



# Flathead Best Beginnings Community Council

## Assessment of the Needs of Young Children and Families

*Flathead County, Montana*

*November 19, 2012*

*Conducted May through November 2012*



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*Renee Funk, M. Ed., Executive Director, Northwest Montana Head Start (Needs Assessment Committee Chair)*

*Renee Clark, Resource Center Director, Hope Pregnancy Center*

*Melody Dompf, PLUK (Parents Let's Unite for Kids)*

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*Nikki Roth, BSW, Family Resource Manager, The Nurturing Center*

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*Sherry Stevens, Executive Director, Northwest Montana United Way*

**From the Needs Assessment Team:** Ned Cooney, MSW, Consultant and Facilitator; Katie Borgen, RD, Health Promotion Specialist, Flathead City-County Health Department; Erin Riggs, MSW, Best Beginnings Community Council Coordinator

## About the Flathead Best Beginnings Community Council



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### ***Purpose/Mission Statement***

Our purpose is to facilitate collaboration between state and local entities to build a comprehensive, coordinated early childhood system that provides a governance structure and leads to strong collaboration in order to best meet the needs of our youngest citizens. The work of the Council will be supportive of the following objectives:

- **Children have access to high quality Early Childhood Programs.**
- **Families with young children are supported in their community.**
- **Children have access to a medical home and health insurance.**
- **Social, emotional, and mental health needs of young children and families are supported.**
- **Strategic communication, outreach, and alignment/collaboration among community agencies are supported and effective.**

### ***Our Hope***

Our hope is that by facilitating partnerships, exchanging information, engaging in joint planning, and planning for strategic communication and outreach, we believe we can strengthen opportunities for our young children and provide them with the “best beginning” in their early years as possible.

### ***Our History***

The Flathead Best Beginnings Community Council is a new effort which began in the fall of 2011. The Council received two state grants for infrastructure development to create a community-wide council, and to conduct this needs assessment.

### ***Who We Are***

The Council is an inclusive and diverse effort comprised of community-based organizations including early childhood, health, mental health, educators and other nonprofit organizations that serve young children and families.

### ***Our Work***

- The Council’s work will focus on looking at the young child in a holistic way.
- Developmental, emotional, physical and socio-environmental needs of the young child and family system are being explored.
- Service gaps and needs within the community are also being assessed so that a comprehensive system of care is available for young children.
- Our efforts are to identify barriers and find solutions to eliminate those barriers, facilitate coordination and collaboration among organizations serving young children and families, and improve the system of care for young children and families.

## About this Needs Assessment Report

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**Background:** The Flathead Best Beginnings Community Council (FBCC) is a relatively new effort, which began in the fall of 2011. The Council received two state grants for infrastructure development to create a community-wide council. The first grant, the Best Beginnings grant, was awarded to The Nurturing Center.

In early 2012, the state of Montana offered a grant (Maternal Infant Early Childhood Home Visiting Infrastructure Development, or MIECHV-ID) focused on maternal/child health to county and tribal health departments. While a primary focus of this grant opportunity was on developing home visiting programs, the Department of Public Health and Human Services took a holistic view and supported community coalitions (like the relatively new one in the Flathead) that would build a stronger system of early care. As a starting point, each community receiving this grant was expected to complete a community needs assessment.

Hence, an assessment of needs was identified as a top priority for the Council in the both grantees' work plans, while concurrently supporting the formation and development of the Flathead Best Beginnings Community Council. Through this local collaboration between the members of the Flathead Best Beginnings Community Council, the Nurturing Center as the Council's fiscal sponsor, and the Flathead City-County Health Department, this needs assessment presented a rare opportunity to engage in important thinking and data gathering about the system of early care for children and families in Flathead County.

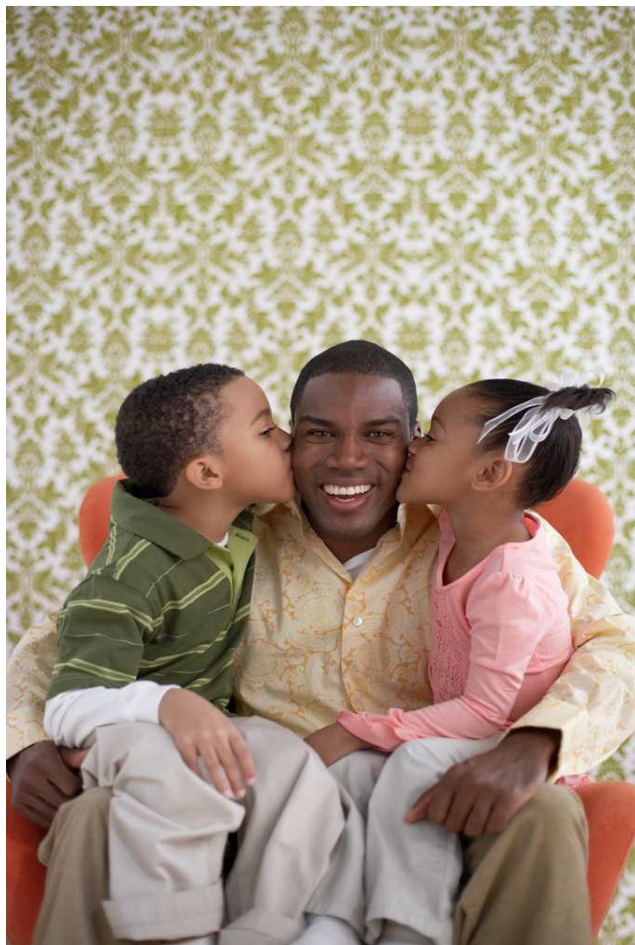
**Components of the Needs Assessment:** There were certain required components under the MIECHV-ID grant:

1. Zero to Three Planning Tool for Home Visitation and Existing Services Grid (contained in separate documents)
2. Review of Existing Needs Assessments (contained in this document, page 33)
3. Community Collaboration Assessment Survey (contained in separate document)

Beyond these components, local community councils receiving these grants were empowered to determine additional components to assist in prioritizing needs and strategies. The Needs Assessment Committee, seeing a rare opportunity for new learning about how families are experiencing the system of early care, added several components including a community family survey, focus group/listening sessions with parents and service providers, Council member and provider surveys, and quantitative data gathering. (More information about each of these community-driven components is in the Methodology section of this report, page 7.)

**How this Needs Assessment Report will be used:** This report will be used for the following purposes:

- Informing the State of Montana about the needs, issues, and problems related to the system of early care in Flathead County.
- Informing the Community Council about the needs of the community as well as some issues with the system of early care. Needs will be prioritized by the Community Council as it moves into community planning and sustainability planning over the next several months.
- Informing the community about the findings of this report and the Council's plans to address the needs that arise as priorities.



## Methodology

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This report attempts to balance both quantitative data (for example, population statistics and program service data) with qualitative data (experiences and perceptions).

### **Quantitative Data Gathering**

The Needs Assessment Committee used the Zero to Three Community Planning Tool as a starting point for gathering data, then identified additional data elements that might be helpful. Research occurred from May to August 2012, using online data resources from state and federal sources such as the U.S. Census Bureau. Where we found gaps in data, we sought help from state agencies and nonprofits organizations. Diligent efforts were made to obtain the most up-to-date and thorough data that would help illustrate how families are experiencing the system of early care. We encountered some issues collecting data, including databases that are not set up to extract data in a usable manner, and data collection methods that don't necessarily capture the desired information (for example, the delineation in enrollment figures between Healthy Montana Kids, the State Children's Health Insurance Program, and Healthy Montana Kids Plus, Montana's name for Medicaid for children was unavailable for 2011 as the state consolidated enrollment data for both programs a few years ago). Data is presented beginning on page 25.

### **Qualitative Data Gathering**

#### ***1. Parent Focus Groups ("Listening Sessions")***

Six parent focus group/listening sessions were held during the month of October 2012. Each occurred during a weeknight, and lasted about 90 minutes each with time for gathering and serving dinner. On-site child care was provided, and meals were catered by a local vendor. Groups were held around the county in order to connect with parents in outlying communities. Focus groups were held in West Kalispell, Columbia Falls, the "Canyon" (Martin City/Hungry Horse/Coram/West Glacier), Kila/Marion, Whitefish, and Evergreen. The Needs Assessment Committee and other Council members invited parents to attend and more parents volunteered to participate through the community survey. Attendance varied between 2 parents in Kila, and 11 parents in the Canyon. In addition to dinner, participants were given gift cards usable for gasoline. Note-takers captured the main themes and issues raised during the discussion.

Questions: Each session was framed around these questions:

- What services in our community address the needs of children (ages 0 to 8) and their families?
- How do you find resources in the community when you have a need or problem to solve?
- What is working well?
- What is not working as well, or needs work? Why?
- What specific changes need to occur to improve results for children and families?

