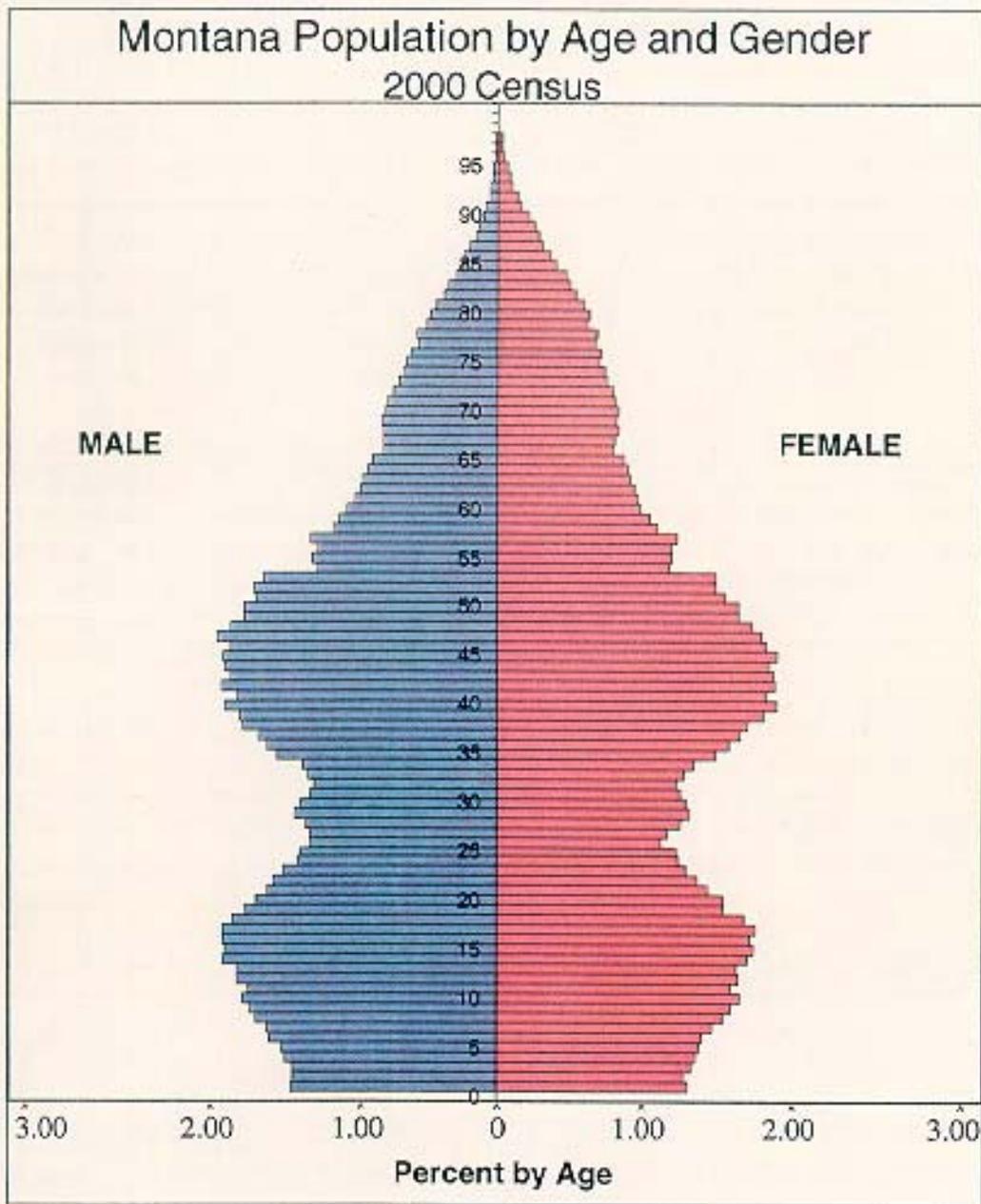


# THE STATE OF AGING IN MONTANA 2001



**Tribal and Local Government Perspective**

**DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES**



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December 28,2001

To: Interested Montanans

Once again, it is with a great deal of pride and pleasure that the Senior and Long Term Care Division of the Department of Public Health and Human Services presents its annual **“The State of Aging in Montana.”** The 2001 report is the third in a series of publications identifying the changing needs of Montana’s aging population and what government is doing to meet current and future needs. The report is intended to serve as a tool for state and local government officials, policy makers, and businesses, as they prepare for life in an aging world. The past two reports have focused on state government and how it is preparing for future aging demographic trends. This year’s focus is tribal and county government. Three counties and one Indian reservation worked with the Department to complete the current project.

The fact that we are an aging society is constantly before us. It not only has implications for government, but also touches families and individuals. Thus, we all have a stake in how services are delivered now as well as in the future. Knowing where we are today is the basis for tomorrow’s planning efforts. There are many interesting and innovative efforts occurring at the local level that are highlighted in this report. There are also many challenges that are identified that face local and tribal governments as they try to deliver aging services.

The message of **“The State of Aging in Montana”** reports continues to be that we will be better off in the long run if we begin to prepare now for the dramatic demographic changes that we know are coming. These are challenges that we simply can not ignore, not as a society nor as individuals. It’s true, there are problems to solve and challenges to face, but there is also much to celebrate and look forward to with hopeful anticipation.

I hope you enjoy reading the report as much as we have enjoyed producing it.

Sincerely,

Mike Hanshew, Administrator  
Senior and Long Term Care Division

# **ACKNOWLEDGEMENTS**

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## REPORT OVERVIEW

*As the Baby Boom generation (those born between 1946 and 1964) reaches retirement age, the growth of the elderly population (65 and over) is expected to accelerate rapidly. The proportion of Montana's population classified as elderly is expected to increase from 13.1 percent in 1995 to 24.5 percent in 2025. Among the 50 states and the District of Columbia, the state is projected to have the **23<sup>rd</sup> highest proportion of elderly in 1995** and the **3<sup>rd</sup> highest proportion of elderly in 2025**.*

(Montana Census & Economic Information Center, 1995)

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In the next 30 to 40 years, we will experience a dramatic increase in the number elderly persons in our population, as well as an increase in the proportion of elderly persons. While this growth can be seen as great achievement in the effort to extend human life, it also presents challenges as well as opportunities for Montana government in planning to meet the needs of an aging society, especially in terms of critical services like health care, social service and transportation.

Concern over demographic trends prompted the Montana Department of Public Health and Human Services (DPHHS) to begin looking into the effects such trends meant for the state and future seniors. In March, 1999, DPHHS published the first legislative report on "**The State of Aging in Montana.**" The aging report was well received by the 1999 Montana Legislature, who subsequently passed House Bill No. 275 amending Section 52-3-101, MCA and requiring the DPHHS to produce a biennial report, with annual updates, on statewide and community issues related to aging. The 2000 "**State of Aging in Montana/Update**" re-examined state government's response to the issues identified in the initial report.

The first two reports focused on state level issues, including:

- An overview of current and projected demographic information and trends relating to aging;
- The potential impact of an aging population that various divisions of state government have identified relating to their operations;
- Issues expected to develop as the State's population ages; and
- How state government is preparing to meet the needs of an aging population.

For the 1999 and 2000 reports, interviews were conducted with twenty one divisions in twelve separate departments of state government including: the Department of Transportation; the Department of Justice; the Department of Commerce; the Department of Public Health and Human Services; the Department of Corrections; the Department of Revenue; and the Department of Labor and Industry. Senior and Long Term Care Division (SLTC) staff, led by the Aging Bureau, developed the final reports. Each division had an opportunity to review and approve the information and data collected on their individual operations.

The 2001 **State of Aging in Montana** is the third in the series. The report takes a comprehensive look at how different local governments are currently meeting the needs of their elderly population, the impact they anticipate from demographic trends, and the impact on services and budgets an increasing elderly population will bring. The report also tries to put these aging issues in perspective with the overall issues facing local governments.

The following tribal and local governments participated in the report::

- Blackfeet Reservation
- Judith Basin County
- Lake County
- Yellowstone County

This group represents a cross section of rural and urban, as well as ethnic diversity.

In gathering information for the report, County Commissioners and Tribal Council members were asked a set of standard questions regarding overall issues facing local government as well as aging specific issues. No judgments were made regarding the responses. Some of the opinions that were expressed may be controversial.

- What are the major issues facing local government at this time?
- What are the major aging issues facing county government at this time?
- Are changes in aging demographics having an affect on local government?
- Is local governmental doing any planning or assessment regarding the changing demographics and its impact on local government?
- To what extent does local government fund local aging services?
- What are the biggest gaps in services at the local level?
- What changes do you see in local government services over the next 3-5 years?
- Do senior issues differing from generic issues local government have to deal with?
- What barriers does local government face in serving seniors?
- What significant accomplishments in senior services occurred recently in your county?

After gathering the foundation information, other county personnel, Area Agency on Aging staff and local Aging Network staff were interviewed on aging issues facing their specific agencies. Information was then divided into two sections for each of the four locales: **Tribal/County Government Perspectives** and **Senior Services Perspectives**.

The final report for each locale was a collaboration between local government and the Department. The Aging Services Bureau developed a draft for each local government and shared it with the County Commissioners, Area Agency Directors and key local Aging Network Staff for review and comment. Their comments were incorporated into the final report.

*Unless otherwise noted, all demographic data came from the US Census or the Montana Census and Economic Information Center. The report incorporates newly released 2000 census data on total population, age and race and compares it to past census data. Poverty information from the 2000 census was not available at the time this report was completed.*

## MONTANA FAST FACTS

- Admitted to the Union: Nov. 8, 1889, the 41st state
- State Name: "Montana" is from the Latin word for "mountainous region."
- Population: 902,195 (2000 Census)
- The 1990 Census showed Montana's population is 52.5% urban and 47.5% rural.
- Capital City: Helena. Population is 25,780 (2000 Census)
- Largest City: Billings--population is 89,847 (2000 Census)
- Size: 147,046 square miles in total area, the 4th largest state in the union  
145,556 square miles in land area and 1,490 square miles in water area  
94,109,440 total acres
- Geographic Center: Fergus County, about 11 miles west of Lewistown
- Most populous county: Yellowstone County with 129,352 residents (2000 census)
- Least populous county: Petroleum County with 493 residents (2000 census)

Montana Department of Labor and Industry, Workforce Services Division, Research and Analysis Bureau,  
Published June 2001

## TRANSPORTATION FAST FACTS

- There are more public road miles in Montana than Interstate miles in the entire U.S..
- 77.7% of Montana's Vehicle Miles Traveled (VMT) takes place outside of our 14 urban areas. South Dakota comes in a close second with 77.4%.
- 1998 Montana statistics show only (0.67) licensed drivers per private and commercial vehicle. Wyoming (.66) and Iowa (.65) are the only two states with a lower ratio.
- Montana's first Highway Commission was created in 1913. It was composed of three members and had a \$5,000 budget . At that time, prison inmates constructed roads.
- There are about 70,000 miles of public highways and roads in Montana. The State DOT is responsible for over 10,900 miles of highway and about 2,100 bridges
- In 1998, vehicles on Montana's public roads traveled about 9,493,000,000 miles.
- Flathead County has the most miles of public road of any Montana county with 2,510 miles. Treasure County has the least with 341 miles. Billings has the most miles of public road of any Montana city with 456 miles. Rexford has the least with 1.4 miles.
- In 1999, MDT crews plowed 3,067,406 miles of highway, which is equivalent to almost 7 round trips to the moon. DOT applied 1,856,376 gallons of liquid deicer on the state's highways, and deposited nearly 302,595 cubic yards of sand.

(Information from the Montana Department of Transportation website)

## GENERAL STATE POPULATION STATISTICS

	<b>1980</b>	<b>1990</b>	<b>2000</b>
Census Population	786,690	799,065	902,195
% increase from last census	13.3%	1.6%	12.9%
Minority population		57,954	70,217
% of total state population		7.6%	7.8%
State Median age	28.4	33.8	37.5

- Montana is larger than the combined area of 10 North-Atlantic States, yet has only 2% of the combined population of those states.
- Montana ranked 44<sup>th</sup> in total state population in the U.S. in the 1990 and 2000 census
- The median age of the U.S. population in 2000 was 35.3 years

## STATE AGING POPULATION STATISTICS

	<b>1980</b>	<b>1990</b>	<b>2000</b>
60 and over population eligible for OAA services	119,240	140,813	158,894
% increase of 60 and over from last census	22.7%	18.1%	12.8%
60 and over as a % of total state population	15.2%	17.6%	17.6%
65 or over state population	84,559	106,497	120,949
% increase of 65 and over from last census	23.0%	25.9%	13.6%
65 and over as a % of total state population	10.7	13.3%	13.4
85 and over state population	8,837	10,676	15,337
% increase of 85 and over from last census	142%	121%	144%
85 and over as a % of total state population	1.1%	1.3%	1.7%

- At 13.4%, Montana has the 14<sup>th</sup> highest percentage amongst states for people 65 years of age or older. The national average is 12.4 %.
- Tied for 15<sup>th</sup> in percentage of people 85 and over.
- The 2000 census showed Montana had 162 people who were 100 years old or older. There were over 50,000 people in the U.S. who were 100 years old or older.

## MONTANA'S RANKING AMONG THE 50 STATES

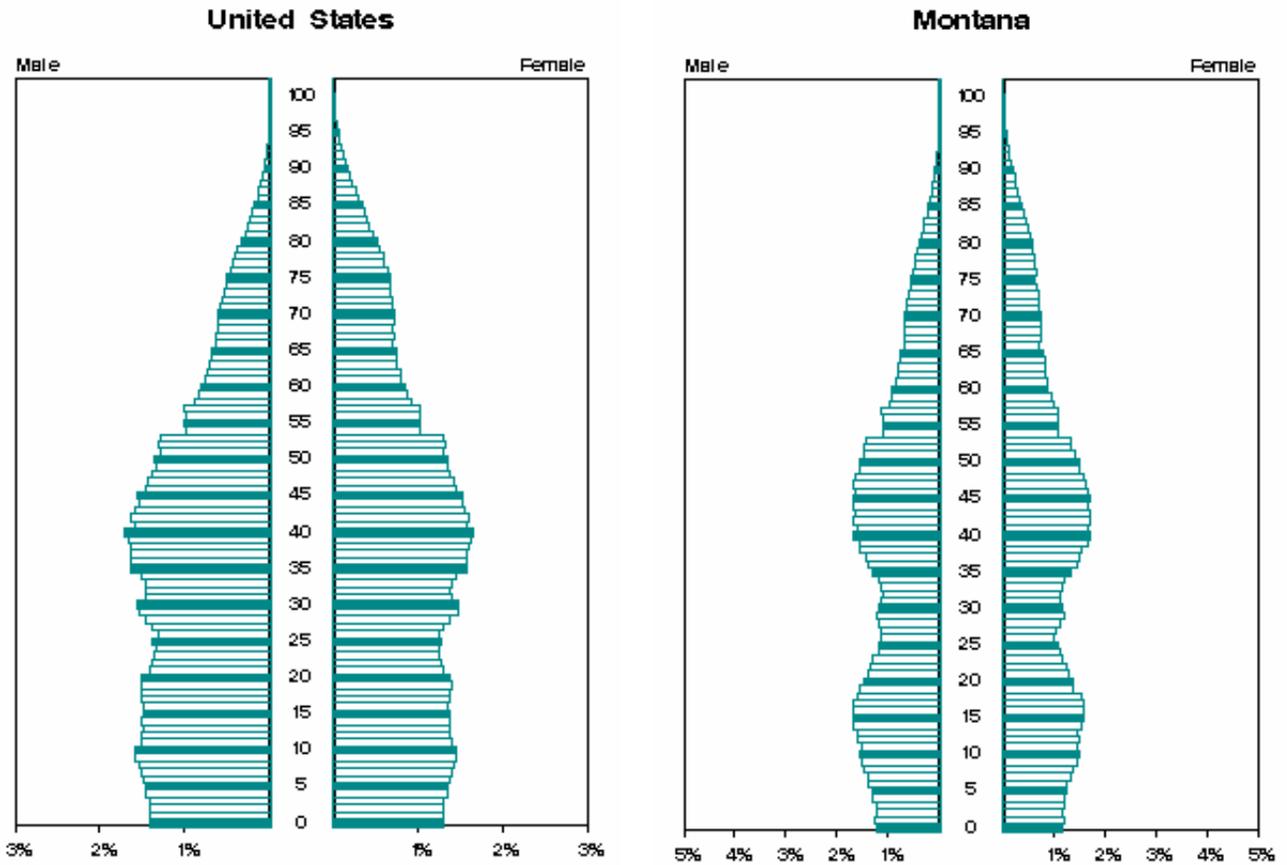
	RANK	MONTANA	US
➤ Total population (2000 Census)	44 <sup>th</sup>	902,000	281,422,000
➤ Population per square mile (2000 Census)	48 <sup>th</sup>	6.2	79.6
➤ Percent change in population (1990-2000)	20 <sup>th</sup>	12.9%	13.1%
➤ Percent population under 18 years of age (2000 Census)	NA	25.5%	25.7%
➤ Percent Population 25 years and older	11 <sup>th</sup>	89.6%	64.6%
➤ Percent Change in Population (1990-2000)	20 <sup>th</sup>	12.9%	13.1%
➤ Percent population 65 years and older (2000 Census)	NA	13.4%	12.4%
➤ Median age In years (2000 Census)	NA	37.5	35.3
➤ Montana's per capita personal income 2000 <i>preliminary</i> (In \$)	46 <sup>th</sup>	\$22,569	\$29,676

Montana Department of Labor and Industry, Workforce Services Division, Research and Analysis Bureau, Published June 2001

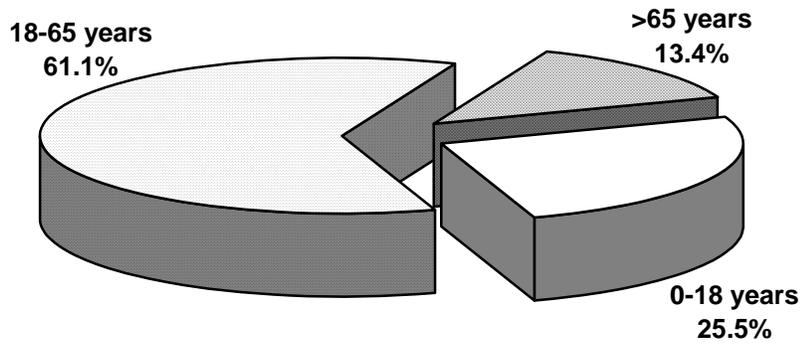
## FUTURE PROJECTIONS FOR MONTANA

- By 2025, Montana is projected to have 1.1 million people, which will still rank it 44<sup>th</sup> among the 50 states and the District of Columbia.
- Montana is projected to gain 143,000 people between 1995 and 2025 through internal migration, which would rank it 20<sup>th</sup> among the 50 states and the District of Columbia
- Ravalli County (at 44.2%) was the fastest growing county in Montana between 1990 and 2000. It was the 122<sup>nd</sup> fastest growing county in the U.S. out of 3141 counties. Gallatin County (at 34.4%) was the second fastest growing county in Montana, and the 218<sup>th</sup> fastest growing county in the U.S.
- Garfield County experienced a 19.5% decrease in its population between 1990 and 2000. This was the largest percentage decrease of any county in Montana and ranked 3124<sup>th</sup> out of 3141 counties in the U.S. in terms of growth rates.

