

Journey To Wellness

Community
Assessment
&
Environmental
Scan

**Flathead Reservation
&
Lake County, Montana**

December 2020



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Executive Summary

Every day the picture of truth changes. How one perceives that reality is impacted by everything, from the smallest gesture, to the grandest action. Life is a moving picture and time never does standstill. In seeking to capture truths from the world, this Community Assessment was executed, as part of the Journey To Wellness Project, an outgrowth of the Voices and Visions Collaboration that took place at Salish Kootenai College in the fall of 2019, with support of the Headwaters Foundation. If ever a time existed with unknown truths and constant change, it is clearly this era. Under a pandemic umbrella, one of the most devastating in the history of the United States, communities have had to realign and reimagine how to live. Such a powerful and historic backdrop has also shaped community member's views and ability to be part of this assessment process. COVID is on character in the assessment who's voice is clear.

It is important to recognize that the information collected, the stories shared, the experiences presented, the data reviewed, and the images portrayed, are only accurate in helping to understand some of the truths of this time. Information contained highlights certain realities. It is not the entire story. Every person's truth is not represented. Attempts were made to capture as complete a story as possible. Topics given more focus by those conducting the process and the participants involved, received attention because of their personal connections to those areas of life. An objective approach was sought, but in truth, nothing is ever completely objective. Many other layers exists. Many other truths make it whole. In presenting this information, the team thought it valuable to recognize no matter how objective one tries to be, their personal focus will influence everything they do. Such is true with this assessment. Hopefully, the group has managed to gather information from a variety of sources to provide a more diverse, inclusive, informative, and representative story.

For this Community Assessment and Environmental Scan, the greatest emphasis was placed upon merging quantifiable data from select sources, with the voices of those in the community. Voices of youth. Voices of elders. Voices of those in the field. All voices. Through this collection of information, those involved with the project sought to provide an encompassing and inclusive view of life in Lake County and the Flathead Reservation. People see the world as they experience it. Sometimes, outlooks on the same situation can vary greatly, from one person to another, even if they are standing right next to each other when it happens.

This is true when exploring the realities of people who live in the same community. Neighbors may have similar views out their windows but face a daily reality that is extremely different. That is why assessing resources, services, gaps, needs, and readiness within a community can be essential to bringing out the diversity of experiences and perspectives that exist at any given moment in time. Information gathered for the assessment will aid the Journey To Wellness Team and their community partners as they analyze areas of success, review local strengths, assess needs, identify resources, form collaborations, imagine possibilities, seek solutions, and develop a strategic plan to promote the health and wellness of all residents of Lake County and the Flathead Reservation. Results will help with execution of the Journey To Wellness Project in 2021, with the development of an implementation plan, benchmarks, and strategic steps to be carried out as part of a concentrated effort to improve behavioral health outcomes in the community.

The Community Assessment was conducted between October and November 2020. Through this process, the group reviewed resources and services available on the Flathead Reservation, with special attention on those dealing with health or having clear links to behavioral health. As a rural community, with limited access to certain types of programs

because of the small population and geographic location, the assessment covered a wide swath, including resources available from the State of Montana and within the region. In many instances, statewide programs are the only option because of the high costs and low levels of demand because of the sparse population.

Montana is a large state with a small population. Yet, that population is very connected, no matter what the distance. Salish Kootenai College annually attracts students from across the other reservations within Montana. Over time, some of these individuals remain in the area. Lake County residents have relatives in Billings or Butte or Miles City. Some of them went to school in Missoula or Billings or Helena. The layers and connections are deep and strong. Why does that matter to this assessment? Because the “community cultural norms” within Montana, are the same for many of the folks who call the Flathead Reservation and Lake County Home. Perspectives about life and living in the West and being free to roam, all spill across county lines. Being from Montana promotes a certain image that can easily be found in the local community. The connections and the “culture” are about more than just image. Patterns for education, employment, vehicle choice, attire, and food are also merged across the state. Other more troubling patterns, around alcohol consumption, binge drinking, smoking, drug use, injury prevention, self-care, interpersonal communication and racial relations also share similarities when one travels around. Montana might be big but the range of experience is narrow.

As the Journey To Wellness Team works on the next steps in the process, this “culture” of place will need to be part of the overall planning that takes place. Changing patterns or behavior is a long-term proposal and it can’t be done in a vacuum. Montana’s norms and values and life choices are intertwined. That is why capturing some pieces of the Montana story were so important for this assessment. Lake County and the Flathead Reservation do not stand alone.

Good or bad, the community is influenced by others in the state. Including these Montana elements in the assessment ensures the Journey To Wellness will have the type of information needed to set up and implement a project which will have a better chance of finding success.

Additionally, the team thought it was important to look at all types of services, in recognition of the interconnections between programs in a rural setting and the links within families from one generation to the next. A large percentage of homes on the Flathead Reservation have multi-generational residents, whether family or friend. As demonstrated in prior research and through work with other departments (reviewed by the assessment team), homes often include multiple generations who need different types of services and assistance. Even though these services are targeted for different ages, the availability of such services or lack of them can impact an entire family, including children, as choices have to be made about what bills to pay, food purchases, healthcare, transportation, education, and childcare.

Focus group discussions, key informant interviews, and a review of existing source material was carried out over one month. The interviews included professionals from a variety of tribal and non-tribal programs, as well as parents, elders, and youth. Surveys were distributed to partner agencies and other stakeholders that assist the target population. A second survey was distributed to the community and parents. Confidentiality was provided to those sharing anecdotal and qualitative information, as well as for focus group participants.

Data mining was carried out with other relevant service providers, with interviews, conversations, analysis of existing data networks and a review of other written documents. Existing needs assessment from the last few years and numerous reports were used to collect data. This included from the Montana Office of Public Instruction, the Montana Department of Public Health and Human Services, Tribal Department of Human Resource Development, , the

Montana Board of Crime Control, the Department of Justice, KidsCount, County Health Rankings, the Tribal Government, local schools and other private agencies. These sources helped to give quantitative data sets to the study, while the input through interviews and surveys provided a qualitative balance. Data included was from within the last 5 years. Local assessments are referenced and included as appendix for this document.

Staff from the Salish Kootenai College Center for Prevention and Wellness who are overseeing the Journey To Wellness Project, along with the JTW Core Team, assisted in the collection of data, contacting agencies for program information, connecting with stakeholders for interviews, collecting data, and educating the community about the goals of the program. As a community “snapshot”, the information from all of these sources has provided a “current” picture of the level of services, challenges, needs and existing gaps that impact the target population. Data is covering a period going back in some cases up to 5 years, as that was the most current information. Situations change. Numbers move up or down. Even though the exact data for areas reviewed is not as of November 2020, the profile represents a well-defined base of knowledge, upon which to assess needs and strengths. It also enabled the team to gain new insights regarding experiences, knowledge, and attitudes, which will be vital to successful implementation of new programming and the introduction of changes which can be sustainable. Although substantial findings about certain programs and services are outside the scope of the specific topic of behavioral health, those working on the project believe the real picture can only be complete with this supporting information. Whether it be for a referral or to seek a partnership or just to provide cross agency support, all the agencies and programs working within the Flathead Reservation are connected. As the study showed, it is the relationships and connections that truly define the community.

Key Findings

- ✓ Violent crime continues to be a challenge with Lake County at 446 incidents per 100,000 compared to a Montana average of 346 and the highest performing counties at 63.
- ✓ Native American high school students on the Flathead Reservation had a higher than average number of both in-school and out-of-school suspensions.
- ✓ One of the challenges that many respondents had faced personally or with a family member or friend was an inability to leave a violent or abusive relationship.
- ✓ Community members believe that personal relationships have helped to get past certain tribal and non-tribal divisions more effectively than at the leadership level.
- ✓ Several schools showed separation rates greater than 10% between Native American students and white students graduating.
- ✓ Under years of life lost or premature mortality, which includes all deaths to people under age 75, Lake County was at 9,600, the Montana average was 7,200 and top performing counties in the U.S. were at 5,500.
- ✓ Alcohol-impaired driving deaths continued to be very high with 61% for Lake County, 45% for the State of Montana and the highest achieving areas in the U.S. at 11%.
- ✓ Lake County had 77% of children qualified for free or reduced lunches, one of the top 5 levels of need in the state.
- ✓ Children in poverty was at 26% in Lake County, compared to 16% for the state and 16% in the U.S.
- ✓ Vehicle crash deaths were at 24 (per 100,000) in Lake County, 19 Montana average and 9 for the top achieving counties in the U.S.
- ✓ Drug and alcohol abuse and lack of local treatment options were high on the list of ongoing problems that presented a significant gap in services.
- ✓ Respondents like living here, find the area to be beautiful, and the people to be friendly when compared to other places they have been.
- ✓ More than 90% of respondents said they would recommend this community to family or friends from another place who might want to move here.
- ✓ Many participants were fearful of being identified by name in a public document. They cited possible work reprimands or being singled out by others in the community.
- ✓ Of all the respondents, both survey and interview, no one rated the availability of mental health services above average, with an even breakdown between average, below average and low.

Key Findings

- ✓ Natural world cited by many as a prosocial source of activity for people of all ages
- ✓ For Lake County, preventable hospital stays were at a rate of 490, 314 for the Montana average and 276 for the highest performing U.S. counties.
- ✓ Raising the profile of service providers for behavioral health with better and more accessible connections such as a local app, online profiles, service description, and examples of “real life” experiences by clients could change the local culture around seeking assistance.
- ✓ On the prosocial side, Lake County was at 9.2 per 10,000 for social associations while the state average was 14.3 and the best achieving county in Montana was at 27.
- ✓ Focus group respondents indicated they hoped the COVID experience would have a positive impact on bringing people together in the future, after facing such a traumatic time period. They expressed the idea that people should be more empathetic toward others.
- ✓ Under disconnected youth, those age 16-19 who are not in school or working the Lake County rate was at 17% while statewide it was at 7% and the top performer in Montana was at 3%.
- ✓ Changing the view of mental health issues and available services was frequently brought out as a solution to increasing people’s use of services and reducing historical stigmas.
- ✓ Racially based problems were cited by a majority of respondents as one of the challenges to being happy, enjoying the community, and having good mental health.
- ✓ Lake County had a rate of 591 positive results per 100,000 for chlamydia, compared to 434 in Montana and 161 nationally.
- ✓ Lake County continues to be in the lowest 10 counties in Montana for overall health rankings based on an annual assessment conducted by the University of Wisconsin for the National County Health Rankings data program.
- ✓ Mental health providers in Lake County are at a ratio of 1 provider to every 420 residents. This is a constantly shifting number since people living within Lake County often choose to access medical services in Missoula and Kalispell which would change the ratio dramatically if included.
- ✓ It was the overwhelming perception by survey and interview respondents that the local area has limited options for services that promote social and emotional wellness.
- ✓ Based on MBIR data, the highest drug offense rate in all Western Montana was in Lake County in the City of Polson at 45.43.
- ✓ Data from the Montana Health System shows Lake County's drug use hospitalization rate was 675.8 per 100,000, the third highest county in Montana.
- ✓ Respondents expressed local limitations on people’s worldview and experiences with other communities and cultures was a challenge to having a more inclusive community. Some said people have become numb to data around suicides, drug use and crime. Think it is the norm.

What People Are Saying...

The following comments were gathered from the community surveys, focus groups, and individual interviews completed for this Community Assessment conducted in the fall of 2020. They are provided in no particular order and give a sense of the ideas, concerns, hopes, and experiences of those contacted. Other comments from these same tools are also included in other sections of this document.

“To bring real change in our community, people will need to...come together, across political, cultural, and organizational lines. This must be seen as an overarching issue and will likely require community-wide support to make significant change.”

“Local environment does not promote being different. Living here, in Lake County is suffocating if you are not like everyone else.”

“People feel shame or guilt about using services. Many do not like to talk about what is happening to them. It becomes a secret. Probably contributes to high levels of suicide and separation and depression. Secrets are never good.”

“Continue to have a youth focus...as early as possible. We need to start with the kids to change the overall situation. We can help adults and maybe they will makes changes. But as a community we must get it going with the youth if we want to see real differences.”

“People base their judgment on what they see. For example, dark skinned Native looks at light skinned and does not think they are as Native. It depends on their own background. If you have been in a community or location where everyone looks a certain way and go someplace else where everyone looks different it is hard to accept the situation.”

“In dealing with COVID, people have had to flip the story on their life. Finding gratitude for situations that they might have formerly bemoaned. Like working from home-chance to see family. Forced to learn new ways to use technology-now they have new skills. How do we flip the story on other issues or challenges? What does it take to reinvent the narrative? Can these help with overall quality of life?”

“Uncomfortable for non-Natives to talk about privilege. They do not want to see it. If you approach the issue of privilege people shut down.”

“Often the structure or the system makes it seem like the child is broken or has a problem. That is not the case. They can get labeled. In a small place the label stays. They are not broken.”

“Secrets. Sexual violence. Abuse. Child maltreatment. Secrets that are not secrets. Secrecy outlook has kept people and places protected. It is very difficult to get to the truth. Difficult to see. Silence is a problem. Victims are silenced because they are fearful of speaking out. Because of the silence-people begin finding other ways to cope. Drinking. Taking other substances.”

“Would like to see providers utilize a list that is mutually shared (with signed releases) of who has openings when an individual needs treatment. With this they could do a referral for a family or individual.”

“Attitude that you should get over it. Deal with it. Go on with your life. That is what we face here.”

What People Are Saying...

“It has always concerned me that the schools are so focused on sports, which only involve a small segment of students. We have lost all arts and music and other areas of interest. And we wonder why students don’t like their educational experience or why they are not attending? Because it isn’t relevant to them and no one seems to care.”

“Are families saying someone died from COVID in obituaries? Not around here. I know of two deaths that were caused by COVID. In talking to the family, it was like they were ashamed to share the truth. Unfortunately, in this small, rural community that supports a false narrative about what is taking place.”

“Seems that there could be more support for building better lives beyond dealing with “what’s going wrong” such that people don’t keep finding themselves back in the same place that wasn’t supporting good mental wellness for them. More diversity in approaches such as somatic/body-based therapy, psychedelic assisted therapy, horticulture/nature based therapy. Community wellness programming. (i.e. free/affordable trainings in peace-building, improving relationships, non-violent communication.)”

“Creating more opportunities for meaningful connections for those who are struggling - i.e.. men’s and women’s groups; community improvement projects that a small group could work together on and build camaraderie and sense of purpose/contribution/etc.; opportunities that build value of life/ connection/joy/meaning (beyond simply addressing a specific mental health issue)

“I think the way to measure success should be a combination of quantitative standards based on specific outcomes for community members and qualitative reflections from those accessing the system about the experience, changes they have seen and how they are feeling.”

“Availability of services needs to be highlighted more and on a regular basis. Consistent messaging with annual, seasonal campaign so it is not considered a bad option. Change the conversation. Change the culture around this issue. It could have so many positive outcomes for the community.”

“Changing perspective about teaching and the education system because of COVID, as parents are seeing more firsthand what their students are learning and the process they go through each day. Is there an application from this time to helping people have more empathy and better understanding of other people’s situation?”

“Expand coverage under insurance...help local small business combine or learn about ways to access programs for small business that have insurance. Many don’t have that knowledge or skills. Maybe through Lake County Community Development. The recent COVID funding that was available was a good example. I spoke with several businesses who did not understand they could apply and that it was a grant and that it was very simple process. This can change.”

“Mental health services are too crisis based. Going from one crisis to the next. This creates a cycle of ongoing crisis that is never ending. It is self-defeating. Puts a negative connotation on any issue when it could be different. How do we redo this situation? New messaging? New approach?”

What People Are Saying...

“One solution to building up people and having them feel more connected which supports better mental health would be some sort of community wide mentorship or guidance. We all have and still make mistakes. Sometimes a person telling me how to do it would have helped. How would it be if people were asked to mentor someone? Not just youth focus-that too. But adults for other adults?”

“How can we help parents with the role they have? Our identity and eventually many mental health problems come from how we see ourselves. Parents are so important, and many don’t have any idea what they are doing. They need guidance.”

“A good life is about enjoying each day. Not worrying. Being able to sleep. And doing it as much as possible without having to take a prescription.”

“Measurements of success scares me in some ways because it can be limiting. But I understand something must be measured or assessed or reviewed to indicate outcomes or change.”

“Time to let the truth out about birth control, teen pregnancy and young parents with too many kids. When are we going to see that this directly ties to a list of behavioral health problems? We need to have education and turn this tide. Look at the STD rates for the area. Everyone keeps complaining about the foster care situation without getting to the core problem. Too many kids having too many babies without guidance or support. Where are the condoms? 25 years ago, when I was in school there was better options.”

“The good life for me is about...practicing the word no. Creating boundaries. Thinking about what really matters is essential each day. Having boundaries. Recognizing boundaries. Non-equivocal.”

“Doctor that's available and willing to follow up daily, weekly, monthly, yearly with the client. Take a step back in approach. It is hard because so much of health care is driven by money. I am thinking of the past when a person had the same doctor for many years. They had a relationship and were comfortable with that person. Today, it is constantly changing. I think it is really effecting people’s overall health.”

“I think the Journey To Wellness Project should measure success by...the number of lives touched each year. This is luckily a very tangible product that should be able to produce objective results (ex. # of calls, # of people served, # of referrals, # of positive outcomes, # of collaborations/partnerships, etc.)”

“No place is perfect in the world. Even on some sandy beach there will be an issue. We have a lot of really great things going on in the community. Let us build up from the positive activities and expand them into other areas.”

“If you have private insurance, you have a bigger voice than if you only have Tribal Health, but they are both very small voices.

“Calming techniques...people have never been exposed to them or think they don’t work. Opportunity for different training-in person and online. Yoga. Meditation. Etc.”

What People Are Saying...

“Montana “cultural way” is to stay silent.”

“Passing the torch...I think that would help with short and long term problem. People mentoring others and helping them rise up within the system.”

“Conversations about people’s experiences with mental health problems is so basic but can be a very powerful way to build community. If people knew they were not the only one.”

“We have a small number to serve if you think about the size of our community. Need to be more strategic in service delivery to make most of resources. How are the facilities we have being used? How many benefits? Is it the best use? What can a school change/modify at the local level to promote these changes? They are a permanent resource that is always maintained.”

“ Family or friends you can be with, you can talk to...we need that. If your friends and family are healthy and safe that is a good life.”

“A division exists that is having a big influence on behavioral health. People will say, well the local unemployment is only such and such...like under 6% or so. Great. The rest of the story is what are those jobs? How much are they paying? Is the salary really a living wage? “

“Death is one of the biggest contributors to the mental health problems we have. I think people are without certain cultural practices or faith or family guidance and so when they lose someone they are not able to process it in a way that is healing. They get stuck. I’ve seen it so often.”

“Chance to capitalize on the new problem solving skills people have been forced to use because of COVID. How can it apply to other areas? Critical thinking process? Maybe some people could continue working from home. Might help with family connections and mental health.”

“Technology is an ongoing challenge in this rural area. It limits people’s choices and ability to be connected-which in this time is a big separation from the community. Contributes to isolation and other mental health problems.”

“I think it starts when we are young. High school or earlier. You see the groups set up. Race and social position are overlapped. And if people stay here they carry that division.”

“Gender roles and the ways people are expressing themselves is making people feel alone. Leads to them getting into a bad place as they try to cope with alcohol or drugs. I do not think very many people really know the truths and the science behind people who are trans or even gay or lesbian. I have friends who have a hard time and have been forced to move away.”

“With all the small communities around, having people get basic training in leading small groups or other support activities that they could host on a weekly or monthly basis without it being a big deal. Just people gathering and supporting one another.”

“Race has influenced my entire life. Because of it I felt like I had to do better from an early age. Push myself so I wasn’t put into a category of being “one of those” people. I must overperform so people take me seriously. Genuine fear because I had seen how white people judge others of color. For others it is too hard. They pull in or act out and end up feeling worse.”

Methodology & Collection Plan

In setting up a plan for the Community Assessment for the Journey To Wellness Project, the discussion centered on the best way to gather the ideas, experiences, and perspectives of stakeholders from within Lake County and the Flathead Reservation. Based on the existence of other Community Needs Assessments and Environmental Scans conducted in the last 5 years, the core team believed there was a high level of statistical information and data already in place or that could be updated to show the “numbers” to reflect that part of the story. However, it was deemed important to get insights from the community to expand the overall depth of the Community Assessment. One of the challenges with the collection process was having to carry it out in the middle of the biggest pandemic in the last 100 years in the United States. Recognizing this barrier, the group proceeded by setting up virtual links and utilizing other electronic tools to connect with stakeholders.

Approach

Community-based participatory research (CBPR) was the guiding concept for the work carried out on behalf of the Journey To Wellness Project. It is an approach to research that involves collective, reflective, and systematic inquiry in which researchers and community stakeholders engage as equal partners in all steps of the process. The idea with CBPR is to work with stakeholders to identify relevant concerns, expand local capacity, and promote community engagement. Fundamentally, CBPR encourages the honest exchange of information, leading to looking critically at the power relationships found within any community. CBPR , advocates for power to be shared between the researcher and the researched. It supports the value of experiential knowledge and is aimed at improving situations and practices. Overtime, this approach to research has gained recognition as a valuable way to work with marginalized

populations— as is the case for some Indigenous communities—because it supports the establishment of respectful relationships with these groups, and the sharing of control over individual and group health and social conditions. Community-based participatory research (CBPR) offers researchers an opportunity to identify and address local health policy questions. The key principles of CBPR, as developed by Israel, et al., include: “Acknowledging the community as a unit of identity. ... Building on the strengths and resources of the community. Facilitating a collaborative, equitable partnership in all phases of research.”

Stakeholder Participation

A cross-section of stakeholder’s perspectives was sought by targeting representatives from programs across different communities on the Reservation. Since the Reservation covers more than 1.3 million acres and has seven different small communities, the JTW Team thought it was important to get input from not only different programs but also from individuals and agencies within each community. Additionally, when developing the list for participants to be targeted in the collection of information, the team also looked at the membership of existing groups, such as the Young Child Wellness Council, the Lake County Resource Roundtable, area chamber of commerce and local government leadership. Combined, these groups have representatives from different areas of the reservation and entities including: Lake County Commissioners, the Flathead Reservation Early Childhood Services and Head Start Program, St. Luke Hospital, St. Joseph Hospital, Salish Kootenai College, the local school districts, the child care provider community, CSKT Tribal Health, CSKT Housing, Tribal Education, the SKC Childcare Center, Western Montana Mental Health, CSKT Tribal Council and the CSKT Department of Human Resource Development.

Data Tools

Four methods of data collection were utilized in the Journey To Wellness Community Assessment process: 1) Focus Groups; 2) Key Informant Interviews; 3) Surveys; and 4) Review of Existing Data.

Focus Groups

Focus groups for the community scan were composed of a variety of populations from the target community. First, representatives of different community agencies were given the chance to share their views. The second population to be interviewed as a focus group was composed of community members. A third focus group included college students from the community and a fourth involved community youth. Focus groups were completed between October and November of 2020 in virtual calls with a note taker. Individuals were asked to voluntarily participate and in some cases were given a gift card for their involvement. A script was developed and used for the focus groups to maintain a level of consistency. A total of 34 key informant interviews and 6 focus groups with more than 40 participants took place. Privacy and confidentiality was stressed to participants not serving in a professional capacity. Focus groups were virtual and others were in person with social distancing and masks. Community members expressed a higher level of fear about sharing their opinion because of the possibility for some sort of retaliation, either from the system or at an individual level. After many years of conducting groups and interviews, the team found this phenomenon worth noting. Many people just didn't want to have their name in public linked with their ideas. They mentioned concern others would try to connect comments from the assessment to people listed. Some said they had voiced their opinion about some problems they had with certain people or agencies and for them to be honest with the JTW process, they didn't think it would be good to include their name.

As a result, names have been withheld and categories included for those involved. The introductory statement and questions used with focus groups are included at the end of this document.

Focus Group Participants

- ✓ College Students
- ✓ Partner Agencies
- ✓ Community Members
- ✓ Parents Group
- ✓ Youth Group-Ronan
- ✓ Youth Group-Polson
- ✓ Youth Group-St. Ignatius
- ✓ Elders Group
- ✓ Teen Parents Group
- ✓ CSKT Department of Human Resource Development Staff
- ✓ Salish Kootenai College Center for Prevention and Wellness Staff
- ✓ Salish Kootenai College staff and faculty
- ✓ SAFE Harbor staff
- ✓ Tribal Health Department Staff

Key Informant Interviews

Another component of the scan was the key informant interviews. The group of key informants reflects various departments and agencies from across the reservation, both tribal and non-tribal. Other interviewees included community members from youth to elder, living in different areas of the reservation. Key informant interviews were completed between October and November of 2020 in calls. Individuals were asked to voluntarily participate and received no incentives for their participation. A script was developed for use with the key informant interviews to maintain a level of consistency. One specific area of concern with the assessment was identification of individual participants. Because of certain local dynamics, including the

recent issues surrounding the election and varying responses to COVID, many of those contacted asked for anonymity. To provide this security, no names of key informants have been included. Names of agencies or programs with which they are involved have been cited, although in some cases those were left out because there is only one or two people involved.. They also asked to stress that their participation and views did not necessarily reflect the organization for which they work or volunteer. The introductory statement and questions used key informant interviews with are included at the end of this document.

- ✓ Department of Human Resource Development
- ✓ Early Childhood Services
- ✓ Salish Kootenai College
- ✓ Tribal Health
- ✓ Tribal Elders
- ✓ SAFE Harbor
- ✓ Local Housing Programs
- ✓ Lake County Services
- ✓ Law Enforcement
- ✓ High School Students
- ✓ College Students
- ✓ High School Staff
- ✓ High School Students
- ✓ College Students
- ✓ Elementary School Staff
- ✓ Middle School Staff
- ✓ Community Members
- ✓ Business Owners
- ✓ Healthcare Professionals
- ✓ Hospital Staff
- ✓ Mental Health Professionals
- ✓ Elected Officials
- ✓ Behavioral Health Clients

Survey

Another piece of the assessment to help gather stakeholder's views was a survey administered in October and November. Target respondents for the survey were the membership within the Young Child Wellness Council, a diverse group formed five years ago to support early childhood initiatives and services to the target population. Membership in this group includes staff from the Lake County Health Department, St. Luke Hospital, St. Joseph Hospital, Early Childhood Services, Salish Kootenai College, Tribal Department of Human Resource Development, Salish Kootenai College Childcare Center, CSKT Housing, Tribal Education, child care provider community, area schools, Sunburst Mental Health, Western Montana Mental Health, Families First, SAFE Harbor, CSKT Trauma Services, and the CSKT Early Foundations Home Visiting Program. This body came together in support of the introduction of home visiting programs developed by Lake County and the CSKT Social Services Department as part of the national Maternal, Infant and Early Childhood Home Visiting Program under the Affordable Care Act. Other targets for the survey included tribal elders, college students, college staff, college faculty, hospital staff, government department staff, elected officials, and the community at large. A copy of the survey is included at the end of this document.

Existing Community Data

Data mining was carried out from existing reports, public web pages, government sources and other relevant service providers. Phone interviews were also conducted with agency representatives to get additional data, including local school districts, and public agencies. Major sources of information included the CSKT Department of Human Resource Development, CSKT Administration, the CSKT Tribal Education Department, Salish Kootenai College, the Indian Health Service, CSKT Tribal Health, the Lake County Public Health Department, St. Joseph

Hospital, St. Luke Hospital, Flathead Reservation Early Childhood Services, the Early Foundations Home Visiting Program, the Montana Department of Public Health and Human Services, Early Childhood Services, the Lake County Superintendent of Schools Office, the Montana Board of Crime Control, the U.S. Census, the Community Health Rankings, the University of Montana Research Program, the Montana Office of Public Instruction and all reservation school systems. Special documents reviewed included the most recent Flathead Reservation Early Childhood Services and Head Start Community Needs Assessment, the Bureau of Labor and Statistics County Report, the Lake County Health Department Community Needs Assessment, the CSKT Annual Report, the Montana Office of Consumer Protection Hospital Report, the Montana Health Care Providers Annual Report, Montana Office of Public Instruction Graduation Matters Report, OPI School Improvement Report, Ronan School District Indian Education Report, Montana Food Bank Network-Hungry in Montana Report, Lake County Community Development Comprehensive Economic Development Strategy, Lake County Commissioner's Infrastructure Plan, Montana Budget and Policy Center Report, the St. Joseph Community Needs Assessment, Montana and Lake County Youth Risk Behavior Survey, Montana VAWA Plan, Montana Department of Public Health and Human Services Vital Statistics Report, Lake County Prevention Needs Assessment, the March of Dimes, Montana Teen Birth and Pregnancy Report, Montana KIDS Count Annual Report, Montana DPHHS Statistical Report, HUD Fair Markets Reports, Montana DPHHS Report on Pregnancy, Suicide in Montana Report and the Coordinated Community Response Suicide Summary. In addition, a wide range of web pages for agencies and providers were also reviewed for collection of data related to services, programming, resources, and activities that connected back to the Flathead Reservation and Lake County.

Community Strengths & Assets

Even with all the challenges and long list of needs identified through the Community Assessment process, it was also clear the area has an impressive variety of strengths and points of resiliency. The assets and strengths came out in both qualitative and quantitative data sets. When looking at the outcomes from the Youth Risk Behavior Survey, for all youth between 8th and 12th grade living on the Flathead Reservation, there was a substantial list of protective factors which are in place. The following areas all had high outcomes in scoring. In particular, the two areas of opportunities for prosocial involvement with the community and prosocial involvement with peers were both over 70%. The rates were generally very comparable to those of the state. It is interesting to note that the youth taking the survey had a different perspective on prosocial options than the adults who were interviewed or surveyed.

YRBS Protective Factors

- Opportunities for prosocial involvement community
- Rewards for prosocial involvement-community
- Family attachment
- Opportunities for prosocial involvement-family
- Rewards for prosocial involvement-family
- Opportunities for prosocial involvement-school
- Rewards for prosocial involvement-school
- Belief in the moral order
- Religiosity
- Prosocial involvement-peer/individual
- Rewards for prosocial involvement-peer/individual
- Students with high protection

Other community assets were also brought forth through the interviews and focus groups, as well as in the data showing access to services. Below are some of the other areas identified as local assets or strengths:

Community Identification

Despite the various silos and areas of separation, respondents felt that communities on the reservation all have a certain level of pride in their own identity and role within the broader reservation “world”. Each town has a distinct personality and are very connected to their schools and what that means. It is obvious with the role that sports must play in the community and the

little rivalries that exist. In addition, each town's "personality" and points of pride, as reflected in the interviews showed specific areas that people really identified as being their "own". For example, Arlee has evolved in the last few years with a very organized and active development group that has helped to get them miles of connected walkways and ongoing family events. St. Ignatius is known for both hosting one of the long houses, having Tribal Health's main clinic and its physical location by the Mission Mountains. Pablo is linked to the Tribal College and the Tribal Government offices. Ronan is seen as an agricultural center, while Polson is the "lake" town and Charlo, the "out West". Elmo is proud of their tribal preservation and Hot Springs is promoting a new identity as an arts haven. These are just some of the labels. Though the real point is that each area, no matter how small has a sense of place and purpose that is meaningful to those who live in the area.

Sharing of Resources

Another area of strength was the willingness of various programs and community groups to share their resources and personnel. Again, this was cited as a process that crosses tribal and non-tribal lines. Respondents thought it was helpful because different programs were able to share training costs which then allowed more people to participate. Several examples were mentioned from the last 6 months during the pandemic and how different programs stepped up. Some of the examples included the meals provided by the Boys and Girls Club, which involved many volunteers to assist with prep and delivery. Another example was the Flathead Reservation Community Action Team who has been collecting and distributing food. These were a couple of the highlights that people thought exemplified successful collaboration, cross community involvement and was reflective of some of the core values belonging to local residents.

Physical Environment

When talking about what they liked most about this area or the language they might use to describe it to a stranger, a common theme was the beauty of the area and the outdoors. Not only the sheer beauty but also the overall environment and ability to access the natural world. Traditionally, the natural world has been a source of value and importance with tribal communities. The historic relationship to the land and its role in the life of tribal people is well documented. Many stories from across indigenous groups include this reverence for the environment. This appreciation of the land and its role in one's daily life appears to be a value that also crosses between all people living on the reservation.

Recreation

Both for those who live locally, as well as for the large tourism draw and boost to the economy, the local community sees outdoor recreation options as a major source of strength. Information from the Lake County Community Development Corporation, the Tribal Annual Report and the Bureau of Economic Statistics shows that between the lake, the mountains and the river, all in pristine condition, the local community and its residents receive a significant economic boom from the high level of tourism. This includes both with jobs and activities provided to entertain those visiting the area. Beyond the core numbers that show the financial impact, those in the community described the opportunities they have for accessing outdoor services and programs as making life more worthwhile.

Salish Language Immersion School

People were very positive about the possibility for change presented through the Salish Language Immersion School. At this time, it is the only school of its type on the reservation and has seen great success with producing semi-fluent youth speakers. It is perceived as a symbol of hope and success.

Tribal College

Based on the number of community members, both tribal and non-tribal who have utilized the services and educational programs at Salish Kootenai College it is both a strength from a quantitative perspective but also in a qualitative manner as demonstrated within the comments and feedback provided by the survey and interview respondents. Many tribal department heads, tribal council members and employees with other leadership roles in the county all graduated from SKC. It continues to be perceived as a safe place for sharing knowledge and hosting events. Both tribal and non-tribal community members saw it as a positive environment and an asset to the entire reservation.

Cultural Traditions

Community members spoke of the pride they had in the ability of the tribal population to maintain cultural practices, while also reviving others. They mentioned the ongoing additions to certain local school curriculums around Native American subjects and practices. It was also noted that through outreach, more and more young people are learning skills such as beading, dance outfit construction and other traditional crafts. More and more youth have also been exposed to tribal elder's knowledge through storytelling and interactive programming. Another area given credit revolved around tribal departments efforts at environmental protection.

Family

Regardless of how difficult it might appear with certain family members to others, the concept and value of family was repeatedly named as one of the most important parts of the local community. "My daughter has been dealing with meth addiction problems for over five years. She has been in jail. I have taken her kids for her. She is out and going through rehab. I do not care about any of that. She is my kid," said one respondent. Another explained "I'm sure other groups and cultures value family. For us, those who were raised on the rez and never left this is all we know. Our family is truly everything." Those talking about family explained the times each year and in their life where their family connections were the one thing in life that kept them going. To those talking about family, the need to be part of a group and social setting, even if it at times was violent, dysfunctional, or unsafe made it alright. "We get pissed and we fight. But don't try to battle with us." Several tribal respondents explained that the family link, both as a relative and to the world of being Native American was something so deep and meaningful that it could not really be explained.

Youth Supports

One area seen as a significant area of prosocial support for youth, was the expansion of the Boys and Girls Clubs services and facilities over the last few years. Ronan now has a large location and is in the process of finishing a gym attached to the center. The Polson location just opened in a huge, brand new building. Together they serve hundreds of students each day. When speaking about it, people kept saying, "change can happen" and that this is an ideal

example of a “real, tangible solution” to supporting local youth. Respondents hoped the model and approach can continue and be connected to some of the outlying communities over time.

Reflections and Implications

It is easy to see only darkness when looking at a list of needs as massive as the one presented through the need’s assessment process for the local community. In completing the collection of qualitative data from community members, an area that had a surprising common theme was around tribal and non-tribal relations. This is a pressing concern across the community, particularly because of high profile issues such as the recent transfer of ownership of the dam to the tribe and the ongoing battles over control of other water interests on the reservation. These two situations have raised extreme positions from across the spectrum with an array of ongoing public hearings, written letters in all local publications and ongoing debates on social media. Through the last few years, these disagreements over control of resources and decision making have often taken a more hurtful and even hateful tone, with racial comments being tossed out on a regular basis.

Respondents noted the election cycle of this year had brought out some bitterness and people’s comments which will take time to recover from within the community. As has been noted, race and its role in all areas of society was mentioned across the local community in reaction to what was taking place with the presidential election. They said people have seemed more forward in saying unkind comments based around race or perceptions of race. The concern was mostly about how it will impact children and their views.

Respondents also identified the tensions brought out over the last year, with the COVID pandemic. Considering all this history and contemporary political unrest, the surprising theme that emerged from both tribal and non-tribal respondents was that on a personal level, they did not see this division as a problem. In fact, most of them said that when working on community projects, serving their clients, and sharing resources between agencies the tribal and non-tribal conflict was generally not an issue. As one person put it, “We all live together. I have known the heads of all those programs since I was a little girl. We have a relationship.” On the other hand, when looking at the bigger picture between the leadership of different groups such as the tribe, Lake County, the State of Montana, Federal positions, and other Federal departments, those responding said it was more of a 50/50 situation. “It is a challenge that continues-but people are getting past it,” said one survey.

A high number of respondents felt the local educational systems were either below average or poor. While recognition was given to the fact that each school has some good programs or educators, there was a general belief that as a community of learning, the overall outcomes were dismal. Quantitative data from various sources confirmed these beliefs to some extent when looking at outcomes for AP courses, core college preparatory classes, college entrance and test scores across all populations. However, when considering the outcomes for Native American youth in Flathead Reservation Schools, the outcomes are even worse, particularly with areas including retention and graduation. Along with the need for higher levels of graduation for Native American students being a top concern, the other highest rated educational issues were the need to improve basic literacy and critical thinking skills.

Two of the top concerns across all areas of data collection were salary levels and housing. Ongoing challenges of limited or unaffordable housing were the greatest overall threat to client stability. As one comment stated “Families are so doubled or tripled up that it is very hard for the children to get proper rest or nutrition. People are coming and going at all times.” Another

person said, “Housing is one of our greatest issues. The system has so many punitive methods that families can become exiled for years because of a mistake from five years ago.” One comment was “Levels of homelessness on the reservation are bigger than people think. No one wants to let others know they are living with someone from housing because that person could get in trouble-so no one sees the real problem.” Housing was brought up by every interview and focus group. One of the other big challenges was salaries. Many low paying entry level jobs do exist and can’t be filled. Several employers have reduced hours of operation because they can’t find enough employees. For those getting certain support services such as childcare assistance or energy supports, even a low salary can be a deterrent. In that situation, they work hard but barely get by and don’t have much time with their children. If they choose not to work and use the support systems, they get more time with their kids.

When asked to consider other challenges, respondents said leaving domestic violence situations, understanding parental rights, budgeting, and securing funding for higher education were the areas they saw repeatedly. Out of all of these, the top pick was the need for assistance with dealing with violence or leaving domestic violence relationships.

Mental health, drug abuse and trauma were also frequently identified as a major challenge within the community. Within the focus groups, as well as in individual interviews and through the surveys, these three issues were repeated again and again. When identifying challenges, another aspect that was brought forth again and again was the lack of enough or appropriate services for these areas. Recognition was given to the fact that some advancements have been made with increased services, including more providers, better hours, and the opening of new facilities with behavioral health programs. The lack of full rehabilitation services within the reservation was seen as a significant barrier. Trauma was mentioned as an unknown challenge to certain segments of the community including professionals in various services areas and education. Respondents believed that little training has been given to those in education in working or recognizing the impacts of trauma on their students.

More than 35% on the survey stated that services for families to deal with social and emotional well-being were limited. Others said the services were available, but people were fearful of using them. Many cited people’s fears of stigma or lack of confidentiality as a barrier for accessing mental health or addiction based services. Again, examples were brought out from the recent COVID situation in which people were not choosing to access services even though they might benefit from them because of fears about being identified.

An overwhelming 65% of survey respondents said the drug problem was not being properly addressed. Prescription drug abuse was also seen as a continuing problem. Individuals expressed frustration that the legal system could or would not do more. Several examples were cited as illustrating their frustration. On at least two recent cases, the charges were thrown out because of mishandling of the information or the warrants.

Several respondents from the focus groups raised an issue with the way those using drugs were being treated. Many thought the Wrapped In Hope Project which has evolved to help drug affected mothers and their children is a positive addition. However, they also expressed concern that the consequences for the mothers were not helping to change the dynamics. This was a tough area for community members to discuss. They understand it is complicated because of the need of the children and their future. Yet, they also saw the mothers as being responsible and not really recognizing their own role. New support services for those dealing with addiction provided by the Never Alone Recovery Hall and its programs was identified as a wonderful addition to the community.

Top health concerns for the community that were seen on surveys and in the focus groups were the level of obesity, lack of exercise or physical movement, poor nutritional choices, and diabetes. Comments about obesity and the overweight segments of the population were clear about the problems. “People are in a culture of overeating and not moving enough,” said one person. Another one said, “It is a fine line between accepting people who are overweight and in a sense enabling or even encouraging people to eat too much or to be unhealthy.” One person said “I think the tribe could really help with this problem since it has so many employees. I know they have tried some steps in the past, but they need to be more aggressive and change the atmosphere or environment. Everyone should have break times at least twice a day for just taking a 10 or 15-minute stroll. How hard would that be?”

Other Implications

Even though the Flathead Reservation and Lake County cover a wide geographic area, the population is small and spread out over seven small communities. These small, diverse communities that are often separated by many miles present one of the greatest, ongoing needs in relationship to systems and services. Neither the tribe, the county, the state or other non-profit service agencies have the resources or personnel to have staff and offices in all these locations. As a result, services tend to be centrally located in one or two communities which are not easily accessible to residents of the outlying areas. A commonly referenced need was the lack of transportation services. Although some advancements have been made in the last few years regarding the provision of cross reservation services by Flathead Transit, the hours and routes are still limited. In addition, there are no services in the evenings and on weekends.

Another area of need that emerged was the inability of the various major communities to be able to connect on scheduling, programming, planning, and sharing of resources. This is a strange conundrum for these communities. On the one hand, each one is trying to maintain their own identity, historical role, cultural traditions, and sense of place. As small struggling towns, with little economic development, each one is striving for independence, which can include how their schools are recognized. From a systems perspective, the problem is that it would appear from comments provided, as well as services being delivered, that there are many types of programming where the communities could collaborate or seek joint funding and have more success. However, these historical divisions and sense of competition between the communities prevent certain types of collaboration or even mutual planning. Examples of how this was a cross reservation challenge was also cited by the fact that the different school districts do not share similar holidays. Some take off MLK Day and some don't. Others celebrate President's Day and others don't. The list goes on and on. Further, the tribe also has its own specific holidays. This might seem simple, but it is an issue for childcare, access to the Boys and Girls Club (the only consistent non-educational setting afterschool program on the reservation), planning for activities, coordination of sporting/music/theater rehearsals and much more.

Over the last several years, it appears from all sources and information provided, that a wide range of silos have been brought down that had existed for many years. This included silos within the tribal community, within the non-tribal community and between the two areas. Dissolving these silos came in part on a, one-to-one level or because of the ability of leaders from one program to reach out to others. Unfortunately, this dissolving of existing silos did not spill over to the schools or separate towns. Still, strides have been made with planning, trainings, sharing resources and seeking outside funding that have influenced choices with the two major hospitals, Tribal Health, Early Childhood Services, Tribal Social Services, Tribal Department of

Human Resource Development and Lake County. These groups have come together around several major projects promoting overall community capacity including a wide range of trainings and co-hosting of activities.

Two main factors were discussed that impact capacity. First, is how the local infrastructure is split between tribal and non-tribal community members. This challenges all systems and makes it hard for clients to understand or know where they need to go for services. Some might think that more systems or support are going to automatically be better. That could be the case if the systems were more integrated. Community members repeatedly expressed frustration with the divisions they see within the health care world and specifically with areas dealing with substance abuse or mental health. Secondly, community members and professionals believe that there have been some improvements in investing with mental health services but not as much with substance abuse. The new Lake House (as of October 2020) service options were positive example that works with all community members. On the other hand, the substance abuse problems continue to escalate, and many respondents thought local leadership needed to be more aggressive in allocating funds to support rehab efforts.



“Solutions do exist. We need to look outside our comfort zone. Other towns are making changes that work. I think the Never Alone Recovery group has been working with a successful model from some other part of the country. We all need to do more of that...there is truth in not having to reinvent the wheel.”

Community Profile

With overlapping boundaries, the Flathead Reservation and Lake County provide the geographic borders for the Community Assessment completed for the Journey To Wellness Project. This community has 4,200 miles of roads, many only graveled and rural. The population is 30,850, with 4,440 children in public schools and over 300 in private or home schools.¹ More than 8,900 Native Americans (NA), from different tribes, including the Confederated Salish and Kootenai, the governing body for the area, live on Reservation. The Confederated Salish and Kootenai Tribes (CSKT), including the Salish, Kootenai, and Pend d'Oreilles Tribes are the government for this sovereign nation and governed by an elected tribal council. The CSKT employs nearly 1,400 people.² As of 2020, there were over 8,000 enrolled tribal members. Approximately 5,900 tribal members live on the Flathead Reservation.³

Unlike many other reservation or pueblo communities in the United States, the Flathead is one of only a few that has a majority non-Native population. Because the Reservation was opened to settlement by non-Indian homesteaders in 1910, a large percentage of the of the original treaty lands held in trust for Tribal members were converted to “fee” land owned by others. This has resulted in a County managed under multiple jurisdictions, primarily including the Tribe and County, but also the State and Federal Governments. Polson is the county seat and the state’s 18th largest city.

Although the majority is non-Native, the minority controls most of the land and other resources.⁴ This split in population contributes to ongoing areas of dispute and political division. Even though it is a reservation and the tribal government has control over many areas, the non-tribal population outnumbers the tribal population by more than 3 to 1.⁵ Unfortunately, this issue is an ongoing community dynamic that has promoted various levels of battling over water rights, land management, climate change, roadways, education and access to services.⁶ Impacts of this split are still being studied but there is speculation that is contributes to the feelings of alienation and separation that have been expressed by many in the tribal population.⁷ Over the last 100 years, with the influx of a non-tribal population, both the Salish and the Kootenai people have watched the destruction of their languages, which are both now on the endangered language list.⁸ Additionally, the tribal population has seen other impacts on cultural and spiritual practices, as well as within the local schools.

The Flathead Reservation’s extensive road system has over 4,172 miles of Tribal, Bureau of Indian Affairs, state, county, and city roads. Primary access to the Reservation is by U.S. Highway 93, which runs north and south through the eastern side of the Reservation. Highway 28 connects the northern portion of the Reservation to the western half and Highway 200 runs east and west along the southern portion of the Reservation. Along the eastern side of Flathead Lake, in the northern portion of the Reservation, Highway 35 is the main arterial. Nearly 1,600 miles of public roads and 2600 miles of Tribal roads currently serve the Reservation.⁹

¹ Montana Office of Public Instruction & Lake County Superintendent of Schools, 2020.

² CSKT Annual Report, 2018. Reviewed, 2020.

³ CSKT Enrollment Office, 2019.

⁴ CSKT Government, Lake County and Montana Public Records, 2020.

⁵ US Census Data and ACS Report, 2020.

⁶ Char-Koosta News, Lake County Leader, Valley Journal-various stories, 2015-present.

⁷ YRBS Report, 2019, BRS Survey, 2016, Prevention Needs Assessment, 2018 and personal interviews, 2020.

⁸ Administration for Native Americans, 2016.

⁹ Bureau of Indian Affairs, Montana Department of Transportation, and the Flathead Comprehensive Resource Plan, reviewed, 2020..

Community Profile

“I came back because I love this place. There is so much to love about it.”



“People are fearful of what they can’t control. Look how they responded to COVID.”



“Why do we still drive and drink? People know it is a risk. And why escape with drugs? No one says it is going to be easy. People are taking risks and keep taking risks because they feel alone. They are not having good relationships. Many feel lost.”

Community Profile

Lake and Sanders counties have extensive rural road networks on the Reservation. Most are gravel roads and are generally in fair to good condition, with more than a quarter being paved or having a chip seal coating. State-maintained roads within the Reservation generally have a fair or good surface condition. The Montana Department of Transportation has built several safety roadway improvements on U.S. Highway 93 and has reconstructed several miles of Montana Highway 200.¹⁰ U.S. Highway 93 traverses the Flathead Indian Reservation for fifty-five miles along the base of the Mission Mountains on its way to Glacier National Park. The corridor is home to grizzly bear, elk, deer, painted turtles, and several fish and birds. This famous highway has over the last decade been reconstructed as a “visitor”-respectful of the land, the people, and the wildlife—demonstrating ways the land can shape the road, restoring sensitive wetland habitats fragmented by the road, respecting the way of life in the rural towns along this historic route, and giving travelers a deeper understanding of this scenic cultural landscape.¹¹ It had a total of over 820,000 daily vehicle miles travelled and a mileage total of over 1,500,000.¹²

The main Reservation communities include Pablo, St. Ignatius, Arlee, Charlo, Dixon, Elmo, Dayton, Big Arm, Hot Springs, Polson, and Ronan. Pablo, located in the east central section of the Reservation, is the site of the headquarters of the Confederated Salish and Kootenai Tribes, Salish Kootenai College and Two Eagle River School, with more than 2,200 residents. It is also the location of the CSKT museum and art facility, The People’s Center. St. Ignatius is the location of the Tribal Health Department, the agency which manages health care for the Flathead Reservation. It is primarily an agricultural community of approximately 800 persons. The Arlee area, situated on Highway 93 in the southeastern tip of the Reservation, is one of the fastest growing communities on the Reservation, due to suburban impacts from Missoula. Agriculture and logging are its primary economic activities. It is home to approximately 640 people.

Charlo, with a population of 350, is an agricultural community located in the east central section of the Reservation, 15 miles from St. Ignatius. Its name is taken from that of one of the great Salish Chiefs. Dixon is in the south central section of the Reservation, with a population of 209. It is one of the smaller towns, with limited services. Elmo and its two sister towns, Dayton and Big Arm are located approximately 50 miles north of St. Ignatius on Highway 93 on the west shore of Flathead Lake. The Elmo area is a population center for the Kootenai people of the Tribes. Census figures show 180 people in Elmo, 80 in Dayton and 240 in Big Arm. Sources of income for residents include logging, post and pole harvest, and some small ranches. Hot Springs has over 500 residents and is located on the far west central section of the Reservation in the Little Bitterroot River drainage. Chief sources of income for residents are logging and farming. Polson, with 5,000 residents, is the seat of Lake County and is situated on the south shore of Flathead Lake in the northeastern area of the Reservation. It is the largest community on the Reservation, as well as a center of tourism, light industry, and trading for a relatively large area. Ronan, situated in the east central portion of the Reservation, is the hub of a large agricultural center, home to a hospital and a shopping area for outlying communities. Approximately 2,000 people live in Ronan.¹³

¹⁰ Bureau of Indian Affairs, Montana Department of Transportation, and the Flathead Comprehensive Resource Plan, reviewed 2020.

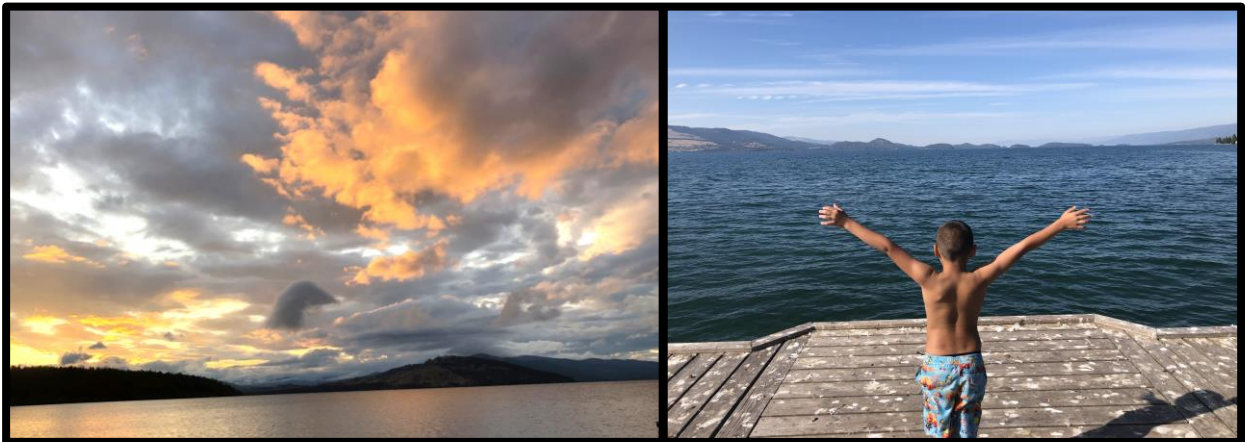
¹¹ *Ibid.*

¹² Montana Department of Transportation Annual Report, 2020.

¹³ American Community Survey, Census Bureau, 2020.

Community Profile Special Features

Within the area are several other special features which serve as sources of employment, education, recreation, and tourism. They also produce a virtual outdoor playground for those living in the community. First on this list, is Flathead Lake. It is the largest natural freshwater lake west of the Mississippi in the lower 48 states, with over 200 square miles of water and 185 miles of shoreline. The southern half of Flathead Lake is within the boundary of the Confederated Salish and Kootenai Tribes Flathead Reservation. Recreationists must purchase a tribal recreation permit when utilizing this area of the lake or other outdoor locations. Montana Fish Wildlife and Parks maintains thirteen public access sites around the lake. These sites include: Sportsmans Bridge, Somers, Big Fork, and Juniper Beach fishing access sites; Wayfarers, Woods Bay, Yellow Bay, Finely Point, Walstad Memorial, Big Arm, and Elmo state recreation areas, which have toilets, boat launch, camping, swimming and picnic facilities; and West Shore State Park, located twenty miles south of Kalispell on Highway 93. Also located along the west shore near Big Arm is Wildhorse Island, a 2,165-acre state park. The park is accessible only by boat and is a public day use and picnic area only, no overnight camping. Recreation on and around the lake includes sailing, power boating, waterskiing, swimming, fishing, picnicking, and camping. In the summer, roadside stands along the east shore offer a variety of locally grown cherries, apples, plums, and other fruits. Numerous motels and rental cabins, in addition to public campgrounds are scattered all around the shoreline.



Next up is the Mission Mountain Wilderness. High mountain lakes. Impressive mountain views. Wild landscapes. Solitude. These are just some of the words used to describe the Mission Mountain Wilderness. Managed by the Forest Service, with a trail system to lead one to the more popular lakes, and plenty of countryside to practice wilderness route finding skills, the Missions has something for every type of recreationalist. Take kids on an easy hike to Glacier Lake. Or face a more challenging adventure and use of wilderness skills traveling to Mollman Lakes. People enjoy the Leave No Trace atmosphere as they walk along litter-free trails, watch wildlife that has not been tamed by food handouts from people, and challenge each other on who can hang a better bear bag. The Mission Mountains Wilderness is bordered by the Salish- Kootenai Tribal Wilderness which is managed by the Confederated Salish and Kootenai Tribe and has special access restrictions. Together, the Forest Service and the CSKT have developed a shared, collaborative approach to maintaining this pristine region. These mountains are part of the larger Northern Continental Divide Ecosystem (NCDE), the lands in and around Glacier National Park

and the Bob Marshall Wilderness. The NCDE is home to the Lower 48's largest estimated grizzly bear population, with roughly 1,000 grizzlies calling the area home.

Another memorable locale is the Ninepipe National Wildlife Refuge, set up in 1921. It is managed by the U.S. Fish and Wildlife Services, as part of the Western Montana National Wildlife Refuge Complex. Established primarily for waterfowl, the large refuge includes reservoirs, marshes, and grass uplands. The reservoirs are used primarily for irrigation water storage. Drawdowns in the irrigation season result in much fluctuation of the water level. Numerous glacial potholes in the vicinity hold water throughout the year and furnish excellent habitat for nesting waterfowl. Waterfowl numbers vary through the year with concentrations in spring and fall. Spring migration is at a peak from late March to early May when as many as 100,000 birds may be observed.



Next to the Ninepipe Refuge is the National Bison Range (NBR), a National Wildlife Refuge, established in 1908 to provide a sanctuary for the American bison. The NBR is one of the oldest National Wildlife Refuges in the United States. The size of the bison herd at the NBR is between 350 and 500 individuals. Today the refuge serves as the central point for bison research in the United States. It consists of approximately 18,800 acres and is currently managed by the U.S. Fish and Wildlife Service. The NBR has a visitor center, and two scenic roads that allow vehicular access to prime viewing areas.

An adventure awaits on the next featured sight, the Flathead River. Coursing the western boundary of Glacier National Park, Montana, this is a noted spawning stream for kokanee salmon. The Flathead River, running through northwestern Montana, originates in the Rocky Mountains near Glacier National Park and flows southwest into Flathead Lake, then after a journey of 158 miles, empties into the Clark Fork. The river is part of the Columbia River drainage basin, as the Clark Fork is a tributary of the Pend Oreille River, a Columbia River tributary. The river is a Class I for purposes of recreational access and famous for floating, rafting, and other pursuits, such as bird watching and checking out the views. All the headwater's forks are entirely or in part designated National Wild and Scenic Rivers.

Another important location is the Seliš Ksanka Qlispé Dam, a thriving business and popular tourist and hiking venue. The hydroelectric operations at the dam provide energy annually for 5 or more of the state's top 21 companies. Some examples include the Phillips 66 Refinery in Billings, Cenex, Benefits Health System of Great Falls and Project Spokane, a data center at the former Bonner Mill in Milltown east of Missoula. Other clients are scattered

throughout the country, in multiple states, all connected by a power grid that is linked between locations. The dam, which was built in 1938 on the Lower Flathead River and named after Montana Power Co.'s then-president Frank Kerr. Through an extensive process, the dam was purchased by the Confederated Salish and Kootenai Tribes in 2015 and renamed to better reflect the community. Management and operations are under Energy Keepers, a tribal enterprise.

Another stop involves feathers and fun. It all began with a fascination for owls. In 1988, in Charlo, Montana, when the Owl Research Institute became official, they did not really imagine themselves as a conservation group. It was just about the owls. Climate issues, habitat loss and declining owl populations, however, have forced the program to approach research in a new light. Great Gray, Snowy, Barn, Flammulated, Northern Hawk Owl, Northern Pygmy Owl and a variety of other species all have been part of the research journey for the institute. More and more, a substantial portion of their work focuses on understanding causes behind trends in the data. After 30 years of field work and research, it is less about discovering owls and more about protecting their future. The Owl Institute also provide a range of educational programs.



Since 1899, the Flathead Lake Biological Station, University of Montana has been offering vital research and educational experiences. It is the second oldest biological field station in the U.S. and the oldest west of the Mississippi River. The Flathead Lake Biological Station is located on a peninsula that shelters Yellow Bay from the main body of Flathead Lake. The grounds include a brook and old growth stand of Douglas fir, ponderosa pine and larch. The station has land on Bull Island and Polson Bay, and co-manages the Bird Islands. It has one of the oldest, contiguous lake datasets in the world. Research is carried out on a watershed fed by Glacier National Park and other pristine wilderness areas, focusing on both natural processes and human-induced effects. Education is offered including field-based summer ecology courses, as well as graduate level studies in ecology and limnology. The Flathead Lake Biological Station staff believe it is essential that science should be disseminated to the greatest number of people, including the local citizenry and the worldwide community. Flathead Lake Biological Station offers community presentations, expert seminars, and interactive field-based classrooms.



**FLATHEAD LAKE
BIO STATION**
UNIVERSITY OF MONTANA

Lake County Age and Population Trends						
Area	Data Type	2012	2014	2016	2018	2019
Lake County	Median Age	41	42	42	43	43
Montana	Median Age	42	40	40	40	40
Lake County	Population	29,025	29,204	29,709	29,744	30,458
Montana	Population	1,004,000	1,023,252	1,041,000	1,061,000	1,069,000

Definition: The age where half the population is older, and half the population is younger.

Data Source: U.S. Census Bureau, Population Estimates, October 2020.

Workforce

Healthcare, tourism, retail, and government services are the largest employers for the Flathead Reservation and Lake County. Industrial and manufacturing activity, while increasing in Lake County, has traditionally struggled as a major industry. Light manufacturing plants provide a steadily increasing number of jobs, with Jore Corporation, dba Rocky Mountain Twist, employing over 200. Pablo is home to S&K Electronics, a defense contractor manufacturing electronic products. S & K Technologies, located in St. Ignatius, is the parent organization for seven enterprises involved in things as diverse as defense and logistics to wildland restoration. Energy Keepers is based in Polson and has ownership and management of the dam.

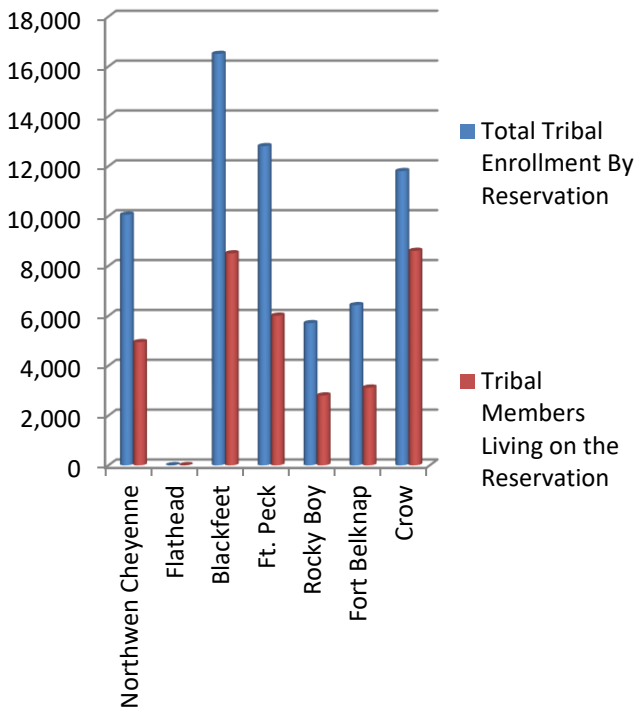
Lake County Largest Employers		
Business/Non-Profit Name	Class	Number of Employees
Black Mountain Software	4	20-49
Home Caregivers	4	20-49
S&K Electronics	4	20-49
Energy Keepers	4	20-49
Designs For Health	5	50-99
Glacier Bank	5	50-99
McDonald's-Polson & Ronan	5	50-99
Mission Valley Power	5	50-99
Safeway	5	50-99
Western Bee	5	50-99
S&K Technologies	5	50-99 local (Nationally-900+)
Salish Kootenai College	6	100-249
Tribal Health	6	100-249
Jore Corporation/Rocky Mountain Twist	6	100-249
Mission Mountain Enterprises	6	100-249
Providence St. Joseph Medical Center	6	100-249
Walmart	6	100-249
Super 1 Foods/Harvest Foods Ronan	6	100-249
St. Luke Community Healthcare Network	7	250-499
Confederated Salish and Kootenai Tribes	9	1000 and over

Confederated Salish and Kootenai Tribes

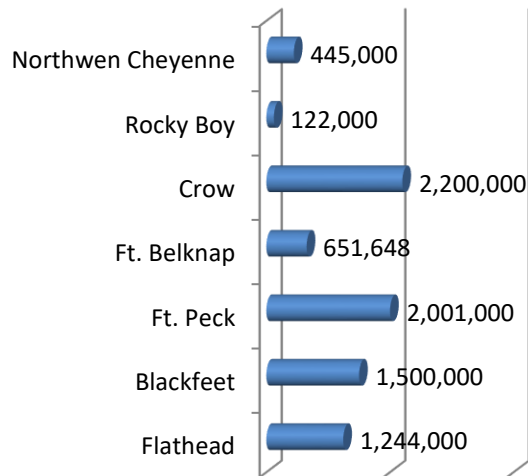
For nearly a century the Confederated Salish and Kootenai Tribes have demonstrated a progressive, innovative, and proactive approach to solving the problems facing their community. Coming together in a unified and forward looking manner, the Confederated Salish and Kootenai Tribes was the first tribe in the entire United States to establish a government body with a formal constitution and charters, following passage of the 1934 Indian Reorganization Act. From that moment forward, the tribe has continued to be proactive, taking a leadership role in a wide array of social, cultural, business, and natural resource development efforts. Over time, the tribe has built an impressive infrastructure founded on a platform of communication, engagement, and action. The tribes have held to a core group of principals that embrace mutual respect, individual freedom, social change, education, community development and long-term sustainability. All of this has been guided by an intrinsic belief in the value of the natural world and the importance of family within a society.

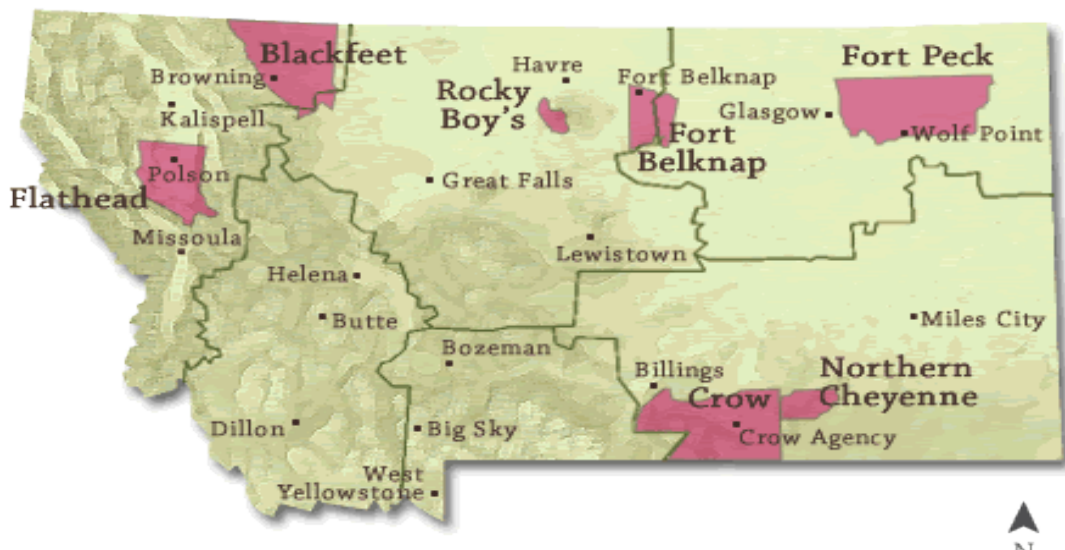
Since the early 1970’s, the Confederated Salish and Kootenai Tribes has vigorously pursued a “government to government” relationship with the United States. CSKT has been awarded many contracts, grants, and cooperative agreements to operate and administer a variety of programs and projects. In addition, CSKT manages an electric utility, the Department of Human Resource Development, environmental resources, seven Head Start Centers, a transit system, a Historic Preservation Office, Salish and Kootenai Culture Committees, a museum, a bank, a Housing Program, Natural Resource Programs, Salish and Kootenai College, and several for-profit businesses. The tribe also administers a tribal credit program and has a youth home. For many years, the tribe has had its own legal department and operates a full judicial system. Documentation of CSKT’s excellent record of operating Federal programs as Tribal programs can be found in the annual evaluations conducted by the Office of American Indian Trust.

Reservations In Montana-Enrollment



Reservations In Montana-Size in Acres





CSKT's Executive Team and staff are responsible for the tribes' financial management, which includes the investment of tribal dollars, accounts payable, accounts receivable, and payroll for a 1,200 member staff. The Accounting System is certified annually by external auditors who conduct the audit in accordance with the standards and guidelines set forth in the Single Audit Act, OMB Circular A-133. Both financial statements and internal controls are viewed favorably in the audits

Under the conditions of a PL 93-638 Title III Compact with the Department of the Interior's Bureau of Indian Affairs (BIA), CSKT has assumed all the functions of the BIA Agency and the non-inherent federal functions of Area and Central Offices. Currently, services once provided by the BIA now administered by CSKT include: Social Services, General Assistance grants, Foster Care, Law Enforcement, Land Services, Agricultural Services and Range Management, Weed Control, Title Plant, Probate, Forest Management, Road Construction and Maintenance, a Safety of Dams Program, Fire Pre-Suppression with a cooperative agreement for Fire Suppression, and Water Management. Within the terms of the PL 93-638 Title III Compact with the Indian Health Service, CSKT manages the reservation health care delivery system, consisting of Tribal Health, Tribal Human Services, and the Indian Health Service.

Historical tribal benchmarks:

- In 1978, established Salish Kootenai College which has successfully served the people of the Reservation with fully accredited Associate and Bachelor degree programs for over 40 years.
- In the 1980's, the tribes successfully applied to Congress to manage the Mission Valley Power Company, which serves the Reservation. They also negotiated a second 50-year license with Montana Power Company for Kerr Dam and its power plant. Rent on the dam increased from \$1 million a year to \$14 million.
- The CSKT Tribal Council in 1987, adopted the Mission Mountains Tribal Wilderness Buffer Zone Management Plan (revised, 1993).
- In 1990, the tribes negotiated a deal with the state to oversee hunting, fishing, and recreation on the Reservation. Non-Indians must now buy tribal permits for such activities. Five years later, the tribes won the right to set water-quality regulations on the Reservation.

- A new business enterprise was started in 1992, with construction and operation of the KwaTaqNuk Resort in Polson with over 100 guest rooms and meeting space. The facility has been renovated over the last few decades and now has a casino. It is a source of revenue and employment for the area.
- In 1995, the tribes forced the Yellowstone Pipeline company to move operations from the Reservation because of repeated petroleum leaks that contaminated groundwater - despite the pipeline's million-dollar-plus offer to renew the 50-year lease.
- Adding to the community, the tribe built and started operations of a museum and cultural venue with the opening of The People's Center in 1995.
- In 1999, the tribes settled a case with ARCO, which has legal responsibility for more than 100 years of mining pollution on the Clark Fork River. Although polluted areas are not located on the Reservation, the tribes have treaty hunting and fishing rights in most of western Montana and a large area in Idaho. The tribes are using the multimillion dollar settlement to rehabilitate streams on the Reservation.
- In 1999, the Montana Department of Transportation, the Confederated Salish and Kootenai Tribes, the Federal Highway Administration began an Access Management and Classification Plan for Access Control on U.S. Highway 93. The three governments managed to close or consolidate over 50% of the existing driveways onto U.S. Highway 93. The government's access management project set the stage for the eventual U.S. Highway 93 design negotiations.
- In 2000, the Montana Department of Transportation, the Confederated Salish and Kootenai Tribes, and the Federal Highway Administration signed a Memorandum of Agreement (MOA) that provides for "preferred conceptual roadway improvements, including lane configurations, design features, and mitigation measures" for 41.4 miles of U.S. Highway 93. The MOA emphasizes the "Spirit of Place" that recognizes and respects the cultural and ecological values of the Flathead Indian Reservation and addresses the safety and efficiency elements of the highway. The major elements of the highway design include improved two, three, and four lane segments of the highway that are complimented and enhanced by wildlife crossings, rural and town site landscape design, pedestrian facilities, interpretative centers, and environmental mitigation to water and land resources previously impacted by highway development.
- Only a few years ago the National Trust for Historic Preservation had placed the Flathead Reservation on the list of the 11 most endangered places in the United States because of the originally proposed expansive highway construction that was to tear across the reservation. Today, that listing has been removed because of the efforts of the tribes and other key partners including the grassroots Flathead Resource Organization who promoted less destructive alternatives for the design and construction of the roads. A Memorandum of Agreement between the Tribes and the Montana Department of Transportation (MDOT) created a working relationship that prompted collaborative design solutions to avoid impacting sensitive cultural areas.
- The Flathead Indian Reservation Forest Management Plan (FMP) was approved in 2000. Under the FMP, the Buffer Zone was classified as "Unavailable." The unavailable classification indicates that the area is not available for commercial forest management activities. This decision was based on a poll of Tribal members in 1995, which indicated that Tribal members did not favor timber management activity within the Buffer Zone.

Poll results led to a Tribal Council motion to prohibit commercial timber harvest within the Buffer Zone.

- Set up full Salish Language Immersion School, NwKusm in 2002.
- In 2004, Harvard University's Kennedy School of Government Honoring Nations Program recognized the CSKT's self-governance success with the High Honors Award. Only eight recipients receive this award annually.
- Started operations of second major gaming location with Gray Wolf Peak Casino in 2008.
- In 2015, the tribe took full control of the Kerr Dam Program, a significant source of income and influence. It has been renamed SĒLIŠ KSANKA QLISPĒ.
- For over 15 years they have operated S&K Technologies, a global business enterprise that provides support for a wide range of services including software, robotics, and engineering. In the last five years, the enterprise has been awarded several multi-billion dollar contracts.
- In 2016, the decades in making CSKT Water Compact moved forward for Congressional review following negotiations and public meetings.
- Updated and expanded Gray Wolf Peak Casino in 2016 to more than 30,000 square feet and 300 machines.



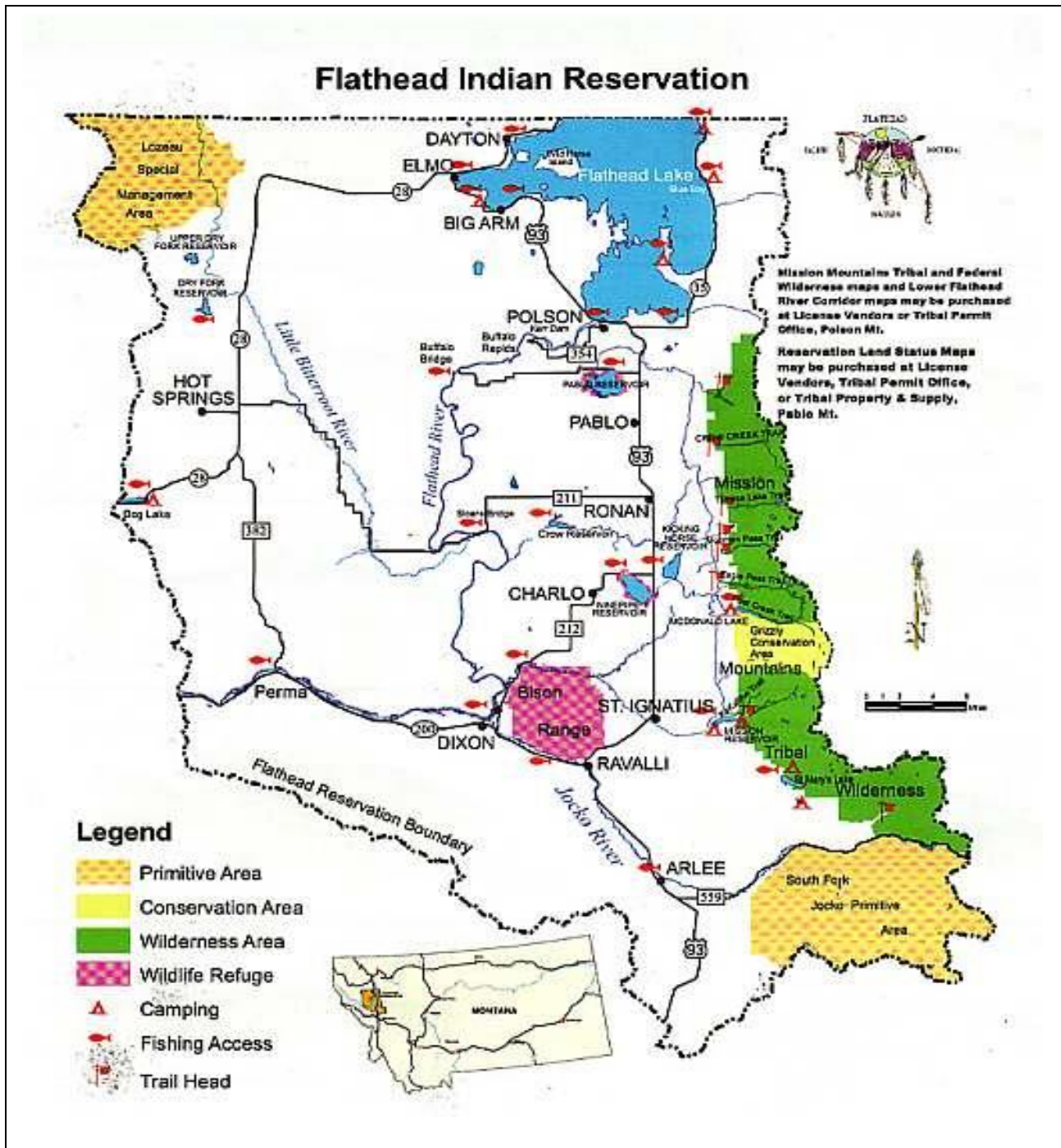
Historical Context

Originally, the Salish, Pend d'Oreille and Kootenai Tribes lived between the Cascade Mountains and Rocky Mountains. These aboriginal territories spanned over 20 million acres of what is now known as western Montana, northern Idaho, and parts of southern Canadian provinces. On July 16, 1855, the Tribes ceded most of this land, reserving about 1.3 million acres, through the Treaty of Hellgate. This formed the Flathead Reservation in Montana. The Reservation is in Northwest region of the United States, in western Montana on the Flathead River. It comprises the lower quarter of the Flathead River Basin and encompasses the south half of Flathead Lake and the Lower Flathead River. It includes portions of Lake, Sanders, Missoula, and Flathead Counties. Over 800,000 acres are owned and managed by the Tribes and its membership. However, Tribes' territory is fragmented due to the Flathead Allotment Act. This Act opened the Reservation to non-Tribal members in 1910.