## **2. Community Survey**

A community survey was conducted in August 2012. There was a short version containing 22 questions, and a longer version that contained 46 questions including more open-ended questions. The survey was conducted at two venues, the Second Annual Breastfeeding Coalition Fair on August 2, 2012, and the Northwest Montana Fair, August 16-20, 2012. The survey was also available online. In total, 283 people completed the short version, and 29 people completed the long version. Highlights of the Community Survey are presented beginning on page 35 of this report, and the complete results can be shared upon request.

## **3. Service Provider Focus Groups (“Listening Sessions”)**

Four provider focus group sessions were held August through October 2012. The provider focus groups were intended to get into some areas of "the system" in depth with direct service providers in unique roles, since there is only one of each of these kinds of organizations in the Valley. Focus groups were held with the following organizations:

- CASA (Court Appointed Special Advocates)
- Abbie Shelter/Violence Free Crisis Line
- Community Action Partnership
- Head Start teacher/advocates

Questions: Each provider session was framed around these questions:

- Tell me about the children and families you work with.
- What services are used most?
- What is working in “the system” of early care?
- What is not working, or needs work?
- What specific changes would you want to see to serve children and families better?
- What dreams do you have for the community and the children and families you serve?

## **4. Surveys of Council Members and Child Care Providers**

Two online surveys were conducted. The first survey was intended for current Council members to gain their input about perceived needs in the community, and their challenges with administering their organizations. The second survey was sent to over 70 child care providers to gain their perspective on the unique challenges in their field. Highlights of both reports begin on page 43 of this report.

## **Synthesizing Qualitative and Quantitative Data**

As data gathering unfolded over the summer, the Needs Assessment Team began creating written statements that would capture the needs, issues and problems identified. As a human process, the perception of “needs” is inherently subjective. The goal was to find the “collective subjectivity” that would reflect the perceptions about the system of early care and reflect those perceptions back to the Council, the community, and the State of Montana. These Needs Statements begin on page 10 of this report.



## **The Strength and Resiliency of Families**

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While this report focuses on the needs and gaps in the Flathead's early care system, it is important to recognize, and celebrate, that families demonstrate strength and resilience every day. In the face of economic hardship, children dealing with special needs, difficulties with transportation, and other challenges, parents do try and do the best they can for their children.

We saw evidence of parents wanting to engage with and help improve "the system" by participating in the focus groups for this needs assessment and by completing the community survey. It was not always easy for parents, at the end of a long day, to attend a focus group. But parents who did engage wanted to be heard, in the hopes that they could impact the system of early care for their children, themselves, and for children and families in the future.

While the challenges, needs and gaps reflected in this report are critical, presenting very real barriers to healthy childhood development, our hope is that service providers, decision makers, and community leaders are always mindful of the strength and resilience of families even in the face of daunting challenges.



## Needs Statements

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The following sections contain qualitative statements about the needs, issues, and problems identified during the needs assessment process. The Needs Statements reflect a key guiding principle for this needs assessment: ***to examine how families and young children experience the system of early care.***

These statements are based on a synthesis of quantitative data review, and qualitative statements from survey results, providers, and parent focus groups. These responses represent a synthesis of the perceptions and opinions of participating families and professionals in early care, social services, public health, education, and other organizations.

These statements of need were generated by Ned Cooney, MSW, Needs Assessment Consultant; Erin Riggs, MSW, Flathead Best Beginnings Community Council Coordinator; and Katie Borgen, RD, Health Promotion Specialist, Flathead City/County Health Department who played a key role in the gathering of data. These Needs Statements were reviewed by the FBCC Needs Assessment Committee, by the Community Council at its October 2012 meeting, and finally in a review by Council members through email before this report was submitted.

Most statements below were gleaned from multiple sources. Where a source is noted in parentheses, statements were either unique to one focus group, or were generated from the combined insight and experience of the Needs Assessment “Team” (Cooney/Riggs/Borgen).

As qualitative data, we view these responses not as immutable “fact” or objective “truth” but as collective, subjective perceptions that evolved as this needs assessment process unfolded, and as more organizations and individuals provided their input during various parts of the process.

Needs statements are categorized using the objectives of the Council, contained in our Guiding Document:

- Children have access to high quality Early Childhood Programs.
- Families with young children are supported in their community.
- Children have access to a medical home and health insurance.
- Social, emotional, and mental health needs of young children and families are supported.
- Strategic communication, outreach, and alignment/collaboration among community agencies are supported and effective.

## **Children have access to high quality Early Childhood Programs.**

### **Child Care**

1. Families expressed need for child care that is available outside traditional working hours.
2. Drop-in care is a gap in most areas of the Flathead. Parents desire high quality, flexible, fun and affordable for short-term care. The state of Montana does not currently regulate drop-in care<sup>1</sup>.
3. Respite care for families of children with special needs is a gap in service.
4. Sick child care for children facing illness would also be helpful to many parents without other options.
5. Care settings for infants and toddlers under two years of age are also hard to find and can be expensive, due to a low staff-to-child ratio requirement.
6. Families struggle to pay the cost of quality child care. There is a gap between families' desire for high quality early care, and families' willingness or ability to pay the true costs of high quality child care.
7. Efforts at improving quality do not compensate adequately for improvement in worker qualifications. Despite efforts to improve the quality of child care, there has not been always a corresponding increase in wages for child care workers.
8. Low wages present challenges in attracting and retaining qualified caregivers in the field. There are many committed people in the field but child care is typically one of the lowest paid careers.
9. State Licensing is committed and works hard, but is not always staffed at levels adequate to meet current needs.
10. Montana rates poorly in licensing and regulation of family and group child care, compared to national standards. Licensing regulations are minimum standards.
11. Providers noted that there seems to be a gap in available preschool slots for two year old and four year-old children.

**Endnote:**

<sup>1</sup>The Wave in Whitefish offers this service for members at a nominal fee of \$3.50 hourly, and Summit Tyke Town and Jungle Rama in Kalispell also provide this service.

## ***Families with young children are supported in their community.***

### **Transportation Needs**

1. Access to public transportation is limited, especially in outlying areas. More people live outside the incorporated cities than live in the boundaries, meaning people are more dispersed than in urban areas.
2. Transportation to and from schools is often a challenge, especially in outlying rural areas where funding may not be adequate to provide bus service.
3. Even where public transportation is available, people don't always know that it is available. Bus stops, where structures exist, don't often have schedules posted. *(Team)*
4. Families often face difficulty paying for repairs to their own automobiles, which can limit their access to services and employment. *(CAP)*
5. Fluctuating gas prices present an unpredictable challenge to family budgets, affecting their ability to maintain employment and to access community resources. *(Team)*
6. Many neighborhoods have no sidewalks, no bike routes, and inconsistent or non-existent street lighting, which can present challenging safety issues for families walking to services, or seeking recreation and exercise. This poses a far more significant impediment for parents and youth with disabilities as many streets do not meet requirements of the Americans with Disabilities Act (ADA). *(FCCHD/ Team)*

### **Housing Needs**

1. Access to housing is limited by a variety of factors.
2. Available housing options are sometimes too costly, squeezing family budgets. Families often seek more affordable housing in outlying areas of the County (Canyon, West Valley), putting them further away from public transportation, jobs, and community resources.
3. Homeless families often cannot find emergency shelter, due to lack of available beds for families. Couples wanting to stay together in the largest local homeless shelter must provide documentation of their marriage certificate in order to stay in the same room, so unmarried couples may not enter shelter under those conditions. Additionally, there may be program eligibility and other requirements that some choose not to follow.
4. Families coming from homeless or domestic violence shelters find it hard to transition to a place of their own as there are limited transitional and affordable housing options.

### **Housing Needs (Continued)**

5. Some families are “doubling up” with two or more families sharing the same home, while others are moving in with relatives. A variety of factors can drive this need, including the high cost of paying for housing.<sup>1</sup>
6. There is a long waiting list for available housing vouchers and other affordable housing options. For example, the waiting list for Section 8 vouchers is approximately two years long.
7. Children living in substandard housing can experience increased health issues due to such factors as mold, lead paint, or other health hazards. Many low-income housing options do not meet current building standards.
8. Pregnant minors cannot find emergency shelter due to rules restricting access for those under 18 years old.
9. Teens who are couch surfing may have a higher risk of teen pregnancy.

**Endnote:**

<sup>1</sup>It was mentioned by one provider that moving in can be an important, positive choice for families. In some cases, two or more unrelated families make the choice to share accommodations, to assist financially and to provide mutual help with daily household management (for example, single parents can provide important support to each other beyond sharing rent).