## AGE PYRAMIDS FOR U.S. and MONTANA 2000 POPULATION BY AGE BY GENDER



MONTANA POPULATION (CENSUS 2000)



## INDIAN TRIBAL GOVERNMENTS IN MONTANA

Names & Reservation Headquarters	Date Estab.	Resident Tribes	Enrolled Tribal Members
➤ Blackfeet Browning, MT	1851	Blackfeet	15,300
➤ Crow Crow Agency, MT	1851	Crow	9,000
➤ Flathead Pablo, MT	1855	Salish Kootenai	6,900
➤ Fort Belknap Harlem, MT	1888	Assiniboine Gros Ventre	4,000
➤ Fort Peck Poplar, MT	1888	Assiniboine Sioux	11,000
➤ Northern Cheyenne Lame Deer, MT	1884	Northern Cheyenne	7,900
➤ Rocky Boy's Box Elder, MT	1916	Chippewa- Cree	4,700
➤ Little Shell	2000	Chippewa- Cree	4,000

This information has been compiled by the Research and Analysis Bureau, Workforce Services Division, Montana Department of Labor and Industry - updated 9/27/2001

- Montana has six counties that rank in the top 50 counties in the U.S. in terms of the percentage of Native Americans.
  - Glacier County has the highest percentage of Native Americans (61.8) of any county in Montana and ranks 19<sup>th</sup> of the 3141 counties in the U.S.
  - Big Horn County (59.7%) ranks 2<sup>nd</sup> in Montana and 21<sup>st</sup> in the U.S.
  - Roosevelt County (55.8%) ranks 3<sup>rd</sup> in Montana and 22<sup>nd</sup> in the U.S.
  - Blaine County (45.5%) ranks 4<sup>th</sup> in Montana and 30<sup>th</sup> in the U.S.
  - Rosebud County (32.4%) ranks 5<sup>th</sup> in Montana and 42<sup>nd</sup> in the U.S.
  - Lake County (23.8%) ranks 6<sup>th</sup> in Montana and 50<sup>th</sup> in the U.S.

## MONTANA'S TOP 20 EMPLOYERS LISTED IN ALPHABETICAL ORDER\*

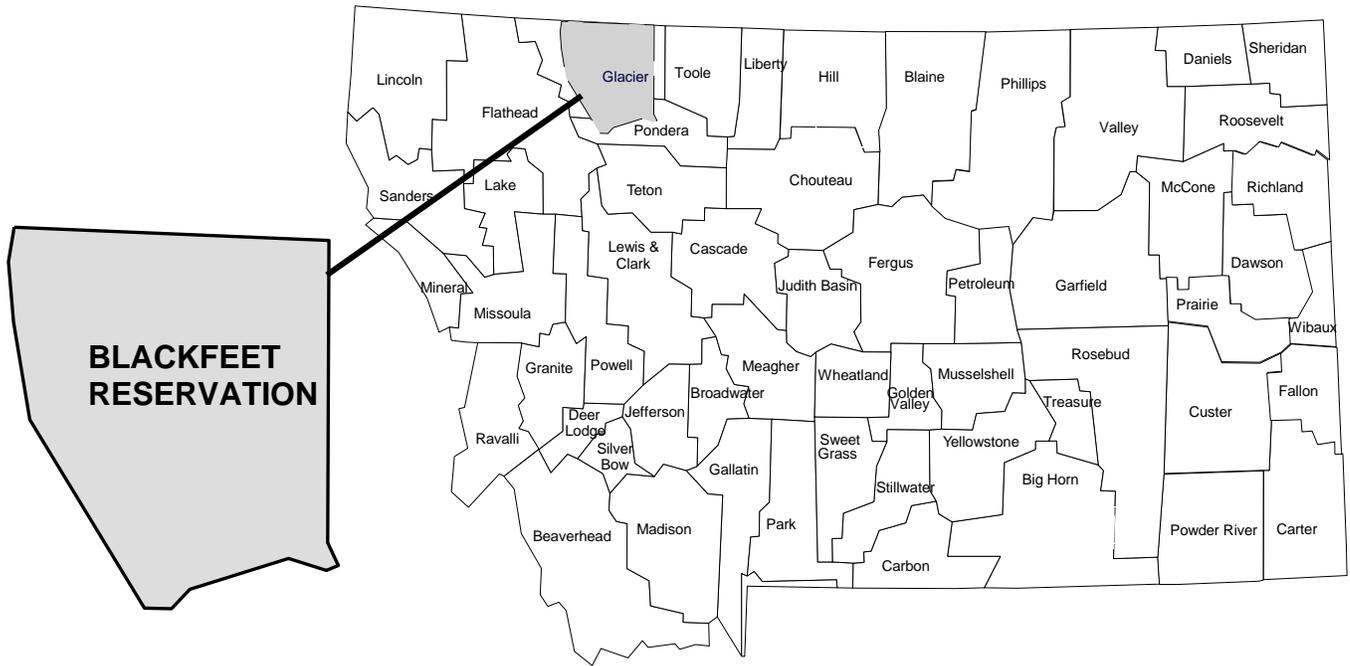
• Albertson's	Retail
• Benefis Healthcare	Health Care
• Better Business Systems	Employee Management
• Cenex Harvest States Cooperatives	Retail Cooperative
• Deaconess Billings Clinic Health System	Health Care
• First Interstate Bank	Banking
• Kalispell Regional Hospital	Health Care
• KMart	Retail
• Lantis Enterprises	Health Care
• Lee Enterprises	Media
• Missoula Community Medical Center	Health Care
• Montana Power Company	Public Utility
• St. Patrick Hospital	Health Care
• St. Peter's Hospital	Health Care
• St. Vincent Hospital	Health Care
• Semitool	Manufacturing
• Stillwater Mining Company	Mining
• Stream Services	Customer Support Services
• Town Pump	Retail
• Wal-Mart	Retail

*\*First Quarter 2001 Unemployment Insurance Information. This list includes ONLY private industry employers subject to Unemployment Insurance. Railroads and city, county, state and federal government agencies (including public school districts and universities) are excluded.*

Montana Department of Labor and Industry, Workforce Services Division, Research and Analysis Bureau,  
Published June 2001



# BLACKFEET RESERVATION



## GENERAL POPULATION STATISTICS

	1980	1990	2000
Total reservation population	6660	8549	10100
% of total state population	0.9%	1.1%	1.1%
% increase from last census		28.4%	18.1%
% state increase from last census	13.3%	1.6%	12.9%
Indian population on reservation		7025	8507
Indian population as a % of total reservation population		82.4%	84.2%

- Between 1990 and 2000, the population growth rate on the Blackfeet Reservation was 18.1%, making it the second fastest growing reservation in Montana (behind Rocky Boy at 37%). The state population growth rate for the same period was 12.9%
- Between 1980 and 1990, the population growth rate on the Blackfeet Reservation was 28.4%, making it the fastest growing reservation for that time period. The state population growth rate for the same period was 1.6%
- At 10,100 people, the Blackfeet Reservation has the largest Indian population on a reservation in Montana. In 2000, total tribal enrollment was 14,564.

## RESERVATION AGING POPULATION STATISTICS

	1990	2000
60 and over population eligible for OAA services	711	926
% increase of 60 and over from last census		30.7%
60 and over as a % of total <b>reservation</b> population	8.3%	9.2
<i>60 and over as a % of total <b>state</b> population</i>	17.6%	17.6%
65 and over reservation population	478	608
% increase from last census		59.6%
65 and over as a % of total <b>reservation</b> population	5.6%	6.0%
<i>65 and over as a % of total <b>state</b> population</i>	13.3%	13.3%
85 and over reservation population	41	45
% increase of 85 and over from last census		9.8%
85 and over as a % of total <b>reservation</b> population	0.5%	0.4%
<i>85 and over as a % of total <b>state</b> population</i>	1.3%	1.7%

- The Blackfeet Reservation had the third lowest percentage of elders age 65 and over (6%) of any Montana reservation. Only Rocky Boy and Northern Cheyenne Reservations have lower percentages of elders.

## GEOGRAPHICAL STATISTICS

- Blackfeet Reservation encompasses approximately 1.5 million acres (3,000 square miles). This is 2% of the total landmass of Montana.
- 555,000 acres (38%) of Blackfeet reservation land is owned by non Indians.
- Blackfeet Reservation covers parts of two Montana counties: Glacier and Pondera. Reservation land represents 70% of Glacier County and 30% of Pondera County.
- Montana's population density is about 6 persons per square mile. The population density on the Blackfeet Reservation is about 4.4 persons per square mile. This ranks the Blackfeet reservation 4<sup>th</sup> amongst Montana's Indian Reservations.

2000 Census Figures	Glacier County	Pondera County
Total population	13247	6424
Indian population	8186	929
% of Indian population	61.8	14.5

- Glacier County has the largest percentage of Indians living in a Montana county and is 19<sup>th</sup> highest percentage of Indians of any U.S. County.
- Glacier County has the largest number of Native Americans of any Montana county and the 49<sup>th</sup> highest number of Native American of all U.S. counties.

## TRIBAL GOVERNMENT PERSPECTIVE

The Blackfeet Indian Nation is governed by a nine-member council called the Blackfeet Tribal Business Council. Council members are elected to two-year non-staggered terms from four districts within the reservation. The Council nominates Executive Committee members, which conducts the daily business of the Council. The majority of the Executive Committee were interviewed for this section of the report.

### What are the major issues that the Council at this time?

- **Preservation of Natural Resources and Water Rights**

There are several outstanding disputes between the Blackfeet Indian Nation and the federal government regarding boundary issues and their impact on tribal water rights, timber and other natural resources. These issues have been an on-going concern for the Council and tribal members. In addition to ownership rights, these issues also have a significant economic impact.

- **Economic Development**

Economic development on the reservation has two primary benefits: it creates a stable economy on the reservation and it provides jobs. There has been a substantial decrease in the tribal income base over the years. The Council is trying to expand the economic base of the reservation by pursuing several new projects. The Council entered into a joint development agreement with SeaWest Windpower to build a 22-megawatt wind energy project. It is the first such commercial utility scale wind power generating project ever undertaken on tribal lands. The Council established the first foreign capital depository in the United States. In addition, the Council is contemplating joining a consortium of other tribal banks; such a partnership would result in access to a pool of economic development funds for tribal projects. Other economic ventures under consideration include a grocery store, a housing consortium, a water bottling facility, a cable company, bingo, tourism and pursuit of the concession contract in Glacier National Park.

The Blackfeet reservation has a very high unemployment rate; estimates range between 50% and 80%. The reservation is located in two counties, therefore, a more exact current figure is difficult to determine. Recent statistics from the Montana Department of Commerce indicate Glacier County has the highest unemployment rate in Montana at 34.5 % and ranks as the 95<sup>th</sup> highest rate of unemployment in the United States.

- **Physical & Social Infrastructure Development**

Housing issues top the list of physical infrastructure concerns. Blackfeet Housing (the tribal housing authority) reports there is a long-standing housing shortage on the reservation. Affordable housing is currently at a critically low level. Blackfeet Housing officials report 228 families are on their waiting list for housing assistance. Recent surveys reveal that more than 465 families live in over crowded conditions. Many elders live in settings with as many as

two to four families sharing the same home. Low-income elders receive a high priority on the waiting list.

The Department of Housing and Urban Development (HUD) has built 1210 housing units on the Blackfeet reservation and subsidizes a portion of the rent on these units. 900 of these units are rentals and the remainder are “mutual homes”, which renters can eventually own. Blackfeet Housing has 120 homes designated for elders and tribal members with disabilities. In total, 127 elders have subsidized housing.

Maintaining, repairing and improving current housing stock is also an important concern. While most elders live in their own homes, many of these dwellings are older housing stock. The need to weatherize older homes to improve energy efficiency is continual, especially as energy costs rise and elders remain on fixed incomes. Housing accessibility for tribal elders is also a rising concern. As elders age and become less mobile, they face an increasing need to make their homes accessible, in an effort to avoid unnecessary or premature institutionalization. Blackfeet Housing officials are addressing these needs by devoting a portion of their federal housing grant funds to upgrade the current housing stock. To date, Blackfeet Housing has updated 63 homes, and have allocated funds to upgrade 25 additional homes per year.

Preserving cultural heritage and passing on Blackfeet traditions and values are the primary social infrastructure issues facing the tribe. The tribe has a Cultural Department whose primary mission is to focus on these issues. To meet these challenges, the Cultural Department is involved in the following activities: reuniting families separated when the US Canada border was established, splitting traditional tribal lands; the repatriation of sacred objects; cultural site preservation; genealogy database development and maintenance; recording oral histories; and educating youth groups about traditional Blackfeet ways. Elders are the primary source of information for these activities. The Cultural Program conducts regular elder meetings where elders get together to share experiences and information.

### **What are the major aging issues facing the Council at this time?**

- **Productive aging in society**

Tribal elders have much to offer. They are a link to the past and to traditional Blackfeet ways. They have a wealth of experience, accomplishments and knowledge to share. The tribe has discovered innovative ways to use the knowledge and expertise of elders. The Council has an Honorary Council, composed of tribal elders, who advise the Council on current issues and provide historical perspective. In addition, the Cultural Program was established to preserve the Blackfeet culture and traditions. Elders are one of the primary resources used by program staff to gather information.

Elders face a number of challenges to productive aging, including economic security, physical and social isolation, and health issues. The Council is committed to the goal of ensuring that elders are able to make positive contributions to on-going tribal life, and to assist individual elders maintain productive lives. Senior centers play an integral role in supporting this goal.

- **Health and long term care**

Access to health care is problematic for all members on the reservation. There are two health complexes on the Blackfeet reservation: the Indian Health Services hospital in Browning and the IHS health center in Heart Butte. The IHS in Browning functions with increasingly tighter budget constraints and must prioritize services it can provide; both facilities need increased professional staffing to help fulfill unmet needs. The health center in Heart Butte is staffed only 40 hours per week and the health center doctor is not available full time. There is also a tribally owned nursing home in Browning and the Tribal Council is considering replacing the current building with a new facility.

- **Economic stability**

Many elders live on a very limited fixed income. They are often land rich but cash poor. Many receive only limited Social Security benefits because they did not participate in the traditional workforce. Elders often take loans on trust land to their supplement income or to help family members out. Escalating energy costs also pose a looming economic threat to elders. The Council has a fire wood assistance program that provides wood to elders for heating their homes.

- **Transportation**

The Blackfeet reservation is very rural and many elders live in outlying areas. Transportation issues are critical to elders who want to remain independent and in their own homes. As elders age, the ability to go shopping, to get to medical appointments and to meet other daily needs can become increasingly problematic if their ability to drive decreases. Weather, physical isolation or other conditions result in periodic needs for transportation. All these factors result in an increased demand for transportation.

The reservation operates its own transit program. It is funded by 50% state transportation funds and 50% tribal funds. The Program has a fleet of four vehicles, three of which are wheelchair accessible. In 2000, the program provided 14,500 one-way rides. Elders received approximately half of those rides. Ridership is consistently increasing each year. Based on ridership to date, the program projects a 10% increase in rides for 2001. Transportation to the hospital and shopping are the most common reasons elders use transportation.

Customers call the program to schedule transportation. There are no regular transportation routes at the current time. Lack of funding has also limited the number of drivers the program is able to hire. These factors can result in long waiting periods for riders.

Due to distance and lack of funding, outlying areas like Heart Butte, Babb and Seville have even more limited transportation services. Elders in these areas use the Community Health Representatives to get transportation for medical appointments. And while the Heart Butte Senior Center has a vehicle it can use for transportation, it is not wheelchair accessible.

The Transit Program has computerized its dispatch system, increasing its efficiency. It is building a new facility to house the program and its vehicles. In 2003, the transportation plan calls for the development of a check point system of regularly scheduled routes and stops.

#### **Are changes in aging demographics having an affect on tribal government?**

- One trend affecting tribal government is the strain on social programs and the economic stability of elders, as a result of more and more grandparents raising their grandchildren.
- Another trend affecting tribal government is the increasing number of elders who reach senior citizen status but do not have sufficient Social Security and/or retirement income to meet their economic needs. There are many elders seventy and older, who have had to return to the workforce, just so they can afford the basic necessities of life. Many elders in need of supplemental income, however, they are unable to work because of health problems. For them, the tribal Hardship Program may be the only safety net available to meet their critical needs.
- Many elders are returning home to the reservation to be closer to family and roots. This trend increases the number of people using social and health programs on the reservation.