As a confederated tribe, the CSKT has two distinct language groups. The Salish-speaking tribes—the Salish and the Pend d'Oreilles originated from one language family and the Ksanka band, one, of the seven bands of the Kootenai Tribe comes from a completely different language group. On the Flathead Indian Reservation, the designation—Confederated Salish encompasses not only the Bitterroot Salish and the Pend d'Oreilles, but also Kalispell and Spokane Indians who settled on the Reservation. Thousands of years ago, this ancestral Tribal group divided into several different bands that later became tribes and occupied much of the Northwest, from British Columbia to Montana and beyond. Some bands lived throughout Montana from the Bitterroot to the Yellowstone valleys; the Pend d'Oreilles eventually settled in the Flathead Valley; and a band of Kalispell camped along the Flathead River near Perma, Camas Prairie and Paradise. Today, all tribal groups are actively engaged in ways to prevent the demise of either language.

Each of the Tribes on the Reservation is culturally unique and has its own belief system, yet all three are similar in at least two fundamental ways. The first is that each holds knowledge of the natural environment. The second is that each has a profound respect for all of creation. Both traits have enabled the Tribes to survive for thousands of years. The subsistence patterns of Tribal people developed over generations of observation, experimentation, and spiritual interaction with the natural world. This has created a body of knowledge about the environment closely tied to seasons, locations, and biology. This way of life was suffused with rich oral history and a spiritual tradition in which people respected the animals, plants, and other elements of the natural environment.

In the last few decades, economic factors and the development of the local tribal college have been major draws for tribal members from other reservations across the country. Unlike many Indian Reservations, the Flathead Reservation is not isolated from the larger state and regional economies. Located in the center of western Montana's dynamic economy, the Reservation contributes to and is influenced by the region's development. This influx of other groups brings diversity to the Reservation as well as opportunities and challenges. Annually more than 1,000 tribal members from other communities come to the area for college, bringing their families. Some end up staying in the region. Over time others have become members of local families through marriage and are now raising their "split" families within the confines of the Reservation. These individuals are eligible for services and programs. However, because of the transient nature of a significant segment, it is often hard to pin down exact demographics relative to tribal group.



For many years, the tribes have participate in statewide transportation planning. Transportations projects are prioritized through cooperation and input from the Tribal Council and the Reservation Transportation Committee.

The Confederated Salish & Kootenai Tribes have always placed great value on the natural world and the environment. More than two decades ago they helped establish a natural lands corridor along the Mission Mountains, a protected corridor on the Flathead River, numerous protected recreation areas and was instrumental in making sure that changes along Highway 93 reflected cultural, environmental, and historical priorities of the tribes. Most

recently, the tribes completed a Climate Change Strategic Plan, representing an early step towards addressing the impacts of climate change on the Flathead Reservation in Montana. This initiative's purpose was to improve the Tribal community and Natural Resources resiliency by effectively informing climate change impact planning decisions made by the Tribes. It is designed to initiate collectively beneficial climate change impact mitigation and adaptation solutions. Climate change is expected to impact the Flathead Reservation. These impacts may substantially affect ways of life that have been at the core of Tribal culture for generations. As such, the significance of these impacts' merits special focus, especially related to the connection between traditions and issues of community resilience and sovereignty. The spirit and direction of the Salish, Pend d'Oreille and Kootenai people is founded upon and reflective in its cultural heritage. The cultural foundation of the Tribes is to be preserved as a living part of community life and development to give a sense of orientation to the Salish, Pend d'Oreille and Kootenai people. However, cultural resources of the Tribes are being lost, substantially altered, or destroyed with increasing frequency in the face of ever increasing energy, economic, residential, highway, sanitation, and public health developments.

The principle historic sources of income for the Tribes have been the timber industry and revenues from the co-license for the former Kerr Dam facility. The Tribes also operate the following enterprises and organizations:

S&K Technologies, Inc. is a federally-chartered corporation headquartered in St. Ignatius, Montana. It has six subsidiary businesses including S&K Technologies, S&K Aerospace, S&K Global Solutions, S&K Environmental, S&K Logistics Services and S&K Security Group.

S&K Gaming operates three properties—KwaTaqNuk Hotel and Casino, Big Arm Marina Bar and Gill and Gray Wolf Peak Casino.

S&K Electronics (SKE) is a high-tech manufacturing company in based in Pablo, Montana.

S&K Holding Company manages Boulder Hydro, a small-scale hydroelectric facility northeast of Polson, Montana, S&K Self-Storage and Sovereign Leasing and Financing.

Energy Keepers is the Tribal Corporation that manages the Tribes energy resources. It oversees operations of the SÉLIŠ KSANKA QLISPÉ Dam.

Salish Kootenai Housing Authority operates as a separate Tribal entity that maintains approximately 500 low-rent properties, 30 ownership properties, 19 transitional living units for homeless families and individuals, 60 trailer park lots, and 50 rental assistance slots.

Tribal Credit was established in 1936 to help raise the social and economic status of Tribal members by providing loans for purchase of property and homes.

Eagle Bank is the newest bank to be chartered on the Flathead Reservation. This community bank is owned by the Confederated Salish and Kootenai Tribes on behalf the Tribal members.

Lake County

Beginning in the early 1800's, outside groups started to move toward more contact with the indigenous people living in what would become Montana and Lake County. To begin this process, the United States acquired vast lands, through the Louisiana Purchase in 1803. The Lewis and Clark Expedition crossed through Montana, but bypassed Lake County between 1804-06. By 1807, the fur traders had arrived on the scene and the following year, the Northwest Fur Company sent David Thompson to explore in Montana and to set up trade with the Indians. Where the town of Libby stands (Lincoln Co.), the first trading post was built. In 1812, Thompson and his companions were some of the first white men recorded as seeing Flathead Lake. A great number of outsiders continued to be drawn to the area through the next half of a century, seeking fortune from the land and abundant wildlife.

Hudson Bay Company established the Fort Connah Trading Post in 1846, north of present day St. Ignatius, putting Angus McDonald in charge the following year. The Jesuit Father Hoecken and his party, guided by Chief Alexander of the Kalispels, arrived at "The Rendezvous." They founded the mission at St. Ignatius in 1854.

At Council Grove, near Missoula, Governor Isaac I. Stevens, acting for the U. S. Government, signed an agreement with Chiefs Victor of the Salish, Alexander of the Kalispel, and Michelle of the Kootenai to create the Flathead Indian Reservation, in 1855, officially known as the Hellgate Treaty. In 1856, the first Indian agent, Dr. R. H. Landsdale, established the Jocko Indian Agency within the area that would become the Flathead Reservation. Major John Owen became Indian agent at the Jocko Agency in 1856 and in 1857 the Jocko Agency closed. The Jocko Agency reopened with H. M. Chase as Indian agent in 1859 and in 1860 the U. S. Congress ratified the treaty signed in 1856 by Gov. Stevens and the three Indian chiefs. Major John Owen returned to the Jocko Agency in 1860, to begin fulfilling the treaty provisions and to set up the Flathead Indian Reservation. Duncan McDonald, Angus' son, took over Fort Connah in 1864, with it closing in 1871, to primarily end the fur trade in Lake County. The U. S. Government sent General James A. Garfield to draw up a treaty with Salish Chief Charlo, Chief Victor's son, to remove his tribe from the Bitterroot Valley to the Flathead Indian Reservation. In 1872.

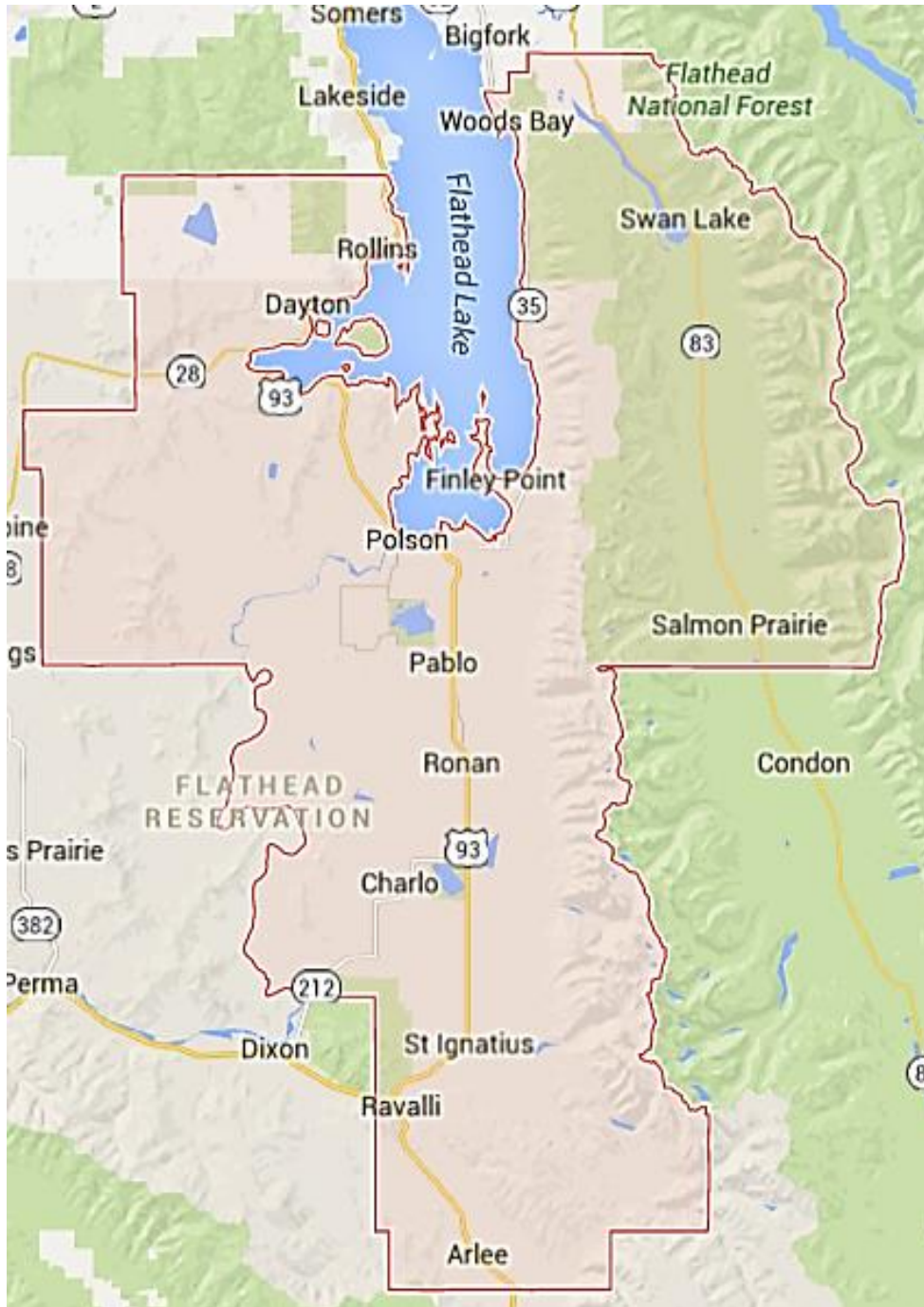
Major Peter Ronan was appointed Superintendent of the Indian agency at the Jocko Agency in 1873. In 1874, Walking Coyote brought the first buffalo into the Mission Valley. Charles Allard and Michel Pablo later bought them and began their famous herd. The new church was built at St. Ignatius in 1891. Chief Charlo and the tribe were forced to leave the Bitterroot Valley and settled at the Jocko Agency on the Flathead Indian Reservation. In 1908, the National Bison Reserve was set aside by Congress because of President Theodore Roosevelt's efforts.

Passage of the Enlarged Homestead Act in 1909 changed the Western part of the United States with the influx of people seeking a new life. One area that was popular for those taking advantage of the act, was Western Montana and the section that would eventually be designated as Lake County, within the sovereign nation of the Confederated Salish and Kootenai Tribes. Formed from Missoula and Flathead Counties, Lake County officially became a government entity in 1923.

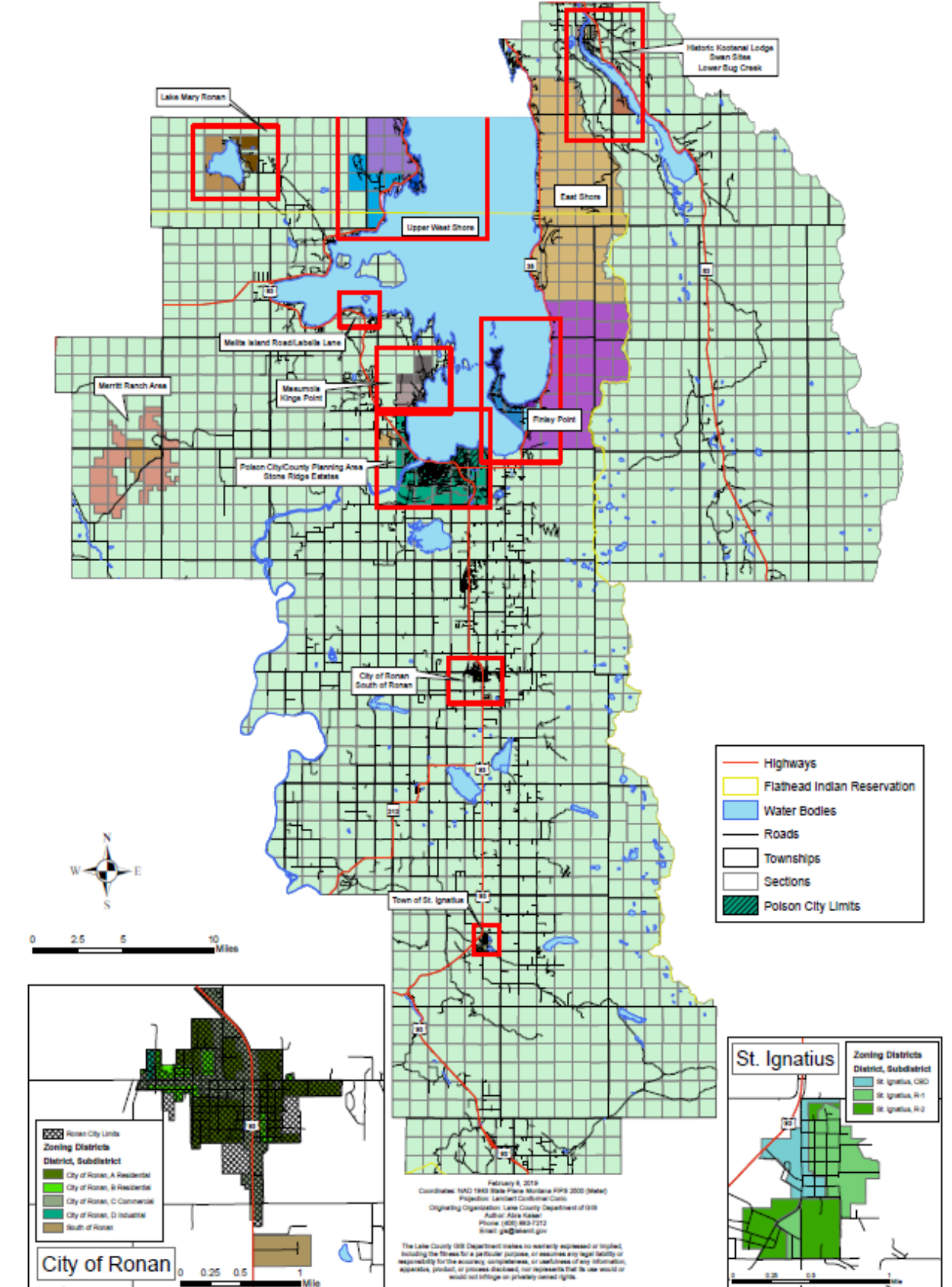
Since that development, Lake County government has grown, with the county seat based in Polson. Today, Lake County has oversight over government services including a significant road network, a health department, an airport, solid waste, a Sheriff's Department, a Prosecutor's Office, a court system, a Justice of the Peace, land and vehicle tax services, land surveys and

planning, environmental health, parks, and emergency management. Lake County also oversees several volunteer, community based boards and elected boards, including the Lake County Conservation District, various Fire Boards, Irrigation Boards, Library Boards, Parks and Recreation, Fair, Cemetery District, Airport, Health, Weed, Tax Appeal, and Planning. Lake County has a County Commissioners model for government operations. This commission is composed of 3 elected positions representing the entire county, based on districts and an election cycle that has one candidate every two years. Each commissioner serves for 5 years.

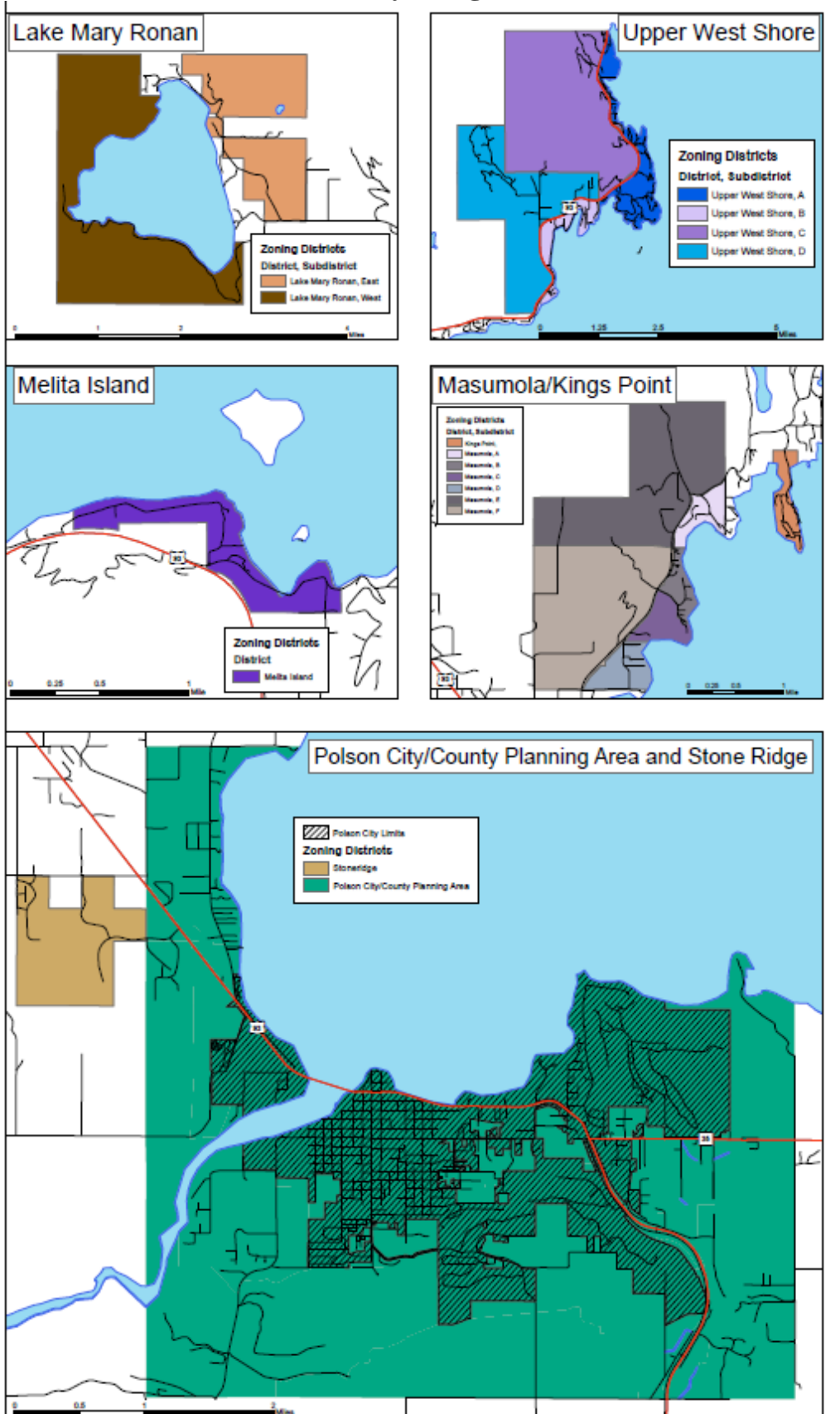
Lake County (Boundaries indicated)



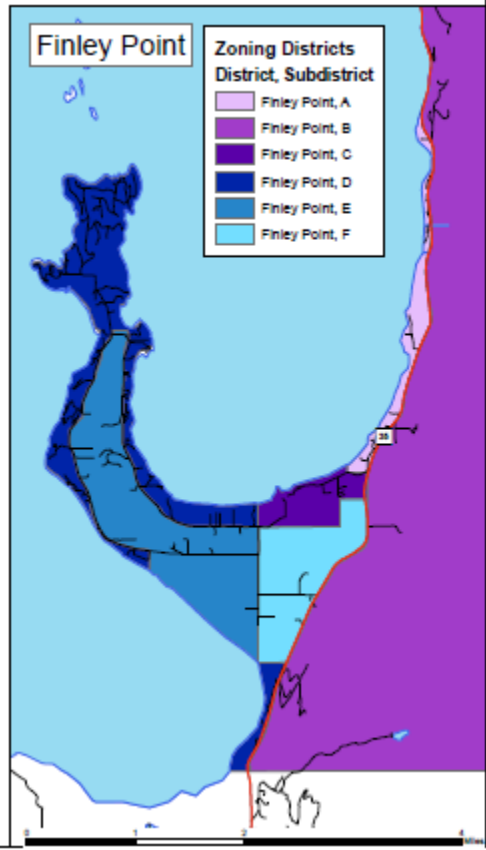
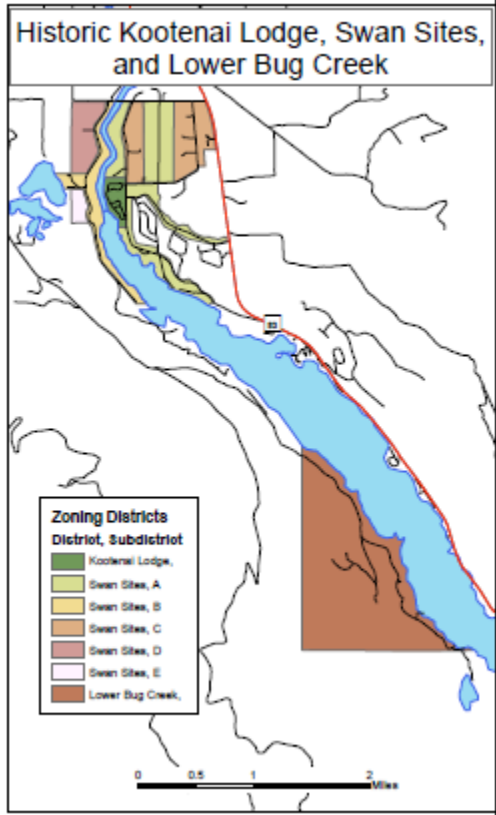
Lake County Zoning Districts



Lake County Zong Districts



Lake County Zoning Districts



Child Population Percent Under 19		2014		2018	
Age group	Data Type	Lake	Montana	Lake	Montana
Under age 5	Number	1,965	61,102	1,873	61,810
	Percent Under 19	25%	24.5%	24%	24%
Ages 5-9	Number	2,232	64,285	2,199	63,541
	Percent Under 19	29%	25.5%	27%	25%
Ages 10-14	Number	1,733	60,387	1,854	64,227
	Percent Under 19	22%	24%	24%	25.5%
Ages 15-19	Number	1,812	65,465	1,977	64,452
	Percent Under 19	23.5%	26%	25%	25.5%
Total Under 19	Number	7,742	251,239	7,903	254,030
	Percent Under 19	100%	100%	100%	100%

Data Source: U.S. Census Bureau, Current Population Estimates, October 2020.

Population Under Age 20 by Race and Ethnicity		2014		2018	
Group	Data Type	Montana	Lake	Montana	Lake
Total	Number	251,239	7,742	254,030	7,903
	Percent	100%	100%	100%	100%
White Only	Number	208,678	4,076	213,385	4,188
	Percent	83%	52%	84%	53%
AI/AN Only	Number	25,573	2,656	25,403	2,845
	Percent	10%	34%	10%	36%
Hispanic Origin	Number	14,269	547	15,241	553
	Percent	5.5%	7%	6%	7%

Definitions: Total Montana population ages 0 through 19, reported by race and by ethnicity. Other race categories not included.

Data Source: U.S. Census Bureau, Population Estimates, October 2020.

County Health Rankings & Roadmaps

Set up by support from the Robert Wood Johnson Foundation and maintained by the University of Wisconsin Population Health Institute, the County Health Rankings provide a profile covering various indicators for every county in the United States. The areas covered in the rankings support the idea that there are many factors that influence how long and how well people live, from the quality of homes and the safety of neighborhoods, to the opportunities one might have for good jobs and education.

The goals of the program are to:

- Build awareness of the multiple factors that influence health.
- Provide a reliable, sustainable source of local data and evidence to communities to help them identify opportunities to improve their health.
- Engage and activate local leaders from many sectors in creating sustainable community change.
- Connect & empower community leaders working to improve health.

County Health Rankings incorporates data from a variety of reports and other agencies. It annually updates the information contained and depending on the topic, sometimes uses averages for multi-year totals in certain areas. Even though there are more than 48 counties in Montana, only 48 had enough data and other information to be reasonable for including in the overall assessment process.

The County Health Rankings information is one source of important information because it also allows one to look at how other counties are doing for the same indicators. Other county information might provide insights onto successful approaches or similar challenges that are being experienced in other parts of Montana. It can also allow for connecting with other representatives to explore ideas or look for solutions.

Overall, Lake County is in the bottom 8 of all Montana counties for the majority of indicators found within the ranking system. In some areas, Lake County was comparable with other counties and the national average, such as poor health days. For other areas, Lake County indicates it has significant challenges or barriers. Under access to exercise opportunities, the county was well below the State of Montana and the top U.S. performers by between 20% and 40%. Alcohol-impaired driving deaths continued to be very high with 61% for Lake County, 45% for the State of Montana and the highest achieving areas in the US at 11%. Sexually transmitted infections is another area of significant disparity. Lake County had a rate of 591 positive results per 100,000 for chlamydia, compared to 434 in Montana and 161 nationally. 26% of Lake County children live in poverty, contrasted with a Montana rate of 16% and the highest U.S. counties at 11%. Suicide rates and firearm fatalities were much higher than the Montana and U.S. averages. Lake County indicated 77% of children qualified for free or reduced lunches, one of the top 5 levels of need in the state. (Big Horn and Mineral County were at 100%.)

Housing also had high levels of challenges under severe housing problems. This is the percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Under severe housing cost burden, which is the percentage of households that spend 50% or more of their household income on housing Lake County also was well above the average.

County Health Rankings

SECTION ONE-HEALTH OUTCOMES

In Montana, Madison County was ranked number one for Health Outcomes, which includes Length of Life and Quality of Life. Lake County was ranked 42 of 48 for this category. Stillwater County was top for Length of Life and Broadwater County was the best for Quality of Life.

Focus Area	Lake County Total	Montana Overall Average	Top Montana County	U.S. Top Performers	Lake County Rank
Length of Life	9,600	7,200	4,100 Stillwater	5,500	40/48

Premature Mortality includes all deaths to people under age 75-rates are age-adjusted to the US population. Since counties have different age make-ups, age-adjustment can help in comparing health measures between counties.

HEALTH OUTCOMES-QUALITY OF LIFE

Poor or fair health (Self-report)	17%	15%	11% Gallatin	12%	Lake County quality of life rank 43/48
Poor physical health days (Self-report)	4.2	3.8	3.0 Fallon	3.1	
Poor mental health days (Self-report)	4.3	3.7	3.2 Gallatin Richland Fallon	3.4	
Low birthweight (Under 2,500 grams)	9%	7%	3% Broadwater	6%	

OTHER HEALTH OUTCOMES-QUALITY OF LIFE (Not Part of Overall Ranking)

Infant mortality (Per 1,000)	8	5.6	4 Gallatin	3.8	Lake County was twice the top rate for infant mortality
Frequent physical distress (Adults report-14 or more days reported per month)	13%	12%	9% Richland Daniels Fallon	9%	
Frequent mental distress (Adults report-14 or more days reported per month)	14%	12%	10% Daniels Fallon	11%	
Diabetes prevalence (Over 20 diagnosed)	9%	8%	4% Gallatin	7%	
HIV prevalence (Per 100,000)	73	68	36 Park	41	

SECTION TWO-HEALTH FACTORS

Behaviors, Care, Social and Economic, Physical Environment

In Montana, Gallatin County was the top ranked overall for Health Factors. Granite County was top for Health Behaviors, Beaverhead County, top for Clinical Care, Fallon County the best for Social and Economic Factors and Wheatland County the overall for Physical Environment. Lake County had a Health Factors ranking of 41 out of 48.

Focus Area	Lake County Total	Montana Overall Average	Top Montana County	U.S. Top Performers	Lake County Rank
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HEALTH-FACTORS-HEALTH BEHAVIORS

Adult smoking (Percentage adult smokers)	20%	17%	13% Stillwater	14%	Lake County Overall Rank For Health Behaviors is 38/48
Adult obesity (Body mass index)	29%	26%	17% Gallatin	25%	
Food environment index (10 is best)	7.9	7.3	4.0 Wheatland	8.6	
Physical inactivity (Adult self-report)	22%	22%	13% Gallatin	20%	
Access to exercise opportunities	55%	75%	93% Missoula	91%	
Excessive drinking (Adult reporting)	18%	21%	17% Stillwater	13%	
Alcohol impaired driving deaths	50%	45%	11% Judith B.	11%	
Sexually transmitted infections	591	434	73.4 Madison	161	
Teen births (Age 15-19, 2012-18)	37	24	9 Gallatin	13	

ADDITIONAL HEALTH BEHAVIORS-(Not Included in Overall Ranking)

Food insecurity	14%	11%	9% Several	9%	Lake County vehicle crashes continue to be a challenge
Limited access to healthy foods	3%	8%	3% (Various)	2%	
Drug overdose deaths (Per 100,000)	13	12	NA	10	
Vehicle crash deaths (Per 100,000)	24	19	12 Gallatin	9	
Insufficient sleep (Self-report under 7 hrs.)	30%	28%	24% Gallatin	27%	

County Health Rankings

SECTION TWO-HEALTH FACTORS

Behaviors, Care, Social and Economic, Physical Environment

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Focus Area	Lake County Total	Montana Overall Average	Top Montana County	U.S. Top Performers	Lake County Rank
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HEALTH-FACTORS-CLINICAL CARE

Uninsured (Percentage under 65)	15%	10%	8% (Various)	6%	Lake County Overall Rank For Health Behaviors is 38/48
Primary Care Physicians (Ratio to pop.)	1,440:1	1,250:1	740:1 Park	1,030:1	
Dentists (Ratio to pop.)	1,160:1	1,390:1	1,010:1 Fergus Yellowstone	1,240:1	
Mental Health Providers (Ratio to pop.)	420:1	330:1	210:1 Missoula Deer Lodge	290:1	
Preventable Hospital Stays (Per 1,000)	490	314	64 Judith B.	276	
Mammography Screens (Age 65-74)	42%	42%	52% Judith B. Cascade	50%	
Flu Vaccinations (Medicare Enrollees)	38%	42%	56% Beaverhead	53%	

ADDITIONAL CLINICAL CARE (Not Included in Overall Ranking)

Uninsured Adults (Age 65+)	19%	12%	8% (Various)	7%	Access to primary care is limited by location
Uninsured Children (Under 19-% without)	8%	6%	4% Gallatin Lewis and Clark	3%	
Other Primary Care Providers (Ratio of pop. to physicians other and primary care.)	1,008:1	803:1	437:1 Daniels	665:1	

HEALTH FACTORS-SOCIAL AND ECONOMIC

High School Graduation (Per 1,000)	89%	86%	96% Phillips	96%	Lake County Overall Rank For Health Behaviors is 38/48
Some College	62%	68%	81% Gallatin	73%	
Unemployment	4.3%	3.7%	1.9% Fallon	2.6%	
Children in Poverty (Under age 18)	26%	16%	8% Gallatin	11%	
Income Inequality (Ratio-80 th per. To 20 th)	4.9	4.5	3.2 Powell, BW	3.7	
Social Associations (Per 10,000 pop.)	9.2	14.3	26.6 Fallon	18.4	
Violent Crime (Per 100,000)	446	346	100- (Various)	63	
Injury Deaths (Per 100,000)	118	91	53 Gallatin	58	

ADDITIONAL SOCIAL AND ECONOMIC (Not Included in Overall Ranking)

Disconnect Youth (16-19 not working or school)	17%	7%	3% Missoula	4%	Lake County ties Park County highest suicide rate
Median Household Income	\$44,800	\$55,200	\$68,400 Jefferson	\$69,000	
Free or Reduced Lunch (Percent in school)	77%	45%	13% Powder	45%	
Suicides (Per 100,000)	41	26	15 Fergus	11	
Firearm Fatalities (Per 100,000)	31	19	13 Gallatin	8	

HEALTH FACTORS-PHYSICAL ENVIRONMENT

Air Pollution (Fine matter per cubic meter)	8.8	6	4.5 Judith B.	6.1	Lake has very high housing problems
Housing Problems (1 of 4 areas)	18%	15%	22% Big Horn	9%	
Driving Alone To Work (Total pop.)	75%	76%	49% Wheatland	72%	

ADDITIONAL PHYSICAL ENVIRONMENT (Not Included in Overall Ranking)

Traffic Volume (Per road meters)	51	146	25- (Various)	NA	
Severe Housing Cost Burden	15%	13%	5% Fallon	7%	

Source: County Health Rankings, 2019, retrieved November 2020.

JTW Community Survey Comment

November 2020

One of the tools used for the Community Needs Assessment for Journey To Wellness was a survey distributed electronically in October, data analysis in November. Between different online platforms and communication, this survey had 89 respondents. Of that total, more than 70% were females. More than 75% of the respondents held some career working with the public, in areas such as healthcare, education, hospitality and business. For this Community Assessment, one of the main priorities was the collection of ideas, experiences, perceptions, and anecdotal stories from community members. The team working on the project wanted this information as a way to gain greater insights about how the system and services are “really” impacting community members. On the one hand, knowing that a certain number of community members are experiencing poverty or hunger, or homelessness or addiction provides one area of understanding. Yet, that is primarily about numbers and data comparisons. It lacks the depth of the human experience which is best found through people sharing and being given voice. This information is also important in supporting the overall concept of Community Participatory Research which had been identified as a valued idea for conducting the Community Assessment. Below is a collection of comments that respondents provided as part of the survey. They are listed in no specific order. From reading the comments, many pieces of the local health care and mental health care system’s operations and resources from the perspective of stakeholders becomes better to understand. They have also offered a variety of new approaches and possible innovations for consideration. One of the most intriguing aspects of the comments was the range of views regarding overall availability of services for mental health. Some respondents thought the services were adequate, while others didn’t think there was enough or in several cases hardly anything happening. That is a particularly telling set of comments since most of the survey respondents work in the community and have daily contact with others. If they have this range of interpretations of services, it is easy to understand how the entire community might need more information to help them be better educated about options. This example is just one of many take aways from the comments offered.

- Support groups-many options available.
- Good therapists who understand the community.
- Lots of outpatient therapists
- Professionals from different agencies do a pretty good job of communicating which is better than the local politicians.
- Reaching out through social media is starting to happen more.
- Increased awareness of options and overall availability of professionals.
- I believe CSKT employs enough therapists to provide the service requests by the membership.
- It is interesting that so many people are getting assistance with mental or behavioral health problems but that as a society it is somehow a secret. I think if we could get more people to be open about it and confident about it, we could really see changes in how it is accessed and used.

- Response time or next step process of knowing where to reach out is unclear.
- No local hotlines except for suicide, but lots just need to talk.
- Lots of time the patient won't go back because they are not comfortable with the counselor or just don't think they can help.
- Not enough providers-a long wait time.
- Someplace for people to stay for a couple of weeks to prevent escalation of symptoms and as a place to focus on skill development to prevent future relapses. Housing is key.
- No real resources. Or they seem hard to get to.
- Attitude of communities re mental health.
- Inconsistency with appointments and that's just because it is so hard to get clients to feel comfortable and safe.
- It is not affordable. It can be a hassle with paperwork and referrals. It can almost seem daunting and impossible to get quality care.
- Sporadic availability of services.
- Safe housing, safe community environment to heal in.
- The Lake House has more potential than is being brought out. It could be doing a great deal more if they reassessed the procedures and billing.
- For those with private insurance you can only have so many appointments before the provider is forced to give you a diagnosis for billing purposes. This label follows you. Many youth who are depressed, etc. need more time with a therapist before they become labelled as adults.
- People think they can self-diagnose for everything if they can go online and look it up or find a YouTube video. That is too bad because some issues can't be recognized or supported in that way. Some self-help with health care is fine but the community and professionals need to help people find a balance.
- Need additional support for teens. Lots of talk but still no action. Everyone keeps going back to sports-that is good for a few. But need to find other options.
- Many people are open to therapy than in the past.
- Tribal allowing referrals and clients getting referral approval is great
- There is as dedicated group that is continually looking at needs and seeking answers
- Developing a wrap-around recovery oriented system of care-ROSC.
- Proactive attitude and perspective across different agencies. This needs to continue and it is good this project will help connect people.

- Gaps are long range and very depending on the specifications. Transportation is always a barrier, lack of electronic access for patients meaning some individuals do not have cell phone, or home phone or ability to engage in tele-health services.
- The gut brain connection-nutritional approaches have real potential with both mental health and addictions.
- Perceptions as opposed to reality...it seems as if there are many services and providers.
- I don't know what gaps there are in this area. But I do know that we have a huge housing shortage. We are good at housing our homeless as long as we can. That means couch surfing, living with family members, etc. Not having your own space and living on top of each other has the potential to compound mental health issues.
- Is it about response or prevention? I know we need both, but I think we need to focus on changing and addressing issues in the community that contribute or we are just going against the river all the time.
- Lack of a holistic, communal response. You cannot specialize your health-there is not healthy mind without a healthy body or the reverse. Comprehensive, all-around care is severely lacking in our valley.
- I also know that many tribal members do not want to receive services at CSKT because they believe they'll be gossiped about, the stigma of seeing a provider, or unavailable transportation.
- Services not offered or spread far apart in towns where it makes travel difficult even with transportation support.
- Poorly trained professionals. This idea that an LCSW has all the answers it incorrect. They have some skills but need more professionals with better credentials.
- Availability of services and the stigma people have with the idea of mental health.
- Waiting lists for clients can be a deterrent-when someone is unsure of even going.
- The branding of the services to be provided. Those in the field need to hire professional consultants to come up with a way to market their work. Need to reinvent how people see mental health services and resources.
- Perhaps lack of services in outlying areas.
- Basic support and counseling.
- Inconsistent visits lack of SEL curriculum and school counseling support.
- Social emotional learning-stigma that is a weakness.
- Safe housing, safe community environment to heal in.
- Truth in conversations and meetings. People skirt the tough issues, and it is not helping to bring change.

- Limited options that meet needs.
- Too much cognitive behavioral approach following a western model lacking spiritual relevance.
- Not enough providers locally.
- Poor options locally.
- Vulnerable persons may ask for help when they have courage. That courage diminishes when they have to wait months for services.
- A systemic approach to change at the communal, organizational, and governmental level.
- More support groups with focus on health and wellness plus bridging the gap between providers.
- 24 hour crisis hotline.
- Chemical dependency groups in every town.
- Free-in home services.
- Different hours-no one is going in for a consult starting at 8 in the morning. They need evening times when people get off work.
- Increased training, cross training to enhance knowledge base regarding services available across the spectrum.
- Working with parents to help identify red flags and how to access care.
- Privacy-to build trust.
- Racial conversations make everyone get all squishy and that is a failing in the community. Let's really talk about it. Recognize it. Look for ways to make it better rather than ignore or pretend. Our families are so interconnected-it is time.
- Create a change in understanding of services and benefits.
- Finding providers that are trustworthy. Finding providers that are knowledgeable in native trauma.
- More evening hours, weekend options and overall availability.
- Include more mental health support within the school system. Our students/children need the most support. Access at the school would eliminate transportation issues.
- Getting rid of the stigma- it makes a person flawed if they seek help.
- More peer support programs that are community run rather than clinically run.

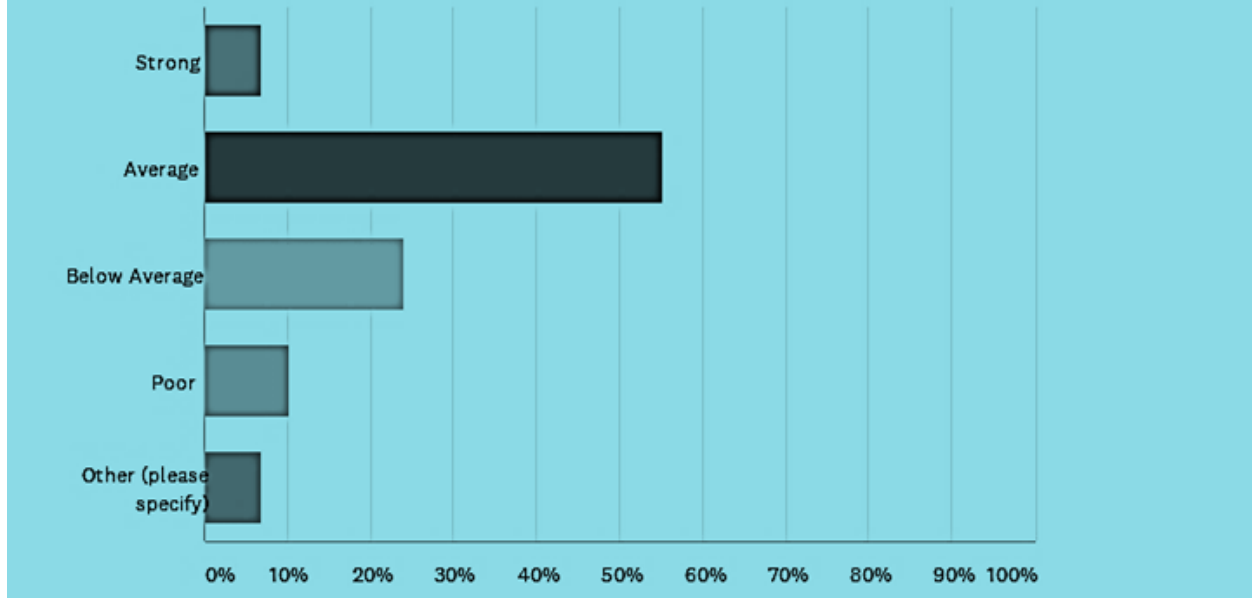
JTW Community Survey Comments

November 2020

- A real and sincere effort on the part of elected leaders to engage community members in real, systems change, politically, educationally, socially, economically, etc.
- I see a therapist on a weekly basis, and I believe everyone should see a therapist regularly. I wish we had more therapists, and I wish they would go to the client.
- A mobile crisis intervention unit that can take emergency calls to stabilize individuals and give referrals that are able to be responded to in a timely manner.
- Some people don't have the equipment and can't afford it. Others don't have the internet connections. See the kids and even adults hanging outside of places like the library and it is obvious this is an area of need. I believe it contributes to people's sense of self-worth and over time their mental health. I think it is an easy fix.
- Free screenings. An incentive for them to want to come in and get screened.
- I would vote strong (for the overall local healthcare system), but I do not believe most individuals achieve that as most individuals do not have a close personal relationship with their providers. Most persons doctor hop or do not trust the service providers due to prior bad experience.
- Naturopathic care, homeopathy, laser, and other alternatives should be readily available.
- It would be nice to do some sort of a review of providers of care as compared to the need. Is there a real shortage? Is it the type of service that is missing? I know this assessment is part of that process and it can lead to better understanding what is needed here.
- Families are afforded the opportunity for services if they request.
- Pain management is a major challenge. Which in turn leads to other addictions or problems. As a community, we must come up with ways for people to deal with their pain-the physical type often leads to the mental type.
- More group programming.
- Programs addressing overall wellness that include group support. AA, weight watchers, group fitness could all be successful. In part due to people supporting each other in safe, positive environment under skilled leadership.
- Welcoming-not judging environment.
- Lack of electronic connections-phones or computers, etc.
- One of the biggest areas lacking is around technology. My family lives in Alaska and lots of healthcare is provided using technology. This goes for services but also for systems. Like with connecting between providers and overall provision of care. My question is what has to be by legal standards to happen for someone to receive services as opposed to what has always happened and people don't want to change.
- The community is divided. Need to get people to be upfront with their ideas and motives. Think about what we share not what we don't share.

Journey To Wellness Survey

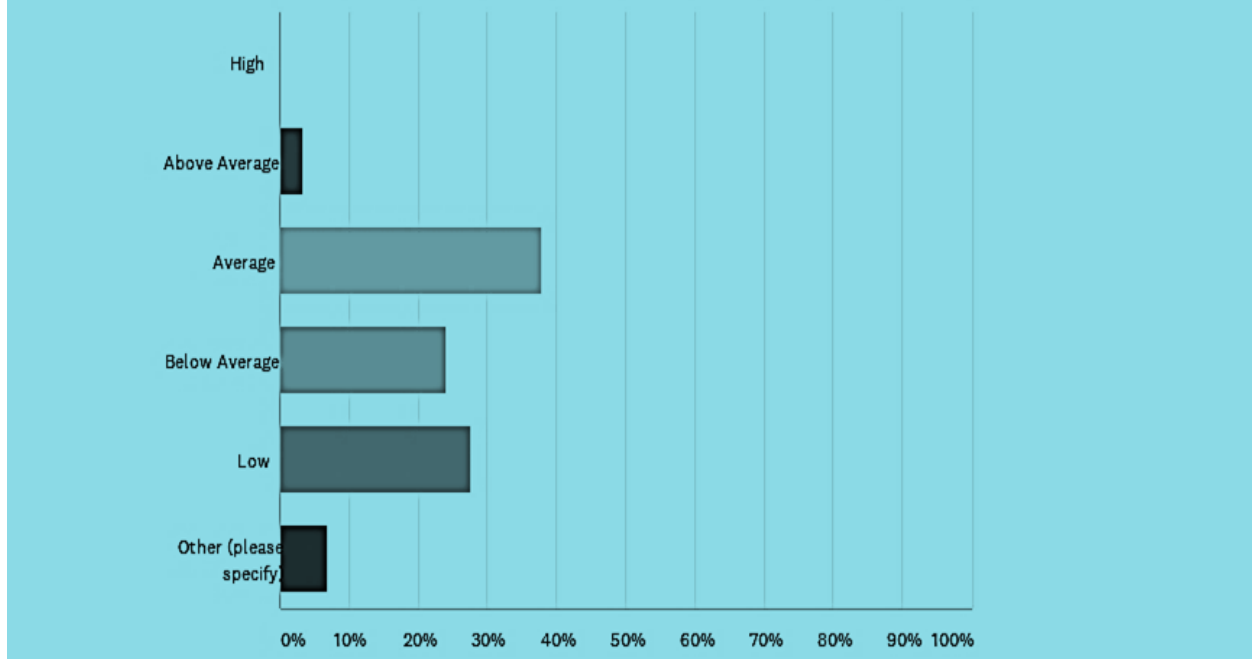
Choose from the following to describe the local healthcare system?



Source: Flathead Reservation Community Survey, November 2020.

Journey To Wellness Survey

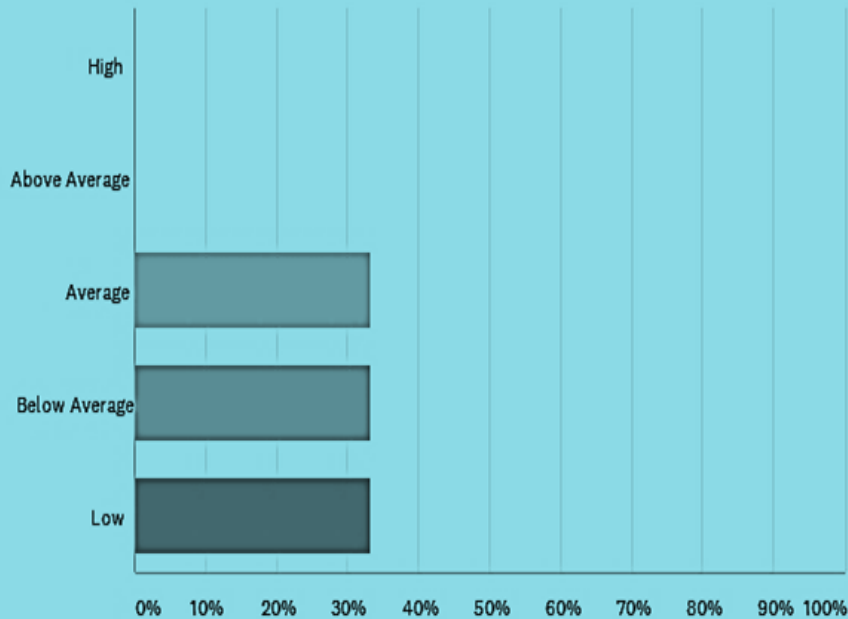
How would you rate the quality of mental health services in the local community?



Source: Flathead Reservation Community Survey, November 2020.

Journey To Wellness Survey

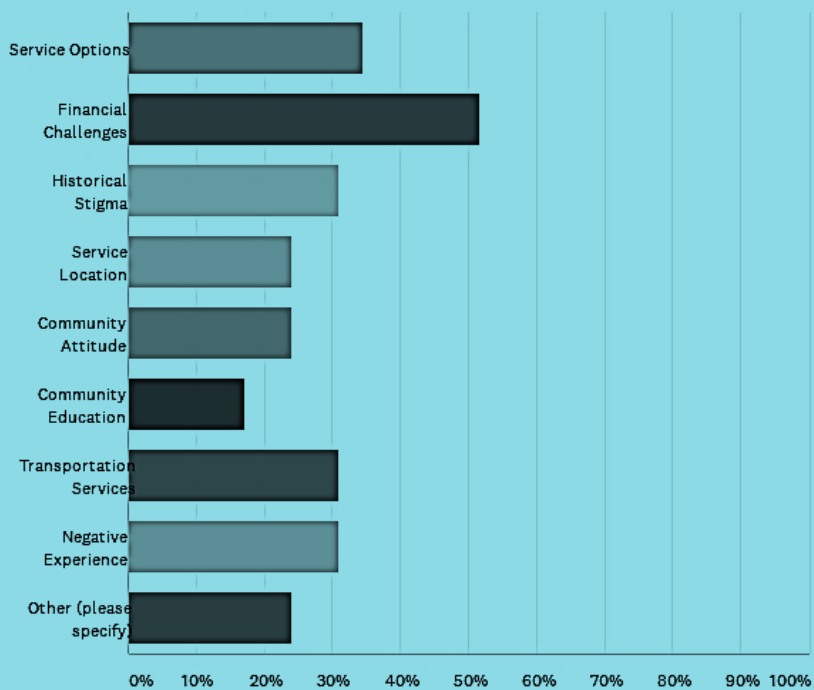
How would you rate the availability of mental health services in the community?



Source: Flathead Reservation Community Survey, November 2020.

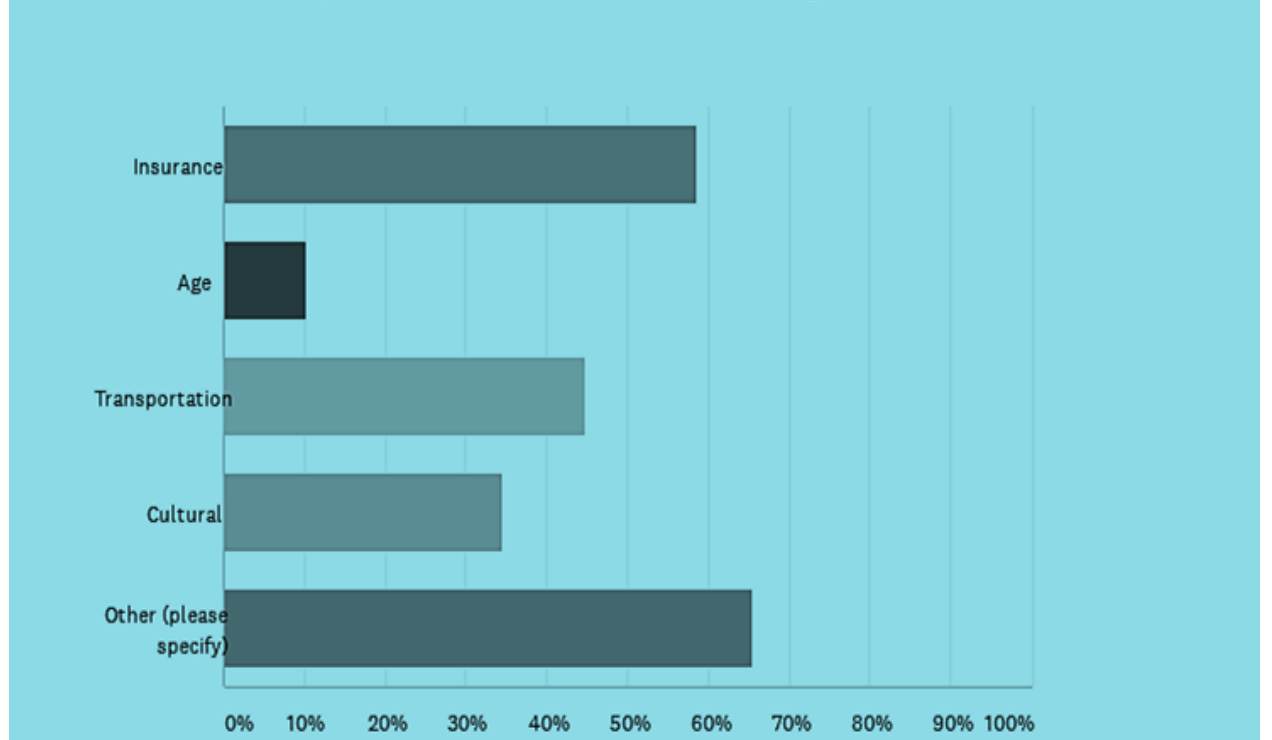
Journey To Wellness Survey

Which of the following is the biggest challenge for those dealing with mental health concerns in Lake County and the Flathead Reservation?



Journey To Wellness Survey

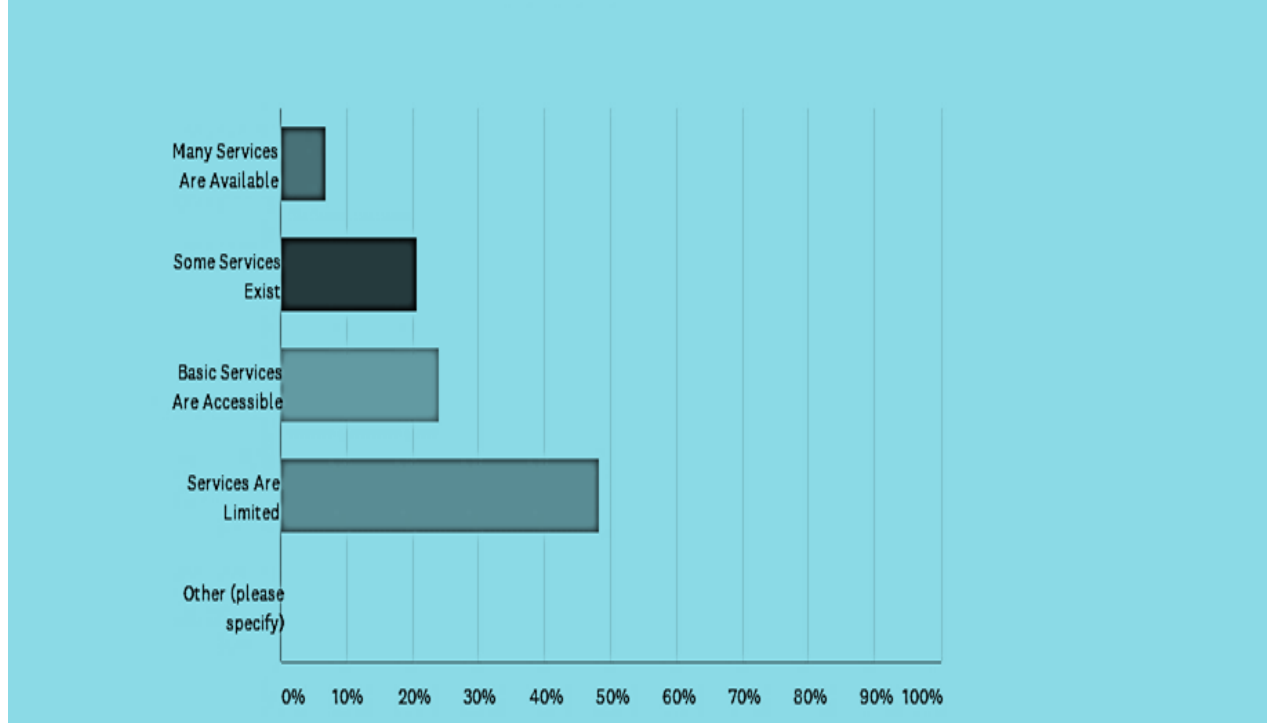
What barriers do you run into when accessing mental health services?



Source: Flathead Reservation Community Survey, November 2020.

Journey To Wellness Survey

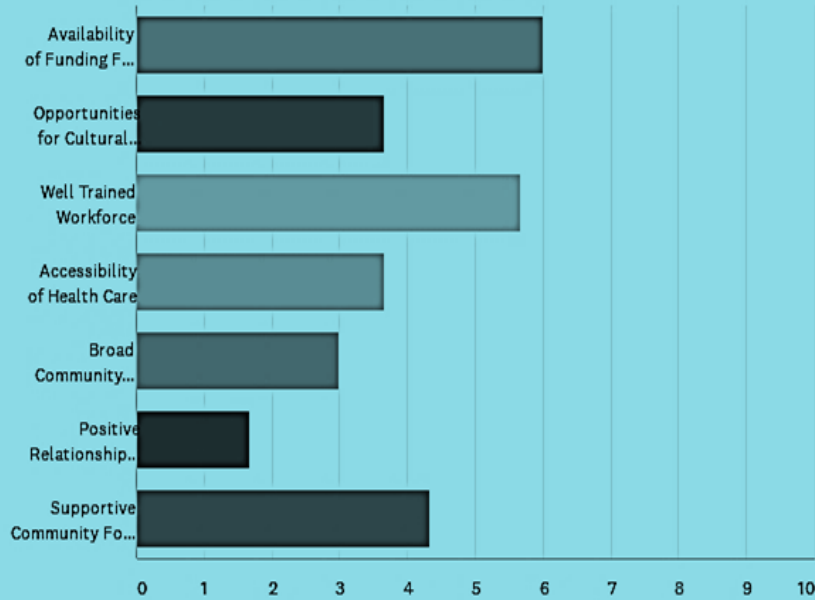
Do families and children have access to services that promote social and emotional wellness?



Source: Flathead Reservation Community Survey, November 2020.

Journey To Wellness Survey

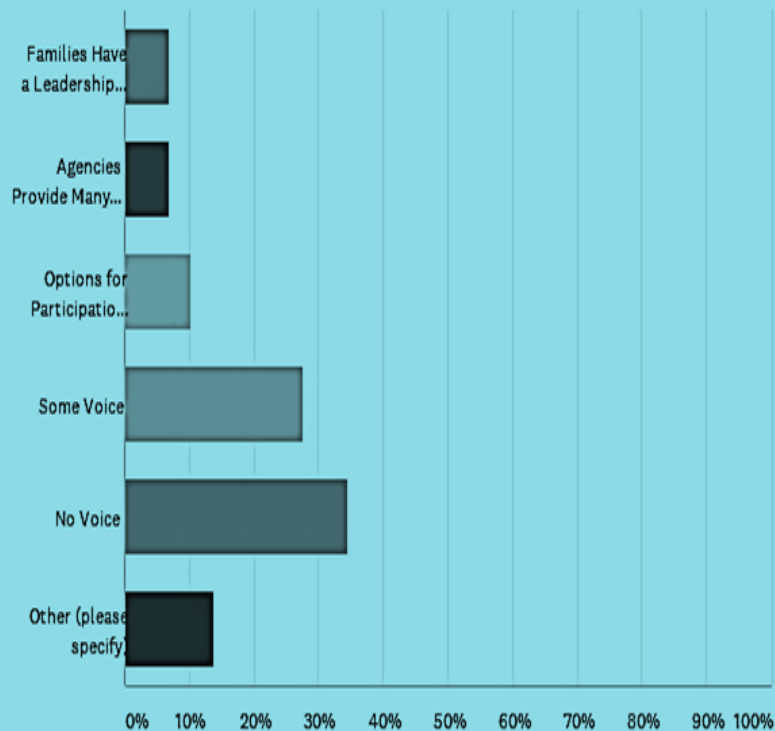
How would you rank the following areas in relationship to those dealing with mental health issues in Lake County and the Flathead Reservation?



Source: Flathead Reservation Community Survey, November 2020.

Journey To Wellness Survey

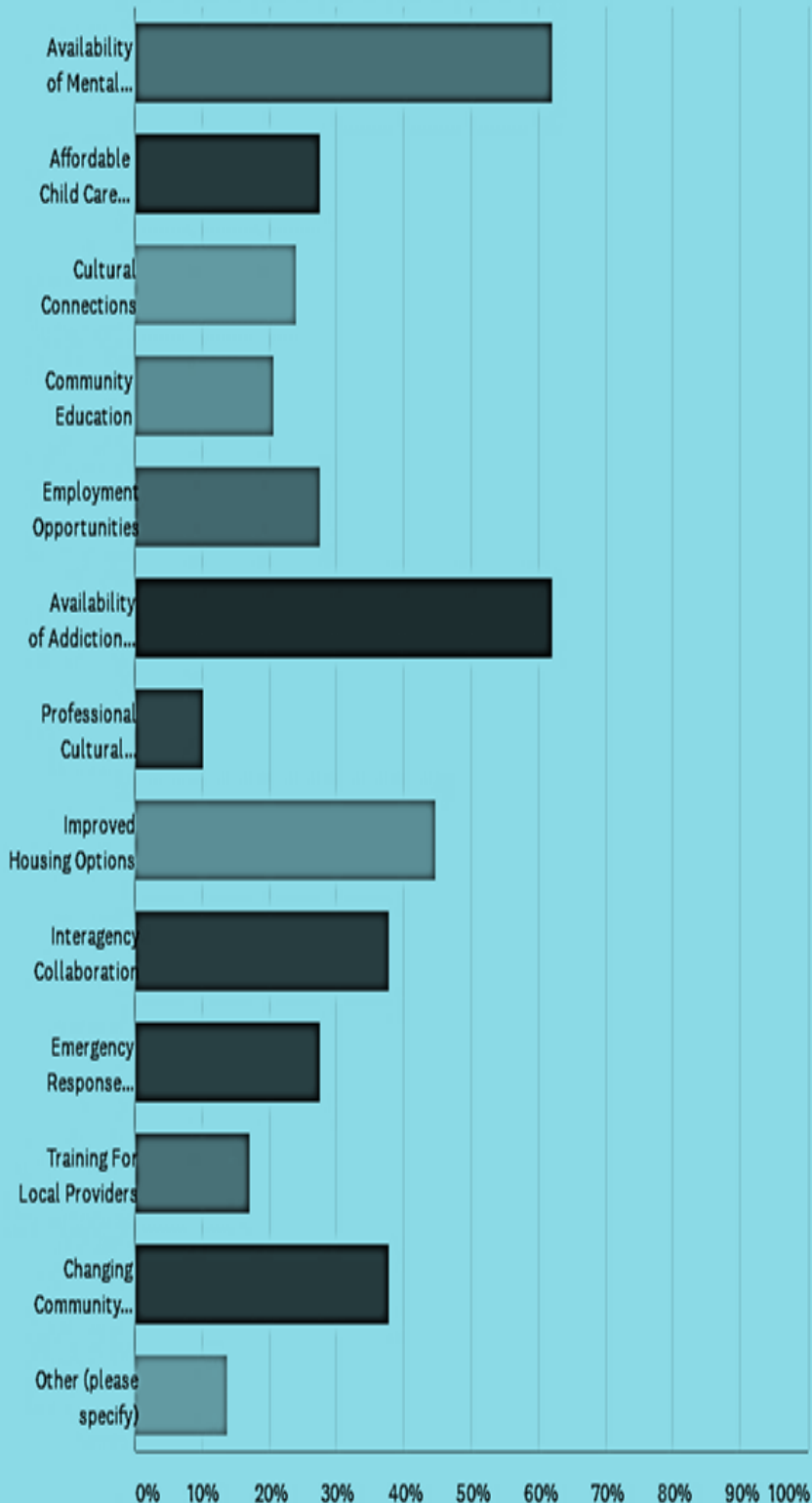
What role do families currently have in decision making within the health care system?



Source: Flathead Reservation Community Survey, November 2020

Journey To Wellness Survey

Which of the following issues do you think should be a higher priority to community leaders for helping address the mental health needs in the community?



JTW Focus Groups & Individual Interviews

Focus groups were used as one tool for collecting data from the community in October and November of 2020. Most of the groups were convened virtually to maintain safety, although 3 focus groups were brought together following procedures for social distancing and wearing masks. The mask wearing for the direct sessions made some feel uncomfortable for the start of the session but eventually people relaxed and participated. The focus groups included representatives from community agencies and service programs, community members at large, elders, youth, and college age students. Another collection tool was personal interviews with a range of community members, reflecting the diversity in age, gender, race, and geographic location within the community.

Following are comments from the focus group sessions and the individual interviews, in no particular order.

The state in which our mind functions-how we see the world. That dictates our mental health and overall life.

Costs...there are services available, but people are concerned about confidentiality and to go to some providers is too costly.

Lack of local treatment center is a continuing issue that seems solvable.

What is mental health? Does everyone think it is the same? Can people brought to some point of understanding about the term and how it applies?

Lack of cultural knowledge. Practice of traditional culture. Connections to something that can give life meaning. This has direct tie to people's mental health. Without it, they struggle. And it applies across cultures and people.

People are experiencing depression and anxiety which leads to other bad outcomes. They are lost. No understanding of history or where they came from...no sense of purpose.

It seems like people, specifically the younger people in society are not very nice. They are rude and insensitive. What they say and post about each other. It is very unkind. Truly mean. And they don't seem to understand how cruel they are acting.

We need to help people see what is good and how they can get more of that in their life. When you are down it is really hard or impossible to see any good.

Constant transition in service providers is a problem. Seems like people come for a bit and move away for more money or opportunity.

Changing who is available to work with a family or individual is tough. People just start to build a relationship and trust. The person moves away. They are supposed to start over with a different doctor or counselor or whatever. Very hard to do.

JTW Focus Group & Individual Interview Comments

Social media influences people's perspectives and attitudes and mental health. It has become their world and it is not accurate

Levels of violence. In all areas of society. People think it is okay.

Who are we? What is our identity? How do we fit in society? The world? It is hard to find one's place.

A lack of exposure to other ideas and values makes it very hard to be in this community. Everyone has to be the same. If you dress or act or look different...it is a problem. This is true even if one looks at different Native populations. Like if you are darker or lighter. You get treated differently.

Services are better if they are face to face. Virtual can work but people are missing that human connection.

Interaction and communication is important to help people feel better.

Maybe bringing about new options for people to help with health. Like meditation. Other more holistic ideas...massage...yoga...etc. Many have a cost that is prohibitive and not available through tribal health or too expensive. Most insurances don't cover other options or for only a limited number of visits.

Explore ways to bring other practices to larger groups. People have never experienced it and don't know how it might help them.

Some of the best resources include:

MAT at St. Joe's is helpful. Drug court is positive. Scooby House doing very well- and now the Lake House has great services.

People need more education around the topic of mental health. They hold on to the stigmas.

Ways of normalizing mental health services and support so people don't kick at it

Big part of it is identity-self-identity...not how the world sees you but how you see yourself. If you are able to have confidence in yourself. Others will see that strength.

More proactive messaging and sharing of ideas and information can change people's outlook and overall engagement with others.

Schools are the ideal venue for helping youth. Most youth do go to school and the environment is good for them.

Racism and its impact on all of us is hard to measure. But it is happening.

JTW Focus Group & Individual Interview Comments

People base their judgment on what they see. For example, dark skinned Native looks at light skinned and doesn't think they are as Native. It depends on their own background. If you have been in a community or location where everyone looks a certain way and go someplace else where everyone looks different it is hard to accept the situation.

Impacts of lateral oppression are having an influence on everything. This is a divided community.

What is culture shock? Going from one place that you know to another and it is so hard.

Even at SKC there are problems...if you are Native and come from someplace else or a community where the majority are Native.

How can we change? Educate people in a different way. Expose them to other ideas, cultures, and experiences.

Give them an experience that connects with their heart and people can change.

Who are you inside? What does that mean to you? How do people find their own place?

One important issue is forms of representation. What we see? On buses? On signs? On TV? VISUAL representation is important. Many tribal communities have more visual representation in their home areas than found around here. Present more of it and help people see pride.

Uncomfortable for non-Natives to talk about privilege. They don't want to see it. If you approach the issue of privilege people shut down.

Can you create a chance for those in the majority to feel like someone from the minority?

People showed in the last 6 months that they could adapt to living one day at a time in a way that was positive.

Using a goal setting focus to help manage each new day...clear objective...was a tool I used to deal with the pandemic.

Infrastructure in the area for internet and cell service is big barrier. Places out of towns just have a tough time for being involved. And people get in trouble because they don't call the school if the kid is going to be late or there is an appointment or whatever. Becomes a cycle for them and it is hard to break.

COVID has been hard for people in multigenerational homes. They have always been able to see their elders or parents and couldn't and didn't have a place to go. Some slept in cars or just outside. Contributed to anxiety and depression.

JTW Focus Group & Individual Interview Comments

Over the past few months because of COVID, people have been showing survival skills by tapping into new areas of life. Spiritual practices. Cultural ideas.

Getting through it all meant really connecting with family. Communicating. Interacting. Focus on those they loved and not worrying about other issues.

Recognizing the value of loved ones through COVID has been vital.

Forward thinking...what can I do today that will help me tomorrow has helped my mental health through this time.

How do we define family? What does that mean to us? The challenges of the last year have made us all think differently about this.

Schools are feeling so much pressure. Teachers having to deal with situations, methods, and technology they were not trained on prior to this happening. Parents having a new role. Wanting to be part of it. Changes the conversation around learning.

Taking away new problem solving skills because of the pandemic, new work etc.

Access to opportunities and resources makes a huge difference for having a good life.

Flipping the story. People finding gratitude...That they have jobs that allow them to work in a new way...having the chance to be with family more...learning something new...tackling something they had put off.

In considering one's quality of life...for yourself...what is most important to living "the good life"

Be brave with convictions. They are yours to own. This helps me to have a good life.

Getting older does show us something different. You start to recognize your limits and have to pare down what is important to you.

Education system is too focused on technique.

Really need to return to being about the relationship between teacher and student.

Visual representation creates a new sense of normal in the community or on tv or in social media.

Social media is so hard. My peers see people on there who are getting lots of support. But not about anything that really matters. More about looks or money or something. Kids compare themselves and when they don't have that they get sad.

JTW Focus Group & Individual Interview Comments

Be kind. Be confident. Be empowered. That is my good life.

Walking outside. Being with others helps my mind and my ability to cope.

We are social creatures, and we need to have that no matter what is happening. COVID has shown this to be true.

Fear of returning to the world after the first round of being in place with COVID was hard and now it is all happening again. The stress is tough. More talking is good.

Unknown. Afraid to use services or see others.

Meditation. It really does help me, and I think it could help others.

Need to find more early intervention and prevention strategies, rather than always be reactionary.

Choosing where to focus my energy so that it will have the best impact on what I think is important is a part of my good life.

What is the mindset? I think we assume others because of a title or profession share the same views. But they don't. And we still work like they do. It is self-defeating in a way.

Idea of optimism needs to be more present and in a consistent way. Not as a slogan but as a way of life.

Trying to accomplish educational goals can miss the more organic part of interaction between a child and an educator. We have lost that natural link and forced schools to be too rigid.

Idea of flourishing menus. Grounded in positive outlook.

Bring the ideas of motivation and optimism to the schools. Less focus on the trauma.

Creating new outcomes for mental health services and programs is...critical for our community, as mental health affects so many other aspects of our lives. It is a basic health need so, if left unmet, can make it difficult for our community to heal or improve in other ways.

How do we use the tools of social media? They can be helpful, but we are not taking advantage of it in our community.

I think people need to be connected more to arts, music, and sense of expression. Not just tv or movies or games. I go other places and people value the art and music so much more. We don't have that appreciation across the community.

JTW Focus Group & Individual Interview Comments

Locally socio-economic factors contribute to some of the behavioral health issues. Limited opportunities for employment. Housing challenges. And people don't have the resources to move away or find something different. All of this contributes to anxiety, depression, fear, guilt, shame.

Divisions in families can promote loneliness and isolation.

People feel as if they can't get support.

Idea that if someone asks for help they won't get it.

COVID has shown us truths about people and it isn't good. Apparently lots of Americans and many here in this community are so self-absorbed that they can't think about community. I think this attitude translates to other parts of life and overall health.

Probably because the community is so small and people know each other, it creates fear about seeking help or telling others you need help.