### **Family Financial Needs**

1. The average cost of living in the Flathead is comparable to other areas in the country (with the exception of groceries and transportation which are higher than national averages [from Kalispell Chamber of Commerce website]).
2. Wages are, in general, significantly lower than other parts of the country, meaning that making a living in the Flathead can be a challenge for many families. Available jobs in the service industry, and many professional positions, average \$10-\$12 per hour. As a result, many families have parents where one, or both, parents are working two jobs to make ends meet.
3. While the unemployment rate in Flathead County is improving (7.4 percent in September 2012, the lowest rate since October of 2008), the effects of the economic downturn are still being felt. Unemployment remains higher than the state average of 6.1 percent (September 2012). Many families now have one parent working outside the area, with a large number of them going to work in the Bakken oil formation in Eastern Montana and North Dakota.
4. Many families – even those above the poverty line – are in a precarious financial position where normal events can create a crisis. When families are barely making it, such occurrences as a flat tire, doctor visit, or the need for school supplies can strain the family budget.

**Family Financial Needs (continued)**

5. Eligibility criteria vary across programs, resulting in confusion for some families. (For example, Medicaid reviews income and assets when considering eligibility, while the Women, Infants, Children (WIC) program can only consider gross income.)
6. As parents transition from TANF (Temporary Assistance for Needy Families) to employment, additional support could help with adjustments to entering or re-entering the workforce. (CAP)
7. When families see an increase in income (due to a higher wage, job promotion, or increasing from part-time to full-time), their eligibility for certain benefits change. Funding to address gaps during times of transition or crisis would help families on a path toward self-sufficiency. For example, family's share of child care tuition increases as incomes go up and eligibility for scholarships decreases.
8. While there is help to pay rent in emergencies, it is limited, and assistance with rental deposits is not available through existing resources. (CAP)
9. Low-Income Energy Assistance Program (LIEAP) is only available from October to April, meaning in a long winter season like 2011, cold weather will outlast the energy assistance. (CAP)
10. Funding is also limited to paying for primary sources of heat, so if a forced fan system is needed to deliver heat generated by a propane furnace, but the fans run on electricity, the program will only cover the propane.<sup>1</sup> (CAP)

**Endnote:**

<sup>1</sup>There is a weatherization program that will retrofit substandard windows and doors for eligible participants.

## *Children have access to a medical home and health insurance.*

### **Medical Care and Health Insurance**

1. Coordination for health insurance access needs attention. While the Flathead is doing better than the statewide average, there are programs that might be under-utilized locally, like Healthy Montana Kids (though precise enrollment numbers for Health Montana Kids and HMK-Plus have been difficult to obtain). Knowledgeable caseworkers are working in the Flathead who can help sort out these options, but there is a need for more awareness about the availability of these case workers who can help sort through options.
2. Some pregnant mothers, especially teens, are unaware about the availability of free or low-cost prenatal education and health screenings.
3. The rate of childhood immunization in Flathead County needs improvement.

### **Dental Care**

1. Preventive and emergency dental care for children and families without private insurance, or with Medicaid, is very limited. The number of dentists accepting Medicaid in Flathead County is very limited. Sometimes, the only alternative is for people with severe dental problems is to seek treatment at emergency rooms, which are limited to treating infection and pain, or to travel long distances to other cities where more dentists accept Medicaid<sup>1</sup>.

#### **Endnote:**

<sup>1</sup>Dental care is provided through the Community Health Center in Kalispell and there is a walk in clinic on Mondays and Tuesdays every week. There may be more need for greater awareness of the walk-in clinic and there may be times when available low-cost dental services do not meet the demand.

## *Social, emotional, and mental health needs of young children and families are supported.*

### **Family Recreation and Culture**

1. Families of all income levels expressed a desire for more diverse recreational and cultural opportunities that are low-cost or free, accessible geographically, open year-round, and “fun.”<sup>1</sup>
2. Community “infrastructure” is needed in outlying areas of the county. Families living in the Canyon, for example, expressed a desire for a community center using the now-closed school building, and for more programs that would offer non-alcohol alternatives for indoor and outdoor recreation. A summertime sports program organized by volunteers saw great participation by families living in the Canyon area, but they had to cease operations due to a lack of liability insurance and organizational structure.
3. There is a gap in awareness about the importance of safety for children, including bike helmets, car seats, traffic laws, and other safety measures.
4. Children need opportunities to play with other children, in person-to-person interaction. Children are often immersed in technology and can miss the chance to experience the social, emotional, and cognitive benefits that come from playing with other children. It can be difficult for children, especially those with special needs, to find these opportunities as few structured play groups exist.

#### **Endnote:**

<sup>1</sup>Ideas that surfaced during the focus groups include a children’s museum with hands-on culture and science activities; affordable sports programs; a bowling alley in Kalispell; utilizing large, empty box-store facilities; city/county parks with updated, safer equipment; and more sled hills with affordable equipment rental.

### **Parent Support and Engagement**

1. Parents with special needs, such as physical disabilities, developmental disabilities or mental health issues, may require various kinds of in-home and/or community-based supports.<sup>1</sup>
2. The daily living skills of some parents may need strengthening, such as housekeeping, nutrition, and budgeting/financial management.
3. Parents sometimes feel a lack of connection with their peers. Connecting with other parents, not just professionals, can have positive benefits when seeking help or just for socialization.



**Parent Support and Engagement (continued)**

4. Support, both in terms of emotional need and physical/household tasks, is needed for families where one parent is out of the area. This is a common occurrence in the Flathead for two reasons: military deployment through the National Guard Reserve, or because of employment offered in other areas (for example, the Bakken oil formation in North Dakota and Eastern Montana). Many of these families are unable to sell their current home in the Flathead, or choose to stay for other reasons. Daily issues like transporting children or after-school care can become daunting when one parent is gone for extended periods of time for work.
5. The need for flexible family policies in the workplace was expressed. For example, when a child is sick, parents sometimes need to call in sick themselves in order to stay home to provide care.
6. It can be challenging to engage parents whose children are involved in the Department of Child and Family Services. There are multiple reasons for this, however, if that “buy-in” exists, it makes all the difference in the family’s chances for success. (CASA)
7. While after-school programs exist, some parents expressed a need for drop-off, school-based care before school starts as well.<sup>2</sup>
8. A trend was noted by providers that there are an increasing number of grandparents who are raising their grandchildren, playing the primary caregiver role.

**Endnotes:**

<sup>1</sup>By meeting these needs of the parents, support services for these parents with disabilities can indirectly result in improved care for young children. However, these supports are not provided to the children in the home, and sometimes families are split apart due to lack of support services in the community.

<sup>2</sup>Some schools do offer before-school care and breakfast programs, but it is unknown how many schools offer this option.

## Mental Health Needs

1. The need for increased accessibility to mental health services throughout the county, and especially in outlying areas, was a common theme.
2. For many families, it is frequently difficult to afford mental health services.
3. Medicaid is not accepted by many therapists currently due to low reimbursement rates and administrative burdens.
4. There is a community-wide need for increased awareness and education about the mental health needs of young children. Parents are often reluctant to seek services, as diagnosis with young children is difficult, and there is a persistent stigma about seeking mental health services, as well as a fear of their child being “labeled.”

**Mental Health Needs (continued)**

5. There is a need for more child psychiatrists in Flathead County.
6. There is a lack of available neuro-psychological assessment services for children. Often, children are waiting several months before an assessment is completed.
7. No providers in the community are doing parent-child mental health assessment, leaving families to travel to Missoula to receive that service.
8. While mental health services are available in schools, there is often a waiting list to access them.
9. There is a lack of residential mental health services for children. Children have to go out of the area, or out of state, causing an interruption in family relationships.
10. For children who exhibit aggressive or violent behaviors, services are often only accessed if the child's caregiver is mandated to seek those services, or if the child enters the juvenile justice system.
11. The suicide rate among youth and adults is consistently high in Montana, and in the Flathead. (Montana's suicide rate was the highest in the nation in the last year for which data was found from the Centers for Disease Control in 2009. Montana's suicide rate is historically about twice the national average.)
12. Bullying in Flathead schools is occurring, even in kindergarten. Bullying can happen for a variety of reasons, including economic disparities.

**Issues for Youth Involved in Foster Care/Dept. of Children and Family Services**

1. The Accountability Court model currently employed in Flathead County is very effective in keeping communication between all involved parties. There is concern about whether this model will continue to be used with new judges coming into office in 2013.
2. Retention of child welfare workers at the Department of Children and Family Services has been low in recent years, meaning that children sometimes experience a turnover in their case workers with the need to "start over" with a new caseworker.

**Domestic Violence Needs**

1. While there are many workers who are sensitive to the needs of abuse survivors and respond appropriately, some abuse survivors have encountered professionals in health care settings and the justice system, who engage in blaming the victim.

***Domestic Violence Needs (continued)***

2. Parents who are leaving abuse situations are often unaware of the effects of trauma on a young child's developing brain. The effects of witnessing violence last well beyond removal from the abusive situation. *(Abbie Shelter/Violence Free Crisis Line)*
3. For court-mandated Batterer Intervention Treatment Programs, there are no standard therapist qualifications to deliver these programs and no common content about what is covered in the programs. *(Abbie Shelter/Violence Free Crisis Line)*

***Strategic communication, outreach, and alignment/  
collaboration among community agencies are supported and  
effective.***

**Professional Development and Education Needs**

Through online surveys as well as phone calls to providers, we assessed what providers felt was needed in terms of professional development and training in their areas of practice as well as in the community. Following are highlights of those needs mentioned by providers who are working with young children and families.