#### **Is tribal government doing any planning or assessment regarding the changing demographics and its impact on local government?**

- The Council has a Planning Department that is responsible for overall planning on the reservation, including economic and health issues. There have not been any aging specific studies to date.
- The two senior centers are leaders in identifying elder issues and bringing them to the attention of the Council. They conduct annual needs assessments and consumer satisfaction surveys, to identify needs and concerns of elders and to evaluate programs.

- Other individual programs that provide assistance to elders such as the nursing home, Blackfeet Housing and community health representatives also identify elder issues relating to their specific area of expertise. An example is the reservation wide study of health care needs currently being conducted by the Planning Department, through a grant from IHS. Results of this study were not yet available. Blackfeet Housing will be conducting a community housing needs assessment in order to develop a new housing plan for the reservation.

**Which areas of tribal government are most impacted by aging demographics?**

- Historically, tribal members in need (including elders) turned to family and the tribe for assistance; the traditional Blackfeet way stressed giving and sharing. The current generation of elders was raised with these values. However, current economic constraints on the reservation limit the ability of tribal government to meet the all needs of tribal members. Elders now must pay for services that were once taken care of by the tribe, especially in the area of health care and social services.
- Tribal government has established programs to help members in need, most notably the Hardship Program. However, the Hardship Program is unable to fulfill all the needs. The program typically provides assistance for utility bills, health care bills, eyeglasses, hearing aids, dentures, food and clothing. It also provides economic assistance for transportation and lodging for family travel to Great Falls for medical services and for veterans to travel to Fort Harrison. Between November 2000 and March 2001, the program assisted 109 elders, with an average of about \$64.50 per person.
- Federal and state health and human service programs are an additional source of assistance. They are generally based on categorical eligibility requirements (such as income, disability and/or age) and must meet program criteria to receive assistance. Programs are often fragmented and have eligibility requirements and regulations that are complex and difficult to understand, especially for elders. Participation in these programs also requires a change in expectations from the traditional ways elders have received assistance.
- Finally, elders often face language and cultural barriers that hinder access to health services. The Council and many service providers recognize the need for outreach and education services to help elders receive needed services. Outreach efforts can bridge the gap between expectations of traditional culture and the manner in which services are currently structured and delivered. The Eagle Shield Center has applied to Indian Health for health care education for elders grant; this grant is still pending. The Center, in conjunction with centers in the Fort Belknap and Rocky Boy Reservations, also applied for a grant to provide outreach services for elders, but were not awarded the grant.

### **To what extent does tribal government fund local aging services?**

- The tribal budgeting process requires programs to present annual budgets to the Council. The Council must then decide levels of funding for individual programs. There has been a substantial decrease in tribal income, so the Council is not able to fund all needs.
- Elderly programs are a priority of the Tribal Council. The Council partially subsidizes a number of services used by elders: the two senior centers, the Personal Care Attendant program run by the Eagle Shield Center, the community health services, transportation services, nursing home operations and the total funding for tribal hardship program.

### **What are the biggest gaps in services on the reservation?**

The largest gap in services falls in the overall health care area. Access to health care is a significant problem. A shortage of staff in IHS facilities causes delays in services. There are no primary care doctors in the IHS system. Patients are seen by whichever IHS doctor is available. Many elders who have Medicaid or Medicare choose to go off reservation to get medical services due to the barriers to service on the reservation. IHS funding shortfalls require that service needs are rated 1-12, with 12 being an emergency situation. Only emergency services are being covered at the current time. As a result, there is a concerted effort by IHS to get people covered by alternate resources to help cover the cost of services provided through IHS.

Contracted Health Services (CHS) pays for health care services that are not available through IHS. They are a payer of last resort. These services are provided by off the reservation providers, largely out of Great Falls. Most of the providers come to Browning to provide services.

The following is a list of health care service gaps that currently exist on the Blackfeet reservation:

- Lack of outpatient services (such as Home Health, OT, Speech) results in people using the emergency room. This causes a bottleneck in the ER.
- No health services in Babb, East Glacier. Lots of elders in outlying areas.
- No private practice doctors on the reservation.
- No denturists.
- No hospice services available on reservation.
- No medical supply services available to clients outside of IHS. Medicaid and Medicare will not pay for transportation/shipping of medical supplies and durable medical equipment.
- No long term care or psychiatric services
- The VA no longer has a clinic in Browning. Veterans have to go to Whitefish or Great Falls. IHS no longer has admitting privileges in VA clinics.
- There hasn't been a service officer coming to the reservation for a while. A service officer used to have visits once a month. Veterans sometimes have

difficulty getting services through IHS and the VA. Their dual eligibility results in both organizations looking to the other to provide services. Transportation to Fort Harrison also has been a problem

In addition to the overall medical issues, a service gap specific to elders is the lack of community outreach and support. The IHS is seeing more elders without Medicare Part B coverage. In the past, elders thought that because they had IHS coverage, they did not need to pay for Part B coverage and thus, did not get it. Since they did not sign up during their initial coverage period, these elders are now faced with a penalty to gain coverage. Outreach is needed to educate seniors about this issue.

**What changes do you see in tribal government services over the next 3-5 years?**

A primary goal of the current Tribal Council is the move toward greater self-governance and self-determination, and less reliance on the federal government. The Council is striving to separate politics from economic issues. They are also striving to tailor programs to meet specific needs of Blackfeet tribal members.

The Council feels there needs to be greater support from and communication with the State. They would like to be better informed about DPHHS programs. They feel that the Aging study was a good starting point and would like to continue current dialogue between DPHHS and Tribal Government.

**What senior issues are facing tribal government in the future?**

- The Council is looking at expanded senior services in the future. They are planning to replicate the senior center/assisted living facility model that was built in Browning, in Heart Butte. Plans are for an eight unit assisted living facility combined with a new senior center.
- The Council is also considering replacing the current 47 bed nursing home with a new 52 bed building. Preliminary plans call for the facility to be adjacent to the IHS hospital. The Tribal Council is weighing the cost saving of a new building and the improved patient care services against the initial cost of construction.

**Is the Council engaged in any efforts to coordinate services on the reservation?**

The Council is seeking to coordinate senior services including housing, senior citizen center and health programs, and is considering the development of a one-stop social services facility in the future.

**Is the Council engaged in any efforts to coordinate services with Glacier or Pondera County?**

There is some conflict between the tribe and Glacier County over financial issues and who is responsible to provide services on the reservation. The Council feels tribal members pay taxes of \$600,000 to Glacier Co without much return. The senior center in Browning receives \$4500 from the county for its operation.

Heart Butte Senior Center does not receive any funds from Pondera County.

The Elder Protection Team has identified a need for training and resources to deal with elder abuse issues on the reservation. They are interested in working with Adult Protective Services to develop these resources. The State APS director plans on meeting with the Team to explore ways the state and tribe can coordinate efforts. The Team was invited to a recent APS training held in Great Falls.

**What barriers does the Council face in serving tribal elders?**

- Economic insecurity of many elders presents the tribe with both social and financial hurdles.
- Access to adequate, affordable health care services for all tribe members, including elders.
- Cultural, educational and language barriers present problems for elders who need health and human services.

**What significant accomplishments have occurred on the Blackfeet Reservation recently that benefit elders?**

- The development of a new senior complex across from the IHS hospital is the most recent accomplishment. The complex is a very progressive housing development combining three services: 20 single-family housing units for elders; a senior citizen center; and a sixteen bed assisted living facility. The senior center and assisted living facility are combined in one building. The senior center has an exercise room, occupational therapy room, and a medical examining room. The assisted living program will provide assistance with activities of daily living to residents.
- Connie Bremner, Eagle Shield Director, was the driving force behind this project. In June 2001, she was one of ten people nationwide to receive a Community Health Leadership Award from the Robert Wood Johnson Foundation. The Award recognizes innovative efforts in addressing health needs of senior citizens and people with disabilities on the reservation. The Center received a cash award of \$100,000. These funds will be used to provide respite services and personal care attendant services.

## SENIOR SERVICES PERSPECTIVE

There are two major federal sources of funding for senior services on the reservation: Title III and Title VI of the Older American Act. Title III grants are made to states to fund statewide aging programs, while Title VI grants are made directly to tribal governments to provide supportive and nutrition services that are in keeping with the unique and other needs of American Indians, Alaskans and Native Hawaiians. The Eagle Shield Center in Browning receives Title VI funds and the Heart Butte Senior Center receives Title III funds. Senior services receive a number of other funding sources to provide services, including: funding from the Council; county funds; USDA funding for meal programs; voluntary contributions from program participants; and income from service of pay.

### OVERVIEW OF SENIOR SERVICES

#### BROWNING

- Congregate meals twice a day 5 days/ week
- Home delivered meals five days a week
- Senior center activities
- Transportation
- Health screening
- Information and Assistance/advocacy

#### HEART BUTTE

- Congregate meals five days a week
- Home delivered meals five days a week
- Senior center activities
- Transportation

Meal programs are the largest senior service offered by both centers.

The Eagle Shield Center served approximately 38,500 total meals last fiscal year. For the current year, they have served approximately 26,100 meals. They are on pace to serve about the same number of meals as they served last fiscal year. About two thirds of the meals are home delivered meals and a third are congregate meals.

The Heart Butte Senior Center served a little over 7500 meals during the last fiscal year. They have served about 7450 meals so far this fiscal year. The center should have at least a 25% increase in meals over the last year. Over 80% of the meals are home delivered meals and 20% are congregate meals.

Since 1996, the Eagle Shield Center has operated a highly successful reservation-wide Personal Care Attendant (PCA) program. The program serves Medicaid eligible clients (either elders or persons with disabilities). The most common medical problems of the clients served are diabetes, kidney problems requiring dialysis, cancer and cardiovascular problems. The program provides in-home care to clients in need of assistance with dressing, bathing, eating toileting, transferring and medication reminders. Clients can also receive assistance with meal preparation, light housekeeping and shopping. A nurse supervisor assesses the client's needs and monitors the on-going care. Trained personal care attendants provide the direct care.

The PCA program has historically served 65-70 clients per year. It is currently serving about 100 clients, including 15 Medicaid Waiver clients. The program currently employs 85 trained PCA workers. However, only five employees are full time. The program has experienced a high rate of staff turnover. Recent state wage increases for PCA workers have helped to minimize staff turnover rates and increase recruitment efforts.

The PCA program is working with the Fort Belknap Reservation to establish a PCA program on that reservation.

## **ROLE OF SENIOR SERVICES IN PLANNING AND ASSESSMENT**

The Council relies on senior services personnel to bring elder issues to their attention. Senior centers use assessment tools, consumer satisfaction surveys and feedback from elders to get information on elder needs and concerns. The Eagle Shield Center is working with the University of North Dakota on modifying an assessment tool to meet the needs of the reservation. The Center will use the tool for its upcoming assessment.

Senior services personnel identified the same major needs that the Council and other program personnel did: housing, transportation and health care issues. In addition to these issues, they also identified meeting the nutritional needs of elders, the lack of respite care, increasing participation in senior services and the need for home health services as other elder needs.

The Eagle Shield Center submitted a certificate of need in April 2001 to establish a home health agency and was awarded the certificate in July. They hope to have the program up and running sometime after the first of the year.

There has been turnover in the director of the Heart Butte Senior Center, so no formal assessment activities have occurred there this year. Some service needs were identified and actions taken by the prior center director.

## **SHORT AND LONG TERM GOALS FOR SENIOR SERVICES**

### **BROWNING**

- Develop a health center in new senior center. The Center would like to have doctors from the IHS come to the Center 2-3 afternoons a week to see elders. This would save elders having to wait at the IHS for long periods of time to see a doctor.
- Consolidate assisted living and senior center in Browning under one management. Blackfeet Housing currently operates the assisted living portion of the complex.
- Have the home health agency up and running within the next six months.

- Overcoming apathy and reticence of senior about participating in activities at the Center and increase participation in senior services
- Increase the capacity of the Elder Protection Team to investigate elder abuse on the reservation. The Team would like to coordinate with the State APS program on training and investigations.

#### HEART BUTTE

- Build new senior center, assisted living complex.
- Establish home chore and increase homemaker services.
- Obtain a wheelchair accessible van.

### **RECENT INITIATIVES OR ACCOMPLISHMENTS**

#### BROWNING

- The Center was awarded a \$100,000 Robert Wood Johnson grant to be used for respite services, providing PCA services to people who are ineligible for Medicaid, and home renovations
- The center completed development of a new combined senior center/assisted living facility. The new center started operating in July and residents started moving into the assisted living units in August.
- The Center has maintained a high quality PCA program since 1996.
- Center staff coordinates the Elder Protection Team on the reservation, which meets twice a month. A tribal council member sits on the team, as well as representatives from the PCA program and IHS and the Center 's elder advocate. The team conducts elder abuse investigations.

#### HEART BUTTE

- The Center has improved meal services.
- The Center obtained an additional vehicle to transport elders to medical appointments, shopping, etc.
- The Center has increased recreational activities.
- The Center has made several repairs and renovations to its existing facility.



# JUDITH BASIN COUNTY



## COUNTY POPULATION STATISTICS

	1980	1990	2000
Total state population	786,690	799,065	902,195
% increase from last census	13.3%	1.6%	12.9%
Total county population	2624	2282	2329
% county increase from last census	-1.6%	-13.0%	2.1%
% of total state population	0.3%	0.3%	0.3%
Minority population	0.6%	0.6%	0.6%
Median age	32.8	38.6	42.0
State median age	28.4	33.8	37.5

- In 2000 Judith Basin County was the 12<sup>th</sup> smallest county in terms of population in the state. It was also the 12<sup>th</sup> smallest county at the time of the 1990 census. The 2000 census is the first census since 1930 that the county has experienced an increase.
- From 1990 to 2000, Judith Basin County experienced the 25<sup>th</sup> largest increase in population of any county. Between the 1980 and 1990 census, Judith Basin County had the 12<sup>th</sup> largest decrease in population (342) of any county in the state.

## COUNTY AGING POPULATION STATISTICS

	<b>1980</b>	<b>1990</b>	<b>2000</b>
60 and over population eligible for OAA services	538	531	526
% increase of 60 and over from last census	3.3%	-1.3	-1.0%
60 and over as a % of total <b>county</b> population	20.5%	23.3%	22.6%
<i>60 and over as a % of total <b>state</b> population</i>	<i>15.2%</i>	<i>17.6%</i>	<i>17.6%</i>
65 or over county population	394	406	400
% increase of 65 and over from last census	9.4%	5.8%	30.1%
65 and over as a % of total <b>county</b> population	15.0%	17.8%	22.8%
<i>65 and over as a % of total <b>state</b> population</i>	<i>10.7%</i>	<i>13.3%</i>	<i>13.4%</i>
85 and over county population	29	19	49
% increase of 85 and over from last census	0%	-34.5%	157.9%
85 and over as a % of total <b>county</b> population	1.1%	0.8%	2.1%
<i>85 and over as a % of total <b>state</b> population</i>	<i>1.1%</i>	<i>0.8%</i>	<i>1.7%</i>

- Judith Basin County has the 12<sup>th</sup> smallest 65 and over population in the state.

## GEOGRAPHICAL STATISTICS

- Judith Basin County encompasses approximately 1,900 square miles. This is 1.3% of the total landmass of Montana.
- The population density of State of Montana is about 6.2 persons per square mile. The population density of Judith Basin County is about 1.2 persons per square mile.
- Judith Basin County was established in 1883. Stanford is the county seat.

## COUNTY GOVERNMENT PERSPECTIVE

### What are the major issues facing local government at this time?

- Economic issues are the principal concern of the Commissioners. The mainstay of the local economy is agriculture and ranching. Both these sectors of the local economy have been adversely affected by a number of factors.
  - ♦ NAFTA and GAT have placed local agricultural, beef and timber producers at an economic disadvantage.
  - ♦ The economics of farming and ranching make it almost impossible to support two generations on a family operation. As a result, the younger generation of family members is leaving ranches and farms in search of better paying jobs outside the county. The average age of farmers and ranchers is continually getting older.
  - ♦ As older ranchers can no longer run the farm or ranch, an increasing number are selling property to buyers who don't continue operating the business as a working farm or ranch. Many of these former farms and ranches are being turned into residences being bought by out of state buyers.
  - ♦ Decline in agricultural output for the county means a decline in the tax base that local government has to use to provide services.
- Increases in drug usage and crime rate in the county are a growing concern.
- Shifts in the county population are another concern to the Commissioners. People are retiring to Judith Basin County from out of state to take advantage of lower crime rates, a lower cost of living and a slower lifestyle. There have been over 100 people in the last 5 years who have moved into Judith Basin County.

### What are the major aging issues facing county government at this time?

- There are virtually no medical services in the county. There are no doctors or health care facilities in the county. The only health services available are a clinic in Stanford staffed by a Physician's Assistance and an ambulance in Stanford and Hobson. The county funds the ambulance services. People usually travel to either Great Falls or Lewistown to receive their medical services. As people become more familiar with health care providers in these communities and their health care needs increase, they usually end up moving out of Judith Basin County to one of these two medical hubs.
- There is limited transportation services in the county. This can be a major issue for senior citizens if they are unable to drive and don't have family or friends to help them meet daily needs or medical needs. There is one bus in the county that was purchased about 10 years ago with a combination of federal and state grant money, county dollars and funds raised by senior citizens. The bus is housed in Stanford, in a garage attached to the senior

center. The county pays for the insurance, licensing and upkeep of the bus. A volunteer drives the bus. Bus usage has gone down over time. Originally there was a bus trip from Stanford to Great Falls twice a month. Senior citizens used it for medical transportation and shopping. The bus would stop in Geysers to pick up additional seniors wanting to go to Great Falls. Bus excursions were also periodically taken once a year. Seniors from Hobson would use the bus to go to Lewistown.

