



Early Childhood System Community Needs Assessment

Karen Filipovich for the Early Childhood Coalition

November 2012

ACKNOWLEDGEMENTS

Like an early childhood system, a community early childhood needs assessment takes many participants.

First, I would like to thank Valerie Cundall and Brie Oliver, coordinators for the Early Childhood Coalition (ECC). Both were instrumental in providing direction, good advice, assistance, and leads throughout the process. I couldn't have done it without them.

The advisory team, made up of the Board of the ECC, plus parent representation, was critical in ensuring I focused on the important things and greatly helped in the process of finding the broad spectrum of people to interview in focus groups and professional interviews. Many thanks go to Patty Dahl, Cassie Drynan, Marsha Davis, Marylis Filipovich, Maria Goebel, Peggy Hollow-Phelps, Darbi Linder, Tim McCauley, Donna Miller, Jill Miller, Brandi Thomas, and Mary Jane Standaert. This project would not have gotten off the ground without their expertise and help.

Parents and other primary caregivers took considerable time in focus groups and in-depth interviews. The candor, detail and thoughtfulness of the responses were incredible. Parent and caregiver identities are confidential, but I want to thank every one of them for their help. Their response shows how much parents care and want to ensure that all our children and families can succeed in school and life.

Many professionals gave us their time and expertise to help characterize the needs throughout Lewis & Clark County and the Greater Helena area. Melissa Bentley, Lee Ann Berry, Stacy Clement, Greg Daly, Michelle Danielson, Melissa Demers, Don Ferriter, Ann Gleuckert, Maria Goebel, Brian Johnson, Erin M. Keefe, Adrienne Kenison, Ann Lynch, Tracy Moseman, Justin Murgel, Gail L. Oelrich, Peggy L. Pillman, Pam Ponich-Hunthausen, Cheryl B. Ronish and Chelsea Segrest all contributed greatly to the assessment.

In addition to those interviewed, ten programs (and more individuals) spent considerable time sharing extensive information on their home visiting programs. Many thanks go to AWARE, Inc., DPHHS Children's Mental Health Bureau, Family Concepts, Family Outreach, Helena School District, Intermountain, Lewis & Clark City-County Health Department (Home Visiting and RN Medicaid Waiver Program), Spirited Hopes, LLC, and Youth Homes, Inc. Many other professionals provided data and information, often accompanied by conversations as rich and in-depth as the official interviews.

ECC members contributed in so many ways. Many members responded with thoughtful answers to my initial set of questions, to the collaborative survey and discussion, and participated in discussions throughout the process. Every one of them contributed so much to this needs assessment, and it is very clear that the people and organizations they are members of will take significant, effective action to further improve a good set of early childhood services.

I want to thank all the parents and business professionals that participated in the surveys. The information not only informed this needs assessment, but it also provide further food for thought as strategic planning and action begins.

Devon McNatt is the artist that graced ECC with the wonderful logo on the front cover. She won the ECC contest with a design that reflects the best of ECC: beautiful, caring, and cheerful. Thanks to her for all her hard work! Thanks also to Terry MacLaurin for putting in significant time carefully editing this document.

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Any mistakes are mine, but I can't thank this community of people enough for their dedicated work to provide an accurate picture of the needs in Lewis & Clark County and the Greater Helena area.

Karen Filipovich
Bozeman
November, 2012

EXECUTIVE SUMMARY

Ensuring that each young child is established on a path that allows him or her to reach his or her potential creates lifelong benefits for the child, their family, and the entire community. The Early Childhood Coalition (ECC) is made up of partners dedicated to ensuring families have what they need to have healthy babies and equip young children, ages birth through eight, to succeed in school and life. This assessment focused on the experience families have using services, how well services matched identified needs, and gathered information that could be useful in characterizing how successful this community is in readying all its young children for school and life.

The needs and community assets were determined through interviews, focus groups, surveys and available data collected in 2012. 23 parents participated in interviews and a focus group and another 69 parents participated in a survey. Over 40 professionals, including child care providers, employers, health care providers, mental health providers, special needs providers, teachers and other early childhood professionals participated in interviews, a focus group, home visiting assessment, a business survey or an ECC discussion. Information from these sources, along with available data, was used to identify community-level needs.

COMMUNITY NEEDS

Family Support

Parents who had used preventive services like parent education and home visiting programs mostly praised them, and many professionals pointed to these programs as critical components for family and child success.

- **Many parents were not aware of the services or did not know how to access them** at any time, but especially during pregnancy. A clear “front door” is missing.
- **Limited accessible parks, activities, and connected safe trails and paths** limit childrens’ ability to engage in physical play and community activities, especially in unincorporated areas.
- **Significant eligibility and access issues** in programs with a financial or “threshold” screen (such as programs for children with special needs) limited the number of families in need that could use those services.

Child Care and Early Education

Child care was very important to parents and to businesses. Many professionals also thought care and education were important. This is an area that affects all families.

- **Almost every aspect of finding and affording quality child care can be problematic.** Several types of child care and preschool are limited or missing. Best Beginnings Childcare Scholarships have access and eligibility issues, and providers have difficulties with low wages and policy issues. Additionally, some training gaps exist.
- **A significant minority of children do not appear ready for school.** Limited data exists to assess children’s preparedness for school as they enter kindergarten, but teachers and available data both suggest that many children have areas where they have significant lags.
- **Transitions between home, child care, and school have gaps.** Communication and smooth partnerships can be absent, despite efforts to provide smooth transitions.

Social-Emotional Development and Mental Health

Professionals from a wide variety of backgrounds cited social-emotional development, behavioral, or mental health issues as areas of concern. Some parents reported behavioral challenges or specific mental health.

- Limits in parental and professional awareness, skill and ability to identify and manage behavioral and mental health challenges.
- **Limited access to all children's mental health services.** For severe mental health needs, professional saw areas of unaddressed need for treatment. Access to mental health services also is driven by type of insurance.
- Baseline data gaps and limited comparability of existing data create problems in characterizing this area or tracking change over time. Widespread professional best judgment and the limited data available suggest this is an important area, but data at the community level are missing.

Health

Parents mentioned insurance and costs, complex medical problems, nutrition and physical activity as areas of concern. Medical professionals and data suggested additional issues of concern.

- **Unhealthy habits and outcomes.** High rates of smoking, low birth weight babies, gaps in nutritional awareness, limited physical activity and a rising obesity rate all suggest gaps in awareness, access to services, and ability to make lifestyle changes that foster increased wellness.
- **Access to health care:** Most children now have health coverage, but underinsurance, lack of ability to consistently pay for care or non-covered medication, and larger gaps in adult health care coverage do exist.

COMMUNITY ASSETS

This community has extensive services and professional support that is meeting many needs within the community. Almost all of the pieces needed are in place. The ECC is working to make it an integrated system.

Family support

- Many organizations provide services that empower families. The Health Department has significantly increased its long-standing ability to provide quality preventive programs ranging from home visiting, parent education and support. Many other organizations including Head Start, The Florence Crittenton Home, several mental health providers, faith-based organizations, and other home visiting programs provide significant support for families.
- City recreation departments, libraries, YMCA, Big Brothers/Big Sisters and other public and private organizations provide activities that help families provide opportunities for their children to grow and develop.
- Many programs help parents gain economic self-sufficiency including the Rocky Mountain Development Council, Helena Housing, Family Promise, Career Training Institute and emergency services.

Child Care and Early Education

- Many experienced high-quality programs with professional child care providers and preschool teachers, including a high-demand Head Start program and special needs pre-school.
- Training resources are available from local, state and online sources.
- Best Beginnings Childcare Scholarships are available and do help many working families.

- Relationships between several child care providers, preschool and school teachers work to provide smooth transitions for children and families.
- Skilled school teachers and administrations interested in helping children transition to school and achieve their potential.

Social-Emotional Development and Mental Health

- Widespread professional awareness of issues related to social-emotional development, behavior and mental health. Several parents also expressed awareness and interest.
- Strong parent education, parent support groups and home visiting programs that can help parents understand and guide their children’s social and emotional development.
- Widespread school-level behavioral management and intervention techniques to help students.
- Almost all children’s mental health services are available in the community.

Health

- Skilled professionals in the health department and medical community.
- Continuing links between hospital obstetric and pediatric care to preventive home visiting.
- Many positive indicators of health.
- Strong parental calls for access to opportunities for physical play and some interest in nutrition.

COMMUNITY CHARACTERISTICS THAT AFFECT FAMILIES

Lewis & Clark County is the sixth largest county in Montana. The vast majority of its population resides in Helena or in the 25 miles surrounding it. The Greater Helena area includes parts of Jefferson and Broadwater counties, since that area mainly functions as a single unit. Taken together, the population of Helena, East Helena, Montana City, Clancy, the Helena valley and other surrounding unincorporated areas is around 60,000.

Population Growth and Shifts

- **Growth in the Greater Helena area has shifted toward the Helena valley and Northern Jefferson County,** plus some other outlying areas. Population in Helena grew by 10% between 2000 and 2010. In the same period, the Helena valley grew 45% and Northern Jefferson County grew by 30%.
- More young children (ages 0-8) live in the valley than live in the Helena city limits as of 2010, even though Helena’s total population is still about 4,000 greater.
- Most infrastructure and service sites are in incorporated areas.

Working Families, Barely Getting By

- At least 28% of families with children in Lewis & Clark County are likely to face permanent or periodic financial insecurity. An estimated 53% of single, female-headed households face this insecurity.
- **18% of those families are considered above the poverty level,** and do not qualify for many of the services designed to assist families in need. This difference between need and assistance is called “the gap.”
- Most adults are working and the number of adult workers in the family is the strongest indicator of whether a family has financial security or not. In Lewis & Clark County, 69% of families with children 0-5 and 81% with children 6-17 have all adults in the household participating in the workforce. Educational attainment and experience also play a role in whether or not families can achieve financial security.

NEXT STEPS

Effectively supporting children’s success in life is a community-wide enterprise. The private, nonprofit and public sectors have participants in the early childhood system. This strong foundation is an encouraging start for further work in turning many good programs and efforts into a full-fledged collaborative system.

The Early Childhood Coalition (ECC) is using the needs assessment as the basis for a strategic plan to further collaboration, integration and effective action between current and future partners. Further, targeted action to address the needs will be developed and implemented.

Members of the community can further this work, by joining or partnering with the ECC, by promoting early childhood as an area of focus, and through direct action in each business, medical practice, faith community, organization and family.

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COMMUNITY REPORT ON THE EARLY CHILDHOOD SYSTEM

COMMUNITY NEEDS ASSESSMENT FOCUS: WHY YOUNG CHILDREN AND FAMILIES?

The Early Childhood Coalition (ECC) is a group of organizations and individuals in the Greater Helena area dedicated to helping families with young children fulfill every child's potential to be ready for school and life.

In this needs assessment, the focus was on pregnancy and families with children up to the age of 8. These early years lay the foundation for life. Research has shown that quality early care, education and preventive programs such as parent education and preventive home visiting programs can produce excellent societal and personal benefits over a lifetime.

Quality early child care, preschool and programs aimed at supporting consistent parenting lead to:

- Increased graduation rates and greater lifetime income and productivity
- Fewer expenditures on special education and better health outcomes
- Decreased criminal offenses and incarceration rates
- Increased positive, effective parenting practices among future generations, so less need for more costly interventions.

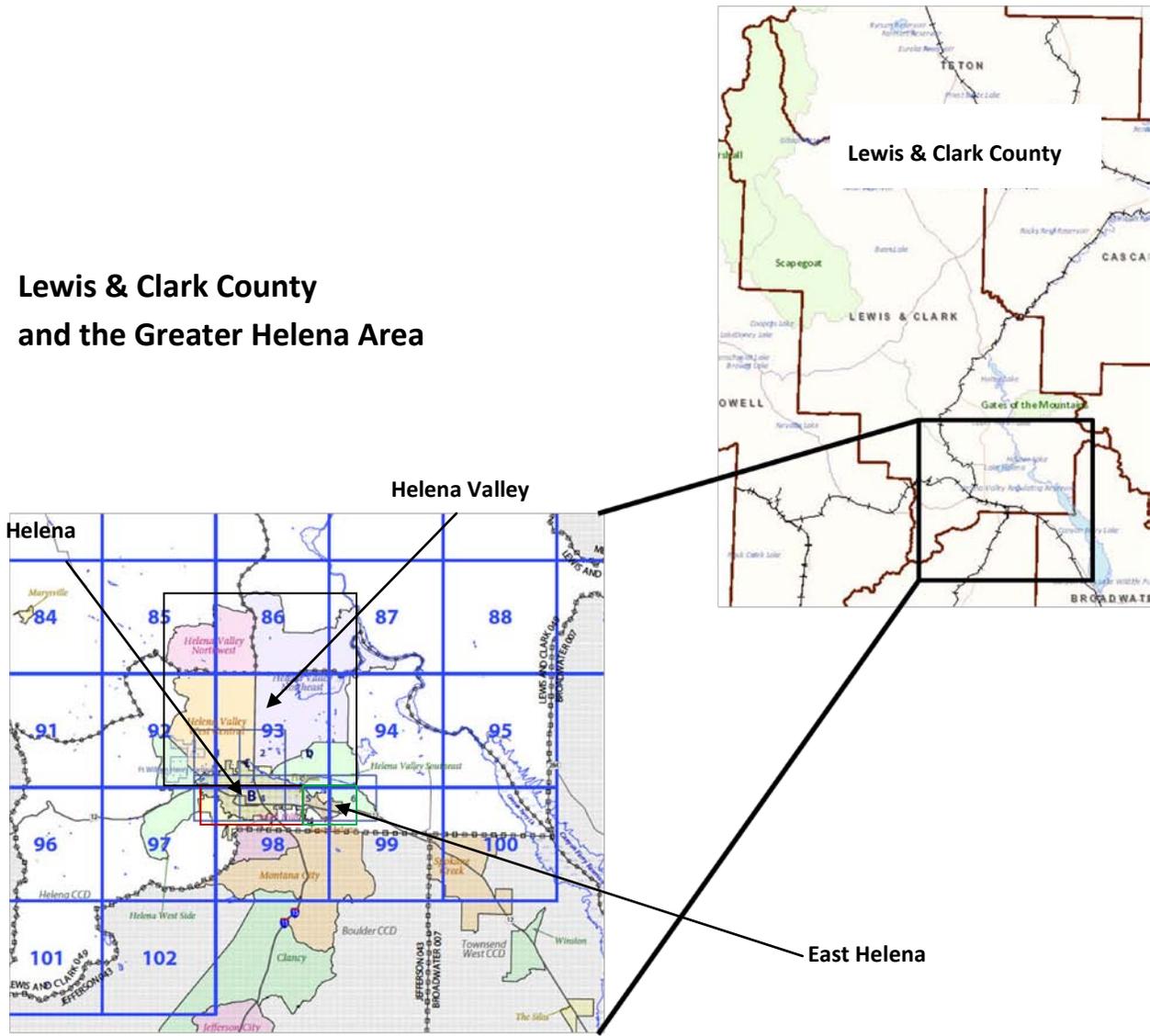
Long-term research demonstrated that funding activities like quality preschool for high-risk children can yield returns on investment of \$16.14 per public dollar invested.

Information was collected in spring and summer of 2012. This assessment focused on the experience families have using services and how well services matched identified needs. Additionally, information was gathered to help characterize how successful this community is in readying all its young children for school and life.

GEOGRAPHIC AREA OF FOCUS

This assessment primarily focused on the Greater Helena area: Helena, East Helena, the Helena valley, rural areas stretching from the Continental Divide to Canyon Ferry, where the vast majority of the area population resides. Where possible, it included the parts of Jefferson and Broadwater counties that border Lewis & Clark County as they are part of the economic and service area. Data from Lewis & Clark County was collected as well.

Lewis & Clark County and the Greater Helena Area



Sources: Lewis & Clark County GIS Interactive mapping site, U.S. Census Bureau

INTENDED AUDIENCES

11% of the population in Lewis & Clark County is children ages 0-8, but everyone is affected directly or indirectly by family issues.

Some audiences that will have particular interest in this assessment are:

- **Families:** Services, supports and activities currently serve families. The needs in this assessment identify areas that were identified as needs for further development.
- **Employers:** Employee focus and productivity is important to every business. Employees are more productive when they have quality child care and work places that provide flexible, family-oriented approaches. Tomorrow's work force is also being shaped.

- **Doctors and Medical Professionals:** Preventative and early intervention services can be a powerful complement to the health care services provided.
- **Early Care and Preschool Providers:** Strong, quality child care and preschool set the foundation for the estimated 69% of our children who have preschool or early care experiences.
- **Government Officials:** Families with young children constitute a significant part of the population. Addressing their needs can also make the entire community friendlier and more accessible.
- **School Teachers and Administrators:** Getting the foundations right in the earliest years will positively affect outcomes in school, including behavior and graduation rates.
- **Prevention and Early Intervention Professionals:** The needs assessment offers information useful for guiding future action.
- **Community at Large:** Getting the foundation right helps reduce the need for later, more costly intervention and societal problems that affect every member of society.

HOW THE NEEDS WERE IDENTIFIED

The Early Childhood Coalition (ECC) hired a consultant, Karen Filipovich. The ECC Board and parent representatives acted as the advisory team to work on a comprehensive, early childhood system assessment. Five areas were investigated:

- Family support
- Child care and early education
- Social-emotional development and mental health
- Health
- System problems that affect all these outcomes

Both strengths and needs were identified through surveys, interviews, focus groups and a review of data available in these areas. A wide range of family types and professional areas of expertise were identified. Collection took place between April and August of 2012. ECC collected information from the following groups:

- **Parents** from Helena, East Helena, and the Helena valley participated. **Fourteen** participated in a parent focus group. **Nine** parents participated in one on one interviews.
- **Ten** providers, preschool and kindergarten teachers participated in the care and education focus group.
- **Ten** professionals in the medical, mental health, and early childhood fields were interviewed to determine their perspectives on needs in the community and ideas for action.
- **Surveys and Assessments: Ten businesses** were selected for a survey on family and business issues, with a yield of 50%. **Sixty-nine parents were surveyed** in two versions of a parent survey, administered at a child screening, through Facebook, and through the City-County Health

Caution: Using Data and Information

Both the data from various sources and the information gathered from the focus groups, interviews and surveys offer fascinating insight into the Greater Helena area and the needs of families with young children. However, participants were carefully selected based on service use and a range of socio-economic backgrounds or expertise in priority areas, so the findings are not statistically valid and should be used as indicators. Similarly, the data are useful, but most are snapshots, estimates or samples. Because of this inherent challenge, needs were largely identified using information from a wide range of people with different expertise and perspectives, paired with data where possible. It is important to note that data gaps exist in some areas, or the data available are not comparable. If people are not aware of a need, they also may not articulate it. Stigma, illegality, isolation and needs that affect one group are most likely to be missed or underreported.

Department to WIC and home visiting clients. Parents from Helena, East Helena, the Helena valley and other areas of Lewis & Clark County responded. A **collaborative survey was administered to ECC members**, along with a short questionnaire on programs and priorities, followed by a discussion of collaboration. Finally, a home visiting assessment and discussion yielded information about **ten local home visiting programs**.

- **Data Collection:** Data were investigated in the four outcome areas. Data were either collected or a gap in needed information was noted.

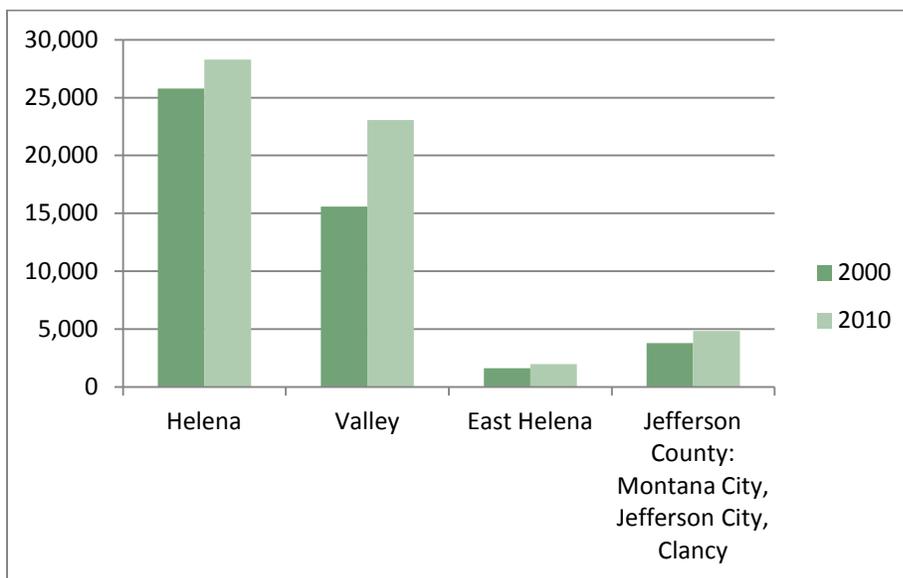
This information was used to identify needs in the community. In most cases, both parents and professionals identified identical or similar needs. For a few cases, professionals or parents identified a need or part of a need, but one or the other did not mention it as important. In those cases, particularly in the health section, the examination of available data helped determine the extent of the need.

For more detail on the study design and methods, please turn to page 71.

COMMUNITY CHARACTERISTICS

GROWTH AND POPULATION SHIFTS

Population Growth and Shifts in the Greater Helena Area, 2000-2010



Growth from 2000-2010:

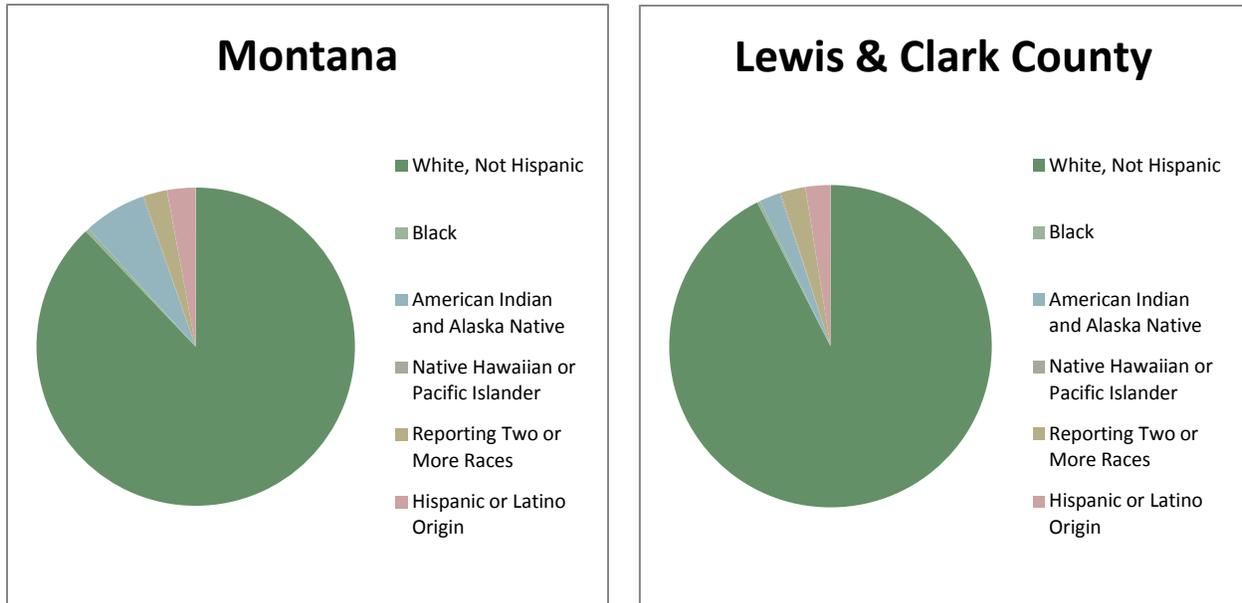
Helena grew by 10%, while the valley grew by 45%. In 2000, Helena was 65% larger in population than the valley. In 2010, Helena was 23% larger. Northern Jefferson County also saw large growth: Clancy, Jefferson City and Montana City collectively grew by 28%. The overall population growth in Lewis & Clark County grew 14%, so much of the remainder of the county actually lost population.

