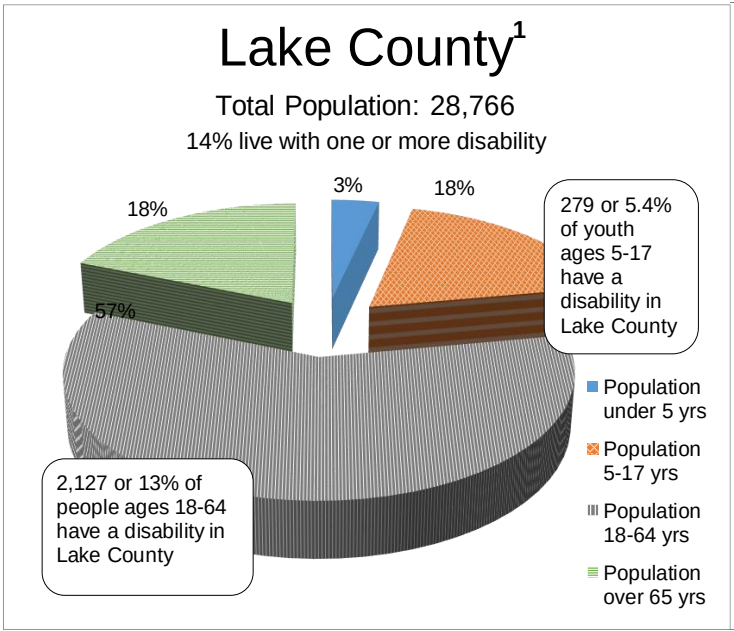
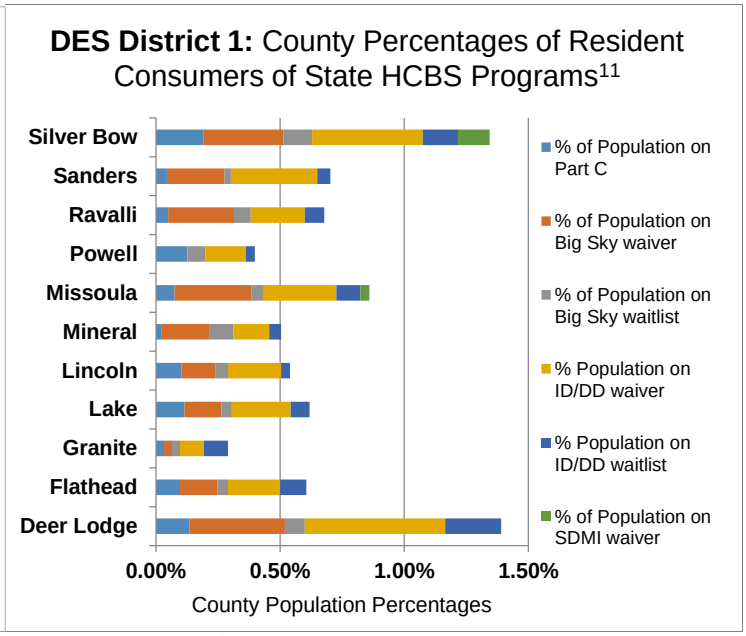
Data and Resources for a Whole Community Approach to Emergency Planning

The pie chart shows county population, size of age groups, and percentages of residents living with disability. The bar chart shows the smaller percentages of people participating in state Medicaid Home and Community Based Service (HCBS) waiver programs for Division of Emergency Services (DES) District 1 counties.





HALF OF ALL AMERICANS HAVE A FORM OF FUNCTIONAL NEEDS.[2] BELOW, COUNTY DATA ARE PROVIDED BY SIX FUNCTIONAL NEEDS CATEGORIES. (County population % = in bold; others = counts).

