
Students Enrolled	644	636	654
% of Free/Reduced Eligible Students	39.29	38.52	39.14
JEFFERSON COUNTY			
	2013	2014	2015
Free/Reduced Eligible Students	456	570	570
Students Enrolled	1,559	1,593	1,581
% of Free/Reduced Eligible Students	29.25	35.78	36.05

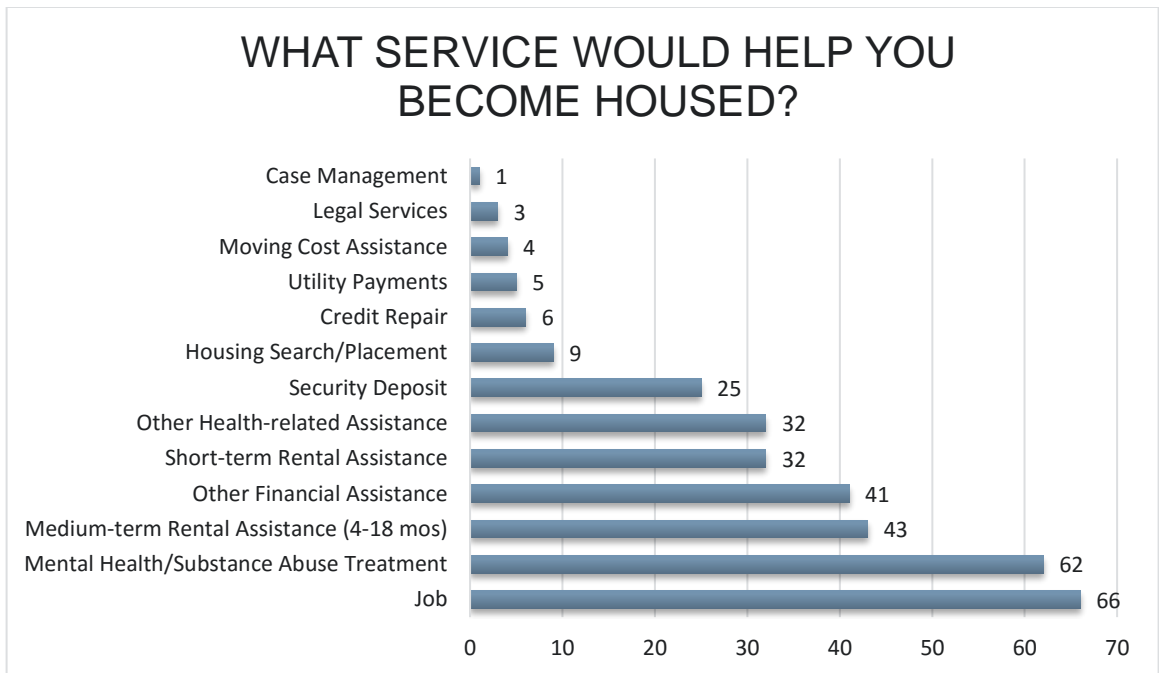
(13)
(14)
(15)

3.4 Housing

Homelessness

Montana has a sizeable low-income population in need of housing services. Senior citizens on fixed incomes, families living below the poverty level and veterans without permanent housing are all examples of populations at risk of homelessness. The 2015 Helena Point in Time Survey, conducted on January 29, 2015, reflects the homeless demographic in our area. The survey total was 423 respondents, reflecting 626 people altogether (149 of them children). Contrary to what the assumption may be, 69% of respondents reported some type of income, with 86 individuals working full-time and 58 working part-time. Over half (53%) have been in the community for more than one year and 18% have served in the military. A breakdown of services that would help the respondents become housed indicated that securing a job was the number one need, followed by mental health or substance abuse treatment. With 20% of respondents indicating a substance abuse problem and 6% reporting mental health problems, these issues align directly with concern surrounding Montana’s high suicide rate.

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(16)

From the State of Montana Five-Year Consolidated Plan (2015-2020): “According to the National Coalition for the Homeless, for persons “just one step away from homelessness, the onset or exacerbation of an addictive disorder may provide just the catalyst to plunge them into residential instability.” For persons suffering from addictions to drugs and alcohol, housing is complicated. Persons who have stable housing are much better able to treat their addictions. However, obtaining stable housing while suffering from addiction can be quite difficult, and the frustrations caused by a lack of housing options may only exacerbate addictions. According to the 2013 U.S. Conference of Mayors Hunger & Homelessness Report, substance abuse is one of the most cited causes of homelessness.” (17) This passage echoes the findings in the aforementioned local Point In Time Survey results.

Housing Affordability, Attainability and Availability

An analysis of the current housing situation in our tri-county area is discussed in RMDC’s Housing Counseling Work Plan for FY2014. A notable passage states: “Whether due to low incomes, high housing prices, or both, housing cost-burdened families are located throughout Montana.” The term ‘housing cost-burdened’ means that the renter or homeowner pays more than 30% of their income for housing. Cost-burdened households may be located in urban or rural areas. In less-populated rural communities, such as Jefferson County, low incomes tend to be the culprit. Jefferson County has a lower median income than the larger and more populated Lewis & Clark County, so it’s imperative to focus the efforts of RMDC’s housing counseling program on smaller communities that lack services.