Source: U.S. Census Bureau

Helena is the 6th largest city in Montana in 2010. If the Helena Valley was incorporated, it would be the 8th largest city in the state, behind Kalispell. Outlying population near Helena makes up the rest of the Greater Helena area.

RACE AND ETHNICITY

Montana and Lewis & Clark County are similar in their racial and ethnic distribution. Lewis & Clark County has fewer non-white racial and ethnic residents than Montana as a whole, particularly in the American Indian community.



HOUSEHOLD CHARACTERISTICS

Households with Children

| | Lewis & Clark | Helena | Valley | East Helena | Jefferson Co. near Helena |
|--|---------------|--------|--------|-------------|---------------------------|
| Children ages 0-8 | 7,134 | 2,896 | 3,051 | 250 | 520 |
| Children 0-8, as percent of population | 11.3% | 10.2% | 13.2% | 12.6% | 10.4% |
| Married Parent Households with Children under the age of 18 | 5,007 | 1,720 | 2,341 | 129 | 527 |
| Single Female Households with Children under 18 | 1,405 | 935 | 604 | 67 | 33 |

Source: U.S. Census Bureau

- The number of children residing in Lewis & Clark County is trending slightly downward, with about 5% more teens 15-19 than children under 5 in 2010.
- The median age in Lewis & Clark County in 2010 was 40.9.

Income and Employment

Unemployment in May of 2012 was 5% in Lewis & Clark County; below the 6.3% recorded for Montana and 8.2% for the United States, according to the U.S. Bureau of Labor Statistics. Median household income is higher than Montana median incomes and about on par with national median incomes.

| Type of Household | Median Income Lewis & Clark County, 2010 | Median Income Montana, 2010 | Median Income United States, 2010 |
|-------------------------------------|--|-----------------------------|-----------------------------------|
| All Households | \$51,581 | \$43,335 | \$51,222 |
| All Families with children under 18 | \$64,924 | \$54,127 | \$59,572 |
| Married Couple Families | \$75,838 | \$63,791 | \$74,258 |
| Female householder | \$29,120 | \$24,941 | \$30,663 |
| Male Householder | \$33,194 | \$36,300 | \$42,561 |

Source: U.S. Census Bureau

The cost of living varies, but is roughly equal to average national costs of living.

| | |
|---|--------------------------------|
| Average Cost of Living in Helena, compared to US average, 2011 | 100% |
| Average Cost of Living in East Helena, compared to US average, 2011 | 93% |
| Average Cost of Living in the Helena valley | 95-107% (depending on area) |
| Average Cost of Living in Augusta, compared to US average, 2011 | 93% |

Source: Sperling Best Places

STRUGGLING TO GET BY: POVERTY AND “THE GAP”

The poverty rate for families with related children in Lewis & Clark County: was 10.7% in the 2010 Census, lower than the 19% poverty rate for children in poverty in Montana. However, family composition matters a great deal in whether a family is in poverty or not. Single mother status is the biggest factor in whether a family with children is in poverty.

| Families in Poverty, 2006-2010 | Lewis & Clark | Helena | Valley | East Helena | Jefferson Co. near Helena |
|--|---------------|--------|--------|-------------|---------------------------|
| % of Children in Married Parents Households in at or below 100% of the Federal Poverty Level (FPL) | 3% | 1.3% | 2.7% | 11.6% | 0% |
| % of Children in Single Female Households at or below FPL | 38.7% | 45% | 27.5% | 50.7% | 0% |

Source: U.S. Census Bureau

Single parents generally have more problems because there are not two earners in the household. Single male-headed households also have many of the same problems that single female-headed household have because of income issues.

| Type of Household with children under 18, Lewis & Clark County | Total households with children under 18 | % Struggling or in Poverty: (making at or below 185% of the FPL) |
|--|---|--|
| Married Couples | 5,120 | 18% (922) |
| Single Parents | 1,991 | 53% (1,055) |
| All Families | 7,111 | 28% (1,991) |

Source: Estimate based on U.S. Census Bureau data, 2006-2010

An estimated 627 Lewis & Clark County families with children 0-8 make more than the federal definition of poverty, but less than the level of income likely to be able to continually secure all the basics of life.

Most state and federal financial aid programs end at 1.50% of the FPL. Many end at 100% of the FPL. In Lewis & Clark County, this means that at least 579 households with children under 18 do not qualify for most services designed to help struggling families.

Poverty, Financial Security and “The Gap”

Financial insecurity occurs when a family cannot continually secure the basic necessities of life. In contrast, the *Federal Poverty Level* (FPL) is an administratively set guideline that is used to determine eligibility for programs with a financial screen. A rough upper threshold for our definition of poverty is 185% of the FPL, used because it is a fairly good proxy for the least amount of money that a family needs to avoid facing food insecurity. For a family of four, the FPL for 2012 for a family of four is \$23,050. Annual income of \$42,643 is equal to the top of the “gap” in 2012. When a family is somewhere in this range, they may or may not qualify for any type of financial assistance from state or federally funded programs. **The difference between the federal poverty level eligibility and financial security is “the gap.”** An estimated 1,991 families with children in Lewis & Clark County are likely to be financially insecure or in poverty. 579 of those families make between 150-184% of the FPL and are hardest hit in the gap between financial eligibility and true economic self-sufficiency, since few aid programs exist in this income bracket.

Sources: Dept. DHS/OHHS, U.S. Census Bureau

Children who qualify for Free or Reduced School Lunch

In order to qualify for free or reduced school lunch, a student's family must make less than 185% of the FPL, the same amount that is used to estimate the top of the "gap." These numbers can give a fairly clear idea of how many children are in poverty or likely to live in families facing financial insecurity.

- In the **Helena School District** 39.7% of children preschool through 5th grade qualified for free or reduced lunches in 2011/2012. The range within grade school varied greatly, from 19.65% to 100%. Food packs (food to take home) were distributed to 67 children preschool through 3rd grade in grade schools. Bryant School did not participate in the survey, but does distribute food packs, so the total number is higher.
- In the **East Helena Public Schools**, Eastgate (K-1) had 50.7% and Radley (2-5) had 49% participation in free or reduced lunch in spring 2012. About 377 children in kindergarten through fifth grade. Food packs are distributed once a month to all children who qualify for free lunches.

"We work five jobs between the two of us and we are not getting by comfortably and still need to use [financial assistance] services. We appreciate the help, but wish we didn't need it."

-Lewis & Clark County family

Sources: Helena School District, East Helena Public Schools.

Financial Assistance Services and the Recession

| Type of Assistance Received | Total Number in 2006 | Total Number in 2010 |
|-----------------------------|----------------------|----------------------|
| TAN-F (monetary assistance) | 232 | 218 |
| SNAP (food stamps) | 4,311 | 5,646 |

In 2006, at the height of the boom, Lewis & Clark County had an unemployment rate of 2.3%. Unemployment peaked at 6% in January of 2010. This almost three-fold increase is not reflected in the financial assistance numbers available—though food stamp use rose, monetary assistance actually dropped during the same period.

Sources: Office of Public Assistance (through Kids Count), U.S. Bureau of Labor Statistics

EARLY CARE AND EDUCATION

The majority of children receive some kind of care from someone other than their parents before entering school.

- 69% of families with children between the ages of 0 and 5 have all adults working.
- Between ages 6 and 17, 81% of Lewis & Clark families have full adult participation in the work force.

| Child Care | Number |
|---|---|
| Estimated # of children 0-5 in need of non-parental care | 3,275 |
| Total Registered or Licensed Slots (tri-county: Broadwater, Jefferson, Lewis & Clark), 2010/2011 | 2,156 |
| Total Vacancies in Facilities (tri-county), 2010/2011 | 267 |
| Total registered or licensed facilities | 104 |
| LCP homes in Lewis & Clark Co., June 2012 (odd-hour care) | 17 (1-6 children each) |
| Monthly Average of Households receiving Best Beginnings Childcare Scholarships in FY2011 (Lewis & Clark, Jefferson and Broadwater Counties) | 190 (est. is 162-171 are in the Greater Helena area.) |
| Estimated total # of households with at least one child under 5 in Lewis & Clark County that are likely to need non-parental child care and are eligible for Best Beginnings Childcare Scholarships | 426 |
| Estimated cost/month of full-time child care, at the 75 th percentile, 2011 (tri-county) | \$535.17 (at 75 th percentile) |
| Estimated cost/month of full time infant care, at the 75 th percentile, 2011 (tri-county) | \$647.83 (at 75 th percentile) |

Sources: U.S. Census Bureau, Resource and Referral Service, Child Care Partnerships, cost estimate based on DPHHS Early Childhood Services Bureau 2011 Market Survey, using an average of in-home, group and center rates.

Over 1,000 children ages 0-5 are likely in some kind of non-parental care, but are not in licensed or registered care in Lewis & Clark County. Non-parental care could be provided by extended family, nannies or unlicensed care facilities.

Ready for School: Two major philosophies on being ready for school exist in the Greater Helena area. The Helena School District employs a “ready at 5” strategy while East Helena uses a spring screening to assess readiness, then decides with parents on the best strategy. In practice, almost all children start at age five.

Children develop as whole people: cognitively, socially, emotionally and physically. However, quantitative assessment tools primarily focus on the cognitive skills, so these benchmark assessments are an indication of only

part of the picture. Kindergarten teachers pointed out that social and emotional development was an important area of concern, but community-level baseline data does not exist.

- In the **Helena School District** in 2011/2012, entering kindergarteners were 62% at least proficient at letter naming and 66% were at least proficient at letter sounds. By third grade, in the state CRT standardized tests, children are 85% proficient or better in reading and 72% are proficient or better in math.
- In **East Helena Public Schools** in 2011/2012, 52% of entering kindergarteners are at least proficient for sound fluency and were 55 and 60% proficient or better on the basic math skills assessment. By the end of first grade, students are 70% proficient or better in literacy skills and 81% are proficient or better in math skills.

Making a Difference with Quality Preschool and Thoughtful Educational Interventions

East Helena Public Schools, Eastgate School has a screening process for incoming kindergarteners in the spring. The screening is used as the first step in a process to help ensure the child is ready for school. If a child does not appear ready for school, Principal Jill Miller and the parents discuss options. If the child is in a good preschool that parents can afford, another year wait might be warranted. The school also runs a Summer School PreK program for six weeks to help children who need additional help. Children below the benchmark level in the initial screening are invited in order of greatest need until the available slots are full. In 2011, 12 spots were available. In 2012, 13 spots were available. Results are significant:

| Year | Students Completing Program | Average gain in summer school (%) | % completed that reach school benchmark |
|------|-----------------------------|-----------------------------------|---|
| 2011 | 10 (83%) | 37% | By the end of K: 5 at benchmark, 5 near benchmark |
| 2012 | 11 (85%) | 36% | End of summer: 55% |

Source: East Helena Public Schools

Educational Attainment

| Educational Attainment | County | Montana | U.S. |
|---------------------------------|--------|---------|-------|
| Less than high school diploma | 6.2% | 9.6% | 15.5% |
| High school diploma or GED | 27.7% | 31.9% | 29.3% |
| Some college | 24.1% | 23.8% | 20.3% |
| Associate degree | 8.6% | 7.6% | 7.4% |
| Bachelor's degree | 21.5% | 18.7% | 17.4% |
| Graduate or professional degree | 11.8% | 8.3% | 10.1% |

Source: American Community Survey, 2005-2009

High School Graduation Rate

| School Year | Helena | Montana |
|-------------|--------|---------|
| 2009-2010 | 75% | 80% |
| 2008-2009 | 71% | 80% |
| 2007-2008 | 78% | 82% |

Source: Montana Office of Public Instruction

Educational attainment of the overall population is higher than state or national averages. However, high school graduation in the Greater Helena area is lower than state averages. Obviously, there is no direct connection between kindergarteners and 12th graders today. However, quality preschool and other early interventions have been shown to raise graduation rates, so this is an indicator to watch for the long term.

Child Abuse: Uncertainty in What Changes in Removal Rates Mean

Child abuse immediately endangers the child and can have life-long impacts on the child's ability to thrive and succeed. However, characterizing the extent of child abuse is difficult. In Lewis & Clark County, the rate of removals of abused children increased in 2011 by 30%, according to the *Independent Record*, and look to be increasing further in 2012. However, many factors, positive and negative, could explain this change. Filling unfilled staff positions, better reporting, changes in the assessment tool, or changes in policies could all suggest improved ability to identify abuse and remove children, rather than a rise in the rate of abuse. This change could also stem from negative factors such as increased parental drug use or greater levels of family stress in the wake of the recession that then correspond to a rise in the number of abused children.

In Lewis & Clark County reports of suspected abuse rose somewhat between SFY2007 and SF2011 (552 in SF2007 vs. 624 in SF2011), but the number of substantiated cases of child abuse actually was slightly down in SF2011 (65 in SF2007 vs. 59 in SF2011). Something changed sometime during 2011 and the substantiated abuse data available only ran through June 30, 2011, so it is not possible to characterize exactly what is happening.

It is important to find and help children suffering from abuse as swiftly as possible. Data and changes in trends can help identify change, but without a clear context of circumstances in the larger community, it is very difficult to correctly identify causes and decide upon best actions. Without multi-disciplinary communication and collaboration, it is difficult to determine best approaches to challenges.

Sources: *Independent Record*, DPHHS Dept. Child and Family Services database.

HEALTH

Getting a healthy start to life is important, and family health has a great deal of influence on the current and future health of children. Lewis & Clark County is overall quite healthy, but there are concerns about some health factors that do not compare favorably relative to other areas or were trending in a negative direction.

Community Health Indicators

| Indicator | Lewis & Clark County | Montana | United States |
|---|----------------------|------------|---------------|
| Prenatal Care from 1 st trimester (2003-2007) | 88.3% | 83.9% | 12.6% |
| Smoking rate while pregnant (2003-2007) | 19.1% | 18.3% | 11.3% |
| Teen Pregnancy Rate (rate/1,000 women 15-19) (2007-2009) | 56.8 | 48.8 | - |
| Pre-term Births (before 37 weeks) (2004-2008) | 11.3% | 10.1% | 12.6% |
| Low-Birth-weight Babies (less than 5 lbs. 8 oz.) (2004-2008) | 8.8% | 7.3% | 8.2% |
| Total Fetal, Infant, Child Deaths 2009-2011 | 27 | - | - |
| Fetal, Infant, Child Accidental Deaths, 2009-2011 | 7 | - | - |
| Fetal, Infant, Child Preventable Deaths, 2009-2011 | 7 | - | - |
| Immunization rate for children 24-25 months on schedule, 2002-2008 | 70.8% | 60.4% | 71.2% |
| Visited Dentist in the Last Year, 2010 | | 59.6% | - |
| Smoking Rate for Adults 18-44, 2003-2008 | 22.4% | 23.4% | - |
| Heavy drinking rates for adults 18-44, 2005-2008 | 6.9% | 6.9% | - |
| Total Adults Admitted to Alcohol and Drug Treatment Programs, SFY 2009-2011 | 829 | 17,350 | - |
| Total Women with dependents admitted to Alcohol and Drug Treatment Programs SFY 2009-2011 | 76 | 2,349 | - |
| Obesity Rate for Adults (2003-2008 average., 2009) | 20.8%, 24% | 21.7%, 24% | 24.8% |

Sources: Montana and U.S Vital Statistics, FICRC, National Immunization Survey, Montana Behavioral Risk Factor Surveillance System, DPHHS ACES database, County Health Rankings & Roadmaps

- Smoking rates are a concern in the community. Rates for pregnant women are especially worrisome and likely a factor in the higher than average rates of low-birth weight babies.
- Overweight and obesity is a rising problem in the community. Though the adult obesity rate in both Montana and Lewis & Clark County is better than the state and national averages, the trend reported both by pediatricians interviewed and the statistics available strongly suggests that obesity is a rising familial issue. As one doctor put it: “I see the two-year-old, the mom and the grandma all getting rounder at the same time.”

In addition, the overall health statistics of the county overall partially mask indications of serious health concerns that more strongly affect part of the population. The Cooperative Health Center (CHC) serves the community as a whole, but the majority of patients make less than 200% of the Federal Poverty Level and many patients are not insured or underinsured. Both smoking and obesity rates are much higher in this group of patients than the county as a whole.

| CHC Patients, January 1-October 10, 2012 | % of Patients |
|--|---------------|
| Currently Smoke | 45% |
| Have Quit Smoking | 21% |
| Obesity Rate | 43% |

Source: Cooperative Health Center

SOCIAL AND EMOTIONAL DEVELOPMENT AND MENTAL HEALTH

Social and emotional development was frequently described as a growing area of concern in our community by parents, child care providers, teachers, early childhood services providers and mental health professionals. Unfortunately, it is the area with little quantitative baseline information on prevalence or trends.

The largest mental health providers shared information about children ages 0-8 that have received mental health services. These numbers represent children that are in some form of treatment (they are not cross-referenced, so it is impossible to tell if these are all separate children). The vast majority has a Severe Emotional Diagnosis (SED), and so can be thought to represent part of our population of children with the greatest mental health needs. Between 80 and 95% are estimated to be Medicaid or Healthy Montana Kids insurance recipients. Private pay insurance more typically underwrites private therapists.

| Mental Health Service Provision for children 0-8 from Lewis & Clark County (FY 2011/2012) | Number of Children 0-8 served/in a year |
|--|--|
| AWARE | 69 |
| Center for Mental Health | 20 |
| Florence Crittenton | 6 (new program) |
| Intermountain (including CSCT in the Helena School District) | 157 |
| Shodair | 25 |
| Youth Dynamics, Inc. | 7-10 |

Medicaid paid for mental health expenditures for an average of 168 children/month and a total of 362 children ages 0-8 in Lewis & Clark County in 2011. This is about 8% of the total children receiving Medicaid insurance of any type.

Source: Medicaid

Sources: AWARE, Inc, CMH, FC, Intermountain, Shodair, YDI. Medicaid

Adult Mental Health

Adult mental health issues including post-partum depression, depression and other mental illnesses have serious adverse affects on children in families. It was beyond the scope of this assessment to examine this in detail, but several professionals noted that treatment is a factor in family success.

| Adults | Lewis & Clark County | Montana |
|---|---------------------------------|----------------|
| Adults reporting general health status as fair or poor, 2003-2008 | 12.5% | 13.6 |
| Adults reporting 14+ days of "not good" mental health in last 30 days, 2003-2008 | 8.5% | 8.8% |

Source: Behavioral Risk Survey Surveillance System

Youth Mental Health

Teen mental health is also important to keep in mind for two reasons: 1) Teen parents are extremely high-risk parents, so having an idea of the underlying mental stability in teens is important; and 2) early childhood foundations in social and emotional development have an influence on teen mental health, so tracking these rates over a long term will yield some insight into how successful early childhood prevention and early interventions were.

| Youth | Lewis & Clark County | Montana |
|---|---------------------------------|----------------|
| High school students seriously contemplating suicide | 16.9% | 16.8% |
| High school students attempting suicide | 12.5% | 8.4% |

Source: Montana Youth Risk Behavior Surveys, 2003, 2005, 2007, 2009, 2011 average.

STRENGTHS IN OUR COMMUNITY

Lewis & Clark County and the Greater Helena area have significant assets right now to support families with young children. These include:

Early childhood and families services are in place in the community: Services through the Lewis & Clark City-County Health Department, Head Start, Schools (including the special need preschool), private child care, Child Care Partnerships, Family Outreach, recreational activities (paid or free), and mental health services were the most frequently mentioned services by parents and professionals. The basics are all in place in our community.

Quality of services and activities: Parent and professional praise for many of the programs was unqualified in our sample. Others were somewhat inconsistent, but still were reported to produce effective outcomes for families. Both the range and quality of the services, supports and activities for families was considered good overall for a population of this size.

Experience and qualifications of early childhood professionals: Organizations generally did not have difficulty finding and hiring qualified employees in the private sector early childhood occupations, though some specific organizations that have particularly high stress and/or low-paid positions reported more challenges. Specialists and those with more advanced training were also sometimes harder to attract.

Relatively steady economy: Though the lingering effects of the recession are still clearly a factor in many of the needs identified, Lewis & Clark County as a whole is doing better than many other parts of the state and country.

Early Childhood Coalition (ECC) and other networking partnerships: Many professionals are extremely knowledgeable about the range of services and have experience working with other organizations to provide excellent family resources and support for families in the area.

Parents and families who are involved with their children: In discussions and interviews, parents and professionals often pointed out how parents want to interact with their children, with fun being cited as an important value for families.

COMMUNITY CHARACTERISTICS THAT AFFECT NEEDS

The Greater Helena area and Lewis & Clark County cover a large geographic area, and the needs of the population are diverse. For example, some parents discussed safety concerns in terms of near-by registered sex offenders. Others discussed a complete lack of safe, outdoor spaces to play in their neighborhoods or proximity to high-traffic streets. In this needs assessment, we found that some needs were universal, while others were more concentrated in certain areas or affected families in specific circumstances.

In the Greater Helena area, these factors appeared to have the greatest impact on the needs of families:

- **Location:** Growth is occurring more quickly in unincorporated areas than in incorporated towns, and families with young children are moving in. In 2010, Helena's population was 23% larger than the Helena valley, but more children ages 0-8 lived in the Helena valley.
- **Financial Insecurity:** An estimated 28% of families with children experience financial insecurity or are in poverty. 53% of single moms are likely to experience financial insecurity or poverty.

- **Work Status:** Most people work, no matter what their income. 69% of Lewis & Clark’s households with children ages 0-5 have all adults in the work force. This rises to 81% in households with children 6-17. Employer policies, employer flexibility, places for mothers of infants to pump milk, benefits, and autonomy over schedule appeared to be factors that helped parents manage to balance work and children more successfully.
- **Season:** Summer is actually the most difficult season for many parents. Child care for children in school and some preschools was cited as difficult. Concerns about food insecurity in summer were also heard. One parent said, “Our food bill is going to go up as soon as my three school-aged children leave school and don’t get the [free or reduced] lunches.”
- **Support System:** People with family systems that could help out in times of need appeared to be much more able to meet challenges. Partners were mentioned as the most frequent ongoing source of support, and family members were also very important, especially for child care. Single parents or caregivers are much more vulnerable to isolation and crisis than those with partners and other family.
- **Presence and Severity of Special Needs or Mental Health Challenges:** Families with children who have autism, ADHD, behavioral problems or disabilities of any kind experienced uncertainty, stress and financial strain. Even though excellent services exist, those who do not meet threshold requirements had difficulty accessing them. Though difficulties affording mental health services differed based on insurance type, every type of insurance had gaps and issues and those without insurance seem to be missing care almost completely.