**Community Resource Training/Collaboration:**

1. Development of a systemic training schedule in the community was noted as a need as there is no consistent schedule of trainings in the community. It is difficult to plan when one doesn't know when training is taking place in the community (e.g. breast feeding offered once in 10 years).
2. Many providers expressed a need for increased training opportunities to learn about community resources so staff know who to refer children and families to based on a presenting problem (e.g. autism; clothes, etc.). Although one provider does conduct this type of training, it doesn't happen as frequently as it could, which is especially important for new hires. It was also noted as important need for seasoned professionals as there is always a need for updates on available services in the community (e.g. mental health agencies, new agencies serving the valley, etc.).
3. Providers also noted an increased need to collaborate with other providers to attend trainings or professional development classes to reduce training costs. It was suggested that when an organization receives a grant or expends funds to retain a trainer, other providers in the community could be invited as a shared benefit.
4. Increasing collaboration among mental health providers and schools was noted as an important need to address in order to bridge barriers between mental health and schools.

**Cultural Competency Training:**

1. Increased opportunities for cultural competency development was noted by numerous providers as a high need, especially for increased sensitivity in serving at-risk populations, homeless teens, individuals with mental health issues, and poverty.
2. Increasing cultural sensitivities (including socio-economic factors that impede quality of life) that includes motivational techniques to offer clients served.

**Professional Development and Education Needs (continued)**

3. Increasing opportunities that move beyond family engagement to unconditional compassion for families. One provider noted the need to learn how to accept/meet families where they are as an important need stating, "Often providers have 'judged' the family which, in turn, impacts how they work with them."

**Direct Practice:**

1. Providers also expressed a need for help working with high needs individuals such as children with autism when fewer resources are available. Assistance was also needed on strategies for working with individuals with special needs in a group setting with less one-on-one assistance.
2. Interviewing young children was also noted as a need for increased training.
3. Increased training opportunities that encompass a broad range of needs including development of social skills, emotional intelligence, conflict resolution, cognitive restructuring, and anger management programs for kids and parents are needed.
4. Utilizing the expertise of specialists in the valley to train other providers on specific areas such as brain development and fetal alcohol syndrome.
5. Providers also suggested a need for training on the use of the Ages and Stages Questionnaire (ASQ) if the community decides it wants to utilize this screening tool for young children.
6. Other providers indicated they would like to see conferences here with 'big name' keynotes/speakers to attract community members.

**Early Education/School Transitions:**

1. Infant-toddler Montessori certification was noted as a need for professional development and an expressed need to have in the community to serve young children.
2. Increased outreach to parents was expressed as a need so parents are aware of important factors concerning enrollment and learning in schools.
3. Educators have expressed interest in home visiting training. "This year, and for the first time, the district will have its kindergarten teachers conduct home visits as a means of outreach and engagement with parents," school superintendent.

**Fund Development Training:**

1. Providers also expressed a desire for more training on fundraising, particularly creative options.
2. Other providers expressed a need for support with grant writing.

**Parent Education/Resources:**

1. Providers indicated a need for increased parent education classes to better support parents in parenting. Some examples noted by providers included a need to increase opportunities to teach potential or future parents about parenting before they become parents. Another provider indicated the need to promote marriage.

**Professional Development and Education Needs (continued)**

2. Providers also expressed a need to increase training opportunities for parents about financial literacy and building financial stability. We are aware of one provider in the community presently which does provide this training.
3. Increased training opportunities for families, couples, single parents, and grandparents using different parenting models were also cited as needs (e.g. “tough love”).
4. Practical training opportunities for parents that would provide them with “tools” for parenting such as internet safety was also noted as a need.
5. Providers also expressed a need in wanting training for themselves as to how to encourage, develop and maintain parent leadership.
6. Several providers noted that training opportunities for coaching, mentoring, and engaging families would be helpful in their area of practice. Parents with unique struggles may benefit if another parent was coaching and mentoring them on how to parent.
7. Providers also indicated a need to increase parent’s understanding about brain development, bonding and attachment. One provider noted that it is difficult for young families to understand the importance of this from the prenatal period and very early years and the lifelong impact it has on their child.

**Management Training:**

1. Managers and supervisors noted a need for increased training to address supervisorial responsibilities such as reflective supervision (a conceptual framework utilized in the Parents as Teachers home visiting model) and preventing burn-out, which is increasingly common among health and human service providers.

**From Analysis done for the Zero to Three Home Visiting Tool, to Improve Home Visiting efforts in Flathead County:**

1. Cultural Competency (including the “culture of poverty”) is frequently noted as a need for professional development.
2. Training in maximizing referrals and linkages, and awareness about community resources, might address some of the gaps in awareness we have found. (Community resource training is available through United Way, but is focused on a broad array of community services. Additional, detailed training focused on the 0-8 age group might be beneficial).
3. Reflective supervision is a methodology helpful in implementing Parents as Teachers, and is potentially useful in supervising various kinds of case workers.
4. Conducting effective home visits and motivational interviewing would also be potentially useful as organizations work to implement the Parents as Teachers model.
5. Trauma-informed treatment has been identified as an emerging focus across multiple disciplines.

### **Finding and Accessing Community Resources**

1. The complexity of finding and accessing community resources is a commonly occurring theme. The array of services that exists presents multiple options – making it difficult for families in transition or crisis to know where to start, especially if they don't know the commonly used terminology for the kind of service they are seeking.
2. While information resources are available and are used by many providers and families, not everyone in the community knows about them, and hours of availability are generally during the workweek. Online resources can be a helpful tool, but not all families have a computer, and may face challenges with literacy, computer skills, and access to the internet. Often, a “human touch” is needed to respond appropriately to people in crisis, sort through options, and find appropriate referrals.
3. Restrictive requirements can present a daunting challenge for programs intended to help families find and retain employment. TANF community service requirements, for example, offer limited hours for a single parent who needs to travel on public transportation to drop off a child in the morning, then has to give all required hours at one location in Kalispell.
4. The application process for important “safety net” services presents a logistical challenge for many families, including the amount of paperwork required, as well as official documentation each family must provide to qualify for certain benefits. Even finding those documents can present a challenge for some families – meaning multiple trips to the same office if any documents are missing.
5. There is a need to evaluate whether messages about available services are reaching the intended audiences, in a way that they can understand, and that is relevant to their lives.

### **Alignment and Collaboration among Community Agencies**

1. There currently exists no coordinated referral process between agencies that will make sure referrals are to the right resources, and “meet” people at the level of crisis or transition. There is also not a uniform tracking system for interagency referrals, so that case workers are often unsure of the resolution of cases.
2. Until the Flathead Best Beginnings Community Council formed, there was an absence of a community “infrastructure” for new professionals to get welcomed into the system of early care, and connected to their peers. When turnover occurs in direct service workers, and organizational leadership, there can be in a loss of relationships that may impact the interaction between organizations, such as referrals and coordination of care.

## **Workforce Issues**

1. There is a shortage of qualified workers in the community for some positions.
2. Compensation and benefits for some positions is too low to attract and retain degreed professionals, leading to turnover in direct service positions.





## Community Indicators

(from Zero to Three Home Visiting Tool)

Community Indicator	Community Data	State Data <sup>1</sup>
<b>Number of children</b> <ul style="list-style-type: none"> <li>ages 0–3</li> <li>ages 4–5</li> </ul>	<b>4,602</b> <b>2,283</b>	<b>50,102</b> <b>24,533</b>
<b>Premature births</b> <ul style="list-style-type: none"> <li>percent: # of live births before 37 weeks/total # live births</li> </ul>	<b>6.4%</b>	<b>9.0%</b>
<b>Low birth weight</b> <ul style="list-style-type: none"> <li>percent: # resident live births less than 2,500 grams/# live births</li> </ul>	<b>5.9%</b>	<b>7.1%</b>
<b>Infant mortality</b> <ul style="list-style-type: none"> <li># infant deaths ages 0–1/1,000 live births</li> </ul>	<b>5.1</b>	<b>6.1</b>
<b>Poverty</b> <ul style="list-style-type: none"> <li># residents below 100% Federal Poverty Level (FPL)/total # of residents</li> <li># residents below 185% FPL/total # of residents</li> </ul> <p><i>Note: 100% of FPL data is from 2010 Census figures. The 185% of FPL data is from the 2009 Flathead County Health Profile</i></p>	<b>11.7%</b> <b>32.0%</b>	<b>14.6%</b> <b>34.0%</b>
<b>Crime</b> <ul style="list-style-type: none"> <li># of reported crimes/1,000 residents</li> <li># of crime arrests ages 0–19/1,000 juveniles ages 0–19</li> </ul>	<b>54.7</b> <b>94.2</b>	<b>75.7</b> <b>82.1</b>