As the population aged, bus usage declined. At the current time, the bus is used for trips from Stanford to Great Falls only two to three times a year. The Hobson Senior Center has not used the bus in a while. There haven't been any recent bus excursions. Many of the seniors who used the bus in the past have moved to Great Falls or Lewistown as their care needs increased. Others rely on family or friends to provide needed transportation.

- Senior centers and senior services are underutilized. Older people want to remain as independent as possible for as long as possible. They view senior services as serving "older", more dependent senior. Thus, they tend to shy away from senior services until they become more dependent.
- There is a lack of supportive housing in the county. There is one low-income housing complex in Stanford that seniors can live in, but it does not provide any assistance with activities of daily living such as dressing, bathing or eating. Residents must be independent. When seniors need assistance and their support system can't provide it, they have to move to Great Falls or Lewistown. If assisted living services were available within the county, it would allow people to remain closer to home and family or a longer period of time. However, because of the small population in the county, such a development would be difficult to develop.
- The small population base of the county means there are fewer dollars to work with, making it harder to support most of the supportive services that seniors need. The discontinuation of homemaker services in Hobson and Geysers are a good example of this dilemma.

### **Are changes in aging demographics having an affect on local government?**

Overall the population of the county has remained fairly unchanged in the last 20 years. There has been a general decrease in the younger population and an increase in the older population.

Many senior citizens move to Great Falls or Lewistown when they need more medical services. Those who remain in the county tend to be those who are more independent or have support systems to help them remain in their homes.

**Is local governmental doing any planning or assessment regarding the changing demographics and its impact on local government?**

The two major areas of planning at the county level are land planning and economic development. The county recently joined together with five other rural counties in central Montana to form the Snowy Mountain Economic Development Board. Other counties include Fergus, Petroleum, Golden Valley, Wheatland and Musselshell.

There are not any planning activities in the county specific to aging issues at the current time.

**To what extent does local government fund local aging services?**

The county owns the buildings that house all three senior centers. The county covers all insurance costs for the centers, including vehicle insurance. The county provides the 15% match for federal and state funds each year. Each center also receives \$2000 each year for maintaining and improving their center buildings. The centers are free to use these funds to make whatever improvements they see fit. The funds must be used in the current fiscal year. If a center has an emergency need, the county will advance them funds against the next year's funding. There is no specific mil funding for aging services in Judith Basin County. The amount of funds going to senior centers has remained constant for at least the last 10 years.

Senior centers live within their means. They realize that the county has limited funds. Seniors, families and communities tend to work together to meet individual needs.

**What are the biggest gaps in services at the local level?**

- The general lack of medical services in the county represents the biggest gap in services for county residents. The only medical personnel in the county is a Physician's Assistant in Stanford and two crews of emergency medical technicians that support the ambulance services in the county. The lack of medical services means residents usually must travel to Lewistown or Great Falls to receive health care. Residents with high medical needs end up moving out of county.
- In addition to the lack of overall medical services, the lack of transportation is a significant factor for seniors, especially for those needing to get to medical appointments outside the county.

**What changes do you see in local government services over the next 3-5 years?**

As revenues continue to decrease, county government is faced with having to decrease the overall level of services it provides. County residents have voted for tax reductions without realizing that the end result is fewer services. The three main functions that county government funds are schools, roads and law enforcement. School budgets comprise 75% of the county budget, but the county has little control over this segment of its budget. County government tried

to consolidate schools districts within the county, but was not successful. This has left the Commissioners little flexibility in budgeting for other needed services.

If the current trend of state government continually assuming functions that used to be done by county government, the Commissioners feel that consolidation of counties is a distinct possibility in the future and Judith Basin County may well not exist.

**Do senior issues differing from generic issues local government have to deal with?**

They are generally the same.

**What barriers does local government face in serving seniors?**

- If county revenues continue to decrease, it will be difficult to maintain all services that county government funds. The Commissioners support senior services in the county and have been able to fund them at a fairly constant level for the last ten years, but it is difficult to tell what the future will hold for this funding. A lack of revenue also means there is not enough money available to improve or expand services into needed areas.
- The level of participation at the senior centers tends to fluctuate over time. Some centers continue to experience declines in participation. Centers must have a certain amount of participation and support in terms of volunteerism and fundraising to remain open and viable. Transportation services are faced with a similar dilemma.

**What significant accomplishments in senior services occurred recently in Judith Basin County?**

Maintaining funding and services for senior citizens at the current level.

## SENIOR SERVICES PERSPECTIVE

Judith Basin County does not have a county council on aging to coordinate services countywide. The majority of the aging services in the county are provided by three senior centers: the Judith Basin Senior Center in Stanford, the Judith River Senior Center in Hobson and Geyser-Raynesford Senior Center in Geyser. The Area II Agency on Aging (AAA) in Roundup employs a bookkeeper at each center and provides technical support to the centers.

### OVERVIEW OF SENIOR SERVICES

The following services are offered through the three senior centers in the county:

- **Home delivered meals** are available from all three senior centers, but individual programs have to be flexible to respond to needs as they arise. The main issue program faces is low or sporadic client need and usage of the program. Volunteers are readily available to deliver meals when the need arises. Last year, 270 home delivered meals were provided in the county. This is down from about 400 meals the previous year.
- **Congregate meals** are the largest and most viable service at all three centers. Meals are served twice a week at all three centers. Last year about 6300 congregate meals were served countywide. Approximately the same number were served the previous year.
- **Information and Assistance services** for the county are currently being provided by the Fergus County Council on Aging in Lewistown. The AAA was unable to find anyone in Judith Basin County to provide this service, so they contracted with someone outside the county. An Information and Assistance Technician goes to each senior center once a month to provide services.
- **Health screening** is available through the Hobson Senior Center. Hobson has a local nurse who comes to the center once a month to do blood pressure screenings. Once a year, the Physicians Assistance comes from Stanford to provide flu shots. The Geyser Raynesford Center discontinued screenings in 2000 because the registered nurse they were contracting with no longer had the necessary equipment. In Stanford, people go directly to the clinic for services.
- **Transportation services** have been declining over the years. The county has a bus that it owns and maintains for the senior. There is a volunteer driver available to drive it. The bus is mainly used to transport seniors to medical appointments in Great Falls. Usage of the bus has gone from twice a month a few years ago to about one trip every six months. Centers tend to have informal networks to get members to the centers for meals or and to deliver home delivered meals.
- **Senior center activities** are available all three centers. Activities vary depending on interests of the participants.

**Homemaker services** were discontinued in Geyser-Raynesford and Hobson over the last 1-2 years due to a combination of lack of staff, cost and lack of sufficient clients needing the services.

The AAA was unable to find anyone to operate the **Commodity Supplemental Food Program** in the county because of manpower and storage issues. This program provides low-income senior citizens with 30 pounds of food each month to supplement their diets. Seniors wanting to participate in this service must travel to Great Falls to participate.

## **ROLE OF SENIOR SERVICES IN PLANNING AND ASSESSMENT**

Due to the lack of a County Council on Aging, the Area II Agency on Aging took a lead role in developing the most recent four-year county plan on aging. The AAA is responsible for coordinating aging planning and services efforts in an 11 county area, including Judith Basin County. The AAA conducted separate planning meetings in Stanford, Hobson and Geyser in conjunction with the governing boards of each of the three centers. Community agencies and organizations were invited to participate in the process. Each community developed individual goals for aging services for their communities.

Because of the close knit nature of the communities, the governing boards of each center feels that they receive sufficient informal feedback from participants, so none of the centers have conducting any assessments of their services.

## **SHORT AND LONG TERM CARE GOALS**

Keeping the doors of the senior centers open, maintaining current services and increasing participation in senior centers are the major goals of all three senior centers in the county. The fact that the county owns all the center buildings, provides insurance coverage and annual funding to each center to maintain the buildings provides the centers with a stable base.

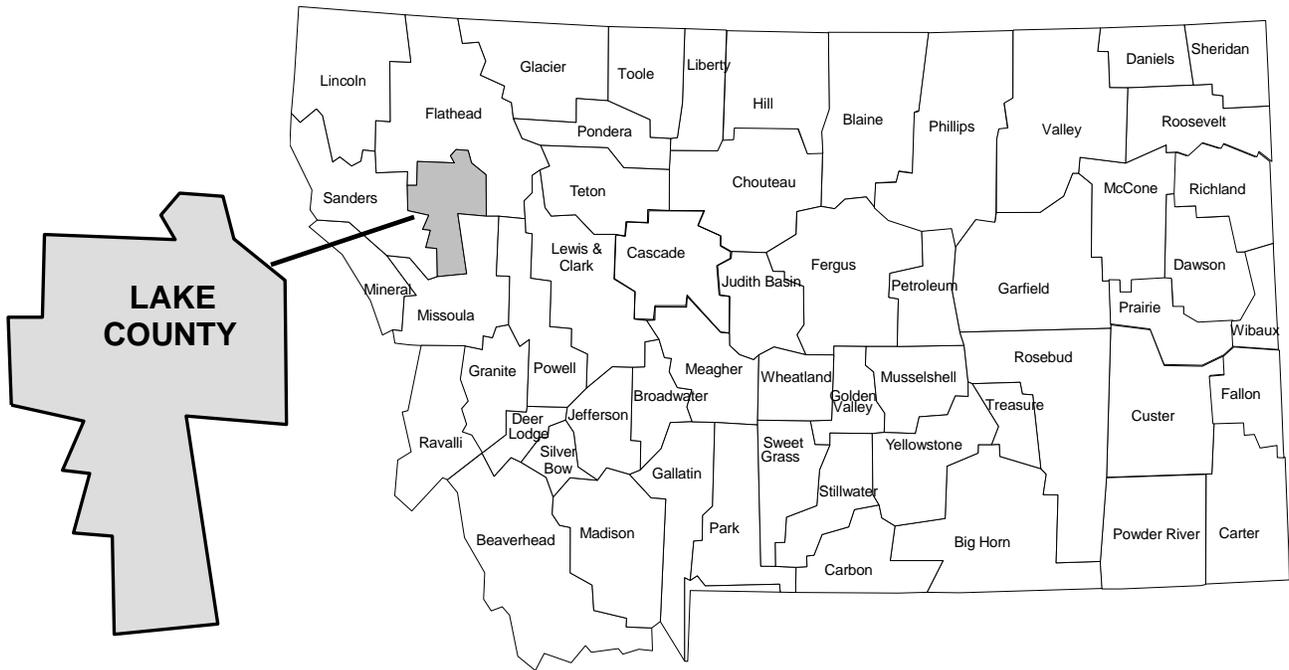
Both Stanford and Hobson Centers are in the initial stages of identifying and establishing more specific goals. The Geyser-Raynesford Senior Center is trying to shift the focus of its services to a community focus. This makes sense since the senior center is part of the community hall in Geyser. To this end, some of the center's goals include opening its membership up to people of all ages, trying to have events at the center after ballgames to accommodate adolescents and trying to match students willing to do community service with elders who needed assistance with seasonal yard work, snow shoveling or minor home repairs. The Center also is looking at adding home chore and respite services in the near future. They hope to work with the Lifespan Respite Program out of Lewistown to train some respite volunteers in the area.

## **RECENT INITIATIVES AND ACCOMPLISHMENTS**

- The major accomplishment for all centers is staying open and continuing to provide quality services. Each center has a foundation of committed people it can depend on to accomplish anything from fundraising to volunteering to get a senior to a meal site or deliver a home delivered meal.
- The senior center in Hobson has modernized its facility to better service its seniors.



# LAKE COUNTY



## COUNTY POPULATION STATISTICS

	1980	1990	2000
Total state population	786,690	799,065	902,195
% state increase from last census	13.3%	1.6%	12.9%
Total county population	19,056	21,041	26,507
% of total state population	2.4%	2.7%	2.9%
% county increase from last census	32%	10.4%	26%
Minority population	17.1%	23.9%	24.9%
County median age	30.1	34.7	38.2
State median age	28.4	33.8	37.5

- Lake County is the 9<sup>th</sup> most populous county in the state.
- Between 1990 and 2000, Lake County was the 5<sup>th</sup> fastest growing county in Montana. Lake County had the 7<sup>th</sup> largest population increase (5,466) in the state.
- Between 1980 and 1990, Lake County was tied with Lewis and Clark County for the 7<sup>th</sup> fastest growing county in Montana at 10.4%.

## COUNTY AGING POPULATION STATISTICS

	<b>1980</b>	<b>1990</b>	<b>2000</b>
60 and over population eligible for OAA services	3,579	4,292	5,090
% increase of 60 and over from last census	32.6%	19.9%	18.6%
60 and over as a % of total <b>county</b> population	18.8%	20.4%	19.2%
<i>60 and over as a % of total <b>state</b> population</i>	<i>15.2%</i>	<i>17.6%</i>	<i>17.6%</i>
<hr/>			
65 or over county population	2622	3,299	3,851
% increase of 65 and over from last census	34.4%	25.8%	16.7%
65 and over as a % of total <b>county</b> population	13.8%	15.7%	14.5%
<i>65 and over as a % of total <b>state</b> population</i>	<i>10.7%</i>	<i>13.3%</i>	<i>13.4%</i>
<hr/>			
85 and over county population	225	323	462
% increase of 85 and over from last census	44.2%	43.6	44.9%
85 and over as a % of total <b>county</b> population	1.2%	1.5%	1.7%
<i>85 and over as a % of total <b>state</b> population</i>	<i>1.1%</i>	<i>0.8%</i>	<i>1.7%</i>

- In 2000, Lake County had the 8<sup>th</sup> largest 60 and over population in the state.

## GEOGRAPHICAL STATISTICS

- Lake County encompasses approximately 1,500 square miles. This is 1% of the total landmass of Montana.
- The Flathead Reservation comprises about two thirds of Lake County.
- Formed in 1923 from parts of Flathead and Missoula Counties, Lake County is Montana's second youngest county. Polson is its county seat.
- Montana 's population density is about 6.2 persons per square mile. The population density of Lake County is about 17.7 persons per square mile.

## COUNTY GOVERNMENT PERSPECTIVE

Lake County has two overlapping aging jurisdictions in the county. Lake County is part of the Area VI Agency on Aging. The Flathead Reservation, which constitutes about two thirds of Lake County, is part of a separate Area Agency on Aging - the Area VII Agency on Aging, which provides services to Indian elders on Montana's seven reservations.

For purposes of this section, the focus is on aging services from a county perspective. The Confederated Salish Kootenai tribe is represented on the County Council on Aging. They also participated in the development of the county plan on aging. Where possible, information and statistically information from tribal aging programs is incorporated.

### **What are the major issues facing local government at this time?**

- Budgeting is the top issue the county commissioners face. It is an on-going struggle to provide all the services county residents need with the funding levels available to the commissioners.
- Lake County is experiencing a substantial increase in population. It is the biggest of the small counties. Between 1990 to 2000, census figures illustrated that Lake County experienced the 5<sup>th</sup> largest percentage increase in population (26%) and the seventh largest increase in total numbers (5,466). This increase in population places additional burdens on county budgets.
- Drugs and crimes related to illegal drugs are on the increase. Lake County has experienced a marked increase in drug related crimes over the last couple of years.
- Inadequate communication and jurisdictional issues between the Confederated Salish and Kootenai Tribe and Lake County have created some problems. Last year, the Indian Health Service (IHS) ran out of funds before the end of its fiscal year, and was forced to shut down services on short notice. The County did not receive any advance notice of this termination. Consequently, the County was unprepared to serve the additional clients who were shifted to county health and human service programs. Overall, insufficient funds for tribal health and human service programs result in continual strain on all facets of the county health and human services network. At the current time, 18% of the county population is Native American.

### **What are the major aging issues facing county government at this time?**

- Getting seniors to participate on senior services boards is the most significant issue facing senior programs. It is crucial that seniors continue to take on leadership roles and be involved in making decisions on programmatic issues that could directly affect them. The current leadership has been serving for many years and is retiring. Finding replacements for them is difficult. Those

who do volunteer tend to be upper income seniors. There is also a need for more senior participation of county advisory boards.

- Funding levels do not seem to be a limiting factor in senior services, especially within the city of Polson. Lake County has many affluent seniors who are willing to donate funds for needed services or improvements. A prime example of this was the remodeling of the kitchen in the Polson Community Center. The Center raised \$20,000 on its own to remodel the center's kitchen this year.

### **Are changes in aging demographics having an affect on local government?**

- In general, seniors tend to be healthier, more active and more independent than in the past. They are not as reliant on senior services, especially younger senior citizens. Lake County has had a large influx of more affluent younger senior citizens. Thus, the county is not currently experiencing any specific negative impact from the demographic increase in the aging population. The long-term effect of this increase, however, is unclear at this time.
- Lake County officials anticipate continued increases in the aging population, not only as current residents age, but also from people outside the county moving to Lake County. Lake County offers safe communities, mild weather, an abundance of retirement housing and sufficient medical services in the area to attract senior citizens from surrounding rural areas as well as out of state seniors. Recent expansions of local medical services include the addition of kidney dialysis, MRI and CAT scan testing and pre and post cataract surgery services.

### **Is local governmental doing any planning or assessment regarding the changing demographics and its impact on local government?**

- The county operated a home health agency for a number of years. Delays in reimbursement and disallowed billing by Medicaid Medicare and insurance resulted in the county having to subsidize the program with \$50-60,000 of general funds. As a result of these factors, the county decided to discontinue the service.

Around the same time the county discontinued operation of its home health agency, county officials were evaluating transportation services in the county. The evaluation identified increased transportation needs for senior citizens. When the county discontinued its home health program, part of the funding that was going to the home health program was re-designated for senior transportation. The county established a new medical transportation program. The county purchased used vehicles for the program and funds its continued operation. The Lake County Council on Aging coordinates the daily operation of the program.