CONCERNS, STRENGTHS AND THE NEEDS IN BRIEF

TYPES OF NEEDS

More specific needs are identified in the five sections that follow. All needs in this community involve gaps in one or more of these areas:

- **Gaps and inconsistencies in information about services, activities and resources.** These include gaps in what families and the public know, information and communication breaks between sectors and organizations, or misperceptions about what organizations or programs do.
- **Lack of clear, consistent messages delivered at the community level:** There are many messages about programs and early childhood goals which are often quite good, but there is a lack of a community-wide message that can “cut through the clutter” of the huge amount of information, good and bad, that exists.
- **Consistent Ability to Access Services and Supports:** Once families find out about services, they still have to be able to use them. Eligibility, affordability, location, perceptions, incorrect information and breaks in connections between services can be barriers to the full and effective use of services.
- **Breaks in the relationships that inhibit full collaboration:** These include problems between families and service providers (“I felt treated like a number.”), referrals that are not personal enough, lack of relationships, lack of trust between organizations, and limited ability to effectively work together on common goals for reasons ranging from differences in referral systems to lack of knowledge about the requirements or purposes of other programs.
- **Limited capacity, services and infrastructure:** Some things the community needs do not exist or the capacity does not meet the need. Additionally, our core services are almost all federally or state funded, and some of the most effective preventative and support services have inconsistent funding or

inadequate funding to fully meet the need. The economic backbone consists largely of public and non-profit employers, limiting the amount of private and corporate wealth immediately available.

- **Gaps in the full, effective use of existing resources:** The resources are mostly out there, but because of breaks in relationships and a cumbersome system, the resources available are not always used together as effectively as they could be. There is also lack a community “dashboard” or agreed upon indicators of success.
- **Community advocacy for change:** Eligibility for programs and the ability to build new options is constrained by federal and state policies and the limited amount of sustainable funding from other sources. Community-wide awareness and coordination would be required to advocate for changes that would help the community.

SYSTEM

The early childhood community is made up of all the public, private and non-profit institutions, businesses and organizations that play any role in the lives of families and young children. Most importantly, it involves families: parents, grandparents, foster parents and other care givers who raise children and are the greatest influence on young lives. The early childhood system is made up of the community and a functioning set of relationships, vision and goals that maximize the potential inherent in all the individual pieces.

At this point in the development of the early childhood system, the pieces and many of the relationships are in place. The challenge ahead is working more and more consistently toward a collaborative system that allows the entire community to work toward improvements together.

SYSTEM: TOP CONCERNS

- **Lack of universal knowledge** or ways to learn **about resources** and programs in the community.
- **Working in silos**, rather than across programs or organizations, **is a concern**.
- Early Childhood Coalition is **missing partners**.
- **State and Federal legislation, rules, and policies** sometimes affect community-level ability to address needs.

SYSTEM: STRENGTHS IN OUR COMMUNITY

Though many needs have been identified, most suggest avenues for further action, rather than identification of completely missing pieces.

- All core **early childhood services operate in this community**.
- **Skilled professionals** staff organizations in this area.
- Several services had widespread, **enthusiastic responses from parents** and other professionals.
- Even those programs and organizations that received reports of inconsistent performance had programs and services that were praised.
- The public, private and non-profit sectors all play a role in providing early childhood services, so **engagement is widespread**, though not yet universal.
- The early childhood community has formed and maintained the **Early Childhood Coalition** for three years and has a commitment to furthering the effectiveness of all services and support for families with young children.

- Families are engaged and interested in helping their children reach their full potential, as evidenced by participation in interviews, the focus group and survey.

SYSTEM: IDENTIFIED NEEDS

- Clear, “one-Stop” shop for information.
- Easier access to needed services.
- Clear, community-wide messaging on early childhood issues and greater promotion of measures to help children be successful in school and life.
- Finding solutions to the “eligibility” cliff.
- Build further partnerships With ECC and extending early childhood involvement to the whole community.
- Build stronger connections to youth, adult, and community services.
- Expand collaborative opportunities to broader geographic area.

Ideas for Quick Action

This needs assessment is a characterization of the concerns in the community. Organizations, businesses and individuals will need to decide on priorities for action. Some needs that have been identified will take time to accomplish. Others can be put in place more quickly. Here are a few that could be accomplished in the next year:

- ✓ Finish building an information sharing system to help parents, businesses, the medical community and others easily find the resources that do exist.
- ✓ Use the new Early Childhood Resource Room at Ray Bjork as a way to improve awareness of early childhood issues, a place to improve the "warm hand-off," and a first step in a “one-stop” shop for services families need.
- ✓ Work with families on the Head Start list to identify services that could fulfill their needs.
- ✓ Build stronger relationships between Early Childhood Coalition members and build connections to "missing" potential members to improve awareness of the importance of early childhood issues and build capacity to address them.
- ✓ Build on efforts to promote home visiting and parent education as a community, rather than by organization.
- ✓ Start working on a single community messaging campaign in an area like preventive services or furthering the social norm of one or more healthy habits and conduct a pilot.
- ✓ Work on the advocacy needed at the State legislature to address some of the Best Beginnings childcare scholarship and referral policy challenges.
- ✓ Host a child care provider, preschool teacher and kindergarten teacher summit to develop ways to improve information sharing and create smoother transitions.
- ✓ Build on business interest in family issues and child care to open avenues for further information sharing and opportunities to support the further development of joint solutions.

FAMILY SUPPORT

Family support was the broadest outcome area in the assessment. It included home visiting, parent education, mentoring and other activities designed to bolster parent capacity to successfully raise children. This area also includes parks, other infrastructure, and activities that support family time and opportunities for physical play and development of the whole child. Finally, it includes considerations of services designed to assist families who need additional economic assistance.

FAMILY SUPPORT: TOP CONCERNS

- **Limited, easily accessible information** about community resources available to families.
- **Awareness of the benefits preventive services was also limited** among parents. Evidence shows that home visiting, parenting education, parent support groups and other support services benefit children and families.
- **More parks, trails, and safe biking opportunities for indoor physical activity, as well as other activities for young children**, including those with special needs or behavioral challenges, are needed. The valley, new subdivisions and other outlying areas were most frequently mentioned as lacking these.
- **Accessing and successfully using financial assistance services** as part of a strategy to become financially secure was reported as difficult by both parents and professionals.
- Transportation, housing and food assistance programs **do not have the capacity to meet the needs of all families who could use assistance**.

TOP COMMUNITY ASSETS

- **Full range of family support services**, including home visiting, parent education, and family support groups are available in the community.
- Most parents who used family support services reported excellent results.
- **Good parks, activities and trails** serve at least a portion of the population.
- Financial assistance and training programs are available and used.
- Most family support services work with families to identify needs and refer families effectively to other resources.
- **Many organizations provide services that empower families**. The Health Department has significantly increased its long-standing ability to provide quality preventive programs ranging from home visiting, parent education and support. Many other organizations including Head Start, Florence Crittenton, several mental health providers, faith-based organizations, and other home visiting programs provide significant support for families.
- City recreation departments, libraries, YMCA, Big Brothers/Big Sisters and other public and private organizations **provide activities that help families provide opportunities for their children to grow and develop**.
- **Many programs help parents gain economic self-sufficiency** including the Rocky Mountain Development Council, Helena Housing, Family Promise, Career Training Institute as well as emergency services.

FAMILY SUPPORT: IDENTIFIED NEEDS

- Increase family awareness of parenting support resources available and the benefits of using them, starting as early as possible.
- Improve parent ability to access family support resources.
- Greater parental and professional awareness of and further promotion of preventive home visiting programs and the continuum of support provided by all home visiting services.
- Greater coordination between providers of child care, medical care and preventive care.
- More accessible, child-friendly parks (especially for ages 0-5), trails, bike paths and activities throughout the Greater Helena area.
- Opportunities for free and inexpensive indoor winter physical and recreational activities for young children.
- Greater access to information about and activities for children with special needs and/or behavioral challenges, especially for those who have not entered school.
- Improve the way eligibility is calculated for financial services.
- More assistance for financially insecure families that do not qualify for assistance services.
- Better transportation solutions for areas outside of central Helena, especially in the Helena Valley and East Helena.
- Improve access to affordable housing.

EARLY CARE AND EDUCATION

Child care and education were of broad importance to parents. This was the most discussed area among parents, probably because it affects everyone at some point. Employers also had substantial concerns and some innovations to support consistent, quality care. Child care and teaching professionals in the focus group also have concerns and many ideas for improvement.

EARLY CARE AND EDUCATION: TOP CONCERNS

- Difficulties in **finding and using affordable, quality child care or preschool** generated more comments from parents than any other area.
- **Several types of child care is severely limited or nonexistent**, including nights, weekends, respite and care for children with special needs or those with behavioral challenges.
- Employers had substantial concerns about access, consistency and quality of child care and how deficiencies in these areas affect employees.
- **Barriers to full access and use of the Best Beginnings Child Scholarships** limit the number who can use them successfully.
- Child care providers tend to have **low wages, yet care is still too expensive** for many parents.
- Child care providers and preschool teachers have great diversity in background and **difficulties in finding and accessing the full array of requested training**.

- A substantial minority of children are not performing at an expected level when they enter school. Concerns include the whole child: cognitive, social, emotional, and physical development.
- **Transitions and breaks in communication** and partnership between home, child care, preschools and schools were frequently mentioned as a concern by both parents and professionals.

EARLY CARE AND EDUCATION: STRENGTHS IN OUR COMMUNITY

- **Many experienced high-quality programs** with professional child care providers and preschool teachers, including a high-demand Head Start program and special needs pre-school.
- **Training resources** are available from local, state and online sources.
- **Best Beginnings Childcare Scholarships are available** and do help many working families.
- **Relationships** between several child care providers, preschool and school teachers smooth transitions.
- **Skilled school teachers and administrators** interested in helping children transition to school and achieve their potential.

EARLY CARE AND EDUCATION: IDENTIFIED NEEDS

- Finding and using quality child care for children ages Infancy to school.
- Finding child care for odd hours, weekends, nights, crisis care, sick care, respite care, or drop-in care
- Finding care for children with special needs or behavioral challenges.
- Finding and using summer and before and after-school care for children who have entered school
- Affording child care for children from infancy through school.
- Improve family ability to apply for and be eligible for Best Beginnings Childcare Scholarships.
- Clearer parent and provider understanding and ability to work with Best Beginnings Childcare Scholarship program.
- Improve ways for providers to take Best Beginnings Childcare Scholarships.
- Encourage further use of the food program.
- Improve awareness of the economics of child care and build support for improvements in compensation.
- Improve ways to find good, reliable substitutes for child care and preschool.
- Further awareness of and access to existing and additional levels and types of training for providers.
- Better, earlier connections and partnerships between parents and schools.
- Raise parent awareness about and ability to help children achieve greater readiness for school in all areas of development, including cognitive, physical and social and emotional development of children before they reach school.
- Building stronger connections between preschools, child care, the schools, and Kindergarten teachers.

HIGHLIGHT ON HOME VISITING

Home visiting is a voluntary family support strategy that delivers tailored services to families in their homes.

Benefits of home visiting include:

- Early, custom-tailored programs and therapies provided in home or at a convenient location.
- Quick identification of challenges that need specialist care or connection to further resources.
- Evidence-based programs have a proven record of positive outcomes for children and families.
- Reduction of isolation and transportation challenges.
- Provide long-term societal benefits by helping to increase graduation rates, improve long-term health outcomes, and to reduce criminal acts.

There are three major types of home visiting programs in our community: transitions to education and child care, family support, and early intervention programs.

Ten home visiting programs from nine organizations participated in the home visiting assessment. The programs are:

- Adoption and Family Support Services – Intermountain.
- Dan Fox Family Care Program – Youth Homes, Inc.
- Family Concepts.
- 0-3 Home Visiting and other Home Visiting Programs – Family Outreach.
- Home Visiting, Parents as Teachers- Lewis & Clark City-County Health Department (HD).
- PRTF Waiver Federal Demonstration Grant – DPHHS, Children’s Mental Health Bureau.
- RN Medicaid Waiver Program for Elderly and Physically Disabled – HD.
- Sacramento Teachers Home Visiting Model – Helena School District.
- Spirited Hopes, LLC.
- Successful Starts Program – AWARE, Inc.

Strengths in Our Community:

Parents and professionals praised home visiting, particularly those programs with family promotion and preventative services at their core.

Home visiting is a mechanism that helps alleviate the family challenges of isolation, transportation difficulties and challenges bringing children in for support, assessment, or treatment.

This community has some of the most extensive home visiting services in Montana.

Skilled professionals and several evidence or research-based models are used to build or inform programs.

Overall, skilled, well-trained professionals run the programs.

Challenges:

Home visiting is not well-recognized in the wider community as a set of services, with the exception of Family Outreach’s program for children ages 0-3 with special needs.

The home visiting programs are not well-integrated, so there is not a system to identify and serve families most effectively.

Some programs have more limited or no models. This does not mean they are not high quality programs, but it does make it more difficult to evaluate their impact.

Inconsistencies in staffing and training detracted from the positive impact of a few programs.

Free, preventative services that serve the broadest part of our community are also most vulnerable to funding changes.

For more information about home visiting programs, turn to the home visiting section on page 55.

SOCIAL-EMOTIONAL DEVELOPMENT AND MENTAL HEALTH

This was an area that professionals and parent whose children had behavioral or mental health challenges mentioned frequently. Excellent professional awareness of potential challenges exists, but non-mental health professionals varied greatly in their skill level and ability to access training.

SOCIAL-EMOTIONAL DEVELOPMENT AND MENTAL HEALTH: TOP CONCERNS

- Social, emotional and behavioral **challenges in young children were mentioned most frequently by professionals.**
- **Perception that severe behavior** and (probably) other children’s mental health issues are **on the rise** in the community.
- **Difficulties with attachment (building early relationships) and trauma** were identified as areas with unmet need.
- **Barriers to accessing mental health services** including cost, type of insurance, capacity constraints, serving those who fall below diagnostic thresholds and breaks in communication and coordination between mental health providers and others in the early childhood professional community.
- **No community level baseline** on children’s mental health.
- **No community level measures for evaluating changes** in social and emotional development or changes in behavioral issues.
- Concern that **adult mental health** affects the entire family.

SOCIAL-EMOTIONAL DEVELOPMENT AND MENTAL HEALTH: STRENGTHS IN OUR COMMUNITY

- **Widespread professional awareness** of issues related to social-emotional development, behavior and mental health. Several parents also expressed awareness and interest.
- **Strong parent education, parent support groups and home visiting programs available** that can help parents understand and guide their children’s social and emotional development.
- Widespread **school-level behavioral management and intervention techniques** to help students.
- Almost all **children’s mental health services are available** in the community.

SOCIAL-EMOTIONAL DEVELOPMENT AND MENTAL HEALTH: IDENTIFIED NEEDS

- Better community-level baseline information on children’s mental health needs.
- Greater connectivity and opportunities for mental health professionals to share information and best practices with each other and with other family and early childhood professionals.
- Greater connections between adult mental health and child well-being.
- Improved access to mental health services for all children.
- More community-level early identification and assistance for children with special needs and those with behavioral, social or emotional issues that do not meet the threshold requirements for existing programs.
- Provision of and access to more social-emotional development trainings for child care providers and other early childhood professionals at all levels.

HEALTH

This was an area where health personnel had a set of concerns that did not match many of those voiced by parents. Nutrition concerns came from both parents and physicians. Physical play was important to parents (and widely used among parents who participated in the assessment), but professionals raised most of the other health issues. Some were not raised at all until health data like smoking rates were discussed.

HEALTH: TOP CONCERNS

- **Health concerns** including smoking rates, rate of low birth weight babies, immunization rates below the national bench-mark and a rising obesity level.
- Indications that lack of awareness of nutrition and access to healthy food is an issue for some families.
- **Limited physical activity and significant gaps in access** to opportunities for young children, especially those with special needs, to engage in physical play.
- **Affording medical care and access to adequate insurance.** This is somewhat an issue for children’s health care. Adequate coverage and underinsurance are much larger issues for parental health care.
- Finding providers that accept Medicaid and Healthy Montana Kids.
- Finding and accessing specialists who are not in the local area.
- Advocating for and coordinating complex medical care.

HEALTH: STRENGTHS IN OUR COMMUNITY

- **Skilled professionals** in the health department and medical community.
- Continuing **links between hospital delivery and neo-natal care to preventive home visiting.**
- Many **positive indicators of health.**
- **Strong parental calls for access** to opportunities for physical play and some interest in nutrition.

HEALTH: IDENTIFIED NEEDS

- Clear, consistent messaging and access to tools to promote positive health practices in the community.
- Better access to medical care and services for children and families.
- Improve availability of assistance and support to help families understand, use and advocate for medical services.
- Improve family understanding and ability to access specialist care for children with special needs or complicated medical care.

TECHNICAL REPORT ON THE EARLY CHILDHOOD SYSTEM

DETAILED COMMUNITY NEEDS

The needs were identified through a process involving parents, professionals and collection of available data. For details on the study design, please turn to page 71. For the overview, go to the community report that starts on page 1.

FAMILY SUPPORT AND LEADERSHIP

Families are the foundation of strong children. Just as there are no “cookie-cutter kids,” families come in all different sizes and types, with different needs. Common among all families is a need to provide the basic necessities of life, a secure environment, parenting that allows children to attach well and reach their potential in life, and opportunities for fun as a family.

The ability to accomplish these goals varies widely, based on the needs of the children, family conditions, and support network available. A new parent far from family might be challenged by a very fussy, colicky baby. An established family may find that their child has serious medical or special needs, necessitating expensive and frequent trips out of state to see specialists. A single parent might be thrown into crisis because the child starts acting out and is kicked out of child care, so the parent can’t work. An illness or lay-off may turn a self-sufficient family into one that needs financial support for the first time. These are all situations faced by parents who participated in this assessment.

“Most of our families want what everybody wants; the ability to pay the bills and go out to a show.”

- Lewis & Clark County professional

PREVENTIVE PROGRAMS

Parenting is a complex, learned skill. A parent might think to take a Lamaze class before birth, but many families appear to treat parenting and support services as an afterthought or are not even aware of such services. In this community, there are wonderful support networks, but finding out about them can be a real problem.

Needs identified are:

- Increased awareness of parenting support resources available, as early in pregnancy as possible. (Starting during pregnancy, if possible.)
- Increased levels of access to the full range of early childhood preventative care.
- Greater coordination between providers of child care, medical care and preventative care.

What about children with special needs?

Some of the most complex family challenges surround children with special needs. These can include complex medical care, physical, mental and cognitive challenges, gaps in child care and financial strain. It is stressful, and there is a sophisticated set of services to help families and children. The challenges and services span the categories of need and vary by the individual. Though family support is a very important component of services, identified needs for children with special needs are found throughout this assessment.

- Opportunities for cross-training between organizations that provide early care and preventative programs.
- Greater need for accessible, child-friendly (especially for those 0-5) parks and trails in the community, especially in the Valley and newer parts of Helena.
- Opportunities for free and inexpensive indoor winter physical and recreational activities for young children, especially those who have not entered school.
- Greater access to information about and activities for special needs children and those with behavioral challenges, especially for those who have not entered school.

NEED: INCREASE AWARENESS OF PARENTING SUPPORT RESOURCES AVAILABLE AND THE BENEFITS OF USING THEM, STARTING AS EARLY AS POSSIBLE.

Challenges:

- Many parents interviewed had not accessed parent classes, home visiting or other resources from any source.
- Some parents clearly have excellent sources of informal mentoring, but professional interviewees reported that many parents are struggling with issues and the use of effective tools that are readily addressed through parent education.
- Some parents who do not use parenting classes or parenting education as part of home visiting may find resources on their own. These are variable and there is not a clear set of messages the community uses to talk about the benefits of parental education.
- Most parents interviewed did not attend any classes before birth. Childbirth classes were the most common, with very few other options mentioned.
- Similarly, the Parents as Teachers home visiting program can (and does) work with families before birth, but reported that the majority of parents engaged after birth.
- The majority of parents did not mention preventive messages or practices.
- The medical community and the preventive community are not interacting consistently.

Strengths in Our Community:

- Parents who have taken some form of parent education praise the programs offered, especially those that were offered in conjunction with a family support group.
- Several parent education classes exist and discussion has started about working together to help parents identify the class or approach that is right for them.
- Home visiting programs that offer tailored parent education as part of their approach were praised for their effectiveness by parents that had participated.
- Significant expertise and materials for parent support exist in this community.

NEED: IMPROVE PARENT ABILITY TO ACCESS FAMILY SUPPORT RESOURCES.

Challenges:

- Accessing parent education through role models is limited by the fact that many families do not have extended family close by and parents are working, so informal mentoring opportunities are not always available.
- Access to parenting classes is limited by proximity to classes, time, and cost. A few parents reported watching videos, reading books and searching online as a means of gathering information. However, these methods are limited to those who know what to search for and how to evaluate the quality of the information.
- There are indications that some perceive family support resources that promote successful parenting as aimed at “bad” parents, so opportunities are missed to access the range of services offered.
- Positive family support groups that serve more needs appear missing, but more investigation is needed. The need for groups dealing with grief, age of children and autism were mentioned.
- It is unknown if it would be helpful to have parenting classes in other outlying areas of the Greater Helena area. It may be helpful to have classes in more physical locations. However, perhaps a more consistent community approach to information-sharing would be enough.
- Funding for community preventive programs, especially parent education and home visiting, is “soft money” that may not be available consistently.

Strengths in Our Community:

- This area has effective parenting classes and a lot of professional knowledge about useful resources.
- Discussion of a more unified approach to coordination of parent education is underway.
- Parent support groups, formal and informal, exist as a general group, for those with children with special needs, teen parents, and for those with children with severe emotional disturbances.
- Preventive home visiting appears to serve more families than any other single approach to family support.

NEED: GREATER PARENTAL AND PROFESSIONAL AWARENESS OF AND FURTHER PROMOTION OF PREVENTIVE HOME VISITING PROGRAMS AND THE CONTINUUM OF SUPPORT PROVIDED BY ALL HOME VISITING SERVICES.

Challenges:

- People who had used preventive home visiting programs were enthusiastic about it, but many others had never heard of the concept.
- Doctors appear to have some misconceptions and gaps in knowledge about what the various types of home visiting are and how referrals might happen, particularly at the pre-natal period.
- Other professionals outside the medical professional vary greatly in their knowledge of the full range of home visiting services available and the appropriateness of each program.

Strengths in Our Community:

- Many home visiting services exist from preventive services for the entire community to focused early interventions and therapy for specific challenges. See the “Highlight on Home Visiting” section on pg. 55.

- Parents praised the home visiting services, and about 880 families participated in one or more home visiting programs in the last year (either 2011 or SFY2011).
- Many agencies know how to refer to preventive home visiting, including St. Peter’s Hospital labor and delivery.
- Partnership is a multi-agency home visiting initiative focused on at-risk parents and provides a stream-line multi-agency model.

NEED: GREATER COORDINATION BETWEEN PROVIDERS OF CHILD CARE, MEDICAL CARE AND PREVENTIVE CARE.

Challenges:

- Child care providers are members of ECC, but many have a difficult time coming to meetings or anything during the day and information isn’t being shared across the provider community.
- Similarly, medical providers appear to have barriers to interacting with ECC and the larger early childhood community, so there are breaks in information sharing.
- Child care providers vary widely in how much they know about other services in the community: some clearly know a great deal about the range of services offered, while others do not.
- Medical professionals, with the exception of the hospital labor, nursery and after-care nurses, do not seem consistently connected to the range of preventative services available and how those services might be best used.