Rugged individualism as an idea stopping people from getting help.

Why is that person stuck? I hear people ask that about others. Not the right question.

How do we change practices? How do we rewire the brain? People demonstrating new ways. New ideas. Having leaders be responsible for discussing the options. What is possible?

Stigma of going to counseling is a problem. No matter what the issue.

The need for services can be found across the board-those with resources have problems, have sexual assaults, have predators, have domestic violence. But the lack of connections creates an illusion that it is all someone else's problem.

Like with COVID. People have been afraid of saying they have it because it got so political.

Families have been taught that they need to handle certain problems without others helping.

Boundaries. Boundaries. Boundaries. That is what would help with so many of the challenges and behavioral health for sure. With COVID it has become, well obvious lots of people can't self-regulate, have no boundaries and little ability to be on their own. What happened to reading a good book?

Some believe they deal with health or mental health problems through ceremony and don't want to use Western medicine.

Privilege to take time for yourself. That is how people think about it. They are being selfish. And go into survival mode. Need to help change that view.

JTW Focus Group & Individual Interview Comments

Not maybe about money overall...but how about what is being offered to keep providers in the area...consistency of service. Connections to one person. Maybe health system needs to look at cost advantages of people doing better and costing less in the long run.

Call a friend. Call family. Stop texting. The experience of hearing a voice can be healing. People have lost that, and younger ones don't even know what they are missing. We need to reteach this to people.

Strange dichotomy around either or...like either use this one or use that one. Would be nice to help people see that it doesn't have to be either or when considering ways to heal. It could be more and more. (Messaging to people...conversations...elders...)

Cultural identity versus personal identity impacts one's mental health...especially in a small community where it is constantly in your face.

Change funding mechanisms and levels of support to improve system. What are the priorities for the support from government and the community?

System reforms around race and racism are necessary as we have seen with the BLM this year. Race is a factor, but it doesn't have to destroy us.

I'm an optimist. I'm old and I still believe in change. I saw the world in the 1950's. I know how people were treated. We aren't perfect yet-but we are much closer to a better world. My family was not allowed in certain places. Right here. On Main Street in Polson and Ronan. The world is improving. We stumble but we are making steps in the right direction. I say that because I think with COVID and the election people are really divided and alone and sad. Remember through this tough time there are lessons. How we use them-or you use them, if I'm dead will be the difference.

I look forward to change and new efforts. Some problems are so deep it takes a little more pain to get rid of them.

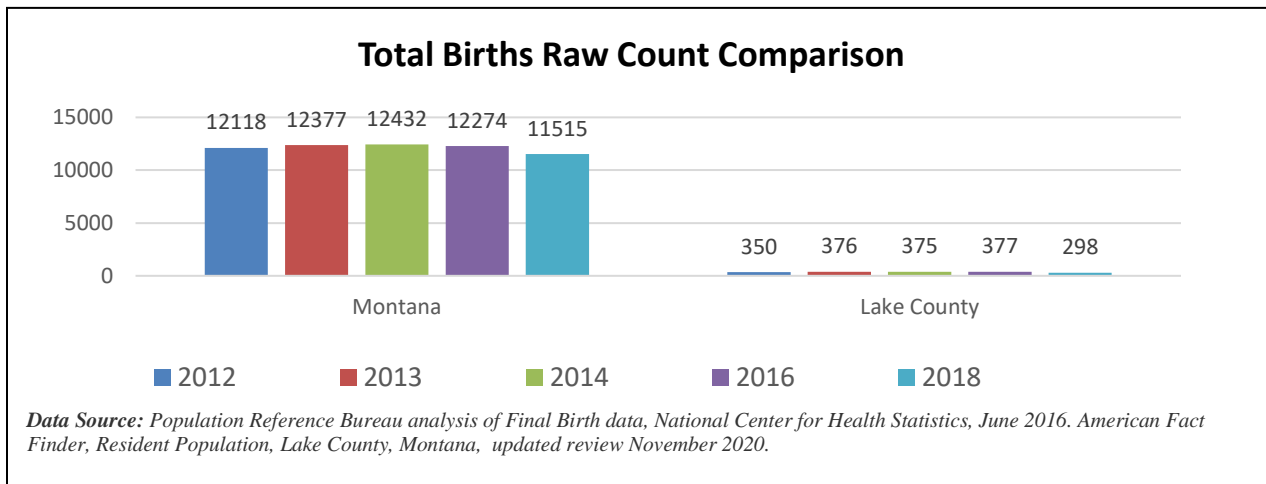
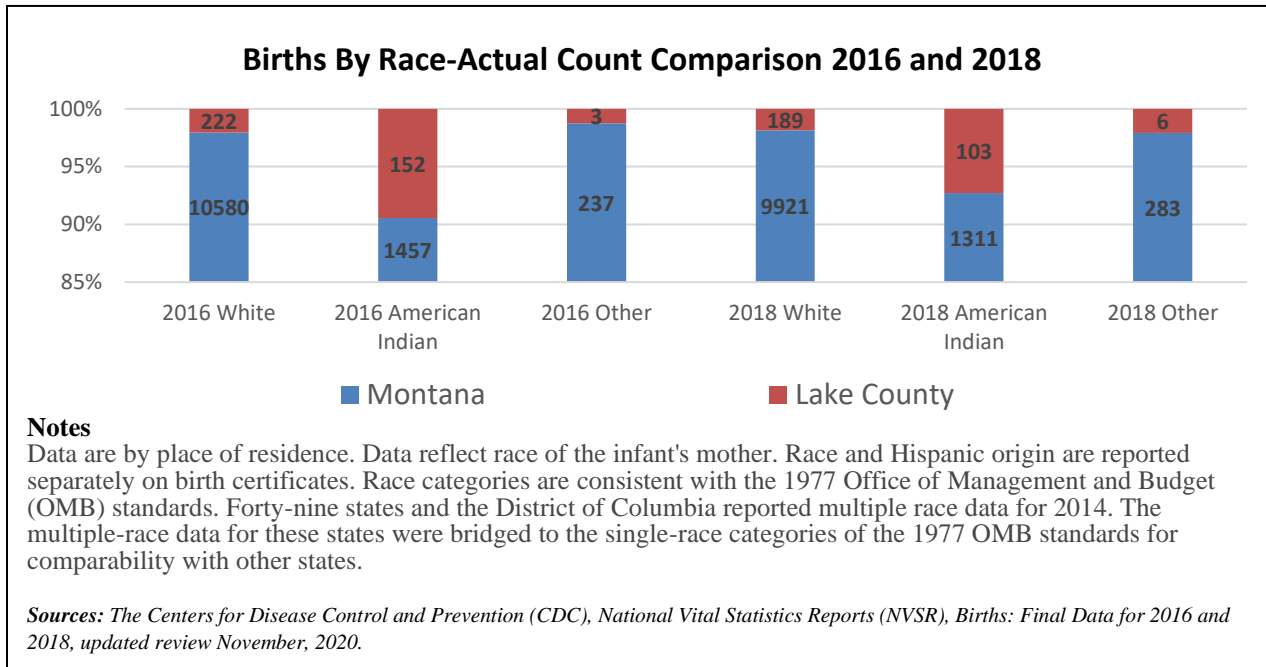
Locally, people struggle with mental health challenges because... of many reasons. There are many variables that play into any individual's situation, which can include past trauma, poverty, drug issues/abuse, etc. These are often outside of the person's control and can come with a great deal of stigma/shame.

Access to the outdoors. Being in nature every day is very important to quality of life.

I see a therapist and have for years. But it is private, and I don't share it with others. So, I guess I'm adding to the stigma?

When do we teach optimism? How do we teach optimism? How is it used as a tool on a daily basis?

Birth Outcomes



Birth Rate

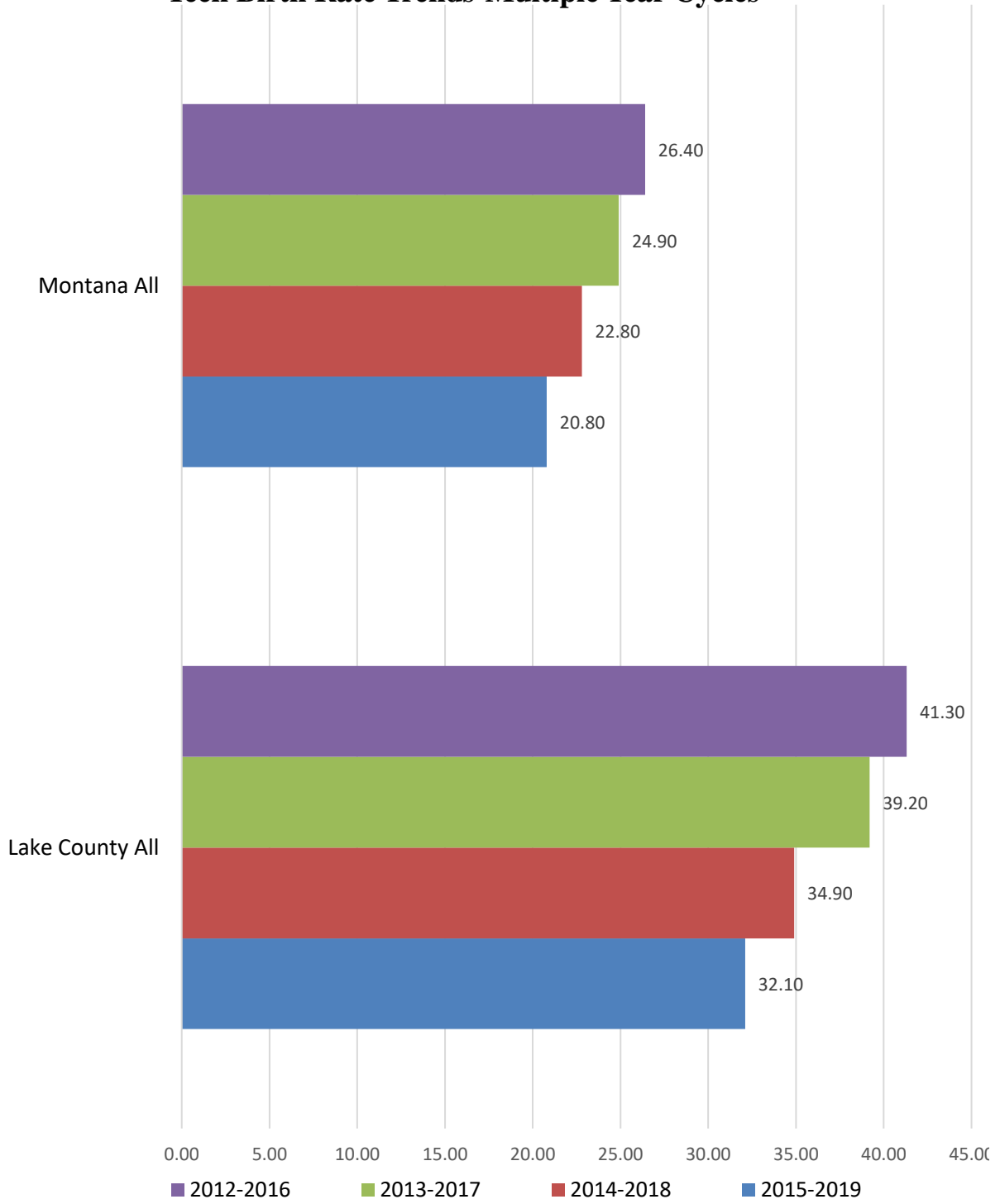
Location	Data Type	2005 - 2009	2009 - 2011	2014	2016	2018
Montana	Rate	12.8	12.2	12.1	11.8	10.8
Lake	Rate	14.6	12.7	12.8	12.7	9.8

Definitions: Number of babies born per 1,000 population

Notes: Lake County has one of the largest proportions of white unwed birth rate at 51.3% of the total and is ranked #2. The only larger county being Glacier County with 56.5%. Second, it has one of the largest proportions of American Indian unwed birth rate at 29.9% of the total and is ranked #2. The only larger county being Glacier County with 77.4%. Lake County shows a rate of 17.9 for its AI population in 2016 and 2018

Data Source: Montana Department of Public Health and Human Services, Office of Vital Statistics, 2018 and ACS, 2019, updated review November 2020.

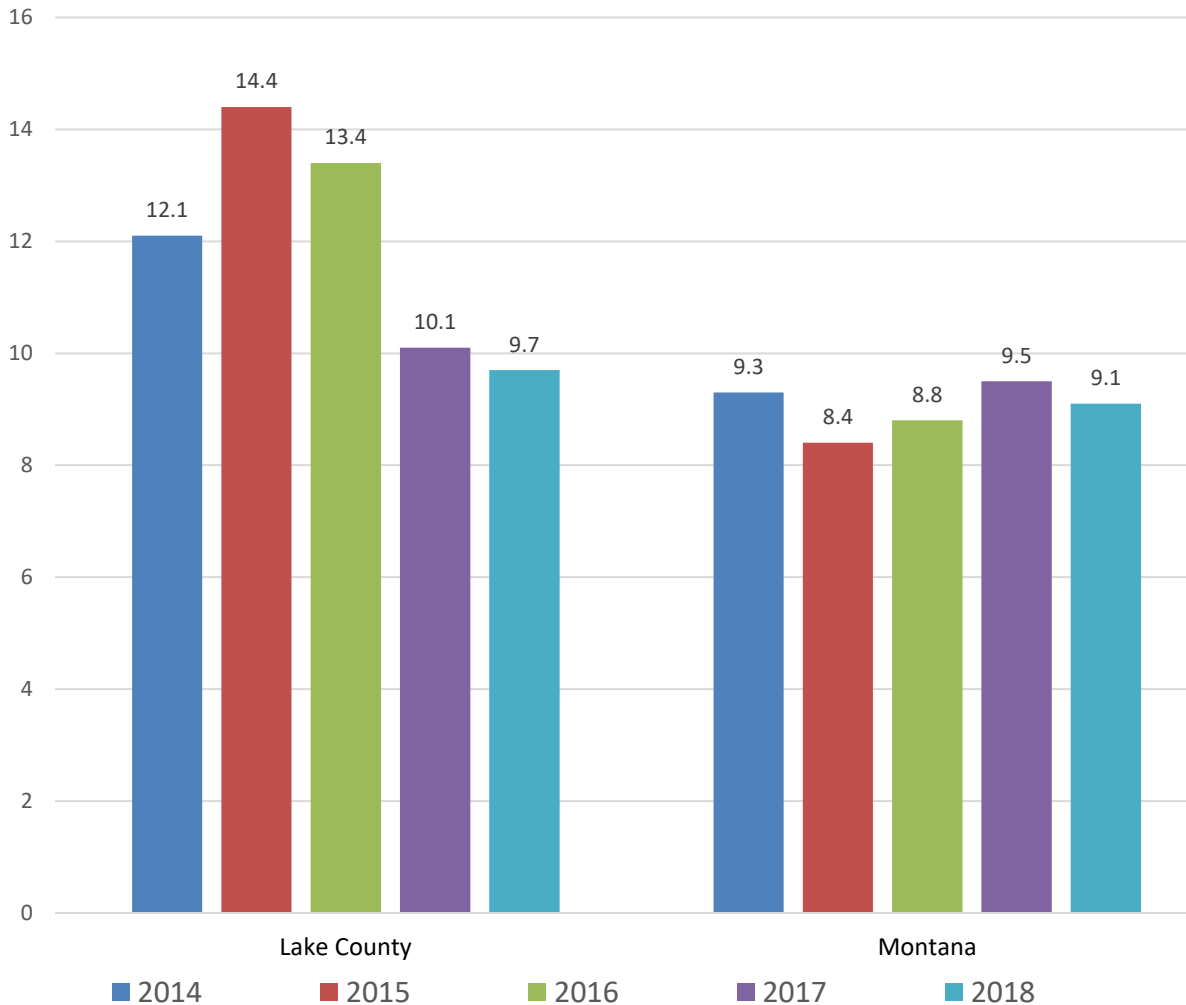
Teen Birth Rate Trends-Multiple Year Cycles



Definition: Rate per 1,000, girls age 15-19

Source: Montana Department of Public Health and Human Services, Office of Vital Statistics, National Center for Health Statistics, CDC, 2017 & Health Indicators Warehouse, America's Health Rankings-United Health Foundation, November 2020.

Premature Births

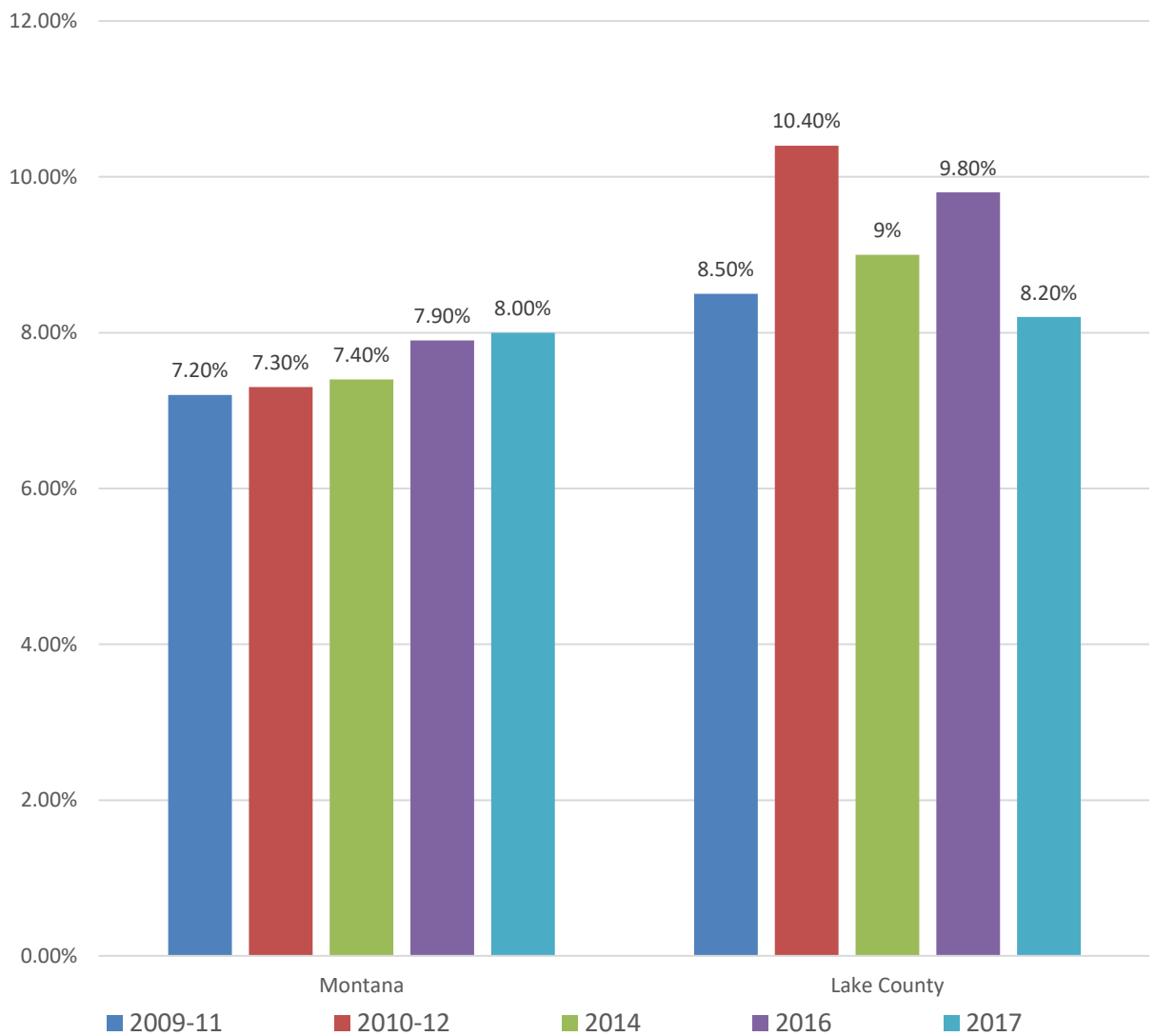


Definitions: Premature or preterm birth is birth less than 37 weeks gestation based on the obstetric estimate of gestational age.

Notes: The rate of preterm birth in Montana is highest for American Indian/Alaska Native infants (13.0%), followed by Asian/Pacific Islanders (11.7%), blacks (11.1%), Hispanics (9.1%) and whites (8.6%). In Montana, the preterm birth rate among American Indian/Alaska Native women is 51% higher than the rate among all other women. Smoking is an important determinant of health and a significant factor contributing to preterm and low birthweight births. *In Montana, the preterm birth rate among **American Indian/Alaska Native women is 61% higher** than the rate among all other women.*

Source: March of Dimes-Peristats, 2017, National Vital Statistics System-Nativity (NVSS-N) Accessed from: Centers for Disease Control and Prevention, National Center for Health Statistics. Health Indicators Warehouse, 2019, America Health Rankings, United Health Foundation, 2020.

Low Birthweight Comparisons

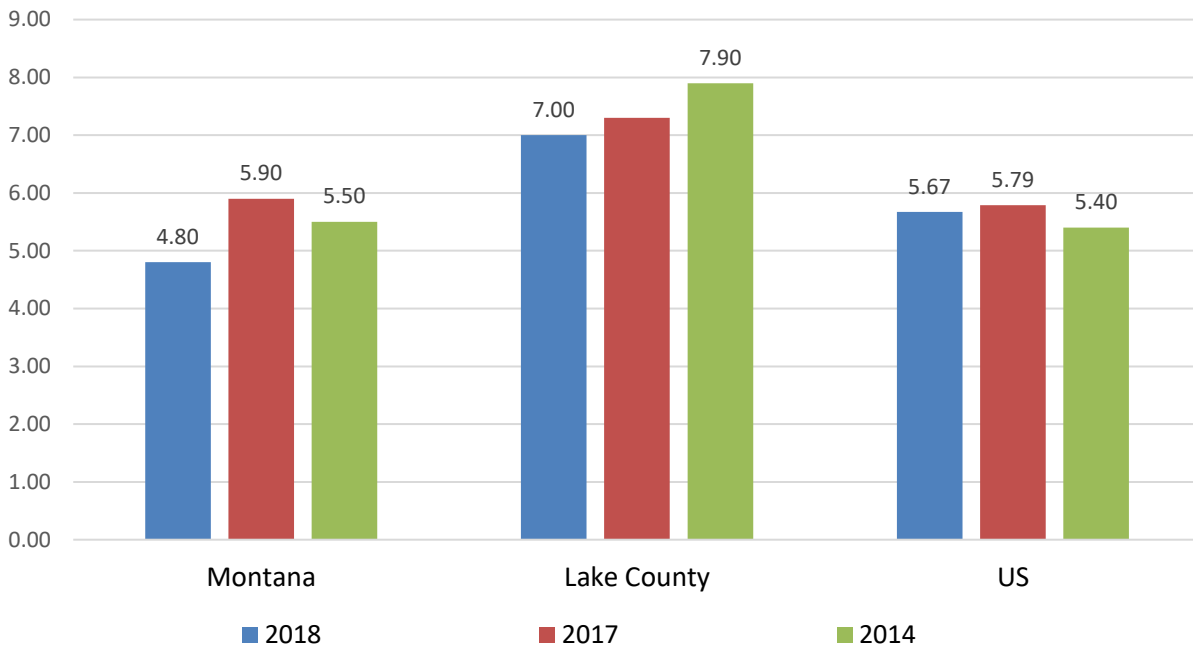


Definitions: The percent of babies born in each county that are born weighing less than 2,500g (5 lb. 8 oz.).

Notes: Alaska was the highest performing state with a rating of 5.9 and Mississippi was the worst at 11.3. Differences by state do not consider other state specific population characteristics that may affect the level of the birth characteristic. When the number of events is small, differences by state may be unreliable due to instability in rates. The national average incidence is 8. Although Lake County’s rate is still within the same range, it has at different times been significantly higher.

Data Source: Montana Department of Public Health and Human Services, Office of Vital Statistics & Data on deaths and births were provided by NCHS and drawn from the National Vital Statistics System (NVSS). These data are submitted to the NVSS by the vital registration systems operated in the jurisdiction legally responsible for registering vital events. November 2020.

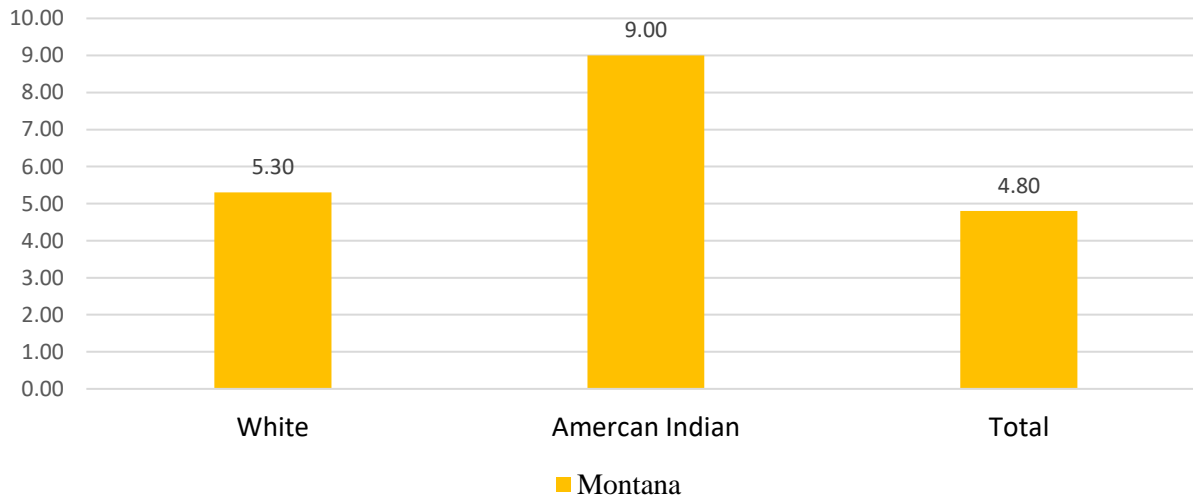
Infant Mortality Rate



Definition: Rate per 1,000

Source: Montana Department of Public Health and Human Services, Office of Vital Statistics, National Center for Health Statistics, CDC, 2017 & Health Indicators Warehouse, America's Health Rankings-United Health Foundation, November 2020.

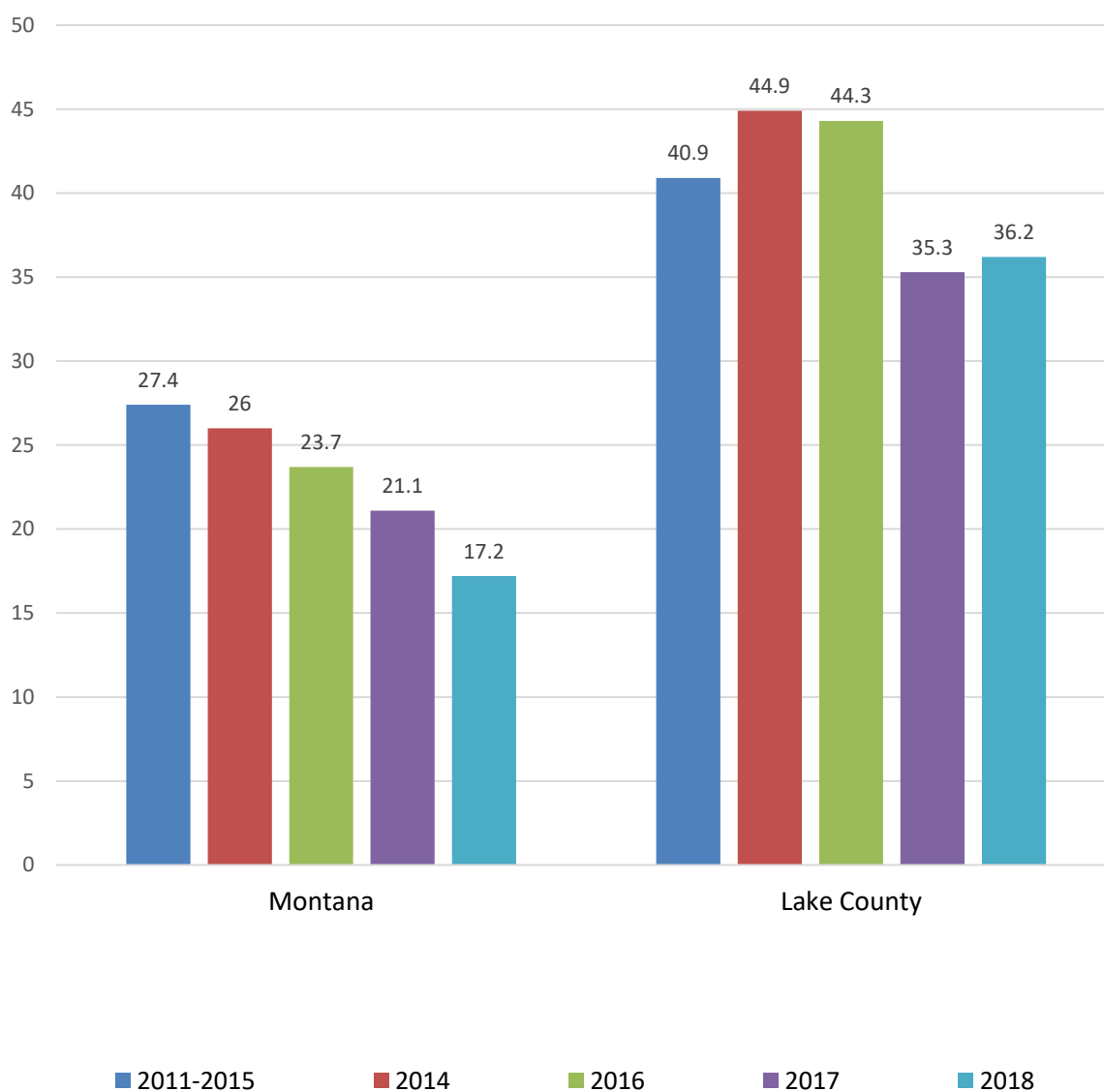
Infant Mortality Rate By Race 2018



Definition: Rate per 1,000

Source: The Centers for Disease Control and Prevention (CDC), National Vital Statistics Reports (NVSr), Vol. 64, No. 12: Births: Final Data for 2014, December 23, 2015 and Health Indicators Warehouse, 2017.

Teen Birth Rate History-Annual



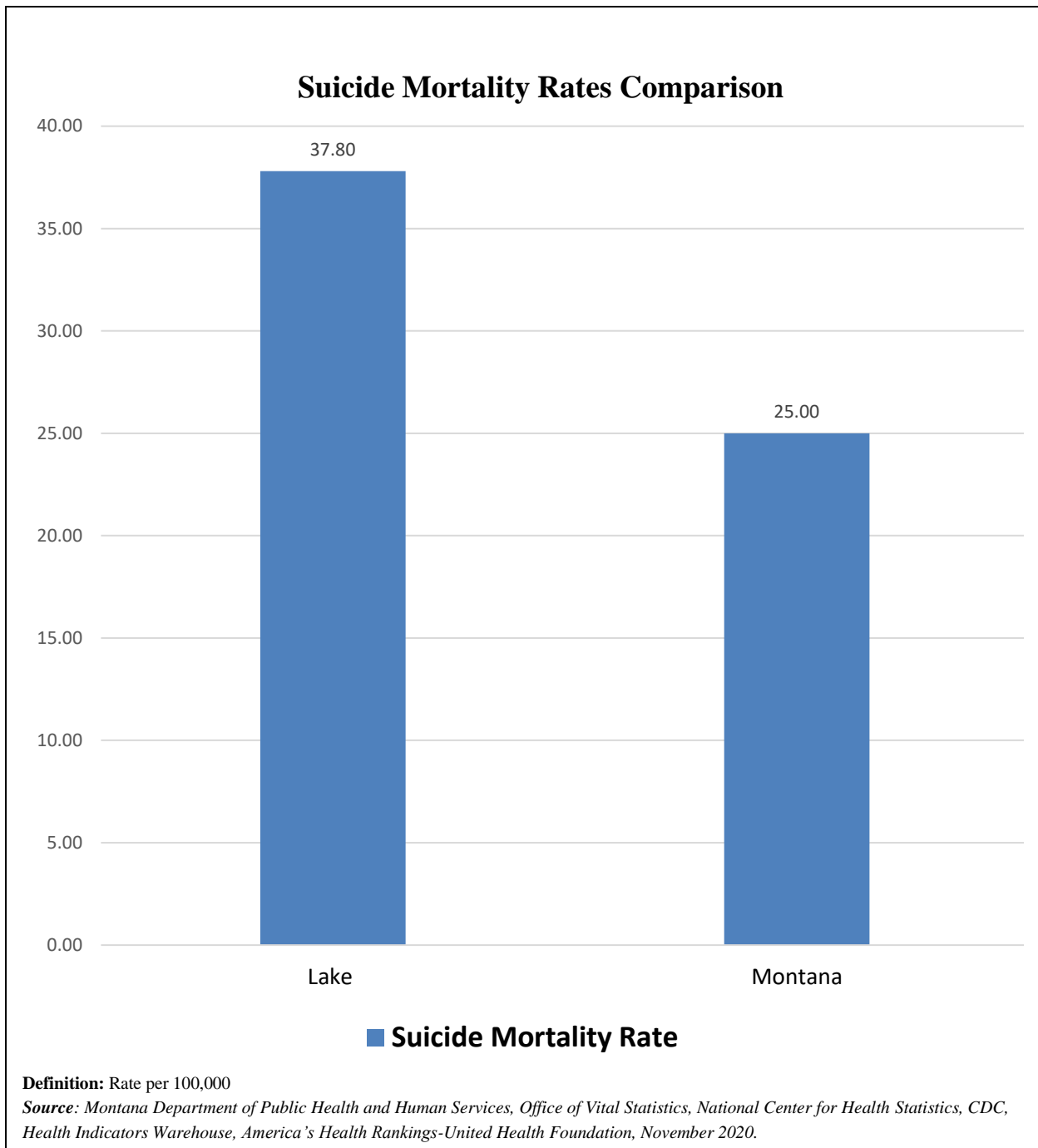
Notes: While the teen birth rate in Montana is declining, it has failed to drop as rapidly as national rates. From 2010 to 2015, the national birth rate declined by 35%, while Montana's teen birth rate declined by only 30%. Montana's teen birth rate is now higher than the national average. Data are by place of residence. Data reflect race of the infant's mother. Race and Hispanic origin are reported separately on birth certificates.

Definition: Rate per 1000. Births to teens (ages 15-19) as a percentage of all births, reported by county.

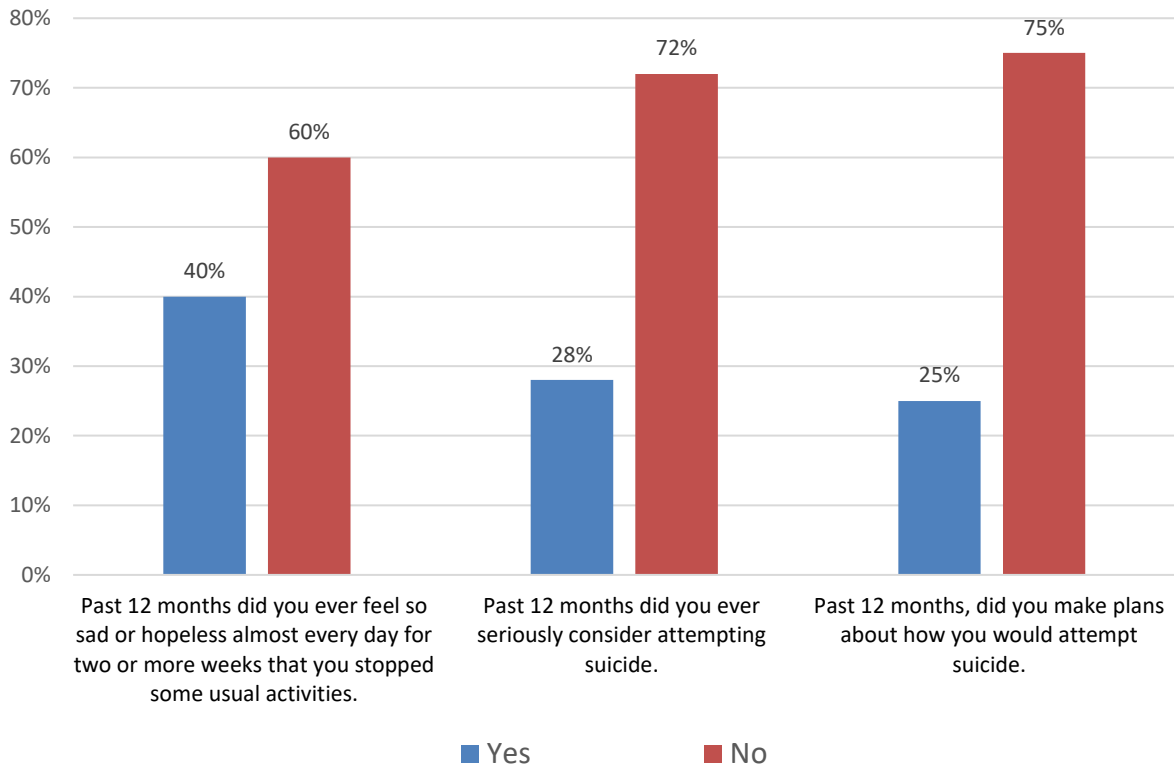
Data Source: Montana Department of Public Health and Human Services, Office of Vital Statistics. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). U.S. Census Bureau, Population Division: 1990 through 2014 state births are from the National Center for Health Statistics (NCHS), National Vital Statistics Reports or can be accessed through the NCHS VitalStats system & Health Indicators Warehouse. DPHHS, Office of Vital Statistics, November 2020.

Suicide Factors

Between 2014-18, the American Indian population on the Flathead had an intentional self-harm (suicide) mortality rate of 41 per 100,000, compared to 25 for the white population. The suicide mortality rate for Lake County was 37.8, second highest in Montana and higher than the Montana average of 25. CSKT Law and Order had 46 suicide calls in 2018 and the Lake County Sheriff had 115. High schoolers in Lake County, on the YRBS, reported 27.8% seriously considered attempting suicide; 25% planned how to attempt suicide, and 18.7% attempted suicide. Middle schools disclosed 19% seriously considered attempting suicide; 17% planned how to attempt suicide, and 16% attempted suicide. Montana led all states for suicide in 2016, 2017, and 2018 at 29.8.

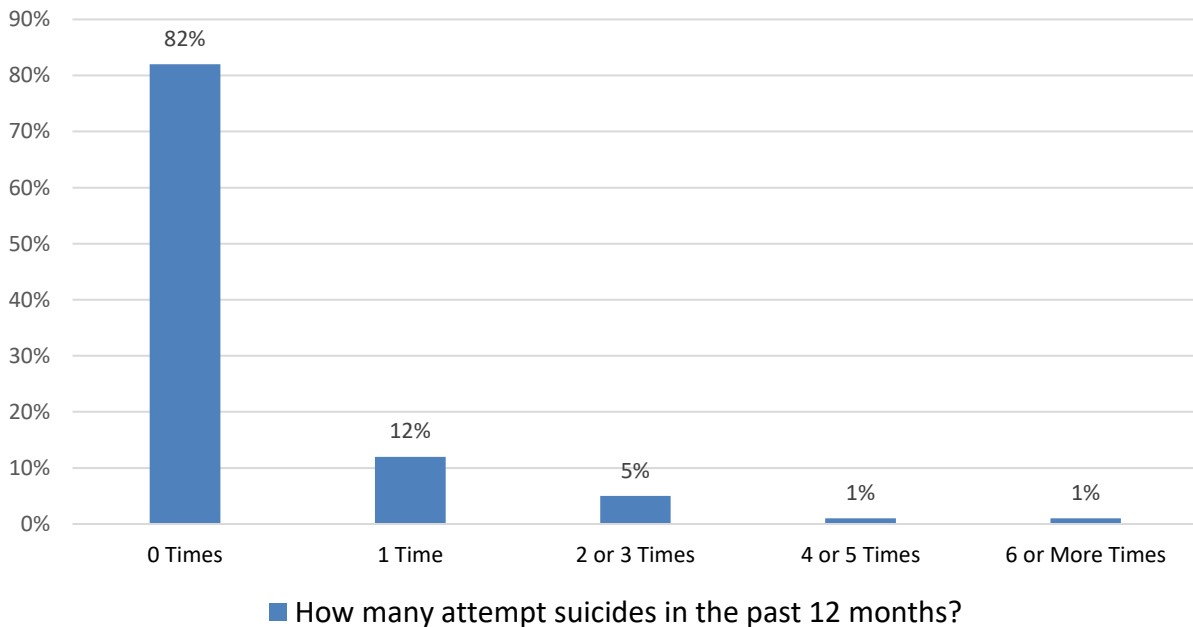


Suicide Ideology YRBS Lake County High Schools 2019



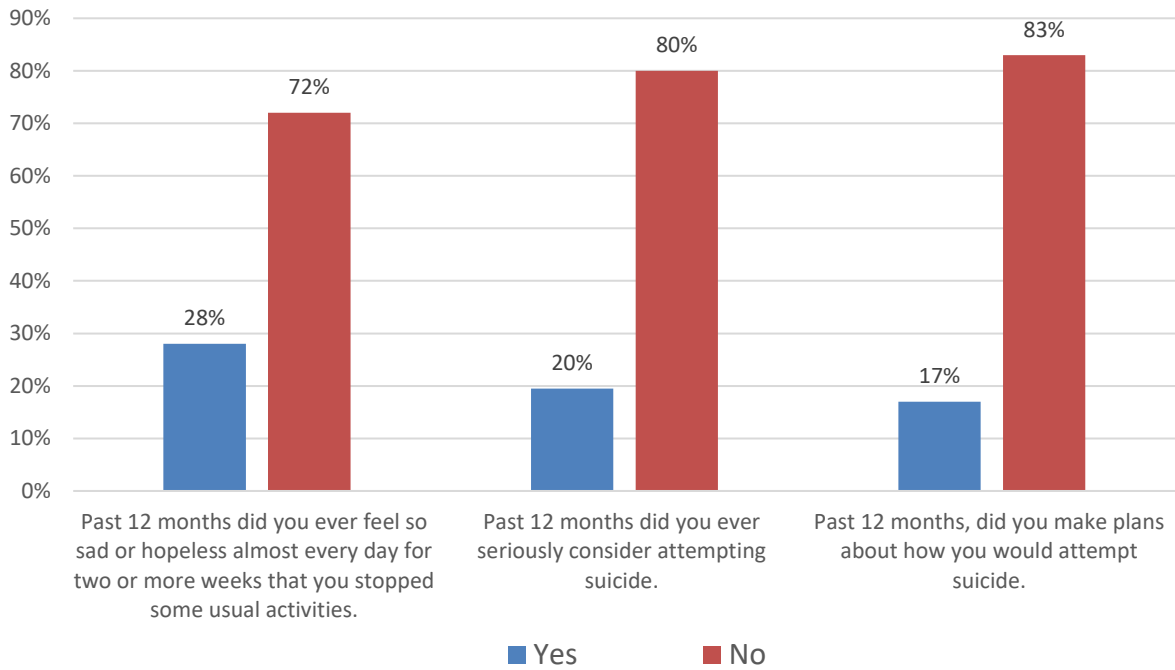
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Suicide Attempts YRBS Lake County High Schools 2019



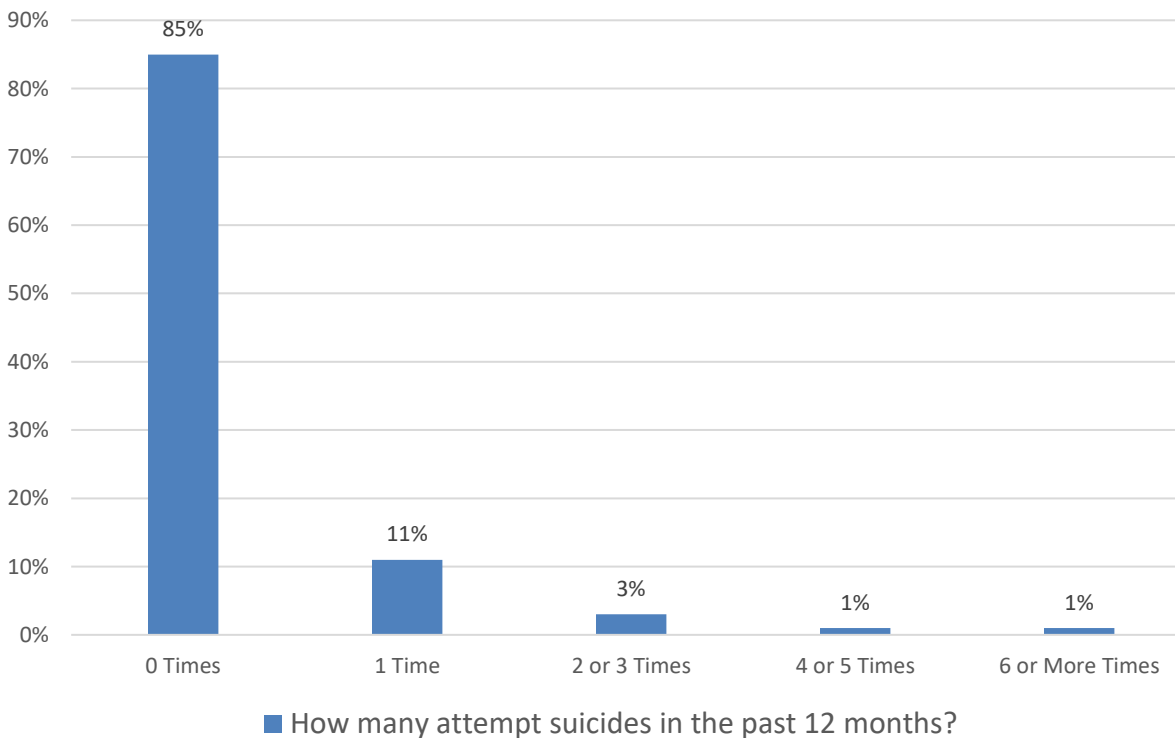
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Suicide Ideology YRBS Lake County Middle School 2019

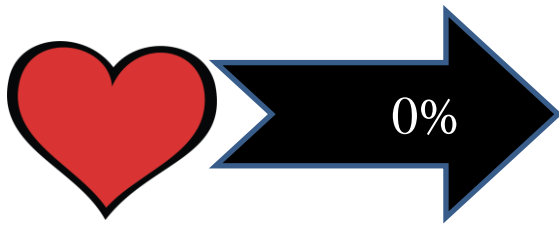


Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Suicide Attempts YRBS Lake County Middle School 2019



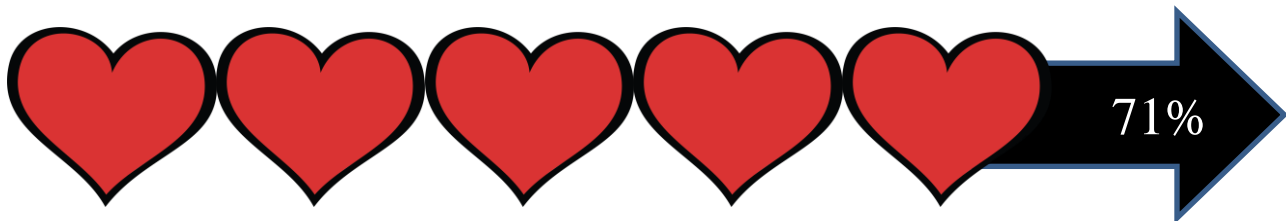
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.



Is depression or mental health concerns a significant problem within the local community?



(1 heart indicates it is a minor issue and 5 hearts shows it is a major problem)



Source: Community Survey, EF Program, , 2017, reviewed 2020.

Economic Indicators

Based on latest reports, Lake County has a per capita money income for 2019 of \$24,912 compared to Montana's \$32,625 and nationally \$35,672, while the median income in Lake County in 2018 was \$44,800, in Montana \$55,200 and nationally \$61,937¹⁴. In 2019, 21.1% of Lake County families were in poverty and 32% of tribal members, compared to 12.6% for the state and 10.8% nationally. In Lake County, the poverty rate for people under 18 was 26%, while in Montana it was 14.5% and in the United States, 16.2%.¹⁵

Lake County's average unemployment rate was 4.2% in for 2019¹⁶ and the percent of 16-19 year-olds unemployed was 20.1%¹⁷. However, the rate amongst the tribal population was over 20% depending on variables used in calculating the data.¹⁸ Over 31.9% of Native Americans in Montana live below poverty.¹⁹ This number has a direct correlation to the well-being of the target population, since many are from other tribal communities living in the area to attend Salish Kootenai College. In other indicators, Lake County has consistently been higher than the state average the last five years. This includes students qualifying for free and reduced lunches in 2019, with Lake County at over 76% compared with a state average of 43%²⁰. Lake County in 2020, had 30.9% of the population access the SNAP program while statewide the number was 18.4% and nationally 14%²¹. Nearly one in four residents utilized Low Income Energy Assistance this past year.²² The area also has a food insecurity rating of 12.8% with the average cost of a meal at \$3.29, Montana's percent is 10.3% with the average cost of a meal being \$3.02, while the national rate is around 11.5% and the average cost of a meal is \$3.09.²³

Outcomes over the last five years have improved for some areas of employment across Montana and in Lake County. However, the total estimates on unemployment within the county have several variables. One of the most important is that tribal members access supportive services from within the tribal government and not the state or federal. For that reason, some of the calculations regarding overall unemployment and underemployment are not as accurate for the tribal community. Based on those who access services within the tribe, particularly areas within Tribal Social Services and the Department of Human Resource Development, the estimate for 2019 unemployment amongst the tribal population is estimated to be somewhere between 20-24%. This number was calculated looking at those utilizing programs such as Vocational Rehabilitation, WIOA, WIC, TANF, SNAP, LIEP, Childcare Block Grant, Kerr Elderly, Foster Care, Home Visiting, General Assistance, and Tribal Commodities. Those using these services must report income and employment information. From the rate of use of tribal members living on the reservation, those unemployed is at least 20% and those underemployed is closer to 30%. Many in the target population are only part-time.

Housing continues to be another challenge for residents. This is based on both the cost for rents and the availability within the overall housing stock. Both the Lake County Housing Authority and the Salish Kootenai Housing Authority continue to maintain long waiting list with more than 100 residents on each. As a result, a high number of individuals are living in dwellings that do not have the adequate space or services. Families that are doubled or tripled up with 8 to 12 residents in a one or two bedroom unit is common. Children have a hard time getting enough rest and having the ability to do homework in these environments.

¹⁴ US Census, American Community Survey-five year estimates, reported 2018, KIDS Count, November 2020.

¹⁵ Montana Poverty Report Card, MT. Department of Public Health and Human Services., Poverty Talks Website, reviewed November 2020

¹⁶ Montana Department of Labor Statistics and Bureau of Labor Statistics, Local Area Unemployment, reviewed, November 2020.

¹⁷ Bureau of Labor Statistics, Local Area Unemployment Statistics, Labor Force Data by County, (<http://stats.bls.gov/lau/home.htm>);reviewed, November 2020..

¹⁸ BLS Report, Bureau of Indian Affairs, 2013, CSKT Department of Human Resource Development, 2019.

¹⁹American Community Survey Brief, Poverty Rates for Selected Detailed Race and Hispanic Groups by State and Place., Report 2019, reviewed, 2020..

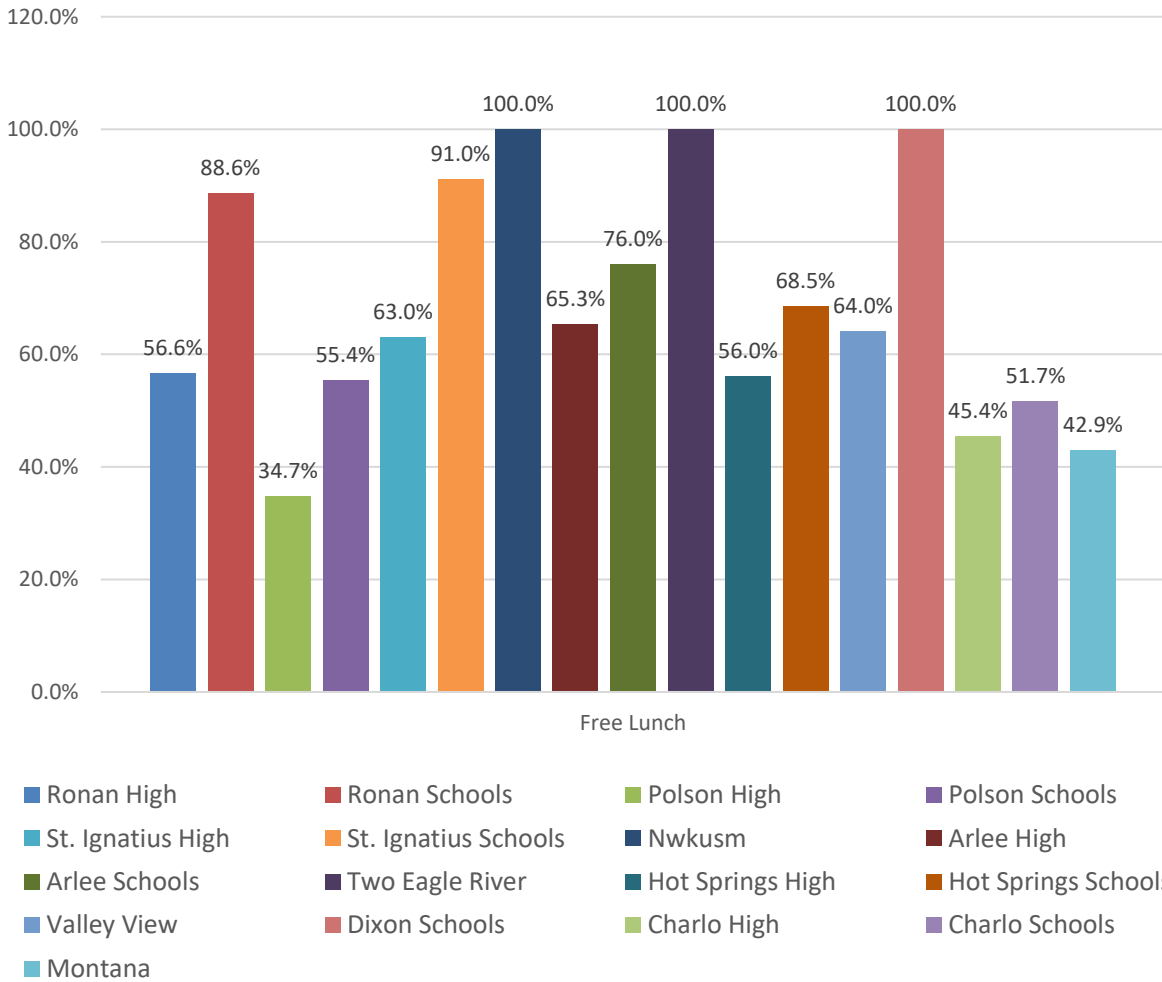
²⁰ Montana Office of Public Instruction, 2020.

²¹ Montana Department of Public Health and Human Services, 2020.

²² CSKT Tribal Low Income Energy Program and Montana Department of Public Health and Human Services, 2020.

²³ Feeding America, reviewed, November 2020..

Qualified Free/Reduced Lunch Comparison Flathead Reservation Schools and Montana 2020



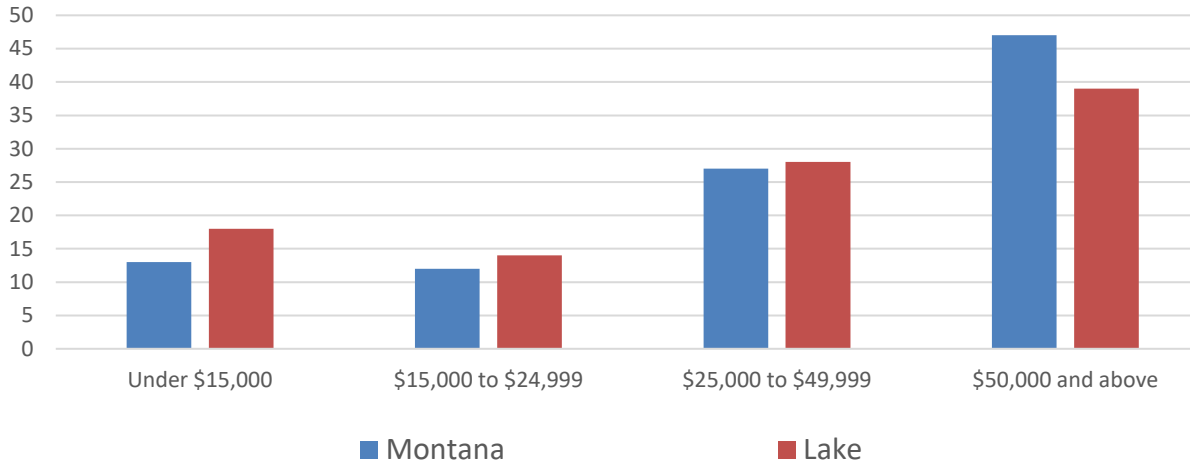
Source: Montana Office of Public Instruction, NSLP based., reviewed November, 2020.

Supplemental Nutrition Assistance Program

Location	Data Type	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2016
Montana	Number	80,114	87,241	109,330	109,372	126,545	120,065
Lake	Number	3,793	4,198	4,944	4,944	5,756	5,567
Montana	Percent	8%	9%	11%	11%	12.5%	12.2%
Lake	Percent	13%	14.5%	17.2%	17%	20%	19.27%

Percent: Is percent of total population, all ages within that year. Definitions: Number of people who receive assistance from the Supplemental Nutrition Assistance Program (SNAP). Source: Montana Department of Public Health and Human Services, Annual Statistical Bulletin, 2017, reviewed 2020.

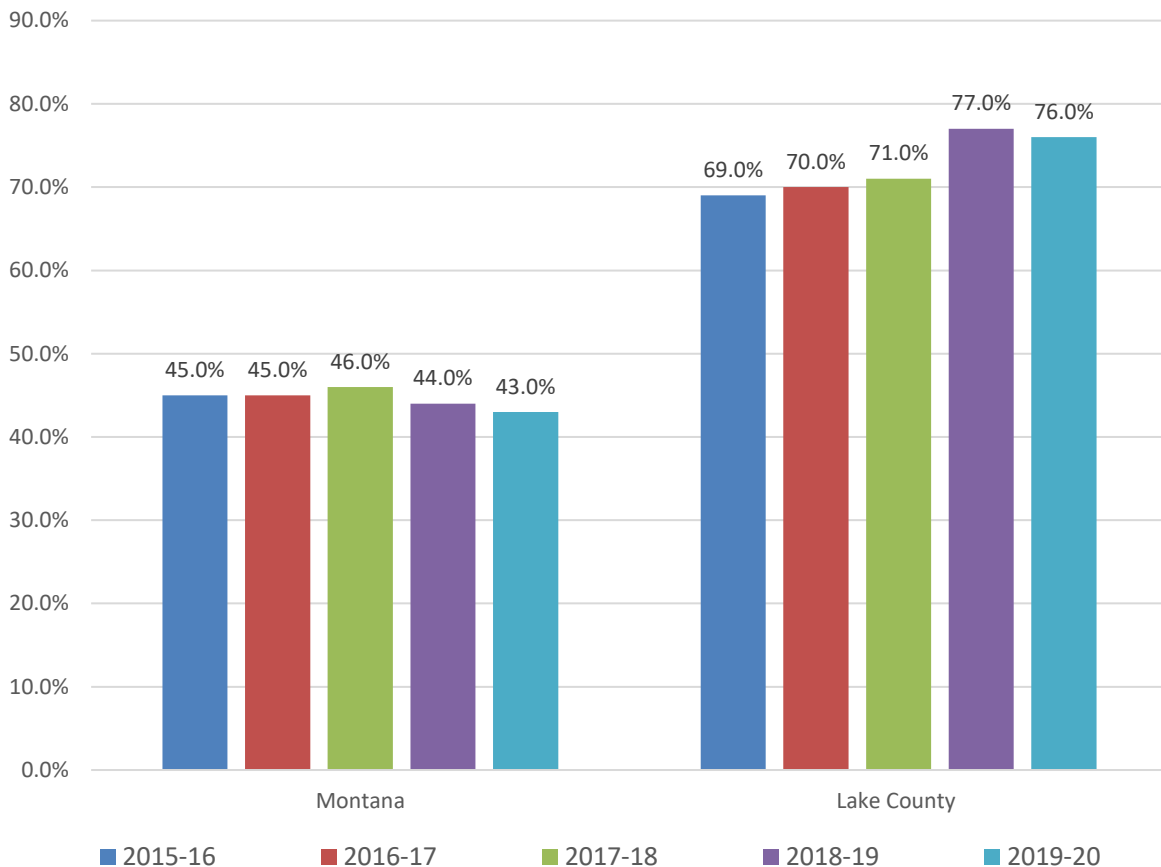
Range of Income 2016



Notes: The percentage of households in Lake County with household income of less than \$25,000 per year was 32%, which is about 7% higher than the statewide rate.

Source: Bureau of Labor Statistics, 2016, reviewed 2020.

Qualified Free/Reduced Lunch Comparison Flathead Reservation Schools and Montana



Source: Montana Office of Public Instruction, NSLP based., reviewed November, 2020.

Montana Places Ranked by Per Capita Income

Per capita income or average income measures the average income earned per person in a given area (city, region, country, etc.) in a specified time period. It is calculated by dividing the area's total income by its total population.

Rank	City/	Per-Capita Income	Population	Information
Lake County and Flathead Reservation Locations				
3	Rollins	\$27,255	183	Flathead Lake
4	Jette	\$25,808	267	Flathead Lake
18	Bigfork	\$20,314	4,300	Flathead Lake
22	Finley Point	\$19,575	493	Flathead Lake
35	Lakeside	\$18,533	2,700	Flathead Lake
37	Dayton	\$18,501	95	Flathead Lake
54	Rocky Point	\$17,576	107	Flathead Lake
74	Big Arm	\$16,620	131	Flathead Lake
77	Kicking Horse	\$16,524	80	Job Corps
89	Lonepine	\$16,218	137	Agricultural area
111	Evaro	\$15,465	322	Commuter Area
142	Pablo	\$14,672	2,010	Tribal Headquarters/college
170	Polson	\$13,777	4,800	County seat/commercial/health
204	Hot Springs	\$12,690	544	Art Community
212	St. Ignatius	\$12,336	825	Agriculture/health services
221	Ronan	\$11,678	1,985	Commercial/health services
224	Arlee	\$11,558	759	Agriculture/commuter
227	Dixon	\$11,379	270	Outlying
233	Charlo	\$10,687	479	Agriculture
274	Elmo	\$2,778	165	Outlying
Montana Top Ranked Areas and Largest Cities With Ranking				
1	Cooke City	\$31,618	140	Tourist area-Yellowstone
2	Big Sky	\$31,492	2,400	Tourist area-skiing
7	Whitefish	\$23,098	7,073	Resort//skiing/tourist area
21	Helena	\$20,021	30,581	State Capitol
26	Billings	\$19,207	110,300	Largest city/trade/oil/tourism
61	Missoula	\$17,166	72,000	College town
63	Butte	\$17,068	34,000	Tourism/college
88	Kalispell	\$16,224	22,052	Commercial/airport
90	Bozeman	\$16,104	44,000	Tech/college

Source: Mt. Dept. of Labor and Industry Research and Analysis Bureau Data, 2016. Bureau of Economic Analysis, 2016, Montana Department of Commerce and the Montana Tourism Page, 2016, reviewed November 2020.

Crime & Violence Indicators

As a community with a variety of jurisdictions, the exact picture of crime and its connection to violence can be difficult to completely assess. Between Tribal Police, Polson Police, Ronan Police, the Lake County Sheriff and the Montana Highway Patrol, the area has a significant level of law enforcement for a permanent resident population of around 30,000. Adding to this picture, is the different jurisdictional concerns, both with tribal and non-tribal and in government to government. What is included below are some of the core numbers related to crime and violence services in the area. Because of different reporting requirements and other jurisdictional factors, the totals for all areas is greater than what is below. Because of jurisdictional issues, only a fraction of tribal calls are included in the Montana Incident Based Reporting System. It is essential to keep all of this in mind when reviewing the data on Lake County crime in the charts below as in nearly every category the totals would be much higher if the data from all agencies on the reservation was included. These high levels of crime, across all ages, place demands on all agencies and programs, from schools to government programs to other non-profits. Even with the variables, the current violent crime rate is at 446 (per 100,00) for Lake County, compared to 346 for the state average and high performing areas of only 63. This number is telling because it only includes parts of the story.

Tribal Police responded to over 13,052 service calls in 2018, including over 200 burglaries and larcenies, 29 vehicle thefts, 176 DUI's, 158 dangerous possession of drugs, 154 domestic violence, 206 non-DUI traffic incidents, over 100 assaults, served 243 warrants and assisted other officers 2744 times. Adult citations rose 70% in three years, to 1825. Juvenile citations more than doubled, to 867. During 2018, the CSKT Probation Department had 48 Youth Court I referrals and 91 in Youth Court II, while in 2019, the Youth Court I total was 58 and the Youth Court II was 157. Lake County is one of top six counties for incidents of reported rapes, top 3 for burglary, top 6 for aggravated assault, top three for robbery, top 5 for drug offenses and top 5 for violent crimes. Based on MBIR data, the highest drug offense rate in all Western Montana is in Lake County in the City of Polson at 45.43. For Crimes Against Property, Polson's rate of 93.76, was higher than any other Montana city. Lake County's Crimes Against Persons rate was above the state, 6.13, with Polson at 25.93 and Ronan, 11.79. Crimes Against Society rate for all of Lake County was 17.66, more than double the Montana average.

**CRIME RATE COMPARISON CHART OVERALL CATEGORIES
LAKE COUNTY, STATE REGIONS, STATE OF MONTANA**

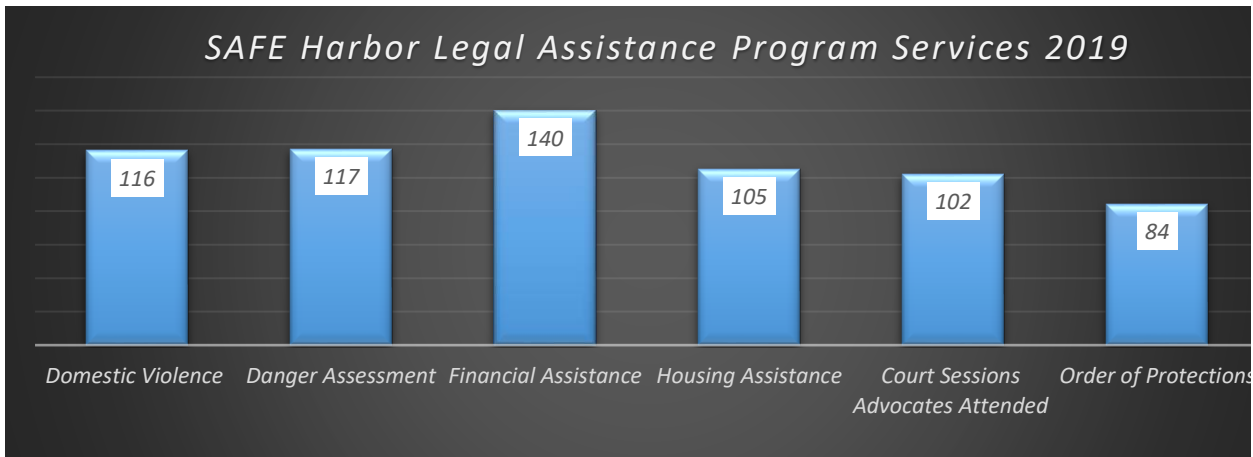
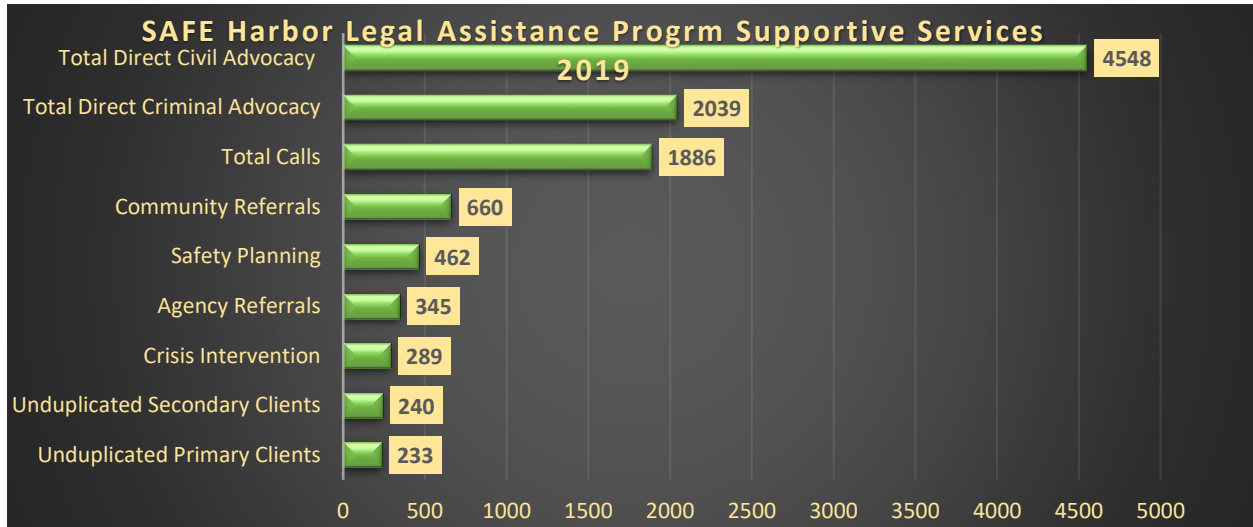
<i>Jurisdiction</i>	<i>Crimes Against Persons Rate</i>	<i>All Offense</i>	<i>Index Violent Crimes Rate</i>	<i>Possess A Dangerous Drug</i>	<i>Crimes Against Property Rate</i>	<i>Partner Family Member Assault</i>	<i>Crimes Against Society</i>	<i>Group B Offenses</i>	<i>Index Property Crime Rate</i>
Lake County (All Average)	16.13	86.15	4.92	17.33	33.52	4.38	17.66	18.84	24.36
Lake County Sheriff	14.68	56.02	5.04	9.46	19.77	3.74	9.68	11.89	14.09
Polson City	25.93	203.28	5.81	45.43	93.76	7.26	45.84	37.75	68.04
Ronan City	11.79	155.21	1.96	40.28	50.10	4.42	41.75	51.57	38.80
St. Ignatius City	8.46	42.32	3.63	8.46	10.88	4.84	8.46	14.51	9.67
Central Montana	12.54	87.63	3.47	8.61	49.37	4.49	8.95	16.7	35.43
Eastern Montana	14.82	80.56	3.87	10.48	23.48	4.15	10.87	31.07	15.06
Western Montana	12.38	77.88	3.32	8.89	35.55	3.48	9.21	20.62	23.9
Montana Overall	12.65	81.05	3.42	8.93	38.66	3.88	9.30	20.44	26.65

*Source: Montana Incident Based Reporting System, Average annualized-reviewed February 2020 . All numbers listed are Per 1,000 unless otherwise indicated. **Per 100,000 *Numbers indicated reflect most recent tally within the online system unless a year is indicated.*

Domestic or Intimate Partner Violence

SAFE Harbor serves Western Montana, specifically the Flathead Reservation. It is the only shelter and legal services provider for those dealing with violence between Missoula and Kalispell. Services are free and open to all. SAFE Harbor’s mission is to provide a safe, nurturing, and healing environment to victims of domestic violence, sexual assault, stalking, and dating violence. The agency also serves as a community resource, expanding capacity with outreach, education, and training, while promoting a healthy model of engagement by being an active, supportive partner to other programs.

Last year, SAFE Harbor assisted over 600 primary and 350 secondary victims, providing 1030 shelter nights, answering over 2000 hotline calls, delivering 300 hours of therapy to sexual assault victims, and assisting 35 clients in the Batterer Intervention Program. Group therapy was given to 45 primary and 18 secondary adult/child victims and over 400 clients accessed legal services. An additional 300 family members, primarily children, received transportation, food, clothing, and other supplies, as well as being connected to services and other resources by the SAFE Harbor Team. Referral and planning services were provided to 87 clients working with the CSKT Victim Assistance Program. Together these groups aided more than 1,200 victims.²⁴



²⁴ SAFE Harbor, Tribal Law, Lake County District, Tribal Court, Ronan City Court, Polson City Court, 2020.

Youth Risk Behavior Survey

The *Youth Risk Behavior Survey*, developed by the Center for Disease Control in 1990, focus' on four priority areas associated with STDs, including HIV, and unintended teen pregnancy:

- Sexual Behavior
- High-Risk Substance Use
- Experiencing Violence, and
- Mental Health and Suicide.

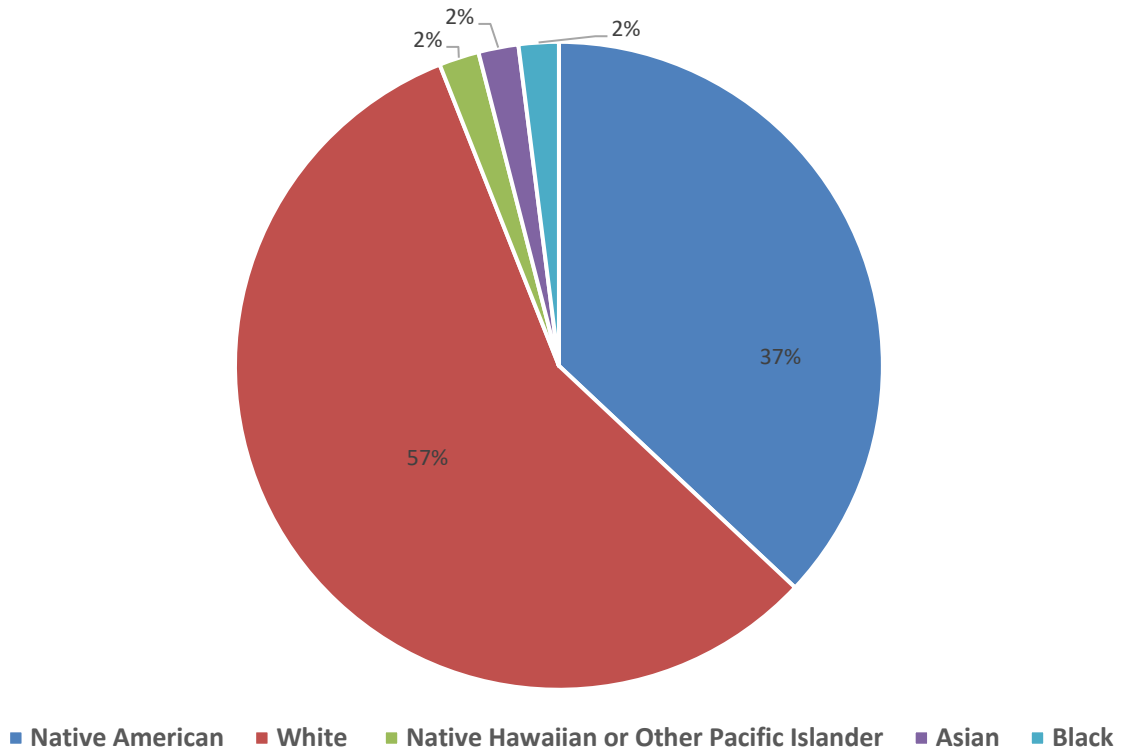
These health risk behaviors and experiences contribute to substantial health problems for adolescents. The Youth Risk Behavior Surveillance System was developed in 1990 to monitor health behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth in the United States. These behaviors are often established during childhood and early adolescence and can continue into adulthood. Health risk behaviors and experiences related to sexual behavior, high-risk substance use, violence, and poor mental health and suicide contribute to substantial health problems for adolescents, including risk for HIV, STDs, and unintended teen pregnancy. Consequences of these risks extend beyond health, as adolescent substance use, risky sexual behavior, and experiencing violence impact academic achievement and thus future occupational and financial opportunities that are intertwined with health in adulthood.