Community Indicator	Community Data	State Data <sup>2</sup>
<p><b>School dropout rates</b></p> <ul style="list-style-type: none"> <li>percent high school dropouts grades 9–12</li> </ul>	<p><b>4.2%</b></p>	<p><b>4.3%</b></p>
<p><b>Substance abuse</b> Among high school students in the region*</p> <ul style="list-style-type: none"> <li>prevalence rate: binge alcohol use in past month</li> <li>prevalence rate: marijuana use in past month</li> <li>prevalence rate: nonmedical use of prescription drugs in past month</li> <li>prevalence rate: use of illicit drugs, excluding marijuana, in past month</li> </ul> <p>Substance abuse state-approved chemical dependency treatment services, July 2008-June 2009, from Flathead County Health Profile</p> <p><i>*from state and regional High School Regional Youth Risk Behavioral Survey, not available at the single county level. No single question is asked in the YRBS that captures “all other drugs” but instead asks about illicit drugs individually. Data is on file. Similar adult data not available.</i></p>	<p><b>22.7%</b></p> <p><b>19.1%</b></p> <p><b>17.1%</b></p> <p><b>Not available*</b></p> <ul style="list-style-type: none"> <li><b>429 adults (Of those, 49 were pregnant women or women with dependents)</b></li> <li><b>69 youth</b></li> </ul>	<p><b>25.2%</b></p> <p><b>21.2%</b></p> <p><b>18.4%</b></p> <p><b>Not available*</b></p>

Community Indicator	Community Data	State Data <sup>1</sup>
<p><b>Unemployment rate (September 2012)</b></p> <ul style="list-style-type: none"> <li>percent: unemployed and seeking work/total workforce</li> </ul>	<p><b>7.4%</b></p>	<p><b>6.1%</b></p>
<p><b>Child maltreatment</b></p> <ul style="list-style-type: none"> <li>rate of reported substantiated maltreatment by child age</li> <li>rate of reported substantiated maltreatment by type</li> </ul> <p><i>*Note: due to state database parameters, the 2011-2012 numbers represent partial-year data from the Kalispell Dept. of Children and Family Services office for Nov. 2011-June 2012. We were not able to attain statewide data breaking down the cases by age.</i></p>	<p><b>2011 Cases:</b>  <b>705 cases reported</b>  <b>87 substantiated</b>  <b>12.34% substantiated</b></p> <p><b>Sample of Substantiated cases:</b>  <b>Neglect Nov 2011-Jun 2012: 31 cases</b>  <b>Ages 0-1: 16 cases</b>  <b>Ages 2-3: 5 cases</b>  <b>Ages 4-5: 2 cases</b>  <b>Ages 6-7: 6 cases</b>  <b>Age 8-9 2 cases</b></p> <p><b>Physical Abuse Nov 2011-Jun 2012: 5 cases</b>  <b>Ages 0-1: 2 cases</b>  <b>Ages 2-3: 0 cases</b>  <b>Ages 4-5: 1 case</b>  <b>Ages 6-7: 1 case</b>  <b>Age 8-9: 1 case</b></p>	<p><b>Data not available statewide.</b>  <b>Regional sampling for 16 counties across the state shows average rate of 9.21%</b></p>

Community Indicator	Community Data	State Data <sup>1</sup>
<b>Domestic violence</b> <ul style="list-style-type: none"> <li>Number (rate per 1,000) of partner/family assault offenses with serious injury - 2011</li> <li>Number (and rate per 1,000) of non-aggravated partner/family assault 2011</li> </ul>	<b>60 Offenses (0.80 per 1,000)</b>  <b>244 Offenses (3.03 per 1,000)</b>	<b>249 Offenses (0.27 per 1,000)</b>  <b>3,419 Offenses (3.73 per 1,000)</b>
<b>Health insurance</b> <ul style="list-style-type: none"> <li>percent of children under 6 covered by health insurance</li> </ul>	<b>91.2% (6,224 children)</b>	<b>87.4% (63,701 children)</b>
<b>Teen pregnancy</b> <ul style="list-style-type: none"> <li>percent of live births to females less than 20 years of age</li> </ul>	<b>10.2% (116 out of 1,138)</b>	<b>10.3% (1,267 out of 12,280)</b>

## Additional Community Indicators

*Determined by Flathead BBCC Needs Assessment Committee*

### **Trimester Mother Entered Prenatal Care**

Trimester	% White	% American Indian
1 <sup>st</sup>	75%	51%
2 <sup>nd</sup>	19%	36%
3 <sup>rd</sup>	3%	11%
None/Unknown	3%	3%

*2010 state data – Flathead data not located*

### **Presumptive Medicaid (2011)**

**171 pregnant women** were enrolled in Medicaid on the presumption that they would qualify for Medicaid because of their pregnancy.

*Reported by Flathead County Health Dept., Women/Infant/Children Program*

State of Montana Department of Public Health and Human Services

Program Utilization Data, comparing 2006 and 2011

Reported Monthly Cases by Program	Population	2006		2011	
		Average Monthly Cases	Average Monthly Payment/Case	Average Monthly Cases	Average Monthly Payment /Case
<b>TANF – Temporary Assistance for Needy Families (total)</b>					
	Flathead	156.3	\$358.59	213	\$420.21
	Adults	101		167.8	
	Kids	254.3		354.2	
	Montana	3,938.20	\$377.55	3,564.60	\$423.84
	Adults	3,118.50		2,596.80	
	Kids	7,077.90		6,281.60	
<b>TANF (regular)</b>					
	Flathead	145		190.7	
	Adults	83.2		127.6	
	Kids	232.4		318	
	Montana	3,351.30		3,073.80	
	Adults	2,137.50		1,832.30	
	Kids	5,706.90		5,266.80	
<b>TANF (unemployed, part-time)</b>					
	Flathead	11.3		22.3	
	Adults	17.8		40.2	
	Kids	21.9		36.2	
	Montana	586.8		490.8	
	Adults	981		764.4	
	Kids	1,371.00		1014.8	

		<b>2006</b>		<b>2011</b>	
<b>Average Monthly Recipients by Program</b>	<b>Population</b>	<b>Average Monthly Recipients</b>	<b>Average Payment/ Recipient</b>	<b>Average Monthly Recipients</b>	<b>Average Payment/ Recipient</b>
<b>Medicaid</b>					
	Flathead	6,354	\$517.60	9,357	\$466.26
	Adults w/ families	963		1,248	
	Children	3,487		5,476	
	Montana	81,948	\$548.74	96,610	\$583.72
	Adults w/ families	14,106		12,981	
	Children	44,604		54,442	
<b>SNAP – Supplemental Nutrition Assistance Program (formerly food stamps)</b>					
		5,813	\$90.50	12,309	\$130.16
	Flathead	(2,547 families)	(\$206.57/family)	(5,338 families)	(\$300.14/family)
		81,665	\$92.25	122,413	\$130.19
	Montana	(35,137 families)	\$214.41/family		\$284.36/household

**Crime Statistics- Montana Board of Crime Control 2011**

<b>Crimes Against Person</b>	<b>Flathead (# of crimes)</b>	<b>Montana (# of crimes)</b>
<b>Total Reported Crimes Against Person</b>	<b>824</b>	<b>75,270</b>
Aggravated Assault	270	2,122
Forcible Fondling	54	621
Forcible Rape	22	328
Forcible Sodomy	1	37
Incest	3	46
Kidnapping/Abduction	2	188
Murder	1	19
Negligent Manslaughter	0	7
Sexual Assault With An Object	1	10
Simple Assault	453	7,275
Statutory Rape	1	33
Burglary/B&E	191	3,058
Welfare Fraud	0	6
Assisting or Promoting Prostitution	2	5
Drug/Narcotic Violations	199	2,800
Prostitution	0	9

**Note from Montana Board of Crime Control Website:** The FBI-defined **Number of Crimes Measure** counts the number of Victims involved in a Crimes against Person.