Strengths in Our Community:

- Experienced providers who know about resources, some of whom are already members of the ECC.
- Many doctors are committed to preventative medical care and communicate that to parents. Some have participated in screening or other community activities.
- Individual ECC partners do have relationships within the medical and provider communities.

ACTIVITIES FOR FAMILIES AND CHILDREN:

NEED: MORE ACCESSIBLE, CHILD-FRIENDLY (ESPECIALLY FOR AGES 0-5) PARKS, TRAILS, BIKE PATHS AND ACTIVITIES THROUGHOUT THE GREATER HELENA AREA.

Challenges:

- There are not enough existing parks with easy-to-use facilities for children under the age of five.
- Safety concerns mar the experience in some of the existing facilities (ex: Parental concerns included poor sight lines, lack of fences and proximity to homes of many registered sex offenders.)
- Parks for children ages 0-8 do not meet the needs of many children with special needs.

"Creating healthy environments is key to reversing the obesity epidemic, particularly for children. When children have safe places to walk, bike and play in their communities, they're more likely to be active and less likely to be obese. It's the same with healthy food: when communities have access to healthy affordable foods, families eat better."

- Dr. Lavizzo-Mourey.

- New subdivisions and the Helena valley, particularly the north valley, have almost no parks, much less ones that have sections designed for children ages 0-5 or accessible to all.
- A few parents were not sure if or when they could use county parks associated with schools in the valley.
- Outside of the core of Helena and parts of East Helena, most people have to get in a car to get to a park. They are not close and there aren't safe ways to bike or walk.
- There are not enough safe bike paths or trails for small children that connect to places where children can play or participate in activities.
- Parks, outside some areas of Helena and East Helena, are mostly inaccessible to anyone with transportation challenges.

Strengths in our Community:

- Parks for small children and areas with many parks do exist.
- Many parents identified parks and safe bike and walking trails as an important value for our community.
- *Playable Parks for All* is working on building an accessible park and raising community awareness.

NEED: OPPORTUNITIES FOR FREE AND INEXPENSIVE INDOOR WINTER PHYSICAL AND RECREATIONAL ACTIVITIES FOR YOUNG CHILDREN.

Challenges:

- No free, indoor play areas exist for small children in the winter.
- Liability and capacity concerns have been stumbling blocks in using school gyms.

Strengths in our Community:

- Efforts are being made to find gym space, including in Schools. This is a widely recognized problem.
- Existing paid facilities are available for those who can take advantage of them.

The two needs listed above also have implications for health. To see more about health concerns, please turn to page 47.

NEED: GREATER ACCESS TO INFORMATION ABOUT AND ACTIVITIES FOR CHILDREN WITH SPECIAL NEEDS AND/OR BEHAVIORAL CHALLENGES, ESPECIALLY FOR THOSE WHO HAVE NOT ENTERED SCHOOL.

Challenges:

- For families with children with special needs or behavioral issues, the challenge of finding fun, appropriate activities is really difficult and parents are not sure if they're missing activities or if they don't exist.

Strengths in Our Community:

- A strong set of parents that see the need to advocate for special needs and (to a lesser extent) for children with behavioral issues.
- *Montana Parent* magazine does list many activities and could possibly be expanded.

ECONOMIC SELF-SUFFICIENCY

In addition to supporting a family’s ability to find and use resources that improve parenting, families must be able to provide for themselves and their children. Lack of basic housing, food and employment stability puts families in very precarious positions. It also makes it much more difficult to manage any other family challenges.

Lewis & Clark County has significant numbers of families that are in poverty. Additionally, many families fall in the “gap” between financial eligibility and true economic self-sufficiency. These are the “invisible” people who are barely getting by, yet cannot receive a hand up.

| Type of Assistance Received, Lewis & Clark County | Number Who Received Assistance in 2006 | Number Who Received Assistance in 2010 |
|---|--|--|
| TAN-F (monetary assistance) | 232 | 218 |
| SNAP (food stamps) | 4,311 | 5,646 |

Source: Office of Public Assistance, available through Kids Count

| | |
|--|---|
| Estimated range of the number homeless families in Lewis & Clark County, 2011 | 35-104 |
| Estimated number of children in school that that are homeless in Helena School Dist., 2012 | 19 (K-5), 16 (MS/HS)* |
| # Families Family Promise can help at one time | 4 (~ 16/yr.; served 7 families in 1 st year) |

Sources: Montana Continuum of Care, Homelessness Survey, Helena School District, Family Promise.

* The Helena School Dist. notes that OPI and School Dist. think this is probably an undercount.

NEED: IMPROVE THE WAY ELIGIBILITY IS CALCULATED FOR FINANCIAL SERVICES.

Eligibility cut-offs for services are quite sharp. Virtually every financial assistance service has a “step-off” construction that has the unintended incentive of holding people back from job achievement, instead of encouraging steady progress forward.

Challenges:

- At the edge of every financial program is a cliff. If a family cannot find a way to boost income enough to make up the difference between services lost and extra earned income, some may scale back hours, refuse small raises or otherwise undercut long-term financial gains because the gains do not offset cuts in services.

“I’ve had to quit jobs because the cuts in food stamps were so big that I wouldn’t have enough money to feed me and my child if I made more money.”

- Lewis & Clark County parent

- Many families that are a little over eligibility are worse off than those who make just slightly less money.

Strengths in Our Community:

- Professionals who know how to work with legislators, ECC, and leverage local professional capacity to work toward state level law, appropriations and policy changes.

NEED: MORE ASSISTANCE FOR FINANCIALLY INSECURE FAMILIES THAT DO NOT QUALIFY FOR ASSISTANCE SERVICES.

Challenges:

- Few assistance programs exist for people who are financially insecure yet make more than the federally designated poverty level, so programs do not address all needs due to eligibility criteria.
- The Greater Helena area has relatively little corporate wealth that could be tapped to help fill in the gap between state and federally funded programs and the financial insecurity gap.

The “gap” between low-income and making enough to support a family well is fairly wide. In Lewis & Clark County, it is estimated that 28% of all families with children struggle with financial insecurity or poverty. About 18% of families with children are in the “gap” between the federal poverty level and the 185% of federal poverty level. In 2012, a family of four at the federal poverty level makes 23,050/year while a family of four at the 185% FPL makes \$42,643.

Source: U.S. HHS/OHHS

Strengths in Our Community:

- History of generous support of targeted initiatives.
- Ability to advocate for changes in state and federal legislation and rules.

NEED: BETTER TRANSPORTATION SOLUTIONS FOR AREAS OUTSIDE OF CENTRAL HELENA, ESPECIALLY IN THE HELENA VALLEY AND EAST HELENA.

Services are clustered in Helena. It can be very difficult to access services, activities and achieve any kind of financial stability without a way to get around.

Challenges:

- Public transportation exists through HATS, but it is limited in routes and times.
- Families may have only one car and the stay-at-home parent is isolated during work hours.
- Car repairs can be cost prohibitive.
- Gas for the car is not always affordable, particularly right before pay day.
- Emergency services can only sometimes meet the need for transportation support, due to capacity constraints.

“Everyone has a broken-down car.”

-Lewis & Clark County professional

- Growth in population is largely in unincorporated areas, so distances and costs for solutions are greater in the Helena valley and other outlying areas.
- County boundaries can affect how some services are delivered, limiting options to alleviate transportation challenges in Broadwater and Jefferson counties.

Strengths in Our Community:

- Emergency services do exist and can help people at least part of the time.
- Public transportation has started.
- Home visiting services bring services to people, sidestepping transportation challenges.

NEED: IMPROVE ACCESS TO AFFORDABLE HOUSING.

Challenges:

- Homelessness is a clear issue in the community, but the true numbers of homeless or those with precarious housing situations are fuzzy.
- Rental affordability is reported as an issue, particularly in Helena.
- Long wait lists exist for both public housing and housing assistance.
- Perception that public housing is substandard and hosts drug problems. This perception is shared by many parents and some professionals, but it is not possible to verify the accuracy of this perception.

Strengths in Our Community:

- Increased awareness and services for homeless families and good coordination between many services.
- Range of services to help families find and use affordable housing.

EARLY CARE AND EDUCATION

This is the area of great concern for parents and families. A substantial number of families use child care and or preschool, all of it privately provided with the exception of Head Start. Everyone eventually uses some form of schooling. The large majority attends public school.

Child Care

Child care for children of less than school age is one of the most anxiety provoking areas for parents. The key issues that came up for parents were:

- Availability.
- Affordability.
- Quality of care.

Substantial issues with all three dimensions of child care were found. Additionally, providers of care had issues in:

- Compensation and business considerations.
- Access to specific trainings at appropriate levels.

| | |
|--|---|
| Estimated number of children 0-5 in need of non-parental care | 3,275 |
| Total registered or licensed Slots (tri-county), 2010/2011 | 2,156 |
| Total vacancies in facilities (tri-county), 2010/2011 | 267 |
| Total facilities registered or licensed, 2012 | 104 |
| Licensed Care Providers (LCP) in Lewis & Clark Co., June 2012 (odd-hour care, not included in number above) | 19 sites (1-6 children each) |
| Monthly average of households receiving Best Beginnings Childcare Scholarships in FY2011 (Lewis & Clark, Jefferson and Broadwater counties. Children in Greater Helena are estimated to make up 85-90% of this total.), 2012 | 190 |
| Estimated total households with at least one child under the age of 5 that could qualify for Best Beginnings Childcare Scholarships in Lewis & Clark County | 426 |
| Estimated cost/month of full-time child care, at the 75 th percentile, 2011 (tri-county) | \$535.17 (at the 75 th percentile) |

| | |
|---|-----------|
| Average compensation of child care worker, 2010 | \$17,800 |
| Average compensation for preschool teacher, 2010 | \$23,860 |
| Average Compensation for Kindergarten Teacher, 2010 | \$34, 650 |

Sources: U.S. Census, Child Care Resource and Referral, Child Care Partnerships, est. based on DPHHS 2011 Market Survey, Department of Labor and Industry (SW region: Beaverhead, Broadwater, Deer Lodge, Gallatin, Granite, Jefferson, Lewis & Clark, Madison, Meagher, Park, Powell and Silver-Bow.)

Ready for School

- In the **Helena School District** in 2011/2012, 62% of entering kindergarteners were proficient at letter naming and 66% were proficient at letter sounds. By third grade, children taking the state CRT standardized tests were 85% proficient or better in reading and 72% were proficient or better in math.
- In the **East Helena Public Schools** in 2011/2012, 52% of entering kindergartners were considered at least proficient for sound fluency. Entering kindergartners were at 55 and 60% at or above proficiency on the basic math skills assessments. By the end of first grade, 70% were at least proficient in literacy skills and 81% were at least proficient in math skills.

NEED: FINDING AND USING QUALITY CHILD CARE FOR CHILDREN AGES INFANCY TO SCHOOL.

Quality child care and preschool exists, but finding clear signals of quality and accessing those facilities is not always straightforward.

Challenges:

- Parents reported widespread difficulty in finding information about child care and preschools.
- State policies prevent Child Care Partnerships (CCP) or the regional resource and referral system from offering the full list of registered or licensed care facilities in an area.
- Many providers only advertise by word of mouth, so parents cannot just count on finding them through advertising outlets.
- Preschools are not required to be licensed, so not all are in the referral system.
- Child care options are not rated by quality (with the exception of the STARS to Quality field test or other accreditation), nor are Child Care Partnership (CCP) or the regional resource and referral service allowed to offer quality assessments of facilities.
- Some parents expressed frustration that it was impossible to tell whether a facility was good or not, without extensive research, visits and questions. Parents still want to evaluate best fit and approaches for their children.
- Finding and using information about how to assess quality child care is not necessarily easy. Parents differed widely in their ability to find and use information on how to find a quality child care. It is not clear if the lack of ability to do this lies in differing ability to access information, understand the information, or know how to sort through and evaluate the myriad different approaches to evaluate quality. Some parents just said, "Google" when asked how to find information. Some found checklists

and used them. Others had never heard of any quality criteria. Others mentioned specific trusted sites or professionals. Several wanted some kind of centralized information resource which would tell them where to find everything.

- Finding infant and early year child care seemed to be more difficult than preschool. 39% of referrals for child care were for infants (children 0-2. This was the single largest category of referral types.
- Quality care for children with special needs or behavioral challenges: Providers and facilities vary greatly in their ability to manage children with behavioral or special needs of any kind, but it isn't always clear to parents (or providers) how to match level of skill to the needs of the child and family.
- Waiting lists: If a parent needs to find child care or preschool in a hurry, the waiting lists for several places were problematic. It was also a problem for parents who did not fully realize that many preferred facilities have long waiting lists.
- Business representatives cited this as an employee and employer concern in the business survey.

Strengths in Our Community:

- STARS to Quality is likely to help facilitate finding quality care and raising the overall standard of care. However, the full implementation is still four years in the future.
- All licensed and registered in-home, group and center names are available the child care facility web site on the DPHHS site, though it is not an easy-to-use format.
- Quality care exists, as does information about how to access and select quality care.

NEED: FINDING CHILD CARE FOR ODD HOURS, WEEKENDS, NIGHTS, CRISIS CARE, SICK CARE, RESPITE CARE, OR DROP-IN CARE.

Challenges:

- It appears that many people do not work odd hours unless they already have the support at home or care in place first.
- Providers have tried providing odd-hour care of various kinds, but many seem to close after a period of time. Somehow, parents in need and providers willing to work odd shifts are not consistently finding each other.

Strengths in Our Community:

- Some parents were successful at finding care, and some providers do exist that can provide care in these categories of need.
- Family Outreach as respite care funds and other funds have been provided for respite care for children with special needs and in some other cases.

NEED: FINDING CARE FOR CHILDREN WITH SPECIAL NEEDS OR BEHAVIORAL CHALLENGES.

Challenges:

- Varied ability to handle special needs and behavioral challenges at the facility level. Some providers reported difficulty in accommodating children due to restrictions in staffing or in accommodating children of different ages (for example, a baby and an aggressive toddler in an in-home place).

- Wide differences in provider knowledge about how to work with children or refer to services and other facilities that may be of help.
- Difficulties in finding information about how well a facility can accommodate a child with special needs or behavioral challenges.
- Head Start has a substantial waiting list and the Special Needs preschool and Co-op can only accept children whose needs meet threshold requirements.

Strengths in Our Community:

- Some parents with children with special needs or behavioral challenges report successful placements that were beneficial for their children.
- Some providers in the community have a high level of knowledge of how best to identify children with special needs or behavioral issues, refer to other needed services and provide excellent care for children.
- For the more serious challenges, Head Start and the Helena School District provide excellent services, according to parents and other professionals.
- Special needs child care scholarships exist to help families afford care for children with special needs.
-

NEED: FINDING AND USING SUMMER AND BEFORE AND AFTER-SCHOOL CARE FOR CHILDREN WHO HAVE ENTERED SCHOOL.

Challenges:

- Before and after care is difficult to find and use.
- Summer is a difficult time to find adequate, affordable care for school aged children. It was noted that camps are available, but also noted how expensive they are or the fact that the hours do not mesh with work schedules.
- Parents with special needs children continue to struggle with finding adequate care.

Strengths in Our Community:

- YMCA after-school program.
- East Helena Public Schools starting a free after-school program.
- Some child-care providers, especially those with in-home care facilities, continue to take children for many years after they enter school.

NEED: AFFORDING CHILD CARE FOR CHILDREN FROM INFANCY THROUGH SCHOOL.

Challenges:

- Child care is expensive for parents in a broad spectrum of incomes. At the 75th percentile of the market, the cost of child care was \$535.17 in 2011. Many facilities charge more than that and infant care costs more, so parents are spending significant portions of their salaries on child care.
- Many parents cited the cost of care as a major financial burden. A few mentioned the cost as a factor in quitting jobs.

Strengths in Our Community:

- Best Beginnings Childcare Scholarships are used by many working families who have serious financial constraints.
- Families are creative in how they seek jobs and hours in an effort to reduce the cost of child care.
- Businesses and institutions are sometimes providing child care services; this is an opportunity to build on.

NEED: IMPROVE FAMILY ABILITY TO APPLY FOR AND BE ELIGIBLE FOR BEST BEGINNINGS CHILDCARE SCHOLARSHIPS.

Challenges:

- Financial eligibility for Best Beginnings Childcare Scholarships ends below the income threshold that allows parents to comfortably afford care. (150% of the Federal Poverty Level as of 2012.)
- Even small increases in wages can result in the total elimination of the scholarship or sharp increases in co-payments.
- Daunting paperwork (46 pages of instructions and forms in 2012) and intricate and frequently changing policies frustrate and eliminate some families that might qualify. They simply never get through the application process.
- Limit in support capacity that Child Care Partnerships can offer families in the application process.

Strengths in Our Community:

- Strong family and provider constituency for the scholarship program.

NEED: CLEARER PARENT AND PROVIDER UNDERSTANDING AND ABILITY TO WORK WITH BEST BEGINNINGS CHILDCARE SCHOLARSHIP PROGRAM.

Challenges:

- Breaks in information sharing: In interviews with parents, a wide range of understanding of the policies governing Best Beginnings Childcare Scholarships was noted. Though many had accurate information, many did not.
- Limited interview time for scholarship applications and referrals: Families and providers sometimes have difficulty accessing information and help about Best Beginnings Childcare Scholarships and policies.
- Policies governing Best Beginnings Childcare Scholarships are both complex and changing: The policy book for Best Beginnings Childcare Scholarships is about the size of a phone book and changes frequently. This affects the local level because everyone, including local providers, struggles to understand the eligibility and policies of the program.

Strengths in Our Community:

- Many parents successfully use Best Beginnings Childcare Scholarships.
- Child Care Partnerships does have some capacity to assist parents and answer questions.
- Providers who do have experience with scholarships can offer some assistance.

NEED: IMPROVE WAYS FOR PROVIDERS TO TAKE BEST BEGINNINGS CHILDCARE SCHOLARSHIPS.

Challenges:

- The scholarship reimbursement is after care is completed, not before service is rendered, unlike most non-scholarship child care payments. There can be significant cash flow issues for providers, who may need to pay staff before they are reimbursed for care.
- Providers often provide those first weeks or month of care without knowing if the person is eligible. If the person turns out not to be eligible or does not fill out the paperwork, the provider is often not paid by the parent. This financial burden can be significant. Providers can choose not to take a family until the scholarship clears, but all the economic incentives push providers toward taking children up-front, then waiting for clearance.
- Parents do not always know how to fill out the forms. For providers who do not have the capacity to help fill out the forms (most of them), there are issues with parents who start the process, but do not complete it. If so, the provider tends to end up not getting paid.
- Contacting CCP to find out status and to ensure the process works can be difficult at times.
- Child care scholarship rates based on 75% of 2009 market rates, though a 2011 market rate survey was conducted.

Strengths in Our Community:

- Many facilities had no problems with using the scholarships.
- A few facilities had a business model that made effective use of the Best Beginnings Childcare Scholarships.

NEED: ENCOURAGE FURTHER USE OF THE FOOD PROGRAM.

Challenges:

- The reimbursement rate differs by income, but providers cannot charge different rates to parents, even though the facility cost per child is the same. This creates financial hardship on some providers.
- In-home providers may find the requirements burdensome. As one provider said, "I like the program, but I may stop because I have to balance my time preparing food against my goals for preschool learning."

Strengths in Our Community:

- The program is used by many providers and provides additional support for nutrition.
- Some providers reported liking the nutritional aspects of the program.

NEED: IMPROVE AWARENESS OF THE ECONOMICS OF CHILD CARE AND BUILD SUPPORT FOR IMPROVEMENTS IN COMPENSATION.

Challenges:

- Providers are not well-paid, compared to most other comparably educated jobs in the workforce.
- Preschool teachers often have comparable training as kindergarten teachers, but typically receive lower pay and fewer or no benefits. Highly trained preschool teachers often leave to teach in school districts.
- Part of this pay differential seems to be based on the huge difference in educational and training attainment among providers that is mostly invisible to parents. Perception matters too. There appears to be some sense that it is “just day care.”
- Cost of child care is high compared to what parents are willing or able to pay. Time spent on paperwork, which many find burdensome, adds to the cost of doing business.
- Staffing is lean. Providers follow the ratios, but some, particularly in the smaller facilities, wish they could have more staff so they could concentrate more on children, parents, or even on taking a break to eat during the day.

The cost of full-time child care at the 75th percentile was estimated to be \$535.17/month in 2011. In 2010, the average wage for a “day care worker” is \$17,800 and \$23,860 for a preschool teacher. A preschool teacher would have difficulty paying for the care for his or her own child.

Sources: 2011 Child Care Market Survey, DLI

Strengths in Our Community:

- It is a business some enter as a way to earn money while caring for their own children too.
- Some, like Montessori, have “branded” their approach and can charge more, though they report higher costs of doing business too.

NEED: IMPROVE WAYS TO FIND GOOD, RELIABLE SUBSTITUTES FOR CHILD CARE AND PRESCHOOL.

Challenge:

- There is no centralized way of finding substitutes for vacations, much less ones needed because of staff sickness or emergencies.

NEED: FURTHER AWARENESS OF AND ACCESS TO EXISTING AS WELL AS ADDITIONAL LEVELS AND TYPES OF TRAINING FOR PROVIDERS.

Challenges:

- Wide variation in education and experience creates a situation in which providers have large differences in training needs.
- It appears that the current orientation training time is not adequate for new providers.

- Seasoned providers would like more advanced trainings. Several mentioned they go out of state for specialized training.
- Training that is available in the school district and Head Start would be great for many providers, especially those at the preschool-level, but lack of information, timing and sometimes whether it is open to others sharply limits the ability to participate in such trainings.
- Requests for more social-emotional training, especially on working effectively with children with behavioral challenges, were widely heard.
- Connections between existing classes in CSEFEL (social-emotional training) available in the community did not seem clear. An informational gap exists.

Strengths in Our Community:

- Many training opportunities do exist.
- CCP employs the social-emotional training coach for STARS to Quality, so it is possible to access training in that area.
- One business in the survey indicated that they help providers pay for appropriate training, so opportunities for cross-sector support could be available.

EARLY EDUCATION

School is the focus here. Top concerns:

- Helping families prepare children for school: Each child has a different rate of development, but families can do a great deal to help children be ready and progress in school, starting in kindergarten and moving up to third grade. Supporting parent ability to help children is critical for success.
- Improving effective transitions by bridging gaps between child care, preschool, families and schools.

NEED: BETTER, EARLIER CONNECTIONS AND PARTNERSHIPS BETWEEN PARENTS AND SCHOOLS.

Challenges:

- Parents vary widely in their personal valuation of education, knowledge of child development and what schools might expect.
- Parents new to the area, those with transportation difficulties or those with limited support networks of family and friends either reported feeling isolated or were thought to be isolated, making connections more difficult.
- Parents, particularly those with children with special needs, reported having very difficult times accessing school information and assistance during summer and even during the school year as they tried to enroll children.
- Social skills may be lacking if a child misses peer social interaction, but without systematic information, it is impossible to make any clear assessment of whether children in this group have prior social interactions or not.

A significant number of children have no child care outside the home before the age of 5. 31% of households with children 0-5 have at least one adult at home (roughly 1,000 children). Around another 1,000 children appear to require some kind of care before school begins, but are not accounted for in the registered or licensed child care slots.