The Montana Department of Commerce Housing Coordinating Team published a White Paper in June 2012 that outlines housing data and statistics for each county. The following is a sampling of data from that document:

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TRI-COUNTY HOUSING DATA & STATISTICS, 2010

LEWIS & CLARK COUNTY	2008	2010	% CHANGE
Single Family Median Home Cost	\$199,500	\$192,000	-3.8%
1 Bedroom Fair Market Rent	\$501	\$509	1.6%
2 Bedroom Fair Market Rent	\$626	\$636	1.6%
BROADWATER COUNTY	2008	2010	% CHANGE
Single Family Median Home Cost	\$176,500	\$170,000	-3.7%
1 Bedroom Fair Market Rent	\$466	\$475	1.9%
2 Bedroom Fair Market Rent	\$592	\$603	1.9%
JEFFERSON COUNTY	2008	2010	% CHANGE
Single Family Median Home Cost	\$219,500	\$200,250	-8.8%
1 Bedroom Fair Market Rent	\$466	\$475	1.9%
2 Bedroom Fair Market Rent	\$592	\$603	1.9%

(18)

A study conducted by Neil Mayer and Associates using information on 75,000 loans originated between October 2007 and September of 2009 found that *clients receiving pre-purchase counseling were 1/3 less likely to become 90 days delinquent within two years of receiving their loan than borrowers who did not receive counseling.*

This data shows a decrease in the purchase price of a single family home and an increase in fair market rent across the board. For those individuals, families and low-income seniors renting homes and apartments, this does nothing to address the issue of housing cost burden. Many people apply for a Section 8 voucher in order to alleviate the cost burden, but the average wait time for low-income housing is just over a year, according to a Section 8 Program Manager from the Department of Commerce. The Helena waitlist encompasses the tri-county area outside of Helena proper, which is served by Helena Housing Authority.

Average number on the waitlist from 2012/2013: around 1200
 Approximate number on the waitlist in 2014: 1400
 Approximate number on waitlist after removing those no longer interested in 2015: 500

While home prices have dropped, 2010 U.S. Census data indicate 36.8% of Montana residents pay more than 35% of their income towards rent. Going back to the 2012 White Paper data, the following chart illustrates an affordable home cost or monthly rent for select occupations in our service area.

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AFFORDABLE SHARE OF INCOME FOR HOUSING, VARIOUS OCCUPATIONS – JEFFERSON CO.

SELECT OCCUPATIONS	2008			2010		
	ANNUAL INCOME	AFFORDABLE HOME COST	AFFORDABLE MONTHLY RENT	ANNUAL INCOME	AFFORDABLE HOME COST	AFFORDABLE MONTHLY RENT
2006-2010 Median Household Income		Not available		\$56,695	\$237,893	\$1,417
Average All Occupations	\$34,452	\$115,885	\$861	\$36,811	\$154,460	\$920
Elementary School Teacher	\$46,718	\$157,144	\$1,168	\$44,573	\$187,029	\$1,114
Retail Salesperson	\$23,973	\$80,637	\$599	\$24,283	\$101,892	\$607
Disabled Worker, SSI	\$13,006	\$43,749	\$325	\$13,600	\$57,066	\$340
Senior on Fixed Income, SSI	\$13,218	\$44,460	\$330	\$13,473	\$56,533	\$337

AFFORDABLE SHARE OF INCOME FOR HOUSING, VARIOUS OCCUPATIONS – BROADWATER CO.

SELECT OCCUPATIONS	2008			2010		
	ANNUAL INCOME	AFFORDABLE HOME COST	AFFORDABLE MONTHLY RENT	ANNUAL INCOME	AFFORDABLE HOME COST	AFFORDABLE MONTHLY RENT
2006-2010 Median Household Income		Not available		\$44,667	\$187,424	\$1,117
Average All Occupations	\$34,452	\$115,885	\$861	\$36,811	\$154,460	\$920
Elementary School Teacher	\$46,718	\$157,144	\$1,168	\$44,573	\$187,029	\$1,114
Retail Salesperson	\$23,973	\$80,637	\$599	\$24,283	\$101,892	\$607
Disabled Worker, SSI	\$12,364	\$41,587	\$309	\$12,727	\$53,404	\$318
Senior on Fixed Income, SSI	\$12,765	\$42,937	\$319	\$12,933	\$54,265	\$323

AFFORDABLE SHARE OF INCOME FOR HOUSING, VARIOUS OCCUPATIONS – LEWIS & CLARK CO.

SELECT OCCUPATIONS	2008			2010		
	ANNUAL INCOME	AFFORDABLE HOME COST	AFFORDABLE MONTHLY RENT	ANNUAL INCOME	AFFORDABLE HOME COST	AFFORDABLE MONTHLY RENT
2006-2010 Median Household Income		Not available		\$50,238	\$210,800	\$1,256

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Average All Occupations	\$34,452	\$115,885	\$861	\$36,811	\$154,460	\$920
Elementary School Teacher	\$46,718	\$157,144	\$1,168	\$44,573	\$187,029	\$1,114
Retail Salesperson	\$23,973	\$80,637	\$599	\$24,283	\$101,892	\$607
Disabled Worker, SSI	\$12,252	\$41,211	\$306	\$12,206	\$51,216	\$305
Senior on Fixed Income, SSI	\$13,507	\$45,434	\$338	\$13,791	\$57,866	\$345

[Affordable home cost is based on an FHA 30-year (in 2008, 6.5% rate, in 2010, 4.5% rate) mortgage with a 3.5% down payment using a 29% ratio and 15% factor for taxes and insurance. The generally accepted definition of affordable rent is that housing costs do not exceed 30% of income.] (18)

With the affordable monthly rent for a senior on a fixed income amounting to less than \$400 per month and the fair market rent for a 1-bedroom hovering around \$500, it's easy to see the need for affordable senior housing units. Meals and transportation are sometimes available to seniors who choose to live in an affordable living community, which further addresses the needs of many low-income seniors in our service area. RMDC operates affordable housing complexes in Augusta, Boulder, Helena and Townsend to meet the needs of low-income elderly or disabled community members.