Recent trends on the national review of YRBS are moving in the wrong direction. Condom use among youth has declined for the past decade, which is cause for concern. As STD rates increase among young people in the US, lack of condom use leaves many adolescents vulnerable to HIV and other STDs such as chlamydia, gonorrhea, and syphilis.

Of significant concern is that student reports of negative mental health and safety issues continue to increase. A growing percentage of students surveyed reported that they did not go to school because of safety concerns. An increasing percentage of American youth felt sad or hopeless for at least two weeks to the degree that they could not engage in their usual activities. The percentage of students who seriously considered suicide or made a suicide plan also increased significantly in the last decade. These trends show that adolescents are critically in need of adult support in addressing safety and mental health issues, problems which are largely beyond an adolescent's control.

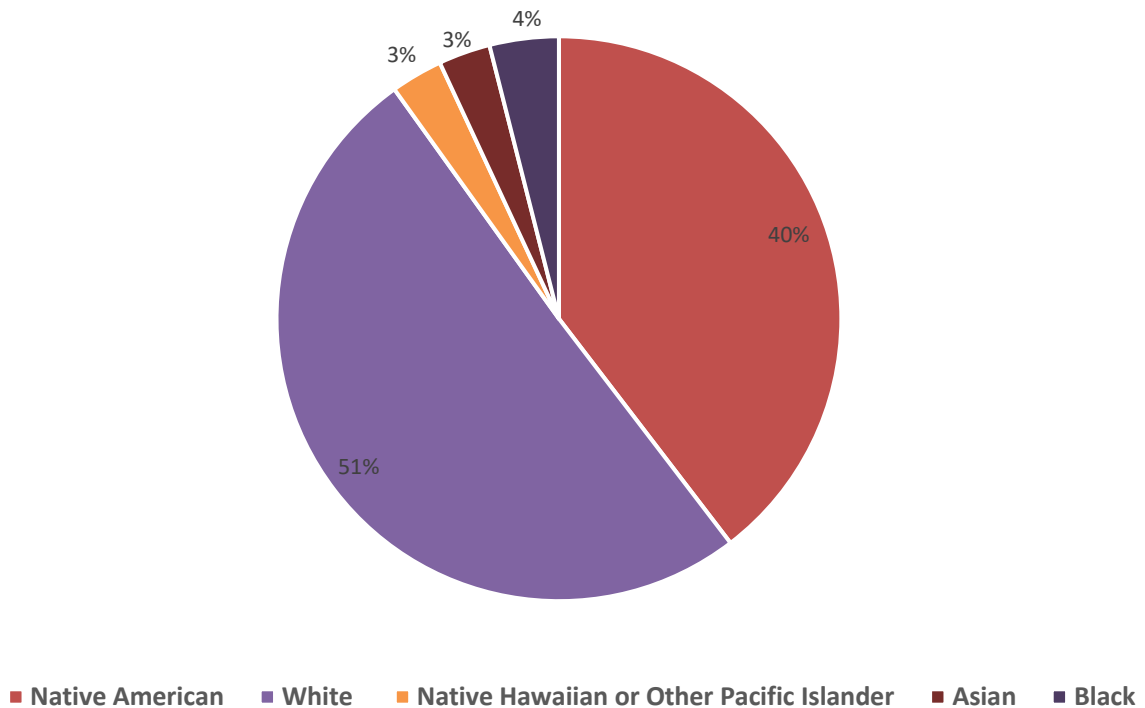
While these trends apply to all high school students in the US, closer examination reveals that subsets of students have very different experiences, some better and some worse. Unfortunately, stark disparities were found in all key health risk behaviors between sexual minority students and their peers. Most risk behaviors and experiences were found to be higher in sexual minority youth than among heterosexual youth and those who did not have same sex partners, especially regarding substance use, experiencing violence, and suicide behaviors. Among students who had any sexual contact with people of the same sex, the percentage who were threatened or injured with a weapon or who did not go to school because of safety concerns significantly increased. Of those students who had sexual contact with people of the same sex, the percentage who seriously considered suicide significantly increased. The percentage of LGB students who had an HIV test significantly decreased. Other areas have shown improvement, Declines in the percentage of students who ever had sex, had four or more sex partners, are currently sexually active, or ever used or injected drugs. These behaviors have important implications for health and well-being, and these improvements show that American youth can and are making better choices for their lives.

Respondent Race YRBS Lake County High School 2019



Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Respondent Race YRBS Lake County Middle School 2019



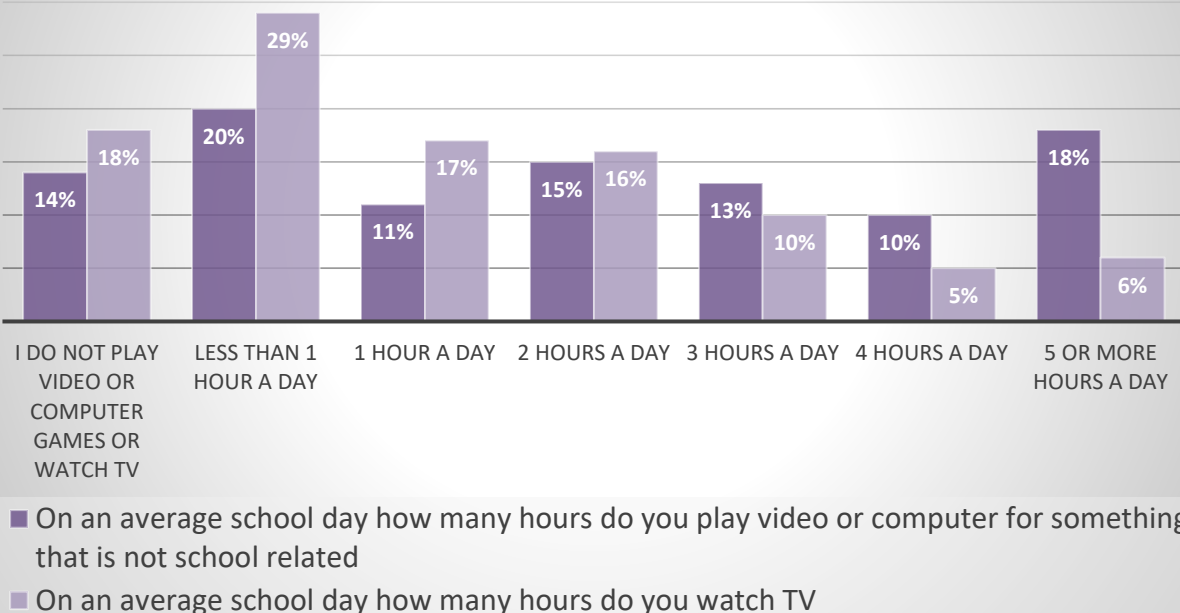
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Television & Computer Time YRBS Lake County High Schools 2019



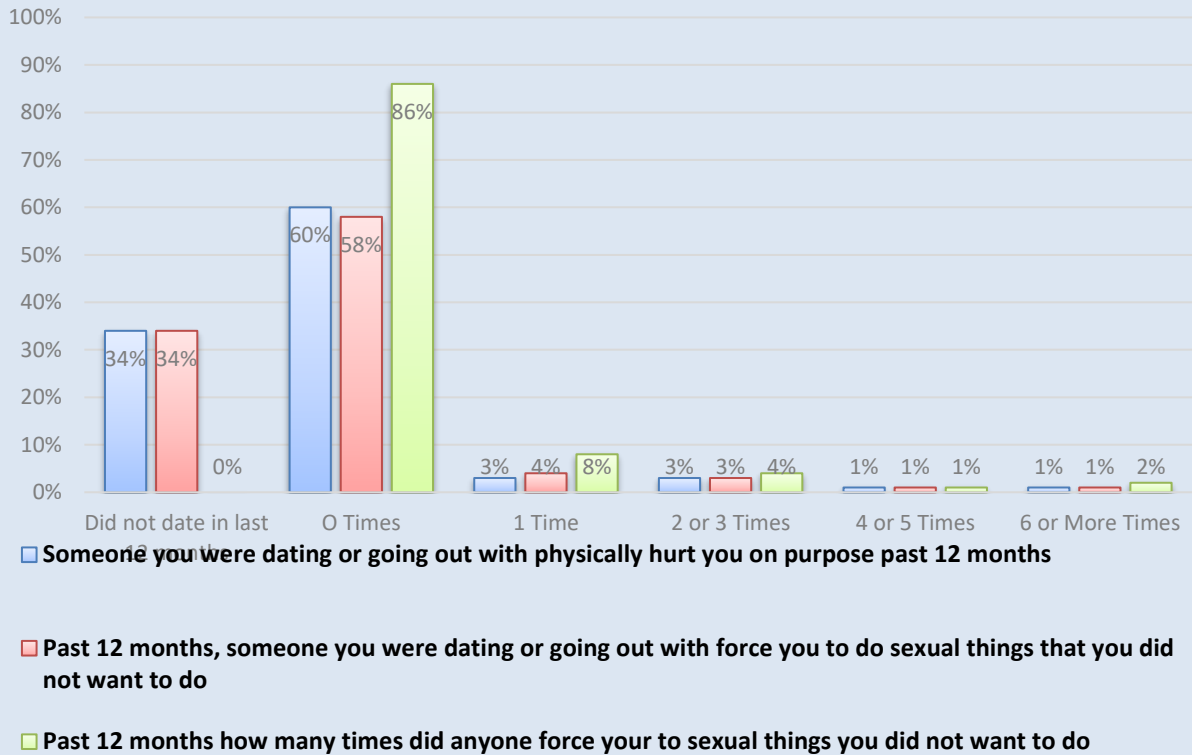
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Television & Computer Time YRBS Lake County Middle Schools 2019



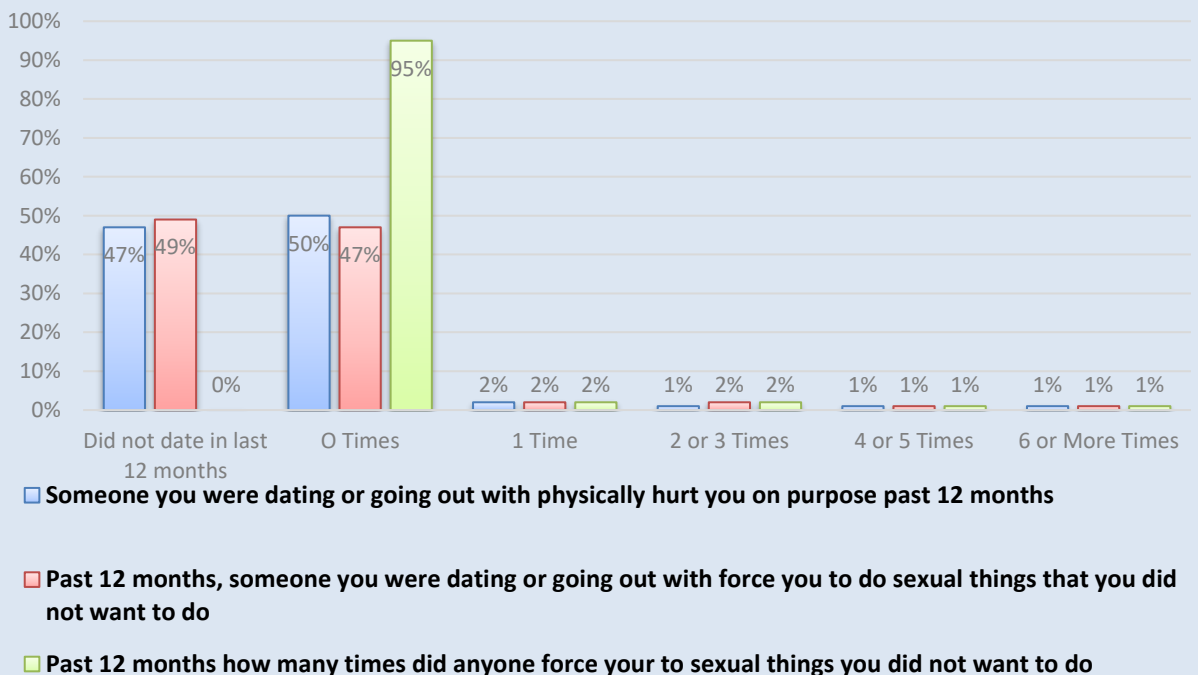
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Sexual Violence YRBS Lake County High Schools 2019



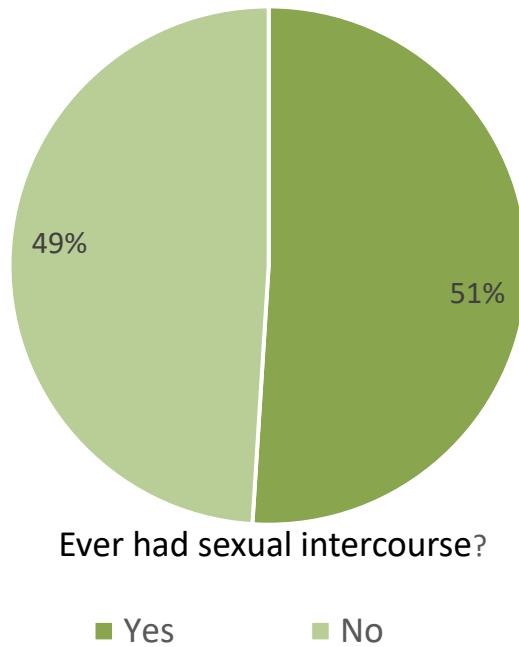
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Sexual Violence YRBS Lake County Middle Schools 2019



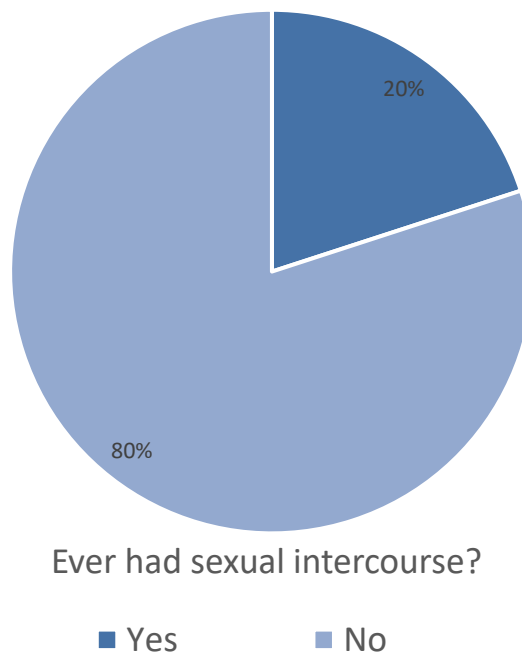
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Sexual Intercourse YRBS Lake County High Schools 2019



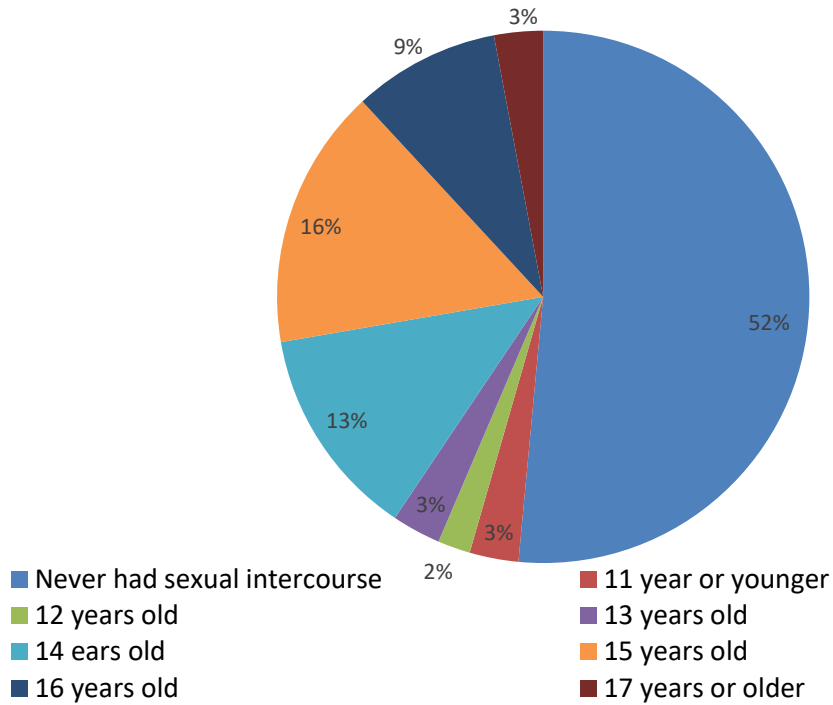
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Sexual Intercourse YRBS Lake County Middle Schools 2019



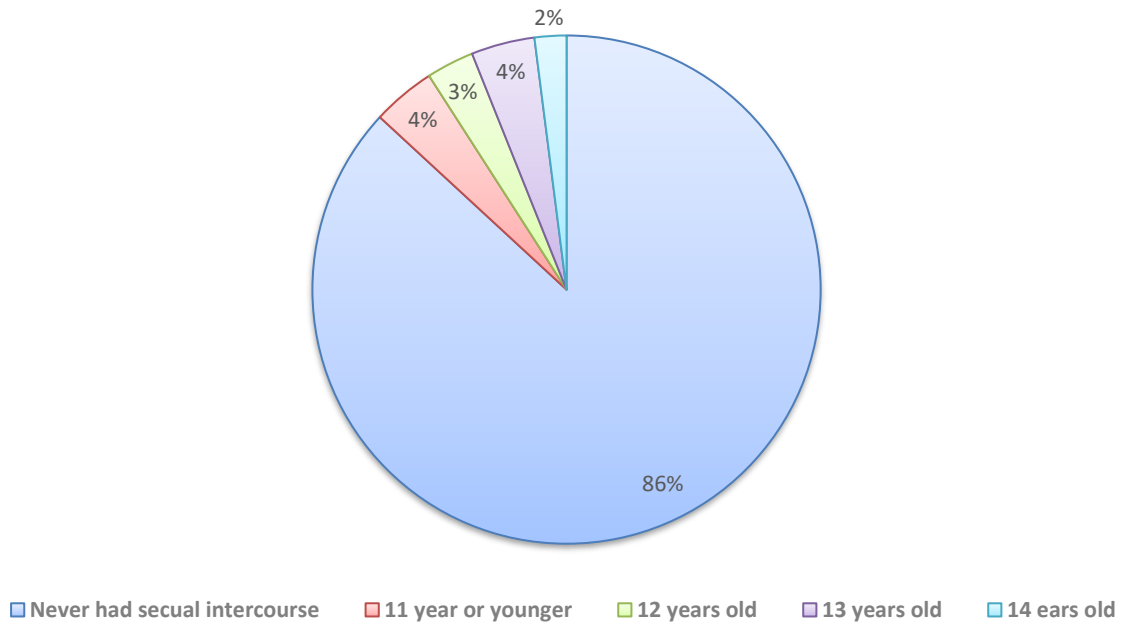
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020..

**How old were you when you first had sexual intercourse?
YRBS Lake County High Schools 2019**



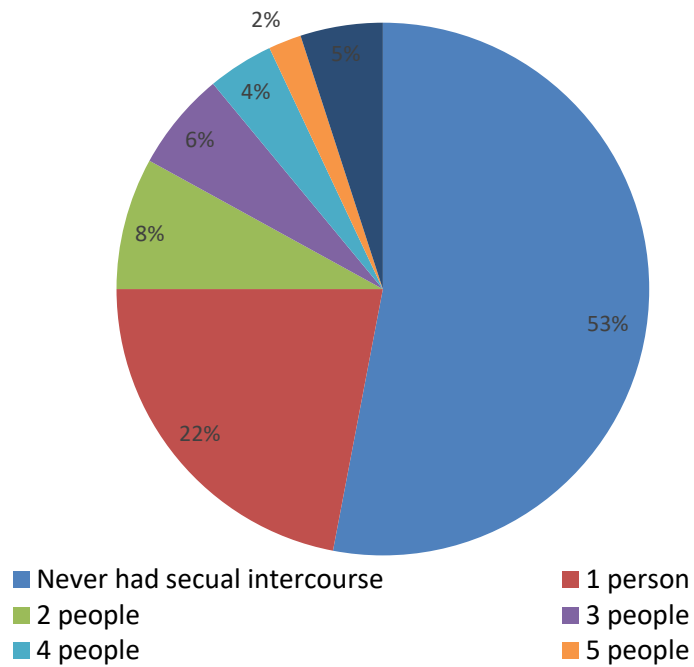
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

**How old were you when you first had sexual intercourse?
YRBS Lake County Middle Schools 2019**



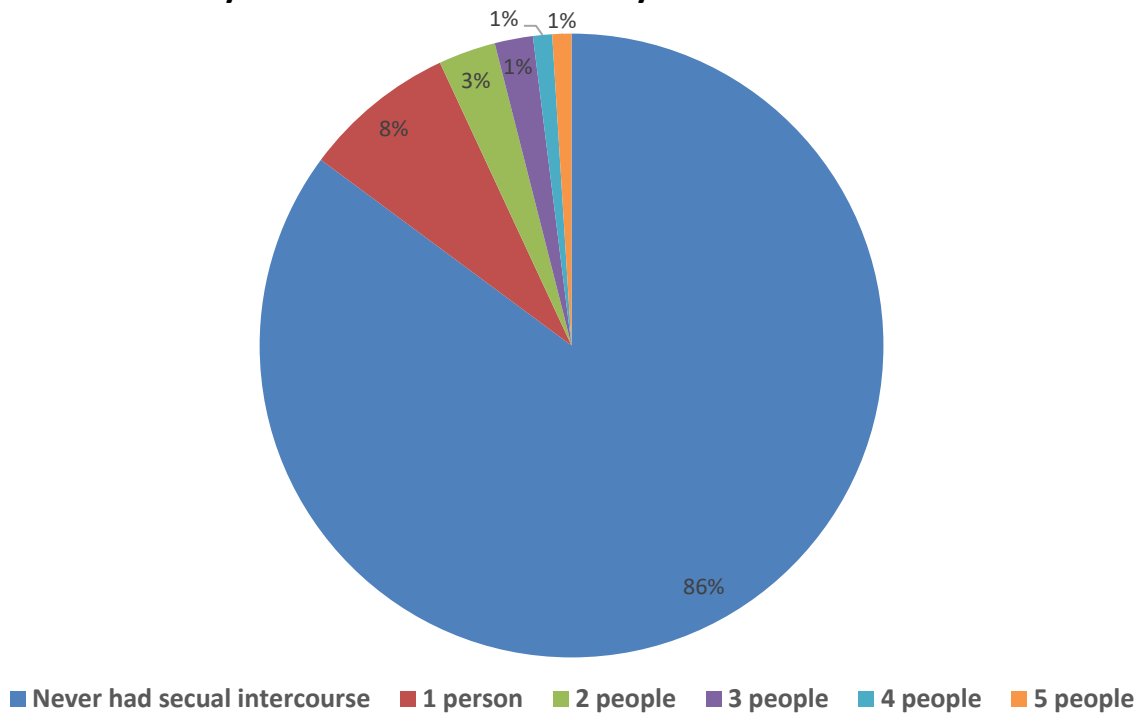
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

With how many people have you had sexual intercourse in your life? YRBS Lake County High Schools 2019



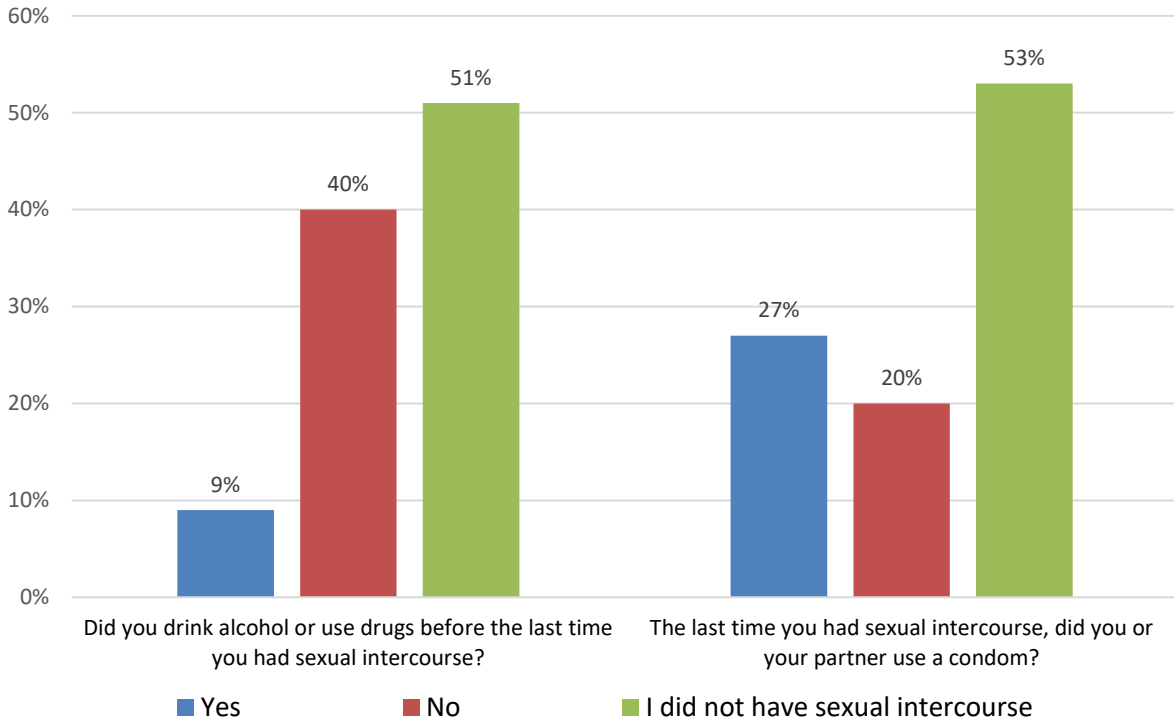
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

With how many people have you had sexual intercourse in your life? YRBS Lake County Middle Schools 2019



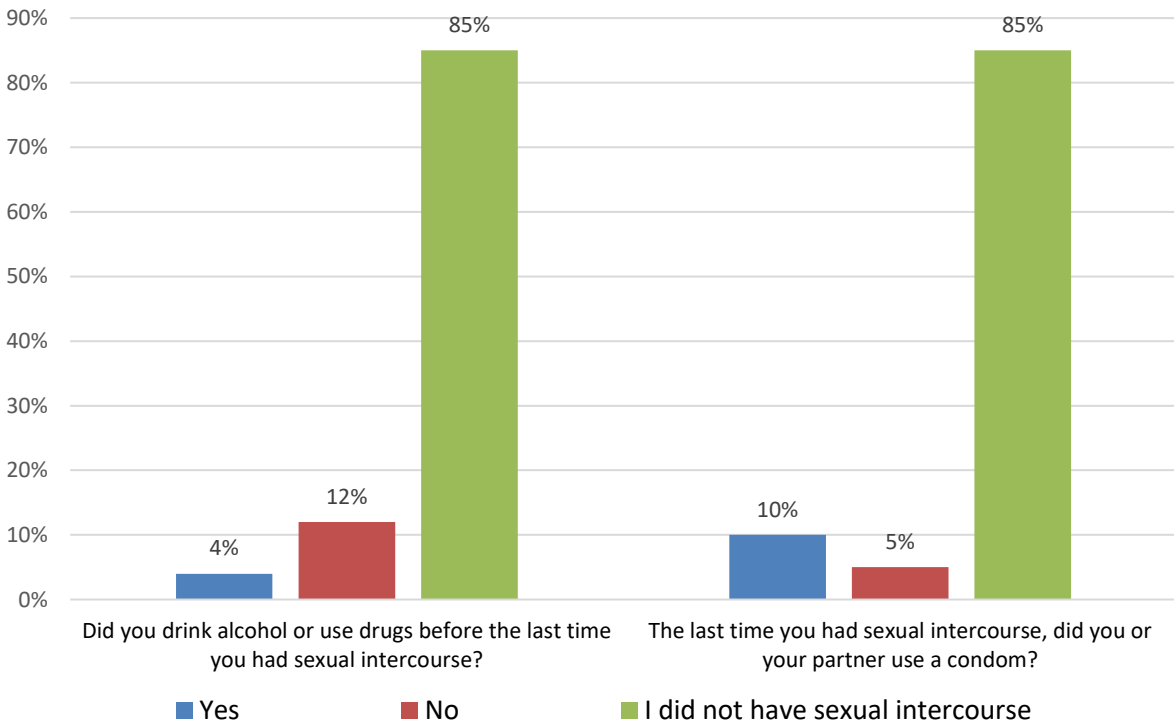
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Sexual Norms YRBS Lake County High Schools 2019



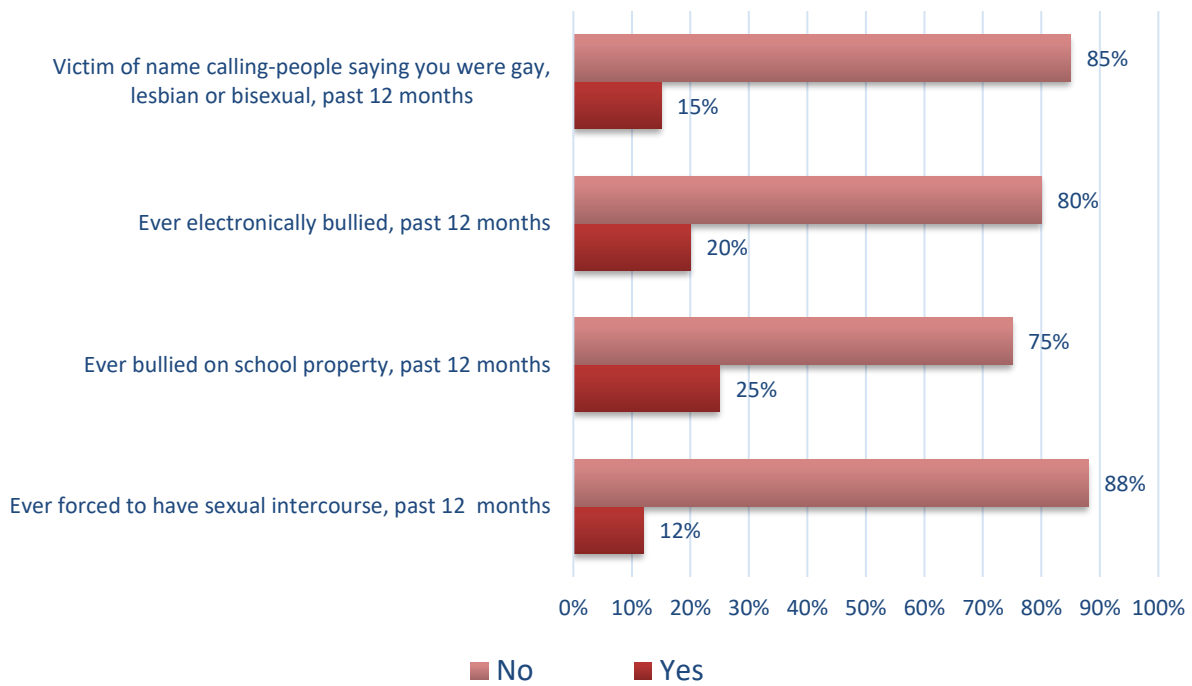
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020..

Sexual Norms YRBS Lake County Middle Schools 2019



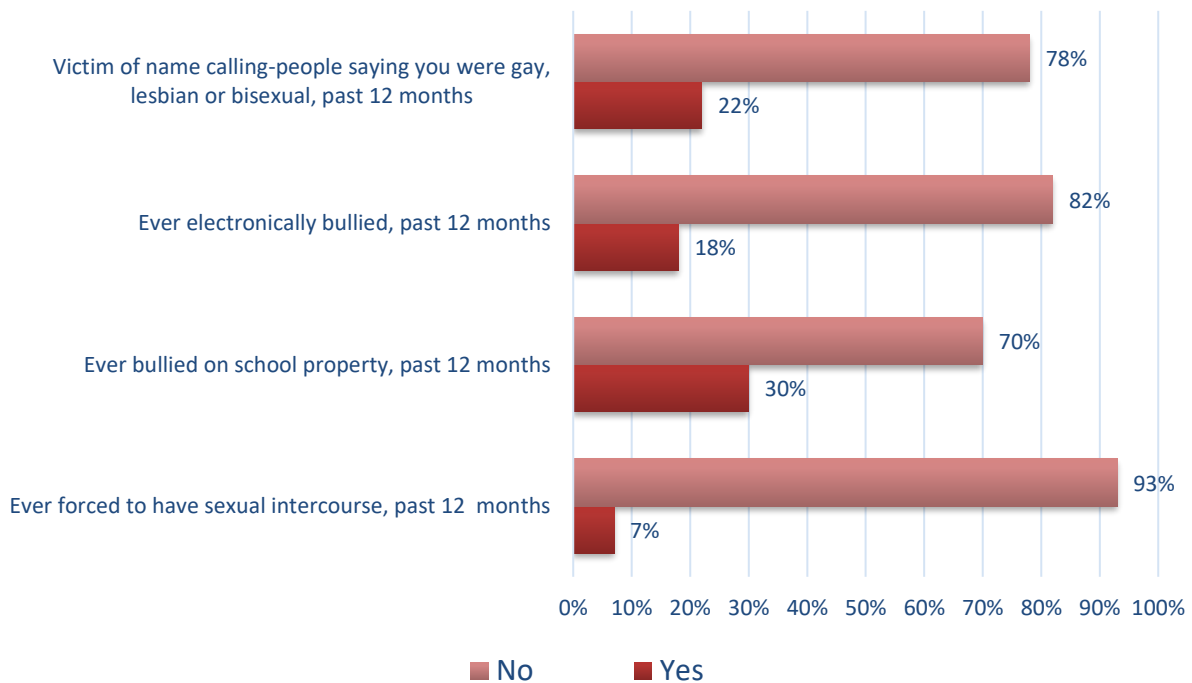
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020..

Bullying, Sexual Assault YRBS Lake County Middle Schools 2019



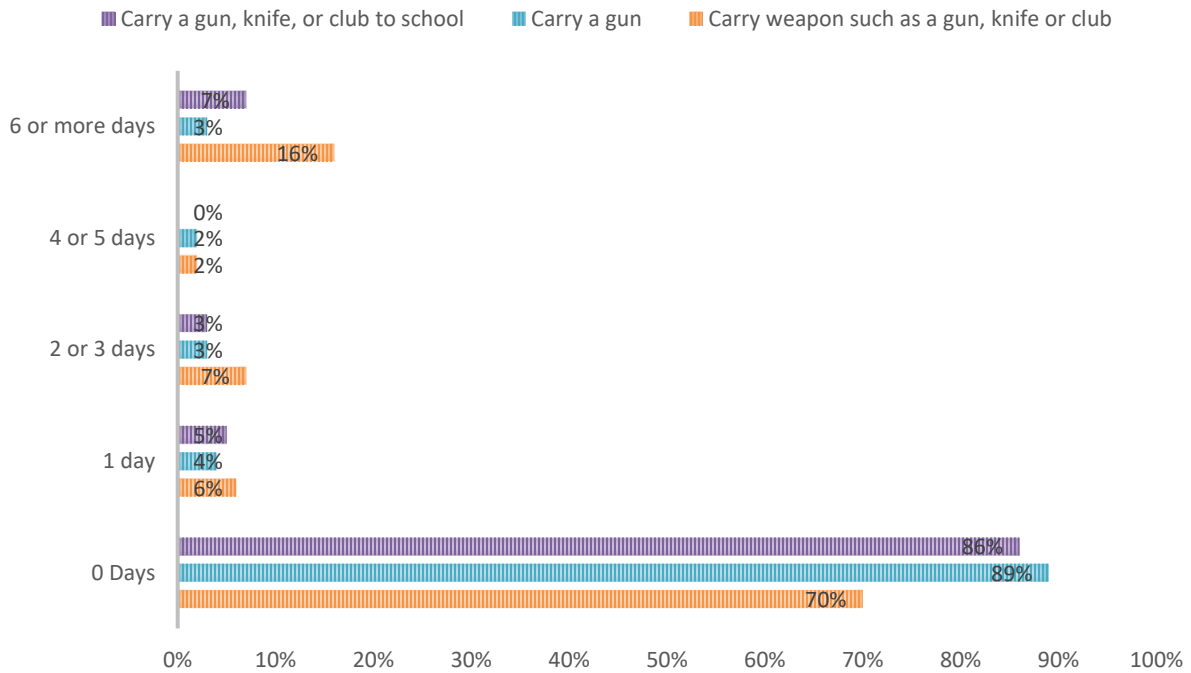
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Bullying, Sexual Assault YRBS Lake County Middle Schools 2019



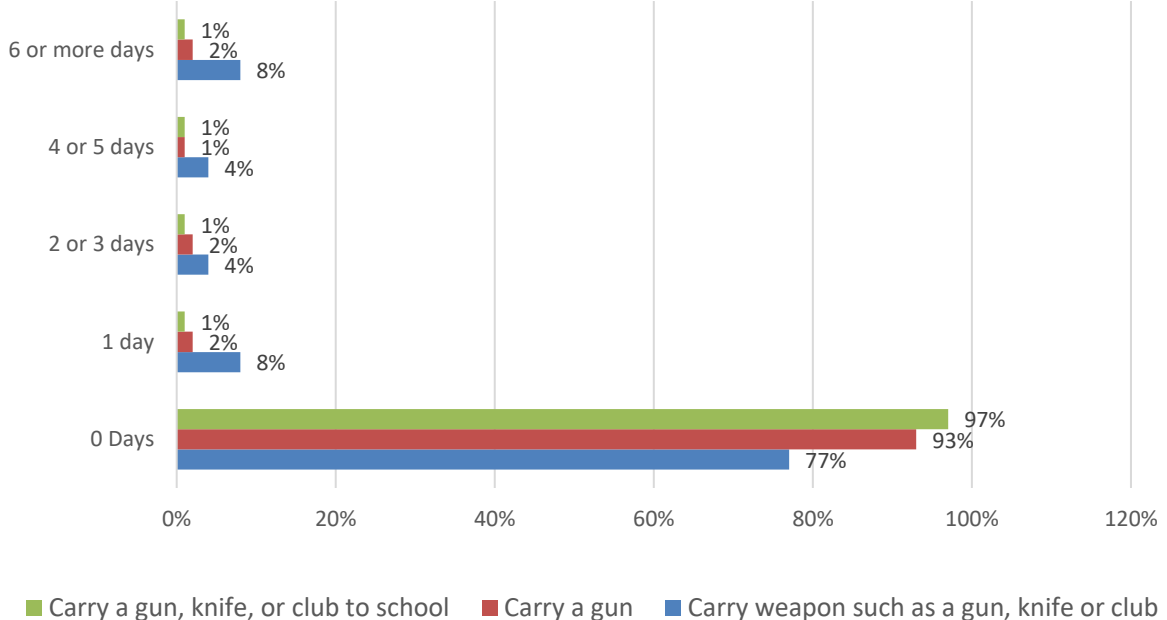
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Carry Weapon Last 30 Days YRBS Lake County High Schools 2019



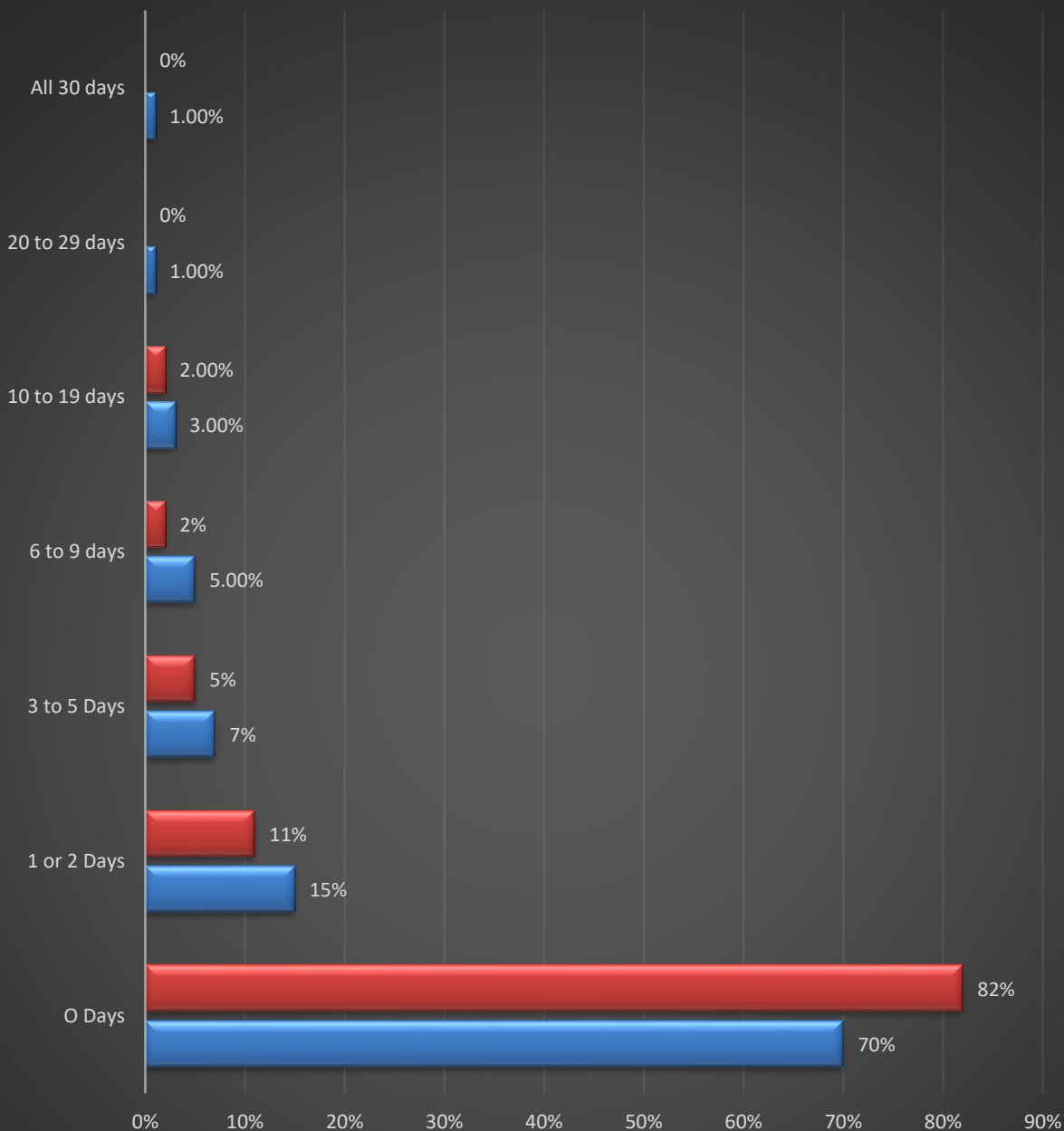
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Carry Weapons Last 30 Days YRBS Lake County Middle Schools 2019



Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

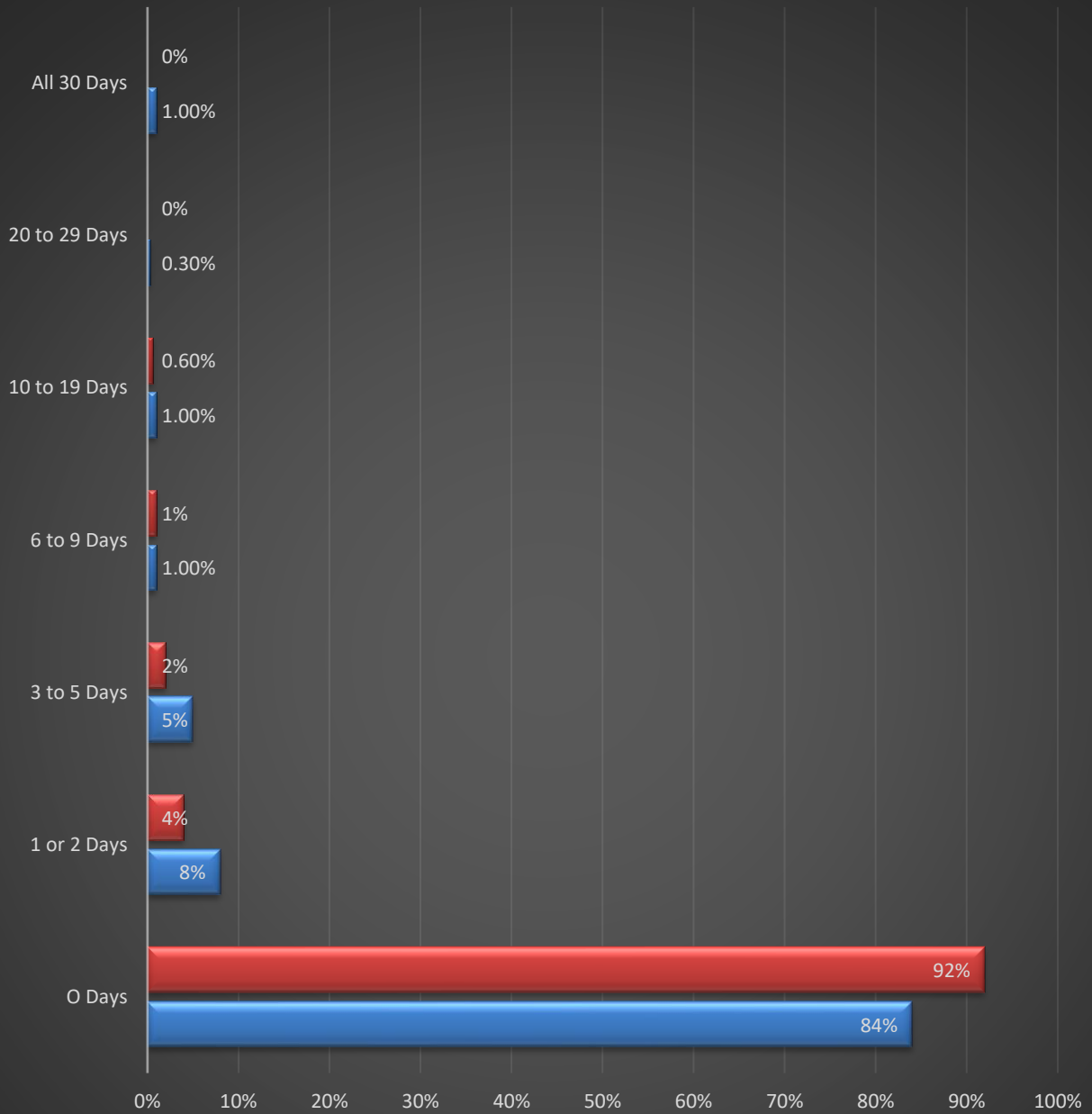
Alcohol Use YRBS Lake County High Schools 2019



- During the past 30 days, on how many days did you have 4 (female)-5 (male) or more drinks in a row-that is within a couple hours?

- During the past 30 days, on how many days did you have at least one drink of alcohol?

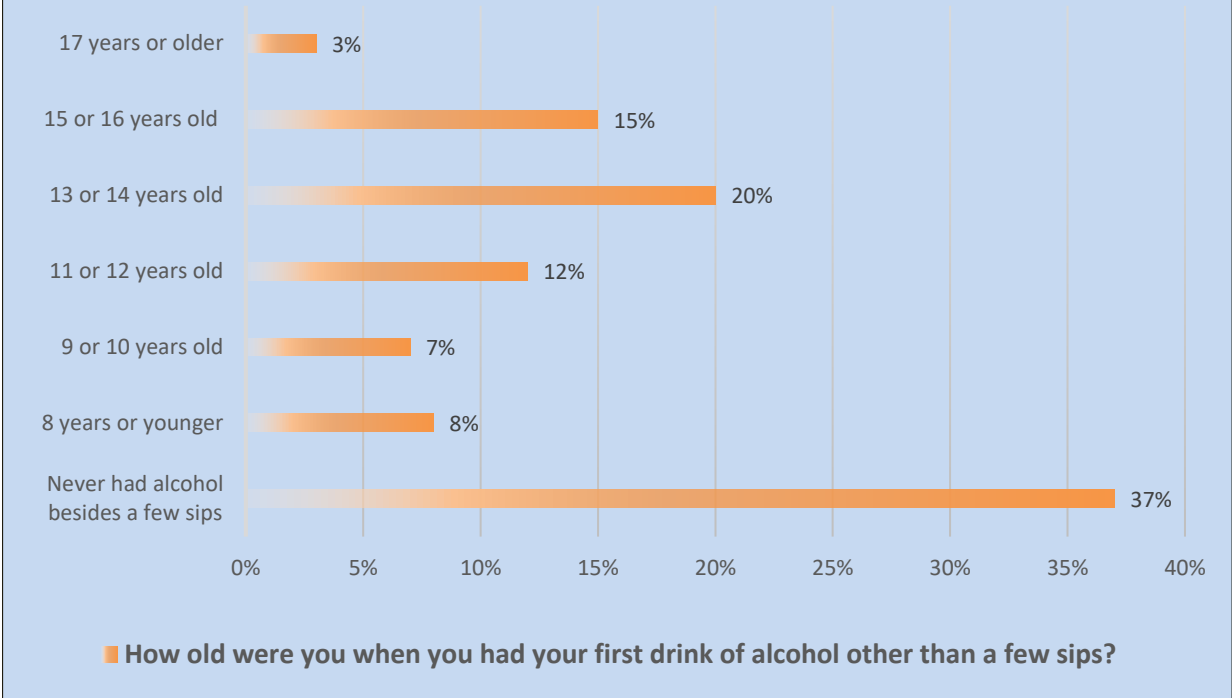
Alcohol Use YRBS Lake County Middle Schools 2019



■ During the past 30 days, on how many days did you have 4 (female)-5 (male) or more drinks in a row-that is within a couple hours?

■ During the past 30 days, on how many days did you have at least one drink of alcohol?

Alcohol Use Lifetime YRBS Lake County High Schools 2019

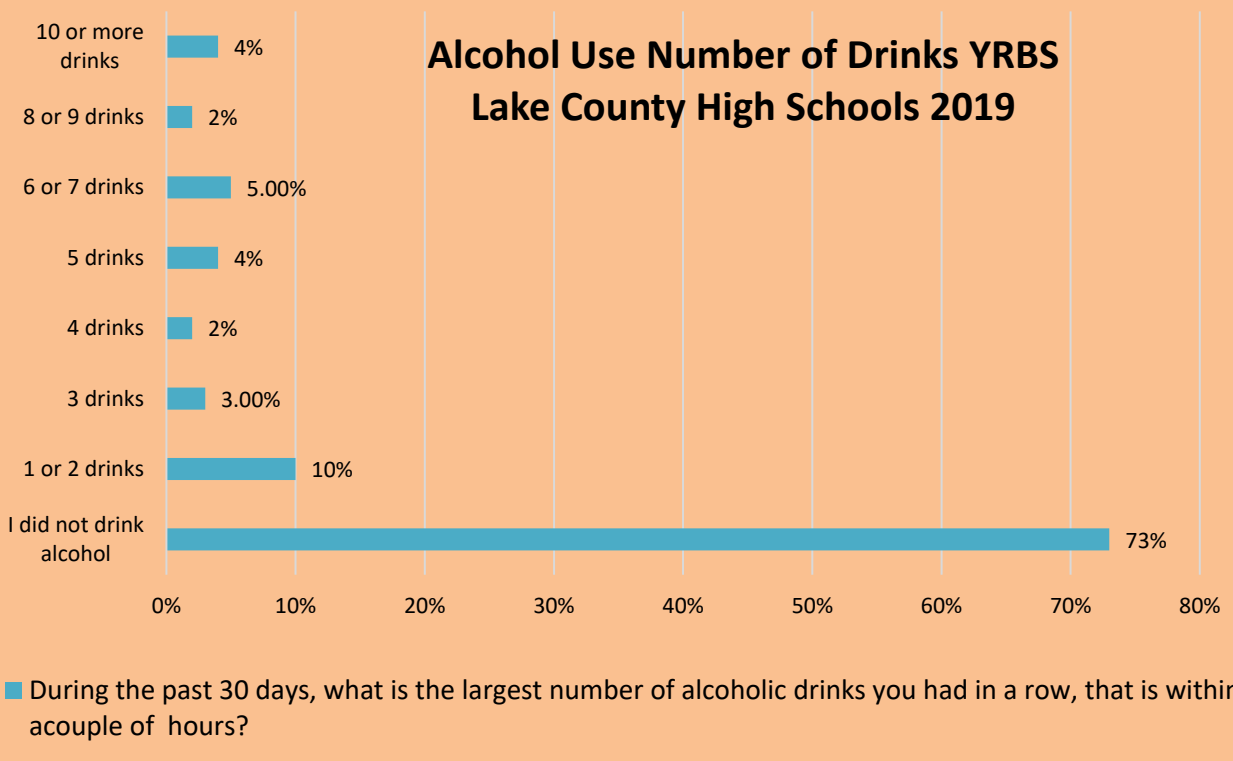


Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Alcohol Use Lifetime YRBS Lake County Middle Schools 2019

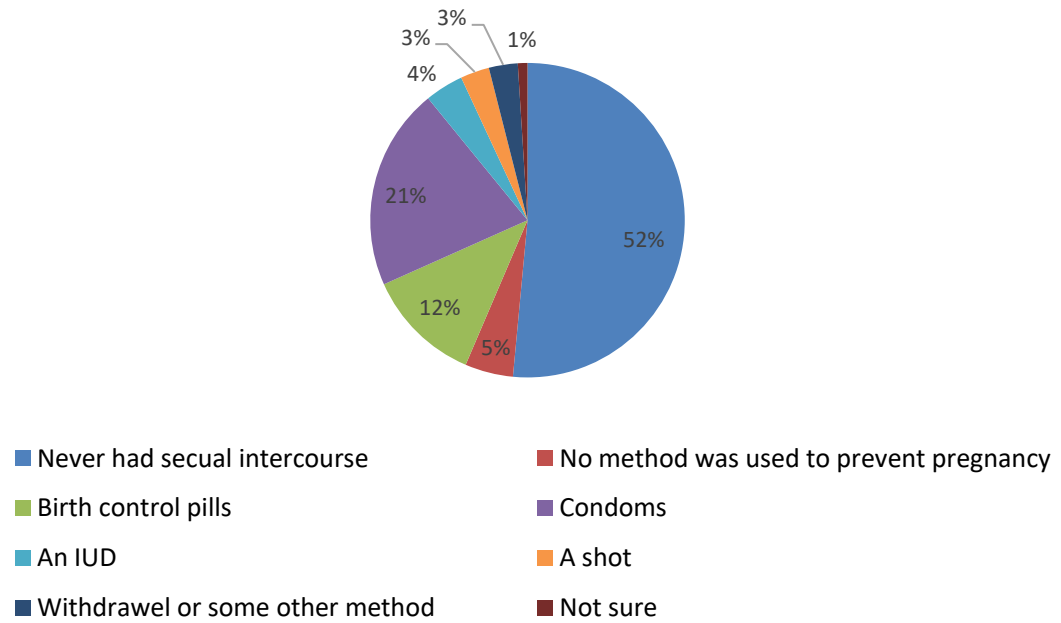


Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.



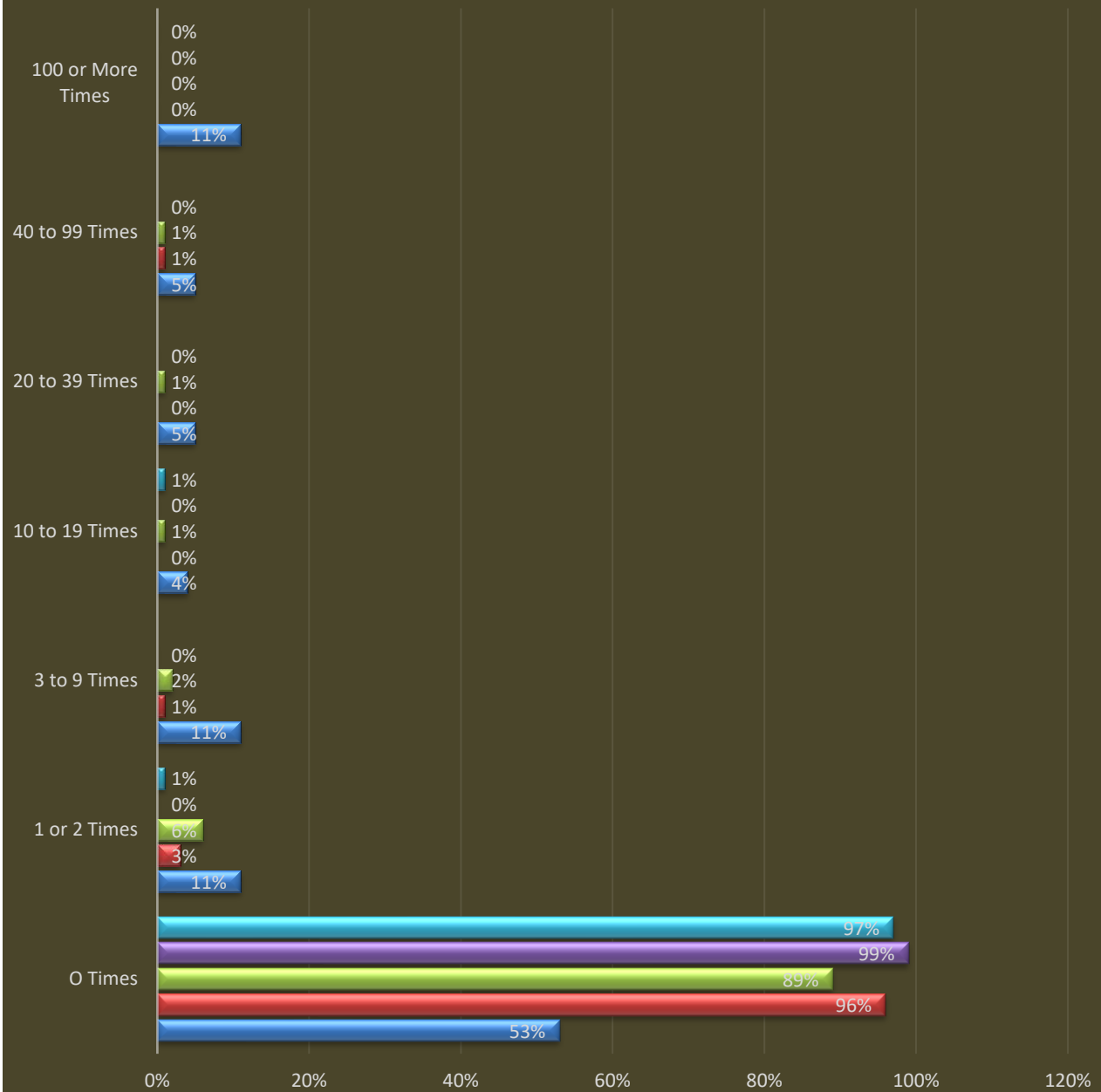
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? YRBS Lake County High School 2019



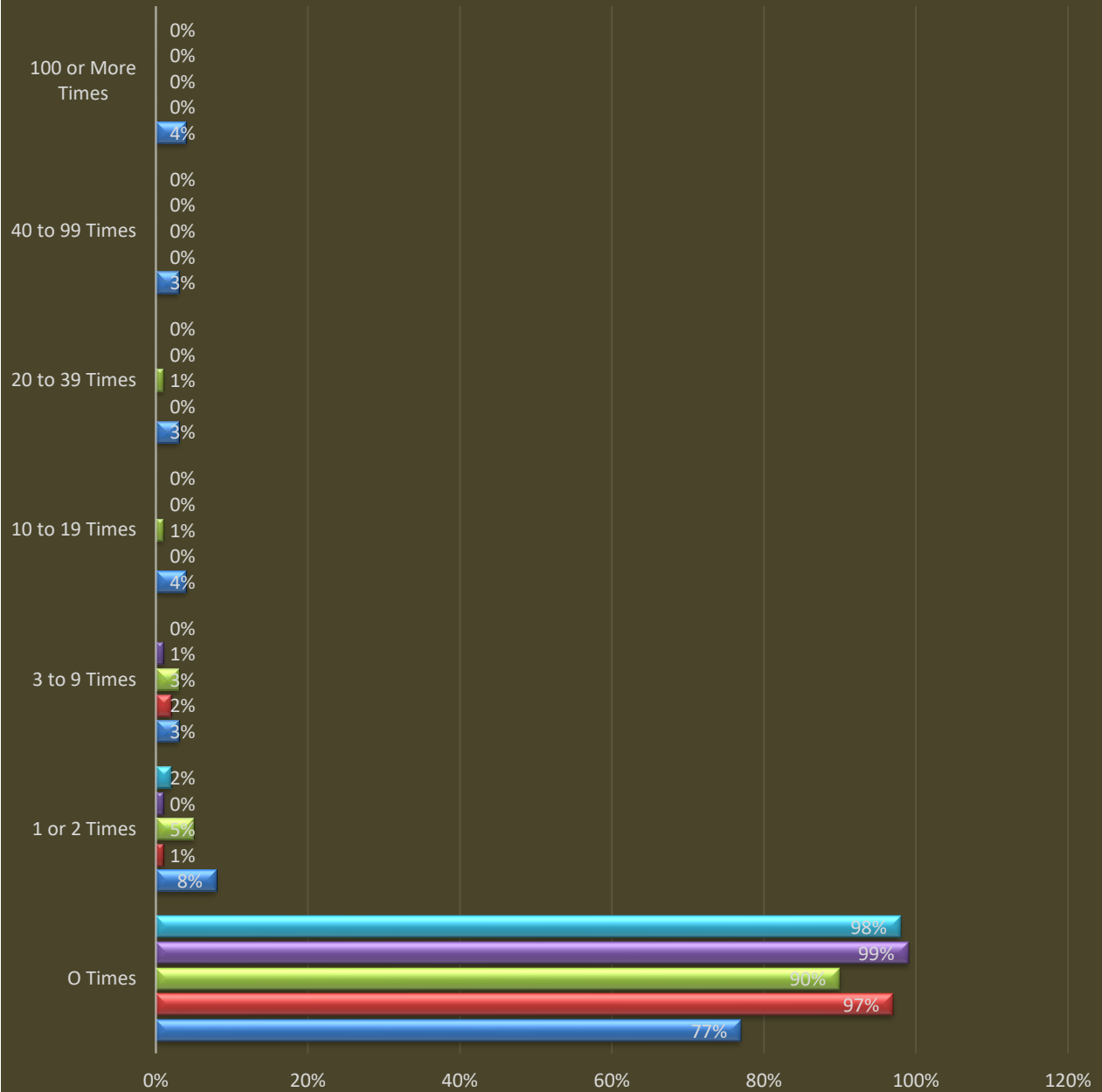
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Drug Use YRBS Lake County High Schools 2019



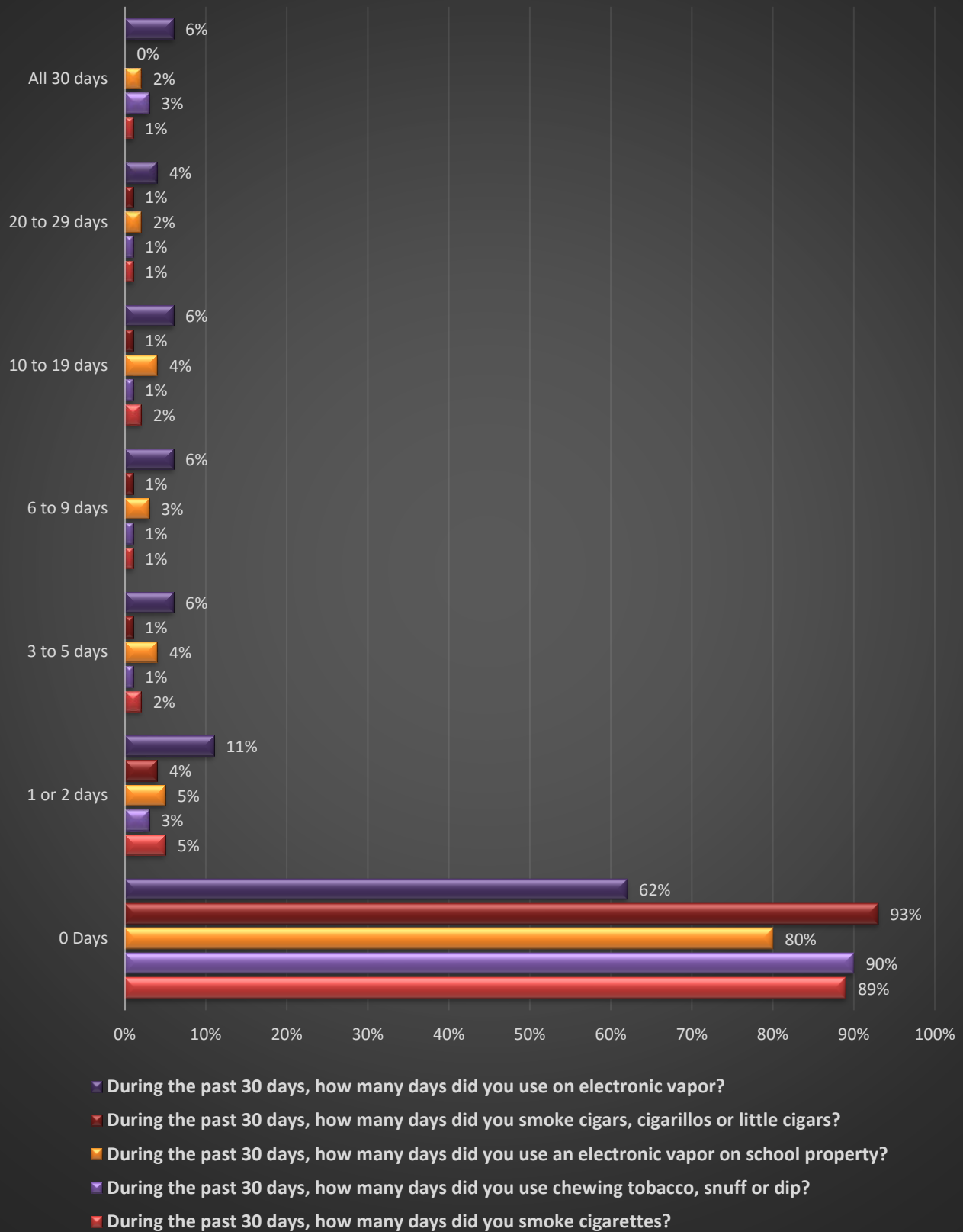
- During your life how many times have you used methamphetamines?
- During your life how many times have you used heroin?
- During your life how many times have you sniffed glue, breathed aerosol or inhaled any paints?
- During your life how many times have you used cocaine of any sort?
- During your life, on how many times have you used marijuana?

Drug Use YRBS Lake County Middle Schools 2019



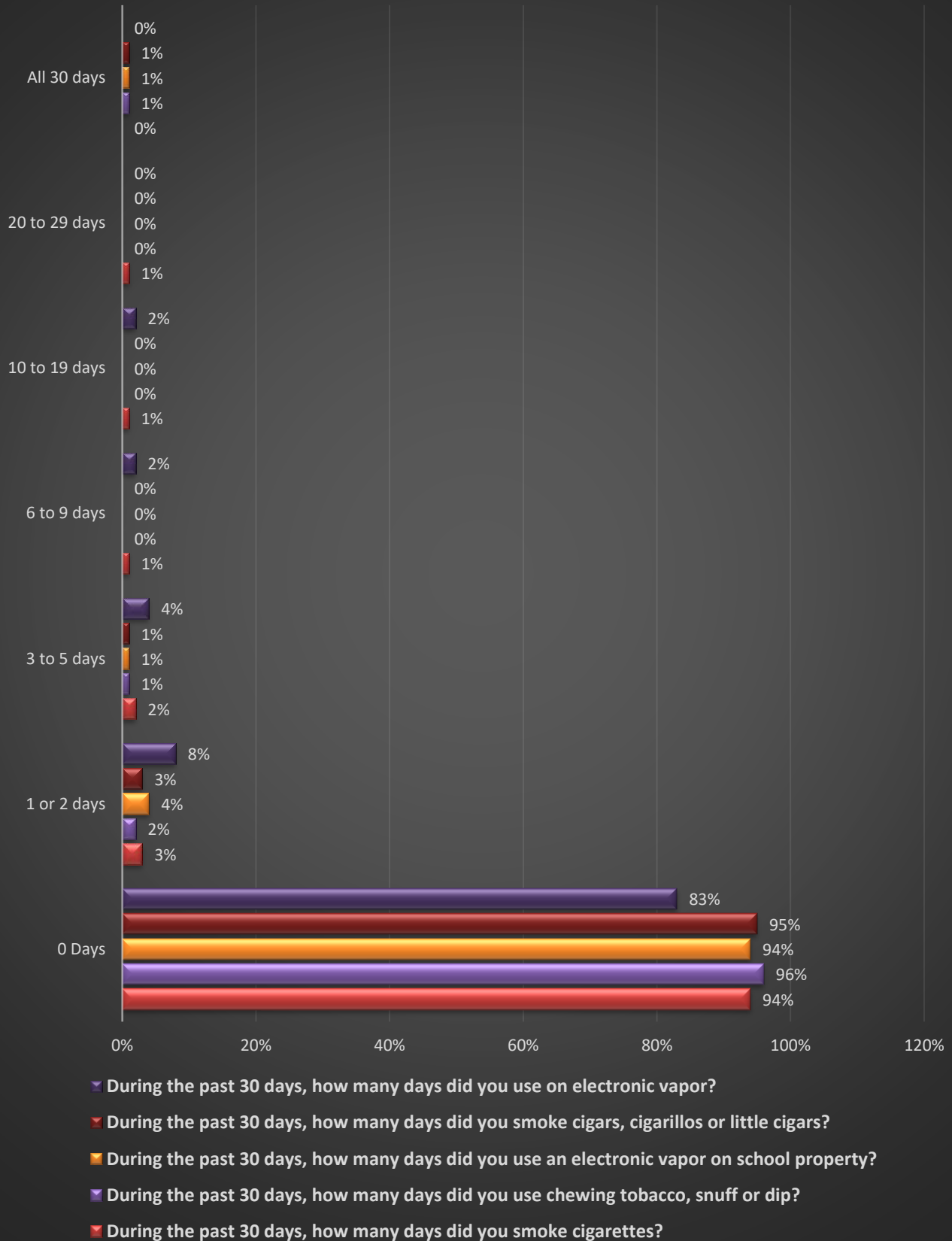
- During your life how many times have you used methamphetamines?
- During your life how many times have you used heroin?
- During your life how many times have you sniffed glue, breathed aerosol or inhaled any paints?
- During your life how many times have you used cocaine of any sort?
- During your life, on how many times have you used marijuana?

Tobacco & Vapor Use YRBS Lake County High Schools 2019



Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

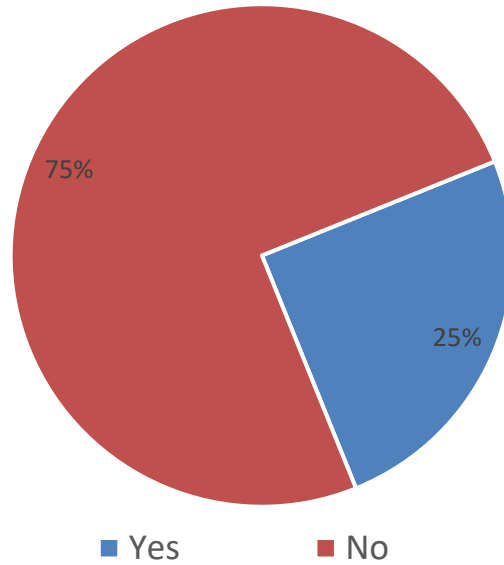
Tobacco & Vapor Use YRBS Lake County Middle Schools 2019



Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

School Drug Engagement YRBS Lake County High Schools 2019

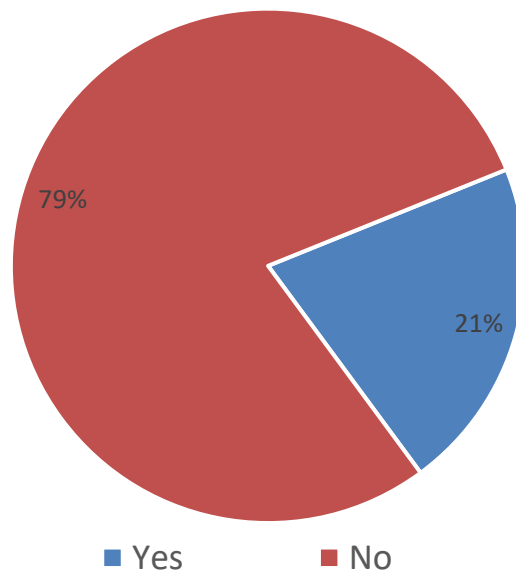
In the past 12 months, has anyone offered, sold or given you an illegal drug on school property?



Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

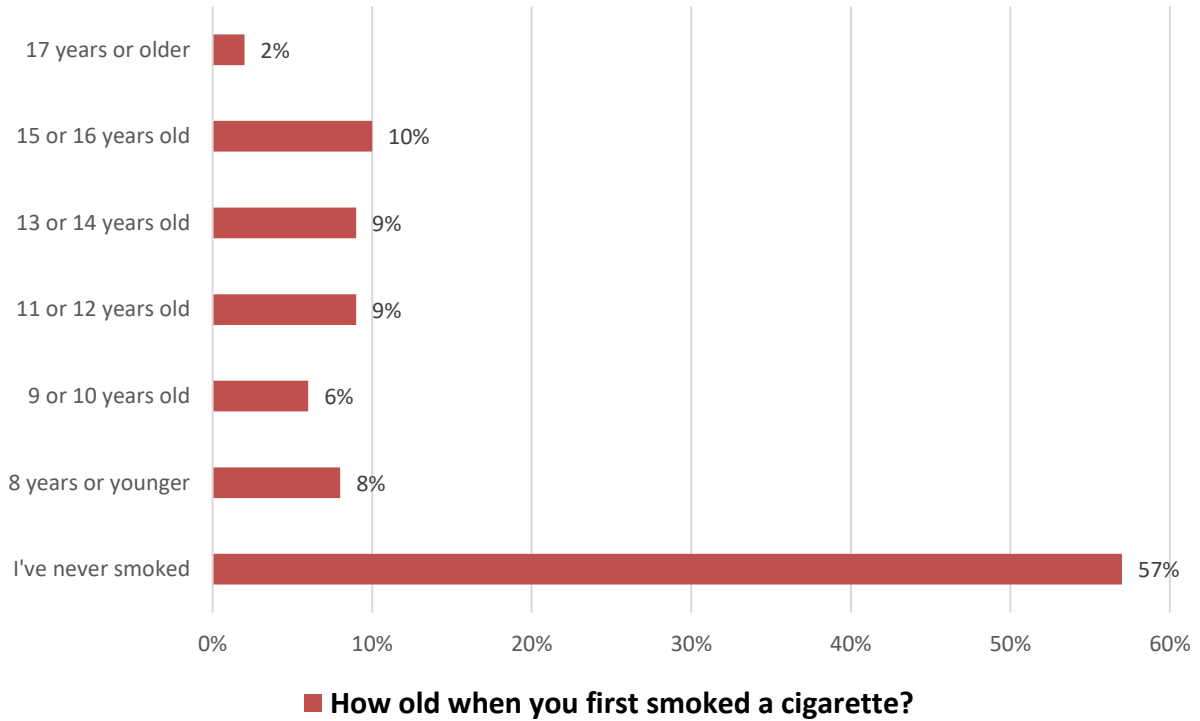
School Drug Engagement YRBS Lake County Middle Schools 2015

In the past 12 months, has anyone offered, sold or given you an illegal drug on school property?



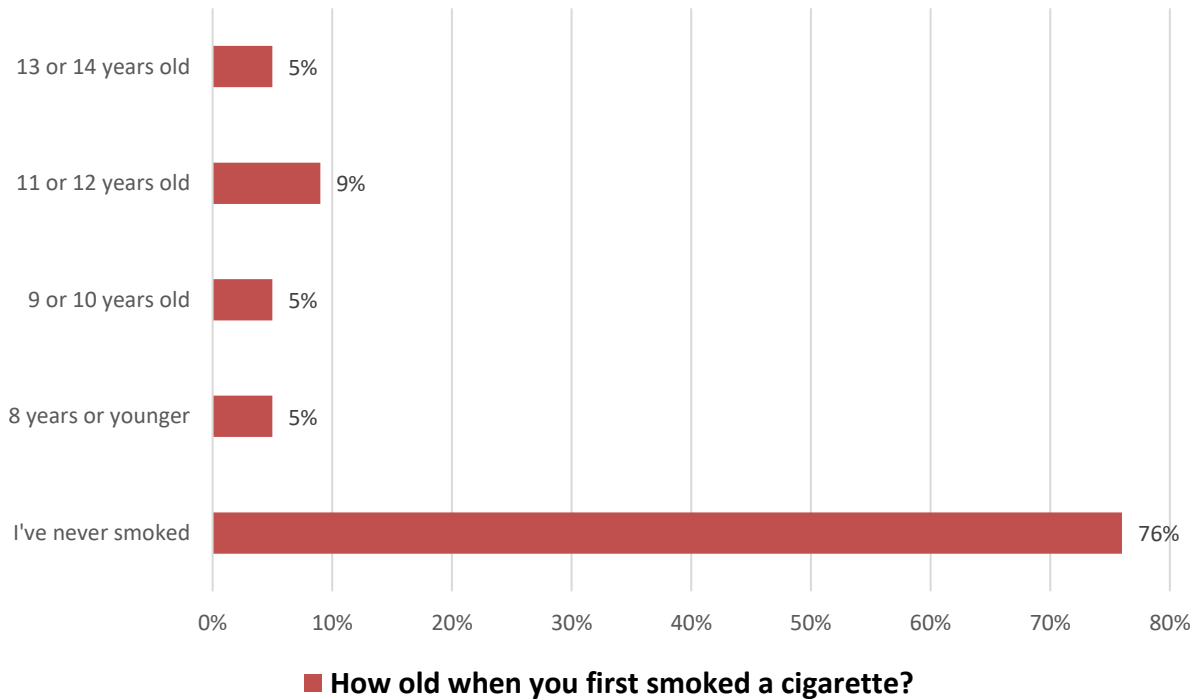
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Age of First Cigarette YRBS Lake County High Schools 2019

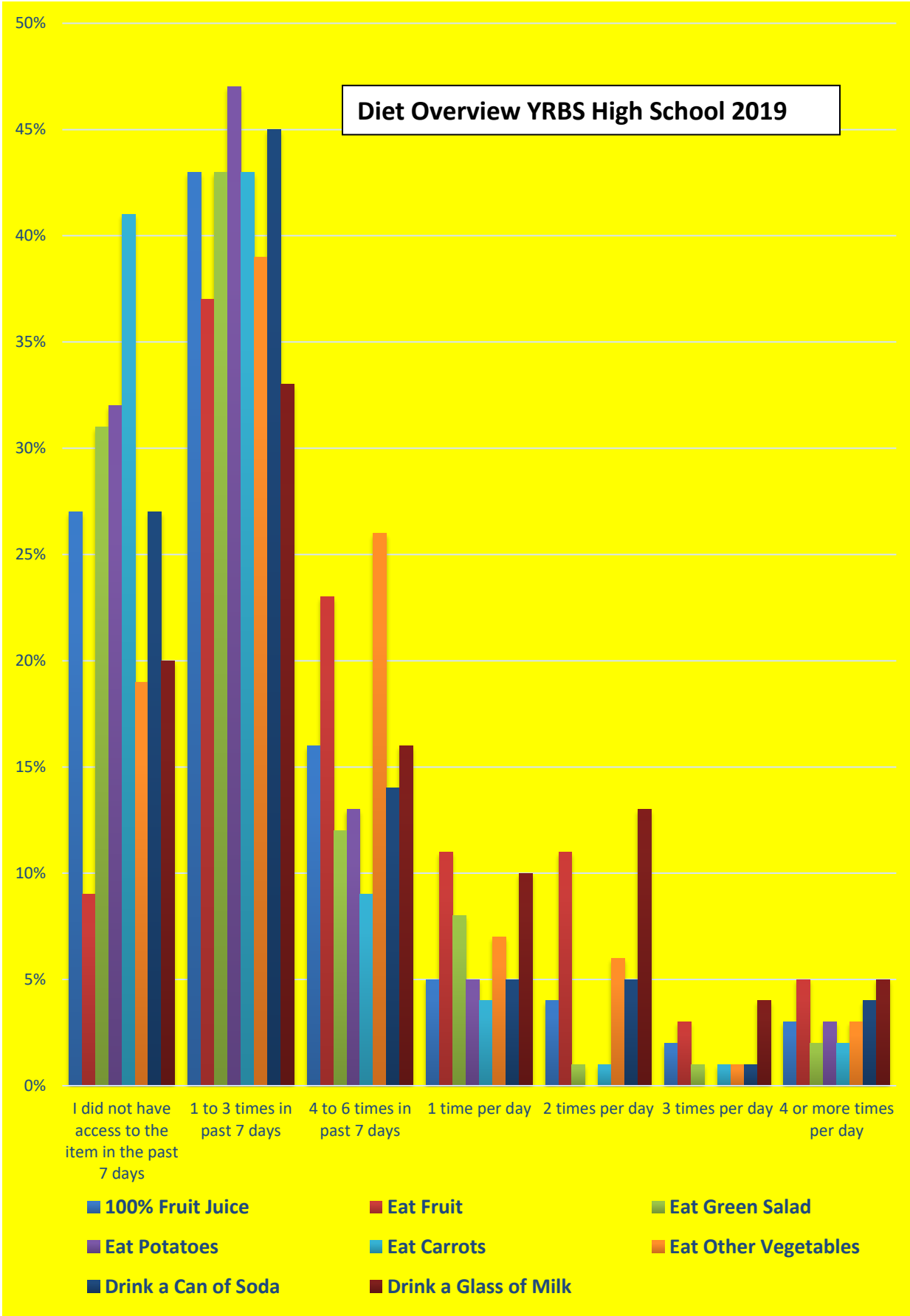


Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

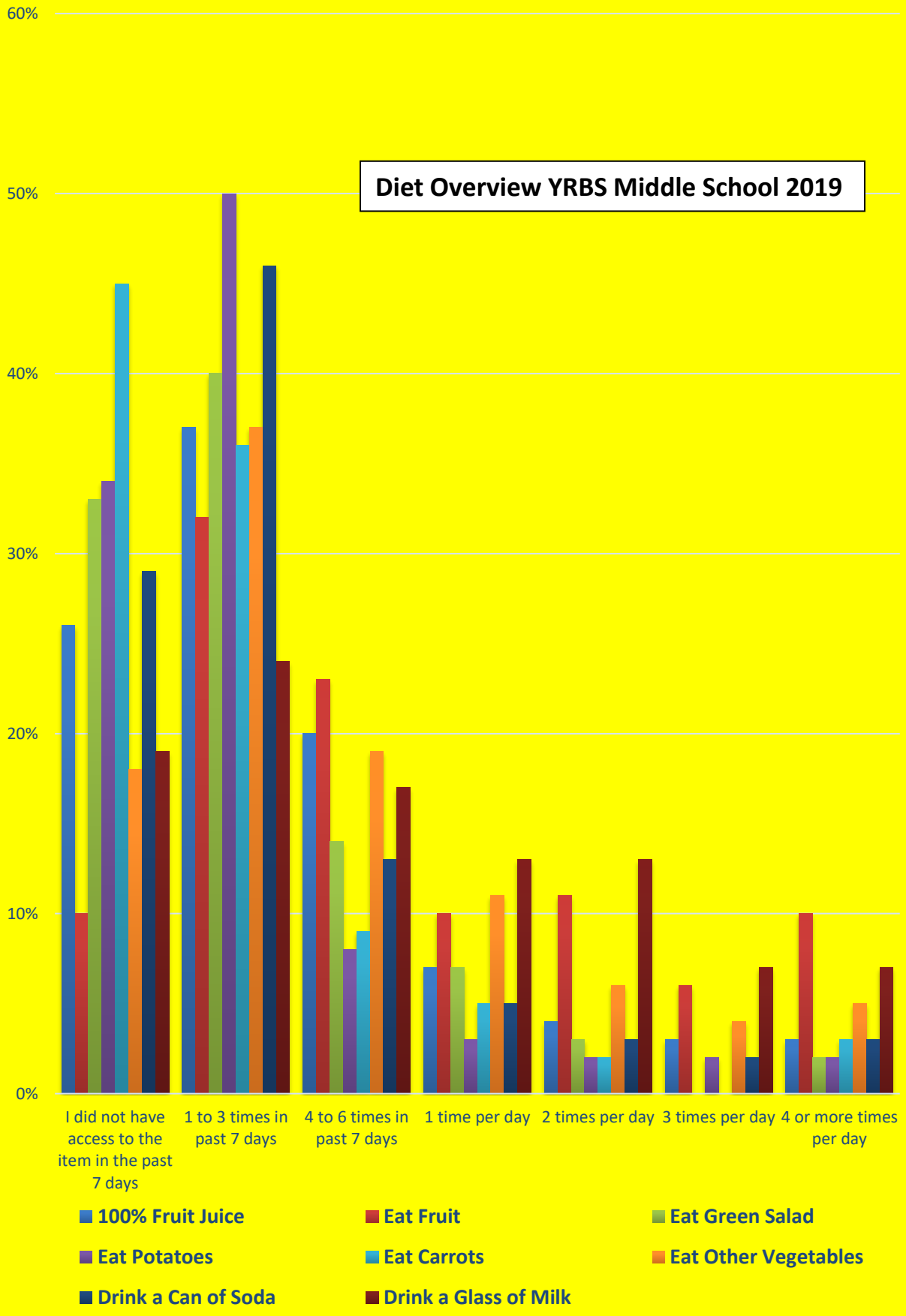
Age of First Cigarette YRBS Lake County Middle Schools 2019



Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.



Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.



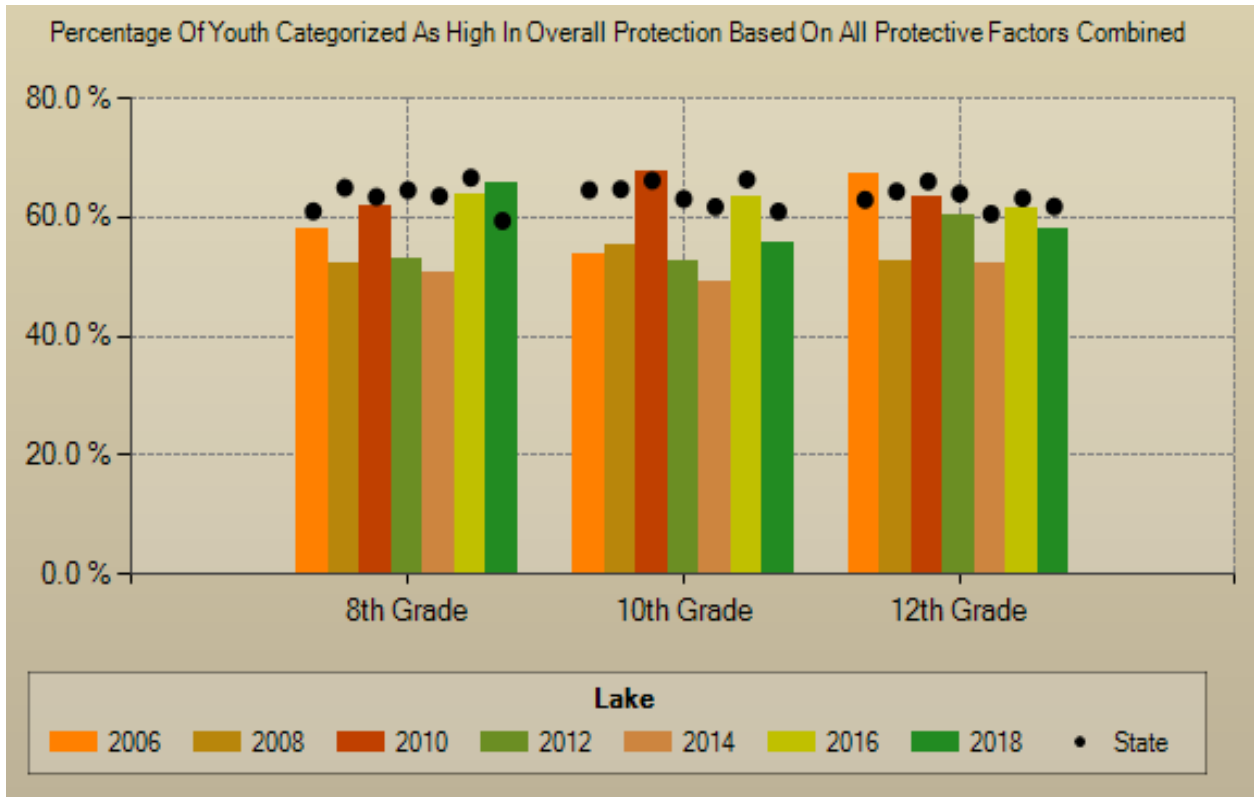
Source: YRBS 2019, Montana Office of Public Instruction, reviewed, November 2020.

Prevention Needs Assessment

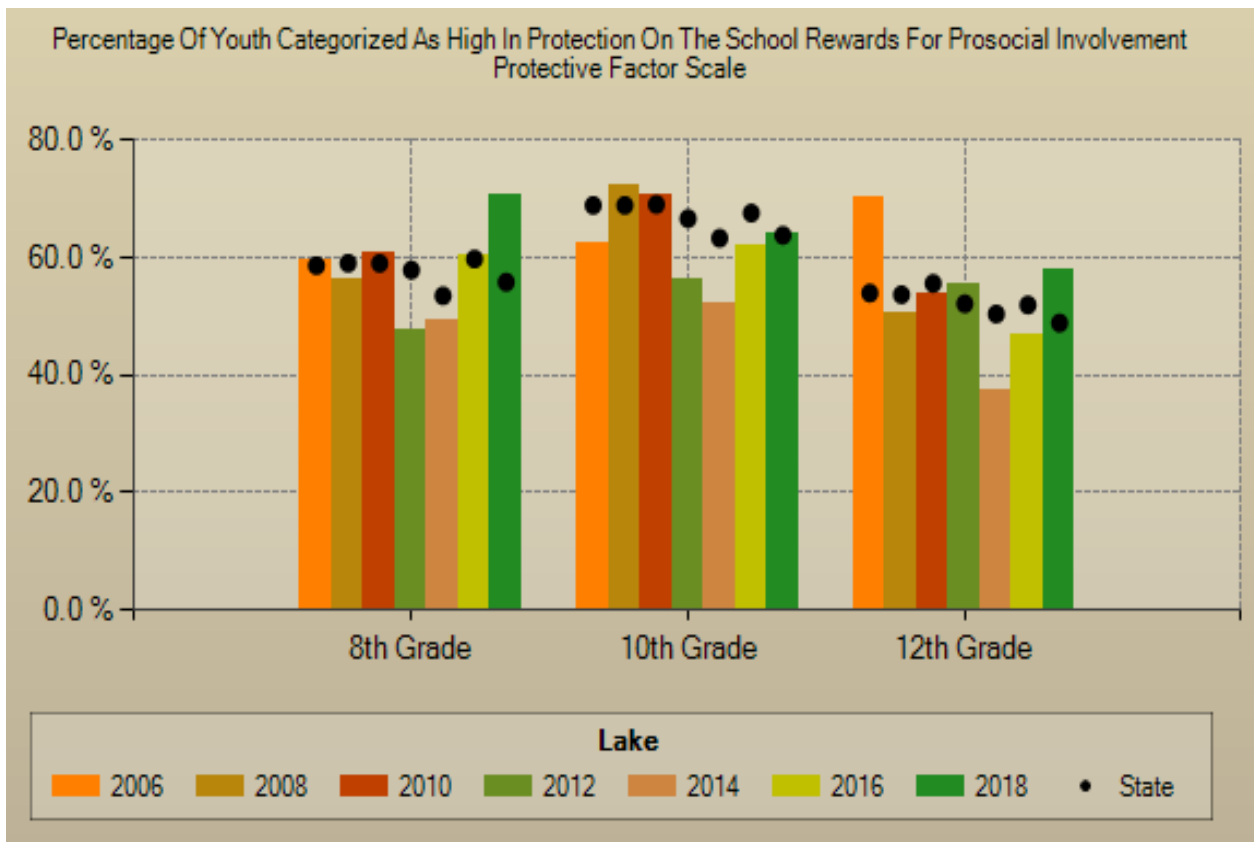
The focus, of the student survey, is on risky behaviors associated with the use of alcohol, tobacco, and other drugs, such as school dropout, delinquency, and violence - that can result in injury and/or impede positive development among our youth. The survey also includes risk and protective factors, which are attitudes and opinions research has shown to be highly correlated with these risky behaviors. Who will be participating in the study? In addition to Montana, 38 other states have or are conducting this survey. In each state, communities will be identified and a sample of students in the eighth, tenth, and twelfth grades in those communities will be surveyed. For schools agreeing to participate in the Montana survey, ALL students in grades 8, 10, and 12 will be asked to complete the survey. Schools will also have the option to have all students in 7, 9, and 11 participate if they so choose.

This research effort is part of an important ongoing study being funded by the Montana Department of Public Health and Human Service's Addictive and Mental Disorders Division's Chemical Dependency Bureau through funds it receives from the Federal Center for Substance Abuse Treatment/Prevention. It aims to gather information related to the development of health and behavior problems such as reductions in substance abuse, school dropout, violence, and delinquency. This information will enable the Department and communities to estimate the need for specific types of prevention services within the state and to assist communities and schools in developing strategic prevention planning based on local needs. By participating in this survey, your school and community will have a valuable opportunity to learn more about the needs of its students.

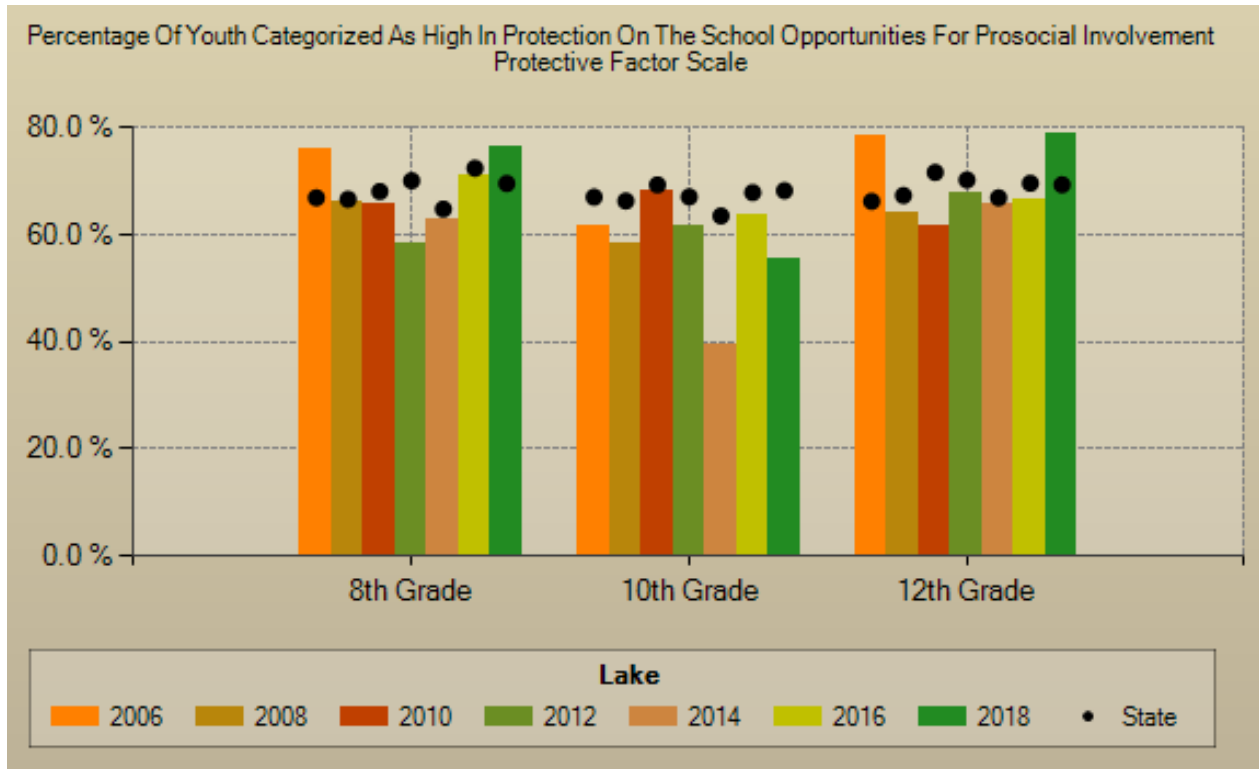
This information, which is provided at no cost, can be very useful in guiding the planning of prevention programs for students such as Drug Free Communities grants, 21st Century grants and applying for other education and prevention grants. Participation in this survey is completely voluntary. Each school has a right to decline participation, just as each student in a school has a right to decline participating in the survey if he or she so desires. However, to obtain accurate estimates of these behaviors statewide, and at regional and multi-county districts, broad participation in the survey is needed. The survey questions have been designed to measure key behaviors without asking sensitive questions, although it is possible some students, parents, schools, or school districts may consider some questions sensitive. The survey has been completed by over two million students in 38 states. The survey includes questions related to alcohol, tobacco, and other drug use, school dropout, delinquency, violent behaviors, and related risk and protective factors. Unless questions in these topic areas are asked honestly and straightforwardly, it is impossible to know the degree to which Montana's youth engage in these risky behaviors. It is important to remember, the survey is anonymous, so no single student response will be able to be connected with that particular student. Yes, completely. The student will be given a survey booklet containing question items and a place for him or her to record his or her response. The survey booklet will not have the student's name, or any other identifying information on it. Before they begin, students are reminded they should not write their name or other identifying information on the booklet. When completing the survey, students are arranged in the classroom so their responses cannot be seen by the teacher administering the survey or by any of the student's peers. At the end of the class period, survey booklets are immediately gathered and placed in a sealed envelope or box. The survey takes approximately 45 minutes to complete.



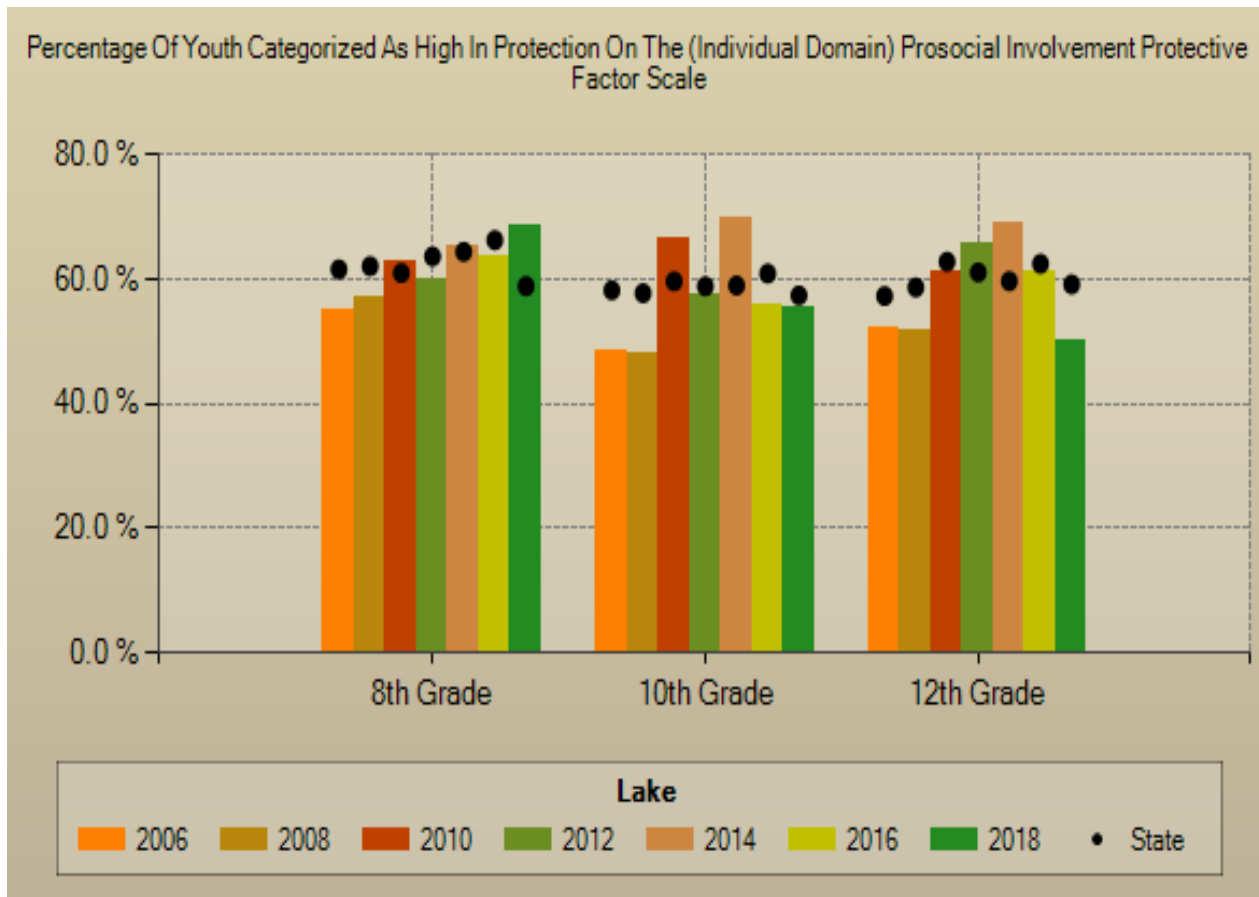
Source: Prevention Needs Assessment, Montana Department of Public Health and Human Services, 2018, retrieved November 2020.



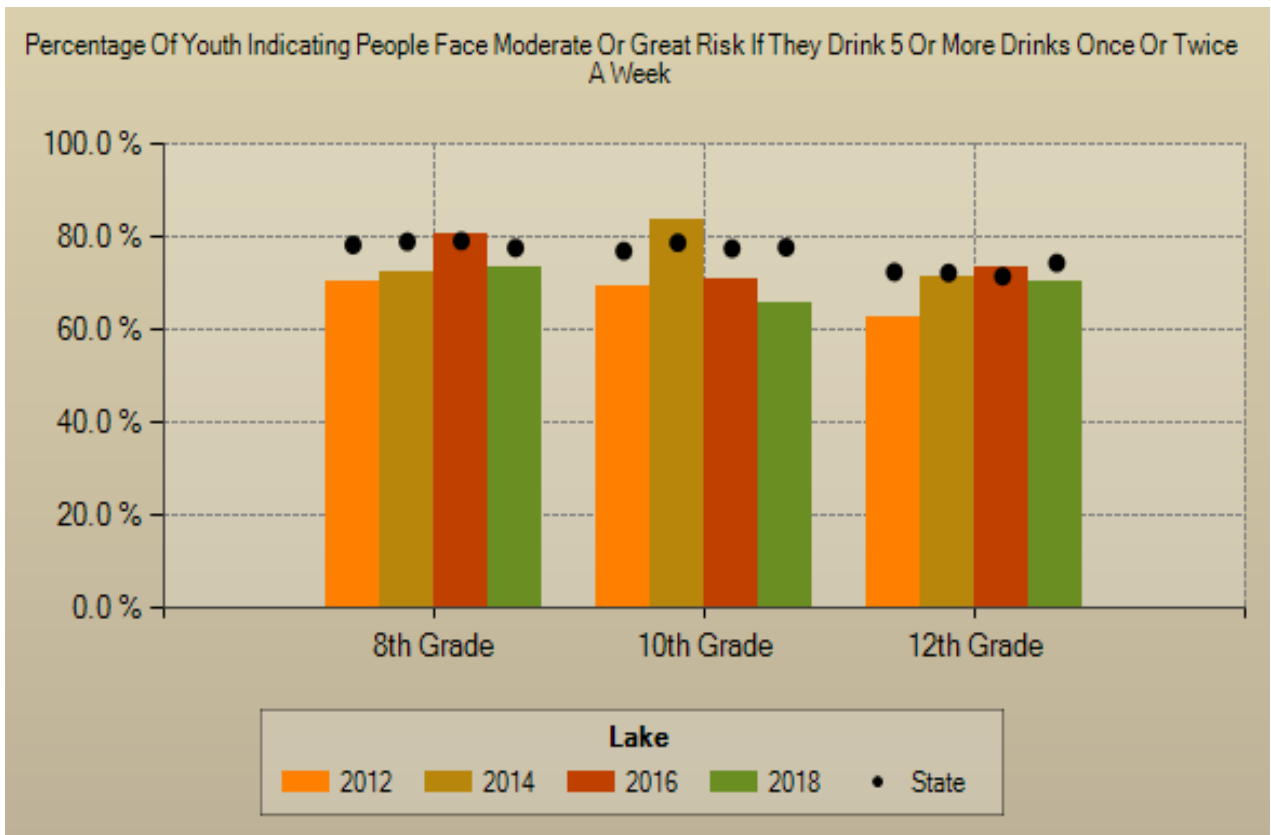
Source: Prevention Needs Assessment, Montana Department of Public Health and Human Services, 2018, retrieved November 2020.



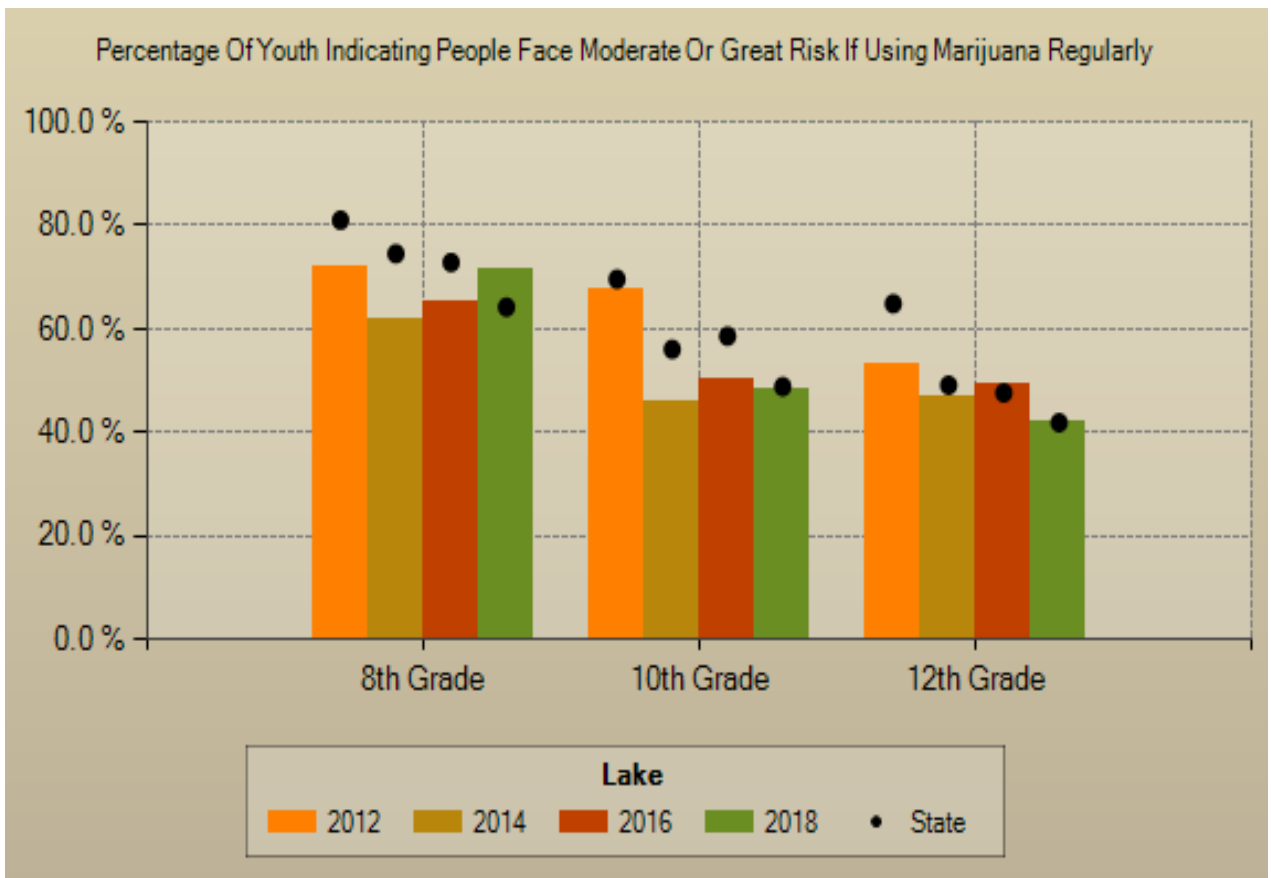
Source: Prevention Needs Assessment, Montana Department of Public Health and Human Services, 2018, retrieved November 2020.



Source: Prevention Needs Assessment, Montana Department of Public Health and Human Services, 2018, retrieved November 2020.

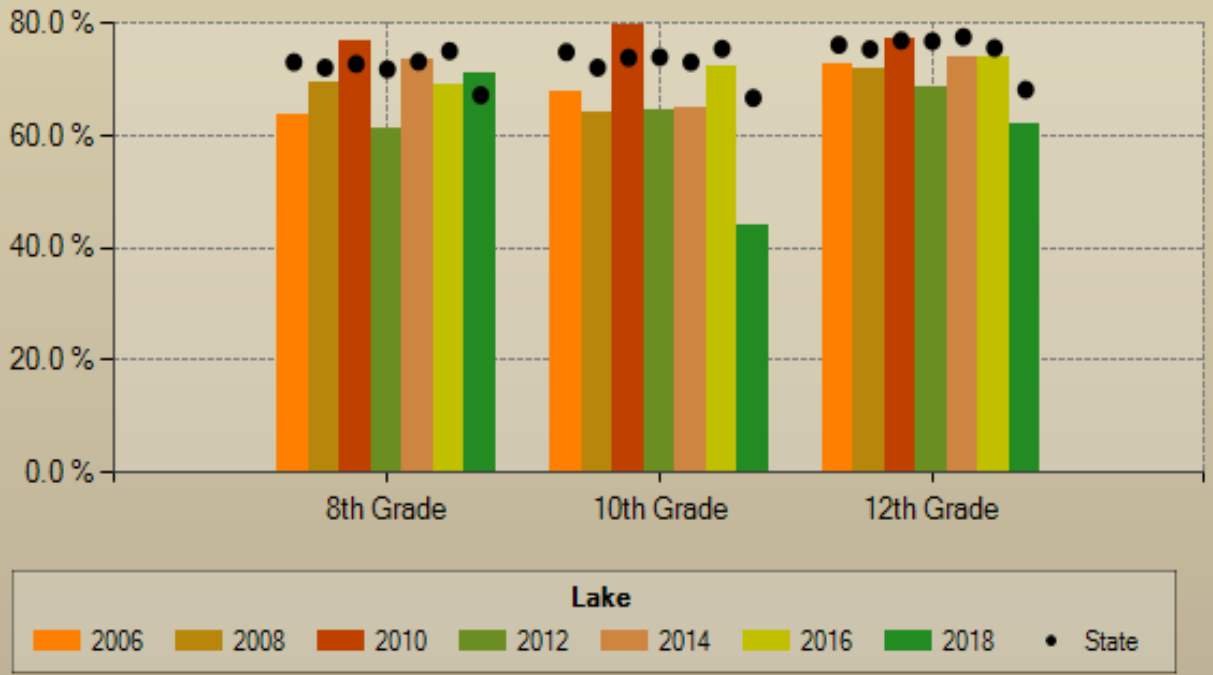


Source: Prevention Needs Assessment, Montana Department of Public Health and Human Services, 2018, retrieved November 2020.



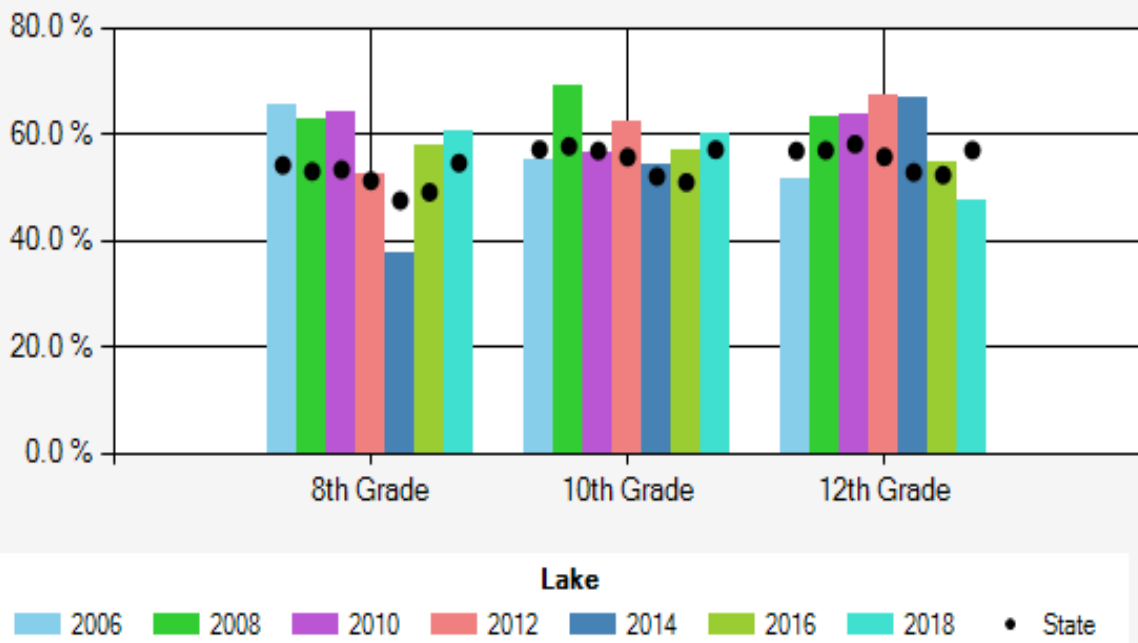
Source: Prevention Needs Assessment, Montana Department of Public Health and Human Services, 2018, retrieved November 2020.

Percentage Of Youth Categorized As High In Protection On The Community Opportunities For Prosocial Involvement Scale

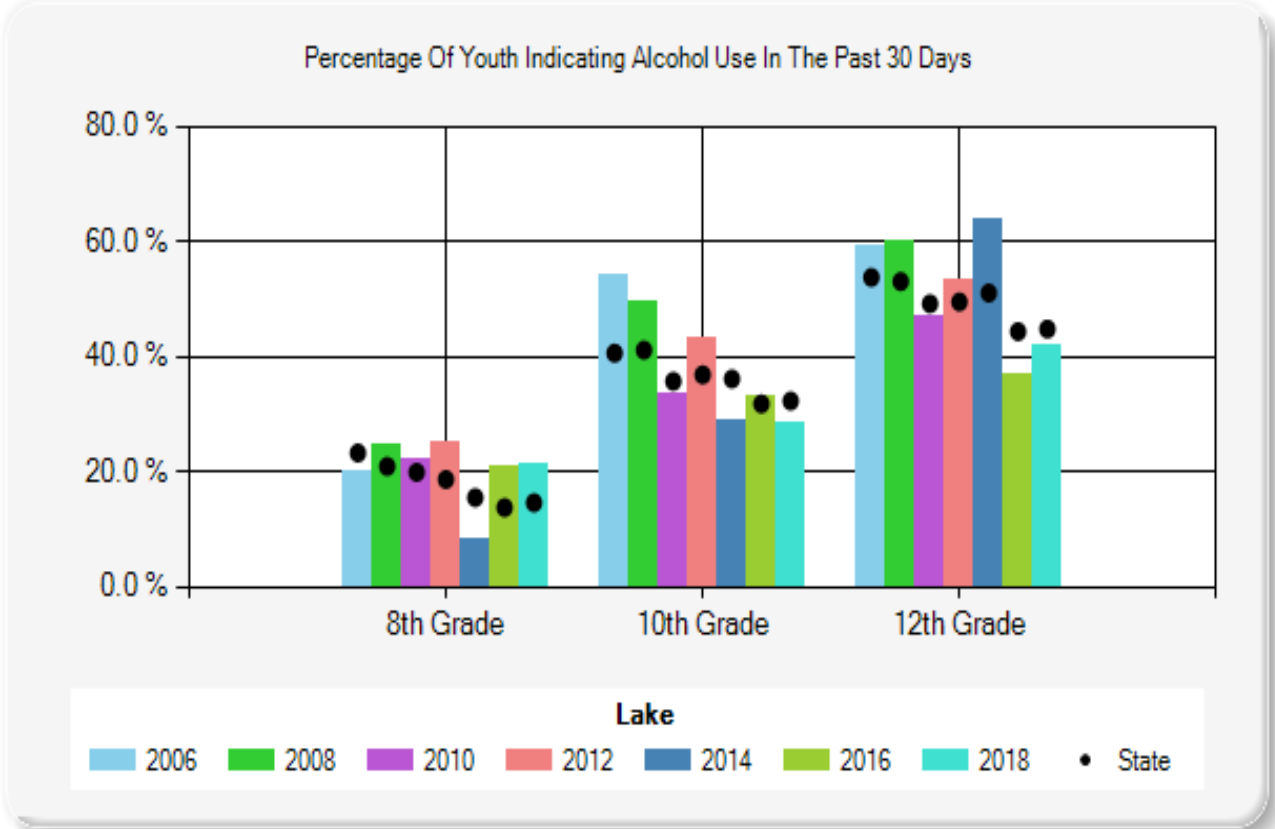


Source: Prevention Needs Assessment, Montana Department of Public Health and Human Services, 2018, retrieved November 2020.

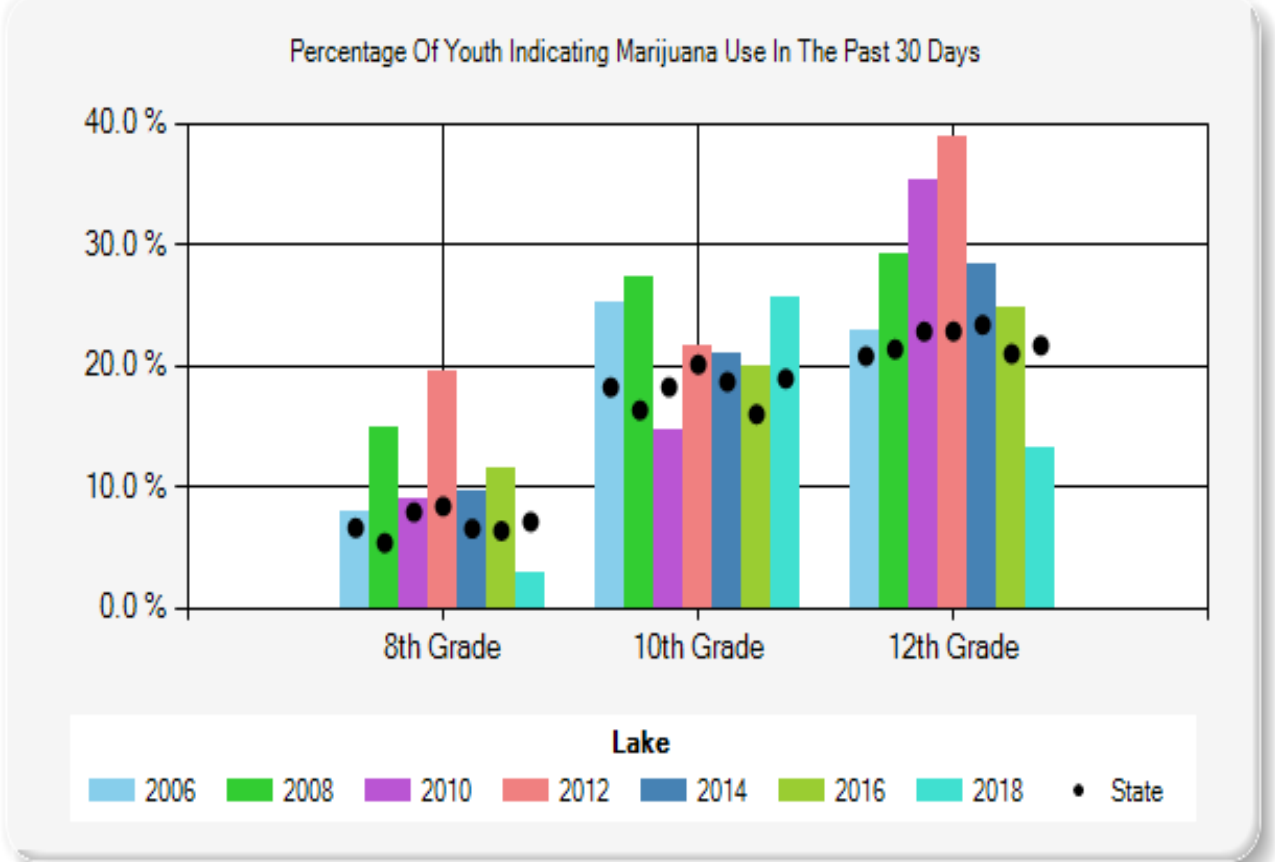
Percentage Of Youth Categorized As High Risk On The Parental Attitudes Favorable Toward Antisocial Behavior Risk Factor Scale



Source: Prevention Needs Assessment, Montana Department of Public Health and Human Services, 2018, retrieved November 2020.

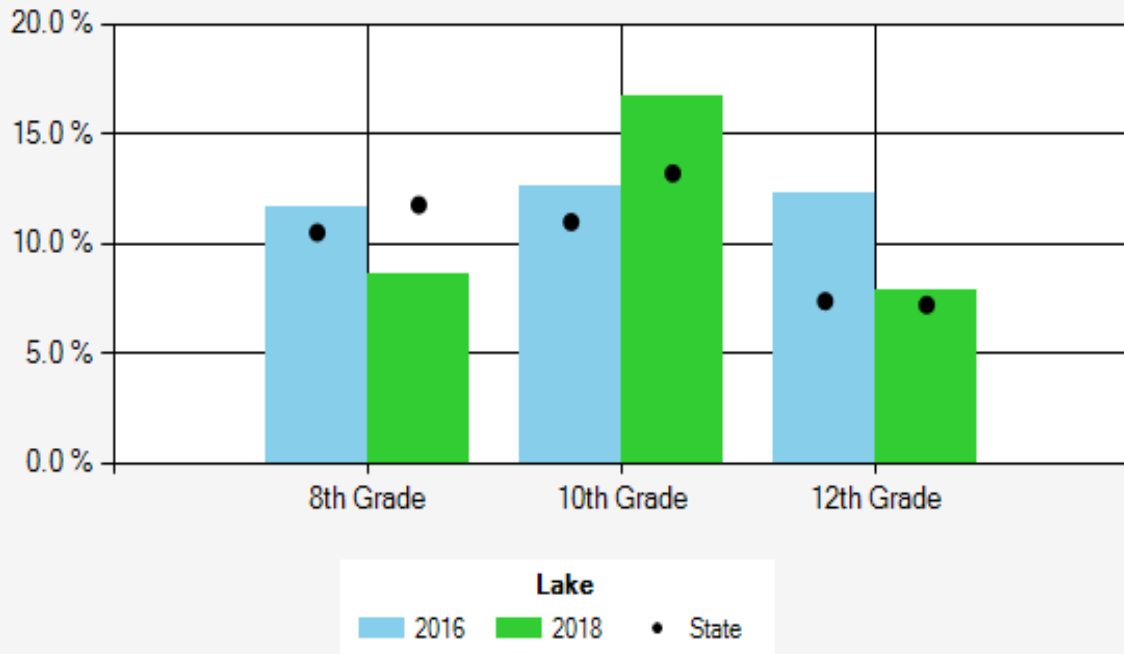


Source: Prevention Needs Assessment, Montana Department of Public Health and Human Services, 2018, retrieved November 2020.



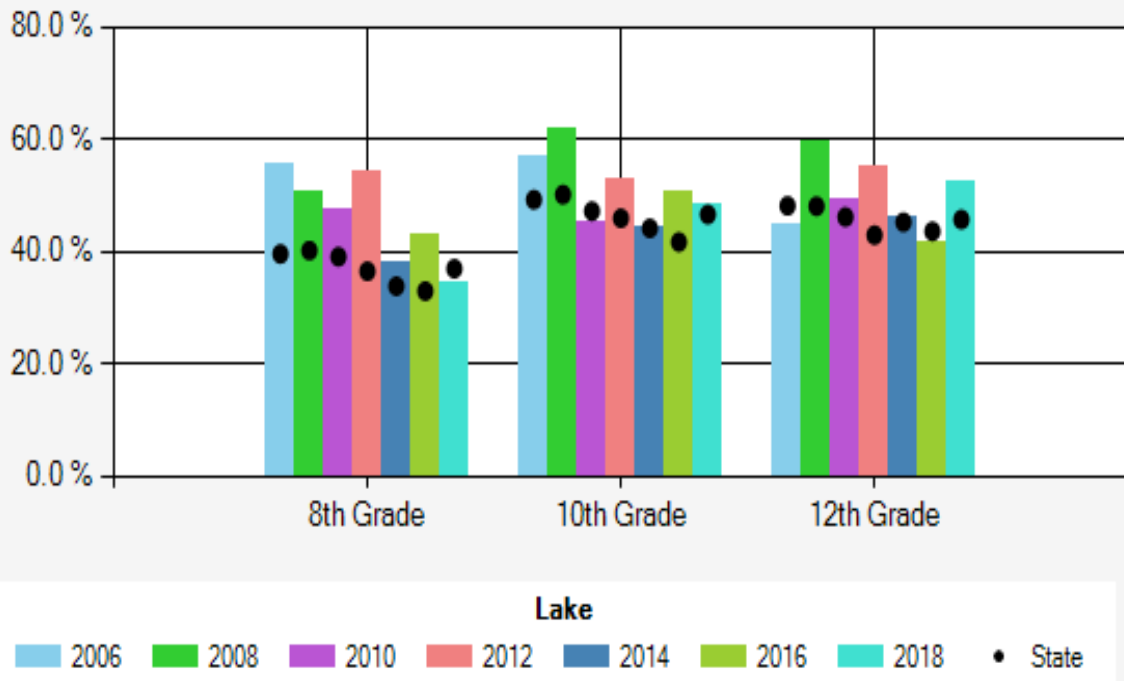
Source: Prevention Needs Assessment, Montana Department of Public Health and Human Services, 2018, retrieved November 2020.

Percentage Of Youth Who Reported A Suicide Attempt In The Past 12 Months

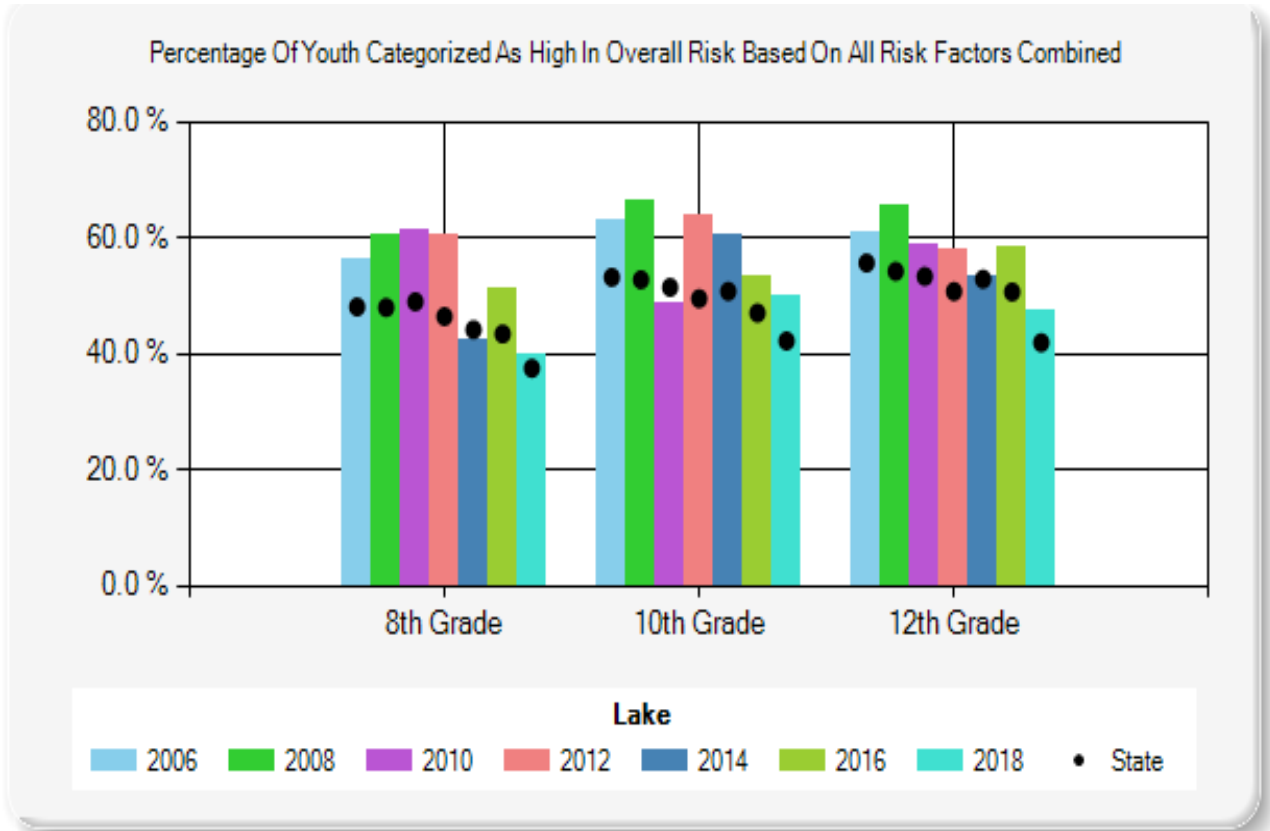


Source: Prevention Needs Assessment, Montana Department of Public Health and Human Services, 2018, retrieved November 2020.

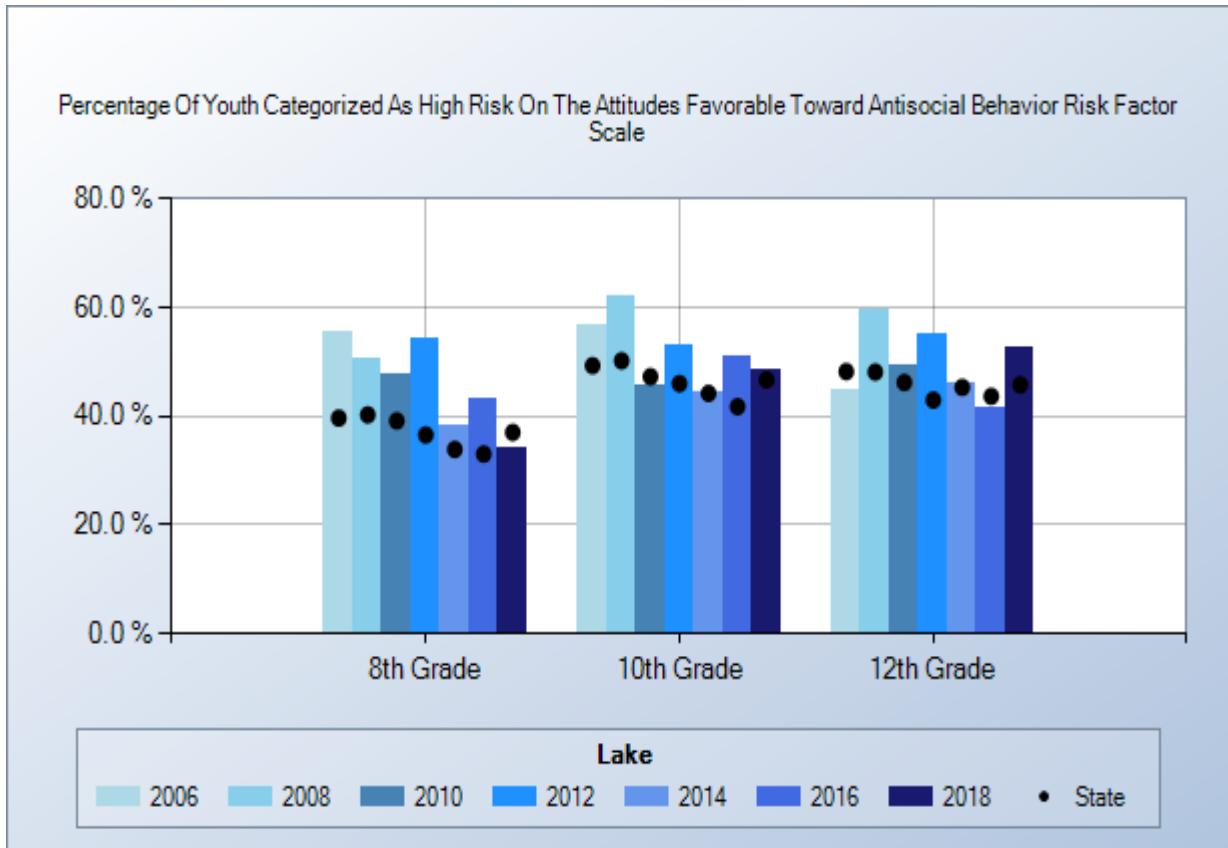
Percentage Of Youth Categorized As High Risk On The Attitudes Favorable Toward Antisocial Behavior Risk Factor Scale



Source: Prevention Needs Assessment, Montana Department of Public Health and Human Services, 2018, retrieved November 2020.



Source: Prevention Needs Assessment, Montana Department of Public Health and Human Services, 2018, retrieved November 2020.



Source: Prevention Needs Assessment, Montana Department of Public Health and Human Services, 2018, retrieved November 2020.

Education Picture

Flathead Reservation Schools

Based on a variety of quantitative data reviewed as part of the Needs Assessment it was found that the long-term outcomes for those within the educational system on the Flathead Reservation are below average in many areas, including retention, pre-college tests and advance courses. The 2017 Best School Districts ranking is based on rigorous analysis of key statistics and millions of reviews from students and parents using data from the U.S. Department of Education. Ranking factors include state test scores, college readiness, graduation rates, SAT/ACT scores, teacher quality, public school district ratings, and more. Niche has the most comprehensive data available on U.S. public and private K-12 schools and districts. The rankings strive to reflect the entire school experience, including academics, teachers, diversity, student life, and student outcomes. The researchers also believe that each school is much more than just one ranking number. Niche completes in-depth profiles on each school and district and also assess them across a number of factors to produce annual graded Report Cards for each school and district¹ Based on this ranking system, Hot Springs School District was at #4 and St. Ignatius School System was #36. These are the only schools on the reservation that made the top 39 for the entire state. No ranking is absolute or perfect. However, considering that this is a national comparison using similar standards for all areas it should merit some consideration.

Another source of comparison was the system of Start Class. StartClass evaluated 20,846 high schools in the US on factors including academic performance and school environment to determine a StartClass Rating. Ronan High School receives a rating of 5, which is slightly lower than the average rating of 6 for high schools in Montana. The student to teacher ratio of 15:1 is slightly higher than the average for high schools in Montana (13.4). On the math exam, Ronan High School's average proficiency was 25%. There is a 15.5% separation in graduation rates between Caucasian students and Native American/Alaskan students. 9% of all students at Ronan High School are enrolled in one or more AP courses. Of those students, 26% received a passing score of 3 or higher (out of 5) on at least one exam, whereas the median across Montana is 58%. This means that many of the students who take AP courses at this school will not receive college credit for taking the courses, considering that less than 50% of students pass at least one exam. Compared to the median of all reported high schools in the nation (53%), the enrollment rate at this school is significantly lower than average. 19% of students at Ronan High School took an SAT or ACT exam, whereas the median across all reported High Schools in Montana is 24%.

Arlee High School receives a rating of 6. The student to teacher ratio of 8:1 is significantly lower than the average in Montana (13.4) and is a low performing school on the math exam with and the English Language Arts (ELA). 19% of students at Arlee High School took an SAT or ACT exam, whereas the median across all reported High Schools in Montana is 24%. 10% of students at Arlee High School are enrolled in at least one AP course during the school year, whereas the median across high schools that offer AP courses in Montana is 13%. 8% of students at Arlee High School are enrolled in at least one AP science course compared to state average of 4%. 3% of students at Arlee High School are enrolled in at least one humanities AP course compared to 10% for state. 6% of all students at Arlee High School are learning disabled. There is little to no difference in graduation rates between students of different ethnicities. 15% of all students at Arlee High School are considered to have limited English proficiency. 59.2 students received an in-school suspension with 70% being Native American and 16.7% got an out-of-school suspension.

Source: Smartclass rating program, 2017.

Flathead Reservation Schools

Polson High School receives a rating of 7, which is higher than the average rating of 6 in Montana. The student to teacher ratio of 14:1 is slightly higher than the average for high schools in Montana (13:4). It has a 12% separation in graduation rates between Caucasian students and Native American/Alaskan students. 14% of all students are enrolled in one or more AP course and 77% received a passing score of 3 or higher (out of 5) on at least one exam, whereas the median across Montana is only 58%. This means that many of the students who take AP courses at this school will receive college credit for taking the courses. 24% of students at Polson High School took an SAT or ACT exam, and the median across all reported High Schools in Montana is 24%. Polson High School is a low performing school on the math exam at 32% and high on the ELA at 72%. More than 20% gap between Caucasians and Native Americans in proficiency on Math Exam. 8% of all students at Polson High School are learning disabled. 18.6% of students at were disciplined with an out-of-school suspension and 31% were Native American. 11% of students were disciplined with an in-school suspension and 15.9% were Native American. A higher rate of students at this school were absent 15 or more days of the school year at 17% compared to the median across all reported schools in Montana at 8%.

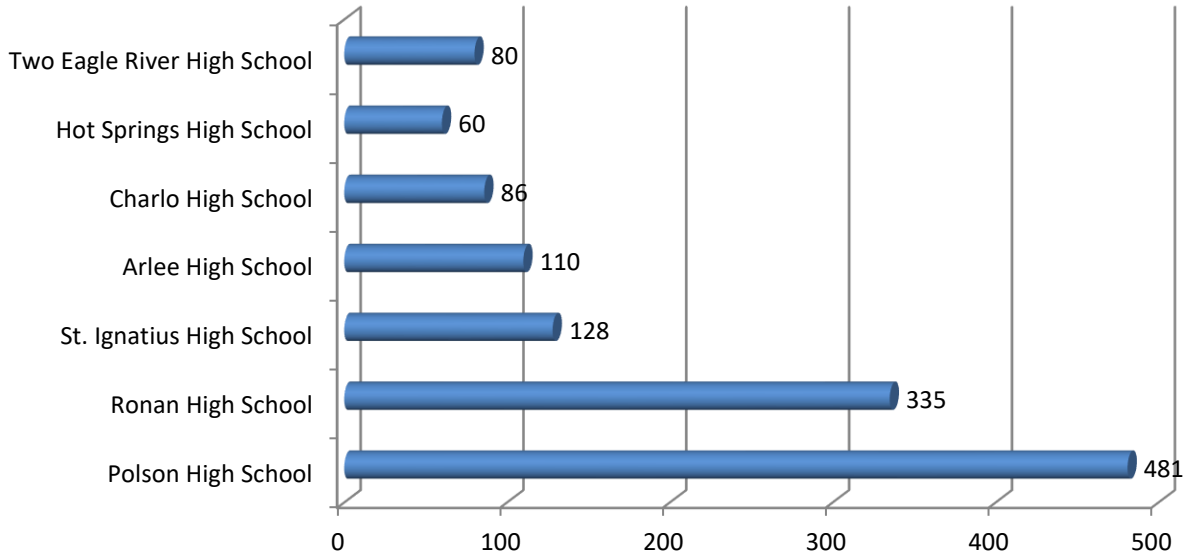
Charlo High School receives a rating of 8, which is higher than the average rating in Montana. There is little to no difference in graduation rates between students of different ethnicities. 21% of students at Charlo High School took an SAT or ACT exam, whereas the median across Montana is 24%. Low percent, 8% enrolled in advanced math. A high average of students in physics, chemistry, and biology. 18% of all students at Charlo High School are learning disabled, which is higher than the median across all reported high schools in Montana (12%). 8.5% of students at were disciplined with an out-of-school suspension and 4.3% of students were disciplined with an in-school suspension and 11.8% were learning disabled. A higher rate of students at this school were absent 15 or more days of the school year at 12% compared to the median across all reported schools in Montana at 8%.

Hot Springs High School receives a rating of 7 and had a relatively high performance on the statewide English Language Arts (ELA) exam compared to most high schools in Montana with 80%. It has a very low student teacher ratio of 5:1. However, the average graduation rate at Hot Springs High School over the most recent 5 years is below average for Montana at 56%. 31% of students took an SAT or ACT exam, whereas the median across Montana is only 24%. 8% of students at Hot Springs High are enrolled in at least one AP course during the school year, whereas the median across high schools that offer AP courses in Montana is 13%. 7% of all students at Hot Springs High School are learning disabled. A higher rate of students at this school were absent 15 or more days of the school year at 13% compared to all Montana. 11.6% received an out-of-school suspension.

St. Ignatius High School receives a rating of 7. The student to teacher ratio of 9:1 is significantly lower than the average for high schools in Montana (13.4). St. Ignatius High School is a high performing high school on the statewide math exam at 50%. There is a 30% separation in graduation rates between Caucasian students and Native American/Alaskan students. 28% of students at St. Ignatius High School took an SAT or ACT exam, whereas the median across all Montana is only 24%. A higher percentage of the students are enrolled in advanced math course at 32% and calculus at 13%. 24% of all students at St. Ignatius High School are learning disabled. 22.7% of students received an in-school suspension and 7.8% were given an out-of-school suspension. Only 5% of students were absent more than 15 days.

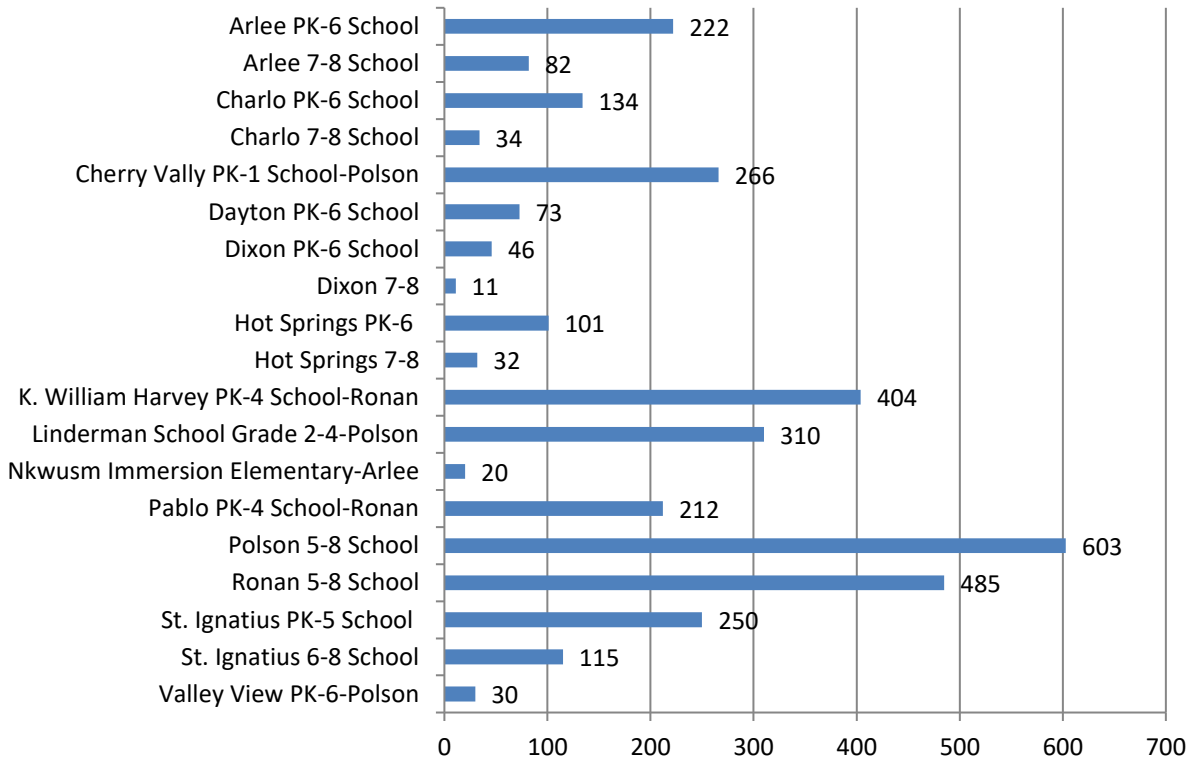
Source: Smartclass rating program, 2017.

Flathead Reservation High School Student Enrollment 2019



Source: Montana Office of Public Instruction, school year, 2019, retrieved November 2020.

Flathead Reservation Elementary and Middle School Student Enrollment 2019



Source: Montana Office of Public Instruction Enrollment Data Report, School Year-2019, retrieved November 2020.

FLATHEAD RESERVATION PRIVATE SCHOOLS

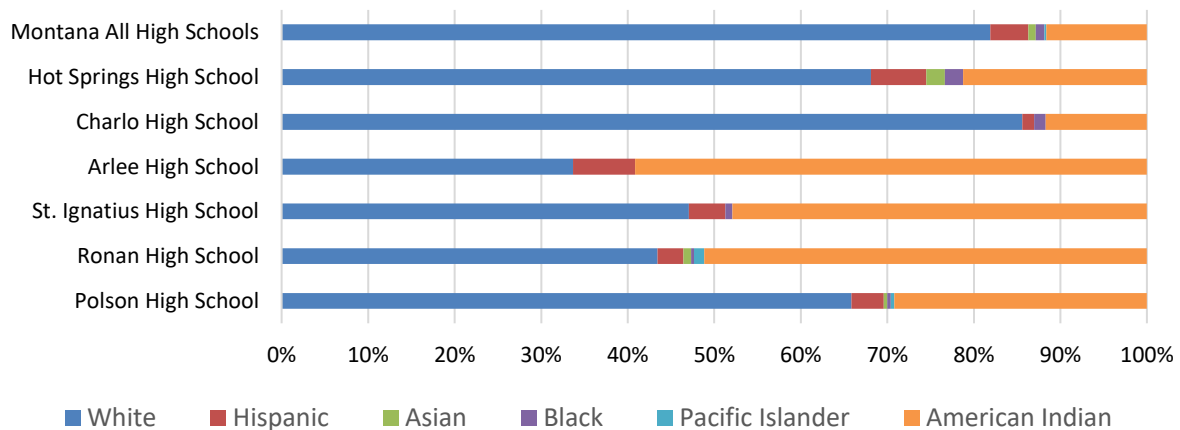
<u>SCHOOL</u>	<u>LOCATION</u>	<u>GRADES</u>	<u>ENROLLMENT</u>	<u>TUITION</u>
MV Christian Academy	Polson	K-12	45-55	\$4,300 -\$4,600
Pinehaven	St. Ignatius	4-12	60	Varies
Glacier View	Ronan	K-8	10	\$2,500
Glacier Lake	St. Ignatius	All	10-30	\$5,400
Mission Valley Amish School	St. Ignatius	5-8	40-50	Family work

One other private school in Lake County, which information was unavailable include Mountain Heights Mennonite School in Ronan.

- The purpose of the Mission Valley Christian Academy is to assist parents in their God-given responsibility to educate and discipline their children in a biblical worldview, while simultaneously encouraging and equipping them to give God preeminence in every area and endeavor of life. Mission Valley Christian Academy is a K-12 Christian school, located in Polson, Montana. (Source: MVCA page)
- Pinehaven is a residential, year-round program. The structured and controlled environment allows staff to help young people more effectively since they are not distracted and hindered by many of the things - whether actual, physical items or social situations and people - that contribute to their difficulties. (Source: Pinehaven)
- Glacier View School was established by the Montana Conference of Seventh-day Adventists in conjunction with the Ronan Seventh-day Adventist Church in 1973. (Source: www.glacierviewschool.com)
- Glacier Lake School is Montana's first, and only, truly self-directed, democratic school. Our school is based on democratic free models from around the world, including Sudbury Valley School in Massachusetts, and Summerhill in the UK. (Source: www.glacierlakeschool.com)

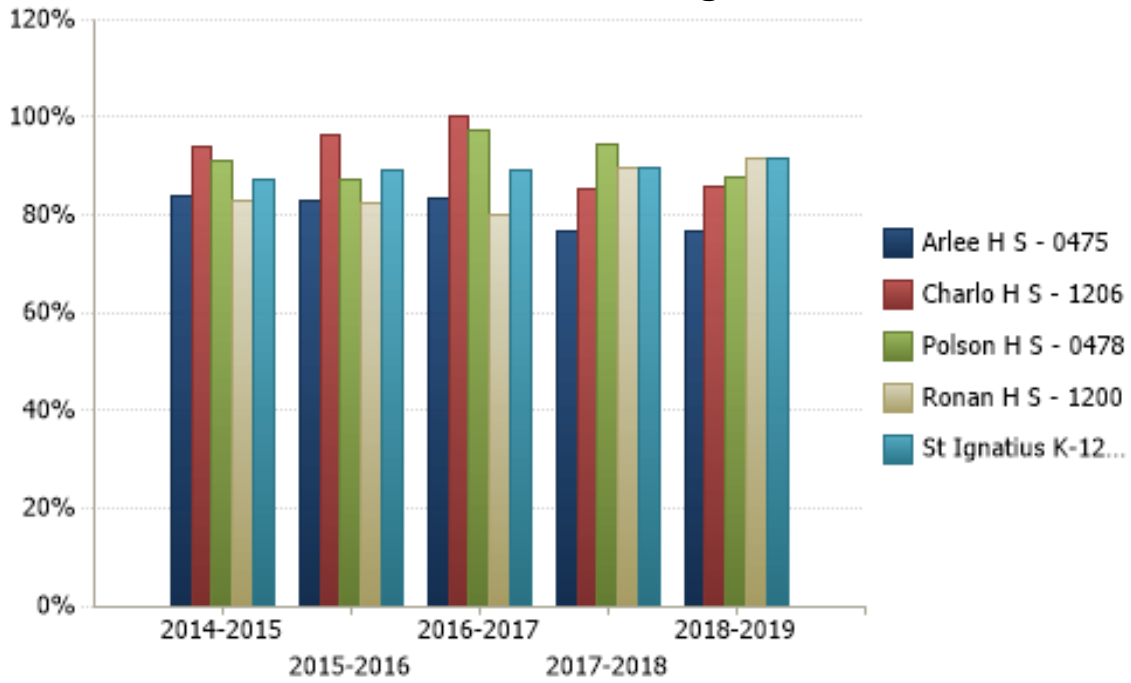
Sources: Reviewed November 2020.