Lake County contributes \$3500 per year for operation of the medical transportation program (called the "Medicar" program). The Medicar provides an average of 15 round trip trips per month. All the drivers in the program are volunteers. The county also pays for the insurance and registration on the program's two vehicles. The program requests donations from people using the service. Clients must be 60 years or older to qualify for the service.

- In 1997, the Area VI Agency on Aging established a case management program. Lake County was not big enough to establish and support its own program. However, in partnership with the other counties they were able to form a financially viable program. The Area Agency also serves some clients in Missoula County through a contract with Missoula Aging Services. Fifteen clients in Lake County received case management services through the Area Agency program in the last fiscal year. Overall, the Area Agency is serving 97 clients in its service area.

#### **Which areas of local government are most impacted by aging demographics?**

- Roads and police are the two primary areas of concern. County government tends to get more complaints from less active senior citizens around these two issues. Dust is a major issue for seniors, especially those with emphysema. Lake County has approximately 1000 miles of roads but only 180 miles of paved roads.
- Some younger seniors will serve on boards but in general, there are not enough senior citizens available and willing to serve on the twenty county boards.

#### **To what extent does local government fund local aging services?**

- For at least the past 10 years, the Lake County has consistently funded senior services at \$36-40,000 per year. When this funding level was initially set, it represented the value of one mil. While the value of a mil in the county has gone up, funding for senior services has remained constant.

The Lake County mil devoted to aging services is an optional mil. Other counties in Area VI (i.e., Lincoln and Sanders Counties) have passed county mil levies specifically for aging services. Lake County officials considered the possibility of establishing an aging specific mil levy, but decided against it. The county attorney has advised county officials that with the passage of I105, there is no current basis in law for establishing such a specific mil levy. If challenged, the county could face substantial liability for the use of funds under such a levy.

- County funding for aging services is divided among the five senior centers located in Polson, Ronan, St. Ignatius, Arlee and Charlo, the Lake County Council on Aging (located in Ronan) and the Area VI Agency on Aging

(located in Polson). Lake County contributes two sources of funding to LCCOA: general operations (\$6,665) and transportation (\$3,500). The county also pays for the insurance and registration on the Council's two vehicles. In addition, Lake County provided a \$1000 increase to the County Council homemaker program beginning this fiscal year. This additional funding will prevent decreases the number of hours of service individual clients receives. The current limit is 2 hours per week.

County funding for senior centers is proportionally based on the population each center serves. Total county funding for senior centers about \$34,000.

- Arlee is located just inside Lake County, but about half of the senior population that receives services in Arlee lives in Missoula County. Missoula Aging Services provides some funds to Area VI to help offset services being provided to Missoula County residents. The Area Agency passes these funds through to the Arlee Senior Center. Funding levels vary from year to year. This year, Missoula Aging Services provided about \$1250. Lake County provides funds to Flathead County to cover the overlapping population served in Bigfork.
- Current fund levels appear to meet current needs. County officials don't see many senior citizens falling through the cracks. Issues affecting senior citizen are well represented before county government. Historically, senior citizens vote in significant numbers and will show up if an issue before county government will adversely affect them.

#### **What are the biggest gaps in services at the local level?**

- Being able to fund adequate police services is the primary concern, especially if population increases and crime rates continue to increase.
- The most significant gap in service for seniors pertains to the non-member spouse of a tribal member who dies. Many of these individuals do not have a retirement income. When their spouse dies, the non-member spouse loses the income and the eligibility for services they had as a spouse of a tribal member. They must then rely solely on the county for services and support.
- Lack of transportation remains an on-going need, largely due to the critical nature of this service. When seniors are no longer able to drive safely, they lose their ability to meet daily needs like shopping, going to medical appointments, etc. Such a loss has a significant impact on seniors and their ability to remain in the community without family or informal support or supporting transportation services. There is no centralized shopping area in Lake County, making transportation services even more critical.
- There is no longer a shortage of housing for seniors in Lake County. The area appears to have surplus personal care and nursing home beds,

especially in the Polson area. In-home services are working well. As a result, people are able to remain in their homes longer, further decreasing demand for supportive housing for elders.

**What changes do you see in local government services over the next 3-5 years?**

- People from urban areas outside of Montana are moving to Lake County. These new residents are often accustomed to a higher level of services in their former place of residence and expect a similar level of services from the Lake County. Many build new houses in remote areas of the county, thus increasing the demand for road services.
  
- Revenue sharing was an efficient system for county government. It allowed local governments more flexibility. The current system of providing local government grants is more inefficient. It results in more bureaucracy and fewer dollars available to county government. Under this system, county government is slowly falling behind financially. The major impact of this trend is seen in the areas of maintenance and upkeep, which are continually being deferred.

**What senior issues are facing local government in the future?**

At the current time, Lake County has addressed the aging issues it can afford to address. County officials have added significant programs over the last couple of years to meet identified needs: medical transportation services and case management. Maintaining and improving these services is the current goal.

**Is local government engaged in any efforts to coordinate senior services with other local government services?**

Lake County is still small enough that professionals working in local county government and in human services know each other and the issues affecting seniors.

**Do senior issues differ from generic issues local government has to deal with?**

The issues affecting the general population and senior citizens are pretty much the same. People are concerned about basic services - garbage collection, roads and dust.

**What barriers does local government face in serving seniors?**

- Persuading senior citizens to serve on boards for senior services and county level board.
  
- Persuading more senior citizens to participate in senior services.

**What significant accomplishments in senior services have occurred recently in Lake County?**

The most notable accomplishment is the development of the medical transportation service (Medicar). This success was possible because the County Council on Aging was willing to take on the day-to-day management of the program.

## SENIOR SERVICES PERSPECTIVE

Aging services funded by Lake County are provided by three main groups; the Area VI Agency on Aging (located in Polson), the Lake County Council on Aging (located in Ronan) and five senior centers (located in Polson, Ronan, St. Ignatius, Charlo-Moiese and Arlee).

### OVERVIEW OF SENIOR SERVICES

The Area Agency provides the following services in Lake County:

- **Case Management services** include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up, and reassessment, as required. The AAA employs a nurse and social worker to provide these services in a five counties within Area VI and in Missoula County.
- **Information and Assistance and Outreach services** are provided through certified Information and Assistance Technician in each county by AAA staff. Technicians help consumers find services or resolve problems with services.
- **Ombudsman services** are provided at the county level to all residents of nursing homes, personal care homes and adult foster case homes. Ombudsmen assist residents in resolving health, welfare, safety and rights issues.

The Lake County Council on Aging (LCCOA) is the focal point for services in the county. The Council was established 25 years ago. It is a non-profit organization with an annual budget of about \$63,700. Part of its funds comes from federal (50%), state (2%) and county (10%) dollars. Fund raising, memorials and donations (13%) and contributions from program participants (25%) account for the remainder of the Council's funding. LCCOA receives additional county funds of \$3500 for its medical transportation program and \$1000 for its homemaker program.

LCCOA provides all its services through its staff or volunteers. The Council does not contract with any other organization to provide any services. LCCOA provides the following services throughout the county:

- **Homemaker services:** Providing assistance with instrumental activities of daily living, including light housekeeping, laundry and assistance with shopping. LCCOA provided about 2300 hours of homemaker services last year. This is an increase of about 200 hours over the previous reporting period.
- **Respite care services** are short-term care provided in a person's home to temporarily relieve family in caring for their loved one.
- **Transportation services:** LCCOA provides two types of transportation services:

- ◆ “Medicar” transportation to medical services in Missoula, Kalispell or within Lake County. The Medicar program only serves people aged 60 and over.
- ◆ *12 passenger wheelchair-equipped bus* that provides transportation to the Ronan Senior Center, senior group trips and to medical appointments in Ronan and Polson for persons who are wheelchair bound. The bus also periodically provides wheelchair transportation to St. Luke’s nursing home and St. Joseph’s assisted living. The bus services people aged 60 or over as well as people with disabilities.
- **Legal services** are provided through a contract with a local attorney to provide limited legal assistance to seniors.
- **Insurance counseling services** provide help with health care issues related to private insurance, Medicare, and Medicaid.
- **Information and Assistance services** for family caregivers is a new service that LCCOA has added this year. Services cover a wide range of services and issues that help caregivers maintain family members in their own homes.
- **Alzheimer’s Support Group:** LCCOA staff facilitates monthly group meetings, which are held at the Polson Evergreen Health and Rehabilitation Center.
- **Telephone reassurance services:** Homebound seniors receive regular phone contact to prevent isolation and ensure safety.
- **Commodity Supplemental Food Program:** A network of staff and volunteers deliver 30 pounds of food each month to low-income senior citizens to supplement their diets. The program is currently serving about 100 people.
- **Senior Companion Program for the Visually Impaired:** LCCOA supervises three Senior Companions who provide supportive services to homebound, visually impaired senior citizens.

**Congregate and home delivered meals** are provided by all five senior centers. Area VI contracts directly with the centers to provide meal services. Lake County is the only county in Area VI where such an arrangement exists. Other services, such as social activities or information and assistance, vary from center to center depending on manpower, financial resources and consumer needs. There was a total of about 30,000 congregate meals and 15,000 home delivered meals served in Lake County last year. This is an increase of about 4,000 congregate and 2,000 home delivered meals over the previous reporting year.

**Home chore services** were discontinued in 2001 due to low utilization, which made the service financially unviable.

There are two Title III tribal nutrition sites in Elmo and St. Ignatius, funded through the Area VII Agency on Aging. There are Title VI nutrition sites in Polson, Ronan and Arlee, funded by the Administration on Aging.

Prior to 1999, the Confederated Salish and Kootenai tribe was the only reservation in the state that was not part of Area VII, the AAA serving Montana's Indian reservations. The tribe chose to affiliate with the Area VI Agency on Aging, since the reservation fell within the geographic boundaries of the AAA. During this period, the AAA made a concerted effort to coordinate tribal and non-tribal aging services within the AAA. The most visible coordination occurred in meal services. Smaller towns like Ronan and St. Ignatius alternate days that they serve meals to increase the number of days of service in town.

## **ROLE OF SENIOR SERVICES IN PLANNING AND ASSESSMENT**

- LCCOA participated in the assessment process that led to establishing the medical transportation program. The COA director serves on the countywide transportation planning committee. The committee has submitted two grants for funds to hire a county transportation coordinator. Neither of these grants was chosen for funding. The committee is in the process of writing additional grants to accomplish this goal. The COA director attends the annual board meeting that sets the budget for senior services.
  
- Every four years, the LCCOA develops a county plan on aging to address the needs of senior citizens in Lake County. The county plan is part of the Area VI Agency on Aging Plan. The LCCOA Governing Board develops the plan based on input from board members who represent each of the five senior centers and Confederated Salish and Kootenai tribe. The Project Director then implements the plan, with oversight from the board. A variety of different community organizations and groups assist in implementing the plan. Key goals identified include:
  - ♦ Strengthen financial base of senior centers
  - ♦ Increase participation at senior centers
  - ♦ Improve operational base of the county council by increasing wages, doing crossover training of office staff and updating computer programs
  - ♦ Develop a countywide respite program
  - ♦ Improve nutritional services for those elders who are nutritionally at risk, especially home delivered meal clients and those who could benefit from the liquid supplement program.
  - ♦ Improve outreach efforts to the community as well as intergenerational programs.

## **SHORT AND LONG TERM CARE GOALS**

- LCCOA feels it is important to continue its' pursuit of funding of senior services at a full mil rather than the historic amount the county has provided. The Council is operating within its budget, but it can't always meet all the needs of senior citizens in the county. There have been periods of time over the last two years when the homemaker and respite programs have had waiting lists for services. There is also a great need for additional

transportation services to get senior citizens to shopping. Demand for services provided by LCCOA is continually increasing. Maintaining respite and transportation services will be a challenge. The cost of providing services, especially recruiting training and maintaining staff will also be a challenge. Funding for senior services will need to increase.

- The Council's primary short-term goal is to maintain the current services it is providing. Both of the new programs LCCOA has added are critical services that are meeting definite needs of senior citizens in Lake County, as evidenced by increased demand. The Council's main long-term goal is to increase programs to meet emerging needs. Two such emerging needs are escorted transportation for shopping and the need for home health services on a sliding fee basis.

Other major goals include:

- Getting new people to replace older seniors on boards is an on-going challenge for the Council. Once people become a member, they make significant contributions.
- Being able to hire and retain staff at the low wages the Council is able to offer staff.

## **RECENT INITIATIVES AND ACCOMPLISHMENTS**

### **Increased transportation services**

The medical transportation program run by LCCOA has been a significant addition to the array of services offered by LCCOA. It has proven to be a very cost effective program. Using the Mediacar rather than the Center bus has proven to be a cost effective alternative. The Council recruits and trains volunteer drivers to work in the program. LCCOA transportation programs provided over about 2600 round trips to about 80 people last fiscal year. This is up from about 2300 round trips the previous year.

The Polson Senior Center also has added a new bus and car. The Polson Senior Center program averages about 12,000 miles per quarter.

### **New respite program**

Respite care services were developed in response to needs of people calling the LCCOA office looking for this service. Nursing homes and assisted living provide some respite in the area, but these services are provided in the facilities, not in the client's home. The respite program has been in operation for about 2 years. It is a countywide service. The program does not provide overnight services or assistance with bathing. Liability issues and cost made overnight service impractical.

Cost and sporadic usage of respite service are two factors that make developing and maintaining a respite service a challenge. The absence of regular work hours also makes it difficult to recruit and retain staff.

For the last fiscal year, the program served 9 people and provided over 900 hours of respite. The service costs \$8.50/hour. LCCOA conducts a four-day training program that workers must complete prior to providing services. There are currently 10 people trained to provide respite services through the program.

### **Involvement by participants and volunteers**

Program participants and volunteers are the Council's greatest strength as well as the Council's greatest resource. Most of the LCCOA staff is over 60. The communications and interrelationships between the LCCOA and the senior centers in the county is another strength of aging services in the county. The Council coordinates quarterly meetings with all the centers to share issues and solutions

### **Other accomplishments**

- The Ronan Senior Center is expanding its center to provide additional office space for the LCCOA so the Council can remain housed in Ronan.
- The Polson Senior Center raised \$20,000 to remodel its kitchen.
- Increased interest and participation in LCCOA programs and board.



# YELLOWSTONE COUNTY



## COUNTY POPULATION STATISTICS

	1980	1990	2000
Total state population	786,690	799,065	902,195
% increase from last census	13.3%	1.6%	12.9%
Total county population	108,035	113,419	129,352
% county increase from last census	23.7%	5.0%	14.0%
% of total state population	13.7%	14.2%	14.3%
Minority population	5.7%	6.3%	7.2%
Median age	28.6	33.5	36.9
State median age	28.4	33.8	37.5

- In the 1950 census Yellowstone passed both Silver Bow And Cascade Counties to become the most populous county in Montana. It has remained the most populous county in every census since then.
- In the 2000 census, Yellowstone County had the 15<sup>th</sup> highest percentage increase in population in the state. Yellowstone County had the third largest increase in total population, behind Gallatin and Missoula Counties.

## COUNTY AGING POPULATION STATISTICS

	1980	1990	2000
60 and over population eligible for OAA services	14,177	19,078	22,212
% increase of 60 and over from last census	36.6%	34.6%	16.4%
60 and over as a % of total <b>county</b> population	13.1%	16.8%	17.2%
<i>60 and over as a % of total <b>state</b> population</i>	<i>15.2%</i>	<i>17.6%</i>	<i>17.6%</i>
65 or over county population	9,841	13,999	17,243
% increase of 65 and over from last census	39.3%	42.3%	23.2%
65 and over as a % of total <b>county</b> population	9.1%	12.3%	13.3%
<i>65 and over as a % of total <b>state</b> population</i>	<i>10.7%</i>	<i>13.3%</i>	<i>13.4%</i>
85 and over county population	973	1,365	2,241
% increase of 85 and over from last census	36.5%	41.7%	62.5%
85 and over as a % of total <b>county</b> population	0.9%	1.2%	1.7%
<i>85 and over as a % of total <b>state</b> population</i>	<i>1.1%</i>	<i>0.8%</i>	<i>1.7%</i>

- Yellowstone County has the largest number of senior citizens of any county in the state. 14% of the total state 60 and over population, 14.3% of the 65 and over population, and 14.6% of the State's 85 and over population lives in Yellowstone County.
- Yellowstone County's 60 and over population alone would make it the ninth largest county in Montana.
- Yellowstone County's 85 and over population alone would be larger than 12 counties in the State.

## GEOGRAPHICAL STATISTICS

- Yellowstone County encompasses approximately 2,600 square miles. This is 1.8% of the total landmass of Montana.
- Yellowstone County was established in 1883 from a part of Custer County. Parts of it were taken to form Carbon, Sweet Grass, Musselshell, Big Horn and Stillwater Counties. In 1919 and 1925, Yellowstone and Carbon Counties annexed parts of each other. Billings is the county seat.
- Montana's population density is about 6.2 persons per square mile. The population density of Yellowstone County is about 49.1 persons per square mile, making it the densest county population in the state.

## COUNTY GOVERNMENT PERSPECTIVE

### **What are the major issues facing local government at this time?**

- With its tax base frozen, it is increasingly difficult for county officials to provide needed services to its residents.
- The ability of County Commissioners to make decisions at the local level is constantly being eroded by the Legislature. Many functions of local government are being assumed by state government. These actions complicate and impede the job of governing at the county level.
- As Yellowstone County grows, it is becoming more urbanized and is seeing more crime, especially in the area of illegal drugs and drug related crimes. In response to increasing crime rates, Yellowstone County will need to increase the number of beds in the county jail. This will cost the taxpayers a substantial amount of money.
- As the number of county employees increases and health care costs continue to rise, being able to afford the cost of health care insurance for county employees becomes increasingly challenging.