Statewide, there are almost 30,000 renter households with savings and debt characteristics that could allow them to purchase a home if they receive the right education and financing. Of these, about 11,800 renters earn between \$20,000 and \$50,000 a year – generally a low or moderate income, but enough to purchase a home in many Montana markets. At the county level, these first-time homebuyers are concentrated (as is the population overall) in larger, urbanized counties, but there are renter households in every county who appear ready to buy if they are provided with the right education, counseling and financial assistance. RMDC recognizes the need for its homebuyer education program and will continue to provide potential homeowners this service.

Homeowner Education and Counseling (HEC) programs are designed to address two basic issues within the housing market -

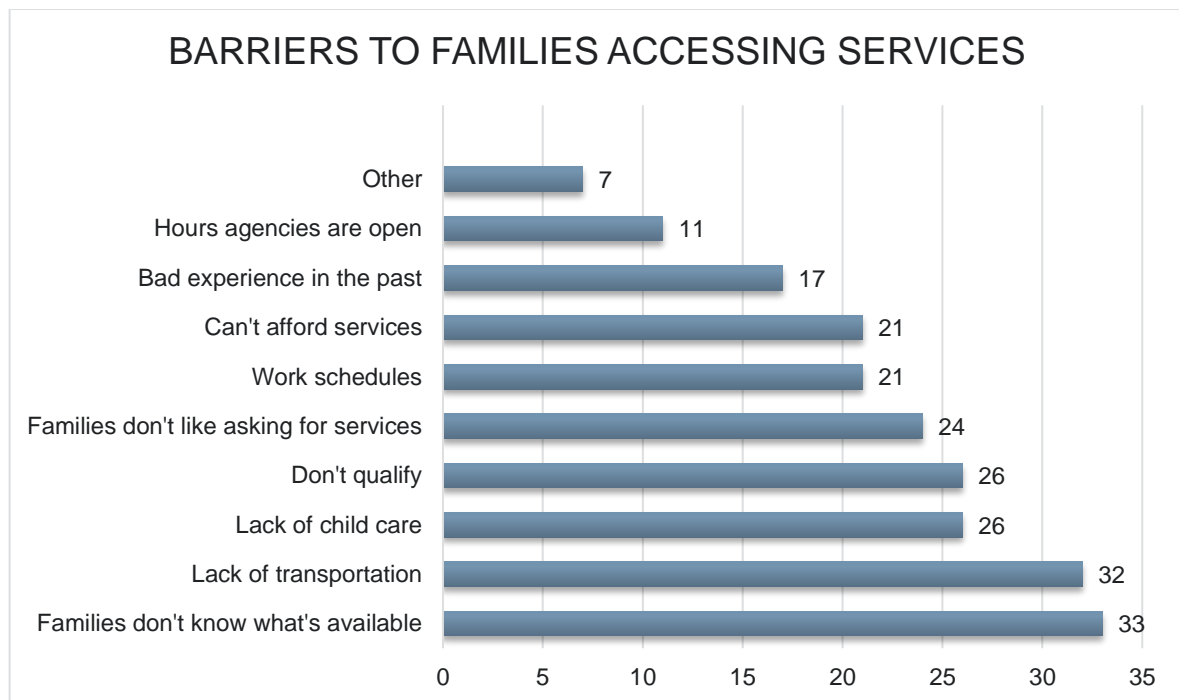
- 1: Helping homeowners, especially first-time homebuyers and those from historically underserved groups such as lower-income and minority populations, access homeownership and become successful mortgage borrowers through pre-purchase programs.
- 2: Helping borrowers succeed after they have purchased a home through post-purchase interventions, especially through default and foreclosure prevention counseling. (19)

3.5 Children

RMDC Head Start is a leading early childhood program funded to serve 236 children and their families in our tri-county area. In 2013, Head Start conducted a community survey to assess the situation and needs of the families they serve.

One of the questions in the survey was "What do you think makes it hard for families to get services in the community?" The respondents to this question, including 48 area human services organizations and businesses, answered as follows:

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In the same community needs assessment survey completed in the fall of 2013, Head Start identified the following gaps in service or unmet needs for low-income families based on responses:

- Lack of knowledge and understanding of child development and need for proper care, nutrition, guidance and education
- Early childhood interventions and prevention
- Mental health, physical health and food insecurity
- Not much support for students and families that need mental illness support
- Decent, affordable health and dental care; parents who aren't drug/alcohol dependent (20)

Compared with their peers, children living in poverty are more likely to:

- Have low birth weights
- Be born with birth defects
- Have developmental disabilities
- Die as babies or young children
- Have general health problems
- Grow more slowly
- Have decayed and unfilled teeth
- Have shorter attention spans
- Have problems with behavior
- Have speech delays/greater vocabulary limitations
- Suffer from high levels of anxiety
- Have lower levels of self-esteem and self-confidence
- Not graduate from high school

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- Participate in serious crimes (21)



The Montana Kids Count 2014 Data Book offers the following snapshot of the children and families in RMDC's service area:

DEMOGRAPHICS, ECONOMIC STATUS AND HEALTH OF CHILDREN

BROADWATER COUNTY

INDICATOR	COUNTY - 2000	COUNTY – Current Year	STATE – Current Year
Total child population (ages 0-17), 2013	1,105	1,207	223,981
Children under age 5	234	287	61,272
Change in child population, 2000-2013		9%	-3%
Median household income, 2012	\$29,034	\$45,833	\$45,030
Unemployment rate, 2013	3.8%	7.2%	5.6%
Children under age 18 living in poverty (below 100% FPL)*, 2012	257	18%	21%
Families receiving TANF support (annual monthly average), FY2012	N/A	8	3,282
Avg. monthly TANF expenditure/family	N/A	\$385	\$426
Children receiving Best Beginnings Childcare Scholarship (annual monthly avg.), FY2013	22	<5	9,040
Children enrolled in Healthy Montana Kids, FY2012	195	365	90,925