Functional Need: Communication

Serious hearing difficulty/deaf (all ages)[1]	1,492
Serious vision difficulty/blind (all ages)[1]	593
Cognitive difficulty (over 5 yrs)[1]	1,368
Speak English "Less than very well"[1]	**1.1%**

Functional Need: Transportation

Zero car households[1]	587

Functional Need: Social Economic

Chronically Homeless[6]	UA
Population Receiving SSI[1]	942
Average Monthly Medicaid Enrollment[4]	4,875
SNAP recipients[1]	2,082
Estimated WIC Eligible[9]	**49.6%**
Households below poverty[1]	**15.8%**
Percent Uninsured[7]	**28.6%**
Percent Population on Medicaid[4]	**17.0%**

Functional Need: Mobility

Serious difficulty walking or climbing stairs (over 5 yrs)[1]	1,924

Functional Need: Daily Living Activity & Participation

Independent living difficulty (over 14 yrs)[1]	1,220
Self-care difficulty (over 5 yrs)[1]	768
PAS Recipients[11]	89
Medicaid Mental Health recipients[10]	676
Non-Medicaid Mental Health recipients[11]	11

Functional Need: Women, Children, and Seniors

Live Births[3]	376
Children Enrolled in Special Education[8]	528
Youth Served by Children's Mental Health Medicaid Services[5]	679
Householders (65+) living alone[1]	1,175

Data Sources. Please see appendix for a full listing of data sources and data definitions. For additional health data please see Montana DPHHS's Community Health Data Profiles.

[1] American Community Survey 2010-2014 5 year estimates; [2] Kailes, J., & Enders, A. (2007); [3] Montana Vital Statistics Report, 2014; [4] 2013 Montana DPHHS Medicaid Report to the 2015 Legislature (FY 2013); [5] Montana DPHHS, 2014 Children's Mental Health Bureau; [6] Montana Continuum of Care Coalition, Annual Montana Homeless Survey (2014 Data); [7] 2013, Small Area Health Insurance Estimates, U.S. Census; [8] Montana Kids Count Data Booklet 2012; [9] Estimated WIC Eligible, MT WIC 2016 State Plan; [10] MT DPHHS Statistical Bulletin Reporting System (Sept. 2015); [11] SLTC Programs & Waitlist Numbers

Lake County Resources:

The programs listed in this profile are potential disability, transportation and health service county partners for PHEPS who are closely connected to and trusted by functional needs communities which includes people with disabilities.

Disability Services

Region V Developmental Disabilities Program
http://mtcdd.org/directory-of-services/
This directory provides a telephone number and address list of the organizations and agencies that provide services and /or support to people in the 5 regions of Montana with developmental disabilities.

Summit Independent Living Center (Summit ILC)
http://www.summitilc.org/
Summit provides consumer and advocacy services to people with mobility, neurological, hearing, visual, and other disabilities. This non-profit serves residents of Missoula, Ravalli, Mineral, Lake, Sanders, Flathead, and Lincoln Counties as well as works on a systemic level nationally and across Montana to improve the lives of individuals living with disabilities.

Mission Mountain Enterprises, Inc.
http://www.http://mmeempowerspeople.org/
The MME supported living program offers alternative living arrangements based on each person's informed choices. In this program, residents receive: overnight assistance and/or monitoring, if requested; high quality health and safety care; regular community activities; leisure activities; and transportation

Opportunity Resources, Inc.
http://www.orimt.org/
ORI provides a wide array of supports including facility and community employment, congregate and supported living residential supports, transportation, recreation, art, counseling, nursing, and personal assistance.

Transportation Coordination Plans

Transportation coordination plans can inform PHEP's about how the whereabouts and availability of accessible vehicles in their community that have the potential to serve people with functional needs. These plans also have MOU's and other important information that can inform emergency planners about accessing this transportation equipment.

**For access, please send requests to Patrick Sanders:*

Patrick Sanders
Transportation Coordinator
Disability Employment and Transitions
Department of Public Health and Human Services
406-782-4046
E-mail: PSanders@mt.gov

Lake County Community Transportation Coordination Plan

Health Care Services

The health care facilities listed below are potential county partners who are closely connected to and trusted by functional needs communities and who would benefit from the DPHHS PHEP Partner Programs Hospital Preparedness program (see http://www.dphhs.mt.gov/publichealth/phep/programs.shtml#phep for more information).

St. Luke Community Healthcare (Polson)
www.stlukehealthnet.org

Data Sources and Definitions

[1] **American Community Survey, 2010-2014 5 year estimates.** Populations reported in this profile are aggregated *estimates* provided by the American Community Survey. This includes the disability population and a variety of other variables in the profile listed below.