### **What are the major aging issues facing county government at this time?**

Yellowstone County serves two distinct populations: the state's largest urban population and a rural population. Differing needs and issues between these two groups present unique challenges that county officials must balance. In urban areas, a larger population base is able to support a greater variety of supportive services. Family members often do not live in close proximity to aging parents and relatives. Seniors often turn to aging services for a wide range of services that will allow them to remain independent and at home. In rural areas, communities tend to be more tightly knit. With fewer services usually available, seniors tend to rely on assistance from family and friends to remain at home.

- Yellowstone County is experiencing a significant increase in its elderly population. The largest increase is in the 85 and over population, where the county experienced a 62.5% increase from 1990 to 2000. A significant number of elders are moving to Yellowstone County to take advantage of the increased services in the area, especially health care and human services. People in this age group tend to need a higher level of service. The size of future increases in the county's elderly population could be affected by the closure of small rural hospital and nursing homes. Such closures could result in additional seniors relocating to Yellowstone County to obtain these services.
- The City-County Health Department as a major provider of health services to residents of the county is seeing the effects of these increases. The county provides one mil of funding to the Health Department to help meet its various

missions. Most of these funds are used for environmental health and communicable disease issues, though some goes to fund health services. The Health Department has a total of 22 programs under their umbrella, including home health services, case management services, primary care services, pharmacy services, immunizations, and hospice services. Many of these target low-income people in the county. It is the only remaining county health department in the state still providing a broad range of health services. The number and diversification of its services is the main reason why the department continues to be able to provide these services.

The Health Department is seeing an increase in the number of senior citizens it serves. Some of the factors causing this increase include: constraints in the Medicaid funding for nursing homes has increased the number of people using home health services and the movement of seniors moving to Yellowstone County to take advantage of a greater array of health care services. They expect these increases to continue into the future. At the same time, salary levels and benefits for professional staff is also increasing dramatically, making it increasingly difficult to recruit and maintain sufficient numbers of staff to provide its health services. These two trends could result in the department having to restrict its services in the future.

- Meeting the transportation service needs of the county's senior citizens is an on-going challenge. Transportation needs for urban and rural seniors differ and presents unique transportation challenges. For urban area, the large volume of people needing transportation services requires a more complex system. For rural area, distances are the critical factor for rural senior citizens. Transportation to medical services is a major need for both groups.
- There are not enough supportive housing units in Yellowstone County to meet the needs of senior citizens, especially in Billings. This problem exists in spite of substantial growth in the senior and supportive housing market in the county over the last 10 years. Yellowstone County has more nursing homes, personal care homes and adult foster care homes and beds than any other county in the state. Occupancy rates in all facilities are usually high. Yet the market is having a difficult time keeping up with demand.

Billings currently has 24 licensed personal care homes, with 512 beds. The majority of these facilities (eighteen) have 12 beds or less. Laurel has an additional 3 personal care facilities with 27 beds. With 27 total personal care homes, Yellowstone County has 18% of the total personal care facilities in the state. Yellowstone County also has 10 nursing homes with most 1000 beds. This represents 12.5% of the state's nursing home beds and 9% of the nursing homes. In addition, there are several larger retirement home complexes and subsidized housing complexes for seniors in Billings.

### **Are changes in aging demographics having an affect on local government?**

- As the senior population increase, there is the potential for more crimes against senior citizens. These include financial scams, vandalism and elder abuse. Increases in crime would impact law enforcement.
- Seniors are voters. They have the potential to influence issues that affect them. A good example was the need for additional funding for senior services. In 1998, senior citizens were instrumental in passing a county mil levy that specifically funds aging services.
- There is a lack of low income housing in Billings. There were a lot of senior low-income complexes that were built about 10 years ago, but there has not been much development of this type of housing in recent years.

### **Is local government doing any planning or assessment regarding the changing demographics and its impact on local government?**

Because of their expertise and daily involvement, the County Commissioners rely on the Yellowstone County Council on Aging (YCCOA) to take the lead in assessment and planning of senior services provided through the county. The County Commissioners established YCCOA in 1975 to have an agency that focused specifically on senior issues from a county perspective. The YCCOA Board of Directors is composed of eleven members who are appointed by the County Commissioners. YCCOA meets with the Commissioners on at least a quarterly basis to keep them informed about aging issues and Council activities. Over the years, the County Commissioners have developed a close relationship with the YCCOA and confidence in their work. The County Commissioners are routinely involved in many senior activities so they get feedback from seniors and have a good idea of the services provided by the YCCOA.

YCCOA also periodically meet with the city councils in Billings and Laurel.

- Yellowstone County is part of an eleven county planning and service area for senior services with the Area II Agency on Aging located in Roundup. YCCOA worked with the Area II Agency on Aging, senior centers and other key providers in Yellowstone County to develop a countywide four-year plan on aging for Yellowstone County. The purpose of the plan is to assess the needs of senior citizens in Yellowstone County and develop a plan to address these needs. Public meetings were held in Billings, Laurel and Worden to develop the county plan on aging. The primary areas identified include: increasing participation at senior centers; providing affordable in-home services for low-income seniors who do not qualify for Medicaid; expand and improve home delivered meal services; improve and increase transportation services; and increase outreach efforts for senior services.
- In December 2000, YCCOA conducted a survey of all senior centers in Montana and a sampling of centers in neighboring states. The goal of the

survey was to get ideas about what other centers were doing in the area of fund raising, special thank you events, and needs assessments. Some of the information collected was used to develop a comprehensive needs assessment survey for the county. Information on fundraising and senior activities was shared with the senior centers in the county and at the 2001 Governor's Conference on Aging.

- In early 2001, YCCOA approached county commissioners about conducting a needs assessment of senior services. The Commissioners supported the need for an assessment and developed a letter of support that went out with the survey. Ten thousand surveys were mailed by YCCOA to households countywide that had a resident aged 55 or older. The return rate for the survey was 18.4%. The assessment will serve as an informational blueprint for action in developing a new 10 year strategic plan for YCCOA. The plan will be developed over the next 8 months. It will also provide statistical documentation for writing grant requests, a foundation for future working relationships with other service-oriented agencies and organizations, direction for marketing efforts, and increased the awareness of YCCOA and its services.
- Last fall, YCCOA revamped the meals program in Billings to provide more uniform, cost effective services. YCCOA developed a Request for Proposal to provide congregate and home delivered meal services. The County Commissioners were involved in this process. Aramark Corporation was awarded the contract. Initially, participation in meal services decreased. YCCOA developed a survey to assess participant satisfaction with the new food services program. Modifications were made based on participant feedback. Participation is approaching past levels.

**Which areas of local government are most impacted by aging demographics?**

- Increases in the senior population are bound to have affects on housing, transportation, health care and senior services.
- When seniors move to Billings to take advantage of the health and human services in town, their families often move to Billings to be near older relatives. This can contribute to an increase in school age children in local school systems.

**To what extent does local government fund local aging services?**

- In 1998, the County Commissioners put a resolution on the ballot to provide specific funds for senior services. The measure was passed by the voters of Yellowstone County. For a couple of years prior to the mil levy, YCCOA had a waiting list for home delivered meal services. This need was one factor that helped highlight the need for additional funding for aging services. The publicity around the resolution also provided a lot of positive coverage of what senior services were available. The mil levy that passed was not time limited. To rescind it, a measure would have to be passed by the voters.

- Funds from the mil levy are allocated by the County Commissioners to YCCOA. This process has allowed the county to consolidate funding requests for aging services to a single agency for management. Prior to the passage of the mil levy, the YCCOA was receiving about a half a mil in funding from the county (about \$158,000). With the passage of the mil levy, the county now contributes about \$270,000 for aging services. The main priority for county funding is for direct services. Funding transportation, in-home services, senior centers and matching federal funds are the main areas where YCCOA uses its county funding.

The overall budget for YCCOA for state fiscal year 2001 was a little over \$1,000,000. County funding represents about 30% of its overall budget, while about 40% of funding comes from federal funds and about 20% comes from program contributions. While federal funding comes with many spending mandates, use of county funds provides more flexibility. To meet service needs, YCCOA still has to do fundraising each year. The fundraising goal for the next fiscal year is \$50,000. YCCOA has several successful fundraising methods. About three times a year, it does a direct mailing request for funds to the six to seven thousand people on its newsletter mailing list. YCCOA averages about a 6% return rate and about \$11,000 per mailing. Another major fundraising effort is YCCOA's gift wrapping during the holidays in the mall. This project not only raises funds, but also provides good exposure for its aging services.

- YCCOA begins its annual budgeting process by sending out announcements to previous contracts and other non-profit organizations in the county soliciting proposals for service. Organizations must submit proposals based on the type of service, number of projected units and cost per unit of service. YCCOA has a business committee that reviews the requests, prioritizes them and makes recommendations to the full Board of Directors. Once the Board develops a budget, it is presented to the County Commissioners at a budget hearing. It then must go through the formal county budgeting process. This allows public input on YCCOA's budget.

This fiscal year YCCOA received 10 requests for funding. It funded all but \$60,000 worth of requests. The only major requests that were not funded were a proposal by Senior Helping Hands to add nursing services and a request by the Laurel Senior Center to pave their parking lot.

#### **What are the biggest gaps in services at the local level?**

- The county funding base is stretched to the limit. The constant development of new subdivisions results in new roads and infrastructure that impacts the county.

- There is an increasing demand for affordable in-home services. There are many seniors who have income above the Medicaid guidelines but find it difficult to afford the in-home services that allow them to remain independent and at home.
- An increase in the number of senior citizens, especially those over the age of 85, means an increase in demand for health care services, especially those for seniors not eligible for Medicaid benefits. The City County Health Department has specifically identified pharmacy services, dental services, preventive health education, home delivered meals for clients outside the Billings city limits and mental health services for in-home clients to deal with depression isolation as gaps in health care services affecting seniors.
- Many seniors who could benefit from the services offered by YCCOA are not aware of the Council's existence and the services it has to offer. Outreach is a major issue in urban areas like Billings. The complexity of the health and human service network makes it difficult for people to find needed services easily. People often wait till they face critical situations before seeking out services. To address this need, YCCOA recently applied for an AmeriCorps grant to provide outreach services in the county. Unfortunately, they were unable to meet the match requirements for the grant.
- YCCOA is in a unique situation in that it has a substantial funding source available. However, the demand for YCCOA services exceeds its resources. They are continually faced with having to do more with fewer dollars. This is a constant strain on creativity and a drain on energy of YCCOA.

**What changes do you see in local government services over the next 3-5 years?**

- Each Legislature brings more mandates for local government that are difficult for them to implement. Funding uncertainties resulting from legislative actions also create problems for counties in setting their budgets. An example of this problem was the passage of House Bill 124, which changed the funding and operation of county welfare departments. County officials are still trying to sort out the effects of this legislation even after the state fiscal year started.

**What senior issues are facing local government in the future?**

- The county will continue to experience an increasing number of frail elders needing health and human services. Yellowstone County experienced a substantial increase in its over 85 population from the 1990 census to the 2000 census (62.5%). This trend is likely to continue into the future. The demand for in-home care services is increasing as many seniors leave the hospital in need of these services to maintain them at home.
- Younger seniors are not getting involved in senior services. The current generation of senior center leaders has been serving for 10 or more years

and is starting to retire from their leadership positions at the centers. There is a great concern over who is going to replace them and provide the time and leadership to sustain center services.

- Transportation will continue to be a major issue, especially as the size of Billings continues to grow. As more people build houses outside city limits, the transportation system will need to expand to accommodate need. And finally, as the population continues to age, demand for transportation will increase.

**Is local government engaged in any efforts to coordinate senior services with other local government services?**

- YCCOA takes the lead in coordinating efforts with other agencies. If YCCOA runs into any problems, they can enlist the assistance of the Commissioners. YCCOA has worked with City County Health Department on health care issues, the County Disaster and Emergency Services office on planning and the Sheriff and Police Departments on a variety of public safety issues, including the Safe Return Program for people with Alzheimer's disease. They also work with the Extension Service on training programs.

**Do senior issues differing from generic issues local government has to deal with?**  
In general terms, they tend to be the same.

**What barriers does local government face in serving seniors?**

- The availability of funding is by far the leading barrier to serving seniors. Through its aging specific mil levy, Yellowstone County provides more direct financial support to aging services than any other county. However, because of its large senior population, the need for services exceeds funds available.
- The lack of public awareness about the services offered through YCCOA prevents many people from receiving needed services in a timely manner. YCCOA publishes an excellent monthly newsletter that is distributed to over 6,000 households each month. YCCOA also partially funds a local cable access show on aging issues (Wisdom of the Ages hosted by Dorothy McLaughlin). YCCOA also routinely contributes articles to the local newspaper. YCCOA is also developing a website to provide greater access and exposure to its services. In spite of these efforts, many consumers only become aware of YCCOA's services when critical needs arise.
- Even when some seniors are aware of YCCOA services, many seniors are unwilling to accept services. Many elders perceive aging services as services for the oldest of the old or those who are very dependent.
- Many seniors remain isolated in the community. This social isolation is a substantial barrier to outreach efforts. It not only prevents seniors from

getting needed services but also can be a contributing cause to physical and emotional deterioration.

**What significant accomplishments have occurred in Yellowstone County recently that benefit elders?**

- The passage of a county mil devoted specifically to senior services has provided a stable source of funding for aging services in Yellowstone County. The mil levy increased the amount of county funding for aging services by about 70%. The mil levy also allowed consolidation of funding requests for aging services.
- The recent needs assessment conducted by YCCOA will allow the Council to develop a strategic plan for future services. This process is crucial given future population growth and service needs projections facing the county.
- Consolidating meal services under a single contract in Billings has resulted in more consistent, cost effective meal services.
- The City County Health Department recently developed a residential hospice program. The home can serve up to seven terminally ill clients at a time. The county donated a home it owned to house the program. A local church remodeled the building to make it more homelike. The program has been running at capacity.
- The City County Health Department was able to take over operation of the pharmacy at the Deering Clinic. This allowed the department to continue to provide medication to the low-income people served by the department's many health care programs.
- In 1997, the Billings MET Transit Program took over operation of the special transportation program from the private provider that was operating the program. MET Transit has been able to maintain and expanded services to seniors and other people needing this specialized service

## SENIOR SERVICES PERSPECTIVE

Unlike many other County Councils on Aging, the Yellowstone County Council on Aging (YCCOA) is not the only provider of senior services in the county. In an urban area like Billings, there are a number of different organizations and agencies that provide services to seniors in Yellowstone, including hospitals, home health agencies and long term care facilities. This section focuses primarily on services funded by YCCOA. YCCOA works with seven senior centers in Yellowstone County (the Billings Community Center, South Park Senior Citizen's Center, Laurel Senior Center, Huntley Senior Center, Worden Senior Center, Junction Senior Center and Broadview Senior Center), three meal sites (St. Bernard's Hall, First Presbyterian Church and Phyllis Circle Meal Site) as well as the Area II Agency on Aging to deliver core aging services. They also contract with several other agencies to provide services.

### OVERVIEW OF SENIOR SERVICES

Because of the diversity in the urban and rural communities that YCCOA serves, aging services tend to vary from community to community. YCCOA provides some services directly and contracts for others. The four major areas YCCOA contracts for services are transportation, meal services, in-home services and senior center services. The following is an overview of the services available in the county:

- **Personal care services** are provided countywide through a contract with Senior Helping Hands (SHH). SHH home health aides provide assistance with activities of daily living such as bathing, eating, dressing and walking as well as daytime respite. Overnight and weekend respite services are not available because of funding and staffing issues. Last year, SHH provided over about 1400 hours of personal care and respite services to 35 clients.
- **Homemaker services** are provided through a contract with Senior Helping Hands. SHH homemakers provide help with instrumental activities of daily living such as preparing meals, shopping, laundry and light housekeeping. Last year SHH provided about 6500 hours of homemaker services to about 140 clients.
- **Home delivered meals programs** served a total of almost 54,000 meals to about 500 people in Yellowstone County last year. Services varied from community to community.
  - ◆ YCCOA has a contract with ARAMARK Corporation to provide home delivered meals in Billings. ARAMARK also provides food services to the county detention center. Home delivered meals are prepared at the detention center and then delivered to participants' homes.
  - ◆ The Laurel Senior Center has a home delivered meals program for residents living in and around Laurel. Food is prepared in the center's kitchen.
  - ◆ Last year, Worden also started a home delivered meals program. YCCOA applied for and received a \$20,000 start up grant from Phillip Morris Corporation to get the program started. YCCOA re-applied to Phillip

Morris for a \$15,000 grant to continue the program a second year, but were unsuccessful. YCCOA secured funding through United Way to continue the program for a second year. A local restaurant has a contract to provide the meals.

All home delivered meals in the county are delivered five days a week by a network of volunteers. YCCOA coordinates delivery activities in Billings, Laurel and Worden. Coordinating and maintaining a large volunteer force to deliver meals requires a substantial amount of time and effort for YCCOA and the individual centers.