RMDC COMMUNITY NEEDS ASSESSMENT {2015}

JEFFERSON COUNTY			
INDICATOR	COUNTY - 2000	COUNTY – Current Year	STATE – Current Year
Total child population (ages 0-17), 2013	2,798	2,465	223,981
Children under age 5	524	508	61,272
Change in child population, 2000-2013		-12%	-3%
Median household income, 2012	\$41,820	\$59,105	\$45,030
Unemployment rate, 2013	5.2%	5.1%	5.6%
Children under age 18 living in poverty (below 100% FPL)*, 2012	414	13%	21%
Families receiving TANF support (annual monthly average), FY2012	N/A	19	3,282
Avg. monthly TANF expenditure/family	N/A	\$395	\$426
Children receiving Best Beginnings Childcare Scholarship (annual monthly avg.), FY2013	29	25	9,040
Children enrolled in Healthy Montana Kids, FY2012	302	757	90,925

LEWIS & CLARK COUNTY			
INDICATOR	COUNTY - 2000	COUNTY – Current Year	STATE – Current Year
Total child population (ages 0-17), 2013	14,268	14,323	223,981
Children under age 5	3,435	3,863	61,272
Change in child population, 2000-2013		0%	-3%
Median household income, 2012	\$36,409	\$54,096	\$45,030
Unemployment rate, 2013	3.7%	4.6%	5.6%
Children under age 18 living in poverty (below 100% FPL)*, 2012	2,404	16%	21%
Families receiving TANF support (annual monthly average), FY2012	218	195	3,282
Avg. monthly TANF expenditure/family	N/A	\$424	\$426
Children receiving Best Beginnings Childcare Scholarship (annual monthly avg.), FY2013	690	436	9,040
Children enrolled in Healthy Montana Kids, FY2012	2,141	4,948	90,925

(22)

**2013 Federal Poverty Guidelines*

Persons in Family - Annual Family Income

1	\$11,490	5	\$27,570
2	\$15,510	6	\$31,590
3	\$19,530	7	\$35,610
4	\$23,550	8	\$39,630

Montana is the 4th most expensive state to raise a family based on the cost of living, childcare, median income and parental leave policies. (23) Quality early childhood education, or even high-quality child

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care, includes consistent interaction and age-appropriate activities that stimulate healthy brain development. Parents in poverty often cannot find suitable child care at a price they can afford.

To put it into perspective, the average annual cost of full-time center-based child care for an infant in Montana in 2014 was \$9,062, a 4-year-old's care was \$7,922 and school-age care was \$7,778. The average annual cost of public university tuition including fees in Montana was \$6,279, which is 9.5% less expensive than full-time child care in our state.

As reported by the Child Care Aware of America 2015 report, Montana ranks:

- #16 – least-affordable center-based infant care
- #12 – least-affordable center-based 4-year-old care
- #1 – least-affordable center-based school-aged child care (24)

The need for quality, affordable child care for all income levels is glaring. RMDC operates Head Start to help serve the needs of low-income families, and Rocky Mountain Preschool Center, which is not income-based.

The following numbers illustrate the number of children who did not advance to Head Start placement, or what might be considered a waiting list:

- 2012-13: 94 children
- 2013-14: 73 children
- 2014-15: 21 children
- 2015-16: 82 children

The fact that the Head Start program consistently has children who are unable to get placed in a classroom illustrates the need for more funding for the early childhood education of low-income children.

3.6 Mental Health

A comparison of the 2013-2015 numbers from “County Health Rankings & Roadmaps, Building a Culture of Health, County by County” is a great tool. The yearly report offers insight into the challenges faced by the communities and providers in our tri-county area. The following is a sampling of data from the past three years.

COUNTY HEALTH RANKINGS & ROADMAPS, 2013-2015

HEALTH OUTCOMES, 2013	MONTANA	BROADWATER	JEFFERSON	LEWIS & CLARK
Poor physical health days	3.4	3.9	3.4	3.5
Poor mental health days	3.2	3.3	3.1	3.3
Physical inactivity	23%	25%	20%	19%
Excessive drinking	19%	17%	15%	18%
Uninsured	21%	23%	17%	15%
Mental health providers	3,527:1	N/A	2,855:1	2,193:1
HEALTH OUTCOMES, 2014	MONTANA	BROADWATER	JEFFERSON	LEWIS & CLARK
Poor physical health days	3.5	3.9	3.8	3.2
Poor mental health days	3.3	2.2	3.0	3.0
Physical inactivity	23%	25%	21%	20%
Access to exercise opportunities	61%	12%	55%	66%
Excessive drinking	19%	16%	17%	18%

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Uninsured	22%	23%	17%	16%
Mental health providers	752:1	N/A	3,800:1	408:1
HEALTH OUTCOMES, 2015	MONTANA	BROADWATER	JEFFERSON	LEWIS & CLARK
Poor physical health days	3.5	3.9	3.8	3.2
Poor mental health days	3.3	2.2	3.0	3.0
Physical inactivity	22%	24%	21%	19%
Access to exercise opportunities	72%	58%	53%	76%
Excessive drinking	19%	16%	17%	18%
Uninsured	22%	22%	17%	16%
Mental health providers	428:1	5,692:1	1,919:1	262:1

(25)

The number of mental health providers per county in our rural areas shows a serious deficiency when compared with more populated areas or even the statewide average. Mental health, along with substance abuse and suicide rates, is a major concern in RMDC's service area. Mental illness ties into every area covered in this assessment in some way. Each county has its own unique set of needs, but this topic is overarching.

Jefferson County

The most recent health assessment from Jefferson County was published in 2012. In that report, the top 3 concerns of county residents were as follows:

- Drug abuse: 33.6%
- Alcohol abuse: 32.9%
- Youth activities: 26.5%

Mental health services are a concern as well, with 18% of respondents marking "strongly agree" and 37% marking "agree."