Lake County & Montana High School Race Comparison



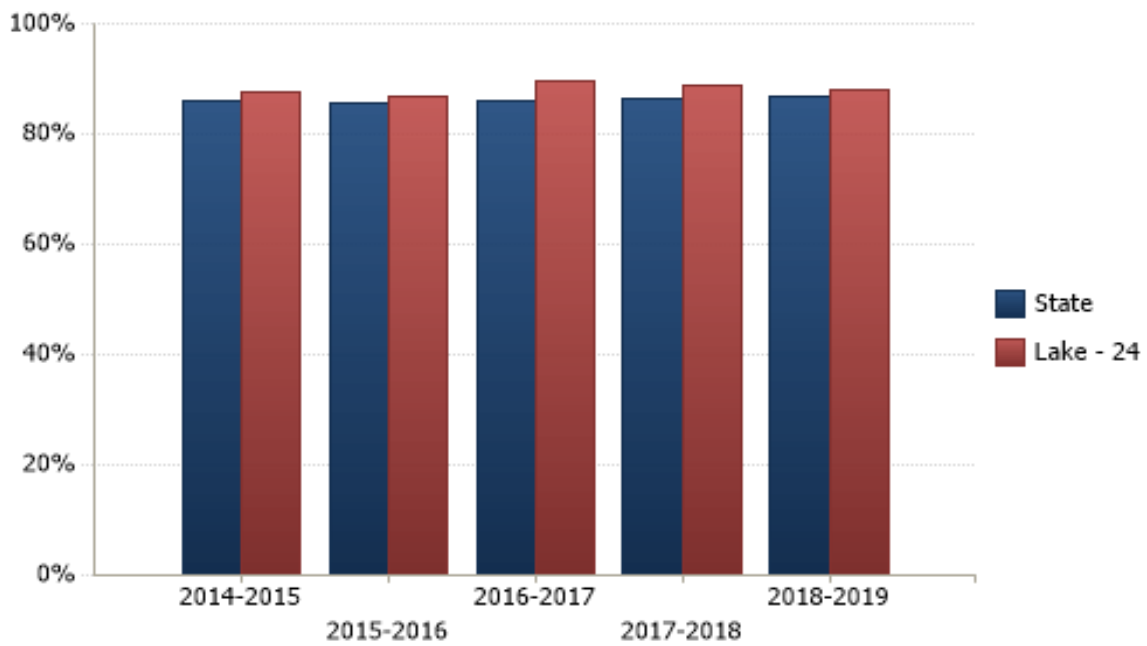
Source: Montana Office of Public Instruction, American Community Survey, US. Department of Education EDData (ED.gov), the Khan Academy, National Center for Educational Statistics (nces.ed.gov) and Civil Rights Data Collection (www2.ed.gov) 2017, reviewed 2020.

Four-Year Cohort Graduation Rate Comparison Flathead Reservation High Schools



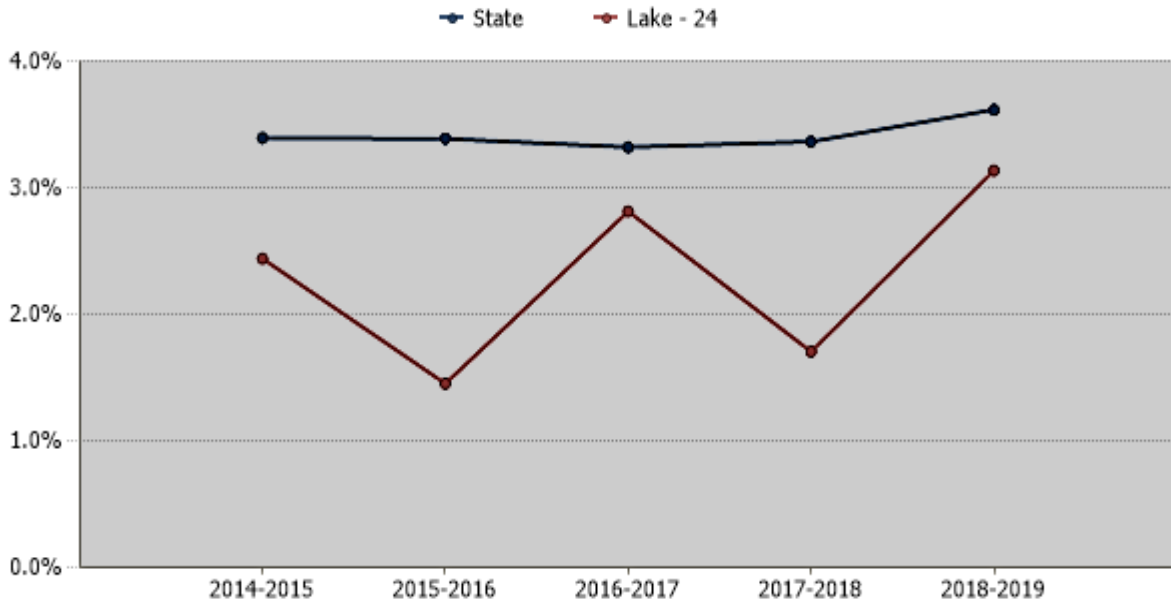
Source: Montana Office of Public Instruction, 2020.

Four-Year Cohort Graduation Rate Comparison Montana and Flathead Reservation High Schools



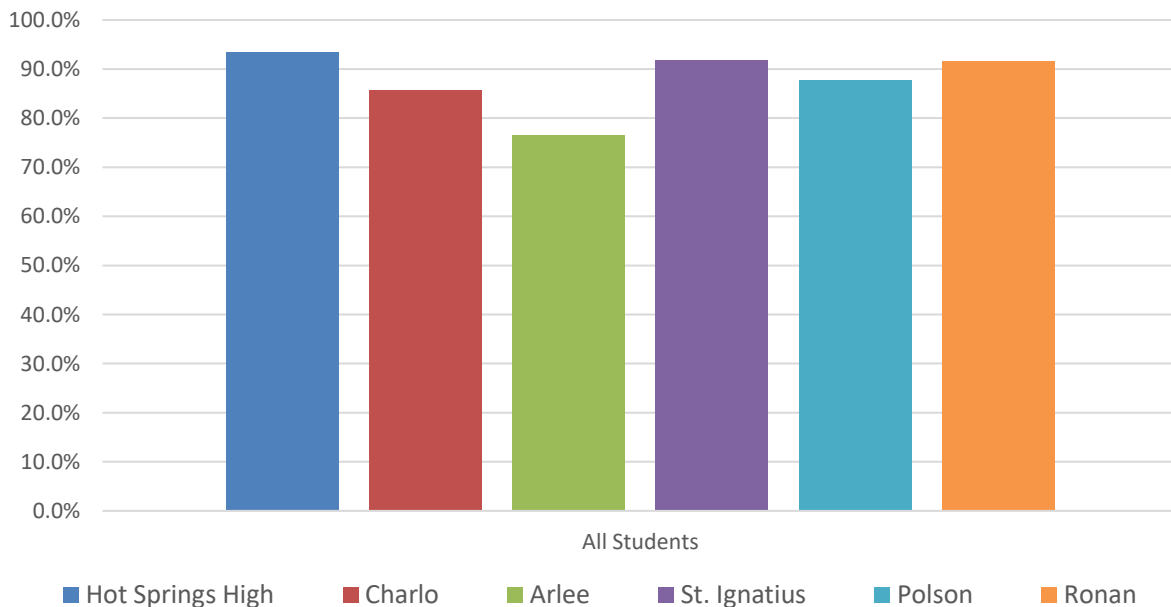
Source: Montana Office of Public Instruction, 2020.

Dropout Rate Comparison-Montana and Lake County High Schools



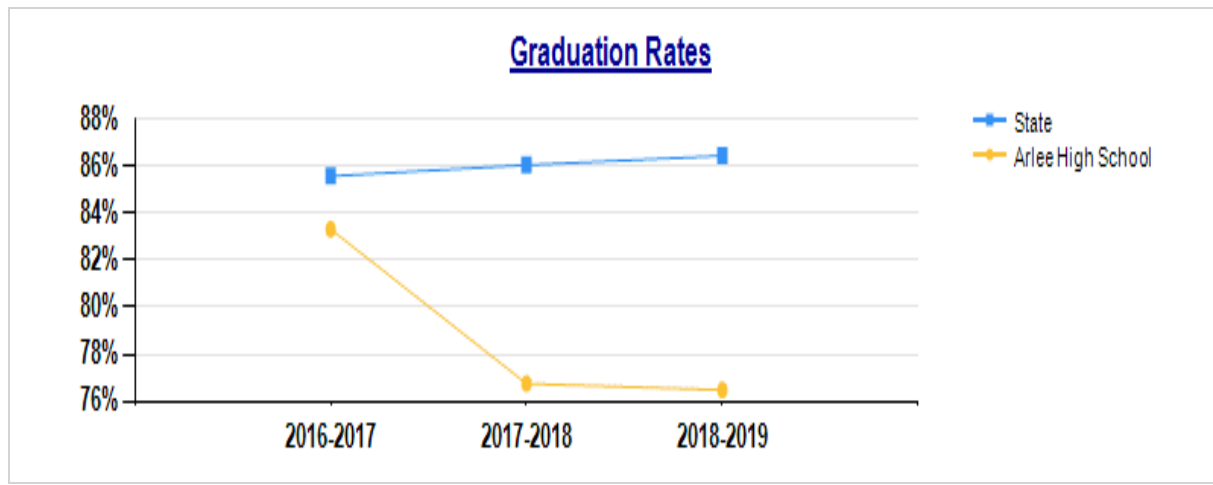
Source: Montana Office of Public Instruction, 2020.

Flathead Reservation High Schools Co-Hort Graduation Rate 2019

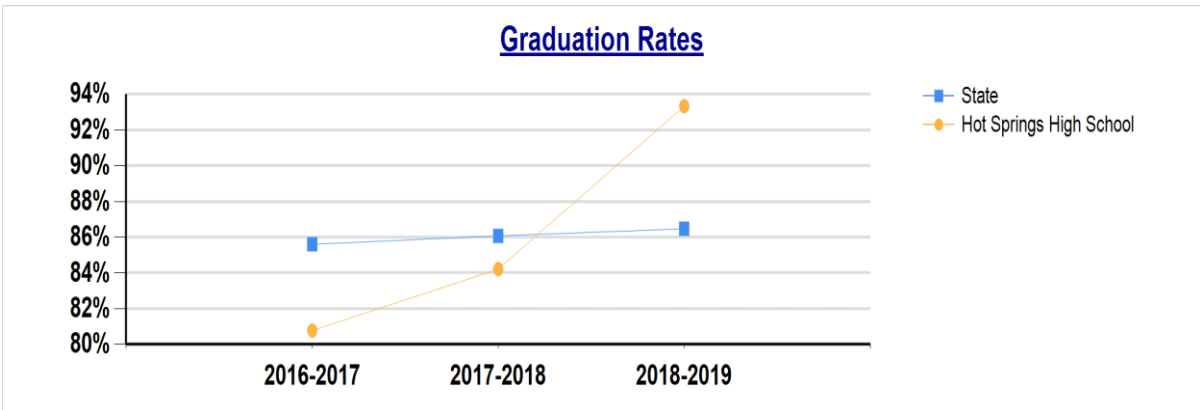


Source: Montana Office of Public Instruction, American Community Survey, US. Department of Education EDFacts (ED.gov), the Khan Academy, National Center for Educational Statistics (nces.ed.gov) and Civil Rights Data Collection (www2.ed.gov) & public-schools.startclass.com, 2020. This rate is the percentage of students in a cohort, adjusted for transfers in and out of school, district, or state, that graduate with a regular high school diploma within four years of the student's first enrollment in ninth grade.

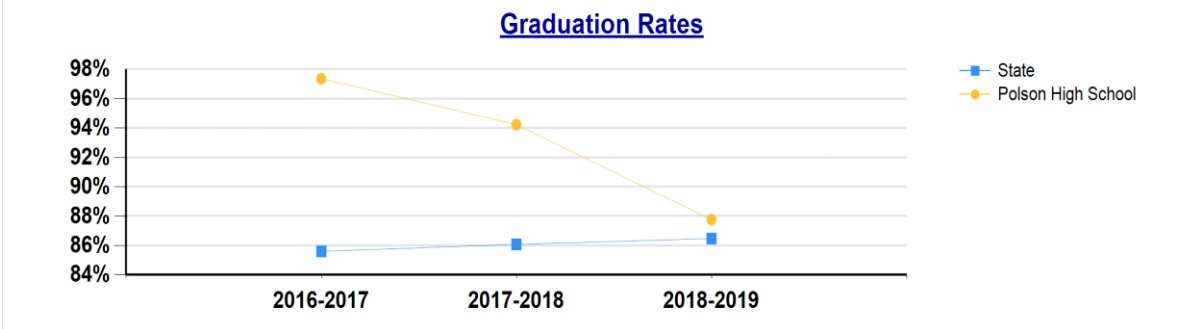
Source: Montana Office of Public Instruction, 2020.



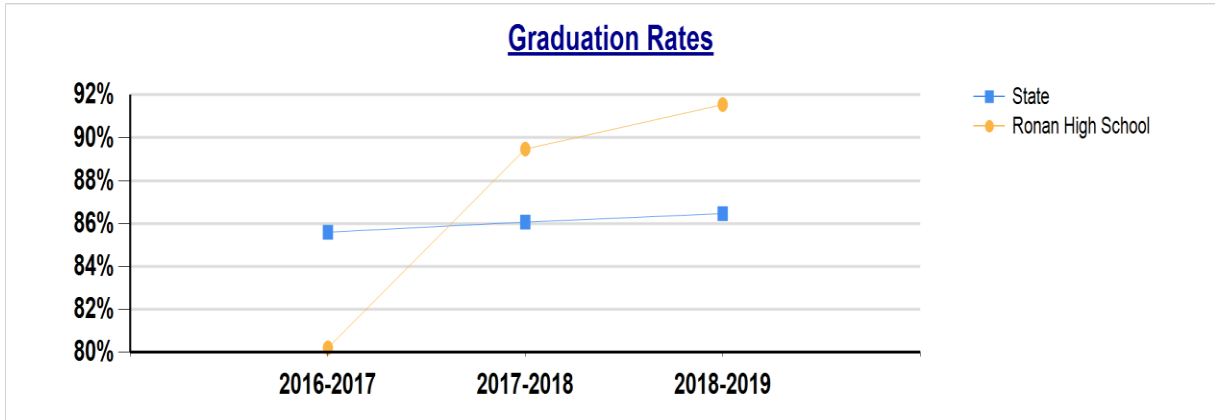
Source: Montana Office of Public Instruction, 2020.



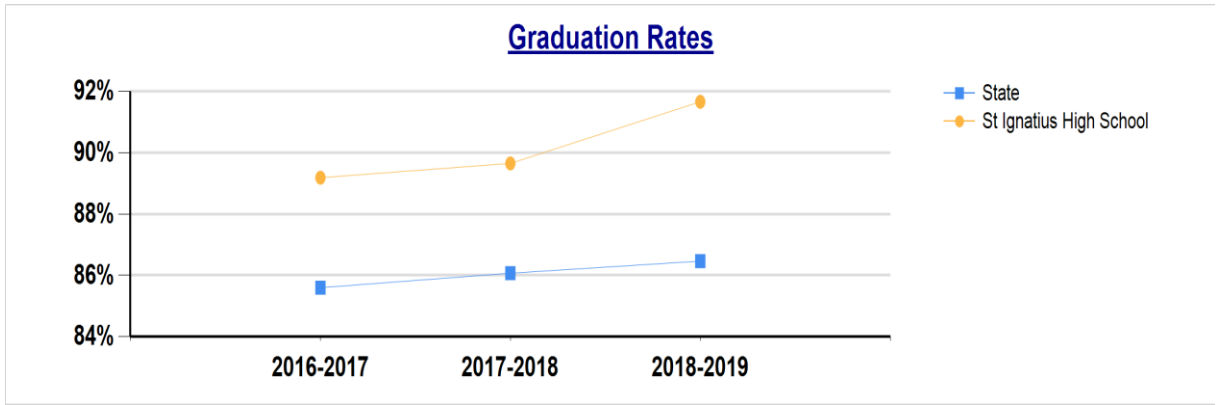
Source: Montana Office of Public Instruction, 2020.



Source: Montana Office of Public Instruction, 2020.



Source: Montana Office of Public Instruction, 2020.



Source: Montana Office of Public Instruction, 2020.

Montana Student Graduation and Dropout Rate Comparisons 2018-19		
Area	Actual	Prior Year Trend
Native American 3-Year Average Completion Rate	68.5%	↑
White 3-Year Average Completion Rate	89.9%	↑
American Indian 3-Year Average Dropout Rate	8.9%	↓
White 3-Year Average Dropout Rate	2.6%	↑
American Indian Dropout Rate High School	8.6%	↓
White Dropout Rate High School	2.9%	↑

Source: Montana Office of Public Instruction, GEMS Warehouse, retrieved, November 2020.

Lake County High School Student Graduation and Dropout Rate Comparisons 2018-19

Area	Actual	Prior Year Trend
Native American 3-Year Average Completion Rate	85.3%	↕
White 3-Year Average Completion Rate	93.5%	↕
American Indian 3-Year Average Dropout Rate	3.3%	↕
White 3-Year Average Dropout Rate	2.0%	→
American Indian Dropout Rate High School	8.8%	↕
White Dropout Rate High School	2.0%	→

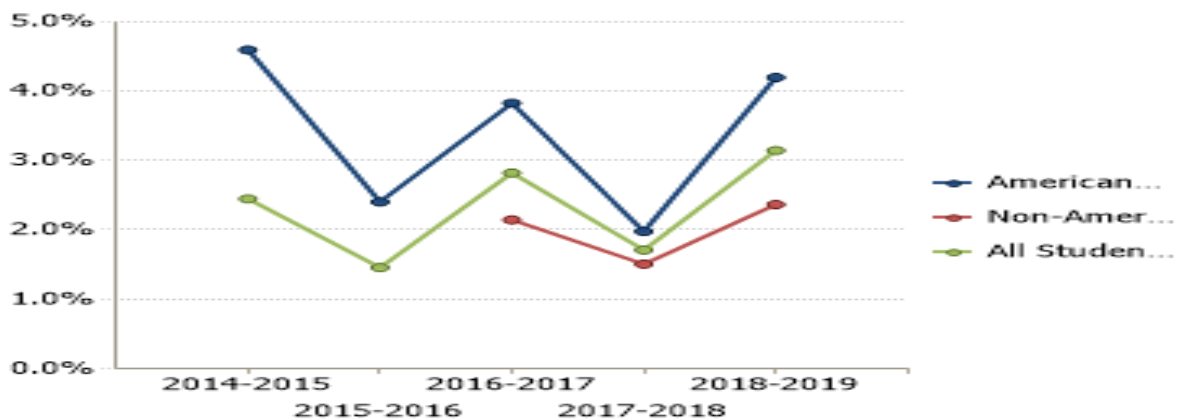
Source: Montana Office of Public Instruction, GEMS Warehouse, retrieved, November 2020.

Native American Indian Student Enrollment Montana 2019-2020

Area	Actual	Prior Year Trend
Percentage Of Native American, Montana K-12 Students	10.8%	↘
Schools With 76-100% Native American Population	54	↕
Schools With 51-75% Native American Population	17	↕
Schools With 26-50% Native American Population	26	↕
Schools With 0-25% Native American Population	770	↕
Total Number Of K-12 Students in Montana	149,181	↕
Total Number Of Native American K-12 Students in Montana	16,128	↕
Total Number Of Schools	867	→

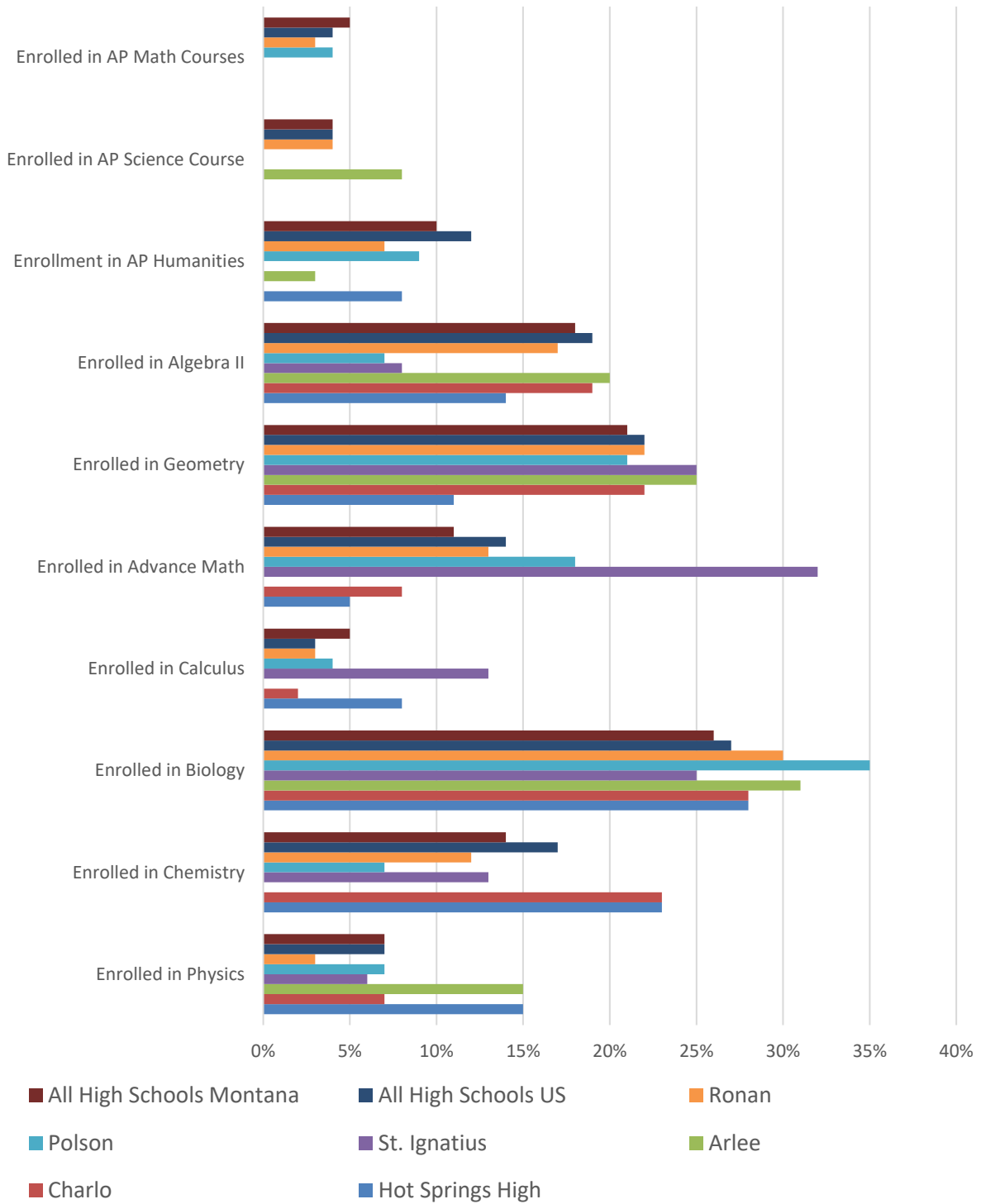
Source: Montana Office of Public Instruction, GEMS Warehouse, retrieved, November 2020.

Lake County High School Student Dropout Rate Trends 2018-19



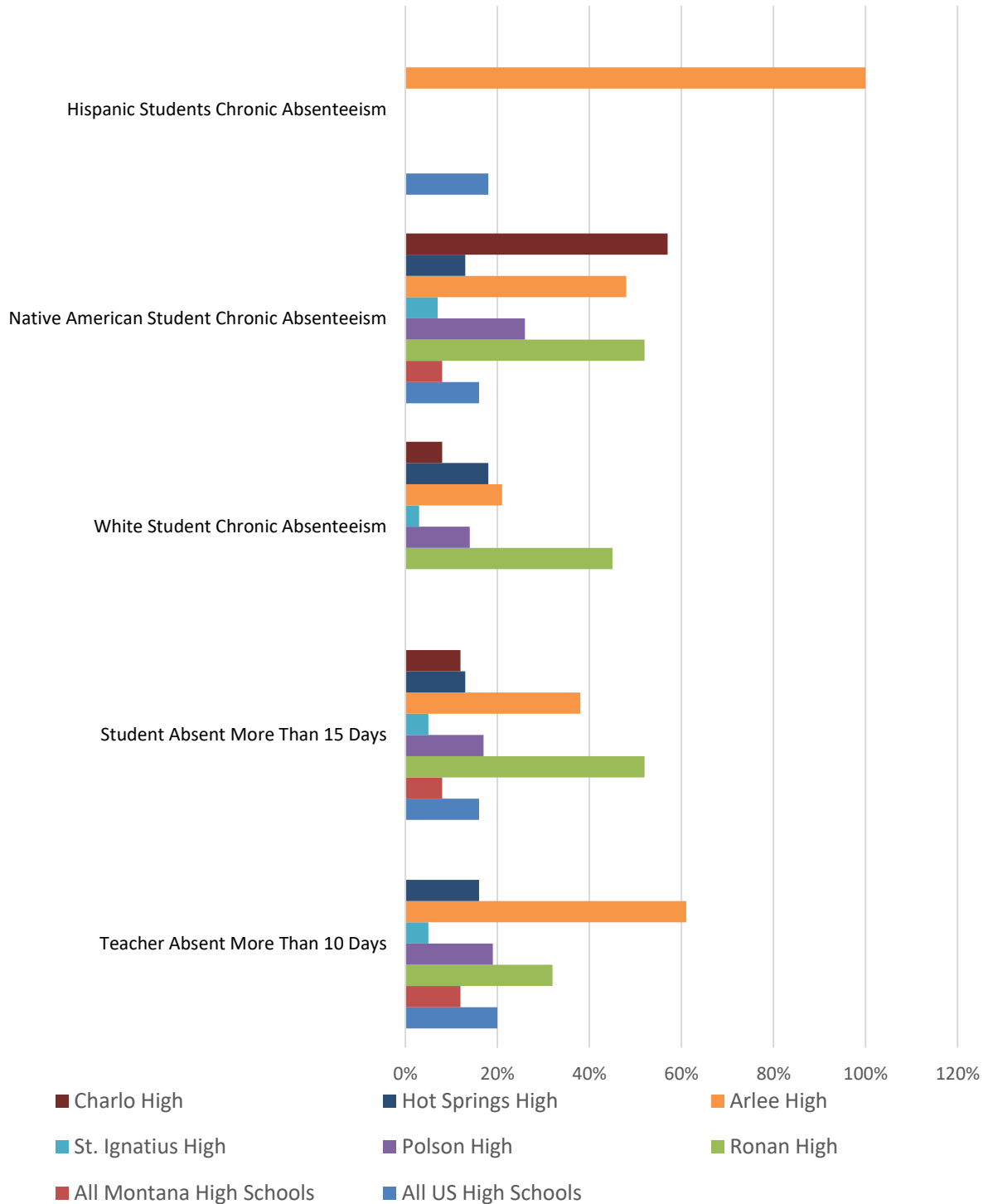
Source: Montana Office of Public Instruction, GEMS Warehouse, retrieved, November 2020.

Flathead Reservation High Schools High Performance Courses



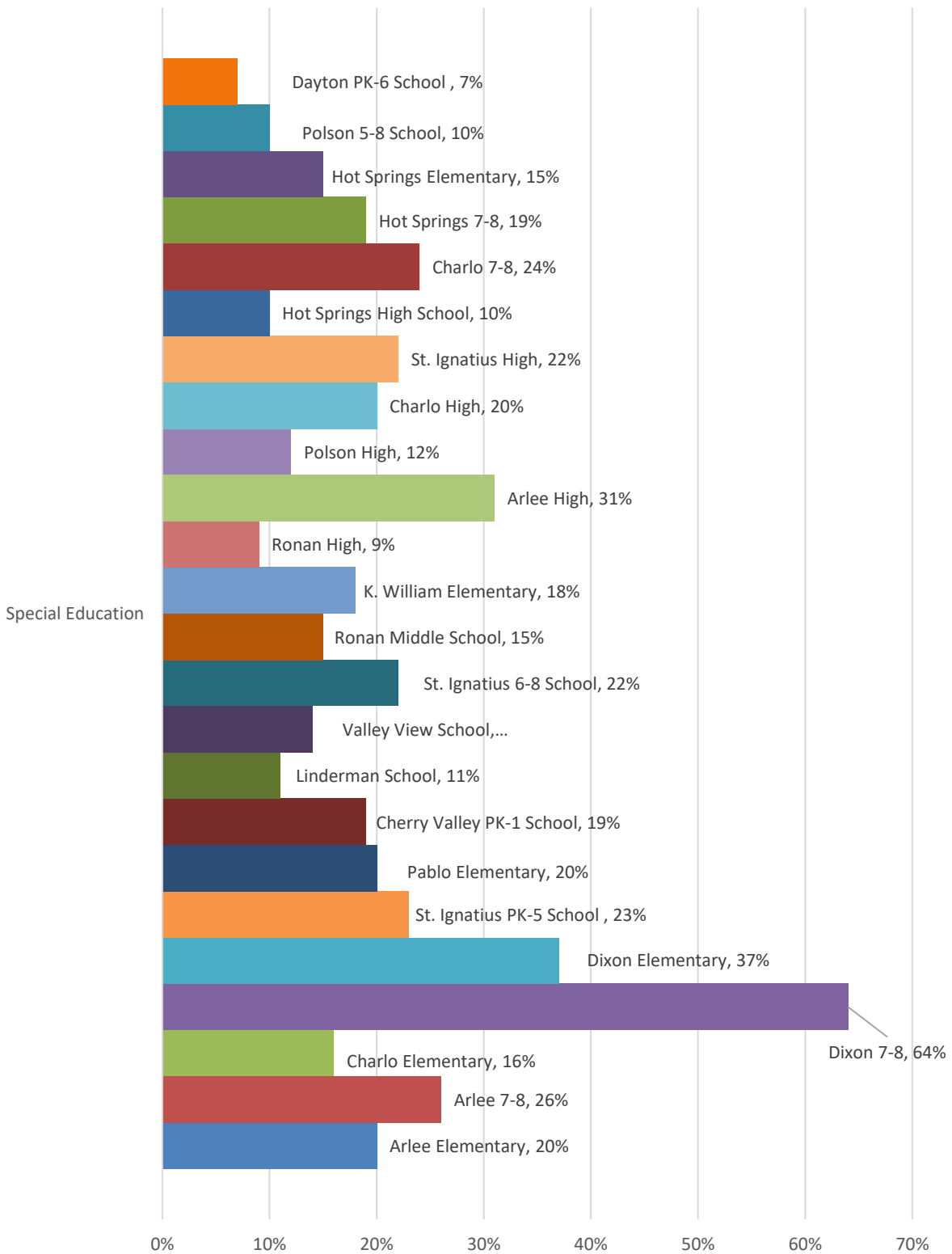
Source: Montana Office of Public Instruction, American Community Survey, US Department of Education EDData (ED.gov), the Khan Academy, National Center for Educational Statistics (nces.ed.gov) and Civil Rights Data Collection (www2.ed.gov) & public-schools.startclass.com, 2017, reviewed 2020.

Teacher & Student Absenteeism



Source: Montana Office of Public Instruction, American Community Survey, US. Department of Education EDData (ED.gov), the Khan Academy, National Center for Educational Statistics (nces.ed.gov) and Civil Rights Data Collection (www2.ed.gov) & public-schools.startclass.com, 2017, reviewed 2020. .

Flathead Reservation Schools Special Education Engagement 2018



Source: Office of Public Instruction, GEMS Reports, 2019, reviewed 2020.

Montana Standardized Tests

The following section has the most recent results for the standardized tests used in Montana and specifically the outcomes for the schools in Lake County.

Smarter Balance Test

The Smarter Balanced test is used to help determine student progress in Grades 3-8 toward Montana's Content Standards in math and ELA. Student participation is important for both federal and state compliance. This assessment is aligned with Montana's standards, equitable for all students, provides a comprehensive system of assessments to support instructional practice, and yields useable scores to describe what every student can know and do to meet the standards. The online test is administered annually from late March to late May. The content specification from which the test was developed directly align to Montana's Content Standards for both content areas to ensure the assessment covers the range of knowledge and skills described in the standards. The law requires that all students be included in statewide assessments. The Every Student Succeeds Act (ESSA), the Individuals with Disabilities Education Act (IDEA), and the Civil Rights Act require the fair and equal treatment of all students. Furthermore, these assessments provide a measure of student achievement so support and services can be targeted where they are needed most. Under the Every Student Succeeds Act (ESSA) requirements, student performance data from the assessment is used in Montana's accountability system and statewide data reporting systems for public K-8 schools. Montana's accountability system is flexible with its incorporation of multiple measures of school success including academic outcomes, student progress, and school quality. These measures help to ensure all students have access to high-quality and well-rounded education to prepare them for future college- and career-success. For accreditation, the state board of public education establishes and maintains standards for all public schools and nonpublic schools seeking accreditation under the Administrative Rules of Montana.

Criterion-Referenced Test in Science

The Criterion-Referenced Test in Science (CRT-Science) and the CRT-Alternate Assessment are designed to measure student acquisition of the knowledge and skills in Montana's content standards for reading, mathematics, and science. The assessments in reading, mathematics, and science were developed to provide information at the student, class, school, and system level. To ensure confidentiality of individual student results and to discourage generalizations about school performance based on very small populations, OPI has established 10 as the minimum number of students for which performance-level results are reported in any particular subgroup. Percentages are another way to report the results of the test.

"Percentage" refers to the percentage of questions answered correctly; the percent correct is simply the percentage of test questions that each student answered correctly. In the CRT-Science, the pool of test items in each grade and subject area was divided into two categories: 1. The first category of items consists of common items that appeared in all forms of the test and were completed by all students. Student, school, system, and state results are based only on these common items. 2. The second category of items consists of field test items. The remaining items in a grade/ subject area were divided among four different forms of each test; each student completed one form. These items are called field test items. These items do not count toward a student's results.

ACT Test

Since 2016, the ACT has been Montana's state standardized exam for high school students and has served as an important entry requirement for colleges and universities. It is currently administered by ACT, a nonprofit organization of the same name. The ACT test covers four academic skill areas: English, mathematics, reading, and science reasoning. It is accepted by all four-year colleges and universities in the United States as well as more than 225 universities outside of the U.S. The ACT is offered seven times a year in the United States and its territories, Puerto Rico, and Canada: in September, October, December, February, April, June, and July. In other locations, the ACT is offered five times a year: in September, October, December, April, and June. The ACT is offered only on Saturdays except for those with credible religious obligations, who may take the test on another day

Polson Middle School-Smarter Balance Assessment

SBAC English Language Proficiency Level			
Level	State	District	School
Advanced	19%	15%	15%
Proficient	31%	34%	38%
Nearing Proficiency	24%	23%	23%
Novice	26%	29%	23%

SBAC Mathematics Proficiency Level			
Level	State	District	School
Advanced	17%	15%	18%
Proficient	24%	24%	22%
Nearing Proficiency	30%	31%	30%
Novice	28%	31%	31%

CRT Science Proficiency Level			
Level	State	District	School
Advanced	19%	11%	14%
Proficient	41%	48%	45%
Nearing Proficiency	26%	30%	30%
Novice	11%	10%	10%
Not Tested	3%	*	*



Source: Montana Office of Public Instruction, Results-October, 2019, retrieved, November, 2020.

Arlee Middle School-Smarter Balance Assessment

SBAC English Language Proficiency Level			
Level	State	District	School
Advanced	19%	4%	*
Proficient	31%	13%	14%
Nearing Proficiency	24%	29%	31%
Novice	26%	54%	51%

SBAC Mathematics Proficiency Level			
Level	State	District	School
Advanced	17%	*	*
Proficient	24%	9%	14%
Nearing Proficiency	30%	33%	27%
Novice	28%	55%	54%

CRT Science Proficiency Level			
Level	State	District	School
Advanced	19%	*	*
Proficient	41%	38%	43%
Nearing Proficiency	26%	37%	*
Novice	11%	15%	*
Not Tested	3%	*	*



Source: Montana Office of Public Instruction, Results-October 2019, retrieved, November 2020.

Charlo PK-6 School-Smarter Balance Assessment

SBAC English Language Proficiency Level			
Level	State	District	School
Advanced	19%	37%	38%
Proficient	31%	35%	31%
Nearing Proficiency	24%	16%	18%
Novice	26%	12%	13%

SBAC Mathematics Proficiency Level			
Level	State	District	School
Advanced	17%	26%	29%
Proficient	24%	33%	28%
Nearing Proficiency	30%	28%	31%
Novice	28%	12%	*

Charlo 7-8 School-Smarter Balance Assessment

SBAC English Language Proficiency Level			
Level	State	District	School
Advanced	19%	37%	33%
Proficient	31%	35%	44%
Nearing Proficiency	24%	16%	*
Novice	26%	12%	*

SBAC Mathematics Proficiency Level			
Level	State	District	School
Advanced	17%	26%	*
Proficient	24%	33%	44%
Nearing Proficiency	30%	28%	*
Novice	28%	12%	*

Hot Springs Elementary School-Smarter Balance Assessment

SBAC English Language Proficiency Level			
Level	State	District	School
Advanced	19%	15%	24%
Proficient	31%	18%	*
Nearing Proficiency	24%	28%	*
Novice	26%	39%	34%

SBAC Mathematics Proficiency Level			
Level	State	District	School
Advanced	17%	*	*
Proficient	24%	16%	24%
Nearing Proficiency	30%	22%	*
Novice	28%	49%	34%

Hot Springs 7-8 School-Smarter Balance Assessment

SBAC English Language Proficiency Level			
Level	State	District	School
Advanced	19%	15%	*
Proficient	31%	18%	*
Nearing Proficiency	24%	28%	38%
Novice	26%	39%	46%

SBAC Mathematics Proficiency Level			
Level	State	District	School
Advanced	17%	*	*
Proficient	24%	16%	*
Nearing Proficiency	30%	22%	*
Novice	28%	49%	73%

K. William Harvey Elementary School-Smarter Balance Assessment

SBAC English Language Proficiency Level			
Level	State	District	School
Advanced	19%	12%	15%
Proficient	31%	28%	22%
Nearing Proficiency	24%	26%	29%
Novice	26%	34%	34%

SBAC Mathematics Proficiency Level			
Level	State	District	School
Advanced	17%	10%	9%
Proficient	24%	20%	27%
Nearing Proficiency	30%	29%	31%
Novice	28%	40%	32%

CRT Science Proficiency Level			
Level	State	District	School
Advanced	19%	14%	14%
Proficient	41%	50%	46%
Nearing Proficiency	26%	24%	28%
Novice	11%	11%	*
Not Tested	3%	*	*



Pablo Elementary School-Smarter Balance Assessment

SBAC English Language Proficiency Level			
Level	State	District	School
Advanced	19%	12%	19%
Proficient	31%	28%	24%
Nearing Proficiency	24%	26%	30%
Novice	26%	34%	27%

SBAC Mathematics Proficiency Level			
Level	State	District	School
Advanced	17%	10%	*
Proficient	24%	20%	27%
Nearing Proficiency	30%	29%	29%
Novice	28%	40%	33%

CRT Science Proficiency Level			
Level	State	District	School
Advanced	19%	14%	*
Proficient	41%	50%	44%
Nearing Proficiency	26%	24%	*
Novice	11%	11%	*
Not Tested	3%	*	*



Valley View PK-6 School-Smarter Balance Assessment & CRT

SBAC English Language Proficiency Level			
Level	State	District	School
Advanced	19%	*	*
Proficient	31%	*	*
Nearing Proficiency	24%	*	*
Novice	26%	52%	52%

SBAC Mathematics Proficiency Level			
Level	State	District	School
Advanced	17%	*	*
Proficient	24%	*	*
Nearing Proficiency	30%	44%	44%
Novice	28%	*	*

CRT Science Proficiency Level			
Level	State	District	School
Advanced	19%	*	*
Proficient	41%	*	*
Nearing Proficiency	26%	*	*
Novice	11%	*	*
Not Tested	3%	*	*



Linderman School-Smarter Balance Assessment & CRT

SBAC English Language Proficiency Level			
Level	State	District	School
Advanced	19%	15%	14%
Proficient	31%	34%	23%
Nearing Proficiency	24%	23%	21%
Novice	26%	29%	41%

SBAC Mathematics Proficiency Level			
Level	State	District	School
Advanced	17%	15%	8%
Proficient	24%	24%	28%
Nearing Proficiency	30%	31%	33%
Novice	28%	31%	31%

CRT Science Proficiency Level			
Level	State	District	School
Advanced	19%	11%	8%
Proficient	41%	48%	50%
Nearing Proficiency	26%	30%	29%
Novice	11%	10%	10%
Not Tested	3%	*	*



Dayton Elementary School-Smarter Balance Assessment

SBAC English Language Proficiency Level			
Level	State	District	School
Advanced	19%	*	*
Proficient	31%	45%	45%
Nearing Proficiency	24%	25%	25%
Novice	26%	25%	25%

SBAC Mathematics Proficiency Level			
Level	State	District	School
Advanced	17%	*	*
Proficient	24%	28%	28%
Nearing Proficiency	30%	40%	40%
Novice	28%	28%	28%

Ronan Middle School-Smarter Balance Assessment & CRT

SBAC English Language Proficiency Level			
Level	State	District	School
Advanced	19%	12%	10%
Proficient	31%	28%	30%
Nearing Proficiency	24%	26%	25%
Novice	26%	34%	35%

SBAC Mathematics Proficiency Level			
Level	State	District	School
Advanced	17%	10%	11%
Proficient	24%	20%	17%
Nearing Proficiency	30%	29%	29%
Novice	28%	40%	44%

CRT Science Proficiency Level			
Level	State	District	School
Advanced	19%	14%	14%
Proficient	41%	50%	54%
Nearing Proficiency	26%	24%	19%
Novice	11%	11%	12%
Not Tested	3%	*	*



St. Ignatius PK-5 School-Smarter Balance Assessment & CRT

SBAC English Language Proficiency Level			
Level	State	District	School
Advanced	19%	7%	*
Proficient	31%	17%	14%
Nearing Proficiency	24%	23%	21%
Novice	26%	53%	59%

SBAC Mathematics Proficiency Level			
Level	State	District	School
Advanced	17%	5%	*
Proficient	24%	18%	17%
Nearing Proficiency	30%	28%	29%
Novice	28%	49%	49%

CRT Science Proficiency Level			
Level	State	District	School
Advanced	19%	19%	*
Proficient	41%	44%	61%
Nearing Proficiency	26%	28%	22%
Novice	11%	9%	*
Not Tested	3%	*	*



St. Ignatius 6-8 School-Smarter Balance Assessment & CRT

SBAC English Language Proficiency Level			
Level	State	District	School
Advanced	19%	7%	*
Proficient	31%	17%	22%
Nearing Proficiency	24%	23%	27%
Novice	26%	53%	45%

SBAC Mathematics Proficiency Level			
Level	State	District	School
Advanced	17%	5%	*
Proficient	24%	18%	20%
Nearing Proficiency	30%	28%	27%
Novice	28%	49%	50%

CRT Science Proficiency Level			
Level	State	District	School
Advanced	19%	19%	*
Proficient	41%	44%	38%
Nearing Proficiency	26%	28%	*
Novice	11%	9%	*
Not Tested	3%	*	*



St. Ignatius High School-ACT & CRT

ACT English Language Proficiency Level			
Level	State	District	School
Advanced	17%	*	*
Proficient	30%	41%	41%
Nearing Proficiency	22%	*	*
Novice	31%	34%	34%

ACT Mathematics Proficiency Level			
Level	State	District	School
Advanced	14%	*	*
Proficient	19%	*	*
Nearing Proficiency	31%	*	*
Novice	35%	48%	48%

CRT Science Proficiency Level			
Level	State	District	School
Advanced	19%	19%	*
Proficient	41%	44%	*
Nearing Proficiency	26%	28%	40%
Novice	11%	9%	*
Not Tested	3%	*	*



Polson High School-ACT & CRT

ACT English Language Proficiency Level			
Level	State	District	School
Advanced	17%	20%	20%
Proficient	30%	20%	20%
Nearing Proficiency	22%	35%	35%
Novice	31%	24%	24%

ACT Mathematics Proficiency Level			
Level	State	District	School
Advanced	14%	17%	17%
Proficient	19%	16%	16%
Nearing Proficiency	31%	35%	35%
Novice	35%	33%	33%

CRT Science Proficiency Level			
Level	State	District	School
Advanced	19%	8%	8%
Proficient	41%	24%	24%
Nearing Proficiency	26%	41%	41%
Novice	11%	27%	27%
Not Tested	3%	*	*



Hot Springs High School-ACT & CRT

ACT English Language Proficiency Level			
Level	State	District	School
Advanced	17%	*	*
Proficient	30%	*	*
Nearing Proficiency	22%	*	*
Novice	31%	*	*

ACT Mathematics Proficiency Level			
Level	State	District	School
Advanced	14%	*	*
Proficient	19%	*	*
Nearing Proficiency	31%	*	*
Novice	35%	*	*

CRT Science Proficiency Level			
Level	State	District	School
Advanced	19%	*	*
Proficient	41%	42%	*
Nearing Proficiency	26%	26%	48%
Novice	11%	*	*
Not Tested	3%	*	*



Ronan High School-ACT & CRT

ACT English Language Proficiency Level			
Level	State	District	School
Advanced	17%	*	*
Proficient	30%	30%	30%
Nearing Proficiency	22%	21%	21%
Novice	31%	43%	43%

ACT Mathematics Proficiency Level			
Level	State	District	School
Advanced	14%	*	*
Proficient	19%	*	*
Nearing Proficiency	31%	26%	26%
Novice	35%	58%	58%

CRT Science Proficiency Level			
Level	State	District	School
Advanced	19%	*	*
Proficient	41%	13%	13%
Nearing Proficiency	26%	43%	43%
Novice	11%	35%	35%
Not Tested	3%	*	*



Charlo High School-ACT & CRT

ACT English Language Proficiency Level			
Level	State	District	School
Advanced	17%	*	*
Proficient	30%	*	*
Nearing Proficiency	22%	*	*
Novice	31%	*	*

ACT Mathematics Proficiency Level			
Level	State	District	School
Advanced	14%	*	*
Proficient	19%	*	*
Nearing Proficiency	31%	*	*
Novice	35%	43%	43%

CRT Science Proficiency Level			
Level	State	District	School
Advanced	19%	*	*
Proficient	41%	*	*
Nearing Proficiency	26%	*	*
Novice	11%	*	*
Not Tested	3%	*	*



Arlee High School-ACT & CRT

ACT English Language Proficiency Level			
Level	State	District	School
Advanced	17%	*	*
Proficient	30%	*	*
Nearing Proficiency	22%	*	*
Novice	31%	70%	70%

ACT Mathematics Proficiency Level			
Level	State	District	School
Advanced	14%	*	*
Proficient	19%	*	*
Nearing Proficiency	31%	35%	35%
Novice	35%	53%	53%

CRT Science Proficiency Level			
Level	State	District	School
Advanced	19%	*	*
Proficient	41%	*	*
Nearing Proficiency	26%	*	*
Novice	11%	52%	52%
Not Tested	3%	*	*



Selected 2017 My Voice Survey Results Montana

Survey Response Area	White	AI Majority	AI Minority
I think bullying is a problem at my school	37%	53%	38%
I have a teacher who is a positive role model for me	80%	76%	79%
Teachers have fun at school	49%	41%	45%
Teachers let my parents know what I do well.	49%	58%	49%
I feel comfortable asking questions in class	60%	55%	59%
I am a good decision maker.	64%	57%	63%
I feel accepted for who I am at school.	66%	69%	65%
School inspires me to learn	58%	66%	58%
I enjoy being at school.	50%	57%	50%

Notes: The My Voice Survey asks different types of questions than the YRBS survey. Examples are questions relating to the students belonging in school, sense of accomplishment, curiosity, and leadership. There are several ways the My Voice Survey data may be disaggregated. Three groups of students will be focused on for this report: American Indians in schools where the majority of students are American Indian (AI majority), American Indians in schools where the majority of students are not American Indian (AI minority) and all White students. The chart above shows some questions that were selected from the My Voice Survey. Some questions were selected for differences between White students and American Indian students. Others were selected because of the difference in answers provided by American Indian students.

Source: OPI Youth Report, 2017, retrieved November 2020.

Health Outcomes, Services, & Resources

Montana has a decentralized public health system with seven tribal and 51 local health jurisdictions. Under state law, Montana's public health system is governed by local boards of health (BOH). Local health departments carry out public health activities under authority delegated by the legislature to the local BOH and public health officers. Each of the seven American Indian reservations is governed by a group of elected officials who serve on the Tribal Council. Each American Indian reservation has an independently governed tribal health department as determined by their tribal government. The National Public Health Accreditation Board recommends all health departments complete health assessments and improvement plans. In addition, the Affordable Care Act requires non-profit hospitals to complete health assessments and improvement plans. These documents provide a local data source to understand Montana community health priorities and are essential to fully describe the health issues in Montana. From 2012 through 2018, 52 Community Health Assessments or Community Health Needs Assessments were completed in Montana. These 52 community assessments represent 54 of Montana's 56 counties and three tribal health departments (Blackfeet, Fort Peck, and Northern Cheyenne).

In 2018, PHSD staff reviewed and summarized the overall community health concerns or priorities identified in each of these 52 assessments. Overall, Montana communities identified substance use disorder (i.e. alcohol, illicit drugs, prescription pain medicine, or tobacco), overweight and obesity, mental health, and cancer most often as health concerns in their communities. The top areas from across all the assessments were from top to bottom: 1) Substance Use Disorder 92%; 2) Overweight and Obesity; 60%; Mental Health, 44%; and Cancer, 38%.²⁵ 75% of adults are NOT meeting physical activity recommendations 72% of youth are NOT meeting physical activity.

According to the 2015–2016 National Survey on Drug Use and Health (NSDUH), approximately 79,000, or 9%, of Montanans aged 12 years and older had a substance use disorder in the past year (illicit drug use or alcohol dependence or abuse). Overall, drug and alcohol-related inpatient admissions totaled 35,998 from 2010 to 2014, costing Montana residents \$598 million. Furthermore, drug and alcohol related emergency department visits during the same time frame totaled 55,916 and cost Montanans \$116 million.

Alcohol is the most abused substance in Montana. Approximately 63,000 (7%) Montanans aged 12 years and older had an alcohol use disorder in the past year. In 2016, 19% of Montanans aged 18 years and older reported binge drinking and 7% reported heavy drinking, compared to 17% and 6% of U.S. adults, respectively. Binge drinking and heavy drinking are most prevalent among Montanans aged 25 to 34 years. In 2016, approximately 30% of Montanans in this age group reported binge drinking and 10% reported heavy alcohol consumption. Young adults (aged 18-25 years) in Montana rank among the highest nationwide for percentage of Alcohol Use Disorder (14%) and percentage of Alcohol Dependence (6%). In 2016, approximately 70 opioid prescriptions were dispensed per 100 residents in Montana, compared to 67 nationwide. While prescription opioid sales in Montana are nearly consistent with the U.S. rate, this does not necessarily represent an appropriate level of consumption. For instance, the U.S. accounts for nearly half of the worldwide consumption of prescription opioids, despite making up less than 5% of the total world population. In 2016, one in five Montana adults (21%) reported experiencing mental distress (1 to 13 days of poor mental or emotional

²⁵ Montana State Health Assessment, completed in 2018, info retrieved, November 2020.

health) in the past month while one in ten (10%) reported experiencing frequent mental distress (14 or more days of poor mental or emotional health). For nearly 40 years, Montana's suicide rate has been among the highest nationwide, consistently ranking within the top five. Between 2011 and 2015, suicide ranked as the sixth leading cause of death among Montanans. During this time, there were an average of 240 suicides per year in Montana for an age-adjusted mortality rate of 23 per 100,000 people, nearly double the U.S. rate of 13.

Between 2011 and 2015, the suicide rate was significantly higher in rural counties of Montana compared to micropolitan counties. Within that same time frame, the suicide rate in Montana was higher, although not significantly, among American Indians than among whites. Additionally, one in five suicides (21%) in Montana was among veterans between 2013 and 2015, with the suicide rate nearly twice as high among veterans compared to non-veterans during the same period. Between 2015-2016, an estimated 57,000 Montanans aged 12 and older needed but did not receive treatment for alcohol use in the past year. Chlamydia infection is the most reported communicable disease in Montana.

Nearly one in ten (9%) Montanans have a substance use disorder. Young adults (aged 18–25 years) in Montana rank among the highest nationwide for Alcohol Use Disorder (14%) and Alcohol Dependence (6%). Deaths from opioid misuse in Montana peaked in 2009 and decreased to 4 deaths per 100,000 in 2015. From 2011–2015, Montana's suicide rate was nearly two times higher than the U.S. On average, 240 suicides occur each year in Montana and 990 emergency department visits for suicide attempts. Suicide rates did not differ significantly by race; however, suicide was significantly higher among veterans compared to non-veterans and residents of rural counties compared to micropolitan counties.

Many Montanans who need mental health and substance use disorder treatment do not receive treatment. During 2015 and 2016, an estimated 72,000 Montanans aged 12 years and older needed but did not receive treatment for substance use in the past year. The Montana Behavioral Initiative believe that instead of reacting and telling students “no” or “Stop doing that” or sending students to the office, they teach expected behaviors at the beginning of the year, before behavior happens, and then continue teaching throughout the year. This takes place annually at different reservation schools.

Locally, similar outcomes can be found. Lake County has an assault injury emergency room rate 706.2, while Montana was only 312.8.²⁶ The frequency of opioid prescriptions among American Indians on the Flathead, based on self-reporting, between 2016-18 was 21,831.²⁷ Other data indicators are included later in this section that illustrate some of the other major health presentments for Lake County and the Flathead Reservation.

For a rural region, with a small population, the community has a higher than average number of service providers in the health care field. Both Polson and Ronan have hospitals with full emergency care services, as well as birthing wings, physical therapy clinics and all types of major testing and scans. One has a cancer treatment facility and a third hospital, Kalispell Regional has set up a local clinic in Polson. Kidney dialysis is also available at a separate clinic in Polson. Additionally, St. Luke's has a separate clinic in Polson as well. St. Luke Hospital in Ronan and St. Joseph Hospital in Polson both have behavioral health teams on staff.

Tribal Health has major facilities in St. Ignatius on the southern end of the reservation and in Polson to the north. They have also opened a smaller clinic on the Salish Kootenai College Campus. These new additions and services were cited again and again by respondents.

²⁶ Montana Public Health Information System, February 2020.

²⁷ *Ibid.*

Although there was a concern for the need for additional mental health and substance abuse rehab services, there was also recognition that in these areas there have also been major steps forward including expanded services through Tribal Health, placement of support staff at SKC, mental health consultations being offered to ECS and operation of the Lake House.

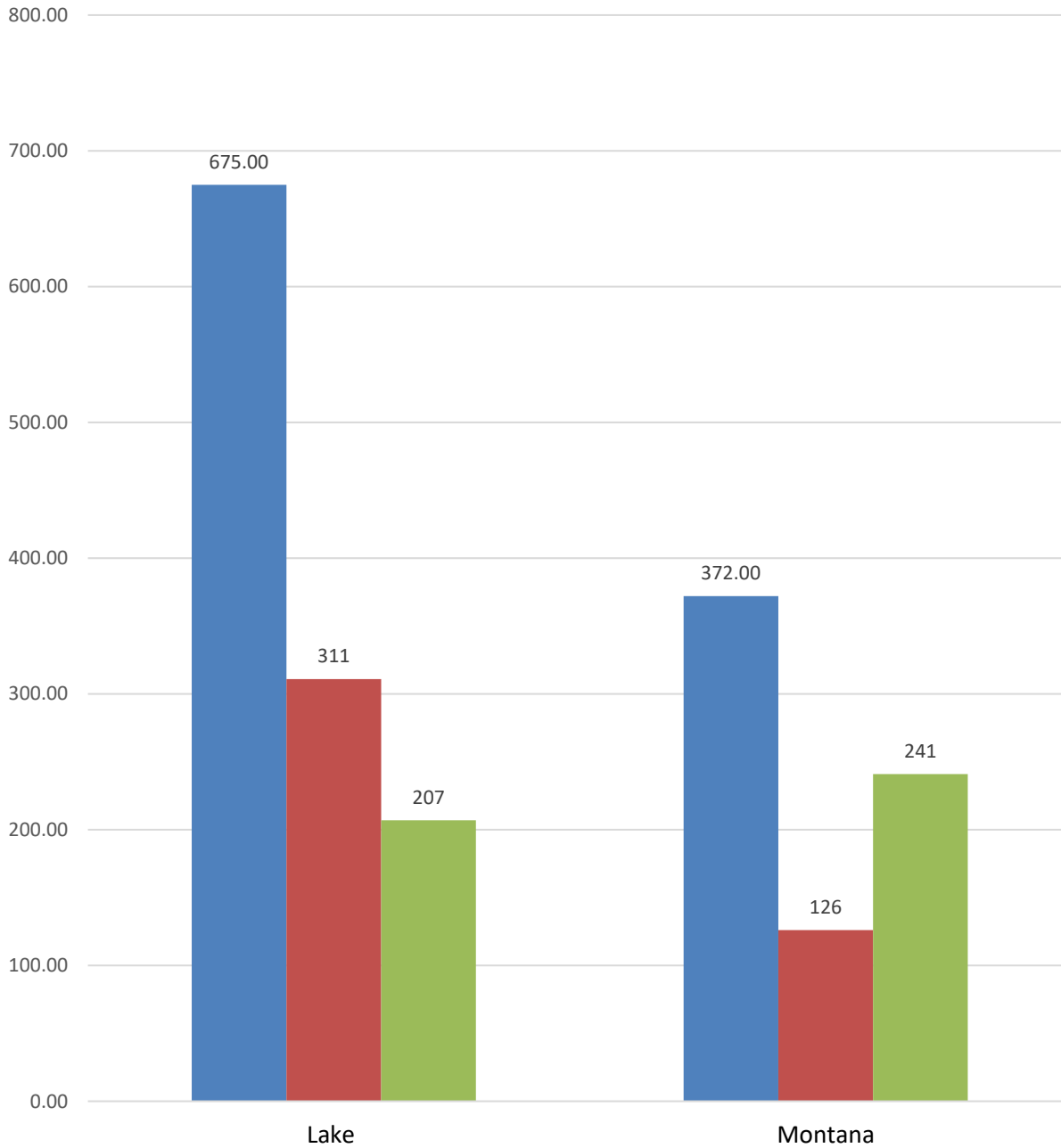
In the last 10 years, mental health and substance abuse services within the Flathead Reservation have greatly expanded. Sunburst Mental Health, a non-profit agency has grown significantly in its services and staffing, working out of different offices, and providing services on the local tribal college campus. It mental health counseling and offers private visitation, referrals and has a Child and Family Center. The Tribal Health Behavioral Health Division has also grown, adding more staff and additional services, including more on call time during the week for drop ins or those with an immediate need for services, as well as telehealth during the COVID pandemic. Western Montana Mental Health through Western Montana Addiction Services provides a range of services in the community. Cedar Creek Integrated Health is a new mental health service provider based out of St. Ignatius that has a full menu of services.

Recent developments for substance abuse support have also evolved within the community with the creation of a non-profit and the establishment of other options. The Never Alone Recovery Support Services is a community driven program that has built a strong place for group support to those dealing with some form of substance abuse. According to the NARSS Program: “We are a community of recovering people who want to share our experience, strength, and hope with individuals seeking recovery from addiction. There are many pathways and styles of recovery. Being part of a recovery community offers individuals a chance to learn about recovery through a variety of sources, and offers them a safe place to learn and grow on their own recovery journey.” In a short time they have generated financial support, set up a drop-in center (COVID pandemic aside), started a recovery home for males and host a wide range of group meetings that are very well attended.

Altacare is Montana’s leading provider of in-school mental health services. With Altacare, children and adolescents can receive intensive outpatient treatment while they attend school – causing little-to-no disruption to their normal lives. Alta Care has a clinician linked to each school in Lake County. Services are dictated mostly by availability of certified counselors rather than need. It is Medicaid driven as well. In this regard, a higher need exists for more certified counselors for the K-12 population based on feedback from the education community.

Cultural relevance for all services including those dealing with substance abuse and mental health continues to be a challenge for providers and the community. As identified through surveys, focus groups and individual interviews, the level and availability of services is seen as an area of extremely high need. Even though it is a high need within the area, those responding to the Community Assessment also recognized that it is also a numbers game and that the high costs of having certain types of intake and rehab services for such a small population presents a formidable barrier. The term cultural relevance is also troublesome when looking at the diverse population on the Flathead Reservation. Although more than 20% of the population are Native American, they are not all from the same tribe. In fact, the tribal college has more than 20 tribal groups represented within its population. Over the 40 plus years of its existence, many Native Americans from other tribes have stayed on this reservation and in some cases married someone from the local area. All these different tribal groups have their own traditions, ceremonies, and practices. Of course, more than 70% of the population is not tribal at all and bring customs, traditions, and historical practices from places like Germany, France, Scotland, and Ireland. Defining something as being cultural in this community can be extremely challenging.

Hospitalization Rates

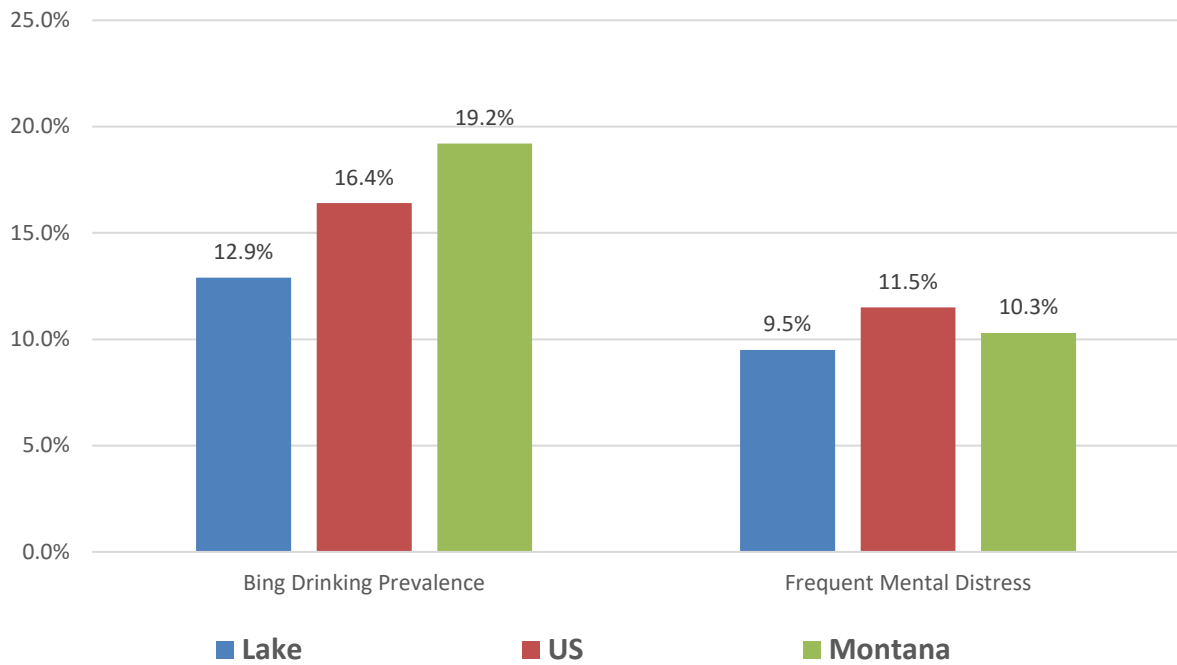


- Drug Use Hospitalization
- Intentional Self-Harm Emergency Visit
- Mental Disorders Hospitalization

Definition: Rate per 100,000

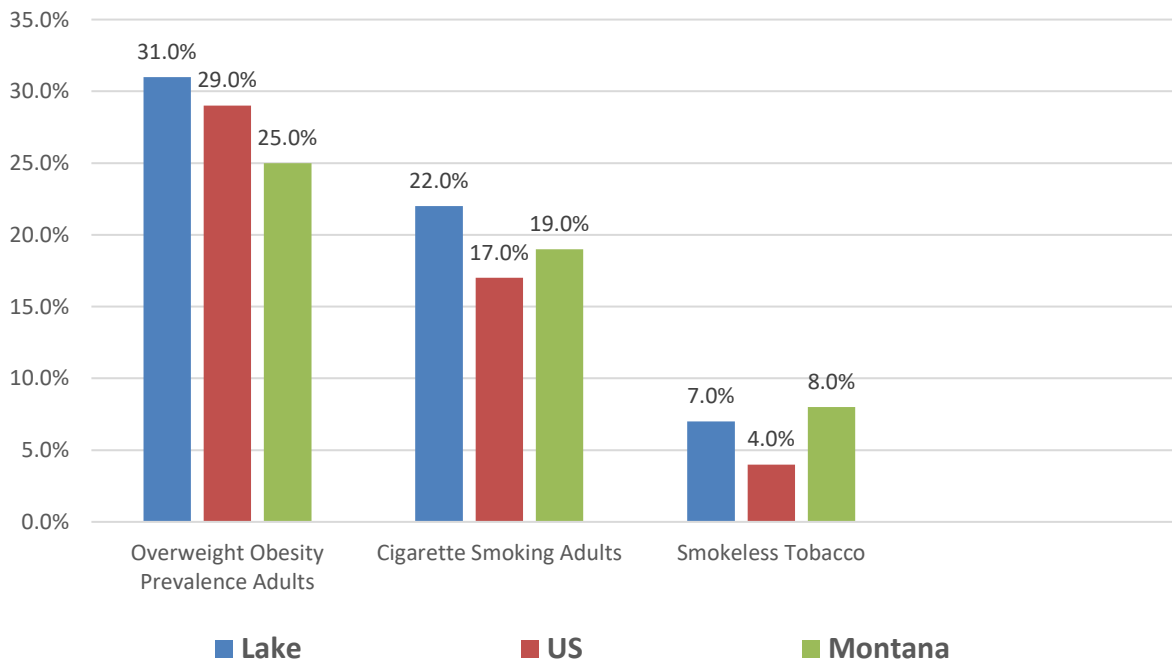
Source: Montana Department of Public Health and Human Services, Office of Vital Statistics, National Center for Health Statistics, CDC, Health Indicators Warehouse, America's Health Rankings-United Health Foundation, November 2020.

Mental Health Presentments



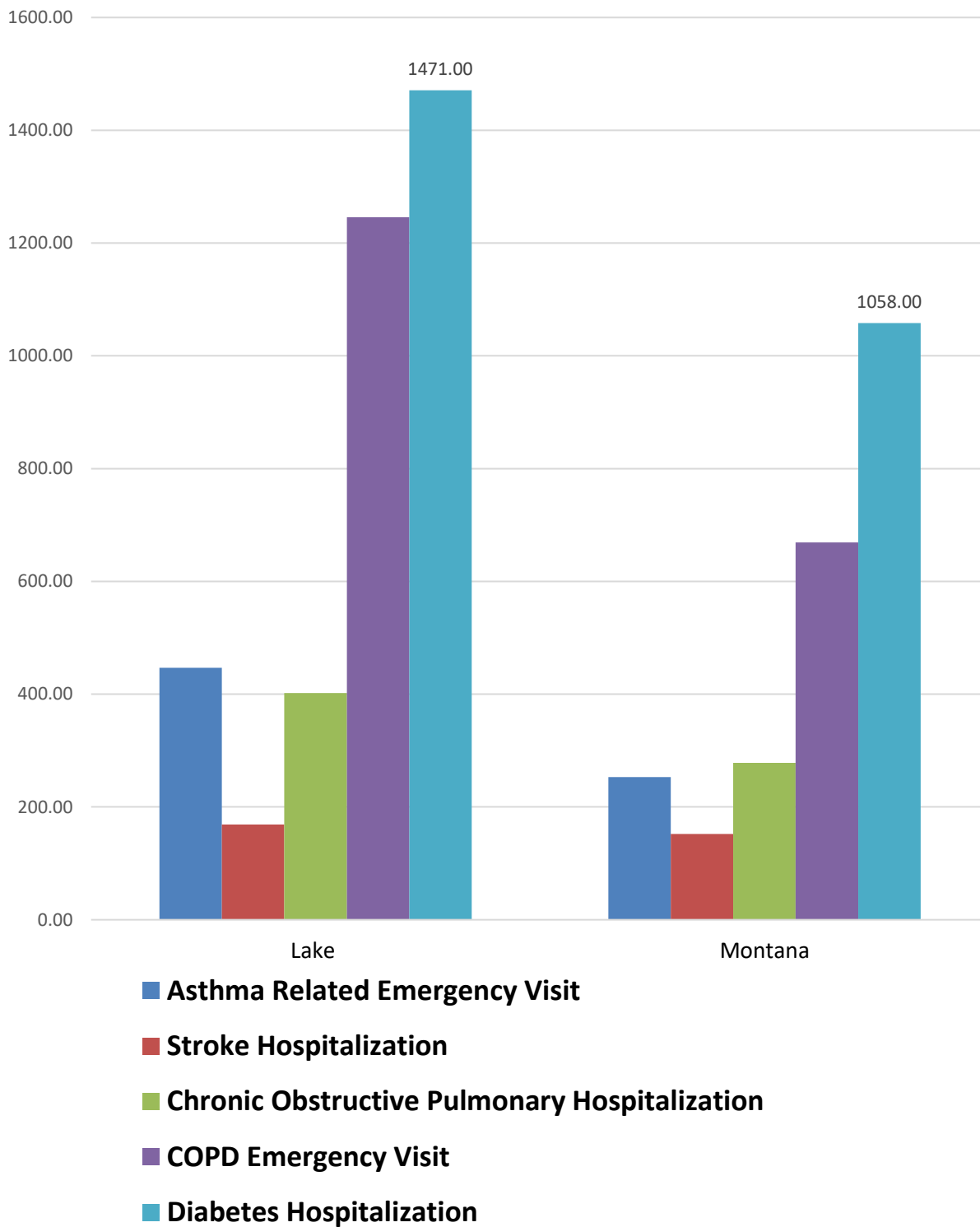
Source: Montana Department of Public Health and Human Services, Office of Vital Statistics, National Center for Health Statistics, CDC, Health Indicators Warehouse, America's Health Rankings-United Health Foundation, November 2020.

Other Presentments Rate



Source: Montana Department of Public Health and Human Services, Office of Vital Statistics, National Center for Health Statistics, CDC, Health Indicators Warehouse, America's Health Rankings-United Health Foundation, November 2020.

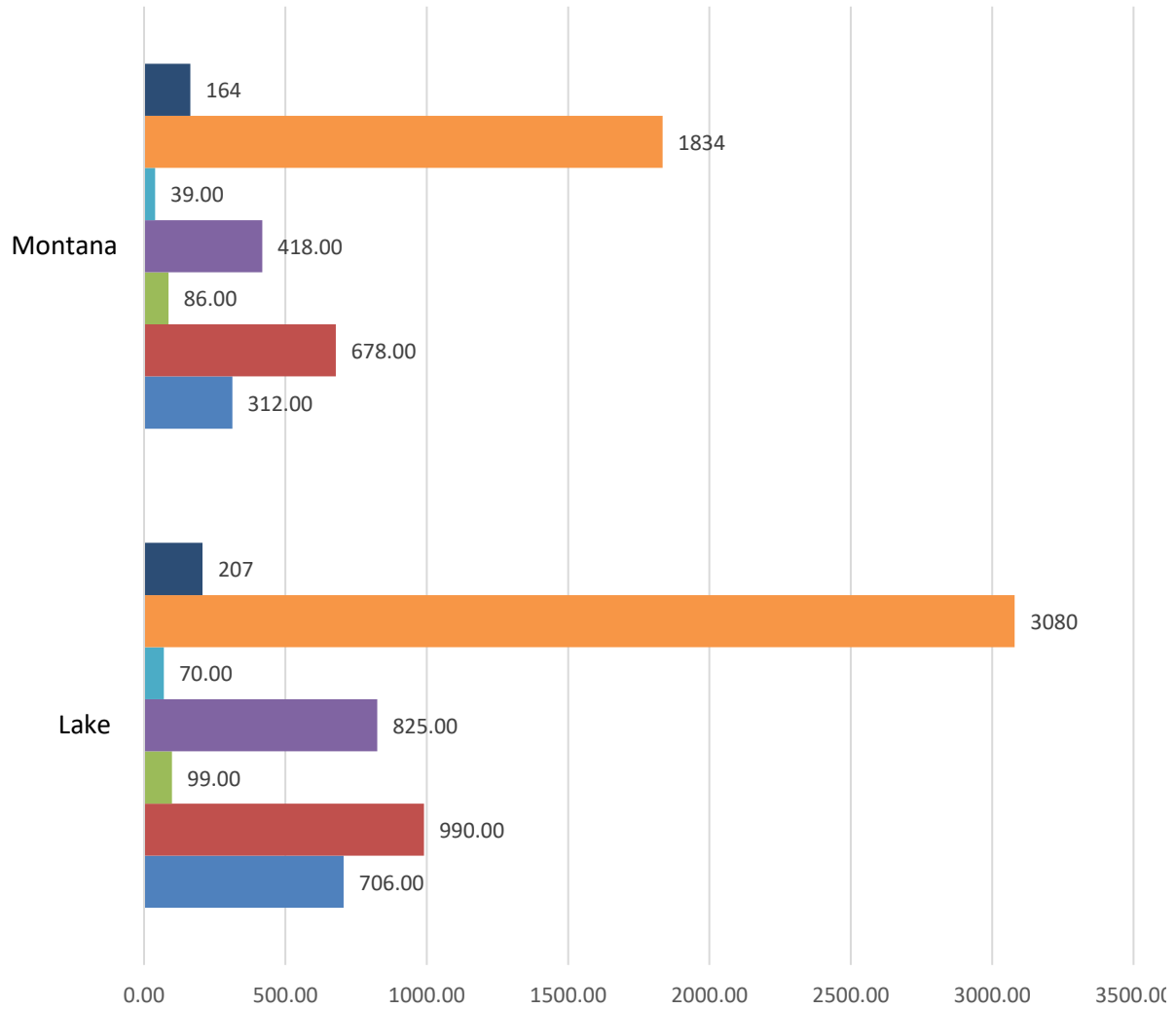
Hospitalization Rate By Area



Definition: Rate per 100,000

Source: Montana Department of Public Health and Human Services, Office of Vital Statistics, National Center for Health Statistics, CDC, Health Indicators Warehouse, America's Health Rankings-United Health Foundation, November 2020.