- **Congregate meals:** There are a total of ten congregated meal sites in Yellowstone County. Last year, a total of about 1800 clients received about 62,000 congregated meals in Yellowstone County.
  - ◆ YCCOA contracts with ARAMARK Corporation to provide congregated meals for the five meal sites in Billings: the Billings Community Center, South Park Senior Center, First Presbyterian Church, Phyllis Circle, and St. Bernard's Church. Meals are prepared at the detention center and delivered to the senior centers or meal sites five days a week. Staff at each site receives and holds the meals until they are served.
  - ◆ There are five additional meal sites outside Billings: Worden, Laurel, Huntley, Custer and Broadview. Congregated meal services at these sites vary according to the needs and interests of the senior citizens at the sites. The Laurel Senior Center prepares and serves meals five days a week. Custer and Broadview senior centers prepare and serve one meal per week. Huntley seniors meet twice a month for a potluck lunch at the Sportsman Club. Worden meets on Fridays, with meals provided by a local restaurant.
  - ◆ YCCOA and senior centers work with the Extension Service to provide nutritional education to meal participants.
- **Transportation services** vary from community to community. Billings has a larger range of transportation services. Laurel and Custer senior centers also have transportation services. In spite of a wide array of transportation options in the county, transportation services were identified by most agencies in Yellowstone County as an area where additional services were needed. The largest unmet need is for one on one assistance to get seniors to shopping or conducting daily business in the community.
- **Legal Assistance:** YCCOA contracts with attorneys to provide annual legal education at senior centers and meal sites. YCCOA also has sufficient funds to assist in two guardianships cases each year. They work with Adult Protective Services to provide these services.
- **Information and Assistance and Outreach services** assist consumers in locating needed aging services or resolve service related problems. YCCOA staff provides Information and Assistance services countywide. Some senior centers also provide these services.

- **Insurance counseling services** provide help with health care issues related to private insurance, Medicare, and Medicaid.
- **Ombudsman services:** YCCOA Certified Local Ombudsmen provide advocacy services for all county nursing home and personal care home residents. Ombudsmen assist residents in resolving health, safety, welfare and rights issues. Because of the large concentration of licensed long-term care facilities (37) in Billings, providing adequate coverage to the residents in these facilities has been a major challenge.
- **Skilled Nursing Services** are provided through a contract with Senior Helping Hands. SHH nurses provide medication set up and management, wound care and supervision of personal care services in the client's home. SHH provided a total of about 700 hours of service last year.
- **Health screening/services** include blood pressure screenings, blood oxygen levels, hearing testing, flu shots, and osteoporosis screenings. Services are provided at all congregate meal sites. Since there are no specific funds available for this service, YCCOA and the centers work cooperatively with area health care providers and retired nurses to provide services.
- **Minor home repairs** are done on the homes of low-income seniors. This program focuses on requests for services that would significantly improve the safety and independence of seniors needing assistance. Funds for this program are very limited.
- **Retired and Senior Volunteer Program** is operated in Yellowstone County by YCCOA. RSVP helps individuals 55 and over find volunteer service opportunities in non-profit, health and government organizations in the community. They focus on impact areas that make a difference throughout the community. There are currently 850 volunteers serving at 150 workstations.
- **Senior center activities** are provided at all centers and meal sites. The level of service varies based on a number of factors: the number of seniors attending the site, the interests of the seniors, funds available and staff time to develop and coordinate activities.
- **Commodity Supplemental Food Program** provides low-income seniors with 30 pounds of food each month. YCCOA works with the Billings Food Bank to serve over 900 seniors in Yellowstone County. The Food Bank receives the food, boxes it and distributes it to sites where participants live (such as housing complexes). YCCOA staff and volunteers deliver food package to seniors who are homebound. YCCOA estimates that it takes about 40 hours per month of office staff time to deliver the packages.
- Caregiver Support Services are an extension of the Information and Assistance Program, but is specifically directed at assisting individuals and family members through the maze of service requirements from various agencies.

Because of the need in the community, YCCOA has developed more extensive transportation and in-home services programs. The following is a more in-depth look at these two programs.

## **TRANSPORTATION SERVICES**

### ***BILLINGS***

Although many, if not most, seniors still drive themselves or rely on family and friends for transportation, there is considerable need among seniors for organized public or community wide transportation. MET Transit and YCCOA both provide major transportation services for seniors that are funded by public funds. Seniors may also receive transportation services through other groups or agencies, such as hospitals.

YCCOA funds two major transportation services in Billings: medical transportation services through contract with MET Special Transit and taxi service to meal sites through a contract with Billings Area City Cab and. YCCOA also operates a program through RSVP that provides transportation to go shopping, to the bank, to visit family in a hospital or nursing home.

Because of limited resources, senior citizens must meet screening criteria to use any of the transportation programs. MET Transit screens clients for its medical transportation program, including those funded through YCCOA. For the taxi and RIDES programs, YCCOA considers criteria such as the person's ability to drive, availability of others to provide transportation, the person's ability to use mass transportation, the person's ability to get in and out of transportation unassisted, and seasonal weather factors (especially in the winter).

### **MET TRANSIT SERVICES**

The MET Transit Division of the City of Billings' Aviation-Transit Department operates two types of public transportation: a fixed route bus system and a paratransit (van) service. These services are funded by federal and state funds, city mil levy funds, subsidies from other programs (such as YCCOA, Medicare, nursing homes) and user fees.

Most of the public transportation needed by seniors is provided on MET's regular fixed-route bus service and is used for all types of trips to all parts of the City of Billings. This fixed route service provides about 6,000 rides per month to seniors (about 10-15% of MET's overall 52,000 bus rides per month). These 6,000 senior rides per month include about 450 senior rides per month on a specially designed fixed-route called the MET-Link within the Billings' medical corridor. This route is designed to minimize walking distances for seniors and other riders by getting close to the Billings Deaconess and St. Vincent Medical facilities and the clinics and medical offices that are concentrated around them. Many seniors ride MET buses from throughout the community to the downtown transfer center and transfer

to this MET-Link route – or transfer to the other 17 routes that travel to within 2-3 blocks of most places within the community.

YCCOA provides about \$53,500 to MET Transit to provide medical transportation services to seniors. The majority of these funds are used to provide transportation for seniors to dialysis. The program provides an average of 255 rides per month to 52 people. Rather than decrease the amount of service it funds, YCCOA opted to increase the funds for medical transportation services this year. YCCOA increased its funding for this service about 5% this year.

MET Transit provides these fixed-route services to seniors and disabled individuals for \$3 per month (unlimited ride pass) or for 25 cents per ride. To increase education and ridership among seniors, MET Transit worked with RSVP volunteers to develop the *Seniors on the Go* program which helps seniors become more familiar and comfortable with using the public transportation system. Since most seniors have little past experience with using the bus system, additional familiarization education is still needed to enable seniors to learn to use this mode of transportation. There is plenty of capacity for additional riders at nearly all times of day.

MET's paratransit service (called MET Special Transit) provides dial-a-ride type rides for individuals of any age who have a disabling condition which prevents them from using the regular fixed route service. To receive paratransit services, clients must go through a screening or certification process to establish eligibility. Paratransit service can be used for all types of trips to all parts of the City of Billings; including to medical services, as well as routine trips such as for shopping, social visits, etc. This paratransit service provides about 2,100 rides per month to seniors (about 40% of the overall 5,300 paratransit rides per month). These 2,100 senior paratransit rides per month include both the approximately 280 senior rides per month that YCCOA helps fund for medical transportation for seniors (discussed below) and the approximately 900 senior medical rides per month that MET receives funding for from Medicare and nursing homes. The remaining senior rides of about 925 per month (mostly, but not entirely, medical in nature) are paid for from the MET Transit budget including the \$1.50 fares paid by riders.

MET Transit faces some potential for services to be restricted in the future. Maintaining adequate funding for overall transportation services is the most significant problem facing MET Transit. Under federal law, paratransit must operate during the same hours as the fixed route services. Everyone who qualifies for this service must be served during the standard hours of operation. As the need for paratransit increases, there may need to be additional funding or some funding reallocations from fixed route service to this required and more expensive paratransit service. There is some inherent risk in doing this however, since seniors adversely affected by reductions in fixed route services might find it necessary to request use of increased levels

of paratransit services (which, again, are much more expensive per ride than the fixed route).

Routes or times with relatively few riders per hour may be the candidates in the event that reductions to fixed route service became necessary. Such low productivity services tend to be concentrated in the middays, which is also when most seniors ride. MET Transit is currently conducting a Planning Study to assess the best means of using the limited available resources to meet the needs of seniors and others needing public transportation.

#### TAXI SERVICES

In addition to medical transportation, YCCOA also taxi service to meal sites through a contract with Billings City Cab. YCCOA also operates a program through RSVP that provides transportation to go shopping, to the bank, to visit family in a hospital or nursing home.

Taxi transportation to meal sites costs about \$29,000 per year. Taxi transportation is used to get seniors to meal sites in Billings who would otherwise be unable to get to the site. Participants must eat a meal at the meal site. Seniors can participate in other activities at the center during the visit. Seniors can choose to attend any of the congregate meal sites in Billings. This flexibility allows seniors to attend different sites and participate in the activities at different centers. Ninety people are currently certified to use taxi transportation. When people are certified, they get a coupon book of 10 one-way ride coupons for a suggested donation of \$5.00. The coupons are non transferable. The cab company bills YCCOA the actual cost of the ride. Program costs an average \$2400 per month and provides an average of 350 rides per month.

#### RSVP RIDES PROGRAM

YCCOA provides additional transportation services through its RSVP Rides for InDependent Seniors (RIDES) program. RIDES provides transportation for errands such as grocery shopping, trips to the post office or bank, or visits to immediate family members in a hospital or nursing home. The service is targeted to low-income seniors who do not have an alternate source of transportation. There is a one ride per week limit to the service. The program does not provide medical transportation. There are currently 16 certified clients. There is a suggestion donation of \$2.50 per round trip. RSVP volunteers must be certified to provide transportation. To be certified, they must pass a 55 Alive course and have proof of insurance and have a vehicle check. There are currently 15 certified drivers.

The following is a summary of transportation services to seniors in Billings each month.

6,000	MET Transit fixed-route service
2,100	MET Special Transit (including medical rides subsidized by YCCOA)
350	YCCOA-subsidized taxi rides to meal sites
50	RSVP RIDES program rides
8,500	Total rides for seniors each month

***LAUREL***

The Laurel Senior Center operates its own wheelchair-equipped bus. The County Commissioners purchased a used bus for the Center several years ago. The bus provides service five days a week between the hours of 10 AM and 2 PM. Seniors can use it to get to the senior center, to doctor’s appointments or shopping within Laurel. The bus goes to Billings two afternoons a month to take people to medical appointments and shopping. The Center would like to increase service hours for its transportation program. YCCOA is assisting the Center to apply for state funds to replace the current bus.

***CUSTER***

The Junction City Senior center has its own van. The van travels to Billings two times per month. Seniors schedule their own medical appointments. The van is housed in Hysham. Seniors in Hysham can also use the van to come to Billings. The van will pick people up along the way.

***HUNTLEY***

There is a school bus available for seniors to use, but there is no insurance on the bus at the current time.

**IN-HOME SERVICES**

Senior Helping Hands (SSH) has contracts with both YCCOA and the Area II Agency on Aging to provide in-home services to clients in Yellowstone County. They also serve part of Carbon and Stillwater Counties. SHH’s main mission is to serve low-income senior citizens. Services provided include personal care services, homemaker services, skilled nursing services and respite services. SHH also provides information and assistance services, telephone reassurance program (the Friends Program) and has recently added heavy cleaning and yard work services.

To qualify for services from Senior Helping Hands (SSH), a client must be 60 years of age or older. The cost of services is determined by a sliding fee schedule. The cost of in-home services through SHH depends on the client’s disposable income. In figuring disposable income, SHH takes into account rent, insurances and the cost of prescription medications. The majority of clients would have great difficulty in obtaining in-home services without SHH’s sliding scale. If a person’s disposable income is above \$429, they must pay the full cost of care. SHH also serves Medicaid Waiver clients.

SHH's staff includes 2 nurses, 4 home health aids and 8 homemakers. Based on its total budget, SHH can serve a maximum of 110 clients at a time. The program has run at full capacity 7 of the last 12 months. The agency hasn't had to turn away any low-income clients during that period of time, but full pay clients have been referred to other agencies for service.

Funding and staffing issues are the biggest problems facing SHH at the current time. Because of funding constraints, the SHH pay scale and benefits is lower than other health care providers in the community. Thus, SHH has a difficult time attracting staff, especially nurse's aides. This limits SHH's ability to increase the number of people it serves and expand its services to meet needs such as respite services outside normal business hours. SHH obtained a home health license, but was been unable to come up with sufficient funds to cover the bond it must post to provide services. Thus, it has not been able to provide more comprehensive in-home services to date.

Because of the on-going needs for affordable in-home services, the county plan on aging has included a goal pertaining to SHH. SHH is in the process of doing strategic planning with its board and staff. It is also looking at ways to diversify its funding base to provide a more stability in its budget, make it wages more competitive and expand the services it offers.

## **ROLE OF SENIOR SERVICES IN PLANNING AND ASSESSMENT**

- YCCOA works in collaboration with the Area II Agency on Aging in Roundup to develop a countywide plan on aging for Older Americans Act purposes. This plan looks at needs in the county and however federal and state funds can be used to meet these needs. Other health and human service providers in the community are invited to participate in the planning process. Public meetings were held in Billings, Laurel and Worden to develop the county plan on aging. The resulting four year plan targeted the following issues that need to be addressed: increase funding and participation in senior centers; increase affordable in-home care for low-income seniors who do not qualify for Medicaid; expand and improve meals on wheels services in the county; increase and improve transportation services, throughout the county; and increase outreach services to inform county residents about available aging services in the county.
- In the first half of 2001, YCCOA developed and conducted a needs assessment of senior citizens in Yellowstone County. The survey looked at the following major issues:
  - ◆ respondents' familiarity with YCCOA services;
  - ◆ what services respondents were currently using;
  - ◆ reasons respondents were not using services currently available;

- ◆ what kind of services would respondents like to see available in the future;
- ◆ what services did respondents anticipate needing in the future; and
- ◆ respondents' interests in the area of volunteerism.

Ten thousand households in Yellowstone County with a household member 55 or older received surveys. There was a return rate of 18.4%. Medical transportation, home delivered meals, information and assistance on long-term care facilities, Medicaid and Medicare, and in-home services were issues that topped the list of services respondents wanted to see available to them.

Conducting the needs assessment was the first step in developing a 10 year strategic plan. The strategic planning process began in November 2001 and will take eight months to complete. A wide spectrum of community leaders, senior service providers and senior citizens are participating in the process. Once it is completed, YCCOA will have a new set of short and long term goals to accomplish.

## **SHORT AND LONG TERM GOALS FOR SENIOR SERVICES**

The following are issues form the basis of the county's short and long term care goals:

- Funding issues top the list of both short and long-term issues that YCCOA faces. While the county mil levy for senior services has provided an expanded, stable funding base for YCCOA, needs continue to outstrip available funds. Demographic trends show a continuing increase in the target population for YCCOA services: senior citizens in their 70's and 80's. Such trends only add to the funding pressures. Without increases in funding, future decisions regarding services will have to be increasingly targeted towards people with greater socio-economic and health needs. Less funding will be available to the social based programs like senior centers or preventative programs. If this happens, senior centers will have to do more fundraising to fund their own programs. All centers are already engaged in doing some fundraising to support their individual programs. Continual fundraising pressures and a "doing more with less" attitude however, is a constant stress for senior service providers. It requires constant creativity and energy.

One of the central tenants of aging services nationally is to establish senior centers as focal points for senior services in communities. The current generation of "older" seniors joined Eagles, Masonic Lodges, VFWs and senior centers. These seniors were the backbone of the development of rural senior centers around the state. Most served in a volunteer capacity. All these organizations are now struggling to attract members and remain viable. As the founding seniors become unable to participate in key positions in centers, centers are having more a difficult time finding the manpower to operate. YCCOA has been faced with the question of whether to provide

partial funding for a staff member at some of its rural senior centers to keep the center active, stable and providing basic services. If funding is provided, will this impede local efforts to keep the center open? YCCOA is currently offering options to the centers and allowing them to decide which will meet individual community needs.

- There is a greater need for outreach in larger communities like Billings. Rural communities tend to network more and are aware of resources in the community. People in rural areas tend to have been in their area longer and know the area and its resources, whereas there is more movement in urban areas and less knowledge of the overall community. YCCOA currently uses a number of different methods to inform the public and seniors of the services available, including a senior newsletter, local newspapers, community presentations, a display board at conferences and community events, and helping to sponsor a local aging program on public access TV (Wisdom of the Ages, hosted by Dorothy McLaughlin). They are also in the process of developing their own website.

YCCOA has added a new staff member who will be focusing on family caregiving issues. A major focus of this position will be outreach and education for family caregivers.

- Declining participation in senior centers and congregate meal programs is becoming a major issue for most senior centers. Centers are also looking at trying to attract the “young” old, those in their 60s and early 70s. In response to this issue, the Billings Community Center has begun to position itself as a truly multi-purpose, multi-generational community center. The Center is part of the City of Billings Department of Parks and Recreation, which is in the process of moving its main offices into the Community Center building. The Center hopes to do more joint marketing in the area of enrichment classes and therapeutic recreation for seniors. To attract younger seniors, the Center has teamed up with a local hospital to develop the “Slice of Life” program. The program is a therapeutic recreation program using light resistance training. The Center has purchased treadmill and stack equipment for use by seniors.
- There is a need in the community for expanded Adult Day Care and additional respite services in the community. YCCOA is able to provide some respite services through Senior Helping Hands. They also coordinate and make referrals to the Lifespan Respite Project in Billings. However, the need for these services far outweighs the funds available.
- With demand for transportation continually increasing, YCCOA has a long-term goal of obtaining a specific mil levy solely for senior transportation. This would allow for additional medical transportation and the expansion of services into another rural community.