Suicide is listed as the #2 cause of death for young adults and adults ages 14-64, with unintentional injury the leading cause. In children age 5-14, suicide accounts for 12% of deaths, making it the #3 cause for the age group.

The issue of mental health among youth is addressed in the report as well.

YOUTH IN JEFFERSON COUNTY – RISK ASSESSMENT

YOUTH	JEFFERSON CO.	MONTANA
High school students seriously contemplating suicide	20.4%	16.8%
High school students attempting suicide	14.5%	8.4%
High school students reporting being bullied on school property in last 12 months	28.7%	24.6%

"Students in the county and state tend to share the same dietary and physical activity habits, such as eating low amounts of fruit, drinking lots of daily soda, watching many hours of TV or participating in sports. Compared to statewide students, county middle and high school students are not as physically active. While our county middle school students tended to eat breakfast more frequently than their state counterparts, there is a marked drop in students eating breakfast every day in high school in both the county and state populations.

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While the county middle school students tend to use drugs less than middle school students statewide, about twice as many county high school students have used marijuana, methamphetamines, or used glue or other inhalants compared to high school students statewide.”

About 1 in 2 students believe it is easy to get marijuana, alcohol or cigarettes, despite adults feeling it is wrong for youth to use them. Most students believe adults think it's wrong to use marijuana, over half believe adults think it's wrong to drink alcohol and about 20% believe adults disapprove of smoking.”

“The most difficult services to get in Jefferson County are mental health services and vision care, while the easiest are medical care and dental care.”

-JEFFERSON COUNTY HEALTH ASSESSMENT, 2012

In the same needs assessment, 73% of Jefferson County residents surveyed said they could get help from fellow community members if they needed it and 51% feel like their community cares about them.

“Income levels do seem to play a factor in the quality of life and feeling lonely or sad. People of lower incomes make up a greater percentage of those who rate their quality of life between “neither satisfied not dissatisfied” and “very dissatisfied.” They also make up a greater percentage of those who often feel sad or lonely.”
(26)

Jefferson County’s “Frequency and Rate of Suicide by County of Residence, 1994-2013” is 39, with a crude rate of 18.7, according to the Montana Strategic Suicide Prevention Plan 2015.
(27)

Approximately 90% of those who complete suicide suffer from mental illness. The most frequent diagnosis is Major Depression and the second most frequent diagnosis is Alcoholism.
(28) Warning signs, information on how to help someone who may be suicidal and mental health resources can be found at the end of this section.

Broadwater County

A community health needs assessment for Broadwater was published in December 2013. The Broadwater Health Center in Townsend conducted the survey in which respondents' top 3 health concerns for the community were reported as:

- Alcohol abuse/substance abuse – 65%
- Depression/anxiety – 11.7%
- Mental health issues – 9.4%

When asked to identify the 3 most important things for a healthy community, respondents answered:

- Access to healthcare and other services – 60%
- Good jobs and healthy economy – 50.6%
- Strong family life – 32.2%

These things are all factors that can influence mental health on an individual and community level. Healthy behaviors and lifestyles ranked at 26.1%, which also plays a part in mental health. When asked to indicate if there were periods of at least 3 consecutive months in the past 3 years where they felt depressed on most days, although they may have felt okay

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sometimes, 11% of respondents indicated feeling depressed and 83% indicated they had not (the rest declined to answer).

Community members also gave feedback during 5 public sessions in 2013, and a series of questions was asked including:

“What would make this community a healthier place to live?” and “What do you think the most important healthcare issues are?” A sample of responses:

- “Less alcohol.”
- “Mental health services need to be increased.”
- “Mental health.”
- “Less drug use.”
- “Less alcohol use.”
- “Domestic abuse.”
- “Drugs.”

The assessment also reports that 24% of region 4 residents report binge or heavy drinking as compared with 22.8% for the state.

The suicide rate for Broadwater County (per 100,000) was reported to be 17.7, Montana was 20.3 and the United States was 12.0.
(29)

Broadwater County’s “Frequency and Rate of Suicide by County of Residence, 1994-2013” is 24, with a crude rate of 25.1, according to the Montana Strategic Suicide Prevention Plan 2015.
(27)

“We are severely short on mental health professionals. It is very difficult to impossible to access mental health care for many patients in need. The waiting times to get into the existing mental health professionals is quite long.”