**Victims By Age - Montana Board of Crime Control 2011**

<b>Age Group</b>	<b># of Victims in Flathead County</b>	<b># of Victims in Montana</b>
Under 10	45	708
10-17	180	2,319
18-24	418	6,171
25-34	561	7,610
35-44	479	5,679
45-54	437	5,268
55-64	311	3,763
65+	156	2,546
Unknown	477	3,408

**Youth Risk Behavior Survey 2011 (ages 13-18)**

<b>Question</b>	<b>Flathead</b>	<b>Montana</b>
Physically Abused by Boyfriend/Girlfriend	9.8%	11%
Forced Sexual Intercourse Against Will (Male and Female)	10.4%	9.8%
Have Had Sexual Intercourse	40.5%	47.9%
Did Not Use Condom During Intercourse (Among Those Who Have Had Sexual Intercourse)	25.5%	37.6%
Have Smoked Within the Month	16.6%	16.5%
Have Had a Drink of Alcohol Within the Month	37.6%	38.3%
Have Smoked Marijuana Within the Month	23.7%	21.2%
Ever Used Cocaine	6.8%	6.1%
Ever Used Heroin	3.4%	2.6%
Ever Used Methamphetamines	2.9%	3.1%

**Substance Abuse Treatments - Flathead County Health Profile 2009**

From July 2008 – June 2009, 429 adults and 69 youths from Flathead County received state-approved chemical dependency treatment services. Of these 498 people, 49 were pregnant women or women with dependents.

The main drugs used in Flathead County were:

<u>Drug</u>	<u># Adults</u>	<u># Kids</u>	<u>% of Total</u>
Alcohol	302	28	64.4%
Marijuana	30	27	11.5%
Other Opiates	44	4	9.7%
Meth	19	2	4.2%
All Other Illicit Drugs	34	7	8.2%



## Other Existing Community Needs Assessments: Relevant Findings

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The Needs Assessment consultant identified three recent needs assessment reports (from 2011 or later) about Flathead County from other organizations and reviewed them for relevant findings.

### **Northwest Montana Head Start (2012)**

The annual needs assessment update process involves a review of relevant data, and consideration of needs by staff leadership.

#### ***Relevant Findings:***

- There were 663 Head Start-eligible children services in September 2011, including from areas that currently do not have a facility (Bigfork, Somers, Marion, Kila, and Lakeside). Head Start served 241 children in the 2010-2011 school year.
- Population distributions of one and two year olds indicate Bigfork would be the area of highest need for a new Head Start facility, if funding is available.
- Northwest Montana Head Start is the only free preschool in Flathead County. The report notes that ***“by providing free preschool for that parent’s child, the adult is able to pursue coursework, job training, or a part-time job.”***

### **Community Action Partnership of Northwest Montana (2011)**

The annual survey of Community Action Partnership program clients covers Flathead, Lake, Lincoln and Sanders counties. In 2011, 471 surveys were returned representing households with 906 people (645 adults and 261 children), with 55 percent of the households including children. Of the returned surveys, 43 percent were from Flathead County.

#### ***Relevant Findings:***

- Top needs in the community were ranked in order from highest to lowest: More Jobs; Affordable Housing; Better Jobs; Senior Care; Health Care; Transportation; and Affordable Day Care.
- When asked to think about their lives over the last 12 months, 38 percent rated themselves as “worse off” in one or more area of daily life (housing, jobs, health, or transportation) compared to 12 months ago, while 20 percent rated themselves as “better off.”
- About 6 percent of respondents reported difficulty paying for child care expenses.
- Almost half (49 percent) reported difficulty paying medical expenses, and 35 percent had a challenge affording medicine.

**North Valley Hospital, Whitefish (2012)**

In their 2012 Community Health Needs Assessment, North Valley Hospital asked community members questions about health needs in the hospital's service area, as well as some perceptions about health status and interactions with the health care system. The survey had 116 respondents.

***Relevant Findings:***

- Major health-related concerns identified were around insurance, obesity, cancer, prevention of diseases, and cost of insurance and medications.
- Over a third (37 percent) of respondents perceive there to be environmental concerns impacting local health conditions.
- In terms of safety, 17 percent of respondents reported that a family member had been impacted by a safety issue, and 18 percent had been impacted by a sanitation, food safety, or other public health concern.
- Compared to similar counties, there is a higher rate of women in Flathead County who do not receive prenatal care in the first trimester of pregnancy.
- Flathead County performed better than national average, but adverse in its ranking among peer counties in the rates of births to women age 40 to 54.
- Compared to national and peer group counties, Flathead County performed better than national averages and better than peer-counties in the following: Low birth weight (<2,500 grams); Very Low birth weight (<1,500 grams); Premature births (<37 weeks); Births to women <18; Births to unmarried women; Infant mortality; and Post-neonatal infant mortality.

***Note:*** We are aware of two other needs assessment efforts currently underway in Flathead County. The first is the Comprehensive Health Needs Assessment being conducted cooperatively by the Flathead City-County Health Department, Kalispell Regional Healthcare, and North Valley Hospital. The second is conducted by the Northwest Montana United Way. The Council Coordinator will stay in communication with representatives of both efforts and determine how they might inform the Council's work.

## Community Survey Highlights

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Highlights of responses to a community survey about the needs of families with young children are presented below. (Complete survey results are available on request.)

**About the Survey:** As noted in the Methodology section:

- There were two versions of the survey: the short form containing 22 questions, and the long form that contained 46 questions including more open-ended questions.
- Over 300 responses were received: 283 people completed the short version, and 29 people completed the long version.
- The survey was conducted at two venues, the Second Annual Breastfeeding Coalition Fair on August 2, 2012, and the Northwest Montana Fair, August 16-20, 2012. The survey was also available online.

Questions were designed by the Needs Assessment Committee and were intended to:

- Gather some demographic information about the respondents for comparison purposes;
- Hear about the needs of young children and their families;
- Learn how families find help in the community; and
- Capture perceptions about their interactions with the current system of early care.

It is important to note that the population responding to this community survey was not selected using stratified sampling techniques (where potential respondents would be identified to represent the demographic characteristics of the general population). Instead, respondents chose to participate or not as they walked past the fair booth and were invited to take the survey. Given the resources available for this survey, and the timing and volume of attendance at two fairs, the Needs Assessment Committee felt this survey collection approach would give us a decent cross-section of the community. However, it would not be scientifically valid to assume that these responses are necessarily representative of the opinions of the entire population of Flathead County.



<b>Do you consider yourself to be less or more prepared for parenthood than your parents?</b>				
<b>Answer Options</b>	<b>Shortform Responses</b>	<b>Longform Responses</b>	<b>TOTAL Responses</b>	<b>Percent</b>
Less Prepared	43	4	<b>47</b>	<b>15.5%</b>
More Prepared	157	21	<b>178</b>	<b>58.6%</b>
Not Sure	77	2	<b>79</b>	<b>26.0%</b>
			<b>304</b>	

<b>Do your children have a primary care physician or pediatrician that you consider "their doctor?"</b>				
<b>Answer Options</b>	<b>Shortform Responses</b>	<b>Longform Responses</b>	<b>TOTAL Responses</b>	<b>Percent</b>
Yes	246	27	<b>273</b>	<b>88.1%</b>
No	35	2	<b>37</b>	<b>11.9%</b>
			<b>310</b>	

### What do you consider you greatest unmet need?

Answer Options	Shortform Responses	Longform Responses	TOTAL Responses	Percent
Substandard housing	1	1	2	1.2%
Housing too expensive	9	6	15	9.1%
Decent salary/good paying job	6	4	10	6.1%
Affordable child care	25	2	27	16.5%
Daily living expenses are too high (e.g. energy, gas, food, etc.)	39	8	47	28.7%
Transportation	2	1	3	1.8%
Other	0	2	2	1.2%
<b>Individual Responses (see list, below)</b>	<b>52</b>	<b>6</b>	<b>58</b>	<b>35.4%</b>
			<b>164</b>	<b>100.0%</b>

#### Individual Responses Not Matching Other Categories

Health Insurance or Health Care	18
Dental Care	3
Recreation Activities for Children and Families	2
Parent Support/Parenting Skills	5
Help Finding Community Resources	2
Don't Know/No Response/Unique	28
<b>TOTAL - Other Individual Responses</b>	<b>58</b>

#### **Unique and Interesting Comments about Greatest Unmet Need:**

- "Reputation"
- "Spending more time with the kids"
- "Retirement security"
- "Women my age" (peer support for a single mother in her early 20s)
- "Grandparents"
- "Place for time in need"
- "Significant other"

<b>Have you ever needed help meeting a basic need, but were unsure where to go?</b>				
<b>Answer Options</b>	<b>Shortform Responses</b>	<b>Longform Responses</b>	<b>TOTAL Responses</b>	<b>Percent</b>
Yes	100	9	<b>109</b>	<b>36.5%</b>
No	175	15	<b>190</b>	<b>63.5%</b>
			<b>299</b>	

**Responses to question: “Where do you go when you need help in the community in a crisis when your friends or family are unable to help you?” (Categorized from open-ended responses)**

No one/no where to turn to	<b>37</b>
Help not needed/Self-reliant	<b>15</b>
Church	<b>50</b>
United Way/HelpNet	<b>3</b>
Doctor/Hospital/Medical Clinic	<b>6</b>
Nonprofit Service Provider*	<b>33</b>
Health Department/WIC	<b>4</b>
Office of Public Assistance/“welfare” office	<b>4</b>
Other – counselor, online, workplace, school, child care provider, USDA	<b>6</b>
Answered with NA or ?	<b>22</b>
<b>Total Responses</b>	<b>190</b>

\*NOTE: Nonprofit service providers specifically mentioned included Community Action Partnership, Nurturing Center, Child Development Center, Hope Pregnancy Center, Salvation Army, Samaritan House, food banks, Al-Anon, Neighbors in Need, and the Moose Lodge.