- **Disability:** This variable identifies persons with disability when any of six conditions are met: 1) deaf or serious difficulty hearing; 2) blind or serious difficulty seeing, even when wearing eye glasses; 3) difficulty concentrating, remembering or making decisions because of a physical, mental or emotional problem; 4) serious difficulty walking or climbing stairs; 5) difficulty bathing or dressing (self-care); and/or 6) difficulty doing errands alone because of a physical, mental or emotional problem (independent living) (U.S. Census Bureau, 2014).
- **Households in Poverty:** Indicators are derived from responses to income questions. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. Visit the census website to download the poverty thresholds table for 2015 (http://www.census.gov/hhes/www/poverty/data/threshld/).
- **SNAP-Supplemental Nutrition Assistance Program:** Formerly known as the Federal Food Stamp Program. The Food Stamp Act of 1977 defines this federally-funded program as one intended to "permit low-income households to obtain a more nutritious diet" (from Title XIII of Public Law 95-113, The Food Stamp Act of 1977, declaration of policy). Food purchasing power is increased by providing eligible households with coupons or cards that can be used to purchase food.
- **Speak English "Less than very well":** Variable identifies households that may need *English language assistance*. This arises when no one 14 and over meets either of two conditions: 1) they speak English at home or 2) even though they speak another language, they also report that they speak English "very well."
- **Householders (65+) Living Alone:** This number reflects the number of individuals 65 and older who indicated they lived alone.
- **Zero Car Households:** A question on vehicles available to the household was asked of occupied housing units. These data show the number of passenger cars, vans, and pickup or panel trucks of one-ton capacity or less kept at home and available for the use of household members. This number reflects households indicating that they had no vehicles available.
- **Population receiving SSI:** *Supplemental Security Income* (SSI) is a nationwide U.S. assistance program administered by the Social Security Administration that guarantees a minimum level of income for needy aged, blind, or disabled individuals.
- For additional Information about the American Community Survey visit: http://www.census.gov/acs/www/#

[2] **Kailes, J., & Enders, A. (2007).** Moving Beyond "Special Needs": A function-based framework for emergency management and planning. *Journal of Disability Policy Studies, 17*(4), 230-7.

[3] **Montana Vital Statistics Report, 2014.** This is a report generated by the Montana Department of Public Health and Human Services, Office of Epidemiology and Scientific Support using data collected through the Montana Vital Statistics System. The 2014 Montana Vital Statistics Report, and several prior reports and additional tabulations, are available on the Montana Vital Statistics website: http://www.dphhs.mt.gov/statisticalinformation/vitalstats/index.shtml

- **Live Births:** The birth of a child who shows evidence of life after complete birth. Evidence of life includes heart action, breathing, or movement of voluntary muscles.

[4] **2013 Montana DPHHS Medicaid Report to the 2015 Legislature (FY 2013).** Medicaid is a joint federal-state program that pays for a broad range of medically necessary health care and long-term care services for certain low income populations. DPHHS administers the program in a partnership with the federal Centers for Medicare and Medicaid Services (CMS).

- **Average monthly Medicaid Enrollment**: The average number of individuals enrolled in Medicaid each month.
- **Percent of Population on Medicaid:** The average monthly enrollment in Medicaid for a county divided by that county's population times 100.

[5] **Montana DPHHS, 2014 Children's Mental Health Bureau.**

- **Youth Served by Children's Mental Health Medicaid Services**

[6] **Montana Continuum of Care Coalition, Annual Montana Homeless Survey (2014 Data).** This is a point in time survey administered by the Montana Continuum of Care Coalition, local providers of homeless services and many volunteers who canvassed areas where the homeless are often found (points of service such as food banks, transitional housing programs, shelters, streets, parks, campgrounds, etc.). For more information about this survey visit: http://www.mthomeless.org/2014/

- **Chronically Homeless Adults and Children**: Chronic Homeless are persons or adults in families that have a serious disability and have been homeless for a continuous period of one year or have had four episodes of homelessness in the past three years.
- **District definitions:** Numbers in the profiles reflect district counts. Districts are comprised of multiple counties with a core town or city. Note, however, that a majority of the homeless populations listed are found in the core city of each district.

[7] **2013, Small Area Health Insurance Estimates, U.S. Census.** The U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE) program produces timely

estimates for all counties and states by detailed demographic and income groups. The SAHIE program produces single-year estimates of health insurance coverage for every county in the U.S.