- PHYSICIAN

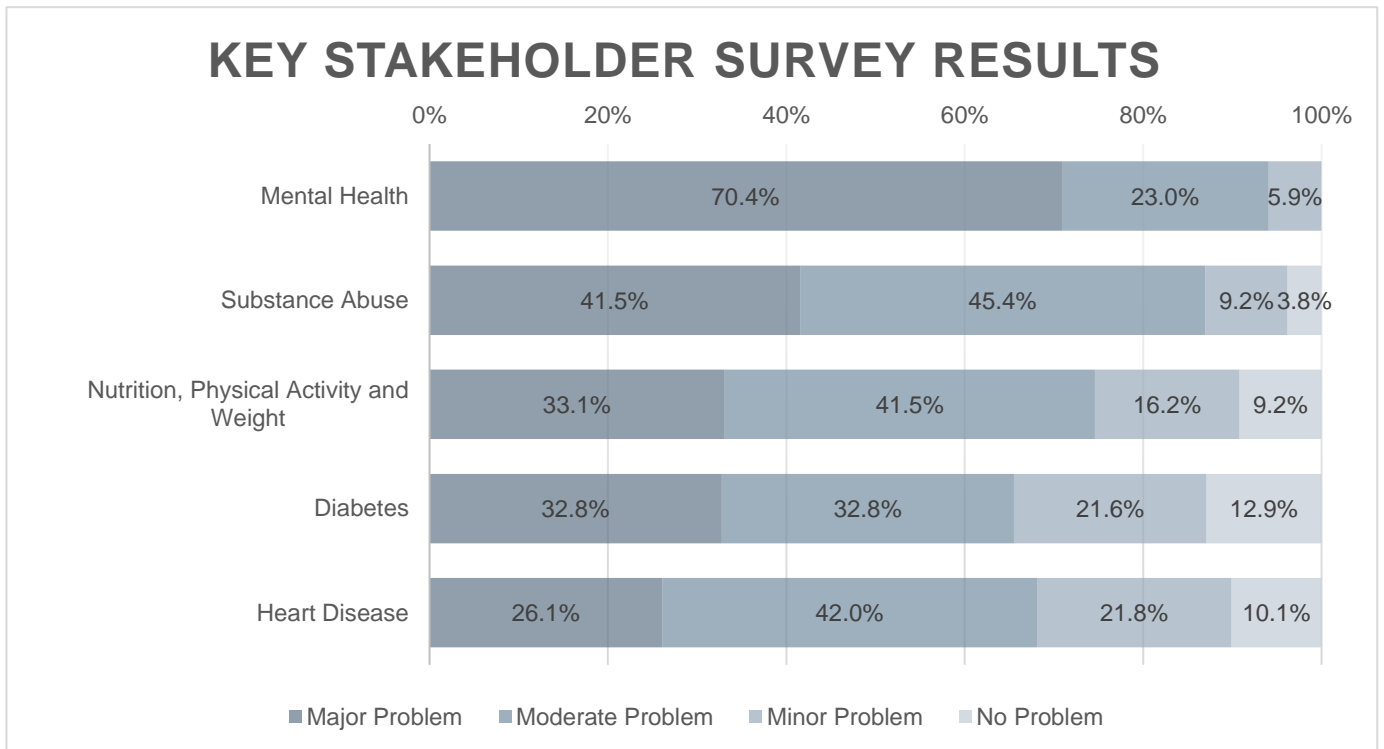
Lewis & Clark County

The 2015 Community Health Report for Lewis & Clark County contains survey information from community members and stakeholders, or individuals who have a broad interest in the health of the community. The following data comes from the Length and Quality of Life section of the study:

- Poor mental health at least 1 of the past 30 days (2011-2013):
United States, 35%; Montana, 33.2%; L&C County, 36.2%
- Suicide rate per 100,000 people (2011-2013):
United States, 12.8; Montana, 22.3, L&C County, 19.3
- High school students who attempted suicide (2011-2013):
United States, 8%; Montana, 7.9%; L&C County, 14.9%
- Inpatient admissions for intentional self-harm, per 100,000 (2011-2013):
Montana, 106.5; L&C County, 116.9
- Emergency room visits for intentional self-harm, per 100,000 (2011-2013):
Montana, 104.5; 155.8
- 12.3% of Montana adults were being treated for mental disorders in 2012.
- 35.6% of adult Montanans believed in 2012 that there is a stigma associated with mental illness.

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The stakeholder survey included 147 community organizations, including RMDC's Senior Companion Program and Area IV Agency on Aging. "These findings represent qualitative rather than quantitative data. The key stakeholder survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts." The stakeholder survey identified mental health as the number one health issue in the community:



(30)

Lewis & Clark County's "Frequency and Rate of Suicide by County of Residence, 1994-2013" is 229, with a crude rate of 19.6, according to the Montana Strategic Suicide Prevention Plan 2015. (27)

Mental Health Resources

The following information is not a complete list of local mental health providers, but does include several major players in the field.

- Center for Mental Health**
 The regional office is located in Great Falls, but additional locations exist in Boulder, Chinook, Choteau, Conrad, Cut Bank, Havre, Helena, Shelby and Townsend. Great Falls and Helena offer walk-in services. The Center for Mental Health offers: Adult Case Management, Adult Foster Care Homes, Adult Therapeutic Group Home Care, Crisis Stabilization, Day Treatment, Daily Living & Social Skills (CBPRS), Domestic Violence Intervention, In-Home Family Services, Homeless Outreach, Individual, Family & Group Therapy, Jail Diversion, Medication Management, Program for Assertive Community Treatment (PACT), Peer Support, School- Based Services (CSCT), Substance Abuse/Addictions Counseling, Supported Employment, Transitional Living, Veterans Services, Youth Case Management and more. Visit www.center4mh.org or call 1.888.718.2100 for more information.

RMDC COMMUNITY NEEDS ASSESSMENT {2015}

- **Our Place Drop-in Center**

The Center for Mental Health currently operates the Helena-based drop-in center in the west wing of RMDC's Jackson Street building. The program was started by RMDC to provide a safe place for people in recovery to relax, socialize and recreate. For more information, call 406-443-7151.

- **Western Montana Mental Health Center (WMMHC)**

The corporate office for WMMHC is located in Missoula, and the service area includes the following cities: Anaconda, Bozeman, Butte, Dillon, Hamilton, Kalispell, Libby, Livingston, Missoula, Ronan, Superior and Thompson Falls. WMMHC also operates Journey Home in Helena, which is an 8-bed licensed crisis stabilization facility providing emergency mental health services to those in crisis who do not need an acute psychiatric inpatient bed. Journey Home is located at 45 E 16th Street in Helena and can be reached at 406-603-4010. Visit www.wmmhc.org for more information.

- **PureView Health Center**

Helena's federally-qualified health center was called the Cooperative Health Center since its inception in the mid-90s, but recently underwent rebranding and adopted the name PureView Health Center. Part of the services PureView provides as a holistic health clinic includes mental health services: Counseling and behavioral medicine, Screening and assessment, Individual psychotherapy, Group therapy, Case management, Patient education and more to help address depression, anxiety, healthy lifestyle choices and management of chronic conditions. PureView can be reached at 406-457-0000 or at www.pureviewhealthcenter.org.