<b>Are you satisfied with the child care you have now?</b>				
<b>Answer Options</b>	<b>Shortform Responses</b>	<b>Longform Responses</b>	<b>TOTAL Responses</b>	<b>Percent</b>
Yes	203	13	<b>216</b>	<b>84.4%</b>
No	23	17	<b>40</b>	<b>15.6%</b>
			<b>256</b>	

<b>Do you have difficulty paying for child care?</b>				
<b>Answer Options</b>	<b>Shortform Responses</b>	<b>Longform Responses</b>	<b>TOTAL Responses</b>	<b>Percent</b>
Yes	83	11	<b>94</b>	<b>37.2%</b>
No	146	13	<b>159</b>	<b>62.8%</b>
			<b>253</b>	

What factors do you consider most important when choosing child care?				
Answer Options	Shortform Responses	Longform Responses	TOTAL Responses	Percent
Cost	19	10	29	10.0%
Location	7	7	14	4.8%
Quality of Education Provided	23	12	35	12.1%
Trust in Provider	23	14	37	12.8%
Facility/Safety	45	9	54	18.7%
Other (see list below)	117	3	120	41.5%
			289	

**What factors do you consider most important when choosing child care?**

**Affordability:**

“affordable, good care”

**Child Development Approach/Attention/Care of Child(ren):**

“proper development and growth”

“education and preparation for school”

“patience”

“nurturing, focused on the individual w/ attachment/Montessori ideas”

“nurturing”

“programs”

“teaching structure”

“loving nurturing provider w/ lots of activities to for a busy boy”

“one on one attention, loving, educated environment & caregiver”

“attentiveness”

“attention to the child”

“structure, nutrition”

“involvement w/ children”

“level of care (personal)”

“private childcare”

“care of my child”

“care of my children”

“how they are cared for and teaching”

“caring”

“care for children”

“caring adults”

“proper care”

“discipline, meals”

**What factors do you consider most important when choosing child care? (continued)**

**Child(ren) Feelings/Comments About Provider:**

"that the kids like it"  
"kids comfort there"  
"how my child feels"  
"comfort"

**Child(ren)/Provider Ratio:**

"small, personal"  
"size/training"  
"how many kids"  
"adult/child ratio"  
"low number of kids"

**Environment**

"loving environment"  
"environment of the facility and care taker"  
"good environment"  
"family orientation, love, cleanliness"  
"clean, kindness"  
"experience, love, cleanliness"  
"environment"  
"environment and caretakers"  
"good learning atmosphere"  
"clean, food, learn/teach"

**Dependability/Responsibility:**

"dependable, honest"  
"responsible, caring, truthful"  
"reliability"  
"dependability"  
"continuity and responsibility"  
"dependable"

**Faith Based:**

"Christian"  
"honesty, reliability, Christian"  
"Christian"  
"The training the staff have, being Christian based"



**What factors do you consider most important when choosing child care? (continued)**

**Health/Nutrition:**

“healthy”  
“nutrition”  
“healthy living”

**Hours/Location/Pricing:**

“hours, good place, clean, good staff”  
““caring staff, good activities and pricing”  
“care provided and hours offered”  
“hours, food, learning activities”

**Knowledge of Provider/Recommendations:**

“recommendations”  
“that i know the person very well”  
“location, recommendation”  
“personable”  
“people involved”  
“friendliness, familiar w/ caregiver

**Quality/Qualifications of Staff/Licensure**

“competency”  
“experience”  
“people”  
“cleanliness and registered”  
“experience”  
“rating”  
“qualified staff”  
“trained services”  
“education/training of providers”  
“how long and licensed”  
“quality of care”  
“I look for a competent and caring staff as well as educational offerings”  
“certified, ratings”  
“quality care and food”  
“quality”  
“professionalism, cleanliness”  
“experience “

**What factors do you consider most important when choosing child care? (continued)**

**Safety:**

“background checks”

“background checks”

“safety”

“avoiding abuse, particularly sexual”

**Special Needs Knowledge:**

“someone who understands autism”

“special needs someone who knows how to take care”

“able to care for type 1 diabetes”

**Stay at Home Moms:**

“structure life so this doesn't need to be (stay at home mom)”

“stay at home mom”

“keeping children in their own home”

“stay at home mom”

**All of the Above:**

“everything”

“all around”

“its all important”

**Is there anything else that you think is important to share with us? (Asked at Breastfeeding Fair)**

- “I wish WIC would accept people of higher income or at least look at peoples expenses to help determine eligibility”
- “A centralized website with all the help the state and other non-profit agencies would be most helpful”
- “My combined household income appears high, but I work about 80 hours per week between two jobs. My significant other (and mother of our daughter) works a standard 40 hour/week job. We both incurred a substantial amount of student loan debt to pay for college. We may gross about \$60k/year, but we barely save \$400/month between us after bills, groceries, and child care. Each situation is different, but the needs of all are shared and relatively basic. Increasing awareness of community supports and their respective eligibility requirements should be a top priority.”

## Council Member and Child Care Provider Survey Highlights

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Two surveys were conducted in October and November 2012. The first survey was intended for current Council members to gain their input about perceived needs in the community, and their challenges with administering their organizations. The second survey was sent to over 70 child care providers, to gain their perspective on the unique challenges in their field.

### **Council Member Provider Survey**

#### **1. What top three needs are most common among the young children and families you serve?**

*Many of the responses were similar to needs identified in other parts of the Needs Assessment. Unique responses in the Council survey included (statements edited for spelling only):*

##### ***Child's Play and Interaction***

- Learning how to "play" with their children and scaffold the play to make it an interactive and learning experience.
- Coaching to support parents' learning that "play is children's work"
- How to support their child to be independent...letting them try and fail so they learn from the mistakes.

##### ***Family fun and recreation***

- Access to "family fun" events. To feel supported when they show up to these events (For example: family fair at the mall, Story time at the library, and home depot building toys events)

##### ***Health***

- Vision care for families in financial need

##### ***Mental Health***

- More timely access to chemical dependency evaluations and treatment.

##### ***Family Supportive Services***

- Needing appropriate supervised visitation.
- Need for more time in a day to get everything they need to get done, done.
- Legal help

**2. In your opinion, what gaps in services (those services that are missing in the community) do you believe exist in Flathead County that could be used to support young children and families? For example, the bus does not travel to Kila. In addition, very few suitable, low-income housing options exist in the community (e.g. the Section 8 wait list is two years long).**

Many of the responses were similar to gaps identified in other parts of the Needs Assessment. Unique responses in the Council survey included:

***Special Needs Services***

- Children with special needs have to go to the schools for services and it only addresses the schools' needs instead of the families' needs with working with the child.

***Parental and Family Support***

- Free parenting/ behavior management support classes including daycare for young children. Summer activities /day camps that are inclusive for children with disabilities.

**3. As a direct service provider or administrator/executive, what would you consider your top three most difficult management challenges in providing services on behalf of your organization and/or running your organization?**

***Funding***

- Some of our services cannot be reimbursed through our State or Federal contracts.
- Lack of funding for clients
- Not having the funding to offer our services at a more reduced cost.
- The need for more money/resources to provide quality care and education.
- Funding - no increases in funding with increases in costs to run program finding qualified staff that will work for wages funding for benefits.

***Workforce Issues***

- Our wages are too low/not competitive enough to attract/keep direct services providers –
- Providing employees with adequate benefits (affordable insurance, etc.) –
- Retaining trained, adequate staff to handle increasing caseload/duties.
- Not enough staff
- Large caseload making it difficult to serve clients in a timely manner.
- Recruiting and retaining qualified staff, is in fact, a challenge...For example, qualified teachers for special education services is difficult.
- Finding and retaining quality staff.
- We are so busy that often just 'time' to spend with each family is at a premium -which really is a reflection of being understaffed. Which then leads to the 'regulations' behind the hiring process. We would be able to hire more quickly and probably retain more staff if HR would stream line their process.
- Recruitment and retention of qualified staff special event planning / fundraising takes time away from children, staff, and families. Balancing priorities .

- Maintaining a volunteer base.
- It is difficult to sometimes get job requirements done due to staffing issues or other situations that arise that pull us from our responsibilities in home visiting.

#### ***Administrative and Regulatory Issues***

- Still some overlap with programs at the State and the requirements that are needed for reporting with the grants out there.
- Simply put, I would say balance. Interagency work; meeting the needs of children/families; professional development that is focused and meaningful; and meeting and communicating federal guidelines can be overwhelming.
- My biggest frustration is organizing meetings around so many adult schedules. It is sometimes difficult to involve all the folks from all the districts in all the meetings.
- Grant reporting is challenging. There are several grants that we work under and each requires their own set of data collection. None are consistent with the others, so it is challenging to capture the required documentation for reporting.
- It is challenging to meet the state requirements for different programs. They don't seem well organized to make each program compatible with others.