- **Estimated Uninsured:** The 2008-2013 SAHIE estimates are adjusted so that for key estimates, before rounding, the county numbers sum to their respective state totals and similarly the states sum to the national ACS poverty universe for the numbers insured and uninsured.

[8] **Montana KIDS COUNT Data booklet 2012.** The mission of Montana KIDS COUNT is to improve the quality of life for Montana's children and families by collecting and disseminating data that will advance awareness of the issues faced by this population. By creating awareness of existing problems, Montana KIDS COUNT provides the tools for child advocates and policy makers to promote effective decision-making that will improve the lives of children in our state.

- **Special Education Enrollment:** Academic year 2011-2012

[9] **Estimated WIC Eligible, Montana WIC 2016 State Plan:** The percentage shown are based on a model that calculates the number of potential participants in several categories (pregnant women, breastfeeding women, other postpartum women, infants under one year of age, and children ages one through four years old) who meet income or adjunctive eligibility criteria.

[10] **MT DPHHS Statistical Bulletin Reporting System (September 2015).**

- **Medicaid Mental Health:** All recipients of Medicaid Mental Health Services**.**
- **Medicaid Non-Mental Health:** Adult recipients of the state funded Non-Medicaid Program This program is for individuals at 133% of poverty down to 100% poverty where Medicaid would take over. It is a program of limited services, outpatient, except for crisis stabilization, and pharmacy.

[11] **Senior and Long Term Care (SLTC) Programs and Waitlist Numbers**. SLTC programs and services are one of many resources that aim to promote dignity and independence among older Montanans and Montanans with disabilities by providing the provision of long term care services in-home and community-based setting. Funded by Medicaid, these programs provide a combination of standard medical services and non-medical services. Standard services include but are not limited to: case management (i.e., supports and service coordination), homemaker, home health aide, personal care, adult day health services, habilitation (both day and residential), and respite care. States can also propose "other" types of services that may assist in diverting and/or transitioning individuals from institutional settings into their homes and community.

- **Community First Choice/Personal Assistance Services (CFC/PAS) Programs:** Entitlement programs incorporate a person-centered planning process to provide long-term supportive care in the home setting for elderly and disabled citizens whose acute or chronic health problems cause them to have function limitations in performing activities of daily living.

- **Big Sky Waiver:** The Montana Big Sky Home and Community Based Services Program is a non-entitlement program with no waitlist. A case management team that consists of a nurse and social worker, work with a participant to determine his/her medical and psychological needs. This allows people, who would otherwise institutionalized, to live in their homes and community.
- **Part C Early Intervention Waiver:** Focuses on infants and toddlers, aged birth to 3 yrs, with disabilities and their families. Early intervention services and supports are provided under public supervision and in natural environments to help promote child and family development in community life and activities.
- **ID/DD-Intellectual and Developmental Disabilities Waivers:** Provide support option to persons with developmental disabilities for them to achieve and maintain quality of life. Residential support in natural homes, group homes, foster homes and private residences account for over half of annual waiver expenditures.
- **SDMI-Severe Disabling Mental Illness Waiver:** Provides support to adults with severe disabling mental illness and is analogous to a "nursing home without walls." Consumers received services in a community setting and are involved in the development of the plan of care outlining waiver services.
- **Waiting Lists:** People on the waiting list are not served on a first come first served basis. They are evaluated by the case management team when a slot opens and the consumer with the greatest need is selected.

For additional information please contact:

Montana Disability and Health Program
Meg Ann Traci, PhD
52 Corbin Hall, Missoula, MT 59812
888-268-2743 or 406-243-4956
meg.traci@mso.umt.edu
http://mtdh.ruralinstitute.umt.edu

The Montana Disability and Health Program is funded by grant #1U59DD000991-01 from the Centers for Disease Control and Prevention and the Montana Department of Health and Human Services.

© 2016 RTC:Rural. Opinions expressed are the author's and do not necessarily reflect those of the funding agency.

UNIVERSITY OF MONTANA

MONTANA DPHHS Healthy People. Healthy Communities.

Living well under the Big Sky. . . MONTANA Disability & Health PROGRAM