Sources: Census, Resource and Referral

- Parents who had a negative school experience as children were considered likely to be most resistant to engaging schools either before school starts or during school.
- Finding parents before school registration may be a challenge.

Strengths in Our Community:

- Word of mouth is fairly effective for those who are established in the area, so peers could be potential sources of school information.
- Many parents are involved in some kind of activities for children. Connections between these and schools may be a way to foster connections earlier.
- Schools have orientation processes to help students transition into school and to help parents start to work as partners.
- Preventive care programs, including home visiting, are interacting with a substantial number of parents across the community. Those that employ the Parents as Teachers model already actively promote connections to information about being ready for school.

NEED: RAISE PARENT AWARENESS ABOUT AND ABILITY TO HELP CHILDREN ACHIEVE GREATER READINESS FOR SCHOOL IN ALL AREAS OF DEVELOPMENT, INCLUDING COGNITIVE, PHYSICAL AND SOCIAL AND EMOTIONAL DEVELOPMENT.

Challenges:

- Children develop at widely different levels, but they are generally expected to begin school at the age of five.
- Behavioral, social and emotional development was identified as a concern, particularly by teachers, care providers and many other professionals.
- Many professionals in early childhood said they thought behavioral, social and emotional issues were on the rise in young children.
- Readiness in fine motor skills, sometimes gross motor skills and cognitive readiness were sometimes registered as a concern. Teachers reported having children who had never used a crayon or pencil or played with a ball.
- Child and parent technology use (“screen time”) may be limiting interaction and ability to develop some of the needed skills
- Reaching parents and providers with the training, education and support they need may be difficult. The most isolated may need help, but may not be able to find out about it.
- It appears that “ready for school” may not resonate well before the preschool years, even though most important foundational skills are established at ages 0-3. There was not enough evidence to say for sure whether it did or not or if other messages were clearer.

Strengths in Our Community:

- Schools do have clear, stated expectations about ready for school means for each district. They also work to be “schools ready for children,” so teachers are prepared to successfully teach children with a wide range of developmental levels.
- Schools provide materials with registration packets.

- East Helena Public Schools has the ability to raise readiness significantly for some of the children identified in the spring screening through the Summer PreK program.
- Excellent preventive and early intervention home visiting programs exist in the community and do provide information and support on development and readiness as needed.
- Parent support groups do exist in some areas and may be helpful in improving parent ability to manage transitions and readiness for school.
- Informal education providers could be a source of readiness information, since they are partly doing that job already (Exploration Works, Library, Recreation Department)

NEED: BUILD STRONGER CONNECTIONS BETWEEN PRESCHOOLS, CHILD CARE, THE SCHOOLS, AND KINDERGARTEN TEACHERS.

Challenges:

- Schools in the Greater Helena area vary greatly in culture and approaches. People have different attitudes and perceptions about transitions.
- Teachers do not necessarily have the tools to evaluate any transitional material that comes to them.
- Orientation was widely seen as useful from the Kindergarten teacher perspective. From the perspective of parents and child care, some thought it seemed too late. Providers at most facilities have no time to do formal evaluations or hand off materials to schools.

Strengths in Our Community:

- Head Start is working with the East Helena and Helena School Districts to establish long-term tracking of its students.
- Many providers and teachers have personal relations with each other (some have even done both jobs in the community), thus easing transitions.
- Many preschools role play, read stories or otherwise provide transitional strategies for children.
- Schools have some ability to see what kind of social and early education experiences children had before school started from registration materials that include information about types of child care and preschool.

SOCIAL-EMOTIONAL DEVELOPMENT AND MENTAL HEALTH

This was the area mentioned most by professionals interviewed, whether or not they were mental health professionals. Behavioral issues and social-emotional development in young children was the most frequently cited areas, but emotional disturbances of all kinds from autism to ADHD to serious behavioral issues all came up as important areas that are not being fully addressed.

The focus was on child mental health issues. However, several professionals stressed it is critical to understand that adult mental health and emotional wellness is absolutely critical to the health of the family.

This community has almost the full range of social-emotional development and mental health services, ranging from parenting classes to full-time inpatient facilities for children in crisis. In this regard, the community has an excellent set of resources. Major challenges exist in the following areas:

- Accessing mental health services: Though the problems are different, many people across all income levels, depending on type or lack of insurance, are not able to access everything they need.
- Collaborating and working together within the mental health community to provide consistent, quality early intervention and support.
- Working more effectively in partnership with the preventative early childhood community.
- Provision of excellent social and emotional trainings for providers and other early childhood professionals.
- Limited capacity to meet the full need for children's mental health services.
- Not using a common baseline at the community level to focus on amount, type and coordination of social-emotional, behavioral, and mental health services.
- Unmet need for all levels of children's mental health services is thought to be substantial. One professional thought that only about 10% of total need is actually met.

Medicaid paid for an average of 168 mental health claims each month for children ages 0-8, serving a total of 362 children in 2011, 8% of the children 0-8 who receive Medicaid in Lewis & Clark County. No corresponding information appeared available from Healthy Montana Kids or private insurance providers.

NEED: BETTER COMMUNITY-LEVEL BASELINE INFORMATION ON CHILDREN'S MENTAL HEALTH NEEDS.

Challenges:

- It does not appear that a prevalence study has been conducted in the Greater Helena area to establish the size of the population that needs care and the areas of greatest need.
- Insurance type drives a lot of treatment decisions. The type of mental health care provided is correlated with the type of insurance the family has. If a family has no insurance or is underinsured, no care appears to be the default, making a solid assessment of the total need difficult.
- Fragmented care means that no central source for information about current treatment, much less projected needs, exists.

Strengths in Our Community:

- Continuum of care is present in the community, so children’s mental health services can be accessed.
- Strong set of professionals who can pool information to provide the information needed to clearly determine a baseline.
- Widespread professional sense that greater capacity is needed to meet the need.

NEED: GREATER CONNECTIVITY AND OPPORTUNITIES FOR MENTAL HEALTH PROFESSIONALS TO SHARE INFORMATION AND BEST PRACTICES WITH EACH OTHER AND WITH OTHER FAMILY AND EARLY CHILDHOOD PROFESSIONALS.

Challenges:

- The mental health community operates across many practices and organizations, and not everyone is allowed or can afford time to connect and collaborate.
- Medicaid does not pay for consulting time between therapists and other specialists.
- Turnover, inconsistent provision of services, and reputational issues that limit collaboration are not overcome because of lack of communication between organizations.
- Several large providers receive much of their funding from similar sources, and it appears to sometimes foster competition.

Strengths in Our Community:

- Many professionals who care deeply about children’s mental health are practicing in the community.
- There are “connectors” that know large groups of therapists, case workers and other mental health providers.
- Many different approaches exist in the mental health community. If good working relationships could be fully established, discussions about most appropriate approaches could be very productive.

NEED: GREATER CONNECTIONS BETWEEN ADULT MENTAL HEALTH AND CHILD WELL-BEING.

Challenge:

- Adult mental health does appear to be an area with significant numbers of adults experiencing poor or fair mental health.
- Perinatal depression was brought up as a concern, but no available data suggests the level of awareness or treatment.

Strengths in Our Community:

- Family-based mental health services acknowledge role of entire family in the well-being of the child.
- Preventive home visiting does identify adult mental health issues and can connect adults to mental health resources.
- Resources to help adults do exist in the community.

NEED: IMPROVED ACCESS TO MENTAL HEALTH SERVICES FOR ALL CHILDREN.

Challenges:

- In practice, “wrap-around” care for children with severe emotional disturbances is mostly available to children with Medicaid and, to a lesser extent, Healthy Montana Kids.
- Private therapists often will only take non-Medicaid patients or limit the number of Medicaid patients (Medicaid has not raised its reimbursement rates in many years. One professional who does take many Medicaid patients characterized the situation as, “my accountant does not like it.”)
- Those with no insurance or catastrophic insurance seem almost completely missing from care.
- Even with full private insurance, time limits may force the end of treatment before it is warranted.
- Mental health, unlike special needs, can be fee-based at schools, leaving some families unwilling or unable to pay.
- Billing rules, both between mental health services and between mental health and special needs services at the school level, can be difficult and even counterproductive.
- Mental health eligibility rule changes can change who is treated or treatments that are covered. These changes can create confusion.
- Inconsistent treatment, even if the issue has been resolved, has led to reluctance to use available services.

Strengths in Our Community:

- While Lewis & Clark County could use more capacity, especially at the specialist level, the range and variety of mental health services is fairly comprehensive.
- Many parents who had accessed mental health services reported excellent outcomes.

NEED: MORE COMMUNITY-LEVEL EARLY IDENTIFICATION AND ASSISTANCE FOR CHILDREN WITH SPECIAL NEEDS AND THOSE WITH BEHAVIORAL, SOCIAL OR EMOTIONAL ISSUES THAT DO NOT MEET THE THRESHOLD REQUIREMENTS FOR EXISTING PROGRAMS.

Challenges:

- Some children are not getting screened and identified until they get to school, and thus do not receive needed services early. It appears many do get screened, but there is not enough information to make a definitive statement.
- Early identification of children with delays or social-emotional issues that fall below the threshold of care with existing special needs or mental health programs.
- Connecting children that fall below threshold requirements for many programs to early intervention or prevention services that can assist and provide support for children and families.

Strengths in Our Community:

- Good preventative home visiting programs and parenting classes that can identify and assist with behavioral and social-emotional development and identify resources for children with special needs or other challenges that do not meet the threshold requirements of existing programs for children with severe special needs, behavioral, or mental health challenges.

- The Helena special education preschool has great capacity for working with children and families to identify every child that will meet the threshold requirements.
- The school districts have some excellent tools for working with school-age children who are below special needs or mental health services thresholds, and there may be something in those models that are useful for younger children.
- Head Start has significant capacity to work with children with behavioral and social emotional issues, if a family can qualify.
- Some mental health and special needs professionals currently provide care for children that do not have diagnosis.

NEED: PROVISION AND ACCESS TO MORE SOCIAL AND EMOTIONAL TRAININGS FOR CHILD CARE PROVIDERS AND OTHER EARLY CHILDHOOD PROFESSIONALS AT ALL LEVELS.

Challenges:

- Social-emotional and behavioral development concerns were mentioned by many parents, providers and other early childhood professionals in interviews as being a concern.
- Providers varied in their confidence and abilities to manage social-emotional and behavioral development and challenges in children.
- Limited mechanism for coaching and mentoring to help build skills in practice.

Strengths and Assets in the Community:

- Trainers in this area at both the local and state level.

HEALTH

There are many positive attributes to the overall health climate, including adequate basic medical infrastructure and large employers that offer medical insurance and good preventative programs. However, some signs indicate that Lewis & Clark County families do have some health issues of concern. Issues relating to opportunities for physical play were mentioned frequently by parents. Nutrition was mentioned to a lesser extent, but other health concerns were mostly absent from parental discussion. Some professionals and data available on health suggest that additional health concerns exist, but widespread awareness seems to be missing. Top concerns for the community are:

- Clear, consistent messaging on positive health practices including smoking habits, lifestyle factors that lead to increases in obesity, and preventive medical care.
- Greater access to opportunities for safe, physical play for all young children, both indoors and out (see Family support for more on this issue).
- Continued work in connecting and keeping parents and children on affordable, adequate health care coverage.
- Greater partnership and referrals from the medical community to the early childhood prevention community in order to provide the full range of services to help families and young children succeed.
- Greater capacity to provide skilled medical interaction with children with special needs and those with mental health challenges such as autism.

| Health Factor | Lewis & Clark County | Montana |
|---|----------------------|---------|
| Percent of community without insurance, 2007 | 21% | - |
| Children without insurance | - | 5% |
| Children 0-17 enrolled in Healthy Montana Kids Insurance, FY 2011 (total) | 4,454 | 83,371 |
| Pregnant women on Medicaid, average/month, 2011 | 166/month | - |
| Children 0-8 on Medicaid, average/month, 2011 | 1,990/month | - |
| Prenatal care 1 st Trimester (2003-2007 average) | 80% | 69% |

| | | |
|--|-------|----------------|
| Low-birth weight babies (less than 5 lbs. 8 oz.) (2004-2008 average) | 8% | 7% |
| Teen Pregnancy Rate (2007-2009) | 11% | 10% |
| Pre-term (Before 37 weeks gestation) birth: percent of live births (2004-2008) | 11.3% | |
| Infant mortality (death within 1 st year) (2004-2008) | 7.1 | 6.1 |
| Children 24-35 months immunized on schedule (2008) | 83.3% | 63.0% |
| Obesity Rate in Adults (2009) | 24% | 24% (national) |

Sources: Lewis & Clark Health Indicators Report, Annie E. Casey Foundation, Healthy Montana Kids, Medicaid, Montana Vital Statistics, Community Health Rankings.

| Health Factor | Lewis & Clark County | Montana |
|-------------------------------|----------------------|-------------------------------|
| Smoking While Pregnant | 19.1% | 18.3%(MT) 11.2% (national) |
| Smoking in Adult Population | 22.9% | 23.4% |
| Binge Drinking, Adults, 18-44 | 22.2% | 14.5% |

Source: Behavioral Risk Survey,

NEED: CLEAR, CONSISTENT MESSAGING AND ACCESS TO TOOLS TO PROMOTE POSITIVE HEALTH PRACTICES IN OUR COMMUNITY.

Challenges:

- Several behaviors and health outcomes in Lewis & Clark County are less than optimal. Smoking and low birth weight babies are a clear issue. Substance abuse is a concern. Though not necessarily widespread,

its effects on children are severe. Obese and overweight adults and children both appear to becoming a greater concern. Though the overall percentage is still below state and national averages, this increase in rate, coupled with reports on lack of access to physical activity and nutritional concerns, raises a flag.

- In several cases (particularly physical activity, but also, to some extent, nutrition), “Making the healthy choice, the easy choice” is not easy at all in much of the area.
- Preventative primary care and healthy lifestyle choices appear to be more difficult to choose and to access for people with restricted incomes.
- Obesity is a growing problem at all ages according to professional reports and adult obesity rates.
- Gaps between the medical community and the early childhood preventative community may make coordination of a message and approach more difficult.
-

Strengths in Our Community:

- Some parents expressed significant interest in nutrition. Most parents who participated reported using parks, pools, trails, or participated in outdoor activities.
- Medicaid and Healthy Montana Kids have mechanisms to encourage primary, preventative medical care (a “medical home”).
- Parents reported having primary care for children.
- Early childhood has many practitioners skilled in and interested in preventive choices.
- Campaigns such as “Most of Us” and Montana Nutrition and Physical Activity Program (NAPA) have models that could be adapted for community messaging.
- Many doctors appear to stress healthy choices for families.

NEED: BETTER ACCESS TO MEDICAL CARE AND SERVICES FOR CHILDREN AND FAMILIES.

Challenges:

- Self-employment and working for employers that do not offer insurance or very limited insurance contributes to insurance gaps.
- Adult physical health, like adult mental health, affects families, not just the adults, but a strategy to address that reality does not appear to be in place.
- Reports of inability or limited ability to pay for medical care, over the counter drugs or prescriptions were heard from both professionals and parents.
- Underinsurance appears to be a problem and 5-9% of children probably do not have any health insurance. Adult are less likely to be insured. Bouncing on and off Medicaid and its effects on immunization schedules and well checks was also reported.
- It can be difficult to find medical providers that take Medicaid or Health Montana Kids (HMK), especially specialists and care outside of Montana that take Medicaid or HMK. This has impact on the traveling population and those who need specialist care.
- Rates for reimbursement can be low, limiting the number of providers who will take Medicaid or Healthy Montana Kids.

Strengths in Our Community:

- Cooperative Health Center does provide sliding scale health services.
- The expansion of Healthy Montana Kids has closed a fair bit of the insurance gap for children and is the highest financial eligibility of any program found. Eligible families can make up to 250% of the federal poverty level, equal to \$57,625 annual income for a family of four.
- Doctors interviewed did take Medicaid and Healthy Montana Kids, and other professionals often indicated knowing which specialists would take different sources of insurance.

NEED: IMPROVE AVAILABILITY OF ASSISTANCE AND SUPPORT TO HELP FAMILIES UNDERSTAND, USE, AND ADVOCATE FOR MEDICAL SERVICES.

Challenges:

- Families with children who faced major medical challenges had difficulty in figuring out the system, coordinating care, filling out and tracking paperwork, and identifying their rights as patients.
- Limited team approaches exist between medical professionals and also between the medical and early childhood intervention and support people. Families with major medical problems reported that they had to “become their own advocates” in pushing for tests, care and coordination of specialists.
- Families have very different resources and abilities to understand and advocate for their children. Many were very successful, but others had great difficulty in finding and using supportive services and advocating for their children.

Strengths in Our Community:

- For those families with children with special needs, Family Outreach could provide case management, knowledge of resources and may help train parents to become advocates for care.
- For those parents with children with severe emotional disturbances, the mental health support and treatment programs may also provide assistance and training on becoming advocates for treatment that can crossover into medical care.
- Preventive home visiting and the Health Department programs did provide resource information and assistance to parents that needed help.
-

NEED: IMPROVE FAMILY UNDERSTANDING AND ABILITY TO ACCESS SPECIALIST CARE FOR CHILDREN WITH SPECIAL NEEDS OR COMPLICATED MEDICAL CARE.

Challenges:

- Specialists for care, especially at the pediatric level, are not all available in Helena or even Montana. It is a function of the size of the population.
- Accessing information about specialists in Montana (including those who visit Helena), as well as in region can be difficult. Parents report difficulties in putting together a medical “team” for children.

- Finding a specialist or a team that the family trusts and can work well with can be even more difficult, given the distances and travelling schedules.

Strengths in Our Community:

- Case management exists in several organizations. It could be further strengthened.
- Many people in the medical community have significant knowledge of the medical resources available.
- Experienced parents of children with major medical challenges often have detailed knowledge about specialists and their ability to work with families.

SYSTEM

The previous sections contain information about desirable outcomes in our community. Many of the key ingredients to turn good services and outcomes into great system are in place. Some of the missing pieces are at the system level. System issues exist at the ECC level, community level, and state and federal levels. Without cooperation from every sector, full realization of the community and individual benefits of supporting families with young children will not be realized.

NEED: CLEAR, “ONE-STOP” SHOP FOR INFORMATION.

Challenges:

- Many parents and some professionals pointed out the lack of a “front door” to access information about services, resources and information. Currently, no central resource exists that provides information.
- Though this assessment is focused on early childhood, several interviewees indicated this has been an ongoing issue for the community as a whole. The Safe Schools, Healthy Schools needs assessment in 2008 identified this gap.

Strengths in Our Community:

- The 211 universal information service launched in October, 2012. This system is intended to be a community information service. As part of the initiative under the Safe Schools Healthy Schools grant, infrastructure was developed to solve this need.
- Many ECC participants are already part of the information sharing and outreach activities here.
- One of the purposes of the ECC Family Resource Center is to connect families to information and resources.

NEED: EASIER ACCESS TO NEEDED SERVICES.

The goal is “any door is the right door” and a “warm hand-off” to services.

Challenges:

- Physically separated services prove challenging due to transportation issues.
- Most of Greater Helena has limited services and infrastructure.
- There are limited networks of referrals and limited knowledge and use of a universal referral system.

- Some inconsistent relationship-building skills and inconsistencies in program delivery exist.
- Gaps in professional resource knowledge limit can limit ability to refer to other needed services.
- Daunting paperwork for many programs hinder successful referrals, since parents must fill out new paperwork for almost all services.
- There were instances of slow or incorrect service delivery, often due to understaffing.

Strengths in Our Community:

- Many excellent services and professionals. Head Start and the Health Department home visiting were particularly praised by parents, and many other service experiences were reported as excellent.
- The new ECC Early Childhood Family Resource Center at Ray Bjork and the Title I resource room for Broadwater School are responses to access issues and are expected to help facilitate access to services.
-

NEED: CLEAR, COMMUNITY-WIDE MESSAGING ON EARLY CHILDHOOD ISSUES AND GREATER PROMOTION OF MEASURES TO HELP CHILDREN BE SUCCESSFUL IN SCHOOL AND LIFE.

Challenges:

- Professionals reported that preventive messages did not appear to be understood by the entire community.
- Many messages and specific approaches around early childhood issues were present in the community, but none appeared to consistently cut through the clutter of information parents are bombarded with.

Strengths in Our Community

- Professionals have many common goals and quite a bit of common ground between existing messages.
- ECC has a critical mass of partners that are consistently communicating with one another and producing joint projects like “Week of the Young Child,” so expertise and experience in working together is occurring.
- Strong commitment to research-based best practice and willingness to work together.

NEED: FINDING SOLUTIONS TO THE “ELIGIBILITY” CLIFF.

Challenges:

- A substantial “gap” exists at the edge of all financial assistance services, mental health, physical health, and special needs services in the community, due to eligibility requirements.
- Solving these gaps will take additional funding and capacity.

Strengths in Our Community:

- Strong willingness to characterize gaps so that the true size of the need can be understood.
- Capacity to engage in policy solutions to improve existing programs.

NEED: BUILD FURTHER PARTNERSHIPS WITH ECC AND EXTENDING EARLY CHILDHOOD INVOLVEMENT TO THE WHOLE COMMUNITY.

Challenges:

- Business, much of the medical community, mental health providers, child protective services, faith-based communities, and law enforcement and legal sector participants were all identified as important and limited or missing participants within the Early Childhood Coalition.
- Timing and current structure precludes some members, particularly child care providers, from attending meetings. It is thought that could be a barrier for some missing partners as well.
- Clear communication of the importance of early childhood and of ECC is not universally understood.

Strengths in Our Community:

- ECC members have relationships with most, if not all, limited or missing partners.
- Participants in the needs assessment who were not members of ECC also support early childhood aims. It appears that there is wide professional agreement on the merits of strong foundations in early childhood.
- ECC has been doing substantial work in clearly stating the value of partnership.

NEED: BUILD STRONGER CONNECTIONS TO YOUTH, ADULT, AND COMMUNITY SERVICES.

Challenges:

- Early childhood professionals do not necessarily have connections or standing in areas of economic development, transportation, youth services, adult mental health or legal areas, but those fields have clear impacts on families and on young children.
- Time is limited.

Strengths in Our Community:

- The area is growing, but it is not that big. ECC members have relationships with representatives in many organizations or sectors that were identified as having limited or were missing from involvement on the ECC.
- Many of the missing or limited partners would have good linkages or represent these other areas. Cultivating new partners is also likely to improve long-term capacity to address whole family issues.

NEED: EXPAND COLLABORATIVE OPPORTUNITIES TO BROADER GEOGRAPHIC AREA.

The Greater Helena area encompasses most of the population of Lewis & Clark County and parts of both Broadwater County and Jefferson County.

Challenges:

- Engaging partners that are based in Broadwater or Jefferson County has not always been easy.

- Political boundaries make it more difficult to promote services and provide consistent services and collaboration to the entire population of the region.
- The northern part of Lewis & Clark County is geographically and economically isolated from the rest of the county.

Strength in Our Community:

- Many of the programs do serve the entire region, so a strong set of partners is in place.

HIGHLIGHT ON HOME VISITING: A PROGRAM COMPARISON

WHAT IS HOME VISITING?

Home visiting is a voluntary, family support strategy that delivers tailored services to families in their homes.