Other Hospitalizations

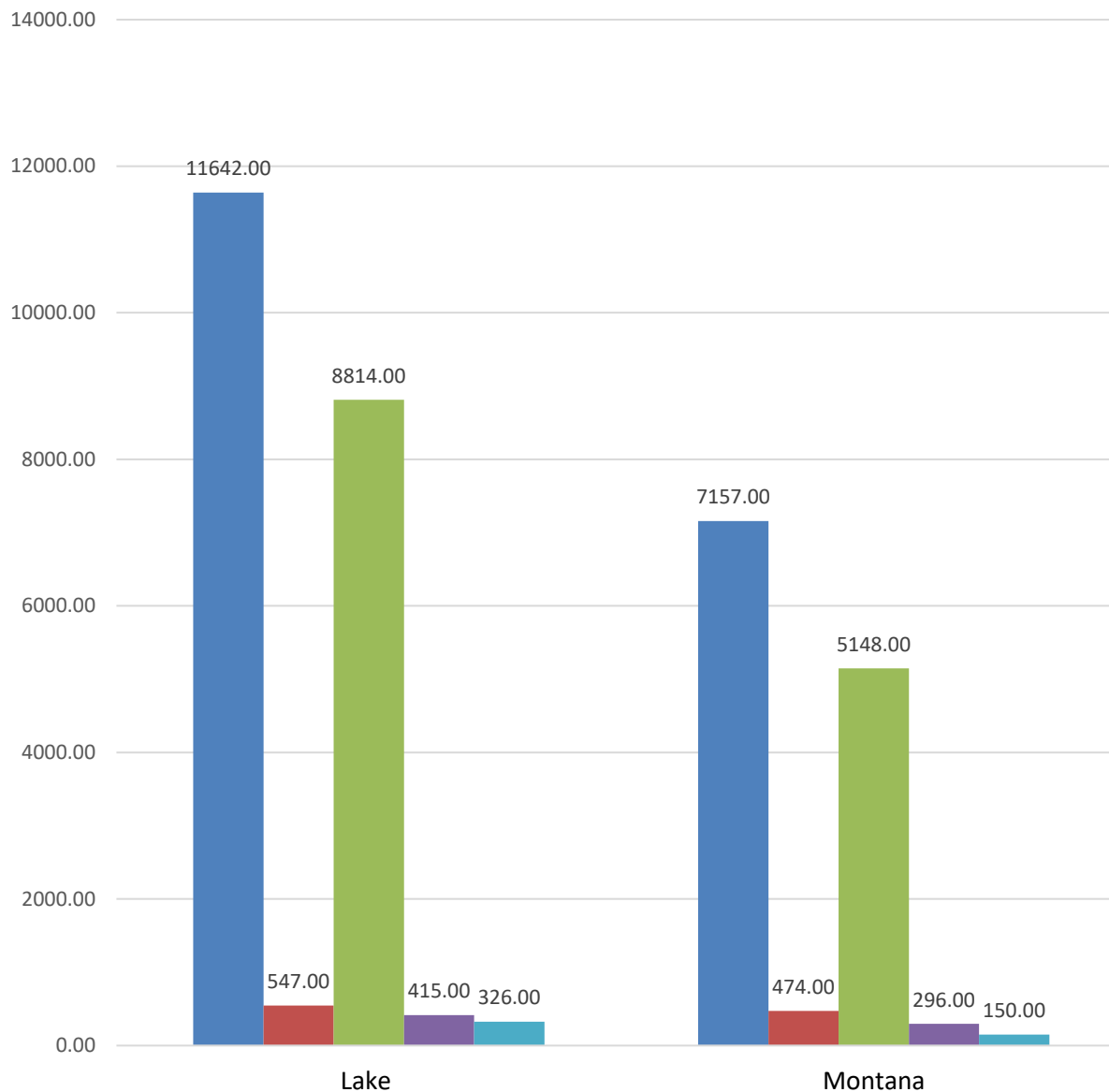


- Unintentional Fall Injury Hospital Admission
- Unintentional Fall Injury Emergency Visit
- Unintentional Motor Vehicle Injury Hospital Admission
- Unintentional Motor Vehicle Emergency Admission
- Traumatic Brain Injury Hospital Admissions
- Traumatic Brain Injury Emergency Visit
- Assault Injury Emergency Visit

Definition: Rate per 100,000

Source: Montana Department of Public Health and Human Services, Office of Vital Statistics, National Center for Health Statistics, CDC, Health Indicators Warehouse, America's Health Rankings-United Health Foundation, November 2020.

Other Hospitalizations-Variou

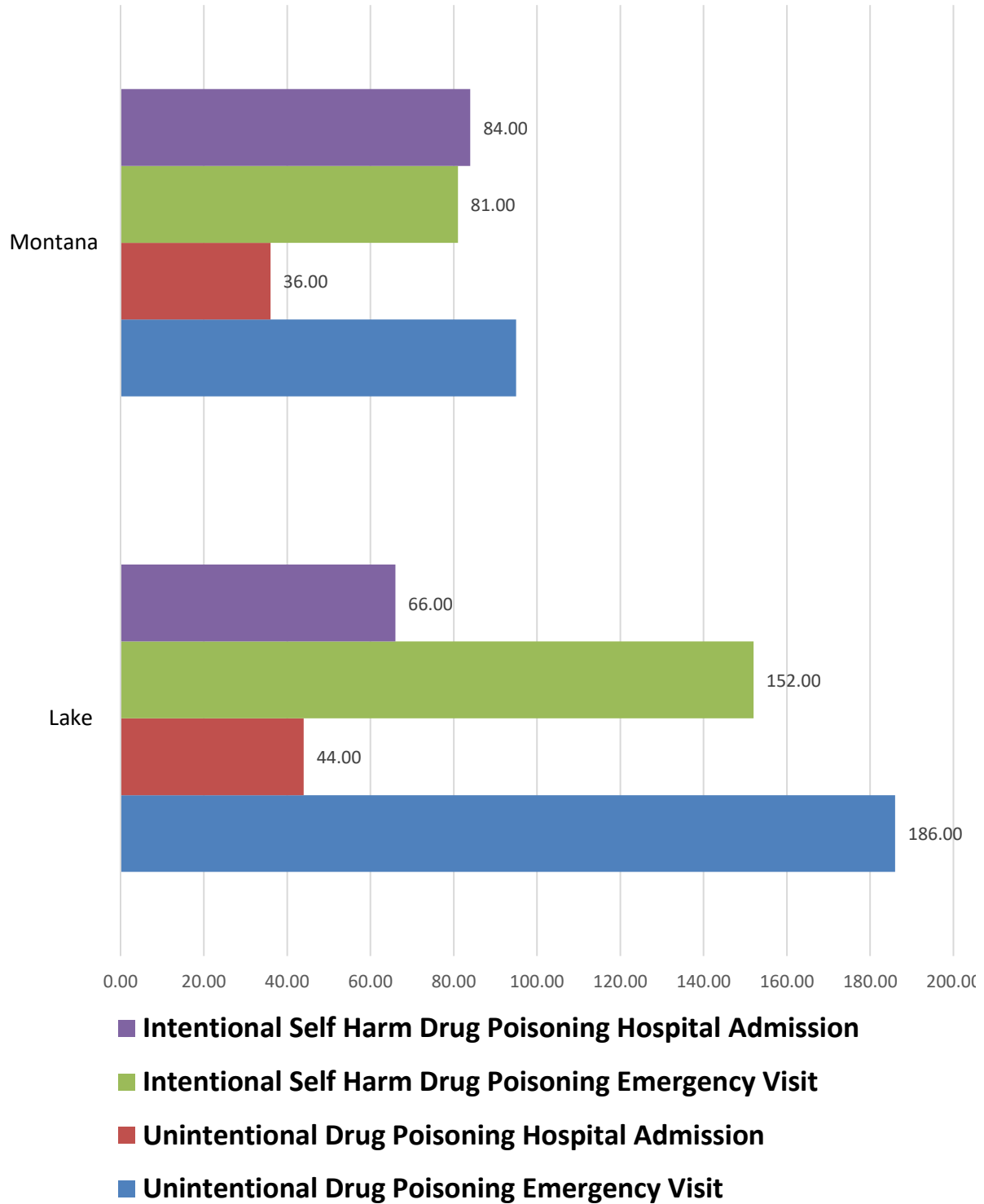


- All Injury Emergency Visits
- All Injury Hospital Admissions
- Unintentional Injury Emergency Visit
- Unintentional Injury Hospital Admission
- Intentional Self Harm Injury Emergency Visit

Definition: Rate per 100,000

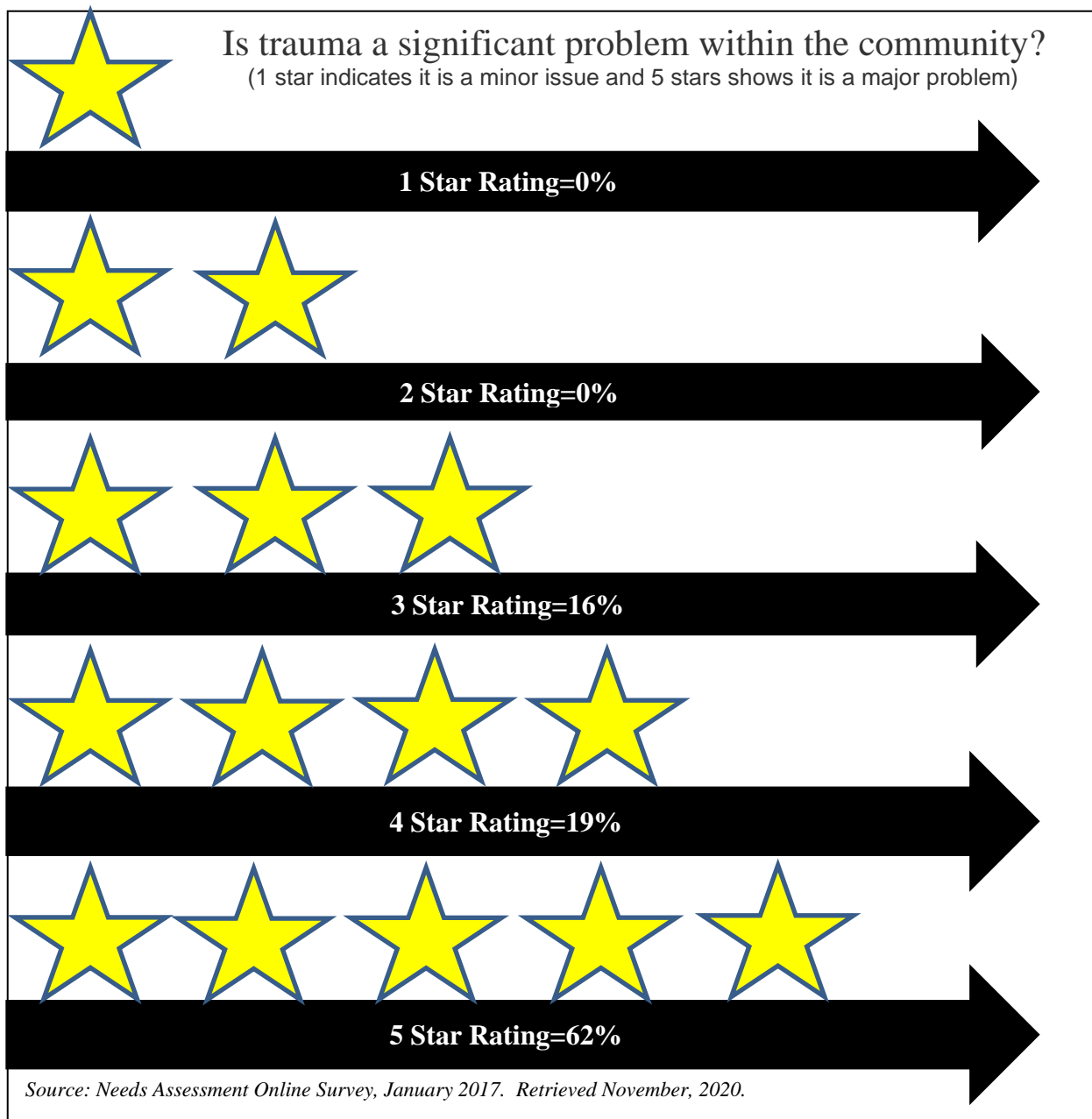
Source: Montana Department of Public Health and Human Services, Office of Vital Statistics, National Center for Health Statistics, CDC, Health Indicators Warehouse, America's Health Rankings-United Health Foundation, November 2020.

Hospitalizations-Special Focus



Definition: Rate per 100,000

Source: Montana Department of Public Health and Human Services, Office of Vital Statistics, National Center for Health Statistics, CDC, Health Indicators Warehouse, America's Health Rankings-United Health Foundation, November 2020.



CSKT Tribal Health Department

For most tribal families and individuals from the Confederated Salish and Kootenai Tribes, as well as those members of other tribes residing on the Flathead Reservation the Tribal Health Department is their primary health care provider. The Tribal Health Department annually has more than 90,000 aggregate patient visits.²⁸ In 2010, the program was able to open a new facility in Polson that has a variety of health services and providers in one location. It has a pharmacy, dental clinic, an x-ray technician, physical therapy, behavioral health, a health educator, dietician, Dental Clinic and Optical Program. This site in conjunction with other

²⁸ CSKT Annual Report, CSKT Tribal Health Materials, CSKT Web page, November 2020.

service locations on the reservation greatly expanded overall services and program options. Youth Health and Wellness – created as a part of Health Education has an office focused on youth, health disparities and youth suicide issues, bullying, peer pressure and more. A wide variety of activities and agencies collaborate to provide safe and healthy activities for youth through this program. In addition to the main health locations, THHS also has fitness centers in the various communities to serve the target population. Tribal Health of the Confederated Salish and Kootenai Tribes serves over 12,000 recipients, with facilities throughout the Flathead Reservation. With health centers located in Hot Springs, Elmo, Polson, Pablo (within the Salish Kootenai College), Ronan, St. Ignatius, and Arlee, offering a rich network of health care services including:

- Audiology/Speech
- Behavioral Health
- Community Health
- Dental
- Medical
- Diabetes Program
- Optical
- Pharmacy
- Nursing and Home Visiting
- Medically Assisted Treatment Program
- Community Health
- Tobacco Prevention
- Physical Therapy
- Radiology
- Suicide Prevention
- WIC
- Health and Wellness

St. Luke Community Healthcare Network

The St. Luke Community Healthcare Network provides a variety of programs for the community including a 75 bed hospital in Ronan. Designated a Community Trauma Hospital by the State of Montana it handles over 8,000 ER visits per year, is staffed by physicians, on-site, 24-hours-a-day, 7-days-a-week, has a separate ER waiting area for the privacy and the convenience of visitors and families with two trauma bays and has decontamination rooms for those exposed to hazardous material.

At the hospital, new mothers and families can enjoy the state of the art setting in the New Beginnings Birth Center with 3 private rooms where labor, delivery, recovery and postpartum all occur in one homelike setting including private bath and Jacuzzi. The labor process is continually monitored by a fetal surveillance system which transmits contractions, fetal heartbeat

and the mother's vital signs to the nurse's station and the office of home of the attending physician with a c-section operating room right across the hall from the birthing suites.

Operating rooms allow for same-day or in-patient OB-GYN, has a board certified trauma surgeon, and can perform breast, thyroid, parathyroid and anti-reflux surgery as well as complete endoscopic and laparoscopic procedures in addition to reconstructive and general orthopedic surgery. St. Luke's also has the latest in digital mammography, a mobile MRI unit, a digital PACS system for digital imaging transfer, ultrasound, a gamma camera for nuclear medicine studies with internal organs and for imaging such as a bone scan.

The hospital has a full cardiopulmonary program with a room dedicated to cardiac rehabilitation, stress echo testing, EKG's, a visiting cardiologist, and an area for sleep studies. St. Luke's has a recently renovated Physical Therapy Department and Fitness Center. Also, at the hospital is services for adult and pediatric speech therapy, adult, and pediatric occupational therapy.²⁹

Providence St Joseph Medical Center

Providence St. Joseph Medical Center based in Polson but serving the entire region is a well-equipped facility that has a wide range of programs and services covering most health care issues including urgent care, family practice medicine, internal medicine, sports medicine, and occupational health. The surgery department at Providence St. Joseph Medical Center includes doctors, registered nurses, certified surgical technologists, and certified registered nurse anesthetists. The surgical department is equipped with two surgery suites, a pre-operative admission area, an endoscopy/procedure room, central sterilization/instrument processing and a recovery room.

A family-centered approach to obstetrical (OB) care is set up with the service of a panel of expert doctors who make it possible to cover all a woman's healthcare needs. Whether a pregnancy is proceeding normally or considered "high risk," St. Josephs provides all obstetric services under one roof, making appointments and testing more convenient. Staff and physicians monitor the baby using centralized fetal monitoring systems so even when they are not in the same room, the baby is always being "watched." The diagnostic imaging department at St. Joe's is available to help identify potential obstetrical, medical, or fetal problems at an early point in the pregnancy. A 3D ultrasound is available to enhance the experience of seeing a baby as it grows. The Birthing Center at Providence St. Joseph Medical Center offers many amenities to make the birthing experience comfortable and peaceful. A certified lactation consultant and registered dietitian are on staff to assist with advice, support and information about breast feeding and nutrition. The hospital offers free childbirth education classes to help families with every stage of childbirth including preparation, breathing techniques, postpartum care, pain management and ability to connect with other parents-to-be.

Cardiopulmonary testing provides patients with a variety of non-invasive tests of the heart and lungs to help respiratory therapists and cardiologists diagnose lung disease and heart damage. Cardiac stress testing can be performed using either a treadmill or drugs if a patient is unable to walk on a treadmill. One suite is set up to perform a cardiac ultrasound (also called an echocardiogram, or echo). An echo is a sonogram that captures images of the heart so cardiologists can diagnose cardiac problems including heart disease, coronary artery disease and

²⁹ St. Luke Web page, November, 2020.

abnormalities without having to insert or cut into the body. The images are stored in a system that allows clinicians and cardiologists to view the images and report on the tests at reading stations throughout the hospital. An electrocardiogram (EKG) test records the electrical activity of the heart through electrodes placed on the skin. EKGs are used to identify damage to the heart and diagnose abnormal rhythms caused by damage to conductive tissue or by electrolyte imbalances.

The Diagnostic Imaging Department has highly skilled staff including registered nurses and radiologic technologists. Radiologists are also available to respond to patient and other physician needs. Each service available in the diagnostic imaging department is provided by Advanced Certified Technologists who are certified in pediatric echo, adult echo, CT, mammography, MRI, OB-GYN, abdominal and small parts, and vascular imaging. A registered nurse specializing in breast health is available as a resource for women at all stages of breast cancer. Images at St. Joe's are managed with the Picture Archiving and Communication System (PACS), which is a computerized way to replace hard-copy images. Using PACS eliminates the need to manually file, retrieve or transport images and allows healthcare providers at different locations to access the same information. St. Joseph's team has the latest technology including: Hologic Selenia Digital Mammography, fluoroscopy, computed tomography (CT), MRI, DEXA Scans and X-Rays.

Providence St. Joseph Medical Center's emergency room offers emergency medical services twenty-four hours a day, seven days a week. The emergency department is staffed by highly trained healthcare providers in a hospital setting – enabling providers to treat any type of life-threatening accident or medical emergency. The clinical laboratory is overseen by highly-trained pathologists and staffed by experienced technicians with extensive expertise in all aspects of laboratory medicine. These professionals are available to answer questions about laboratory medicine and pathology.

Complete orthopedic care by a team of experts including doctors, surgeons, nurses, physical therapists, and case managers is available through the center. This team diagnoses and treats conditions, diseases, and injuries of the musculoskeletal system—the body's muscles, bones, joints and its ligaments, cartilage, tendons, and nerves. The Montana Cancer Specialists and Providence St. Joseph Medical Center have partnered to provide high-quality and convenient chemotherapy treatment in Polson. The Otto Klein Cancer Center offers the convenience of receiving cancer treatment at St. Joseph Medical Center in Polson rather than traveling out of town for weekly chemotherapy treatments.

The rehabilitation department offers inpatient and outpatient physical therapy (PT) services. Licensed by the state of Montana, physical therapists received post-graduate degrees from accredited schools and are experts in musculoskeletal health and rehabilitation. Supportive care is a specialized form of medicine that focuses on enhancing the quality of life of patients and their families who are faced with a serious illness or chronic disease. Unlike hospice, supportive care is appropriate for patients in all disease stages, including those undergoing treatment for curable illnesses, people living with chronic diseases, as well as patients who are nearing the end of life and need comfort care.

Through Providence St. Joseph the community can also access the Assisted Living Center which is just one mile from downtown Polson. St. Joseph Assisted Living Center programs are designed for seniors who need some personal assistance with managing activities of daily life. Personal care services are provided in the privacy of the resident's apartment. Clients and caregivers determine the level of care. At St. Joseph Assisted Living

all caregivers are required to be Montana Certified Nursing Assistants who are trained by the facility to provide personal service.³⁰

Lake County Health Department

If you've ever had a vaccination, taken your baby to a clinic for a checkup, expected restaurants to be clean and tobacco free, been screened for tuberculosis, HIV, or a sexually transmitted disease, wondered how to avoid getting pregnant or getting the flu, or what to eat to stay healthy, then you've been touched by the efforts of public health nurses and educators. Lake County Public Health works to protect and improve our communities by preventing epidemics and the spread of disease, promoting healthy choices and lifestyles for individuals and families, protecting against hazards in homes, work, and communities, assuring high quality health care services, and preparing for and responding to emergencies. Most people don't realize the impact that Public Health has on their lives, but there are examples all around you. There are factors that determine your health that you can control and there are factors that you cannot. It's Public Health that fights both of those battles. Public Health isn't something that matters to someone else – Public Health is *your* health.

COMMUNICABLE DISEASE CONTROL

Lake County Public Health works to protect the health of the public by providing surveillance, investigation, and prevention activities to control communicable diseases.

Disease control services include immunizations, screening, and treatment for Sexually Transmitted Diseases; HIV testing, counseling, and referral; Tuberculosis testing and treatment; and general communicable disease monitoring.

DISEASE REPORTING—INFO FOR HEALTH CARE PROFESSIONALS

Communicable disease investigations follow protocols established by the *Centers for Disease Control (CDC)* and the *Montana Division of Public Health*.

WHY PREPARE?

The threat of infectious diseases, natural disasters, and terrorism can happen anytime, anywhere, and Lake County is no exception.

WHAT DOES LCPH'S EMERGENCY PREPAREDNESS PROGRAM DO?

Our goal with emergency preparedness is to provide and support effective planning with community partners both in preparation, and in the event of a disaster. The planning process includes both management of public health emergencies and education within the community to make people aware of what to do before an emergency arises. During a public health emergency, we will play a vital role in maintaining the health of our community. We aim to keep "well people well" and prevent the spread of disease in the event of a major health risk through timely and effective public information and, if warranted, making sure people have needed medication.

Source: Lake County Health Department web page, November, 2020.

³⁰ *St. Joseph web page, November, 2020.*

Lake County Health Department

WHO DO WE WORK WITH?

Lake County Public Health cannot prepare the community alone. Therefore, we have built strong relationships with community organizations within Lake County. The Lake County Public Health Emergency Preparedness Program works with representatives from CSKT Tribes, law enforcement, the Lake County Office of Emergency Management, hospitals, fire departments, Red Cross, county agencies, school districts, and elected officials to develop plans that minimize the effects of an event, improve the response times of the agencies, and maximizes the recovery of the community.

DOES IT COST TO VISIT THE FAMILY PLANNING CLINIC?

Service costs are based on a sliding fee scale, meaning dependent upon how much money you make. A student? Unemployed? No problem, no one will be denied services due to inability to pay. We also accept Medicaid and personal insurance. Donations are encouraged and appreciated and are necessary in keeping our services available!

SEXUALLY TRANSMITTED INFECTION/DISEASE CONSULTATIONS, TESTING AND TREATMENT

- Chlamydia, Gonorrhea, Human Papilloma Virus (HPV)
 - Males and females can be vaccinated against genital warts and cervical cancer caused by HPV.

Bacterial vaginosis, Genital herpes, Syphilis, Trichomoniasis, Pelvic Inflammatory Disease (PID). We offer HIV/AIDS testing

WOMEN'S HEALTH SERVICES

Pap Smears/Pelvic Exams, Birth control, Emergency Contraception, STD testing/treatment
Pregnancy testing, Sexual concerns, Healthy Lifestyle Counseling

MEN'S HEALTH SERVICES

Physical Exams, Testicular Exams, Birth Control, Relationship Issues, Sexual Concerns

CONFIDENTIALITY

There are strict privacy laws regarding medical care. Your care and records are confidential. We need your written permission to share this information with anyone including parents & family members, partners, or health care providers outside this Family Planning office.

TESTING TIME

Unfortunately, STDs will not show up (on either a test or symptomatically) until at least 2-3 weeks after sexual interaction with an infected person. We always recommend using condoms to help reduce your risk of contracting an STD.

CONSENT

- Title X Clinics DO NOT require written consent of parents or guardians for the provision of services. Nor can any Title X Clinic notify a parent or guardian before or after a minor access' services.
- Montana Law allows for a minor to self-consent for services related to prevention and diagnosis of pregnancy and reportable sexually transmitted diseases (MCA 41-1-402)
- Providers of Title X family planning services must offer confidential services to adolescents.

Emergency contraception (EC) is available at Lake County Public Health for \$10.

Sunburst

Sunburst is a non-profit committed to helping you get through life's challenges by providing unmatched services and by employing the most experienced caring individuals in Montana. Our Crisis Line is available 24/7 for those in need. Call (406) 756-2968 to be connected with one of our professionals.

Community Based Visitation

Our wonderful CBPRS staff works with clients in the community to decrease isolation and encourage social integrations. We assist them in applying for resources and aid them in obtaining life necessities. Our caring staff will meet individually with clients to help with budgeting, increase their activity levels, and ensure their basic needs are being met. Lastly, and most importantly, we continuously monitor our clients to ensure they remain safe while under our supervision.

Medication & Refills

Medication Management provides symptom management for clients and evaluates to determine if medication is needed. We prescribe approved medication and refills to our patients and educate them on medication usage, symptoms, and side effects. In addition, our med providers make referrals for psychological testing and follow up with other medical providers as needed.

Mental Health

Our experienced therapists provide different types of counseling techniques based on our client's individual needs. These counseling techniques include:

- Emotional support.
- Coaching tools and techniques to manage stress and anxiety.
- Improve coping capabilities.
- Establish resilience to help clients feel more confident in the decisions they make.
- And much more!

Call or email us today to find out how we can help you lead a more active and enjoyable lifestyle.

Service Coordination

Our Service Coordination staff members are experts at:

- Evaluating the client's need for community service and support.
- Making referrals to resources and helping you complete necessary paperwork.
- Providing information about different programs for financial support.
- Providing ongoing support to clients.
- Assessing progress.
- Helping coordinate medical appointments and coordinate care.
- Advocating on client's behalf.

Drop In Center

The Drop In Center is a warm and welcoming place for participants to come in and socialize with staff and other clients. The staff provides information on community resources and supports available, assistance with applying for resources and benefits and acts as an introduction to Sunburst services. In addition, The Village provides groups based on clients' interests and provides an area where snacks and beverages can be purchased. The Village staff interface with other staff at Sunburst to keep them informed when a client is in need of services.

Cedar Creek Integrated Health

We are an organization that is passionate and experienced in being there for those in the darkest of moments, the best, and everything in between. What you need to know is that we have your back and can be there for anything...and we want to be there.

Our vision is to see you healthy and content. With us, you will have the greatest coaches and cheerleaders. We believe in people and we believe in you.

We provide incredible counseling services for all walks of life, especially yours. The truth is that we all struggle and we all need others. That is why we exist - for you. Don't hesitate to reach out to us. We will reach back.

Psychiatric Medication Management and Evaluation

Psychiatric assessments and medication management with a Psychiatric Mental Health Nurse Practitioner who is Board Certified and experienced in psychiatric care are available. When calling or coming in for an intake specify that you want this service and releases to past providers and primary care will be obtained to ensure care is coordinated.

Outpatient Mental Health

Outpatient Mental Health services are available for individuals, children, and families. We offer individual therapy, group therapy, and family therapy.

Outpatient Substance Use Disorder Treatment

Outpatient Substance Use Disorder Treatment helps individuals living with substance use work toward recovery. Our team offers individual care and group services. We also offer intensive outpatient services for those who qualify. For those looking for educational course work, we provide Prime for Life and Assessment, Course, and Treatment (ACT) programs.

Comprehensive Targeted Case Management

Comprehensive or Targeted Case Management helps adults, children, and families with a variety of care needs. Our team supports discharge planning and transitioning to our services. We complete a needs assessment upon our first visit as well as create a service plan to meet treatment goals. Through our ongoing monitoring and evaluation, we support people's wellness, rehabilitation, and recovery.

Community Support

Community Support (Community-Based Psychiatric Rehabilitation Services) builds on individual strengths and capabilities while promoting wellness and independence. Services are offered onsite, in groups, and within the community. Our team works with individuals to identify goals related to living, learning, working, and social skills.

Certified Behavioral Health Peer Support

Peer Support uses a recovery coach philosophy from individuals with lived experience in recovery from mental illness and/or addiction. Our team combines this real-life experience with formal training to delivery services to promote mind-body recovery and resiliency.

Source: Cedar Creek Integrated Health web page, November, 2020.

Western Montana Mental Health Center

Common mental health conditions include:

- Anxiety spectrum disorders. These include generalized anxiety disorder (GAD), phobias, panic disorder, social anxiety disorder, obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Bipolar Disorder
- Borderline Personality Disorder
- Depression
- Schizophrenia

Western Montana Mental Health Center's personalized therapeutic treatment programs include an in-depth assessment, inpatient crisis stabilization, individual therapy, group therapy, residential housing, jail diversion, psychiatric/medication management, school-based programs, and peer support services. Our programs are designed to help manage mental health conditions and overcome the lack of direction that may accompany it.

Western Montana Mental Health Center offers programs and treatment options for adults suffering from addiction with alcohol or drugs, also known as Substance Use Disorders (SUD). All SUD services use evidenced based interventions to promote a healing recovery process for clients and their families. Some sites offer specialty programs for woman and criminal offenders.

Western Montana Mental Health Center treats clients struggling with substance use involving:

- Alcohol
- Benzodiazepines (alprazolam, clonazepam, lorazepam, diazepam)
- Heroin and prescription opioids (oxycodone, morphine, hydrocodone, hydromorphone, and fentanyl)
- Marijuana
- Stimulants (cocaine, amphetamine (Adderall, Ritalin) methamphetamine)

Treatment programs include an initial assessment, inpatient treatment, partial hospitalization, Medication Assisted Treatment (MAT), residential housing, individual therapy, group therapy, and community support.

Adult Day Treatment

The Day Treatment program provides education and support to clients who have been referred by a member of their treatment team. Day treatment gives people access to a variety of group and individual activities in a positive environment that encourages healthy social skills. Our goal is to provide education and support that will help people manage their mental health symptoms and gain skills and knowledge to achieve or maintain independent living.

Adult Group Homes

Adult group homes combine housing and services in a structured and supportive setting. Our group homes provide 24-hour support to our residents. Western Montana Mental Health Center staff are available to assist residents in building independent living skills and help them reach recovery to live successfully in the community or in Western client housing. Clinical staff is available to assist residents with reaching their recovery goals and working with other members of the treatment team to ensure success. Clients are referred to group home services by members of the treatment team or other agencies.

Crisis Stabilization Facility

Crisis Stabilization facilities provide short term, intensive, inpatient support for adults experiencing a life-threatening crisis. Most clients stay at the crisis facility for 3 to 7 days. During their stay clients work with their treatment team and crisis facility staff to resolve the crisis and to develop a plan for the client's care after leaving the crisis facility.

Source: Western Montana Mental Health web page, November 2020.

Western Montana Mental Health Center

Client Housing

Western Montana Mental Health Center offers a variety of housing options with Western-owned apartments and/or homes and acts as landlord to provide independent living arrangements. Residents may be supported by a case manager and community-based rehabilitation services to assist them with day-to-day living skills. Client housing helps integrate clients into the community while maintaining supportive services.

Drop-In Center

Drop-In Centers are peer-oriented, community-based programs providing safe, friendly, confidential, supportive, and recovery-oriented environments. Consumers are encouraged to share their experiences regarding their recovery and treatment without fear of judgment. Drop-In Centers provide peer led support groups and offer groups that encourage journaling, meditation, and many other support initiatives. The goal is to empower consumers to change their quality of life through validation, insight, and supportive constructive feedback. Services are available to anyone – all are welcome.

Emergency Services

Each community is equipped with a Crisis Response Team (CRT) to serve adults and children experiencing crisis. The CRT consists of Certified Mental Health Professionals / Licensed Therapists who evaluate people in crisis to determine what type of emergency service will best meet their immediate needs and make referrals as appropriate.

Jail Diversion

Jail Diversion Programs provide support and treatment for individuals experiencing mental illness during pre-arrest, incarceration, and after release from county detention centers. The Jail Diversion team works collaboratively with detention center officers, local law enforcement, and other components of the criminal justice system to provide services within the county detention center and to assist in diversion from incarceration. Services provided while incarcerated can include mental health assessments, case management, therapy, peer-support services, group therapies, crisis intervention, and chemical dependency evaluations.

Outpatient Therapy

Outpatient therapy is offered across the life span and may include individual and/or group therapy designed to help clients address symptoms that interfere with functioning in one or more life domains such as familial, social, educational, or occupational. Western Montana Mental Health Center believes that the client's voice is central to the success of its outpatient therapy programs.

Peer Support

Peer support services are delivered by individuals who have common life experiences with the people they are serving. People with mental and/or substance use disorders have a unique capacity to help each other based on a shared affiliation and a deep understanding.

Program of Assertive Community Treatment (PACT)

Program of Assertive Community Treatment (PACT) is designed to help people with serious mental health conditions live independently in the community by providing comprehensive mental health and supportive services. Clients in PACT receive a combination of services depending on each client's individual needs.

Psychiatric/Medication Management Services

Managing mental illness is a team effort and appropriate use of medication is an important component. Our providers, who are made up of both Advanced Practice Registered Nurses (APRNs) and psychiatrists, with the help of their trained nursing staff, are able to assess, prescribe, and monitor clients who need medication to treat their illness while providing education to both the client and their loved ones.

Western Montana Mental Health Center

Child & Teen Treatment Services

Comprehensive School and Community Treatment

Comprehensive School and Community Treatment (CSCT) collaborates with public school districts to provide a school and community-based mental health program offering behavioral intervention, group, individual and family therapy to children with a qualifying mental health diagnosis. CSCT clients receive an intensive level of care which includes a comprehensive treatment plan designed to meet their mental health needs and support improved functioning within the school, family, and community.

Home Support Services

An intensive in-home, family-focused program for children and adolescents who experience serious social, emotional and behavioral challenges. The overall goal of this program is to help parents and children learn skills to effectively manage and reduce challenging behaviors so that the child can function more effectively in the home, school, and community. A Family Support Specialist consults with parents, children, and other professionals to create a customized treatment plan to fit the needs of the family, helping them learn important skills and concepts at their own pace and in their own home.

Individual and Family Counseling

Licensed professional counselors/social workers provide psychotherapy for children, adolescents, and their families. Counseling is provided within a family systems context with specialized treatment for seriously emotionally disturbed children and adolescents. Outpatient psychotherapy may include individual and/or group therapy operating within the continuum of care offered by Western Montana Mental Health Center and following best practice models for short term, solution focused psychotherapy based upon clear and identifiable needs.

Psychiatric/Medication Services

Managing emotional and behavioral challenges is a team effort and appropriate use of medication may be an important component. Our psychiatric staff, who are made up of both (Advanced Practice Registered Nurses (APRN's) and psychiatrists, are able to assess, prescribe, and monitor clients who may need medication, and they provide education to both the client and their family members. These staff members also collaborate with the treatment team to provide ongoing assessment and monitoring of moods and behaviors related to medication needs

Western Montana Addiction Services

As an affiliate located in Polson, Western Montana Addiction Services provides a full menu of options for assisting clients in need following the same overall concepts, practices, values, and philosophy presented by Western Montana Mental Health Center.

- ACT/MDD/MIP
- Crisis Stabilization Facility
- Emergency Services
- Lake House Crisis Facility
 - The facility has day treatment, inpatient crisis support, outpatient therapy and other resources. It also has the PACT, a team-based program for individuals with serious and persistent mental illness and substance abuse disorders. For those dealing with a substance abuse issue, the team can assess, prescribe, and monitor clients who need medication, providing education to both the client and their family members. Services are open to all and staff is available to offer more details at 872-0474.
- The Nest Residential Home
- Outpatient Programs
- Prevention Services
- Psychiatric/Medication Management Services

Kalispell Regional Healthcare-Polson Health Center

For years, many of our Lake County patients have asked us to provide more services close to their homes. This gave us the encouragement to open Polson Health, a department of Kalispell Regional Medical Center.

We are dedicated to offering a variety of services to support the health of our area's residents. As a member of the Polson community, we partner with Kalispell Regional Medical Center to provide the options you need right here at home – primary care, chiropractic care, a wide range of visiting specialists and more.

Whether wellness, walk-in care or specialty care, Polson Health puts the focus on you. If you need us while we are closed, don't despair! Download our KRH Care Anywhere app, a convenient 24/7 virtual house call, so we can be there for you anytime and anywhere. KRH Care Anywhere connects you to a medical provider on your smartphone, tablet, or computer, all without leaving home. And with just one flat fee for each patient visit, it's simple.

Our Services

Polson Health offers primary care for your family and chiropractic care here in our clinic.

Primary Care

- Same-day service
- Continuity of care
- Immunizations
- Minor wound care
- X-ray and lab services
- Family health care services for the whole family, infants through geriatric
- Women's care services
- Mammograms
- Dexa scans
- Cardiac stress testing
- Echocardiograms
- Nuclear medicine

Chiropractic Care

- Same-day appointments
- Adjustment of neck, shoulder, hip, spine and more
- Ultrasound
- X-ray available at clinic

In addition, we have a monthly schedule of visiting specialists. The staff at Polson Health is happy to coordinate appointments for any specialty services.

Specialty Services

Schedules vary monthly

- Behavioral health, Cardiology, Cardiology and nuclear medicine, Echocardiograms, Endocrinology, Gastroenterology, General surgery and vascular surgery, Gynecology, Neurology, Orthopedic surgery and many more options.

Montana Behavioral Institute

Montana Behavioral Institute is a state program through the Montana Office of Public Instruction that is open to local communities and teams of educators. In the past groups from area schools such as Ronan, Polson and St. Ignatius as well as from the Early Childhood Services Program have participated. Each year, the MBI hosts an interactive training program focusing on different behavioral issues.

MBI Key Goals

- **Training:**
To increase the awareness and understanding of effective school's practices.
- **Team Process:**
To increase and improve the use of team processes in educational decision-making and in addressing issues concerning our youth.
- **Proactive Support Systems:**
To support the implementation of best practices procedures in Montana's schools, foster beliefs which hold that all children are valued, and that positive and proactive approaches to problems produce the most satisfying results.
- **Evaluation Process:**
To increase awareness regarding the value and use of data-based decision- making in education.
- **Community Process:**
To foster the belief that the education of today's youth is a community responsibility.

Community and statewide agencies support MBI by:

- Working with schools to strengthen community and state resources supporting policy and procedures to facilitate effective and efficient services for our youth
- Coordinating community-based services with schools
- Encouraging change that enables schools and communities to provide quality services

The Children's Mental Health Bureau

This program within the Developmental Services Division of the Montana Department of Public Health and Human Services administers state funded mental health services for children. The mission of the Children's Mental Health Bureau is to support and strengthen Montana youth and families through Medicaid mental health services. Their Vision is strong youth functioning in healthy families, living in supportive Montana communities.

Community Health Services Development-St. Joseph Medical Center

The CHSD Program focuses on providing technical assistance to Critical Access Hospitals (CAHs) as a means of improving, maintaining and stabilizing these small rural facilities and promotes the following: (a) health care is a local affair, (b) health care delivered in rural communities is affordable, high quality, and necessary to the good health of the entire community, (c) citizens of rural communities/counties should take responsibility for the health of the community, and (d) most communities face a larger number and greater array of issues than usually acknowledged, (e) adequate dollars exist to maintain local health care delivery systems and (f) effective problem-solving by communities is the most important factor to the survival of rural health care services. The program is funded through the Montana Healthcare Research and Education Foundation (MHREF) and the Montana Office of Rural Health (MORH).

Headwaters Foundation

Headwaters Foundation was born from community. A community invested in Western Montana. With more than \$100 million in assets, our mission is to work side-by-side Western Montanans to improve the health of our communities. Our vision is a Western Montana where all people, especially the most vulnerable among us, are healthy and thriving. We believe in and commit to these values.

Trust Community Expertise

We always start by listening because we trust that our communities have the answers. That trust has allowed us to reshape the traditional dynamic in philanthropy and put the power back into the hands of those who know our communities best.

Better Together

Montana is a state where everyone pitches in, rolls up their sleeves, and does the hard work. Headwaters Foundation is not just a funder, but a true partner. We are committed to finding solutions to Montana's deepest problems. We are scrappy, resourceful, and stronger together.

Value Every Voice

We know that each Montanan has a unique story, but we must earn the right to hear it. We lead with love and humility, inclusivity, and a commitment to meet our fellow residents where they are. We foster justice in our work and start with an open heart and open mind. Not all Montanans think alike, vote alike, or have had the same life experiences. But by building empathy and trust, we are able to come to agreements about what best serves our communities.

Break Trail

We understand that together, we must try new things to find solutions. We are committed to forging ahead with curiosity and courage to face the challenges that come with trying something new. By sharing leadership, we acknowledge we are all equally capable and invested. We work outside of our comfort zone, speak up for those who cannot and push boundaries. We will take risks and we will fail. We will always keep trying.

Provision Well

To provision well, we ask ourselves and our partners, "What do you need?" Provisions allow us to arrive at our destination feeling fueled and energized, no matter how long the journey. When our basic needs are met, we are able to show up for our communities. We keep an open heart and a sense of humor through the challenges of our important work.

Be Direct

We are not afraid to have tough conversations. We ask for what we need to be successful. We get to the point, instead of sidestepping the real issues. We speak our minds. We neither dance around the issues nor waiver behind the fear of being honest.

Headwaters strives to create meaningful relationships to support urban and rural American Indian communities in Western Montana. We believe that these communities have deep, traditional knowledge and community-led solutions. We know some powerful voices in these communities have historically not been heard, and we want to help change that by putting power in the hands of communities to improve the health and wellbeing of American Indians in Western Montana.

Headwaters Foundation

When we first began digging into the health disparities in Montana, we heard time and again from folks in Western Montana that we should prioritize children in our funding decisions. They told us that the best return on our community investment would be to focus on children in their earliest years. They also told us that to achieve real, sustainable impact, the work must happen locally with an engaged, committed community. They told us to cultivate the fertile ground from which our children may grow, healthy and thriving. They told us to bolster the support network for children in their earliest years when their development is rapid, beautiful, and critical to their long-term health and happiness. They told us to intercept intergenerational problems of abuse, addiction, and poverty by raising strong, resilient children. In response, we launched Zero to Five, our first strategic initiative, in 2018. Zero to Five helps caring Montanans make a lasting difference through local and statewide work, giving children a great start in life and a promising future. We establish and coordinate local collaboratives throughout western Montana to help people make positive changes for children where those changes are most needed in each community. We build statewide partnerships to improve the systems that serve children and families all across Montana.

ZERO TO FIVE'S 7 CORE PRINCIPLES

1. **BE POSITIVE: WE BELIEVE IN MONTANA FAMILIES AND THEIR FUTURES**
 - a. We believe in the positive that exists in Montana families
 - b. We believe in the potential of each child, family, and community
 - c. We honor the good work already underway within communities.
2. **BE PRESENT: WE ARE PRESENT**
 - a. We lean into our challenges
 - b. We are purposely engaged with community needs
 - c. We are where we are
 - d. We focus our passion and energy in the present
 - e. We are accountable to our communities
 - f. We trust the answers are in communities
 - g. We pay attention to each other, and trust that the answers will emerge.
3. **BE PERCEPTIVE: WE PURSUE ALL PERSPECTIVES**
 - a. We see unique community cultures
 - b. We seek to understand larger narratives
 - c. We work with a social equity lens
 - d. We look for connections in service of the greater good
 - e. We honor community values and history
 - f. We honor different perspectives
 - g. We honor communities hopes for their children
 - h. We respect every effort.
4. **BE PURPOSEFUL: WE WORK FOR OUR CHILDREN, FOR OUR FUTURE**
 - a. We act with intention
 - b. We act for the best interests of children
 - c. We are intentional with reflection and action
 - d. We help children, families, and communities flourish
 - e. We are dedicated to brighter future for Montana.
5. **BE PERFECTED: WE GROW, CHANGE, AND TRANSFORM**
 - a. We are committed to individual growth, change, and transformation
 - b. We work toward cultural growth, change, and transformation for the benefit of Montana's children
 - c. We work toward measurable growth
 - d. We believe in cultural transformation.
6. **BE PROACTIVE: WE PARTNER FOR SOLUTIONS**
 - a. We guide families in creating their own solutions
 - b. We are not the heroes, our partners, families, and children are the heroes
 - c. We are dedicated to systems-change, to prevention, to getting upstream
 - d. We seek to be connections between communities and the state
 - e. We drive sustainable change
 - f. We lead with already existent community strengths.
7. **BE PASSIONATE: WE EVOKE HOPE**
 - a. We draw out and help communities realize the hope they already have for their children
 - b. We are driven by our own hopes for children
 - c. We use hope to drive action
 - d. We believe in a brighter future for Montana's children.

Montana Healthcare Foundation

The Montana Healthcare Foundation contributes to a measurably healthier state by supporting access to quality and affordable health services, conducting evidence-driven research and analysis, and addressing the upstream influences on health and illness.

At the Montana Healthcare Foundation, we provide funding and leadership to tackle Montana's toughest health problems. Like many foundations, we make grants; but our approach goes far beyond traditional grantmaking. We bring creativity, discipline, and strategic expertise to the job of improving Montanans' health. For example, we:

- Convene communities and leaders to find and implement new solutions to persistent health problems.
- Provide technical assistance to help clinics, health departments, and community-based organizations transform their services or create new ones.
- Catalyze new business partnerships that help communities use limited staff and funding more effectively.
- Use rigorous research to find proven programs from other states and put our capital to work to bring those solutions to Montana.

The Montana Healthcare Foundation was created in 2013 as a result of the sale of Blue Cross Blue Shield of Montana. By state law, the assets from this sale were transferred to a charitable trust to be managed for public benefit. It is the state's largest health-focused, private foundation. As a permanent foundation, we spend the income from trust investments so we can serve as a stable and reliable resource for improving health in the state. The Foundation has partners within the Flathead Reservation, working on some of the initiatives described below.

Integrated Behavioral Health

Our goal with this initiative is to improve health outcomes and reduce related costs through the widespread implementation of the integrated behavioral health model of care. To do this, we are working to bring together a cohort of innovative primary care providers who will integrate behavioral health services into their practices. We emphasize strengthening partnerships between primary care and existing behavioral health practices whenever possible. Core strategies include integrating behavioral health services into the following:

- The Federally Qualified Health Center Network
- Prospective Payment System Hospitals (Montana's largest hospitals)
- Critical Access Hospitals
- Tribal Health Departments
- Urban Indian Health Centers

Substance Use Disorder and Prevention

Our investments for this initiative will center on activating the primary care system to care for SUD and increasing the use of evidence-based prevention programs. We emphasize projects that will build SUD screening and treatment into practices that are working to integrate primary care and behavioral health services, as well as those that will improve SUD outcomes through partnerships between criminal justice, corrections, and health care. Under this initiative, grant funding is available for specific projects and decisions will be based on our general selection criteria. Specific projects that will be considered for funding under this initiative include:

- Adding outpatient SUD services to non-profit primary care practices, hospital-based practices, and federally qualified health centers through partnerships or expansion of scope.
- Offering medication-assisted treatment (MAT) in integrated behavioral health settings.
- Creating criminal justice and corrections agency-led programs to divert people with SUD to treatment.
- Enhancing the continuum of care provided by SUD providers by adding peer support services.
- Implementing screening, brief intervention, and referral to treatment (SBIRT) in primary care and hospital settings.

Montana Healthcare Foundation

Meadowlark Initiative

The Meadowlark Initiative brings a new standard of pregnancy care to Montana by offering routine screening and treatment for substance use disorders and mental illness as a part of prenatal and postpartum care. The initiative supports recovery while keeping families together and children out of foster care. In partnership with the State of Montana, we developed the initiative to respond to the high rates of foster care placement reported by the Child and Family Services Division and the research which showed a lack of treatment available for pregnant women with substance use disorders. This update provides an overview of the initiative, details about the model of care, and an early look at how the initiative helps women and families. We launched the initiative (first called the Perinatal Behavioral Health Initiative) in 2017, with the ambitious goal of improving maternal health outcomes, reducing newborn drug exposure and neonatal abstinence syndrome, and keeping families together and children out of foster care. In the first year, we supported a cohort of prenatal care practices located in Butte, Kalispell, Great Falls, and Missoula. The following year, the Montana Department of Public Health and Human Services (DPHHS) joined us as a partner. Together, we committed more than \$5 million in private and federal funds to support this work. By 2019, 11 sites around Montana had joined the initiative, including St. Luke Community Healthcare in Ronan, which we branded and renamed the Meadowlark Initiative. There are currently 15 sites participating, and we aim to add at least 10 more in the next two years.

Housing Is Healthcare

Approximately 5% of patients account for 50% of health care costs. Many of these so-called “high utilizers” have complex medical conditions compounded by mental illness and substance use disorders; some are homeless or unstably housed. For this population, affordable housing co-located with supportive services has been shown to improve health outcomes, reduce the use of high-cost emergency room and hospital services, and improve corrections outcomes, with attendant cost savings.

For this initiative, we are investing in community-based planning grants that identify a specific population to be served, and draft a viable plan for financing, developing, and operating a supportive housing project. We will also work with consultants to identify cost-neutral opportunities to use Medicaid dollars for supportive housing.

Recipients of grant funds will present strong plans to:

- Develop a coalition (generally housing agencies, hospitals, and corrections officials, with other partners as appropriate) that agrees to collaborate to develop a supportive housing plan.
- Identify a specific population of high-utilizing patients to be served by the project.
- Develop specific metrics to measure current utilization patterns and costs.
- Develop data sharing agreements to facilitate collaboration.
- Create a supportive housing plan that includes design, financing, and operations to meet the needs of the target population.

Other initiatives include:

Reducing American Indian Health Disparities, Strengthening American Indian Health Services, Supporting American Indian Self-Governance and Leadership, and Social Service Nonprofit Capacity Building.

Source: Montana Healthcare Foundation web page, November 2020.

Montana Chemical Dependency Center

The state facility, Montana Chemical Dependency Center in Butte, Montana has 16 treatment beds for men, 16 treatment beds for women and 16 beds for withdrawal management. MCDC provides intensive in-patient treatment that cares for the disease of addiction including withdrawal management for substance use disorders and treatment for co-occurring mental health disease. MCDC provides the highest level or most intense level of treatment for addictions in the health care continuum funded by the state of Montana. MCDC engages with all community partners who provide and support addiction and recovery services to continue the lifelong journey of recovery. Interdisciplinary teams composed of physicians, nurses, treatment technicians, addiction counselors, mental health therapists, care managers, and administrative staff. MCDC Follows ASAM (American Society of Addiction Medicine Guidelines) for a 3.5 and 3.7 level of treatment. MCDC Does not take Walk-in patients. All patients are referred from an outside provider who is a Licensed Addictions Counselor (LAC) and must go through the application process.

Montana Mental Health Nursing Care Center

The Montana Mental Health Nursing Care Center is a licensed residential facility for the long term care and treatment of persons who have mental disorders and who require a level of care not available in the community, but who cannot benefit from the intensive psychiatric treatment available at Montana State Hospital. However, the Center may discharge residents who can function in, or benefit from, community settings.

Montana Mental Health Drop-In Centers

WHAT IS IT? The state general funds are provided to peer-operated Drop-in Centers to initiate, continue, improve and/or amend programs to ensure Drop-in Centers provide a safe place for consumers to gather for socialization, an opportunity for peer support services, and access to other needed mental health, co-occurring or community services. This funding is not intended to fully fund any single Drop-in Center, but to support community collaboration of funds and services.

WHO IS ELIGIBLE? Drop-In Center services are available to any individual experiencing a mental health or co-occurring substance use disorders free of charge.

WHAT SERVICES ARE PROVIDED? An individual's participation in peer-operated Drop-in Center services is voluntary. A person can choose the amount and kind of program participation that fits his or her personal needs or preferences. Individual and program accommodations are offered to individuals and staff to achieve their goals.

KEY ELEMENTS of Drop-In Centers include: • Outreach and engagement services; • Collaboration with other community resources; • Hours of accessibility that meet the needs of the identified population; • Consumer-run and peer recovery services; • Safety and boundary rules including special rules regarding substance abuse; • Individualized needs identified and met including socialization, crisis mitigation, and improvement in quality of life (physical, spiritual, and emotional health); • Involvement in social opportunities such as community groups, volunteer work, and recreation activities, education, medication, mental health services. One is located in St. Ignatius.

Community Programs, Agencies, & Groups

Hope is about emotion. No one can hand someone hope. It isn't found on a shelf or in a box. For those who like logic and practicality, hope does not exist. In a community where the challenges and problems can appear out of control, hope is as practical as anything else. And hope and optimism were concepts that most respondents found meaningful in their own work and life. One of the most startling responses from nearly all areas-focus group, survey and individual interview was the overwhelming positive outlook presented about the community, the people, the relationships, and the ability to influence the future. Some might call it naïve and others might think it is simply uninformed. Putting those terms aside, the truth is that the people of the Flathead Reservation tend to believe in their own potential and ability to bring about good outcomes for those around them. Data to them is just numbers. Beyond the data, they continued to see good within each community, with the schools, with the leadership and with one another. That is no small statement.

Resiliency is a popular word. It is found in nearly every study or report about how people are doing or whether a community is high functioning. The word is a fine way of describing the people of the Flathead Reservation. As a mixed race population with huge power, political and financial struggles, they somehow continue forward. Only a few years ago, more than 300 tribal members publicly came forth to share their stories of molestation at the hands of those working with the local Catholic Mission School. In the last five years those who are tribal and non-tribal have been at odds over water control, management of the National Bison range, appropriate taxation levels and how to support local schools. On a wide range of subjects, they maintain separate systems-one for Native American and one for everyone else.

Through all these battles, the resiliency of the community cannot be denied. As explained by those contacted for the assessment, the resiliency is about relationships. From one end of the reservation to the other, it is common to encounter families who are racially mixed, with some family members going to one place for services and another family member going someplace else. One tribal elder explained that he takes his white wife to the senior center even though she is not from the tribe.

The attitude of survival is a stark contrast to the high number of suicide attempts, suicides and youth expressing mental depression. It is a reality that is difficult to explain. Though it presents challenges, the one area of a nearly unanimous view was around families and children. Everyone, from all areas and backgrounds within the community saw the need to assist this segment of the population, no matter what the cost to other programs or services. Many of those interviewed stated that the only possibility they see improvements in health outcomes is to help the young become stronger and more educated. Following is a review of some the services, community groups, activities, and programs available to assist in this effort. The list does not have every program, group, or service. It does include as many as could be identified during the assessment process. Included are not just service providers but options that exist for prosocial engagement or other community involvement.

Historic Preservation

The Tribal Historic Preservation Department was established in 1996 with support from the National Park Service. Tribes' cultural resources are managed through the CSKT Cultural Resource Protection Ordinance. This document was designed to meet the federal requirements necessary for the assumption of State Historic Preservation Office functions while providing additional considerations for cultural and historical resources important to the Salish, Pend

d'Oreille, and Kootenai people. The Preservation Department was designed to address concerns held by the Tribes about the impacts to, and loss of, cultural resources on the reservation and throughout aboriginal territory. CSKT has stated: "The spirit and direction of the Confederated Salish and Kootenai Tribes of the Flathead Reservation is founded upon and reflected in its cultural heritage." – CSKT Tribal Council, Cultural Resource Protection Ordinance, 1995

A primary element of the Preservation Office's mission involves working closely with the Salish-Pend d'Oreille Culture Committee (SPCC) and the Kootenai Culture Committee (KCC). The traditional knowledge provided by Elders informs and guides actions as they pertain to the management of cultural resources. A key difference between the Preservation Office and the Cultural Committees lies in the federally delegated authority vested in the Preservation Office to regulate undertakings subject to compliance with the National Historic Preservation Act, CSKT's Cultural Resource Protection Ordinance and other applicable Federal and Tribal laws associated with cultural resources. The Tribal Historic Preservation Department continues to work on protecting cultural resource sites both on the Flathead Indian Reservation and within tribal linked Aboriginal Territory. The Rights Protection program annually completes cultural resource compliance letters for projects by other agencies and cultural resource reviews for communication towers. Tribal Preservation also administers contracts and grants including projects with agencies such as BPA, Glacier Park, and the State Historic Preservation Office.

St. Ignatius Fire Department

St. Ignatius Volunteer Fire Department based out of St. Ignatius, Montana. We are a small department always looking for more people to join.

Arlee Fire Department

Serving the community of Arlee and the Jocko Valley, Montana. An all-volunteer rural fire department comprised of community members who have trained to serve and protect the lives and property of the residents and visitors within the Arlee Fire District.

Ninepipes Museum of Early Montana

The Ninepipes Museum of Early Montana reflects the spirit of the Flathead Indian Reservation and early Montana settlers with its impressive collection of artifacts, Native American beadwork, western art, photographs, and life-size dioramas of an early trading post, the St. Ignatius Mission Church, as well as an Indian camp and wildlife of the area. Collections of hunting artifacts, western horse tack and outfitting equipment also bring to life the stories of life in early Montana. The museum is named after a highly respected Bitterroot Salish leader, Chief Joseph (Nganta) Ninepipes (1820-1871). The nearby Ninepipe National Wildlife Refuge is also named after Joseph Ninepipes. Some early historical documents show the English version of his name pluralized with an 's', but in later years the family dropped the 's' and went by "Ninepipe." Joseph was a war pipe holder, a prestigious honor, and the probable story behind the name Nine (X'nut) Pipe (Senme), is that he was part of nine successful war parties or horse-stealing parties. A pipe belonging to the Ninepipe family, along with other artifacts, can be seen in the first hall of the museum. The nonprofit museum was designed and built by co-founders Laurel and Bud Cheff Jr. in 1997, and is governed by a board of directors. The log-faced 11,000 square-foot building houses the museum and a large gift store featuring unique gifts and artwork by Montana artisans and crafters. Located on 3.5 acres of land, there is a Nature Trail on the south side of the building that allows visitors to enjoy the majestic vistas of the Mission Mountains, the Ninepipe

National Wildlife Refuge and the National Bison Range. The museum enriches its ties to the community with educational and outreach programs, and provides visitors from around the world a view of Native American culture and the history of early Montana.

Ronan Police Department

I would like to take this opportunity to welcome you to the Ronan Police Department website. The Ronan Police Department is dedicated to providing the finest police services possible. Our officers are committed to its core values of Respect, Professionalism and Dedication to the community that we serve. Our mission is to proudly serve the citizens of Ronan, using a well-rounded approach of prevention, intervention and enforcement utilizing community and police partnerships. While our core mission calls for the proactive enforcement of laws, including city ordinances, we also have an obligation to inform and educate local residents, business owners and their employees so that they can take steps to make potential crime targets less attractive to would-be criminals. The Ronan Police Department is comprised of a Chief of Police and five officers, who proudly serve the citizens of Ronan. We are committed to providing a superior level of customer service and we recognize our citizens rightfully expect prompt and professional service from a Ronan police officer at their doorsteps, 24-hours a day.

The People's Center

The People's Center is the place to experience the rich cultural heritage of the Salish, Pend d'Oreille and Kootenai Tribes. The traditions and culture of the tribes have been passed orally from generation to generation since time began. The People's Center reflects the changing ideas and practices of the Salish and Kootenai people. At The People's Center, guests can participate in cultural activities, celebrations, pow-wows, and other events showcasing tribal history, arts, and culture. The People's Center perpetuates the rich heritage of the tribes, through the oral tradition and by creating opportunities of exchange between tribal elders, youth, and the public. Through education, the People's Center works to dispel myths and stereotyping of Native Americans and create better understanding between all peoples. The People's Center exists to provide public education on aspects of traditional lifestyles and histories of the Salish, Pend d'Oreille and Kootenai people. Throughout the year the Education Program offers demonstrations and history on traditional and contemporary life-ways.

The People's Center also has permanent collections and rotating displays to assist with the preservation of CS & K Tribal history, culture, customs, and art forms. These collections are developed through donation, loans, and purchases. The People's Center tries to acquire collections that relate only to the Salish, Kootenai, and Pend d'Oreille people on the Flathead Indian Reservation, although some cultural items have been donated which relate to other tribes. Since the forming of The People's Center in 1991, items have been acquired and are now owned by the CS & K Tribes and housed at The People's Center. This collection contains materials, such as photographs and negatives, artifacts, beaded bags, stone tools, and dance outfit items. Annually, the People's Center Education Programs hosts nearly 1,000 students and adults.

Big Sky Rx Program

This part of SB324 provides premium assistance for people enrolled in a Medicare approved prescription drug plan. Big Sky Rx can pay up to \$34.00 per month for premiums for prescription drug insurance plans for qualified individuals.

Tribal Forestry

The Reservation, which makes up the lower quarter of the Flathead River Basin, has some 459,000 acres of forest. Most of these timbered acres are on the hills and mountains along the perimeter and central portions of the Reservation and represent the bulk of the tribal land base. The Salish and Kootenai people have always been keen observers of the natural environment. Hunting and gathering directed the pattern and timing of yearly activities. The vast forests and plains available to them provided a surplus of foods, medicines, and materials for the needs of tribal inhabitants. The Tribes are in a continued process of restoration. Restoring use of natural processes like fire in applying ecosystem management principles as well as the restoration of all the plants and creatures that lived or visited western Montana are important facets of the forestry program under the tribe. The current management plan was adopted in 2000 and reviewed in 2010 and represents a fully integrated Forest Management Plan. The direction and basis of the plan is an ecosystem management approach with emphasis on restoration toward a pre-European contact condition.

Hot Springs Mineral Water Pools

Hot Springs is a town on the edge of the Flathead Reservation where it is popular to visitors for its hot springs pools where people come and soak in the natural mineral water. Several locations around the community can be used for a small fee. Generations of people have been coming to the area to experience the healing and rejuvenating magic of the famed springs. Another big attraction is the "Hot Springs Artists Society" which does many things but is most noted for bringing musical groups to a local Hotel at least twice per week, Fridays and Saturdays. The music genres are generally "Blues," "Folk," "Country" or some combination of all three from local and visiting artists. Occasionally there are special concerts of artists which may include a special concert on Sunday. In summer, the stage moves outdoors.

Fire Management

Fire management is an ongoing focus for the tribes. In addition to seasonal issues and fire suppression efforts, the tribes have incorporated long-term fire management into the overall forestry plan for the Reservation. Each year, the tribes also serve as a base camp for crews battling fires within Montana and the rest of the United States. Those selected for the crews must go through certain types of training and are often required to be on call around the clock. These crews work throughout the season. Fire management also works with the local community to promote safe practices and recently completed a documentary and educational program on the history of Fire and Land.

Mission Valley Power

Mission Valley Power (MVP), the public utility enterprise of the tribe, provides service to more than 16,000 customers annually. For two decades, MVP has been proactive in working towards bringing about long-term energy changes and ongoing energy conservation. The utility takes care of all the power service for the Reservation, maintains all lines, works with all new construction, and assists customers daily. It has one main business office with other drop-off locations across the Reservation. The staff of MVP has also taken a leadership role with a wide range of civic programs in the community that assist others in need.

Tribal Law and Order

Charged with providing service to the entire reservation, the Confederated Salish and Kootenai Tribal Law and Order Department was established in 1986 and now has 16 full officers, 10 detention officers, 3 drug investigators, 3 community officers, a police clerk and one police cook. Tribal police work collaboratively with local city police departments, the Lake County Sheriff's Office, and the Montana Highway Patrol. Over the past decade these organizations have developed a working relationship which allows them to provide a high level of service to all residents of the Flathead Reservation. CSKT police provide services twenty-four hours a day, seven days a week. In addition to investigating crimes and taking reports from individuals, the officers also provide security for tribal functions; including meetings, polling stations, gaming, Pow-Wows, funerals, outlying buildings, and other remote sites which require extra patrol. Tribal law and order staff also assist with the Northwest Drug Task Force. During the year, the staff provides outreach and educational information to the community and local schools.

CSKT Natural Resources Department

The Natural Resources Department is a valuable and highly active program for the tribe. Through this area all land, water and air regulations are managed. Within NRD are three major areas: the Division of Environmental Protection, the Division of Water and the Division of Fish, Wildlife, Recreation and Conservation. The purpose of the Division of Environmental Protection is to protect human health and the environment for all Reservation residents. This division oversees the following programs: Air Quality, Water Quality, Shoreline and Aquatic Lands Protection, Solid and Hazardous Waste, Tribal Brownfield's Response, Pesticides, and the Underground Storage Tank. The purpose of the Water Division is to provide sound environmental stewardship to preserve, perpetuate, protect and enhance the Reservation's resources and ecosystems for future generations, with the following programs: Water Management, Water Administration/Rights, Safety of Dams/Roads, Geographic Information Systems Program and Highway 93 oversight.

Boy Scouts

The Silvertip District services Lake and Sanders counties, which cover approximately 4,444 square miles in the western part of the state. Lake and Sanders counties have a population of approximately 42,044 (2017 US Census estimate) people. The county seats are Polson and Thompson Falls respectively. Among that population are an estimated 5,400 young men of scouting age. A large portion of the Silvertip District consists of the truly wild lands of the northern Rocky Mountains. Parts of the Lolo National Forest, Kootenai National Forest, Mission Mountains Wilderness and Cabinet Mountains Wilderness lie within this district, as well as the plains, rivers, and mountains of the Flathead Indian Reservation and the National Bison Range. As a result, Scouting in the Silvertip District is focused mostly in the Mission Valley – Polson, Ronan, St. Ignatius, and their surrounding communities. Our goal is to engage as many of those youths as possible while retaining the quality program that Montana scouting is known for.

Miracle of America Museum

The Miracle of America Museum in Polson, is a non-profit organization dedicated to the preservation of one of the largest collections of American history. Gil & Joanne Mangels

founded the Miracle of America Museum in 1981. Over the years the collection has grown and has received overwhelming support from the surrounding community and visitors that come from all over the world. Through the years the museum has had as many as 18,000 visitors annually from the entire 50 United States, all 10 Canadian provinces, and as many as 51 countries. The museum also attempts to give back to the local community and sponsors several educational tours for elementary and secondary level schools throughout Montana. The current collection contains thousands of artifacts scattered throughout dozens of buildings and is open year round.

Ronan City Library

In November 1914, a brave start was made to provide the citizens of Ronan with a collection of books to enjoy. The effort was led by Mrs. Bess Sterling and Miss Oyden of the Good Cheer Club. Members of the Club and other interested individuals donated books for the Library. Missoula Library loaned fifty books for a month at a time. In the summer of 1923, books were allocated from the Flathead and Missoula Libraries, and a room was designated in the original High School building for the Library. In 1930 a fire destroyed the Library, books and records, but the ladies of the Good Cheer Club (later the Ronan Womans Club) were determined to have a library. They went to work immediately and secured books and supplies-mostly from individuals around Ronan. A second library was opened in a small room in the Elementary School. Early in 1940, the City Council of Ronan took the responsibility of operating the Library and designated the small back room of City Hall as "Ronan City Library. For nearly four years Mrs. Lee Butcher housed the Library in her home on "K" Street and served as Librarian. Then Gamble's Store made room for the Library in their basement. The library moved back to the City Hall building during the fall of 1960. In 1971, Ronan began a unique adventure for the City Library; securing a better and more permanent "home" for the Library. The Ronan State Bank had moved into a new location and were selling the old bank building. The Library Board and the Woman's Club went to work, incessantly, to raise money and get a bond election passed, granting the purchase of the old bank building. They succeeded!!! The building was purchased, new furniture obtained, and the Open House and Dedication of the Ronan City Library in this excellent location was held in April 1972. To this day, Ronan City Library resides in the same location..

Mission Valley Mariners Baseball

American Legion Baseball - Sponsored by HARDWICK, POST 112 MT. Since 1925, The American Legion has sponsored a nationwide youth baseball program. During these past seven decades, millions of young players have enjoyed playing baseball. The American Legion and their 2.8 million members have raised millions of dollars each year for players to learn the importance of teamwork, discipline, leadership, and good sportsmanship. The American Legion sponsors American Legion Baseball to give players an opportunity to develop their skills, personal fitness, leadership qualities, and to have fun.

The Polson Chamber of Commerce

The Polson Chamber of Commerce was founded on August 31, 1909 with the intent to serve, support and strengthen our members by enhancing the business climate, promoting our area, and fostering a sense of community. Today, the chamber continues that goal by offering platforms for networking, community outreach, and development. The chamber has two monthly events

open to the public, the General Meeting Luncheon and S.P.L.A.S.H. The luncheons take place on the first Wednesday of every month, from noon to one o'clock. S.P.L.A.S.H., Support Polson Late Afternoon Social Hour, takes place on the third Thursday of every month. chamber also puts on the Fourth of July parade and fireworks, the Annual Chamber Banquet celebrating our member, and the Chamber Blast fundraiser. The Polson Chamber of Commerce welcomes all businesses and community members to join.

Flathead Lake Museum

Visit our Museum in Polson and learn how the first homesteaders settled, lived, farmed and ranched on the Flathead Indian Reservation after it was opened to settlers in 1910. See Artifacts from the 1800's and beyond, including the FLATHEAD LAKE MONSTER!

Polson, Ronan, and Mission Falls Farmers Markets

Farmer's Market offers locally produced fresh vegetables, fruits, meats, cheese, eggs, honey, jams & jellies, baked goods, bedding plants, perennials, shrubs, veggie & herb starts, hanging baskets, cut flowers, soaps, skin care products, wood working products, jewelry, photography, art, pottery, and many more unique craft items. Each week has a variety of venders ranging from home grown produce to arts and crafts. Great for the whole family with something for everyone.

Garden of the Rockies Museum

The Garden of the Rockies Museum was established in 1975 by the Mission Valley Heritage Association, for the express purpose of preserving memorabilia from the early pioneers in our community. The MVH Association was started in the 1950's by the Ronan Woman's Club, GFWC. Museum pieces were originally housed in the basement of the Old Brick School. In 1980, the Catholic Church donated its Parish Hall, which was the first church in Ronan, to the museum, and it was moved to its current location (the land was donated by the Ronan School District #30). Built in 1910, one of the building's outstanding features is the embossed tin ceiling and walls. Other attractions in the museum complex are the Sloan Stage Stop, a large machine shed, a "Little Red School House", a tool shed, the Round Butte School gymnasium, and a memorial rose garden. Exhibits depicting all aspects of the pioneer way of life include photos, household and business furnishings, farm and ranch equipment, and tools. Ronan has long been the agricultural hub of the Mission Valley, and that heritage is evidenced by the many items of farm machinery on the museum premises.

Energy Keepers-Tribal Department of Energy

SX^wNQĒ?ELS L SUŪEĈM /KSUKĒIEMUMAĒ 'A·KĀĒMUKWA'ITS, Inc., which does business as Energy Keepers, Inc., is the tribally owned corporation of the Confederated Salish and Kootenai Tribes tasked with managing the acquisition of the Sĕliš Ksanka Qĕispĕ Hydroelectric Project on the Flathead Indian Reservation. The Sĕliš Ksanka Qĕispĕ Project, located about five miles southwest of Polson, encompasses a three-unit hydroelectric plant with the capacity to generate 194 megawatts of electricity. The annual generation of the plant averages 1,100,000 mega watt-hours of electricity or enough to supply 100,000 to 110,000 homes annually.

Program Mission:

- Excellence in performing our given task,

- Accountability and commitment to provide for the future of the Confederated Salish and Kootenai Tribes, and
- Honor and respect for the sacred nature of the resources we are asked to manage and preserve for our future generations.
Energy Keepers, Incorporated is committed to a path of sustainability whereby we track and measure our performance against the goal of achieving the following four objectives in a balanced way;
- Our environmental objective; to minimize and manage impacts from our operations, through environmental stewardship and planning for sustainable future operations.
- Our safety objective; to ensure a safe working environment and the safe operation of our facilities.
- Our economic objective: to maximize our economic return by being innovative, efficient, productive, and responsible in the ways in which we conduct our business.
- Our social objective; to be a responsible and valued corporate citizen of our community by considering its needs, the needs of our customers and the needs of the Flathead Reservation.

Flathead Transit

After nearly a decade of development and direct service, the transit system on the Flathead Reservation in Northwest Montana continues expanding, seeking solutions, developing options, and meeting the ever changing needs of the target population. Through diverse partnerships, the program has managed to share the journey, growing into a successful operation with a fleet of busses that annually provides more than 30,000 rides. Operated by the Confederated Salish and Kootenai Tribes, Flathead Transit has been aggressive in seeking funding and resources. Since its inception the system has received support from the Tribal Transit Program, a Congressional earmark, the State of Montana, the Indian Reservation Roads Program, the Community Transportation Association of America Vocational Rehabilitation, TANF, the Older Americans Act, the Job Access and Reverse Commute Program, the American Reinvestment and Recovery Act and local partners. Flathead Transit has been honored as the Transportation System of the Year by the Montana Transit Association. Over the course of the last decade, through an intense planning process-one involving community meetings, public surveys, professional research, market analysis, formation of a planning committee, drafting of a public transit plan and finally implementation; the Confederated Salish and Kootenai Tribes, Department of Human Resource Development (DHRD) has managed to change the face of public transportation on the entire Reservation. Bus stop shelters have been constructed in Reservation communities including Pablo, St. Ignatius, Arlee, Charlo, Dixon, Elmo, Dayton, Big Arm, Hot Springs, Polson, and Ronan. Each shelter has full visibility to avoid any safety issues. They have benches built in for riders are accessible year round. All shelters meet all ADA requirements for accessibility. Maintaining the fleet and the accompanying facilities and equipment is a daily operating procedure that is practiced by all working with the program. To achieve this goal, Flathead Transit has a bus barn that houses the present fleet. It is located centrally in Pablo, adjacent to the main dispatch and office for Flathead Transit.