- **St. Peter's Hospital Behavioral Health Unit**

St. Peter's Behavioral Health Unit is a 24 bed (12 adult, 12 geriatric) inpatient hospitalization program for short-term behavioral health treatment. This unit is Montana's only dedicated geriatric inpatient hospitalization program for the treatment of acute dementia symptoms. A person may be eligible for behavioral health services through the unit if they are experiencing one or more of the following symptoms:

- Loss of interest or pleasure in regular activities
- Changes in sleeping patterns, feeling tired all the time
- Confusion / memory loss
- Inability to concentrate, sudden decrease in intellectual functioning
- Uncharacteristic anger, irritability or agitation
- Feelings of extreme anxiety
- Thoughts of hurting self or others
- Attempting or threatening to attempt suicide
- Inability to care for self or others
- Isolation or withdrawal from family and friends
- Increased or decreased appetite
- Seeing or hearing things that no one else sees or hears
- Impaired understanding of reality
- Difficulty with impulse control
- Extended and extreme grief over a loss

Contact St. Peter's Behavioral Health Unit at 406-495-6560 or visit www.stpetes.org for more information.

- **Shodair Children's Hospital**

Shodair is the only facility in the state of Montana to offer both Acute and Residential psychiatric treatment services for children and adolescents. The Acute Care Unit accommodates up to 20 children from ages 3 to 18. The Acute Psychiatric Inpatient program was designated in 2008 and offers intensive services for emotionally and behaviorally impaired children and their families who are in crisis. Available services include: Medical evaluation and diagnosis, Education, Group therapies, Family therapy,

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Pharmacogenetic consultation, Nutritional consultation, Chemical dependency evaluation, Psychological and Neuropsychological evaluations, Medications, Coordination of treatment and aftercare plans with community providers. Shodair also provides three developmentally specific residential treatment programs for children and adolescents. Each program provides a safe, therapeutic, and nurturing environment to promote positive change. Call 406-444-7500 or visit www.shodair.org for more information.

- **Intermountain**

Intermountain is located in Kalispell and Helena and offers mental health services to children and families. Helena's branch is located on Dredge Drive and includes: Child and Adolescent Psychiatry, Child and Family Therapy, Psychological Evaluation Service, Co-occurring Addiction and Mental Health Disorder Treatment, Home Support Services, Youth Case Management, Therapeutic After-school and Summer Support, Therapeutic Foster Care and Adoption Services, School Based Services, Intensive Day Treatment for children ages 5-21 years old in Lewis & Clark, Broadwater and Jefferson County. Call 406-443-2977 or visit www.intermountain.org for more information.

- **Youth Homes**

Youth Homes cares for children who are facing abuse, neglect, emotional trauma and substance abuse problems. Youth Homes is headquartered in Missoula and has facilities in Missoula, Kalispell and Helena. Two group homes are located in Helena along with the Youth Homes office (449-3038) and Dan Fox Family Care (443-4730). The Jan Shaw Home for Girls is a six-bed intensive-level therapeutic group home that serves girls, ages 12 to 17 years old, with serious emotional disturbances stemming from family, victim and addiction issues. The Margaret Stewart Youth Home is an eight-bed group home that is dually licensed to provide short-term crisis intervention placements and longer-term group care for youth, ages 10 to 18. Visit www.youthhomesmt.org for more information.

Depression and Suicide: How to get help

"Research has consistently shown a strong link between suicide and depression, with 90% of the people who die by suicide having an existing mental illness or substance abuse problem at the time of their death," according to the Suicide Awareness Voices of Education (SAVE) website. "Stigma and lack of understanding are the main reasons depression remains a topic we avoid. People suffering from depression fear others will think they're crazy or weak, or somehow a lesser person. Cultural norms are slowly changing, and people are becoming more aware of the nature of depressive illnesses and their impact on a person's well-being. Education will help reduce stigma and save lives... Issues of medical illnesses in the brain which we call mental illnesses still face huge obstacles to funding, support and awareness, but progress is being made." (31)

Suicide Warning Signs from the American Foundation for Suicide Prevention

People who kill themselves exhibit one or more warning signs, either through what they say or what they do. The more warning signs, the greater the risk.

Talk

If a person talks about:

- Killing themselves.
- Having no reason to live.
- Being a burden to others.
- Feeling trapped.
- Unbearable pain.

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Behavior

A person's suicide risk is greater if a behavior is new or has increased, especially if it's related to a painful event, loss, or change.

- Increased use of alcohol or drugs.
- Looking for a way to kill themselves, such as searching online for materials or means.
- Acting recklessly.
- Withdrawing from activities.
- Isolating from family and friends.
- Sleeping too much or too little.
- Visiting or calling people to say goodbye.
- Giving away prized possessions.
- Aggression.

Mood

People who are considering suicide often display one or more of the following moods.

- Depression.
- Loss of interest.
- Rage.
- Irritability.
- Humiliation.
- Anxiety.

Find Help

In an emergency, contact:

- Suicide Prevention Hotline: 1-800-273-TALK (8255)
- Psychiatric hospital walk-in clinic
- Hospital emergency room
- Urgent care center/clinic
- Call 911

(32)

4. Conclusion


The tri-county area has a vast array of nonprofit organizations, businesses and individuals working together to fulfill the needs of our community. Certain populations are more vulnerable than others, and it's critical to maintain the current level of assistance to those populations in order to meet their basic needs. Senior citizens, children, low-income families and disabled individuals are in need of food, shelter, transportation, child care, health care and other basic services on a daily basis.