## RECENT INITIATIVES OR ACCOMPLISHMENTS

- In conjunction with the Billings Food Bank, YCCOA helped establish the Commodity Supplemental Food Program last year. The program provides over 900 low-income senior citizens with 30 pounds of food each month to supplement their diet. The program has been very successful because of the need it meets and the number of seniors it serves. However, the lack of administrative funds to support the program means that YCCOA must depend on staff creativity and dedication to get the food delivered to people. Staff estimates that it takes 40 hours per month to operate the program.
- The new RSVP RIDES program helps fill a gap in the overall transportation network for seniors in Billings by providing transportation to shopping and other errands. This service increases the ability of seniors to remain independent and at home.
- The development of a partnership with Lifespan Respite program to provide respite in Yellowstone County.
- YCCOA is in the process of developing a website to increase its outreach efforts.
- YCCOA recently hired a Caregiver Support Coordinator position with new Administration on Aging funding. A primary focus of this position will be outreach to the community and caregiving families.
- Mapping of home delivered meals routes are now being done with computerized software. Micro Analytics of Virginia donated a copy of its Truck Stop software to YCCOA and trained staff on its operation. YCCOA has eleven routes in Billings and 75-80 volunteers delivering meals. The software program can automatically adjust routes as clients start and discontinue meal service, so it has saved a great deal of staff time.
- The Billings Community Center is part of the city Department of Parks and Recreation. The Department is in the process of moving in to the Community Center building. Aging programs are a major focus of the Community Center. The Center is working with the Department to increase programming to attract younger seniors.



## REPORT FINDINGS

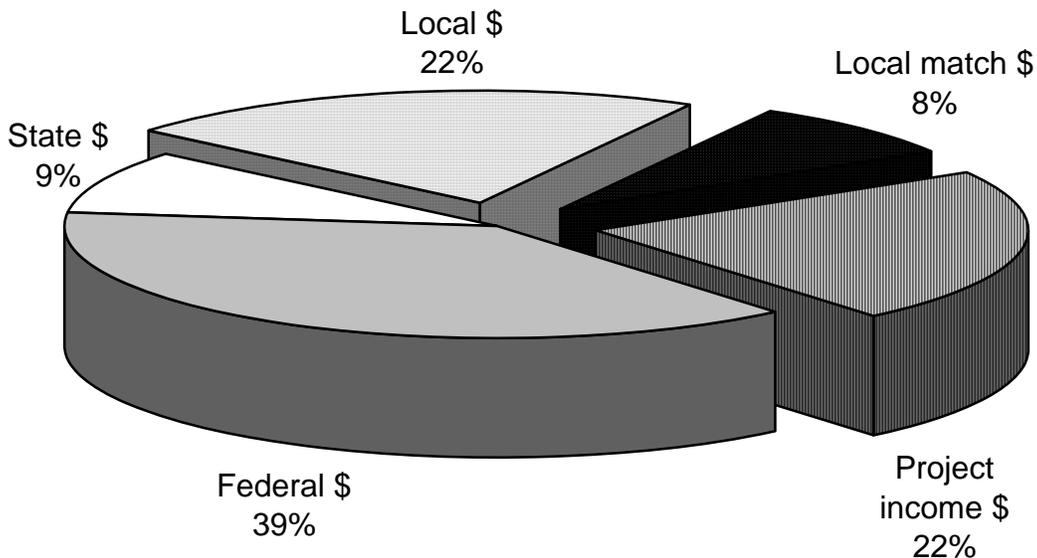
In spite of the differences in size and demographic characteristics between the participating governments, there was a lot of commonality in the issues local and tribal governments faced, both in general terms and with respect to aging issues. Each government faced budgetary constraints in trying to develop senior services that meet local needs. Increases in crime were another common area of concern for county government. Such increases place additional pressures on already scarce local resources. Finally, all were aware of impending demographic increases in their aging populations and the concomitant need for planning to address future service needs. There was a great diversity, however, in how each locale was actually preparing to meet this challenge.

### FUNDING CONSTRAINTS

Funding constraints were the most common major issue facing the four participating governments. Funding of aging service programs was only one component of the overall funding dilemmas facing participating governments. All could identify worthy aging service projects to fund if they had the money, but funding limitations meant they were forced to make difficult decisions to live within their budgets.

The Aging Network in each of the locales was cognizant of financial constraints facing local governments and were making do with the levels of funding that were available to them. Federal Older Americans Act funding is the largest single funding source for county level aging programs. County or tribal funding is the second largest source of funding. Local funding ranges between about 15-30% of the overall aging budgets. With the exception of Yellowstone County, most local funding has remained fairly constant over the last 5-10 years. The

### STATEWIDE AGING FUNDS FOR SFY 2001



passage of a county mil levy for aging services resulted in a substantial increase in the funds for aging programs in Yellowstone County.

Crucial funding decisions loom on the horizon for aging services. The Older American Act (OAA) has promoted two potentially competing values: a social model of services that try to overcome an aversion that the current generation of senior citizens have towards participating in any program that they perceive as a welfare services; and targeting services to seniors who have the greatest social and economic needs. Under the social model, senior centers were developed as community focal points where seniors could receive nutritional services as well as an array of other social, health, educational and in-home services regardless of their income. Thus, most aging programs provided by the Aging Network have a suggested donation rather than means testing. At the same time, states are required to target their services to those with the greatest social and economic need. But as funding become scarcer, local officials and local program providers will be faced with deciding how to fund these competing values. Programs that emphasize the social model may face reductions to ensure those with the greatest social and economic needs are served.

## **INCREASING TRANSPORTATION DEMANDS**

After funding issues, transportation was the most commonly identified aging service issue facing participating governments. Transportation needs covered a wide range: from transportation to medical appointments, to routine shopping, to getting to senior centers for a meal and some socialization. Transportation can be an expensive service to operate by the time the cost of the vehicles, operating personnel, upkeep and insurance are factored in. In spite of these costs, all four governments had some form of transportation available to seniors. Three of the four area had fairly well developed transportation systems in place, yet transportation was still identified as a major need in each of the locales.

Coordination between the Aging Network and other services providers varied from area to area and by service type. All locales had specific geographic limitations for transportation services. In less populated areas like Judith Basin County, getting a home delivered meal often depended on the willingness of volunteers or neighbors to deliver a meal. On the Blackfeet Reservation, there are a variety of programs that work together to ensure that elders' transportation needs to medical services are being met. In Lake County, people with disabilities could be transported via the van within Ronan, but medical transportation was reserved to those over 60. In Billings, a large number of health care providers, human service agencies and non-profit as well as for profit agencies all provide some kind of transportation service. Aging services coordinates with public transportation, private transportation, non-profit agencies and its own in house programs to provide a more comprehensive program within Billings.

The level of need and demand for transportation services across all four locales points to the critical role transportation plays in maintaining seniors in the

community. As an access service, transportation helps support the viability of senior centers and the services they provide. It can help decrease social isolation, improve the nutritional status and provide access to other health and social programs at the centers. Transportation also provides critical access to medical services, shopping and other community functions that allow many seniors to remain in the homes and communities. Thus, funding decisions relating to transportation services are likely to become increasingly difficult as decision makers weigh the relative values of these services. Coordination at both the state level (through the Montana Transportation Partnership) and local level (through local transportation committees) will also become increasingly necessary to meet all the needs.

### **DECLINES IN PARTICIPATION LEVELS**

Declines in both the level of participation in some aging programs and the level of involvement by seniors in leadership roles in senior programs were concerns for both tribal and county government governments. The lack of funding for many aging programs has historically been offset but a high level of community involvement and volunteerism on the part of senior participants. Thus, declining involvement in key leadership roles poses a severe threat to many local programs. Most senior centers also depend on volunteerism to provide meal services or other programs. Declines in general participation are having an effect on overall services also.

In response to declining participation, most senior centers are trying to attract younger seniors to aging programs by identifying their needs and developing programs to meet them, while at the same time meeting the service needs of current participants. This can be a daunting task if you are struggling to find the manpower and energy to meet current needs. There are several factors that complicate this effort. Several interviewees observed that when many “young” seniors first retire they seem to enter a second youth. They are more interested in buying a convertible and traveling around the country than participating in senior services. Whereas the current seniors have an aversion to welfare programs, “young” seniors seem to have an aversion to anything aging. Many other “young” seniors continue to work past age 65, and thus, may not be able to volunteer or participate in programming held during normal business hours.

Some headway is being made, however. The Billings Community Center and the Geyser Raynesford Senior Center are trying to take advantage of their co-location with community based programs to incorporate young seniors and develop intergenerational programming. The St Ignatius Senior Center and the Billings Community Center noted that they are able to serve younger working seniors by altering hours of operating to allow this group to participate.

The success of these efforts may well foretell what aging services will look like in the coming years. If senior centers are to survive, they must attract a new generation of seniors or broaden their services. They may have to rethink their

mission and role in the community. Senior centers are not alone in seeing declining participation. Most fraternal and service organizations are facing similar issues. If senior centers fail to survive, the Aging Network will have to refocus and restructure its services to meet future service needs. Planning becomes the cornerstone of any future.

### **SHIFTS IN AGING DEMOGRAPHICS**

All government officials identified aging demographic trends as an issue of concern. All were aware of the looming demographic increases in their senior population. All four groups noted a migration of elders into their area. For the Blackfeet Reservation, it was elders returning to their roots and family on the reservation. For county government it was the migration of people from out of state or other areas of the state. Both Lake County and to a greater extent Yellowstone County are seeing seniors from surrounding counties moving into their area to take advantage of more extensive medical services within their county. While Judith Basin County was experiencing an out-migration of seniors to receive health related services, officials also noted an influx of seniors to the county. All felt these migrations would have some effect on local health and social services, though the exact amount tended to vary. Because of the size of its migration, Yellowstone County will most likely see the biggest effect.

The current demographic characteristics of each participating governmental unit are unique, as shown by the population graphs for each of the participating reservation and counties. They illustrate many of the findings of the report quite graphically.

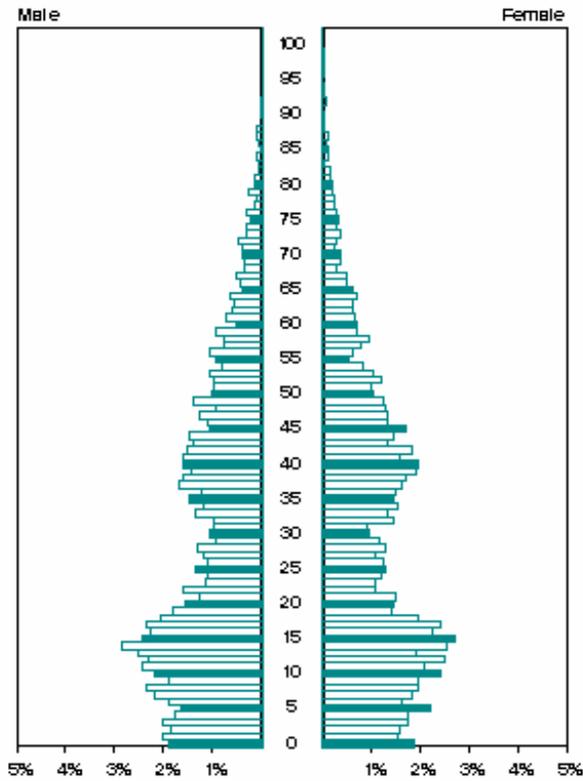
The Blackfeet Reservation and Judith Basin County graphs show greater divergence from the state norms. The Blackfeet Reservation graph illustrates a higher birth rate and shorter lifespan. The Judith Basin graph illustrates a common theme for rural counties: a greater proportion of people over the age of 50 than the other participants. It reinforces the out migration of young adults in search of employment. This trend helps explain problems finding people locally to provide in-home services. Yellowstone and Lake Counties closely mirror the state demographic trend. Yellowstone County's relatively even shape for age ranges from 1-50 probably indicates the relative strength of the economy in the county.

### **PLANNING AND ASSESSMENT ACTIVITIES NEED TO INCREASE**

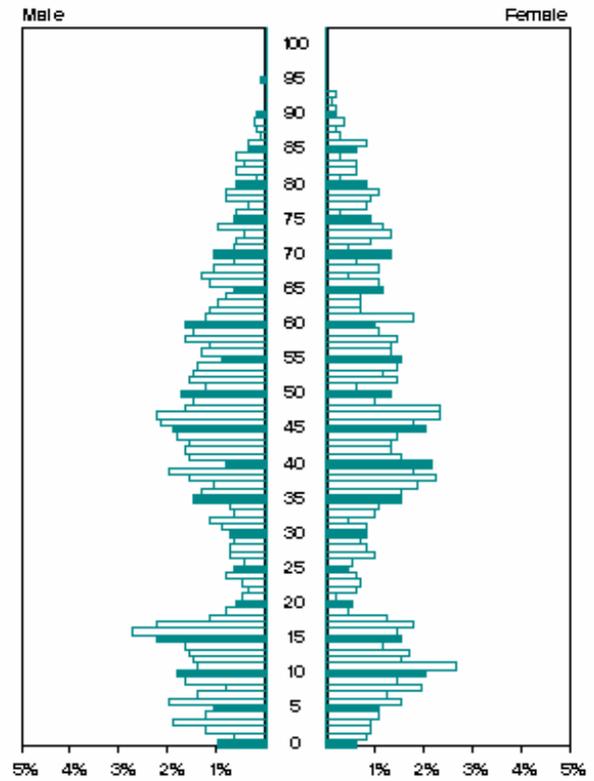
This is the area where there was the most difference between governments. Tribal and county governments were all involved at the Area Agency level as well as the local level in making decisions on aging issues and services. Each government tended to have a specific official who was designated to participate on boards at both the local and Area Agency level. Levels of involvement and expertise in aging issues varied, but all officials involved had a basic understanding of the Aging Network and the issues facing it.

## AGE PYRAMIDS FOR PARTICIPATING LOCAL GOVERNEMNTS 2000 POPULATION BY AGE BY GENDER

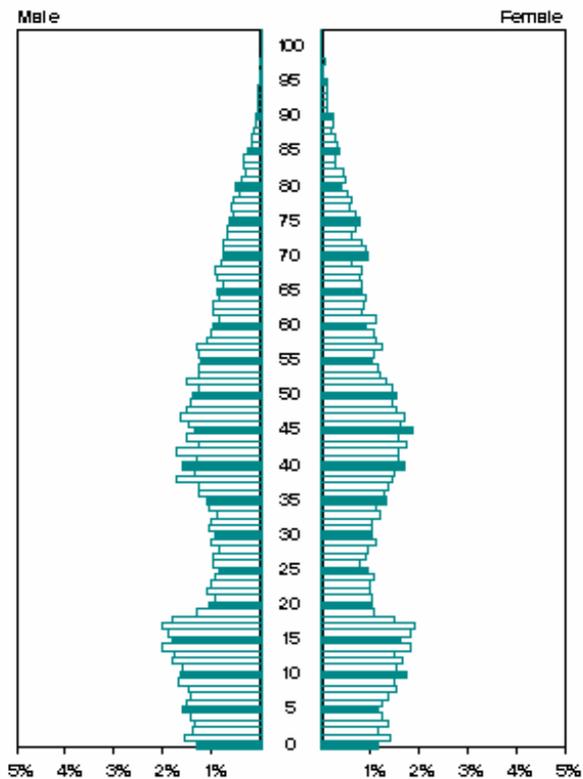
**Blackfeet Reservation, MT**



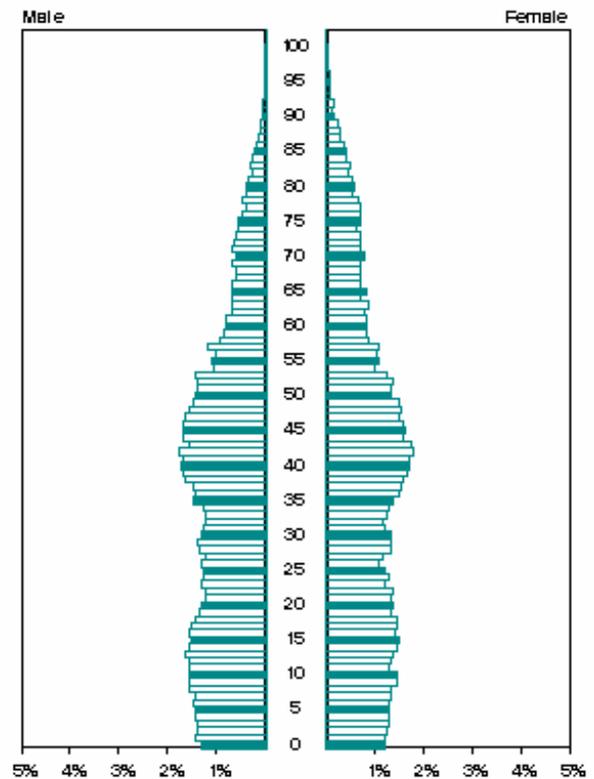
**Judith Basin County**



**Lake County**



**Yellowstone County**



Because of their on-going involvement in service delivery, there is a tendency for tribal and county governments to rely on aging programs to take the lead in the planning and assessment process for aging services. Having an existing County Council on Aging is an effective vehicle in the planning, assessment and coordination aging services within the county. County size and the availability of funding seemed to have a significant affect on the degree and complexity of the planning and assessment that is being conducted on aging issues.

While there was a degree of planning and assessment occurring around existing services, most were at the beginning stages in planning for the next five to ten years. The Blackfeet Reservation has been very forward looking in its approach to developing aging services. The new combined senior center/assisted living complex is an excellent example of assessment and planning. The Reservation's aging program has secured several grants that have allowed it to develop model programs in the Browning area. Yellowstone County is just embarking on a ten-year planning process for its aging services. Lake County probably represents the prevailing attitude: "At the current time, we are addressing the aging issues we can afford to address." Resources are tight and thus, meeting current needs is the focus, rather than long term planning.

#### **NEED FOR INCREASED OUTREACH**

A frequently noted problem by officials and providers alike was a lack of awareness about aging services on the part of the general public as well as those who could directly benefit from services. The first time someone usually becomes aware of aging services is when a crisis arises. This is in spite of considerable effort on the part of the Aging Network to inform the general public about aging and long-term care issues.

With the development of a new caregiver initiative at the federal level, the Aging Network will receive additional funds to do outreach. This initiative will not only allow more outreach, but will reach many of the baby boom generation and "young" seniors who are taking care of or assisting elderly parents. All four participating government plan on using the new federal funds to increase outreach efforts.