Benefits of home visiting include:

- Early, custom-tailored programs and therapies provided in home or at a convenient location.
- Quick identification of challenges that need specialist care or connection to further resources.
- Evidence-based programs have a proven record of positive outcomes for children and families.
- Reduction of isolation and transportation challenges.
- Long-term societal benefits by helping to increase graduation rates, improve long-term health outcomes, and to reduce criminal acts.

THE HOME VISITING ASSESSMENT

Nine organizations participated in the home visiting assessment. They are:

- AWARE, Inc.
- Department of Public Health and Human Services (DPHHS).
- Family Concepts.
- Family Outreach.
- Intermountain.
- Helena School District.
- Lewis & Clark City-County Health Department (2 separate programs: Home Visiting and RN Medical Waiver Program for the Elderly and Physically Disabled).
- Spirited Hopes, LLC.
- Youth Homes, Inc.

These represent most of the major home visiting programs in Lewis & Clark County and the Greater Helena area. In addition to these organizations and programs, Head Start conducts home visits as part of its educational model and CASA conducts home visits as part of its guardian *ad Litem* program.

The assessment was a modification of the 0-3 Policy Center *Community Home Visiting Assessment*. Six home visiting program representatives met on June 18th, 2012, to discuss their respective home visiting programs. After the meeting, those attending, plus four others responded with details on their programs. This assessment is a summary of the programs and represents the current state of home visiting in the area. These findings are described in this section and were also used as part of the overall early childhood system needs assessment.

Strategic planning will be needed to determine what actions, if any, will be taken to further strengthen home visiting as part of the early childhood system.

STRENGTHS AND CHALLENGES OF THE COMMUNITY HOME VISITING PROGRAMS

Strengths in Our Community:

- Parents and professionals praised home visiting, particularly those programs with family promotion and preventative services at their core.
- Home visiting is a mechanism that helps alleviate the family challenges of isolation, transportation difficulties and challenges bringing children in for support, assessment, or treatment.
- This community has one of the most extensive home visiting services in Montana.
- Skilled professionals and several evidence or research-based models are used to build or inform programs.
- Overall, skilled, well-trained professionals run the programs.

Challenges:

- Home visiting is not well-recognized in the wider community as a set of services, with the exception of Family Outreach's program for children ages 0-3 with special needs.
- The home visiting programs are not well-integrated, so there is not a system to identify and serve families most effectively.
- Some programs have more limited or no models. This does not mean they are not high quality programs, but it does make it more difficult to evaluate their impact.
- Inconsistencies in staffing and training detracted from the positive impact of some programs.
- Free, preventative services that serve the broadest part of our community are also most vulnerable to funding changes.

PROGRAM TYPES AND PURPOSES

Every program has an element of family support. For some, that is the reason the program exists. For others, family support is part of what it does as part of either an educational mission or as part of an early intervention.

The programs are a continuum, but can be divided by their primary strategy. These are:

- **Transitions to education and child care** designed to build trust and understanding between families and preschool or schools, in order to help families communicate their values and to help families prepare to work in partnership in building a great school experience.
- **Family support** through programs aimed at the promotion of healthy families and the prevention of problems in the future. Home visiting aims to catch problems early before they are more severe or irreversible.
- **Early intervention programs** designed to assist children and their families by providing intensive, targeted services and therapies to children and families.

| | PROGRAM | ORGANIZATION | PURPOSE |
|--------------------|--|--|--|
| TRANSITIONS | Sacramento Teachers Home Visiting Model | Helena School District | The purpose is to meet with families and build relationships with them. The ultimate goal is to form an equal partnership between the family and the school to increase student success. |
| FAMILY SUPPORT | Parents as Teachers Other Home Visiting & Face to Face Programs: Presumptive Eligibility (Medicaid) for Pregnant Women; Case Management Services, Breastfeeding Information; Circle of Security Parenting Classes; Parent Support Group; Asthma Project | Lewis & Clark City-County Health Department | To support families with young children and to provide preventative care by promoting healthy pregnancies, healthy births, breastfeeding, and healthy children who develop to their potential. |
| | RN Medicaid Waiver Program for Elderly and Physically Disabled | Lewis & Clark City-County Health Department | To assist families with a physically disabled child to keep them in a home setting. |
| | Spirited Hopes, LLC | Spirited Hopes, LLC | To help parents build healthier relationships and connect to community resources. Horses are used in a therapeutic atmosphere as part of the work. |
| EARLY INTERVENTION | Dan Fox Family Care Program | Youth Homes, Inc. | To support families and keep them intact through family-based services. |
| | Part C Disabilities 0-3 Home Visiting Program, other HV programs | Family Outreach | To provide early intervention services to families with children ages 0-3 with Part C special needs in order to help children catch up or identify services that will help them reach their full potential. |
| | Adoption and Family Support Services | Intermountain | To keep children in their home and out of higher levels of care and to find permanent homes for children. |
| | PRTF Waiver Federal Demonstration Grant | DPHHS, Children's Mental Health Bureau | Families will build skills and support to build a transition plan they can use and youth will be able to stay in the home and community |
| | Successful Starts Program | AWARE, Inc. | To provide a comprehensive, integrated approach to preventing, identifying, and treating early childhood mental health concerns and improving social emotional outcomes for young children, and thus school readiness. |
| | Family Concepts | Family Concepts | To help parents gain the skills and knowledge to either be reunified with their children or to prevent their children from being removed |

PROGRAM CAPACITY AND FAMILIES AND CHILDREN SERVED

The programs vary greatly in intensity, purpose and scope. All programs were asked for current (calendar year 2011 or fiscal year 2012) numbers of children and families served, as well as any estimates of capacity for service, given their current structure.

An estimated 880 families and children participated in home visiting programs in Lewis & Clark County and the greater Helena area in the last year. Because families are not tracked across services, the total number of families that may be participating in one or more home visiting programs is not known.

Some additional capacity does exist, but not a lot. Some programs noted that capacity was difficult to fully estimate because the level of need varied so much between families. This was clearest in family support. Other programs did not have an upper bound on capacity, due to philosophy, legal requirements or flexibility in the payment structure.

| Home Visiting Program | Organization | Number Served/2011 | Total Capacity, if known |
|--|--|--|--|
| Sacramento Teachers Home Visiting Model | Helena School District | 2011-2012: 150 (approx.) 2012-13 all K (550) | No limit |
| Parents as Teachers Other Home Visiting & Face to Face Programs: Presumptive Eligibility (Medicaid) for Pregnant Women; Case Management Services, Breastfeeding Information; Circle of Security Parenting Classes; Parent Support Group; Asthma Project | Lewis & Clark City-County Health Department | 115 families; 133 children and pregnant women 470 | 140 families (depends on assessed need) about 470-530 |
| RN Medicaid Waiver Program for Elderly and Physically Disabled | Lewis & Clark City-County Health Department | 8 that are 0-8 at this time. | 37 in three counties; all ages. |
| Spirited Hopes, LLC | Spirited Hopes, LLC | 3 families (Just started) | Not reported. |
| Dan Fox Family Care Program | Youth Homes, Inc. | Not reported. | Not reported. |
| Part C Disabilities 0-3 Home Visiting Program, other HV programs, | Family Outreach | 79 in Part C | Not reported. |
| Adoption and Family Support Services | Intermountain | 36 at a time | 36 |
| PRTF Waiver Federal Demonstration Grant | DPHHS, Children's Mental Health Bureau | 16-20 | 20 |
| Successful Starts Program | AWARE, Inc. | 20 | No upper bound. |
| Family Concepts | Family Concepts | 10 families currently | Not reported |

Gaps in Home Visiting Programs

Home visiting programs do not cover all identified families and children who may have needs. The following gaps were identified:

- Non-Medicaid mental health services (Healthy Montana Kids could often be served; privately insured could rarely be served).
- Family support, preventive home visiting for families with children 6-8, with limited exceptions.
- Limited home visiting support for families with children with special needs for children older than three (budget limitations—programs do exist to serve at least a portion of this audience).

Other Identified Population Gaps:

- Transition visits for families with children entering 6th and 9th grade (middle school and high school entry).
-

PROGRAM MODELS AND APPROACHES

The programs vary widely in the type or even whether they use a model. One program had a purpose that is “pure case management,” so a model was not used. One of programs (Parents as Teachers) uses one of the evidence based models supported by the MEICV program. Between those two poles, programs use a variety of best-practice, research or evidence-based models.

| | Program | Organization | Model(s) |
|-----------------------|--|--|--|
| TRANSITIONS | Sacramento Teachers Home Visiting Model | Helena School District | Sacramento-Teachers Model |
| FAMILY SUPPORT | Parents as Teachers | Lewis & Clark City-County Health Department | Parents as Teachers (PAT) |
| | Other Home Visiting & Face to Face Programs: Presumptive Eligibility (Medicaid) for Pregnant Women; Case Management Services, Breastfeeding Information; Circle of Security Parenting Classes; Parent Support Group; Asthma Project | | Varies by program. Circle of Security; |
| | RN Medicaid Waiver Program for Elderly and Physically Disabled | Lewis & Clark City-County Health Department | None. It is pure case management. |
| | Spirited Hopes, LLC | Spirited Hopes, LLC | None listed. |

| | Program | Organization | Model |
|---------------------------|---|---|--|
| EARLY INTERVENTION | Dan Fox Family Care Program | Youth Homes, Inc. | Circle of Security; "wrap-around" services |
| | Part C Disabilities 0-3 Home Visiting Program, other HV programs | Family Outreach | Applied Behavioral Analysis (ABA) and Routine Based Interviews (RBI) |
| | Adoption and Family Support Services | Intermountain | Relational Base model of Treatment and Circle of Security. |
| | PRTF Waiver Federal Demonstration Grant | DPHHS, Children's Mental Health Bureau | High-Fidelity wrap-around services |
| | Successful Starts Program | AWARE, Inc. | See it as part of a continuum of care; most intensive level. |
| | Family Concepts | Family Concepts | None listed. |

PROGRAM ELIGIBILITY AND GEOGRAPHIC COVERAGE

The programs vary significantly in eligibility, frequency, and the area they cover. All the programs in the "early intervention" area focus on children and families with significant special needs, mental health or family crisis issues. At the transition level, every child within the category is served. In between, family support programs are primarily aimed at any family that would like additional support, though one only services those with children with special needs.

| TRANSITION | | | | |
|--|-------------------------------|---|--|------------------------|
| Home Visiting Program | Organization | Who Can Participate? | Frequency of Visits | Geographic Area |
| Sacramento Teachers Home Visiting Model | Helena School District | All K children, some other grades as well | Most will do initial visit between August and November1, some do 2nd visit instead of PT conference in winter/spring | Helena School District |

| FAMILY SUPPORT | | | | |
|---|--|--|---|---|
| Home Visiting Program | Organization | Who Can Participate? | Frequency of Visits | Geographic Area |
| Parents as Teachers | Lewis & Clark City-County Health Department | Pregnant women and families; families with children ages 0-5 | At least 1x/month | Lewis & Clark residents; serve clients in Jefferson and Broadwater County if they come to the office in Helena. |
| Other Home Visiting & Face to Face Programs: Presumptive Eligibility (Medicaid) for Pregnant Women; Case Management Services, Breastfeeding Information; Circle of Security Parenting Classes; Parent Support Group; Asthma Project | | Pregnant women and families; families with children ages 0-5; for asthma services, children 0-17. | As needed by family and indicated by model. Families choose from a range of services that fit their needs | Lewis & Clark County; serve clients in Jefferson and Broadwater County if they come to the office in Helena. |
| RN Medicaid Waiver Program for Elderly and Physically Disabled | Lewis & Clark City-County Health Department | Medicaid eligible; disabled according to MEDS or Social Security and meet level of care. All ages. | Minimum 2x/yr; as needed. | Lewis & Clark, Jefferson and Broadwater |
| Spirited Hopes, LLC | Spirited Hopes, LLC | Anyone through contracted services or private pay | | Lewis & Clark County +surrounding area |

| EARLY INTERVENTION | | | | |
|---|---|--|---|--|
| Home Visiting Program | Organization | Who Can Participate? | Frequency of Visits | Geographic Area |
| Dan Fox Family Care Program | Youth Homes, Inc. | Children that are Medicaid participants; those with conventional insurance can access some services | Not reported. | Lewis & Clark County +surrounding area |
| Part C Disabilities 0-3 Home Visiting Program, other HV programs | Family Outreach | Children 0-3 who meet Part C threshold requirements and their families | As needed. | Lewis & Clark, covered other counties in region |
| Adoption and Family Support Services | Intermountain | Children 3-17 with a Severe Emotional Diagnosis (SED) with Medicaid | Not reported. | County; sometimes access for outliers is an issue. |
| PRTF Waiver Federal Demonstration Grant | DPHHS, Children's Mental Health Bureau | Children 6-17 on Medicaid with an SED that are at risk of an out of home placement, and are in a family that wants to participate in wrap-around | Typically 5hrs/wk. initially, then taper as needed. | Lewis & Clark; Broadwater and Jefferson Counties |
| Successful Starts Program | AWARE, Inc. | Children 6-17 on Medicaid, approved by Magellan; Healthy Montana Kids with some small restriction. | 1x week with family; 2x month with child or as indicated. | Helena area; also Townsend. |
| Family Concepts | Family Concepts | Referrals from the Department of Child and Family Services | As needed. | Lewis & Clark County |

COMMUNITY STRENGTHS AND GAPS

Each home visiting program participant was asked to identify top community strengths and weaknesses. These judgments were used as part of the overall assessment that includes an examination of community assets and gaps. These are also useful when thinking about home visiting because they show where those who use the strategy of home visiting see the biggest strengths and gaps in the community.

Community Strengths

- Early Childhood Coalition.
- Many resources available.
- Commitment to working together.
- Once partners establish relations, they work well.
- Generous and compassionate professionals.
- Generous community that gives both funds and time.
- County is invested in a healthier community.
- Able to change over time (though it is sometimes slow).
- Early Childhood Family Resource Center at Ray Bjork.
- Many community committees including the Child Advocacy Council, Parent Partnerships.
- Activities for families, including the library, Exploration Works, and community events.

Gaps and Challenges

- Respite, crisis stabilization care and support.
- Families do not know how to find and access resources.
- Lack media and advertising to explain resources and connect families.
- Partnership gaps, in some cases.
- No widely used uniform system for referrals, though one exists.
- Lack of funds for medical and psychological care for families; limited Medicaid slots.
- Need for greater school involvement.
- Transportation.
- Positive, neutral location where parents can find support and build life skills, nutrition and education are presented.
- More investment in families.
- More families willing to foster or adopt or do respite care.
- Mental health services for young children, especially with an emphasis on family skills, and positive attachment.

PARTNERSHIPS AND REFERRALS

The programs varied on their levels of partnerships with various other organizations. This is an expected result, given that the focus and clients vary so much from program to program. What is interesting is that a few key organizations seem to be ones that many home visiting programs work with.

Eight of the ten programs systematically evaluated their level of collaboration with other organizations. Two programs did informally indicate partnerships with several of the organizations on the chart below, but were not formally included here. The number represents the number of respondents in each category.

| Community Service | Limited Collaboration | Moderate Collaboration | High-Level of Collaboration |
|--|------------------------------|-------------------------------|------------------------------------|
| Preschools | 5 | 1 | |
| Child Care Centers | 5 | 1 | |
| Child Care Homes | 4 | | |
| Head Start | 2 | 3 | 2 |
| Schools | 1 | 2 | 3 |
| Family Outreach | 2 | 2 | 2 |
| Child Care Partnerships | 4 | 2 | |
| Infant Toddler Specialist Networks | 5 | | |
| Infant Mental Health Networks | 5 | 1 | 1 |
| Parenting Classes | 4 | 1 | 1 |
| Family Literacy Programs | 3 | 2 | |
| SNAP (Food Stamps) | 3 | 2 | |
| WIC | 3 | 3 | |
| Health Department | 5 | | 1 |
| Health Co-op/Leo Pocha | 4 | 1 | 1 |
| Medical Clinics | 3 | 3 | 1 |
| SPH | 4 | | |
| Transitional Housing | 4 | 1 | |
| Helena Food Bank | 4 | 2 | |
| Mental Health/Counseling Services | | 3 | 4 |
| Substance Abuse Treatment | 1 | 5 (1 said "difficult") | |
| Friendship Center | 4 | 3 | |
| Faith-Based Services | 4 | 2 | |
| United Way/Local Foundations | 5 | 2 | |
| Advocacy Groups | 3 | 2 | 1 |
| Community Facilities (libraries, community centers, higher education, parks) | 1 | 2 | 3 |

No organization or program collaborated with every type of organization. Collectively, connections exist between all of them, though limited levels of collaboration are more common than higher levels of collaboration.

Referrals

Referrals both to and from programs varied a lot, partly based on the nature of the program.

Major Referrals (To and From):

- Office of Public Assistance (OPA).
- Family Outreach.
- Physicians.
- Child Find/screenings/evaluation centers.
- Foster Parents.
- Parents as Teachers and other events.
- Private Preschools.
- WIC.
- Home Visiting (Health Dept.).
- Head Start.
- Word of mouth, especially from satisfied parents.
- Therapists.
- Dept. of Child and Family Protective Services.
- AWARE, Shodair, Intermountain and other youth homes/services.
- Rocky Mountain Development Council.
- Other professionals.
- Other in-home service providers.
- Church ministers.
- Juvenile Dept. of Corrections (Probation).
- CSCT team (in Helena School Dist.).
- Florence Crittenton.
- Friendship Center.
- God's Love.
- Family members.
- Landlords.

Referral Gaps:

- Private preschools.
- Centralized platform used for referral.
- Department of Child and Family Protective Services.
- Doctors.
- From kindergarten teachers regarding younger siblings.
- St. Peter's Hospital: good, but could be better.
- Office of Public Assistance could refer more.
- Legal system.
- Friendship Center.
- Family Outreach.
- AWARE.
- Recreational activities—YMCA, Exploration Works, Recreational Department.

Of interest is the fact that several organizations and agencies appeared on both lists, reflecting the somewhat fragmented nature of home visiting and the larger early childhood community. Sub-relationships exist that work very well, but no one appears to possess full knowledge or relationships necessary to know how to refer with maximum effectiveness.

Referral Frequency:

The home visiting programs reported varying rates of referrals, but most reported referring to other services often to "always." Reasons for doing so included:

- Part of program structure.
- When a waiting list exists.
- See specific need that can be filled by other services.

The majority of the programs were not using the universal referral service in June, but several indicated that they would in the future. One major barrier appeared to be awareness of the service's existence. Paperwork, the confidentiality form, and getting used to it were also mentioned as barriers to use.

MESSAGING, OUTREACH AND FAMILY RETENTION

Participants were asked for their opinions on messages that would be important to reach out to the community, as well as information on what outreach activities had proved most useful.

Ideas for messages and approaches were:

- Benefits to families of home visiting, especially in pregnancy and with children 0-3.
- Home visiting is designed to meet the specific needs of the child (get away from system need for labels).
- Home visiting is a healthy and normal part of the things families can use to support child development and family care.
- Home visiting is open to everyone.
- Move away from labels: Remove perceptions that home visiting means that your family is "labeled" in some way: destigmatize perceptions.
- Professional parents can benefit from home visiting services—there is no need to struggle alone.
- Use a similar model from birth through graduation.

Outreach was accomplished through:

- In school registration process in spring.
- News articles in *Youth Connections* magazine, *Helena Independent Record*, etc.
- Community presentations.
- Billboards.
- Resource fairs.
- Information in school district "Wednesday envelopes" for students.
- Flyers with bills (water, etc.).
- Booths at community events/school events/screenings.
- Word of mouth between professionals.
- Word of mouth between parents/families.
- Flyers, brochures and other print materials.
- Go on nurse visits.
- Head Start tells parents about services.
- Advertisement in paper, radio, and TV.
- Family support groups.

Several programs also noted specific approaches that helped them continue to work with families effectively:

- Success: If parents see a positive benefit for themselves and their families, they will continue.
- Establish trust and build relationships. (Mentioned by several programs).
- Intake process and assessments.
- Family survey (many kinds mentioned).
- Establish good relationships with teachers and other members of team (outside program).

- Corporate Congress that considers family and employee “bills” to improve the experience.
- Teachers follow up visits with frequent communications.
- Further opportunities to participate in school activities.
- Parent action plans/treatment plans (several variations).
- Good reputation.
- Facilitator that meets with family regularly.
- Follow-through on actions.
- Voluntary services agreement (more than one used some form of this).
- Monthly/as needed meetings with agencies/therapists with clients in common for updates.
- Asking parents to identify areas where the most help is needed and then tailor a plan.
- Frequent feedback to parent with positive support and specific information.
- Parent support groups.
- Parent advisory groups.
- Peers and mentors for parents.
- Parent connections.

PROFESSIONAL SKILLS, RECRUITMENT AND TRAINING

Professional, qualified staff and adequate training were generally available in all programs participating. The greater Helena area does not appear to have significant shortages of the kinds of professionals needed to conduct successful home visiting.

Specific barriers were mentioned:

- Some of the early intervention programs mentioned that turn-over was a characteristic of the positions, due to the stressful nature of the jobs.
- Limited salary and benefits was sometimes mentioned as factor.
- Recruiting was reported as difficult in two of the intervention programs.

Trainings that current home visiting professional take include:

- Training specific to the model or protocol used.
- Specialized trainings at professional conferences.
- Motivational Interviewing training.
- Organization as a whole has many programs that are accessed.

Additional trainings that would be useful were:

- Techniques for engaging parents in providing early childhood education.
- Techniques for presenting nutritional training for parents and parent education on nutrition.
- More community training on mental health topics.

Training and professional development was funded through a variety of methods including: part of base funding, Title I or grant funding, targeted development funding, budgeted expenditure, looking for free opportunities. Some programs identified additional funding as a need.

PROGRAM FEES AND FUNDING

Fees are variable. Some charge nothing while others are fee-for-service; either through insurance or out-of-pocket care. In cases where fees are not charged, programs must fund all activities from grants or other funding sources.

Some programs are vulnerable because funding sources are not necessarily as stable. It was cited most strongly as a factor in the Health Department’s preventive programs. Some other programs, particularly those funded by Medicaid, thought their funding very stable.

| Home Visiting Program | Organization | Fees | Funding |
|--|--|---|---|
| Sacramento Teachers Home Visiting Model | Helena School District | No. | School District Budget. |
| Parents as Teachers | Lewis & Clark City-County Health Department | No. | Multiple sources; majority not long-term funding. |
| Other Home Visiting & Face to Face Programs: Presumptive Eligibility (Medicaid) for Pregnant Women; Case Management Services, Breastfeeding Information; Circle of Security Parenting Classes; Parent Support Group; Asthma Project | | No. | Multiple sources; majority not long-term funding. |
| RN Medicaid Waiver Program for Elderly and Physically Disabled | Lewis & Clark City-County Health Department | Medicaid | Medicaid. |
| Spirited Hopes, LLC | Spirited Hopes, LLC | Yes. | Fee or contract based. |
| Dan Fox Family Care Program | Youth Homes, Inc. | Medicaid; conventional insurance if a qualified service | Medicaid; some private insurance. |
| Part C Disabilities 0-3 Home Visiting Program, other HV programs | Family Outreach | No. | Federal. |
| Adoption and Family Support Services | Intermountain | Medicaid | Medicaid; some Blue Cross Blue Shield |
| PRTF Waiver Federal Demonstration Grant | DPHHS, Children’s Mental Health Bureau | Medicaid | Federal; in future State/Federal mix. |
| Successful Starts Program | AWARE, Inc. | Medicaid/ Healthy Montana Kids | Non profit- Medicaid/HMK reimbursement. |
| Family Concepts | Family Concepts | No. | Contracted services; paid by DCFS. |

DATA COLLECTION AND EVALUATION

Data collection systems and philosophies differed greatly. Several noted limitations with current systems. Several programs said that they needed more outcome information, but also pointed out that would be difficult.