Rocky Mountain Development Council, Inc. is unique compared with many other area nonprofits because the variety of programs beneath RMDC's umbrella addresses multiple populations with diverse needs. Many partner organizations deal with one specific area of need for one specific population, while RMDC's clients range from very young to very old and have needs ranging from early childhood education to Meals on Wheels. The network of stakeholders in and around Helena continues to grow and strengthen, particularly as more nonprofits embrace social media as a platform for recruitment, messaging and fundraising. The advent of do-it-yourself websites and user-friendly social media account setups will only continue to help fellow stakeholders reach out to those community members in need, and the rate at which collaboration among providers will increase due to digital interconnectivity is astounding.

RMDC will continue to address the needs of seniors, the burden of high energy costs on low-income individuals, food insecurity among low-income kids, seniors and the disabled, the lack of affordable housing for seniors and families and the need for quality early childhood education for low-income families. RMDC must reach out to new partners in the community and combine efforts rather than duplicate efforts in order to help as many people as possible, while maintaining existing relationships with tri-county stakeholders and keeping abreast of changing needs.

RMDC does not currently have a program that directly addresses mental health issues in the communities we serve, but does indirectly deal with issues surrounding mental health such as stable housing, proper nutrition and socialization for senior citizens. Because the issue of mental health is so pervasive, RMDC will support all community efforts to address mental health and increase awareness. All ages and income levels are at risk for mental health issues, so we must be diligent in our work to treat the depression and substance abuse that often precedes suicidal thoughts and behaviors. Reducing the stigma surrounding mental health issues is one huge barrier to increasing the number of individuals seeking treatment for potentially debilitating diseases such as depression.

Though Helena itself might be considered an urban area compared with the very rural outlying communities RMDC serves, the struggles presented by modern sedentary lifestyles, tight schedules, financial strain and other stressors that lead to high-risk behaviors are the same. RMDC must promote healthy life choices that can combat depression and feelings of hopelessness across all age groups.



ROCKY MOUNTAIN
DEVELOPMENT COUNCIL, INC.,
STRIVES TO IMPROVE QUALITY
OF LIFE AND PROMOTES SELF-
SUFFICIENCY FOR INDIVIDUALS
AND FAMILIES.

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THE FOLLOWING IS A CURRENT LIST OF RMDC'S COMMUNITY PARTNERS. THOUGH THIS LIST IS EXTENSIVE, IT IS NOT ALL-INCLUSIVE. RMDC IS GRATEFUL FOR 50+ YEARS OF CONTINUED SUPPORT FROM BUSINESSES AND INDIVIDUALS IN THE TRI-COUNTY AREA.

360 Office Solutions
AAA Mountain West
Adult Protective Service
Allegra Print & Imaging
American Chemet
AmeriCorps/VISTA
Anderson ZurMuehlen
AWARE, Inc.
Benefis Case Management
Best Beginnings Advisory Council
Best Beginnings Stars to Quality
Broadwater Community Foundation
Browning, Kaleczyc, Berry & Hoven, P.C.
Capital Tire Factory
Capital Transfer & Storage
Career Training Institute
Carroll College
Carroll College Nursing Program
Carroll College Work Study Program
Center for Mental Health
Child and Adult Food Care Program, USDA
Childcare Partnerships
City of East Helena
City of Helena
Cobb Ranch
Commodity Warehouse
Corporation for National and Community Services
Dennis and Phyllis Washington Foundation
Early Childhood Coalition
Energy Share
Family Outreach
Family Promise of Helena, Inc.
First Interstate Bank
Fitzgerald Ranch
Florence Crittenton Home & Services
Friends of Head Start

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Friends of Montana Youth Homes
God's Love
Golden Sunlight Mine
Good Samaritan
HATS
Head Start Parents
Head Start Policy Council
Helena College University of Montana
Helena Community Credit Union
Helena Development Roundtable
Helena Food Share
Helena Housing Authority
Helena Imaging Center
Helena Kiwanis Club
Helena Local Consumer Advisory council
Helena Resource Advocates
Home Depot
J&J Tire Factory
Jefferson County Community Foundation
Joining Community Forces
Juvenile Probation Offices
Kalmor Dental
Kleen King
Lewis & Clark, Broadwater, Jefferson Counties
Lewis & Clark County Case Management
Lewis & Clark County Jail
Local nursing homes
Lowe's
Marks Miller Post & Pole
Military OneSource
Montana Army National Guard
Montana Association for the Education of Young Children - Helena Chapter
Montana Board of Housing
Montana Child and Family Services
Montana Community Foundation
Montana Conservation Corps
Montana Department of Commerce
Montana Department of Public Health and Human Services
Montana Early Childhood Project
Montana Food Bank Network
Montana Head Start Association

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Montana Hospital Association
Montana Nonprofit Association
Montana Office of Public Instruction (OPI)
Morrison-Maierle, Inc.
Mountain West Bank
Mulligan Canyon Meats
NAMI - Helena and Montana
New West Medicare
NorthWestern Energy
Office of Head Start, Administration for Children & Families
Opportunity Bank
Optimist Club of Helena
Our Lady of the Valley Catholic Church
PAL (Project for Alternative Learning)
Pediatric Dentistry - Dr. Kevin Rencher
Power Townsend
Prickly Pear Cooperative
Pro-Build
Public Service Commission
Rocky Mountain Credit Union
RSVP (Retired Senior Volunteer Program)
Salvation Army
School Districts in Helena, East Helena, Boulder, Townsend, Whitehall
Sodexo
SS Cyril and Methodius Catholic Church
St. Peter's Hospital
Stockman Bank
Sysco Foods
TAZ
Tumbleweed
United Way
Universal Athletic
Valley Bank
Van's Thriftway
Veterans Administration of Montana
White Sulphur Senior Center

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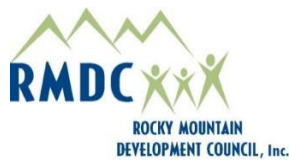
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