#### ***Mental Health Services***

- Handling the multiple "mental health" needs -- finding an affordable and appropriate facility to treat their condition when we are unable to do so.
- Finding qualified professionals to work with special needs that don't cost an obscene amount.
- Meeting the individual needs of our customers when it goes against our policies or is unfair for other customers, or finding the resources that will help them in their situation.

#### ***Family and Community Supports***

- Having families who need service referrals for immediate needs and not having services to refer to or knowing that the services we do refer to will not be immediately helpful.
- Another challenge is finding community mentors to help us with children who lack parental and family support.
- No proper place to refer transitional people (other than the local Homeless shelter)
- Transportation issues for our patients

**4. What changes in funding sources/streams, in the last three to five years, have occurred that impact your work with young children and families? What funding changes do you anticipate in the next three to five years?**

#### ***Billable/Reimbursable Units of Service***

- Billable services are becoming more narrow and limited. Due to increased paperwork/red tape related to billable services, our agency has to work our employees much harder to stay afloat. State and Federal funding will continue to become more restrictive in the upcoming years.
- Federal and State funding has been limited to the point of impacting the total number of hours we can provide a service for. I don't imagine this is going to get much better over the next 3-5

years. One service that is very limited is the amount of hours of supervised visitation we can offer a family. When a child is removed from her family we can only offer 2-4 hours a week supervision of visits. That is not nearly enough to families who are already in crisis.

### **Early Childhood Services**

- The Stars [to Quality] program has benefited us with additional income due to us achieving Star level. I don't think it will last.
- Low enrollment numbers in the past year have been challenging due to economy. That is picking up. I'd like to think that in the next 3-5 years, there will be more financial support for area businesses and the community begins to more fully embrace the importance of early childhood years.

### **Flat Funding**

- Flat funding - with cost going up reduction of funding with sequestration and/or change in who serves in political positions.

### **Benefits of Funding**

- Evergreen's Early Reading First (ERF) grant for preschool is in its final year of funding. Our data review indicates that children who participated in ERF preschool were twice as likely to meet expected benchmarks in Kindergarten as other children enrolled. We value this preschool, but will need to staff and support curriculum purchases in order to maintain this offering.
- Our school received a grant to fund a comprehensive program in the classroom. It has been a huge benefit for planning and implementing centers that are focused goals and success. The grant has also made purchasing items we need very easy.
- We have received grant money over the last couple of years which has allowed us to hire more staff into programs providing services to young families. I believe funding will depend on the upcoming elections for the upcoming years.
- The grants that we have received have given us more freedom to do what we want to do but will the funding last? Now that Obama is re-elected maybe the grants will be renewable for awhile.

**NOTE:** There was a fifth question in the Council member survey: "As a direct service provider or administrator/executive, what skills or knowledge would you like to improve upon or receive additional training about to improve your ability to serve young children and families?" These responses were incorporated into the "Professional Development and Education" Needs Statements under the fifth Council objective.

## **Child Care Provider Survey**

### **1. What are your three greatest needs that you experience which impact your ability to provide quality child care?**

#### **Funding**

- Higher food reimbursement
- Grants that are available for non profit organizations for updating equipment, etc.
- Money, when people don't/can't pay.

#### **Workforce**

- Finding good, reliable substitutes.
- To be able to provide a livable wage and benefits to employees that are exceptional with the children. Once you get an employee with the qualifications they may move to a more financially beneficial position, such as teaching for a school district.
- Pay. If we were able to charge a little more to family's including Best Beginnings, we could pay employees more and be able to afford to keep and bring on better helpers

#### **Child Development**

- Equipment whether it is outside play or indoors the kids go through toys all the time because of the amount they are played with.
- Being flexible and inventive enough to meet each child's individual needs

#### **Child and Parental Support**

- Inconsistent parents, children don't come regularly or when scheduled, no call from parents. Juggling children's and parents schedules with my energy levels

#### **Other**

- Less paperwork
- I have all I need, perhaps more shelf space, or another sink that can be used for food preparation, but as for anything else I believe I provide quality child care.

### **2. What are the three most common unmet needs among the young children and families you serve?**

#### **Child Development and Parenting**

- Nutritional meals outside of daycare; consistent bedtime at home
- Classes on raising children for single parent families. One of the most difficult issues we deal with is children being bounced around from one parent to the next.
- Parenting issues such as limit setting, bed time, etc.
- Classes for providers and parents on setting limits for their children, setting bed times, etc. would be beneficial for both parent and provider.
- Quality time with parents, proper nutrition at home.

### **Child Care**

- Child care during times when the Center is closed. Understanding of early development (families who try to rush a little one's large motor development)
- Children with challenging behaviors would benefit from an aid while at Child Care. With our operating budget, it is impossible to give the extra attention they need without taking away attention from the rest of the children.

### **Economic**

- Financial: the Best Beginnings scholarship has a very low income level that parents get cut off at if both parents are working they pretty much do not qualify and I have a lot of parents that can't afford daycare and their everyday expenses and that makes parents try to find cheap daycare whether they are licensed or not and not being able to pick the right daycare and one that is going to take care of their child!
- Stable employment for parent(s) quality family time together

### **Family and Community Supports**

- The number one unmet need that I experience in child care would be the services that are available to families of low income.

### **3. As a child care provider, what would you consider your three most difficult challenges in running your business or program?**

#### **Administrative/Regulatory Issues**

- Keeping up with paperwork
- Food budgeting
- Tax prep

#### **Challenging Behaviors**

- Providing extra one on one care for children with challenging behaviors.

#### **Funding**

- Speaking with parents about past due payments when I know they are having trouble making ends meet.

#### **Workforce**

- Finding continuing education classes that help me grow and are offered when I can take them
- Paying staff what they deserve.
- Finances: we can't afford to give employee's raise because we can't charge more then we do because best beginnings doesn't pay much and very few sick days! and when they go over those days (7) they can't afford to pay out of their pocket so we have to take it as a loss!
- Keeping employees because they either have to find a second job or need to go to a higher paying jobs.



***Child and Family Support/Parenting***

- Babysitting parents in regards to their children's needs. Such as bringing appropriate clothing for the weather or as simple as informing us of changes in the household. I would like to increase my rates to pay my employees a more livable wage with benefits, but the child care market does not allow for those type of increases at this time.
- Parent communication when the parent won't put the child's needs ahead of their wants
- Parents who think their child isn't learning because they don't bring home worksheets everyday
- Helping parents understand age appropriate behavior. Having parents take the time to spend time at the center with their child for transitioning and understanding how important it is for the child.

**4. What skills or knowledge would you like to improve upon or receive additional training about to enhance your ability to serve young children and families?**

***Child Development***

- Attachment
- Respect for child's abilities
- Building self confidence in youngsters constructive ways to deal with impulsive behaviors
- Classes that go more into depth of child development and growth, emotional and social needs that will allow staff to obtain that are reasonably priced without attending college.

***Advancement/Career Growth***

- I'm very fortunate to have a very well trained staff at this point. Over all I feel that child care providers need to receive more than eight hours of training each year to really stay current in the field.
- I would like to be able to go back to school and start working on classes to get a degree in early childhood development!
- The economy is poor right now so raising rates to make improvements is difficult. I would like to see classes that are more than two hour increments.

***Funding for For-Profit Child Care Providers***

- I would like more information on grants that may be available for child care facilities that are not non-profit. As a group child care we are limited to the grants that are available to us for improvements.

## Questions for Further Inquiry

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*During the course of this needs assessment, several questions arose that were identified as needing further inquiry, research, or discussion.*

- How could trauma-informed treatment strategies impact our early care system, and improve outcomes for children ages 0 to 8?
- What kinds of prevention activities are needed to prevent the traumatic impact of suicide on children ages 0 to 8? How can trauma-informed treatment strategies prevent serious consequences for young survivors of parental suicide?
- If teens leave the home early and become homeless (“couch surfing”), is there a “ripple effect” on children ages 0 to 8? Does this lead to a sense of abandonment?
- What are the unique needs of grandparents raising young grandkids, and how large is this trend in Flathead County? How do outreach strategies need to be different to reach this population of caregivers to young children?
- What is the volume of usage of the largest government health insurance programs, Healthy Montana Kids (the State Children’s Health Insurance Program) and Healthy Montana Kids Plus (the name for Medicaid in Montana). The exact numbers for these programs was not retrievable during this needs assessment process.
- What is the true picture of poverty in Flathead County? The Federal Poverty Rate formula has not been updated since the 1960s and may not give an accurate picture of the economic challenges for families in Flathead County.