At this point, no community-level indicators for success exist, and in many programs, it appears that there are not many program-level outcome measures. These can be very challenging to construct, track and evaluate, so it is not surprising this is sometimes a weak link, but it may be an area the home visiting programs want to discuss in more detail in the future.

| Home Visiting Program | Organization | Data Collection |
|--|--|---|
| Sacramento Teachers Home Visiting Model | Helena School District | This year we will do a parent and teacher evaluation and data sheet of each teacher's students. |
| Parents as Teachers Other Home Visiting & Face to Face Programs: Presumptive Eligibility (Medicaid) for Pregnant Women; Case Management Services, Breastfeeding Information; Circle of Security Parenting Classes; Parent Support Group; Asthma Project | Lewis & Clark City-County Health Department | Health Department Information System (HDIS); and PAT visit tracker; spreadsheets. Health Department Information System (HDIS); spreadsheets. |
| RN Medicaid Waiver Program for Elderly and Physically Disabled | Lewis & Clark City-County Health Department | N/A; but a new web-based system is collecting data statewide. |
| Spirited Hopes, LLC | Spirited Hopes, LLC | - |
| Dan Fox Family Care Program | Youth Homes, Inc. | "Rite-Track" system, using indicators and length of stay. |
| Part C Disabilities 0-3 Home Visiting Program, other HV programs | Family Outreach | |
| Adoption and Family Support Services | Intermountain | YOQ system; surveys and internal audits based on ARM rules. |
| PRTF Waiver Federal Demonstration Grant | DPHHS, Children's Mental Health Bureau | Data collection plan; intake, at 6 months and review process. |
| Successful Starts Program | AWARE, Inc. | Surveys, family reporting, and the ASQ:SE to provide data. |
| Family Concepts | Family Concepts | Case guidelines set and the state audits cases. |

EARLY CHILDHOOD SYSTEM NEEDS ASSESSMENT STUDY DESIGN

The Early Childhood System needs assessment was conducted between April and September 2012. The early childhood needs assessment design uses qualitative approaches, coupled with quantitative data where possible, to characterize how families and young children experience services, as well as how well the current services are meeting those needs.

The approach is a combination of the two methods for the following reasons:

- Data are useful for establishing baselines and characterizing general snapshots and trends.
- Finding data gaps and inconsistencies can help a community decide to collect common measures in the future, if that area is a priority.
- The quality of services is quite difficult to capture strictly with quantitative data.
- Data are not complete in several key areas.
- Many unknowns about service use and experiences exist.
- Communities need qualitative information in order to identify key priorities for the early childhood system.

PROCESS AND APPROACH

The needs assessment for the early childhood system needed to be accomplished within a few months, with a reasonable but limited budget. This meant that new, statistically valid data could not be collected for the study. It also meant that qualitative approaches needed to employ methods that could collect information relatively quickly.

Extensive, existing services were present in the community at the time of the needs assessment, along with seasoned professionals who knew the community well.

LEWIS & CLARK COUNTY AND THE GREATER HELENA AREA

The Early Childhood Coalition (ECC) has existed in its current configuration for nearly three years. Many partners have communicated and, in some cases, worked together in other initiatives in this area for several years. Its main focus of effort had been in the Greater Helena area—that is Helena, East Helena, the Helena valley and nearby rural areas of Lewis & Clark County, as well as parts of Jefferson and Broadwater Counties. The area acts as a single economic and service unit and contains most of the population in Lewis & Clark County.

ADVISORY TEAM

In order to facilitate the process of ensuring that the community received information tailored to its needs, an advisory team was formed from the ECC Board and two parent representatives. The advisory team was a key part of the success of the project and had two important functions:

- **Technical Expertise:** Advisory team members were experts in their areas of the early childhood system, and many of the members had years of experience in their communities. Team members knew both statistics and people.

- **Community Priorities:** Advisory team members knew their communities really well and could prioritize areas that were of most interest (or had the biggest unknowns), in order to focus the resources for the needs assessment.

The presence of an advisory team was critical to the project. Without this component, it would have been impossible to tailor the needs assessment to community approaches.

Advisory Team Make-up:

The needs assessment team was comprised of the existing Board and parent representatives. The Board of the ECC includes all committee chairs, so all aspects of the ECC were represented. Parents’ perspectives were also rated as important, so two parents who were members of the ECC volunteered to help.

The advisory team members were:

| | |
|---------------------|---|
| Patty Dahl | Executive Director, Head Start |
| Marsha Davis | Superintendent of Schools, Lewis & Clark County |
| Cassie Drynan | Parent |
| Maryliss Filipovich | Home Visiting Program Manager, Lewis & Clark City-County Health Department |
| Maria Goebel | Teacher (retired), Helena School District |
| Peggy Hollow-Phelps | Early Childhood Special Educator, Ray Bjork Learning Center, Helena School District |
| Darbi Linder | Parent |
| Donna Miller | Outreach Educator, Planned Parenthood Federation of Helena |
| Tim McCauley | Executive Director, United Way of the Greater Lewis & Clark Area |
| Jill Miller | Principal, Eastgate, East Helena Public Schools |
| Brandi Thomas | CCP Training Coordinator, Child Care Partnerships |
| Mary Jane Standaert | Early Childhood Specialist |

In addition, the coordinators, Valerie Cundall and Brie Oliver, acted as advisors and collaborators on a day to day basis.

QUANTITATIVE DATA GATHERING

A set of data were identified. At the outset, it was not clear which data could actually be collected at the community level. If those data were available, they were collected. If additional data were deemed important as the process unfolded, those data were added. Those pieces that could not be collected or were not comparable at a community level were noted as data gaps that could be the focus of future data collection and further studies.

In Lewis & Clark County, the focus populations were pregnant women, children 0-8 and their families.

Sources of data used in the needs assessment were:

- Public sources of information such as Census and the Behavioral Risk Survey.
- Data from other assessments and publications (Internet, white papers).
- Private communications and data sharing from organizations working on early childhood and family issues.
- Estimates based on data derived from one or more of the sources listed above.

Data included in this assessment were those that were available and could be reported in a way that made sense at the community level.

QUALITATIVE APPROACHES

Qualitative approaches were a very important part of the needs assessment. A mix of surveys (qualitative because none were statistically validated), a home visiting assessment, interviews and small focus groups were chosen. Each has its own strengths and weaknesses, so a mix was used to offset some of the issues with each method.

SURVEYS

Surveys are quick, relatively efficient means of gathering information from target populations.

Four surveys were conducted in Lewis & Clark County.

ECC Initial Program Questions:

Thirteen ECC members responded to five initial questions that focused on their programs, whether home visiting was conducted, priorities, partners and thoughts on approaching the needs assessment and strategic planning.

The answers to these questions were used to help define the scope of the assessment, to identify more programs that used home visiting, and to start to characterize assets and gaps in existing programs.

Collaborative Survey and Discussion:

Fourteen ECC members completed the collaborative survey in April and May 2012. The survey, designed by Karen Ray, was one of the two required assessment tools for the MEICV-ID project, for use in the needs assessment.

The collated summary of the results were shared with the full membership of the ECC. Karen Filipovich conducted a facilitated session on May 14th, 2012 with 20 ECC members, plus both coordinators. The group identified a network of relationships, discussed what collaboration meant to them, liabilities and assets for furthering collaboration, and ideas to foster further collaboration in ECC and the community.

Parent Survey:

Two forms of the parent survey were distributed.

The first form focused on household composition, concerns, and how people found information and communicated. The second covered those issues and added prioritization to the list.

In its initial form, the survey was answered by 29 respondents during two screenings during the Week of the Young Child in April, 2012. In the latter part of June, the second form of the survey was answered by 40 parents via a link on Facebook and through surveys on paper available at the WIC office and by Health Department home visiting clients.

Business Survey:

A short business survey on employer concerns, issues for families and employees, and family-friendly business practices and ideas was distributed to ten businesses between June 19 and July 10th via United Way and administered online. Five responded for a 50% yield rate.

HOME VISITING ASSESSMENT

The MEICV-ID project supplied a home visiting assessment tool developed by the *0-3 ZERO TO THREE: National Center for Infants, Toddlers and Families*.

In Lewis & Clark County, nine organizations with ten home visiting programs participated in the home visiting assessment. Six participated in a work session and discussion on June 18, 2012. Respondents discussed home visiting, their respective programs and filled out as much of the assessment as they could at the work session. Those participants then sent more detail after the session. The other three participants filled in the assessment and sent it in.

The home visiting assessment tool was modified to condense its length somewhat and to make the questions more approachable. Participants still had difficulty finishing the assessment, with some electing to skip sections that did not seem to apply to their programs.

Participants were:

- AWARE, Inc.
- Department of Public Health and Human Services (DPHHS)
- Family Concepts
- Family Outreach
- Intermountain
- Helena School District
- Lewis & Clark City-County Health Department (2 separate programs)
- Spirited Hopes, LLC
- Youth Homes, Inc.

INTERVIEWS & FOCUS GROUPS

Interviews and focus groups were used to elicit feedback from parents and professionals. Both methods were used because use of the two approaches yields slightly different information. One-on-one interviews allow for more in-depth conversations and give more opportunities to open up about sensitive or difficult topics. Focus groups allow for dynamic exchanges when one participant prompts others to think of similar or new topics.

In both approaches, strengths, challenges, and ideas were elicited.

Parent Focus Groups and Interviews

Parent focus groups explored the service experiences families had had, including inability to find or use services and activities. Parent interviews focused on the same issues, but allowed each family to explain experiences in more detail.

In Lewis & Clark County, fourteen parents attended the parent focus group on June 6, 2012, and nine parents participated in interviews between May and July of 2012. Participants were interviewed between May and July, 2012. Parent identities have been kept confidential, but parents were recruited with a wide range of backgrounds, including socio-economic background, household structure, gender, service use experience and differences in children’s needs.

Parents were not in exactly the same proportion as the population, but efforts were made to include parents from the geographic area of Greater Helena.

Lewis & Clark County Parent Residences

| | Helena | East Helena | Helena Valley |
|---------------------|--------|-------------|---------------|
| Focus Group, June 6 | 7 | | 7 |
| Parent Interviews | 6 | 2 | 1 |

Child Care Provider Focus Group

Ten child care providers, preschool teachers and kindergarten teachers met for a focus group on May 29, 2012. The focus was transitions, strengths and challenges in the early care and school systems and ideas for the future.

Providers ranged from in-home preschools with a few children to a center with 100 children. Some focused on preschool for children 3-5 while others were licensed to take children 0-12. The kindergarten teachers came from East Helena and Helena School Districts.

| Participant Name | Title | Organization |
|------------------|-------------------------------------|--|
| Lee Ann Berry | Kindergarten Teacher | Helena Public Schools |
| Stacy Clement | Director/Preschool Teacher | Spanglish Kids |
| Melissa Demers | Director/Child Care Provider | Small Wonders |
| Ann Gleuckert | Kindergarten Teacher | East Helena Public Schools |
| Maria Goebel | Kindergarten Teacher (retired) | Helena Public Schools |
| Adrienne Kenison | Director/Preschool Teacher | Pumpkin Patch Early Learning Center |
| Ann Lynch | Director | Creative Horizons |
| Gail L. Oelrich | Director/Preschool Teacher | Children's Garden Preschool |
| Peggy L. Pillman | Preschool Teacher | Head Start |
| Chelsea Segrest | Special Education Preschool Teacher | Ray Bjork Learning Center Special Education Preschool, Helena Public Schools |

Professional Interviews

Interviews with professionals were an important source of information to help characterize family priorities as well as system and organizational considerations that parents would be unlikely to know anything about. This was also a source of information about issues that parents might not talk about or may not be a concern for the parents involved in the assessment.

Ten professionals involved in a range of capacities in the community participated in one-on-one phone or in-person interviews. Questions focused on what each professional saw as concerns for families and young children, strengths in program, and community, challenges, gaps and ideas for improving the early childhood system.

| Professional Participants | Title | Organization |
|---------------------------|--|---|
| Greg Daly | Case Manager, Child and Maternal Health | Lewis & Clark City-County Health Department |
| Pam Ponich-Hunthausen | Clinical Director, MS LCPC | Florence Crittenton |
| Michelle Danielson | Pediatrician, MD | Partners in Pediatrics |
| Brian Johnson | Executive Director | Family Promise of Greater Helena |
| Melissa Bentley | Pediatric and Couplet Nurse | St. Peter's Hospital |
| Erin M. Keefe | Pediatrician, MD | Helena Pediatrics |
| Don Ferriter | Supervisor | Department of Child and Family Services |
| Cheryl B. Ronish | Therapist, LCSW | Cornerstone Counseling |
| Justin Murgel | Director of Outpatient Services | Intermountain |
| Tracy Moseman | Project Director, SSHS and Youth Connections | Helena School District |

ANALYSIS

The information and data gathered was used to determine community-level needs. An identified need was something that was heard from multiple participants, multiple points of view or was something where a contradiction or omission from one source of information or data contrasted with information or data from another source.

The majority of the needs were simple to identify. Many, like most of the needs in the realm of child care and education, were fairly straightforward and a wide range of parents had extensive experience with the area.

A few were more difficult, since what was expressed as a need was not necessarily the true need, or only part of it. Again, in child care, there were a number of parent discussions around child care scholarship problems. Some truly were technical or eligibility problems with the scholarships. Other issues expressed turned out to be incorrect or incomplete information, so the real need was for clearer information and more assistance for those seeking or using Best Beginnings Childcare Scholarships.

It is likely there are other undiscovered needs, either because no one mentioned the concern and/or the data were not available or sufficiently detailed enough to show subpopulations that might have a need the larger population does not.

It is possible, but not likely, that wide-spread needs were missed. Because the work is qualitative and the data are not primarily geared toward tracking small population, some selection biases are inherent. Awareness of these factors allows for some correction and sensitivity to the most likely omissions. Missing participants include:

- Parents and care givers who are not in a stable situation, have never received services or are uninterested in early childhood issues were not participants. Professionals that work with these populations (with the exception of those who use no services) served to fill some of this gap.
- Minority populations are small in the area, and no one identified themselves as a member of an ethnic or racial minority. It is expected that some additional needs or tailored specific responses are needed, most likely in areas of cultural differences, language barriers and isolation.
- It was not possible to interview parents from every corner of the Greater Helena area, so it is possible additional wrinkles to existing needs could be found.
- Taboo or hidden problems may be more of a problem than reported, especially since existing data is reasonable, but has shortcoming in that most of it is based on self-reporting. Abuse, neglect, substance abuse, and mental health issues are the most likely underreported areas.

On the other hand, several features of the design make it more likely that needs were identified correctly than anything that could have been done with data alone.

- Interviews and focus groups allowed for open-ended discussion with an emphasis on allowing participants to express needs, assets and omissions. Participants frequently thought of additional issues and good models as they proceeded through the interview.
- Much of the data show a good deal about what a given snapshot looks like, but tell little about why something is happening. Having community level indicators, greater emphasis on tracking trends and pairing data collection with qualitative reports in the future could enhance completeness and make data easier to use.
- Relatively few outcomes are tracked directly, because it is often difficult and expensive. Qualitative, experiential reporting gives a picture of what actually happens.

IDEAS FROM THE COMMUNITY FOR ACTION

Every professional and parent that participated in the needs assessment was asked about ideas for improving the early childhood system. Additionally, parents surveyed offered information about how they receive and like to receive information.

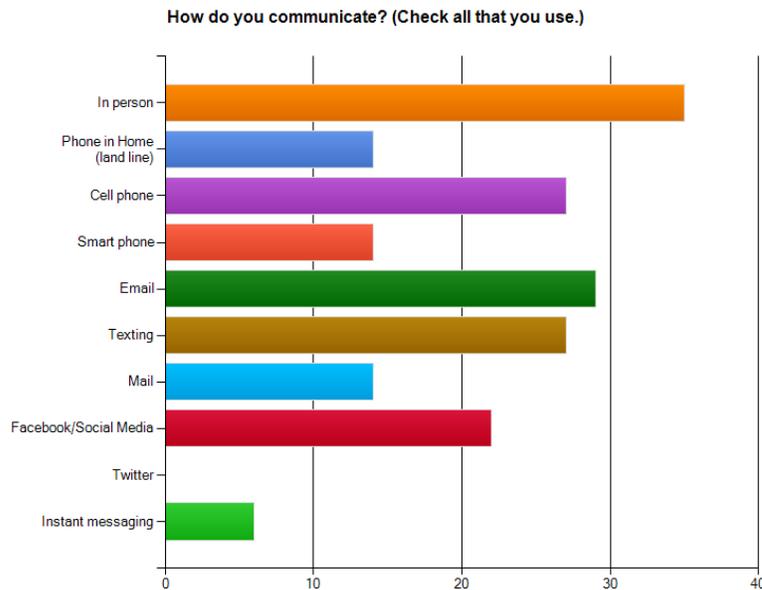
These ideas are presented here. They aren't filtered and are meant to serve as a basis for further thought and could be things the ECC and community want to implement or use as a basis for implementation. The ideas are sorted, but like the early childhood system itself, different outcomes are intertwined, so one idea could work toward several different positive outcomes. Ideas were placed where they seemed to fit best, but many ideas could be used for more than one purpose or adapted to serve multiple outcomes.

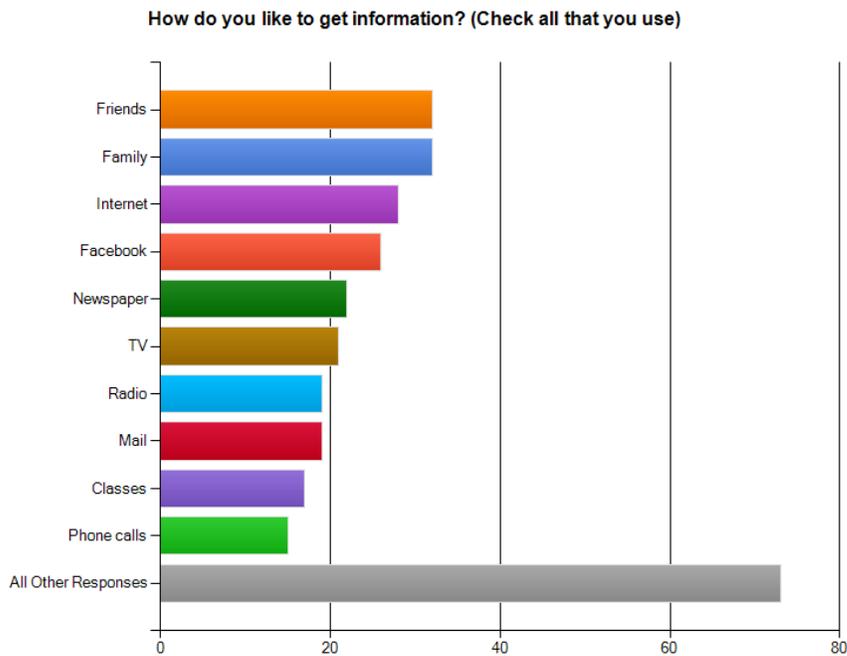
SYSTEM

Raising awareness, information and messaging:

- Build greater focus on education during pregnancy.
- Advertising.
- Get message out that it is not less safe than it used to be and promote spontaneous play.
- "Clearing house" for resources available for providers to help families.
- Make sure things don't feel like a "mom" thing.
- In addition, see the Highlight on Home Visiting program comparison on pg. 54 for details on messages and outreach activities that currently work in home visiting and could be extended to other areas.
- Need a web site: Type in needs, get a list of resources.
- Online mom chat board –ex: Highland Moms in CO or Berkeley Parents in CA.
- Using media parents use to communicate, ex. Facebook.

Parents: Information and Communication from the Parent Survey





Other Response: 1 preferred email. (The grey bar is an error from Survey Monkey)

Working Together:

- Use the continuum of services.
- Referral nurses in practices as resource.
- Harness power of churches and community giving.
- Build on good network of community emergency and homeless services.
- Feedback loops between different services-want to know what happened to person referred.
- Centralized intake.
- Work on collaboration to curb territorial issues with providers.
- Mentoring for leaders.
- It should be all of us that work in early childhood working together to come up with activities that we can incorporate together. The key to all of this is working together as a community.
- Collaboration between organizations so that available funding is used as well as possible to support resources.

Building Capacity and Learning:

- Put key outcome data from all programs online so community can see.
- Hold a big event to raise \$ for programs.

Specific Infrastructure or Services:

- Early Childhood Family Resource Center at Ray Bjork Learning Center.
- Centralized location for resources.
- A traveling awareness, advertising, screening, model classroom Early Childhood focused “Yellow Bus” for the Greater Helena area.

Big Picture:

- An end to poverty. Though this would be very difficult to accomplish, it’s important to consider as poverty is linked to most negative family and child-outcomes.

Observations and Proposed Approaches:

- Ensure individual needs are considered in evidence-based services.
- Focus on relationships between client and professionals.
- Focus on "family model."
- "It's all family therapy."
- Work with family until they do not need support, then move to next.
- Keep it strengths based.
- Divided, divorced, and single parent families tend to have the most difficulty—target extra support.

FAMILY SUPPORT**Supporting Parents:**

- More specific parent support groups, by age of child, autism, grief.
- Use continuum of support for families, home visiting, parent Ed, parent support groups.
- Support time for parenting during early years to promote attachment.
- More paid and longer maternity leave.
- CTI is a lot of help for young families.
- Offer more types of support for struggling families such as a cleaning service for dangerously dirty household while also helping build long-term skills.
- Train retirees "grandparents" to mentor and coach parents.
- Recruit more Big Brothers/Big Sisters.
- Open, nonjudgmental forum to talk about how hard being a parent can be.
- Promote job flexibility on the job.
- More early intervention parenting classes like Circle of Security.
- Add more parent coaching.
- Parents meet/share ideas and success.
- Supporting parents and infants so there is a healthy parent-child attachment.
- Empowering parents through education and support to understand their child’s development and needs and to meet their child’s needs through infancy, toddler, and pre-school ages (of course after those ages also!).
- Support groups for families of special needs children.

- Have a parent connection group while the children play.
- Home visiting to all new parents and then periodically as needed.

Capacity and Approaches:

- Good assessment tools like the Adverse Childhood Experiences (ACE) assessment are critical to help ID family concerns early.
- Fund Parent as Teachers (PAT) on permanent basis, 0-3 is good program, security for all.
- Use home visiting as community tool to go with case management.
- Double capacity of DCFS-want to help, so overworked.
- Could people with private insurance cover the cost of the Health Dept.? Home visiting program?
- Recognize accepting employers.
- Message: Home visiting is a great service—great to do.
- Techniques for engaging parents in providing early childhood education.

Activities in Community:

- Opportunities for kids to do more with animals and the natural environment.
- Indoor space to play.
- Free elementary-level after-school sports and activities.
- Look for opportunities for kids and animals, natural environment. Have FWP, animal shelter right here with experts.
- Special needs group: Library—if child has behavioral problems, the child is no longer welcome. Need a place for kids with behavioral challenges.
- Better playgrounds—accessible, ones made for small children.
- Swim lessons, story time for special needs children and a list of who does it and who is best with kids with special needs.
- Add free splash park, activities for parents.
- Splash parks (many here)—water activities.
- Get the water park by Stewart homes back up and running.
- Family center with summer and winter activities.
- Free activities/events for children and families. (Also older—people keep adding in older kids).
- Add more play groups for kids during non-school months.
- Fun parks in valley.
- Ensure that parents know when/whether school playgrounds are available for the public.
- More play sections in restaurants.

Other Ideas to Help Families:

- Family/nursing station at malls/work for people—saw one in a WA mall and liked it.
- Raise awareness for Family Promise.
- Provide a range of start/end times for employers.
- Family insurance and benefits.
- Private breast-feeding/pumping area (private).
- Preplan predictable events like parent teacher conference, performances, etc. so parents can go and business can maintain coverage at work.

Child Care/Preschool Services:

- Add Early Head Start.
- Promote how great Head Start is.
- More preschool like Head Start.
- Head Start has family advocates that help parent understand child care scholarships, other issues. Could be used more widely. (Ex: with disabled parents).
- Early identification of needs before they enter kindergarten to ensure they are put on the right path as soon as possible and/or provided early services to help prevent worsening of conditions or slowing of development.
- The identification and service of preschool children who don't qualify for programs such as Head Start or Special Education Preschool and are in the "gap" – families who cannot afford high quality care and education and don't qualify for existing services.
- Blended preschool classrooms- a mix of middle income, Head Start, Special Education preschoolers
- Would love more opportunities for typically developing peer models alongside children with special needs.

Training and Support for Child Care Providers and Preschool Teachers:

- Mental health consultation program for providers.
- Create infant/toddler professional certificate for infant/toddler specialists.
- Build Preschool teachers skills for working with children with special needs.
- Problems decrease when training for teachers is increased.
- Dependent care spending accounts childcare partnerships: Child care providers can attend training at reduced or minimal costs if providing care for employees.
- Home visits to child care providers.
- Could CCP provide that sub registry providers need?
- Make school-based trainings more accessible to preschool teachers.

Transitions and School Involvement:

- Parents could be invited to do more at schools.
- Educating teachers about the outside services and resources they can share with families.
- Screens and home visiting both useful tools for children entering child care or preschool.
- Orientation for parents.
- Handbook for parents set expectations.
- Transition profiles.
- Encourage a visit to school before kindergarten starts.
- "Better for the kids to progress prematurely than keep them home."
- Encourage tours of facilities before the kid starts to test best fit.
- "Move up" day.
- The Helena School District's home visit model (Sacramento Teachers) is good; expand this kind of home visits to build relationships.
- Pre-academics and early literacy emphasis.

- For the school setting:
- More opportunities for arts (including music)—parents could help.
- Making child care connections (transitions into school, information for parents and providers, coaching).
- Preschool teachers/Kindergarten forum to share perspectives, build better transitions.

SOCIAL-EMOTIONAL DEVELOPMENT AND MENTAL HEALTH

Social-Emotional Development:

- I think providing access to preventative services (early detection, screenings...) is key to helping young children and their families transition into their school-age years.
- Social-emotional training for professionals outside mental health area.
- Screening – developmental, health, vision, hearing to ensure development is on target and if the child is experiencing any developmental problems, early referral to quality resources.
- Social and emotional support for every family.
- Focus on identification of quirky kids with a need, stressed families.
- Addressing lack of resources to address early social-emotional concerns and prevention in young children.
- Services to all children (medical, dental, speech, social emotional, etc.).
- More community training on mental health topics.

Mental Health:

- Start children's mental health services earlier (wrap-around starts at five as of 2012).
- Combine mental health and child welfare.
- No-shows might be an indicator of relationship issues with therapist.
- More ANT training and devices for working with autism.
- Farm or ranch for special or gifted kids that don't fit in so they can go out and do things.
- List of docs, dentists, etc. that are good with children with special needs or mental health challenges.
- More speech therapists.
- More play therapists.
- Work with private insurance to pay for early tests.
- Add more mental health services covered on Healthy Montana Kids.
- Therapists that could come in and work on site (child care/preschool) so providers could see what is done, continue work and keep kid in setting.

HEALTH

Outreach and Partnerships:

- Fax outreach to FP docs, pediatricians, Ob/Gyns.
- Have a preregistration process for parents at the hospital and it would be an opportunity for education too.
- Would like to give a book to every 1 yr. old at wellness check.
- Identify Pediatricians who are better at working with special needs kids.
- Educating nurses about the outside services and resources they can share with families.

- Better communication between care providers.
- More veggies dollars from WIC.
- Bountiful baskets a good resource for inexpensive vegetables.
- Keep those Farmer's Market Checks! (*Program allows people to use SNAP and WIC at Farmer's Market*)
- Community gardens.
- One spot with a lot of resources, answer questions and seeing connections to other families: this would be helpful for physicians as a referral.
- Improve the school nutrition.
- Drinking/drug task force, stronger, focused more on families.

Family Assistance and Access:

- Advocates for medical, paperwork--help manage the chaos.
- More sliding scale-works for Cooperative Health Center (CHC).
- Pro bono dentist and doctor work, like pro bono lawyers.
- Family health center with nutrition classes, gym for younger kids.
- Techniques for presenting nutritional training for parents
- Parent education on nutrition.

Observations and Approaches:

- "If substance abuse is not addressed, nothing else matters."
- Targeting access to early preventative services (early detection, screenings...) is key to helping young children and their families transition into their school-age years.
- Screening – developmental, health, vision, hearing to ensure development is on target and if the child is experiencing any developmental problems, early referral to quality resources.
- Services to all children (medical, dental, speech, social emotional, etc.).

OTHER IDEAS

Legal:

- Children's court for foster care, divorce cases.
- Child advocates in divorces.
- More probation people that can hold preteen, teens more accountable.

Transportation:

- More transportation for kids like the Head Start bus
- Expand transportation for kids—the Helena Area Transportation Service (HATS) pilot is good!
- Expanding bus pilot for getting child transportation around town.
- Transportation assistance program.
- Promote accepting employers.
- Expand to a full bus system.
- Transport for getting kids to/from appointments. More child care that could do this would be great! (2).

SOURCES AND NOTES

KEY RESOURCES

Data came from many sources. The following resources have extensive data relevant to this community and early childhood.

2011 Community Health Report, Lewis & Clark County Health Department.

Available online at <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

This is the best source of recent data relevant to health and general characteristics in Lewis & Clark County.

2011 Kids Count Data Book, Montana Kids Count.

Available online at <http://www.montanakidscount.org/>

Montana Kids Count collects data relevant to children and families in Montana. It also produces issue briefs that are useful for understanding issues affecting children. Finally, it links to further data available through Annie E. Casey Foundation's KIDS COUNT Data Center.

American Fact Finder, U.S. Census Bureau.

Available online at <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

The American Fact Finder is the best source of detailed Census information.

Lewis and Clark Maternal, Infant, and Early Childhood Home Visiting Profile, Family and Community Health Bureau, Montana Department of Public Health and Human Services.

Available online at <http://www.dphhs.mt.gov/publichealth/homevisiting/documents/LewisandClark.pdf>

The profile contains County and Montana data directly related to the MEICV-ID and early childhood.

SOURCES AND NOTES

Why Young Children and Families?

The High/Scope Perry Preschool Study Through Age 40: Summary, Conclusions and Frequently Asked Questions, 2005. Schweinhart, Lawrence J., Montie, Jeanne *et al.* Online at

http://www.highscope.org/file/Research/PerryProject/specialsummary_rev2011_02_2.pdf

Intended Audiences

Single Years of Age and Sex: 2010, 2010 Census Summary File 2, Form QT-P2, 2010, U.S. Census Bureau, Available online at <http://factfinder2.census.gov/>

Selected Economic Characteristics, 2006-2010 American Community Survey Selected Population Tables, Form DP03, 2006-2010, U.S. Census Bureau, Online at <http://factfinder2.census.gov/>

The Big Picture: Top Concerns and Community Assets

Comparative Growth between the Helena valley and Helena:

Single Years of Age and Sex: 2010, 2010 Census Summary File 2, Form QT-P2, 2010, U.S. Census Bureau, Available online at factfinder2.census.gov

Profile of General Population and Housing Characteristics: 2010, 2010 Census Summary File 2, Form DP-1, 2010, U.S. Census Bureau. Available online at factfinder2.census.gov

This is a calculation derived from U.S. Census data. Helena and East Helena have population characteristics by incorporated area. The Helena valley is composed of four Census Designated Places: Helena Valley Northeast, CDP; Helena Valley, Northwest, CDP; Helena Valley Southeast CDP; and Helena Valley West Central, CDP. These Census designated places are used consistently for any discussion of the Helena valley.

Estimate of families that are periodically or continually financially insecure:

Ratio of Income to Poverty Level in Past 12 Months of Families by Family Type by Presence of Related Children Under 18 Years of Age by Age of Related Children, Form B17022, American Community Survey 2006-2010, U.S. Census Bureau. Available online at factfinder2.census.gov.

Poverty Status in Past 12 Months in Families, Form S1702, American Community Survey 2006-2010, U.S. Census Bureau. Available online at factfinder2.census.gov.

Dillon, Thale and Ian Marquand, *Hunger Issues Present Challenges for Families, Workforce, and Economy*, Autumn 2011, Montana Business Quarterly. Available online at <http://www.montanakidscount.org/Hungry%20in%20Montana>

Estimate looked the following locations: Lewis & Clark County, Helena, East Helena, Helena Valley and Northern Jefferson County, which consisted of Census Designated Places Clancy, Montana City and Jefferson City.

The first source was used to determine the number of families with related children that had incomes under 185% of the FPL. The second was used to determine the number of families in poverty. The third source gave an overview of hunger and the USDA estimate of 185% of FPL for the least amount a family could make and avoid food insecurity. This 185% FPL was used as the cut-off for financial insecurity, since it appeared to be the best proxy available, but cost of living and personal circumstances do affect an individual household's true income requirements to reach financial security.

Community Characteristics

Population:

Profile of General Population and Housing Characteristics: 2010, 2010 Census Summary File 2, Form DP-1, 2010, U.S. Census Bureau. Available online at factfinder2.census.gov Completed for Helena, East Helena, the Helena valley and Northern Jefferson County.

Race and Ethnicity:

State and County Quick Facts, Lewis & Clark County, 2011, U.S. Census Bureau. Available online at <http://quickfacts.census.gov/qfd/states/30/30049.html>

Households with Children, Age Characteristics:

Single Years of Age and Sex: 2010, 2010 Census Summary File 2, Table QT-P2, 2010, U.S. Census Bureau, Available online at factfinder2.census.gov

Poverty Status in Past 12 Months in Families, Form S1702, American Community Survey 2006-2010, U.S. Census Bureau. Available online at factfinder2.census.gov.

Income and Cost of Living:

Median Income in the Past 12 Months (In 2010 inflation-adjusted dollars), Table S1903, American Community Survey 2008-2010, U.S. Census Bureau Available online at factfinder2.census.gov

Unemployment Rates, Monthly 2012, Bureau of Labor Statistics, United States Department of Labor Available online at <http://www.bls.gov/>

However, it is far easier to visualize and track unemployment data through *Google Public Data* which charts the data from the U.S Bureau of Labor Statistics. Lewis & Clark County is available at http://www.google.com/publicdata/explore?ds=z1ebjpk2654c1_&met_y=unemployment_rate&idim=county:CN300490&fdim_y=seasonality:U&dl=en&hl=en&q=unemployment+rate+lewis+and+clark+county

Cost of Living in Lewis and Clark County, Montana, 2012, Sperling Best Places, Available online at http://www.bestplaces.net/cost_of_living/county/montana/lewis_and_clark

Estimates of Poverty and the “Gap”

Ratio of Income to Poverty Level in Past 12 Months of Families by Family Type by Presence of Related Children Under 18 Years of Age by Age of Related Children, Form B17022, American Community Survey 2006-2010, U.S. Census Bureau. Available online at factfinder2.census.gov.

Poverty Status in Past 12 Months in Families, Form S1702, American Community Survey 2006-2010, U.S. Census Bureau. Available online at factfinder2.census.gov.

Dillon, Thale and Ian Marquand, *Hunger Issues Present Challenges for Families, Workforce, and Economy*, Autumn 2011, Montana Business Quarterly. Available online at <http://www.montanakidscount.org/Hungry%20in%20Montana>

Estimate looked the following locations: Lewis & Clark County, Helena, East Helena, Helena Valley and Northern Jefferson County, which consisted of Census Designated Places Clancy, Montana City and Jefferson City.

It must be stressed that this is an estimate, both because of sampling error in the data and because financial security is a real, but the boundary between financial security and insecurity is fuzzy because a number of personal circumstances ranging from eligibility for employer insurance to the presence of extended family members who provide free child care can affect financial security.

Assistance Received:

Kids Count Data Center, 2006, 2010, Annie E. Casey Foundation. Sources of Information: U.S. Census Bureau, American Community Survey. Available online at <http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=MT> under “Economic Well-Being”

Child Care and Early Education:

Single Years of Age and Sex: 2010, 2010 Census Summary File 2, Form QT-P2, 2010, U.S. Census Bureau, Available online at <http://factfinder2.census.gov/>

Selected Economic Characteristics, 2006-2010 American Community Survey Selected Population Tables, Form DP03, 2006-2010, U.S. Census Bureau, Online at http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_SF4_DP03&prodType=table

An estimate of total children was taken by looking at the total number of families with children under 6 with all adults in the labor force, and multiplying it by the number of children ages 0-5 in Lewis & Clark County.

Regulated Child Care Supply and Referrals, FY 2010/2011 QTR4, Child Care Resource and Referral [Shared information upon request.]

Licensed Care Provider (LCP), June 2012, Great Falls Regional Resource and Referral. [Shared information upon request.]

Average Monthly Scholarships, 2012, Child Care Partnerships. [Shared information upon request.]

Eligibility estimate is based on the total number households with at least one child under five that also earned less than 150% of the FPL, according to the 2010 U.S. Census. 150% of the FPL is the eligibility ceiling for Best Beginnings Best Beginnings Childcare Scholarships in 2012.

May 2011 Market Rate Survey Results – Not Implemented. 2011, DPHHS Early Childhood Services Bureau. Available online at <http://www.dphhs.mt.gov/hcsd/childcare/documents/May2011MRSResults.pdf>

Estimate based on the average of center, family and group rates. The market rate is set by surveying providers and setting the rate at the 75th percentile of providers. This is higher than the median cost and may be higher than the average cost of care in the region.

Montana Informational Wage Rates by Occupation, 2010, Department of Labor and Industry, Workforce Services Division, Bureau of Research and Analysis. Available online at http://www.ourfactsyourfuture.org/admin/uploadedPublications/4321_OES_wages.pdf

The southwest region is made up of the following counties: Beaverhead, Broadwater, Deer Lodge, Gallatin, Granite, Jefferson, Lewis & Clark, Madison, Meagher, Park, Powell and Silver-Bow.

Making a Difference with Thoughtful Educational Interventions

Eastgate Elementary Summer PreK Assessment, Data 2011, 2012, East Helena Public Schools. [Shared information upon request.]

Assessment Data for Kindergarten and Third Grade, 2011/2012 school year, Helena School. [Shared information upon request.]

Eastgate Elementary School Assessment Data for Kindergarten and First Grade, 2011/2012 school year, East Helena Public Schools. [Shared information upon request.]

Federal Poverty Level Guidelines by Family Size, 4/1/2012, U.S. Department of Human Services, Office of Health and Human Services. Available online at <http://www.dhs.ri.gov/Portals/0/Uploads/Documents/Public/General%20DHS/FPL.pdf>

Children Who Receive Free or Reduced Lunches:

Helena School District, 2011/2012 School Year, Elementary Schools [Shared information upon request]

East Helena Public Schools, 2011/2012 School Year, Elementary Schools [Shared information upon request]

Assistance Received:

Kids Count Data Center, 2006, 2010, Annie E. Casey Foundation. Sources of Information: U.S. Census Bureau, American Community Survey. Available online at <http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=MT> under “Economic Well-Being”

Child Care and Early Education:

Single Years of Age and Sex: 2010, 2010 Census Summary File 2, Form QT-P2, 2010, U.S. Census Bureau, Available online at <http://factfinder2.census.gov/faces/>

Selected Economic Characteristics, 2006-2010 American Community Survey Selected Population Tables, Form DP03, 2006-2010, U.S. Census Bureau, Online at <http://factfinder2.census.gov/>

An estimate of total children was taken by looking at the total number of families with children under 6 with all adults in the labor force, and multiplying it by the number of children ages 0-5 in Lewis & Clark County.

Regulated Child Care Supply and Referrals, FY 2010/2011 QTR4, Child Care Resource and Referral [Shared information upon request.]

Licensed Care Providers (LCP), June 2012, Great Falls Regional Resource and Referral. [Shared information upon request.]

Average Monthly Scholarships, 2012, Child Care Partnerships. [Shared information upon request.]

Eligibility estimate is based on the total number households with at least one child under five that also earned less than 150% of the FPL, according to the 2010 U.S. Census. 150% of the FPL is the eligibility ceiling for Best Beginnings child care scholarships in 2012.

May 2011 Market Rate Survey Results – Not Implemented. 2011, DPHHS Early Childhood Services Bureau. Available online at <http://www.dphhs.mt.gov/hcsd/childcare/documents/May2011MRSResults.pdf>

Estimate based on the average of center, family and group rates. The market rate is set by surveying providers and setting the rate at the 75th percentile of providers. This is higher than the median cost and may be higher than the average cost of care in the region.

Educational Attainment

American Community Survey, 2005-2009, U.S. Census Bureau Available online at <http://factfinder2.census.gov/>

High School Graduation Rates, 2008-2010, Office of Public Instruction. The only easy way to see these is to use the *2011 Community Health Report*, Lewis & Clark City-County Health Department. It is available at http://www.co.lewis-clark.mt.us/fileadmin/user_upload/Health/Documents/2011-health-assessment-insides.pdf

Child Abuse: Uncertainty in What Changes in Removal Rates Mean

"Montana county sees increase in child abuse cases," September 30, 2012, Independent Record.

Reported and Substantiated Cases of Child Abuse or Neglect, SFY2007-SFY2011 (July 1, 2006-June 30, 2011), DPHHS Department of Child and Family Services [Shared information upon request.]

Community Health Indicators

The majority of the statistics in this table are gathered in the:

2011 Community Health Report, Lewis & Clark City-County Health Department. It is available at http://www.co.lewis-clark.mt.us/fileadmin/user_upload/Health/Documents/2011-health-assessment-insides.pdf

Specific sources for the information are:

Behavioral Risk Factor Surveillance System. U.S. Centers for Disease Control and Prevention. Online at <http://www.cdc.gov/brfss>

National Vital Statistics. Online at <http://www.cdc.gov/nchs/nvss.htm>

Montana Vital Statistics, Death Rates. Online at <http://www.dphhs.mt.gov/statisticalinformation/vitalstats/index.shtml>

Lewis & Clark Fetal Infant Child Mortality Review, 2009-2011. [Shared information upon request.]

Lewis & Clark County Community Health Assessment, 2003-2008 (tobacco use), 2005-2008 (heavy drinking.), DPHHS Office of Epidemiology and Scientific Support. Online at <http://www.dphhs.mt.gov/publichealth/epidemiology/documents/LewisandClarkCommunityHealthAssessments.pdf>

Montana Vital Statistics, Birth Rates and maternal age. 2007-2009 average. <http://www.dphhs.mt.gov/statisticalinformation/vitalstats/index.shtml>

National Center for Health Statistics, U.S. Census Estimates, Vintage 2009 (http://www.cdc.gov/nchs/nvss/bridged_race.htm)

National Immunization Survey, 2002-2008. Online at <http://www.cdc.gov/nchs/nis.htm>

Lewis & Clark County Drug and Alcohol Treatment Admissions, SFY 2009-2011, DPHHS Addictive & Mental Disorders Division.

County Health Rankings, 2011. Robert Johnson Foundation and University of Wisconsin Population Health Institute. Online at <http://www.countyhealthrankings.org/app/montana/2012/rankings/factors/overall>

Cooperative Health Center Patient Smoking and Obesity Rates

Smoking and Obesity Rates, January 1-October 10, 2012, Cooperative Health Center. [Shared Information upon request.]

Mental Health

Mental Health Service Provision, 2011 of SFY2012, [Shared information upon requests with AWARE, CMH, Intermountain, Shodair, YDI.]

Behavioral Risk Factor Surveillance System. U.S. Centers for Disease Control and Prevention. Online at <http://www.cdc.gov/brfss>

2011 Montana Youth Risk Behavior Survey Trend Report, 1999-2011, Montana Office of Public Instruction. Online at www.opi.mt.gov/yrbs

Quote by Dr. Lavizzo-Mourey

F as in Fat: How Obesity Threatens America's Future 2011, Trust for America's Health. Online at <http://www.healthyamericans.org/report/88/>

Assistance Received

Kids Count Data Center, 2006, 2010, Annie E. Casey Foundation. Sources of Information: U.S. Census Bureau, American Community Survey. Available online at <http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=MT> under "Economic Well-Being"

Homelessness

Homeless Surveys 2011, Montana Continuum of Care. Online at <https://sites.google.com/site/montanacoc/>

Homeless Children, 2011/2012 school year, Helena School District. [Shared information upon request.]

Homeless Families Served, 2011/2012 (yr), Family Promise. [Information provided upon request.]

Child Care:

Child Care Partnerships and Resource and Referral, 2010, 2012, Child Care Partnerships shared information and estimates upon request.

May 2011 Market Rate Survey Results – Not Implemented. 2011, DPHHS Early Childhood Services Bureau. Available online at <http://www.dphhs.mt.gov/hcsd/childcare/documents/May2011MRSResults.pdf>

Estimate based on the average of center, family and group rates, assuming that those rates are 75% of market rate.

Montana Informational Wage Rates by Occupation (SW Region), 2010, Montana Research & Analysis Bureau, Dept. of Labor and Industry. Online at http://www.ourfactsyourfuture.org/admin/uploadedPublications/4321_OES_wages.pdf

Health

Montana Vital Statistics, Death Rates. Online at <http://www.dphhs.mt.gov/statisticalinformation/vitalstats/index.shtml>

Lewis & Clark County Community Health Assessment, 2003-2008 (tobacco use), 2005-2008 (heavy drinking.), DPHHS Office of Epidemiology and Scientific Support. Online at <http://www.dphhs.mt.gov/publichealth/epidemiology/documents/LewisandClarkCommunityHealthAssessments.pdf>

Pregnant women and children 0-8 with Medicaid Coverage, 2011, Medicaid. [Information provided upon request.]

Children 0-5 with Healthy Montana Kids Insurance Coverage, SFY 2012, Healthy Montana Kids. [Information provided upon request.]

2007 Health Insurance Coverage Status by Age, Race, Hispanic Origin, Sex and Income for Counties and States. Small Area Health Insurance Estimates, U.S. Census Bureau. Online at <http://census.gov/www.sahie/data/2007/index.html>

County Health Rankings, 2011. Robert Johnson Foundation and University of Wisconsin Population Health Institute. Online at <http://www.countyhealthrankings.org/app/montana/2012/rankings/factors/overall>