Jocko Valley Library-Arlee

The Jocko Valley library offers internet computers, Wi-Fi, videos, and books for a the use of our valley residents and is in downtown Arlee.

Lake County Human Rights Coalition

For over three decades the Lake County Human Rights Coalition has worked to promote understanding and community across the area. In that time, they have hosted educational activities and provided community events on topics such as bullying, racial diversity, hate crimes and leadership. The group continues providing educational and preventive programming and outreach across the reservation, often partnering with other groups for greater impact.

Polson Police Department

Our mission is to earn the public's trust, without exception, by contributing to the peaceful harmony of our community. We are committed to a partnership with members and guests of our community that inspires confidence in all to make Polson a safe and pleasant place to live, work, learn and play. We strive to produce positive results that preserve the peace, prevent crime and disorder, while safeguarding the personal liberties, dignity, and individuality of all people. We will accomplish our mission by being a purpose driven team dedicated to exemplary service by being policing professionals who safeguard our taxpayers' investment and by living the standard for excellence in character, leadership, and competence. We will take full advantage of every resource available to us and inform the community on their investment.

Senior Centers

Active senior citizen centers can be found in the communities of Hot Springs, Dixon, Arlee, Ronan, Polson, St. Ignatius, and Bigfork. The centers serve as gathering places for senior events and celebrations, serve regularly scheduled meals, host social activities and are the location for various service providers to meet with senior clients. Most of the communities have both a tribal and a non-tribal center that receives funding from distinct sources.

Polson City Library-North Lake County Public Library

In 1912, a group of local women gathered at the home of Mrs. J. L. McIntire and decided to form a library association. According to the *Flathead Courier* of April 13, 1989, the women followed up by going house to house in Polson soliciting books for the new library. Fundraisers (dances, dinners, etc.) were also held. Mrs. D.J. Gillam offered the temporary use of the Gillam Loan Company office while her husband was away for the winter, and on December 23, 1912, the new library opened. In 1919, Polson City Library was officially established by the city council with an authorized mill levy of \$50 per month. The *Flathead Courier* reports that over the next two decades, donations and memorials continued to help support the library. In the early 1930's, Security State Bank completed construction of its new building and offered to sell the original bank building to house the library. The Civic League raised funds, and donors made up the rest of the down payment. Payments were completed in 1938 and the building was turned over to the city. When the library outgrew this facility, it moved to a different location – one that had earlier housed a Safeway store and Dodge dealership. Finally, in 1989, following construction of a new building, the library moved into its current location at #2 First Avenue East, Polson.

Kiwanis

Kiwanis is an international service organization dedicated to working with and helping children in our community. Kiwanis provides scholarships to area youths and sponsors the K-Club and

K-Kids both of which are very active in Polson. The club also heads up social events and various fundraisers. Visitors are always welcome.

Lake County Conservation District

Lake County Conservation District is a non-profit organization that administers the Natural Streambed and Land Preservation Act, works with water quality, riparian management, federal programs, urban conservation, resource conservation and development, conservation, education, water reservations, and watershed planning.

Cheerful Heart

Cheerful Heart provides free non-medical services for Lake County residents with cancer. Assistance is provided with transportation, shopping, meal preparation, hospital visitations, yard work, pet care and respite. Volunteers are always needed

Mission Valley Aquatics

Mission Valley Aquatics is a Lake County based not-for-profit organization committed to swimming excellence through an indoor swimming facility for the Mission Valley community with capital financing by donations and operated by a combination of user fees and funds from the creation of a recreation district. Our vision is to provide a state-of-the-art aquatic facility that enhances the health, fitness, safety, recreation, and quality of life for all in the Mission Valley.

Facility Design:

- A 25-yard competitive/fitness pool with eight lanes.
- A warm water therapy/instructional pool.
- Party room, locker rooms and lobby.

The pools accommodate a variety of programs such as: youth and adult competitive swimming, recreational swimming, swim lessons for all ages, water safety instruction, senior fitness, physical therapy/cardiac rehabilitation, and family fun. If funding allows, a children's wading pool and a multipurpose gymnasium could further enhance the facility in the future.

Core Objectives:

- Continue fundraising money to maintain low costs of an indoor aquatic facility.
- Create an endowment for operation and maintenance.
- Develop a community plan to promote a swim culture in the Mission Valley.

PEO

The Lake County Chapter of P.E.O. follows all the goals and objectives of the national group through outreach and educational support. P.E.O. was founded on January 21, 1869, by seven students at Iowa Wesleyan College in Mount Pleasant, Iowa. This circle of kindred spirits – bonded by their enthusiasm for women's opportunities – eventually expanded to include women off campus, as well. Today, P.E.O. has grown from that tiny membership of seven to nearly a quarter of a million members in chapters throughout the U.S. and Canada, with headquarters in Des Moines, Iowa. Friendship is the cornerstone of P.E.O. – it is the legacy left by our Founders and it thrives in our unique Sisterhood. P.E.O. exists to be a source of encouragement and support for women to realize their potential in whatever worthwhile endeavor they choose. True to the mission of promoting educational opportunities for women, education continues to be the primary philanthropy of the P.E.O. Sisterhood. In fact, the P.E.O. Sisterhood proudly sponsors no less than six international philanthropies, or projects, designed to assist women with their

educational goals. As a result, P.E.O. is clearly making a difference in the lives of women all over the world. Almost 99,000 women have benefited from our organization's educational grants, loans, awards, special projects and stewardship of Cottey College. To date, P.E.O. has awarded Educational Loan Fund dollars totaling more than \$172 million, International Peace Scholarships are more than \$34 million, Program for Continuing Education grants are more than \$49 million, Scholar Awards are more than \$21 million and P.E.O. STAR Scholarships are more than \$5 million. In addition, 8,875 women have graduated from Cottey College.

Ronan Area Chamber of Commerce

The Ronan Area Chamber of Commerce is a group of interested businesses and citizens working together in service to our community. We provide for the exchange of information and communication; promote service activities for retail, wholesale, manufacturing and service businesses; provide informal and formal functions for area youth, schools, agricultural trades and members, and respond to needs that develop in the community.

Toastmasters

Those looking to improve their communications skills can join the local Toastmasters Club. All Toastmasters' meetings are a learn-by-doing workshop in which participants hone their speaking and leadership skills in a no-pressure atmosphere. Membership is open to the public.

Rotary

Following the International Rotary motto, "Service above Self" to encourage and foster the idea of service as a basis of worthy enterprise is the overarching idea for the local chapter that places a high emphasis on serving local youth. Membership is open to the public.

Animal Shelter

Dedicated to providing care for lost, abandoned and unwanted cats and dogs, the Mission Valley Animal Shelter is the only program providing these services in the valley and is completely privately funded. Services are provided at reduced rate and include annual spay/neuter clinics.

Women's Club

The Ronan Women's Club is a member of the General Federation of Women's Clubs working on behalf of education, home life, international affairs, and public affairs under the motto of 'Unity In Diversity'. The club works with various programs and provides annual scholarships. Membership is open.

LFVC Foundation

The Lower Flathead Valley Community Foundation is a 501 C (3) non-profit charitable organization whose purpose is to bring tribal and non-tribal members together to work on projects preserving and conserving the cultural, natural and human resources of the region, with special emphasis on meeting the needs of children.

GPC Foundation

The Greater Polson Community Foundation was set up to create a permanent endowment fund to support community needs, gather permanent funds, award grants, develop partnerships, promote philanthropy, and inspire community pride and unity.

MVF Arts

When the Mission Valley Friends of the Arts was formed in 1989, its primary purpose was to ensure that a live theatre program would survive and thrive in the Mission Valley. The Port Polson Players was the theatre group selected to carry out this role by providing strong, year-round performing arts programs and is still going strong. Productions include community performers and musicians. All are invited to participate or attend a production.

Center for Prevention and Wellness

With an aggressive approach, the Center for Prevention and Wellness, housed at Salish Kootenai College is working to improve the health of the entire community. They provide many on campus programs, as well as coordinating the Annual Women For Wellness Health Fair.

Elks

Elks invest in their communities through programs that help children grow up healthy and drug-free, by undertaking projects that address unmet need, and by honoring the service and sacrifice of veterans. Polson Elks host community events and participate in a scholarship program.

VFW

Veteran of Foreign War (VFW) Posts are in the communities of Ronan, Polson, Plains, Hot Springs, and Bigfork. From local grassroots ideas to national influence, VFW works every day to make a difference. The Posts are open throughout the week as a place to gather and meet friends.

Lake County 4-H

The youth development program of Montana State University and the USDA. 4-H helps youth become contributing citizens in the future through learning Science, Technology, Engineering, Art and Mathematic Skills. It focuses on developing youth by using their thinking skills, sharing their heart experiences, helping their communities through service and using their health to make themselves and their communities better. When you join 4-H, you are joining the largest out-of-school youth program in the country. There are 6 million kids just like you across the county in 4-H, and 20,000 of them live here in Montana. 4-H is in all 56 counties in Montana. Wherever you live, 4-H is there. Depending on what your interests are, there's a 4-H program where you belong.

Community Meals

Free evening meals are provided on different nights in numerous communities including Polson, Ronan, and St. Ignatius. In addition, "Soup's On" at the Wander Inn in Polson has a free lunch. Everyone is invited to stop by.

Experience Works

Experience Works is a national, charitable, community-based organization that helps older adults get the training they need to find good jobs in their communities. Through the program employers' benefit through matching funds and employees can gain a new are of work. The program has placements with different businesses and agencies throughout the region.

Extension Program

Working with the agriculture and natural resources communities as well as programs like 4-H, the Lake County Extension Office provides direct services to a wide range of customers. Services focus on areas such as family consumer science, education, and outreach.

AREA VI Agency on Aging

The program serves the northwest region of Montana providing a variety of support services and opportunities for the senior community. This includes referrals, support accessing services, ombudsman assistance, the Foster Grandparents Program and consumer advocacy.

Polson Fairgrounds

Polson Fairgrounds, Inc (PFI) was formed from a branch of the Polson Chamber of Commerce in 1984, when a group of volunteers devoted themselves to the preservation, maintaining and improving of the fairgrounds property. Annually the group hosts various rodeos and other programs. Stalls & Pens are available for those traveling and needing a place to stop overnight or for a length of time, other than when an event is taking place at the facility.

Life Savers Animal Rescue

Life Savers Animal Rescue (LSAR) consists of a dedicated and caring group of individuals working to rescue animals. Our goal is to enrich the lives of the animals and the people who adopt them. Mission To compassionately shelter lost, abandoned and surrendered pets and rehome those animals into a caring environment, thereby enriching lives through adoption.

Tribal Vocational Rehabilitation

The tribal vocational rehabilitation program works to provide quality and culturally appropriate Vocational Rehabilitation services to American Indians with Disabilities consistent with their individual strengths, resources, priorities, concerns, abilities and informed choices, so that they may prepare for and engage in gainful employment that is compatible with their disabilities. This program is a federally funded Section 121 American Indian Vocational Rehabilitation program and must compete with other Federally recognized tribes to obtain funding. Services provided include assistance with employment; training or education, if needed, to help find employment; getting special equipment or technology which may help hold a job (e.g. tools or special work clothing); vocational counseling and guidance to assist in selecting an employment goal.

Child and Adult Care Food Program

The Child and Adult Care Food Program (CACFP) is a federally funded program of the Food and Nutrition Services (FNS) of the United States Department of Agriculture (USDA). The program plays a vital role in assuring the nutritional quality of meals and snacks served to eligible children and adults attending non-residential child or adult care programs and making care more affordable for many low-income families. A variety of different eligible programs qualify to participate in the CACFP.

Flathead Reservation Boys and Girls Club

Mission: To inspire and engage all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens

Provides:

- Two clubs one in Ronan and the other in Polson.
- A safe and positive environment for our community's kids to learn and grow.
- Ongoing relationships with caring, adult professionals...
- Life-enhancing programs and character development experiences...
- Hope and opportunity.

We provide a vast array of activities to engage and educate the kids. The list is constantly growing, But here are a few to give you an idea.

- Club Cookin'
- Swim Lessons at
- Arts and Crafts
- Lego Robotics
- Field Trips (Food suppliers, National Bison Range, Flathead Lake, museums.)
- Volunteer Presenters (Sheriff, PD, FD, Dentist, Running Coach, etc.)

Lake County Parks

Our Vision Statement

The crystal clear lakes, turquoise rivers and winding creeks, towering mountains, forests and green fertile valleys provide the foundation for the world class recreational opportunities enjoyed both by Lake County residents and visitors from afar. It is the shared values, unique to our towns and people, the Park Board intends to grow and encourage. Following the Parks & Trails Plan (2014) as a guide, Lake County aims to build trails connecting communities, ensure citizens have access to the lakes, rivers and outdoors, find opportunities to build and improve facilities, and provide people with a connection to sport and nature. Lake County owns a number of small parcels with limited occupancy throughout the county. The County Parks Board works to protect these parcels and the neighbors whose lands are adjacent. The Lake County Commissioners and Parks Board understand the fine balance between keeping public lands open to the public while respecting the privacy of neighboring land owners. As the parcels are small, we ask that use size is limited to the amount of parking space provided. We trust people enjoying these parcels also respect local residents and follow the posted park rules and the commercial tobacco-free ordinance.

Department of Human Resource Development

The CSKT Department of Human Resources Development (DHRD) was established in 1998 to help support family stability and self-sufficiency. Major programs within DHRD are as follows: Tribal TANF (welfare), Tribal Vocational Rehabilitation, LIHEAP (winter heating assistance to low income persons), Childcare Block Grant Program, WIC, Tribal Commodities, Summer Youth Training, Kerr Elderly, Flathead Transit and several other programs. Most of the programs do have income and eligibility criteria, with most being restricted to poverty level incomes. In addition, the DHRD Office in Pablo does have two (2) co-located county workers who assist with Food Stamps and Medicaid eligibility services to DHRD eligible clients. The services are targeted to families who need help finding employment and or work experience. Annually, the programs within DHRD have direct contact time with more than 3000 clients. Over 100 clients used the Vocational Rehabilitation Services in the last year. Many of the programs within DHRD have extensive reporting requirements. From this work, the department has built a

successful and professional relationship with many Federal Departments. The Department of Human Resource Development strives to help Tribal families and individuals achieve self-sufficiency by providing support, compassion, hope and guidance. Support is given through sustenance income, childcare, parenting, food, employment, training, counseling, life planning and transportation as they transition to a more stable environment. Trainings are provided throughout the year and various medical expenses are covered like wheelchairs, lift chairs, as well as dental and optical expenses. DHRD also provides meals for seniors at six senior centers located in Arlee, St. Ignatius, Ronan, Polson, Hot Springs, and Elmo. Tribal Child Support Enforcement began full operations in 2013 with a non-adversarial approach whereby our team works for both parties on an equal basis. Child Protective Services and Foster Care also fall under this department.

Polson Rural Fire District

The Polson Rural Fire District provides a wide range of services to assist our community and area residents to ensure their safety. The Polson Rural Fire District currently uses and provides support for the NFPA's Risk Watch. Among a long list of services we provide for our residents; Child seat inspections at the fire station, Carbon Monoxide evaluations and Smoke detector checks. These programs are part of our community coalition that supports all of our fire and injury programs.

Arlee Community Development Corporation

Program and Projects:

- Arlee Youth Connection
- Imagination Library
- Community Gardens/Food Sustainability
- Small Business Entrepreneurship
- Town Square Beautification
- Jocko Valley Farmers Market
-

Arlee Youth Connection

Our mission is to cultivate mental and physical health for the youth in our community by providing drug/alcohol free events in a safe environment.

Dolly Parton's Imagination Library

The library is a book gifting program that mails free books to children from birth to age five in participating communities within the United States, United Kingdom, Canada and Australia. Inspired by her father's inability to read and write Dolly started her Imagination Library in 1995 for the children within her home county. Today, her program spans four countries and mails over 1 million free books each month to children around the world.

“When I was growing up in the hills of East Tennessee, I knew my dreams would come true. I know there are children in your community with their own dreams. They dream of becoming a doctor or an inventor or a minister. Who knows, maybe there is a little girl whose dream is to be a writer and singer. The seeds of these dreams are often found in books and the seeds you help plant in your community can grow across the world.”

By mailing high quality, age-appropriate books directly to their homes, she wanted children to be excited about books and to feel the magic that books can create. Moreover, she could insure that every child would have books, regardless of their family's income.

Ronan Fire Department

The Ronan volunteer fire department was established in 1912 following a fire that destroyed much of the town that was built on the banks of Spring Creek. The Ronan Volunteer Fire Department is an all-volunteer department with 35 members and 12 apparatus operating out of 2 stations: Station 1 ~ 210 Adams St SW in Ronan, and Station 2 ~ 709 3rd Ave E in Pablo. Our members take pride in being a part of a great public service. We participate in up to 200+ hours of training annually. We also play an active role in Child Fire Prevention Education as well as other community events. We respond to approximately 200 calls annually that consist of structure and wild land fires, vehicle accidents, hazardous materials, rescue, mutual aid to other fire departments, mutual aid to Ronan Ambulance, and other services that the public may need. The protection of lives and property shall always be our priority. We are rewarded with a great community that is very supportive.

Polson Fire Department

The City of Polson Fire Department is committed to providing the highest level of public safety services to our community. We protect lives and property through fire suppression, emergency rescue, disaster services, fire prevention and public education. Our firefighters will: Be Prepared, Prevent Harm, Finish the Task and Serve with Dignity and Respect!

Early Childhood Services

The Early Childhood Services Program assists families and children from across the Reservation. Through this program, families can get support for their pre-kindergarten age children through programs like Early Head Start and Head Start. Head Start, a child development program for those primarily from low income families, came to the Flathead Reservation in 1965 as a summer program. Throughout the years the Head Start Program has expanded into five communities offering services to children in Polson, Ronan, St. Ignatius, Dixon, and Arlee. Children from Elmo and Pablo communities are transported to Polson and Ronan for pre-school services. The Flathead Head Start Program is funded by the American Indian Programs Branch of the Head Start Bureau. The Confederated Salish and Kootenai Tribes, also contributes to the operation of Head Start. The five (5) major components of Head Start are Education, Health, Nutrition, Parent Involvement, and Social Services. To provide services, the Head Start Program on the Reservation goes through a rigorous annual evaluation process involving all staff. To meet all compliance areas, each center must meet specific daily objectives under the five major components.

Head Start's educational program is designed to meet each child's individual needs. It also aims to meet the needs of the community it serves and the communities cultural characteristics. Every child receives a variety of learning experiences to foster intellectual, physical, social, and emotional growth. Children participate in a variety of activities that include a scheduled outdoor time for learning and gross motor fun. Children are involved in a cooking activity on a weekly basis. This occurs during small group time. Children are encouraged to talk about their feelings,

to learn about themselves and others. They develop confidence and improve skills while interacting with their peers. The Confederated Salish and Kootenai Tribes Head Start curriculum is based on self-concept with the knowledge that a child who feels good and is confident will then succeed, grow, and learn

Head Start children are served either breakfast and lunch or lunch and a snack depending on class schedule. Teacher Cooks prepare nutritious meals regulated by the United States Department of Agriculture Child and Adult Care Food Program. Nutrition safety and hygiene are main concerns for a healthy happy classroom. Parents are the most important influence on a child's development and are an essential part of the Head Start program. Parents may also be involved in decision making, planning and program operations. Parents participate in many activities throughout the Head Start year. They volunteer in the classroom, and are also involved in social occasions, projects, meetings, and educational classes. Native parents and grandparents can lend their knowledge and expertise to assist the teaching staff with cultural activities, study trips, and classroom activities. The Salish and Kootenai culture is a part of the Head Start experience.

Head Start provides a range of individualized services in the areas of education and early childhood development; medical, dental, and mental health; nutrition; and parent involvement which are responsive and appropriate to the development, cultural and linguistic heritage and abilities of each enrolled child and family.

Head Start programs provide a learning environment that supports children's growth in the following domains:

- language and literacy;
- cognition and general knowledge;
- physical development and health;
- social and emotional development; and
- approaches to learning.

The reauthorization of the Head Start Act in 1994 made it possible to establish Early Head Start as a program to serve infants and toddlers under the age of 3, and pregnant women. Early Head Start provides early, continuous, intensive, and comprehensive child development and family support services to low-income infants and toddlers and their families, and pregnant women.

The Goals of Early Head Start

- To provide safe and developmentally enriching caregiving which promotes the physical, cognitive, social, and emotional development of infants and toddlers, and prepares them for future growth and development;
- To assist pregnant women with the care and education they need for a healthy pregnancy and birth.
- Montana has 10 Early Head Start programs serving babies and toddlers and pregnant women.

Head Start and Early Head Start strive to:

- To support parents in their role as primary caregivers and first, most important teachers of their children and to assist and guide them as they seek to meet personal goals and achieve self-sufficiency.

- To ensure the provision of high quality responsive services to families through the development of trained, and caring staff.
- To build relationships with families that support:
 - family well-being and positive parent-child relationships;
 - families as learners and lifelong educators;
 - family engagement in transitions;
 - family connections to peers and community; and
 - families as advocates and leaders

Polson Youth Soccer

Polson Youth Soccer Association envisions a highly-respected organization that:

- Provides quality player development through exceptional coaches, facilities, and volunteers;
- Promotes a love of soccer in our community and a healthy lifestyle; and
- Inspires pride and the highest level of sportsmanship in our players, coaches and parents.

MISSION STATEMENT

By promoting player development and sportsmanship in an enjoyable environment, Polson Youth Soccer Association encourages a healthy lifestyle and love of soccer in players of all skill levels and backgrounds from throughout the Greater Polson area.

Tribal Education Department

The mission of the Tribal Education Department, established in 1994, is to promote, support, and respect quality education through leadership, curriculum development, scholarship opportunities, and community empowerment. Tribal Elders teach that the most effective way to invest in the future is through education. The Confederated Salish and Kootenai Tribes strive to build a self-sufficient society and economy and believe that one part of that equation is investing in future generations. Historically, the Tribal Education programs have helped student’s complete high school and go to college. The program provides scholarships and has been active in helping the local K-12 education systems develop curriculum and programs that best meet the needs of tribal youth. The staff addresses reservation educational issues from kindergarten through college and assists in the coordination of Class 7 – Language Certifications. The Community Specialists provide free advocacy for families and students who request assistance with education-related issues. This academic year, they have assisted more than 60 families/students with issues relating to Individual Educational Plans (IEP’s), suspensions, expulsion issues and other various behavioral and academic issues. The Education Department continues to administer the Higher Education Scholarships for enrolled CSKT members who attend colleges, universities, and vocational training institutions.

Community Action Partnership of Northwest Montana

The Community Action Partnership of Northwest Montana (CAPNM) has been helping people, improving lives, and strengthening communities since 1976. CAPNM is a private, non-profit organization, targeting hard to serve individuals by focusing on networking available resources and services, which promote long-term solutions for individuals to build success. Different aspects of a client’s life are addressed including housing, budgeting, medical, job training and education through networking resources, eventually leading to independence and self-sufficiency. CAPNM serves a large geographic area of 13,375 square miles with a total

population of over 150,000 covering Flathead, Lake, Lincoln, and Sanders Counties. CAPNM is the largest private human-services agency in the four county area, providing a wide variety of services to promote self-sufficiency and independence, which allows maximization of resources to benefit more individuals.

Polson Parks

The Polson Parks Department endeavors to promote active and vibrant living by providing a great variety of recreational opportunities to choose from. With over 30 acres of parkland, the Parks & Recreation staff maintains 12 park areas, including a skate park, dog park, sports fields, picnicking facilities and playgrounds. Go swimming, fishing or boating at our waterfront parks. The City of Polson currently has over 10 miles of walking/biking paths within the city limits connected to an additional 20 miles outside the city boundaries. Come allow us to help you make great memories while you play, relax, and recreate in our great little city on the lake. Additionally, Polson is a community that cares for its urban forest environment and is proud to be a certified Tree City USA for 26 years through the Arbor Day Foundation.

Mission Mountain Enterprises

Mission Mountain Enterprises is a private, non-profit corporation in Lake County, Montana, established in 1975 to provide high quality, community-based services to individuals with intellectual disabilities. At Mission Mountain Enterprises (MME), we are committed to:

- Empowering people to help them grow and succeed.
- Providing an unmatched reputation for professional and personal care.
- Establishing a balance between the rights & dignity of people with disabilities while assuring health & safety.
- Developing communities where all people are fully included as members.
- Creating a workplace that recognizes performance, participation, and personal initiative.

Mission Mountain Enterprises, Inc. (MME) provides living arrangements for individuals with disabilities, in an array of community settings. Depending on the person's preferences, strengths, abilities, and needs, he or she may live in a group home, an apartment, with roommates, in a rented home, or in their own home.

All individuals MME supports live in the community of their choosing, where they share activities with housemates or roommates and enjoy a sense of companionship, a feeling of family. Living arrangements for people with disabilities are provided in a variety of community settings. Our group homes provide a private, secure personal space. They are fully licensed and inspected, with 24-hour supervision.

Personal preference and informed choices are used when choices are made for alternative living arrangements.

Community support people receive overnight assistance or monitoring, if requested by the person served

Quality health care and safety is a corporate priority.

- Routine Community Activities
- Leisure-time Activities
- Transportation is Provided

Mission Mountain Enterprises, Inc. is currently under contract with the Department of Vocational Rehabilitation to provide job training to people who qualify for the services. The goal of Voc Rehab is to support job seekers in a job they can perform (and enjoy!) independently. Our Job Coach aids in filling out applications, preparing for job interviews, and explaining the benefits of this program to potential employers. The Voc Rehab Program provides the following types of employment services:

Our Job Coach will discuss with the job seeker what types of jobs they would be interested in. Once the type of job and employer is identified, the Job Coach will contact the employer(s). With the assistance of local resources, such as Job Service, our Job Coach will explore what types of jobs are available in the community, and what type may become available in the future. They will develop an on-the-job evaluation if the job seeker is interested and able to perform that job with us without accommodations. Our Job Coach works with the job seekers and a potential employer to develop a work site where they get the opportunity to work for an employer to see if they like the job and can succeed at it. Typically, a set number of hours is provided to work at this business and the job seeker would be paid for performing the job.

Our Job Coach works with job seekers to review and teach job-seeking skills, such as preparing a resume, doing practice interviews, and organizing a job search. They also assist with other aspects of the job search, such as developing good grooming and hygiene, problem solving, and providing transportation when no other source is available. They will also work with other professionals and coordinate services on the job seekers behalf when it could affect keeping their job.

Salish Kootenai Housing Authority (SKHA)

Beginning in 1963, the Salish and Kootenai Housing Authority was set up under Ordinance 38B as a separate tribal entity created to help tribal members. Since that time other housing services were transferred to the Housing Authority including the BIA's Housing Improvement Program (HIP), Weatherization Program, Indian Community Development Block Grant (ICDBG) Program and the Tribe's water/sewer systems. In 1994 the Indian Health Service Construction (IHS 121) Program including the project engineer and inspector were added to the Authority management. This transfer, including the HIP Advisory Board, unified all housing services to make it easier for the membership to access its programs. The Housing Authority is managed by a seven-member Board of Commissioners that meets twice a month. Each commissioner is appointed by the Tribal Council and serves a staggered four -year term.

Today, the SKHA manages and maintains approximately 500 low rent properties, 85 low income tax credit units, 75 ownership properties, 19 transitional living units, 67 trailer park lots and 50 rental assistance slots. The SK Housing Authority has an executive director, who has oversight of six different departments, Finance, Administration, Housing Resource, Occupancy, Maintenance and Water and Sewer. Units are inspected annually, and the Housing Authority takes care of all ongoing maintenance. Depending on the type of program and the unit, residents must meet income requirements and are required to pay a certain amount of rent based on their income. The SKHA has a close relationship with the Department of Housing and Urban Development who has provided construction support for various projects on the Reservation.

The SKHA also has a transitional living center. This program is designed to provide temporary shelter, programs for families in need, advocacy, outreach counseling, housing assistance, support services, and referral to outside agencies for practical living and interpersonal skills building. It consists of fifteen temporary living units and one common facilities area; temporary living units provide private living quarters and are equipped and furnished with a range, refrigerator, bathroom, beds, and dining area. Residents are required to sign and adhere to their individualized Social Development Agreement and center rules. The mission of the Salish and

Kootenai Housing Authority is to provide the highest quality, affordable housing to the people of the Flathead Reservation while utilizing all resources to ensure that services are provided in an efficient, economical, and timely manner. The Housing Authority plans and assesses housing and support services to ensure all areas and individuals are served. The Housing Authority continually strives to improve the quality of life while maintaining the cultural integrity and identity of the Salish and Kootenai people. All services are available to eligible low-income Tribal member families who live on the Reservation. The Housing Authority also provides rehabilitation to income-eligible Tribal member homeowners, water and wastewater services to eligible families, and emergency home repair to eligible homeowners, weatherization assistance for homeowners and renters, homebuyer education classes and manages 25 Community Water/Sewer Systems. CSKT, through the Housing Authority, is one of only two Montana Indian reservations that operate and administer the State/DOE Energy Funds providing weatherization services to the membership. Members of the CS&K Tribe are given first preference, then members of other federally recognized Tribes then non-tribal and descendants.

Lake County Community Housing and Ronan Housing Authority

To provide safe, accessible, and affordable housing to the residents of Lake County, Montana. In 1996, the Lake County Community Housing Organization (LCCHO) was created as a non-profit organization whose mission is to provide safe, accessible, and affordable housing to the residents of Lake County, Montana. LCCHO and the Authority share a common Board and the LCCHO staff act as staff of the Authority. LCCHO manages 120 units of low-income housing, including 19 units owned by the Authority

Rental Assistance

Emergency Shelter Grant Program and Section 8 are available in the area. The ESGP homeless prevention program that offers limited assistance to those individuals who currently have housing but are in jeopardy of becoming homeless. Section 8 is the Federal Government's major program for assisting very low income families, the elderly, and disabled to rent decent, safe, and sanitary housing in the private market.

Helping Hands

Helping Hands is a community resource that addresses the needs of individuals & families in the Lake County area. Our mission is to empower & encourage a transformation of lifestyle into a better understanding of cultures & individuals in a way that demonstrates tolerance, love & acceptance by serving others. Helping Hands Fund provides emergency assistance to individuals in need. It is an ecumenical project guided by the Mission Valley Ministerial Association member churches, fundraisers, and grants. The Helping Hands Fund has been in existence since February 2004. Since April 2006, St. Joseph Medical Center donated office space in the Grandview Building, computer, and telephone access in the form of an in-kind contribution.

Since our inception, HHF has assisted in over 50,000 emergency requests involving individuals, and families. The aid is in the form of vouchers, supplies, assistance with food, medications, transportation and bus tickets, utilities, clothing, personal care items, temporary lodging, and obtaining vital records. Each situation is considered on case by case need, based on its own merits. Our goal beyond providing emergency help to those in need, is working with them to address their long-term goals and provide them with resource referral (s). We can work together with other organizations in Lake County and surrounding areas that provide more long-term solutions for our client needs. We in turn, provide these organizations a place to refer their clients for short-term emergency assistance.

Lake County Community Development

Founded in March 1995 as a 501-C(3) nonprofit organization, Lake County Community Development Corporation (LCCDC) is a regional economic development organization established to provide leadership, community and economic development efforts and to address growth issues as they affect residents, communities and the quality of life in the counties we serve. LCCDC serves Lake, Mineral and Sanders Counties and the Flathead Indian Reservation. LCCDC's mission is to enhance the quality of life and sustainable economic well-being of all residents of the communities we serve. LCCDC operates on a budget of approximately \$1.5 million with a staff of 15. Since 1993, and prior to incorporating as LCCDC, founder Billie Lee actively supported the development of affordable housing programs in Lake County, incubating and helping staff both the City of Ronan Housing Authority and the Lake County Community Housing Organization. Those organizations have since spun-off as independent entities located in Ronan, MT.

LCCDC operates a Business Development Center revolving loan fund which provides capital to new or expanding businesses, creating new jobs in the region. The organization also provides a full range of business services, including technical assistance and education.

In 1999, LCCDC, with help from the USDA Rural Cooperative Service program, established a regional Cooperative Development Center to provide technical assistance to businesses and individuals desiring to establish collaborative business ventures.

In 2000, LCCDC developed the Mission Mountain Food Enterprise Center, a food business incubator and processing center located in Ronan, which assists in the development and batch processing for specialty foods and value-added agriculture enterprises as well as regulatory requirements related to food processing. This center is one of four Food and Agriculture Development Centers in the State of Montana.

In 2004, LCCDC was first recognized by the State of Montana as meeting the qualifications for contracting as a Certified Regional Development Corporation (CRDC.) As such, LCCDC also provides outreach services in community and economic development in partnership with other local governments and local development corporations in Mineral and Sanders Counties and the Flathead Indian Reservation known as the Western Rural Development Region.

In 2014, LCDDC was recognized by the US Department of Treasury as a Community Development Finance Institution (CDFI). Certification recognizes specialized financial institutions serving low-income communities. In addition, through our Community

Development Center, we provide technical assistance to and/or helped develop funding for infrastructure projects in the region.

Eat Right Montana

Eat Right Montana (ERM) is a diverse group of individuals and organizations who have come together with the common goal of providing consistent, science-based nutrition and physical activity messages to all Montanans. Since beginning in 1992, it has grown and come to understand the necessity of collaboration and partnerships. Action for Healthy Kids (AFHK) is a nationwide initiative dedicated to improving the health and educational performance of children through better nutrition and physical activity in schools. This group addresses school environments and supports healthy choices for kids. Membership in ERM is not required to participate in this committee. The *Healthy Families Media Campaign* is a monthly packet that includes a press release and nutrition and physical activity handouts that provide up-to-date, simple, and positive messages to help Montanans live healthy lifestyles. This packet is distributed electronically to media outlets throughout Montana, as well as ERM Coalition members, public health agencies, schools and interested parties in Montana and throughout the country.

Healthy Montana Teen Parent Program

The Healthy Montana Teen Parent Program utilizes a community based approach to provide services to expectant and parenting teens (ages 14 – 24) and their children through contracts with school and community-based providers.

The program seeks to:

- Facilitate participants' self-sufficiency (life skills classes such as nutrition and money management, job skills training, resume building, transportation assistance to prenatal and child-wellness appointments, housing advocacy, and tutoring);
- Build parenting capacity;
- Encourage post-secondary education and workforce preparedness; and,
- Improve the healthy growth and development of their children.

Community providers are required to address participants' needs for flexible education to complete a high school diploma or equivalent.

They must also address at least two of the following core services:

1. Case management and family support services
2. Prenatal and reproductive health services
3. Quality childcare
4. Nurturing, parenting, and life skills education
5. Father involvement

Montana Office of Rural Health & Area Health Education Goals

All the State Offices of Rural Health are required to conduct activities which will accomplish three core and two additional functions:

- *Establish and maintain a State clearinghouse for collecting and disseminating information on rural healthcare issues, research findings related to rural healthcare, and innovative approaches to the delivery of health care in rural areas.*

- *Coordinate activities carried out in the state that relate to rural healthcare; including providing coordination to avoid duplication in such activities.*
- *Identify Federal, State, and nongovernmental programs regarding rural health and provide technical assistance to public and nonprofit entities regarding participation in such programs.*
- *Encourage recruitment and retention of health professionals in rural areas.*
- *Participate in strengthening State, local, and Federal partnerships in rural health.*

Montana Breastfeeding Coalition

The Montana State Breastfeeding Coalition is a diverse group of professionals and volunteers who have come together with the intent to strengthen breastfeeding support for mothers, infants, and families across Montana. The main goal is to help Montanans so breastfeeding will be the easy choice to start a lifetime of optimal health and nutrition practices for their families. Currently the group is focused on establishing a solid foundation for the coalition, developing, and implementing professional and public education activities, along with educating and assisting work sites to provide support to lactating women returning to work. Varying levels of membership and participation are available.

Children's Defense Fund of Montana

Currently, thousands of Montana children and their families are skipping meals or going without needed medical care because they have marginal incomes and are unaware that they may be eligible for benefits that could bring them economic stability. To help solve this problem, CDF-MT, in partnership with Great Falls-based Rural Dynamics, Inc., has launched "Bridge to Benefits®," a valuable outreach effort that will improve the economic situations for thousands of Montana children and their families and help stabilize the state's economy and work force. This web-based project will help connect eligible working families across Montana with work support benefits, such as energy assistance, health care, childcare assistance, food support, school meals and the Earned Income Tax Credit. The program is online and includes an initial screening process for families to understand what they might be eligible to access. The CDF has many other projects and initiatives that it believes can help Montana's families. One such initiative is adding subsidized guardianship to the permanency options for foster children.

Montana Area Health Education Center

The AHEC program was developed by Congress in 1971 to recruit, train and retain a health professions workforce committed to underserved populations. Grants to fund AHECs were always made to the medical school(s) within the states. The only exception to this has been the University of Washington School of Medicine (UWSM). In this case, the federal government provided funding to the UWSM to start AHECs in Wyoming, Alaska, Montana and Idaho, all partners in the Regional WWAMI program. Since 1985 a regional office has been at Montana State University in Bozeman. In September 2007, under new rules allowing Colleges of Nursing to apply for AHEC grants, the MSU College of Nursing applied and was awarded a grant from the Health Resource Service Administration to establish four regional AHEC offices in Montana in addition to the Bozeman Program Office. The South Central Regional AHEC was set up in Dillon under the auspices of the Montana Hospital Association and the Eastern Regional AHEC was set up in Billings at River Stone Health. The Western Regional AHEC, located in Missoula and hosted by the University of Montana, was established in 2008 and in 2010, the fourth and

final center, the North Central Regional AHEC, was established in Cut Bank, Montana. The mission of the Montana AHEC is "to improve the supply and distribution of health care professionals, with an emphasis on primary care, through community/academic educational partnerships, to increase access to quality health care."

The following guidelines are used in establishing annual goals, objectives, and activities.

- Form productive linkages between healthcare units to the benefit of underserved and rural communities.
- Foster and encourage collaborative community-based health programs.
- Increase the number of minority and underserved youth entering health education programs.
- Serve as a resource, clearinghouse, and dispensary of health information.
- Promote improved health and disease prevention through educational interventions.
- Respond to emerging community-based needs regarding health issues.
- Provide technical assistance on healthcare-related issues to underserved communities.
- Help implement collaborative community-based, multidisciplinary education and training for health professionals and health professions students.

Montana Building Active Communities Initiative (BACI)

The Montana Nutrition and Physical Activity (NAPA) Program's Building Active Communities Initiative (BACI) is a project in cooperation with Montana State University's Office of Rural Health. With in-depth, interactive training, mentoring and ongoing technical assistance, NAPA's Building Active Communities Initiative supports community-led approaches to develop active and healthy communities. BACI works to create or enhance community environments so that people of all ages, abilities and income levels can safely walk, bike, or take public transportation to places they need to go.

NAPA Project

In 2004, Montana became one of 28 states to receive a CDC grant to establish a Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases (NAPA). In a unique partnership, the Montana Department of Health and Human Services (DPHHS) is contracting with Montana State University (MSU) to staff and house the program at MSU's Department of Health and Human Development. In 2008, NAPA received a five-year continuation grant from the CDC. The mission of MT NAPA is to decrease the prevalence of obesity and improve the health of Montanans through policy and environmental changes and statewide/community interventions.

Baby-Friendly Hospital Initiative

The Montana Nutrition and Physical Activity Program (NAPA) recognizes that infant nutrition is a public health issue. NAPA is supporting Montana birthing facilities as they work to attain Baby-Friendly designation by providing technical assistance and a small financial award to assist with training costs as they navigate the 4-D Pathway. The Baby-Friendly Hospital Initiative (BFHI) in the United States is based on the fact that human milk fed through the mother's own breast is the normal way for human infants to be nourished. There is an abundance of scientific evidence that points to lower risks for certain diseases and improved health outcomes for both mothers and babies who breastfeed. Breastfeeding is the natural biological conclusion to

pregnancy and an important mechanism for the continued normal development of the infant. With the correct information and the right supports in place, under normal circumstances, most women who choose to breastfeed can successfully achieve their goal.

SNAP at Montana Farmers Markets

Farmers markets help increase public access to and consumption of fruits and vegetables. NAPA assists Montana farmer's markets in becoming authorized to accept Supplemental Nutrition Assistance Program (SNAP) benefits. Accepting nutrition assistance benefit programs at farmer's markets help low-income families overcome the barriers of cost and availability of fresh fruits and vegetables. Montana State University Extension provides SNAP-Ed classes to youth and adults. Youth classes are provided to 1st, 3rd, and 5th grades during the school year. Adult classes are taught in a series of eight classes. SNAP-Ed Adult participants may be single or a family; households must be eligible for SNAP benefits.

Healthy Montana Kids (HMK)

Healthy Montana Kids (HMK), Children's Health Insurance Plan is just one of many Montana Healthcare Programs offering a free or low-cost health insurance plan which provides coverage to eligible Montana children up to age 19. Medical benefits are administered through the Blue Cross Blue Shield (BCBS) of Montana Provider Network, except for Federally Qualified Health Centers, Rural Health Clinics and Community Based Psychiatric Rehabilitation and Support Services. Treatments and services must be medically necessary, and the member must be enrolled at the time the service is delivered. Covered services include medical, dental, eyeglasses, and other related services.

Temporary Assistance for Needy Families (TANF)

TANF cash assistance is a program providing temporary financial assistance to needy families. The receipt of TANF cash assistance is limited to 60 months in an adult's lifetime. Temporary financial assistance may be provided to the following families and individuals:

1. Minor Children;
2. Specified relatives with whom the children are living;
3. The minor children's blood-related/adoptive siblings with whom the children are living;
4. Pregnant women in their last trimester who have no other eligible children; and
5. Refugees with minor dependent children.

Montana Rural Health Initiative

The Montana Rural Health Initiative (RHI) is a collaborative effort to create a dynamic network linking prevention and community-based wellness programs throughout Montana. The Rural Health Initiative engages partners to share ideas and expertise and support communities in improving health. RHI is currently managed through the Montana Office of Rural Health/Area Health Education Center. In 2008, RHI partners convened a meeting of stakeholders including community members, academics, local government officials, health care providers, public health workers, Tribal Health Department representatives and nonprofit organizations, among others, to discuss the potential for a coordinated, collaborative approach to prevention and wellness in Montana. Community leaders and experts developed a strategy to improve health in Montana by linking community health initiatives to each other as well as to the expertise that already exists in

the state. The four resource focus areas are Community Gardens/Youth Nutrition, Trails/Walking, Health Fairs, and Worksite Wellness.

Create and maintain a highly interactive website that includes:

- Details of local prevention and community-based wellness programs
- Resources for the focus areas of Community Gardens/Youth Nutrition, Trails/ Walking, Health Fairs, and Worksite Wellness.
- Calendar of events
- Links to state and national prevention and wellness resources

Montana Dietetic Association

The MDA provides a high quality of professionalism and training to serve the citizens of Montana. Through this association, groups, individuals, or organizations can find the correct level of expertise for a specific task. Registered Dietitian (RD)-A food and nutrition expert who has met academic and professional requirements as defined by the Academy of Nutrition and Dietetics and the Commission on Dietetic Registration. Registered Dietitians are leaders in the field of nutrition in a variety of settings. This credential indicates the dietitian is fully qualified to meet all needs. This qualification allows an accurate assessment and decision for nutritional care. Licensed Nutritionist (LN)-Montana is one of the few states that licenses RDs as nutritionists. The reason being that in 1987 when dietitians were seeking licensure, legislators wanted to know the difference between RDs and nutritionists. When told that RDs thorough training also made them nutritionists they suggested that if only dietitians were licensed, then unqualified persons could call themselves nutritionists, an unprotected title. Protection of the health and safety of Montanans is the primary purpose of licensure and a proliferation of "nutritionists" would not ensure it. As a result, the bill was modified to require licensure for nutritionists, and a requirement for licensure is to be a Registered Dietitian. Dietetic Technician (DTR)-Dietetic technicians, registered (DTRs), are trained in food and nutrition and are an integral part of the health-care and foodservice management teams. To be a DTR one must complete a dietetic technician program by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics. A dietetic technician, registered, often working in partnership with registered dietitians, screens, evaluates and educates patients; manages and prevents diseases such as diabetes and obesity and monitors patients' and clients' progress.

Montana Financial Education Coalition

The Montana Financial Education Coalition (MFEC) strives to improve the personal financial knowledge and decision making ability of Montana citizens by promoting public awareness of the need for personal financial education, and by uniting and building capacity of financial education programs. It is a collection of financial institutions, government and non-profit organizations, businesses, and interested individuals who believe that financial literacy is essential to economic advancement. The program is an affiliate of the National Jumpstart Coalition but is not limited to only assisting youth and reaches out to Montanans of all age groups and financial situations. The Montana Financial Education Coalition does not intend to replace other education programs throughout the state. Instead, it functions as a platform to forge partnerships and share best practices to become more efficient and effective. All Montana citizens will have access to a variety of resources and educational opportunities that will allow them to gain the information necessary to lead them toward economic empowerment and the

ability to make informed decisions about personal finances. The coalition will reach out to all Montana communities in ways that seek to promote personal financial education. This entails developing and implementing strategies that communicate to consumers of all ages and at all socio-economic levels.

- Serve as an informational clearinghouse for Montana financial education providers
- Host the MFEC website which includes resources for educators, partners, and anyone interested in financial education
- Publish the MFEC's quarterly newsletter, distributed to more than 1,500 readers
- Facilitate collaborative partnerships among Montana organizations
- Promote public awareness of the need for financial education through the media and other venues
- Provide a common voice and united message on behalf of Montana financial education providers
- Host statewide conferences
- Network with Montana organization.

MonTECH

This is a state based comprehensive resource center for Assistive Technology (AT) devices, information, training, evaluations, and other AT related supports. It also provides free, confidential information about assistive technology (AT) devices and services for Montanans. Staff uses an established network of AT resources and a specialized database of AT manufacturers and service providers to provide up-to-date information on AT-related issues. Examples of this service include providing information on potential AT solutions for daily living, communication, learning, vision, hearing, environmental control, computer access, memory, mobility and positioning, recreation, home modifications, transportation, ergonomics & accessible design.

Montanans can contact MonTECH by telephone, e-mail, or in person for information on specific product descriptions, applications, prices, and suppliers. The program can also help identify possible funding sources and guide clients through the process of advocating for AT services. Identifying a funding source or assistance to pay for part or all an Assistive Technology (AT) device is often the final step to acquisition. Many funding sources are available, and each has its own requirements for eligibility and guidelines for the types and amounts of AT funding provided. MonTECH's funding resource guide is intended to help consumers find funding sources to help them acquire the AT they need and want.

The Montana Assistive Technology Program (MATP) offers a Financial Loan program in partnership with Community Bank Missoula to help pay for AT-related expenses. All Montanans are eligible for this program, and it can be used to purchase AT or Adaptive Equipment, including vehicle accessibility modifications, but cannot be used for the complete purchase of a vehicle.

- **Montana Assistive Technology Program (MATP)**
A federally funded program providing Assistive Technology and Adaptive Equipment for a 30-day trial free of charge to all Montanans with disabilities, those who are aging, or their supports.

- **Montana Adaptive Equipment Program (MAEP)**
This is a state funded program for Montana citizens who are verified to have a developmental disability as defined by the Montana Developmental Disabilities Program. Individual clients, health care providers, parents or guardians may request to temporarily borrow adaptive equipment contained within the MAEP inventory for eligible consumers. If equipment continues to be functional once it is returned to the inventory, it is 'recycled' for use by another consumer.
- **Montana Deaf-Blind Project (MTDB)**
A project providing information, resources, training, and technical assistance to infants, toddlers, and school-aged Montanans who have sensory limitation in both hearing and vision. Two-month equipment loans are available to those listed on the deaf-blind census.
- **Montana Access to Outdoor Recreation (MATOR)**
Adaptive Recreational Equipment loans for Montanans with disabilities and those who are aging.
- **Montana Assistive Technology Program--Exchange (MATP-E).** A federally funded program allowing Montanans to sell, give away, exchange, or list a need for Assistive Technology or Adaptive Equipment free of charge.

PLUK

Parents, Let's Unite for Kids-PLUK represents the 30,000 families of children with disabilities and special health care needs in Montana, as well as serving as Montana's Parent Training and Information Center, the Family to Family Health Information and Education Center, and the Family Voices state affiliate. PLUK is a private, nonprofit organization formed in 1984 by parents of children with special needs in the state of Montana for the purpose of information, support, training and assistance to aid their children at home, school and as adults and is an organization of parents and other caring individuals who serve families and individuals with disabilities of any age and at no cost. PLUK was founded by parents who felt strongly that parents of children with disabilities need to band together to give each other information and support. It seemed foolish for each new parent to try to learn all over again what other parents already know and would willingly share. Those involved thought it was also important for parents to lend each other support because of the healing that takes place when people who share a common problem can work together to find solutions.

Statewide Youth Disability Summer Programs

-Optimist Special Children's Camp — Red Lodge

The goal of the Optimist Special Children's Camp is to give children a week of summer camp where they can forget about their disabilities and have fun while giving their caregivers some free time.

-Camp Eureka for Children with Visual Impairments — Missoula

Children 8-13 years old who are blind or have severe visual impairments are invited to explore western Montana's wetlands and forests under the guidance of mentors who are blind, and with expert educators and naturalists specially trained to work with children who have visual impairments

-No Child Left Inside Summer Science Day Camps — Missoula

Summer Science Day Camps are weeklong and engage children in the study of the natural world.

-Camp Mak-A-Dream — Missoula

Camp Mak-A-Dream is operated by Children's Oncology Camp Foundation and is a medically supervised, free camp for children (ages 6-13), teens (ages 14-18), and young adults (ages 19-25) with cancer and their siblings (ages 6-17).

-Charles Campbell Children's Camp — Red Lodge

The Charles Campbell Camp, located in the Beartooth Mountains, is sponsored by the Billings Lions Club for physically disabled children. All physically disabled children, ages 6 - 18 are eligible to participate.

-Christikon Camp for Developmentally Disabled Adults — Big Timber

Christikon lies along the Boulder River in the mountains just north of Yellowstone National Park, about 50 miles south of Big Timber. The program is geared toward adults who are at least 18 years old with cognitive delays whose mobility is not severely limited.

Billings Optimist Clubs Special Children's Camp — Red Lodge

Billings Optimist clubs provide Special Children's Camp the first full week of August annually.

-American Diabetes Association Youth Retreat — Big Timber

The American Diabetes Association Montana Youth Retreat is a resident camp located at Camp on the Boulder, south of Big Timber, Montana. It provides a safe summer camp experience that allows an opportunity for youths to live with peers who also have diabetes. Participants learn diabetes self-management during "teachable moments" taught by qualified diabetes professionals

-Summer Skills Camp for Deaf/Hard of Hearing & Blind/Visually Impaired — Great Falls

The Montana School for the Deaf and the Blind offers two separate but unique summer camps. The programs target communication, social interaction, independent living skills and use of technology for students between the ages of 9-14 (7 and 8 year-olds will be considered on a case-by-case basis for the deaf camp only) who have hearing impairments or deafness, and for those ages 9-16 who have blindness or visual impairments.

-Family Learning Weekend for Families of Deaf and Hard of Hearing Children — Great Falls

The Learning Weekend for families of Deaf and Hard of Hearing children is a creative program that provides opportunities for families of sensory impaired children to learn about deafness, share their experiences with other families, and learn how to communicate more fully with each other in a warm, caring atmosphere.

-Family Learning Weekend for families of Blind and Visually-Impaired Children — Great Falls

The Family Learning Weekend is a creative program designed to be both informative and empowering for families. The Learning Weekend provides opportunities for families to share information about blindness and visual impairment, share their experiences with other families, and socialize with one another in a warm and caring atmosphere.

-Big Sky Kids Program — Bozeman

An outdoor recreation camp for cancer patients ages 5-23. "Our focus is on wellness instead of illness, and strengths rather than limitations."

-Children and Nature Network — Missoula

To advocate and facilitate the development of meaningful, life-long connections between children and the natural environment, aimed at improving the health of the youth and the natural world in the greater Missoula area

-Camp Promise - A Ministry of Big Sky Bible Camp — Big Fork

Camp Promise has been helping people with disabilities build friendships, memories, skills, and spiritual foundations since 1990. Each aspect of the Camp Promise program is designed to build campers up physically, mentally, emotionally, or spiritually.

Foster Care

Foster care is having a significant impact upon communities across Montana. Research shows that youth in foster care will face significant obstacles in the future, including homelessness, unemployment, depression, and substance abuse. Foster care is intended to be temporary, but many Montana children remain in care for years. For children waiting to be adopted in Montana, the average length of stay in care is more than three and a half years (45.5 months). On average, children who were adopted in 2010 spent more than three years (37.9 months) in care before the adoption was finalized. Annually more than 500 foster children in Montana are waiting to be adopted. Adoption provides children with a lifetime of emotional and legal connections to a family. Foster children who cannot return home risk reaching adulthood without a permanent family of their own. In 2008, Congress passed the Fostering Connections to Success and Increasing Adoptions Act, which will help more children find permanent families. Despite this progress, thousands of children—especially older children and children of color—still wait for families. And many families who have adopted lack critical post-adoption support that is essential to their children’s long-term stability and well-being.³¹

WORD

Women’s Opportunity & Resource Development, Inc. (WORD) is one of Missoula’s longest established and most experienced non-profit organizations. WORD creates opportunities, programs and policies that inspire and support women’s development, leadership, and choice, for the benefit of our entire community. Through its programs WORD offers support, education, and training to empower women and their families to move from a place of need to a place of independence, participation, and choice. The programs promote women’s access to stable housing, adequate income, personal/career development, family/school involvement and the creation of policies for social change. WORD first received public recognition in 1987 when seventy-five of its volunteers walked to each Missoula area legislator’s home protesting the economic conditions for women on welfare. The walk received front page newspaper coverage and WORD, entrepreneurial from the start, used the tide of interest to launch a demonstration project that focused on the empowerment of women to move off the welfare system. The needs of women and families in our community have changed in the past twenty years, but they have not lessened. WORD has grown and changed as women’s needs have evolved, and our future includes new programs based on the needs and interests of those we serve.

The Futures Program was designed in 1989 to address the educational, vocational, and parenting needs of pregnant and/or parenting youth. From its modest beginnings, the project has grown to be a model family support program for young parents. The program focuses on mothers and fathers age 21 and younger. Futures helps young parents develop a secure future and gain skills to become leaders in their own families and communities. Services for parents include advocacy and case management, home visits, support groups, parenting training, education, career, and job readiness counseling, skill building workshops, family fun events and leadership opportunities. Each year, Futures Family Advocates work with over 170 parents and their babies. The approach is based on a Positive Youth Development Model that reduces risk factors while helping to build protective factors for young parents enrolled in the program. Prevention strategies are focused in the following areas:

-Improve educational and economic outcomes

³¹ *Adoption and Foster Care Analysis and Reporting System (AFCARS)*, data made available by the National Data Archive on Child Abuse and Neglect, Cornell University.

- Promote healthy family lifestyles
- Teach positive parenting
- Decrease isolation and facilitate connection to community
- Support health and development of children prenatal through age five
- Prevent child abuse and neglect
- Prevent second pregnancies to teen parents

Eight years ago, Futures began to focus on the needs of young fathers and is committed to improving and expanding services to this group. Even though Futures had always been open to teen dads, the number of dads who were involved remained low. Changes such as hiring a male outreach worker, establishing a Young Family Resource Center for easy access, and developing services designed to attract young men has more than tripled our enrollment of young fathers. Now one-third of the parents enrolled in Futures are young dads.

The Montana Alliance for Families Touched by Incarceration

The Montana Alliance for Families Touched by Incarceration-MAFTI-is a group of professionals working to provide information, support, and advocacy to Montana families as they navigate through the criminal justice system and their lives are impacted by incarceration. In 2006 Montana received a grant from the Family and Corrections Network (FCN) to develop a project which supports the National Bill of Rights for Children of the Incarcerated. A fellow from the Soros Foundation assisted with the development of an advocacy group in Montana to address this issue. This advocacy group represented a variety of private and public interests and under the leadership of the Montana Head Start Collaboration, began to address the negative impact of parental incarceration on children in Montana. In September 2008, this advocacy group officially became the Montana Alliance for Families Touched by Incarceration – MAFTI. Since its inception, MAFTI has developed a resource website, a warm line, an extensive collection of resource information and a “toolkit” of information and resources to help children and families affected by incarceration navigate through this difficult time in their lives. MAFTI Partner, The Parenting Place (Missoula), is in the process of producing a 30-minute video to be available for training families and service providers on the use of MAFTI’s Family Members Behind Bars toolkit. In addition, work is underway to combine the MAFTI and the Montana Family Resource Center projects onto one website. This will ensure the availability of a wide array of services, resources, and information to all Montana families with a comprehensive section of information specifically for families touched by incarceration.

For children, whose parents are incarcerated, communication with the parent in prison is essential. Without communication, their adjustment and long term well-being may be compromised. But opportunities for communication between children and their incarcerated parents are limited. These communications are carefully defined and rigorously controlled, both by the prison and by the children’s adult caregivers. In many cases, the prison visit may be the first time parents have really taken the time to talk to a child, to share their thoughts and feelings, to listen to them, to spend time with them. Even when contact is limited to letters and phone calls, children can be greatly sustained by a parent’s encouragement, support, and listening. MAFTI has tools and trainings that can help all Montana families dealing with incarceration. The program also has information on best ways for parents or guardians to communicate with children in this situation and ideas for helping children express themselves.

Early Childhood Services Bureau

The Mission of the MDPPHS Early Childhood Services Bureau is to improve the quality, affordability and accessibility of early care and education in Montana, with focused efforts on coordinated systems to best meet the needs of young children, their families, and the *professionals who work on behalf of young children and families. It oversees the* Montana Project LAUNCH, Montana Preschool Development Grant, Child Care Development Fund (CCDF), Early Head Start Child Care Partnerships Grant, Best Beginnings Child Care Scholarship Program, Child and Adult Care Food Program and the Montana Head Start.

Montana Child Care Resource and Referral

The Early Childhood Services Bureau contracts with regional CCR&R agencies to offer the following services:

- Help low-income families find and pay for childcare
- Offers referrals to licensed and registered childcare facilities for families of all income levels
- Offer training, technical assistance, and support for childcare providers
- Initiate projects to build quality childcare
- Inform policy makers, businesses, and the public on childcare related issues
- Advocate for childcare providers and for families with children

Services to Families

Child Care Resource and Referral agencies provide referral services to families seeking childcare. This includes providing parents with information regarding:

- Child Care openings,
- Location of care,
- Special circumstance information, such as does the provider offer extended hour service, has he/she completed accreditation process, or does he/she serve infants and toddlers.

Child Care Resource and Referral agencies determine eligibility for the Best Beginnings Scholarship Program for low-income families and manage state-assisted payments to providers.

Services to Providers

Montana Child Care Resource and Referral

- Work with the local licensing specialists to present quarterly orientation sessions for new providers and provide technical assistance to providers who have been referred by licensing specialists for corrective action.
- Develop and present regular training to childcare providers in the areas of:
 - Child Development
 - Health and Safety
 - Infant and toddler care
 - Sound business practices

Best Beginnings Child Care Scholarship Program

The Early Childhood Services Bureau offers Best Beginnings childcare scholarships to qualified low-income families whose child receives care from a licensed childcare center, registered group or family childcare home, or legally certified childcare provider. Each family participates in the cost of that care by making a copayment based on a sliding fee scale. Scholarships are available

to working families whose income is at or below 150% of the Federal Poverty Guidelines and families who get cash assistance through the Temporary Assistance for Needy Families (TANF) program.

The program helps to pay for care when parents are not available to care for their children:

- During working hours;
- During school or training hours if meeting work requirements;
- If they are a teen parent attending high school; or
- If they are a parent receiving TANF who is participating in family investment agreement activities. Child care scholarships are available if the applicant is a working caretaker relative with children receiving TANF child-only grants.

Best Beginnings Advisory Council

Established in 2011, the Best Beginnings Advisory Council serves as the comprehensive early childhood advisory council and will serve as the collaborating entity for the early childhood system. The Early Childhood Services Bureau within the Department of Public Health and Human Services serves as the home for the Advisory Council. The council includes representation from interested constituency groups, governmental agencies, the public at large, childcare providers, state and local government, and tribal communities. The Best Beginnings Council goal is to ensure that the State of Montana has a comprehensive, coordinated early childhood system that provides a governance structure and leads to a strong collaboration in order to best meet the needs of Montana's youngest citizens.

Best Beginnings STARS to Quality

The Best Beginnings STARS to Quality Program is a voluntary quality rating improvement system that aligns quality indicators with support and incentives for early childhood programs and early childhood professionals. The Early Childhood Services Bureau has enjoyed watching the program grow and develop with the input from the various stakeholders, and has listened carefully to early childhood professionals, parents, and national experts to provide a strong program, desired by many. Early childhood stakeholders developed their vision for quality early childhood education in Montana and identified an approach to investing in and ensuring strong quality outcomes for children.

The Best Beginnings STARS to Quality Program is a continuous quality improvement program for early childhood education in Montana. Center standards are built for the potential of maximum early care and education participants, program qualifications related to licensure and equivalents may differ than described in the text of the document. Additionally, in the case of large centers and different organizational structures, it may be appropriate for the person meeting Director qualifications under the State of Montana licensing requirements and serving as an Education Coordinator/Manager, or Assistant Director, etc. to meet the criteria mentioned throughout the standards for the Director. Family/group standards are built for the potential of maximum early care and education participants, program qualifications related to licensure and equivalents may differ than described in the text of the document.

Child and Adult Care Food Program

- The Child and Adult Care Food Program (CACFP) is a federally funded program of the Food and Nutrition Services (FNS) of the United States Department of Agriculture (USDA). The Department of Public Health and Human Services (DPHHS) is the State agency which administers the CACFP in Montana and ensures that program requirements are followed.
- The program plays a vital role in assuring the nutritional quality of meals and snacks served to eligible children and adults attending non-residential child or adult care programs and making care more affordable for many low-income families. A variety of different eligible programs qualify to participate in the CACFP.
- The CACFP provides cash reimbursements for meals served to enrolled participants that meet Federal nutritional guidelines outlined in the CACFP meal pattern. Participating institutions may be approved to claim up to two reimbursable meals (breakfast, lunch, and supper) and one snack, or two snacks and one meal, for each eligible participant, each day.
- The State agency:
 1. Provides consultative, technical, and managerial personnel to administer the program in the state.
 2. Provides sufficient training and technical assistance to institutions.
 3. Monitors program performance.
 4. Facilitates the expansion of the program.
 5. Ensures effective operation of the program by participating institutions.
- In Montana, the program serves participants in all counties and on all Indian Reservations.

Montana Head Start Collaboration Office

The mission statement of the Montana Head Start Collaboration Office is to impact the lives of low-income children and families by influencing state and local policy and the effective delivery of services, while linking Head Start Programs and communities through collaborative relationships. Head Start is a comprehensive early care and education program, dedicated to serving over 30 million low-income families nationwide since 1965. Head Start serves children ages 3-5, as well as families. Early Head Start was established in 1994 to serve children 0-3, as well as pregnant women. Head Start funding comes to individual programs in Montana through federal funding grants. There are 29 programs in Montana serving approximately 5,2701 children, ages 0-5, in Head Start and Early Head Start classrooms across the state annually. The Head Start State Collaboration Office is located within state government and connects Head Start/Early Head Start to state partners.

Montana Head Start Association

“The Montana Head Start Association brings together families, staff, directors and friends of all Head Start and Early Head Start programs in Montana, to provide leadership, education, information and advocacy on behalf of young children, pregnant women, and families throughout Montana.”

Court Appointed Special Advocate

Court Appointed Special Advocate CASA 883-0158 or 675-2700 Find on Facebook or at www.cskt.org Representing the best interests of abused or neglected children-volunteer advocates, help to establish a safe and stable home for kids in Lake County.

CSKT Senior Centers

Locations include Arlee, Elmo, Hot Springs, Polson, Ronan and St. Ignatius. Providing meals Wed. & Friday at noon. Social events and programs for seniors.

Mission Valley Senior Center-Ronan 676-2371

www.lakecountycoa.org Meals on Mon., Wed. & Friday at noon. Pool, cards, crafts & Meals on Wheels, seasonal events.

Dixon Senior Center 246-3310

Relax, visit and share interests. Meals available and special events for all.

Polson Senior Center 883-4735

www.lakecountycoa.org Meals served Monday through Friday 11:45 a.m. Exercise program, games and other social events. Open to all.

St. Ignatius Senior Center 745-4462

www.lakecountycoa.org Great times for all-meals served Tues. & Friday at noon & first and third Wed. at 5:30 p.m. Bingo, social time, ukulele group.

Community & Seasonal Celebrations

Arlee Celebration and Pow Wow, Art in the Park-Polson, Flathead Lake Blues Festival-Polson, Crab Fest-Ronan, Elmo Standing Arrow Pow Wow, Fireman's Picnic-Finley Pt., Fireman's Picnic-St. Ignatius, Flathead Lake 3 on 3 Basketball, Good Old Days Celebration, Missoula Children's Theatre Day Camps, Peace Festival, Pioneer Days Community Event, Polson Main St. Cherry Festival, Polson Fairgrounds Rodeo, Summer Reading- North Lake County Public Library, Summer Reading @Ronan Library, Summer Youth-Polson Schools, Summer Youth-Ronan, Summer Youth-Salish Kootenai College, Summer Youth-St. Ignatius, Youth Programs Zootown Arts, University of Montana Youth Camps,

Montana Early Childhood Project

Since 1985, the Montana Early Childhood Project (ECP) has been dedicated to improving the quality of programs and services for Montana's young children and their families. We are an outreach program within Montana State University's Department of Health and Human Development. The ECP has facilitated the creation and implementation of a state plan for early care and education career development. We are funded through the Montana Department of Public Health and Human Services Early Childhood Services Bureau from the federal Child Care and Development Fund. We work closely with partner organizations across the state to promote early childhood professional development. On a national level, we are actively involved in The National Workforce Registry Alliance and other organizations to promote a knowledgeable community.

American Legion

Referral assistance for veterans and their families offered, with referrals to other resources.

Disabled American Veterans

Referral, information, advocacy and hospital equipment loan to disabled veterans.

Child Care Licensing

The role of the Child Care Licensing Program within the Quality Assurance Division of Montana's Department of Public Health and Human Services is to regulate and monitor childcare facilities. Additionally, the Child Care Licensing Bureau is responsible for protecting the health, safety and well-being of the children receiving care in Montana. The Child Care Licensing Program conducts regular surveys of childcare facilities and conducts investigations upon receiving a complaint against a specific group.

The Child and Family Services Division (CFSD)

This is a division of the Montana Department of Public Health and Human Services.

Mission Statement

Keeping Children Safe and Families Strong

Statement of Purpose

To protect children who have been or are at substantial risk of abuse, neglect, or abandonment. We strive to assure that all children have a family who will protect them from harm. We recognize the protective capacities of families and incorporate them in assessments, decision making and actions with the goal of improving safety, permanency, and well-being for children. Communities are encouraged to strengthen their prevention efforts and to share responsibility for the safety of its children and families.

Core Values

1. Children have the right to grow and develop in safe and permanent family environments.
2. The safety of children is dependent on the actions/omissions of adults.
3. When families and communities collaborate, the possibility for success is increased.
4. The safety of children in our care is dependent upon multi-level stewardship of human and financial resources.

Children's Special Health Services (CSHS)

This program is charged by the Federal Maternal Child Health Bureau to: "Support development and implementation of comprehensive, culturally competent, coordinated systems of care for children and youth who have or are at risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally." Children's Special Health Services focuses on building, measuring, and monitoring a complex system of care for Children and Youth Special Health Care Needs (CYSHCN) with the following goals:

Goal: Assure Family Participation & Satisfaction

Goal: Access to Medical Home

Goal: Support Early and Continuous Screening

Goal: Adequate Insurance

Goal: Access to Community-based Systems of Care.

Goal: Facilitate Transition to Adulthood.

VFW Post 2986-Polson

Find them on Facebook. Social venue-open most days. All welcome. Pool. Live music. Seasonal events

Assistance to members, benefits, burials & referral services to veterans.

VFW Post 5652-Ronan

Find them on Facebook. Open to all. Social & civic group. Ronan Ladies Auxiliary. Community breakfast-first Sat.

Lake County Job Service 883-7880

www.jobservices.dli.mt.gov/about-job-services/polson Training & education, employment applications, incumbent worker training.

Alcoholics Anonymous

AA is an international fellowship of men & women who have had a drinking problem. It is non-professional, self-supporting, multiracial & an apolitical group.

Narcotics Anonymous

AA is an international fellowship of men & women who have had a drinking problem. It is non-professional, self-supporting, multiracial & an apolitical group. Various locations.

Alanon

Members do not give direction or advice. Attendees share stories. Safe and confidential environment for all. Various locations.

Lake County Motor Vehicle Department

www.dmv@lakemt.gov Lake County office for getting new or renewed driver's license in Polson. Hours vary.

Montana Department of Labor

www.apprenticeship.mt.gov Apprenticeship and training programs. Works with employers. Must be over 18 and have high school diploma or equivalent.

Montana Children's Trust Fund

The Legislature created the Children's Trust Fund in 1985 to serve as the lead agency in reducing and ultimately eliminating maltreatment of Montana children. The trust fund provides financial support to local programs across the state to prevent child abuse and neglect and strengthen families. The trust fund is administratively attached to the Department of Public Health and Human Services and is administered by a seven-member volunteer board appointed by the Governor. Board members represent the geographic and cultural diversity of the state. Each member serves a three-year term and represents a profession involved in preventing child abuse and neglect.

The Children's Trust Fund receives funding primarily from two sources:

- Federal Community-based Child Abuse Prevention Grant (CBCAP). The CBCAP is a federal grant offered nationwide and dedicated to the prevention of child abuse and

neglect. Both state and federal legislation mandate that the money be used to support nonprofit, community-based organizations that provide services and activities dedicated to preventing child abuse and neglect and strengthening families statewide.

- State Special Revenue Account. This includes funds from donations made through the income tax check-off on the Montana State Income Tax Return and from divorce filing fees.

Top Priorities for Montana's Children's Trust Fund:

- Funding effective, primary prevention programs in local communities throughout Montana and enhancing communities' capacity to prevent child abuse and neglect by allocating CTF funds annually for primary and secondary child abuse and neglect prevention programs to community-based organizations;
- Supporting public education (such as conferences, workshops, and seminars) that increase participants' knowledge and understanding of child abuse and neglect prevention, and strengthening families and communities;

Port Polson Players

www.portpolsonplayers.com Since 1978, home to live theater with community & professional performers. Open year round-shows in historic log structure.

Masonic Lodge

www.masonpost.com Fraternal civic group in Lake County since 1910. Meets monthly. Service to community and education.

Foster Care

Tribal 675-2700 or State 883-7850. Foster care parent screening for child placement required.

Mission View Garden Club

Since 1947 www.mtfgc.org Meetings are on the fourth Wednesday of each month at 1 pm- Charlo Senior Center-group built and still maintains the Charlo Community Park.]

Ninepipe Arts Group

Ninepipe Arts Group is a group of artsy, and not so artsy, volunteers working to support art and culture in the Mission Valley. Our goal is to promote art in many forms, with an emphasis on art for children! We work together to sponsor or co-sponsor Shakespeare in the Park, Missoula Children's Theater, Charlo-Dixon Fine Arts Camp, high school scholarships, summer music scholarships, school field trips, and more!

Healthy Montana Families

Healthy Montana Families is a network of programs around the state that provide voluntary, family-centered services in the home to expectant families and families with new infants and young children.

What is home visiting?

Home visiting services support healthy pregnancy outcomes, child health and development, and strong parent-child relationships. Home visiting services build on parent and family strengths.

Home visiting services are generally provided in the family's home or wherever they are staying and may also include opportunities for group connections and other community activities. Professional, trained home visitors' partner with parents and/or parents-to-be to meet the needs and goals of the family, connect the family to community resources, and promote the physical and emotional health of the child and family.

The home visiting models implemented in Montana as a part of the Healthy Montana Families are evidence-based, which means that research shows the models have positive outcomes for families. The models implemented in the state include:

- Parents as Teachers
- Nurse-Family Partnership
- SafeCare Augmented
- Family Spirit

Montana Milestones

Montana Milestones is the Part C Early Intervention Program for Infants and Toddlers with Disabilities, part of the federal Individuals with Disabilities Education Act (*IDEA*).

The Mission of Early Intervention for Children with Disabilities: Early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

Women, Infant and Children

WIC is the Special Supplemental Nutrition Program for Women, Infants and Children. This public health program is designed to improve health outcomes and influence lifetime nutrition and health behaviors in a targeted, at-risk population. Nutrition education is the cornerstone of the WIC Program.

Salish Kootenai College

The mission of Salish Kootenai College is to provide quality post-secondary educational opportunities and support for Native Americans, locally and from throughout the United States, to achieve their academic and career goals. The College will perpetuate the cultures of the Selis, Ksanka, and Qlispe' peoples. The College will impact its community through service and research. Salish Kootenai College aspires to be the pre-eminent educational center of excellence for American Indian Students, grounded in the cultures of the Séliš, Ksanka and Q'ispé people of the Flathead Nation. The college will empower students to improve the lives of their families and communities through research, leadership and service. Salish Kootenai College offers over 41 course programs from Workforce Certificates to Bachelor Degrees in 9 areas of academic interest. From Liberal Arts and Tribal Governance to Digital Fabrication and Life Sciences. The college has been serving the residents of the Flathead Reservation and the region since 1977. It is one of the leading and founding institutions within the American Indian Higher Education Consortium, now composed of nearly 40 tribal colleges across the nation.

Focus Group, Interview & Survey Tools

Journey To Wellness Focus Group and Key Informant Interview Questions

Bringing about real change, whether at the program, community or government level is never easy. Many structural components that are in place have deep systemic connections that can seem impossible to overcome. Yet, systems do change. Programs find ways to improve. People take actions to secure better outcomes. With a focus on change, the Journey To Wellness Project, which emerged from last year's Voices and Visions Community Connection is continuing its work to find solutions and new opportunities for success in improving health outcomes for all residents in the area. As part of this effort, the group has been seeking input with individual interviews, focus groups, surveys, a review of data, and the gathering of ideas from community members. At some point, you might have already taken part in this process. Right now, you are being asked to share some time to answer questions, based on your personal experience. No names or other identifying information will be used from this process.

For this assessment of the community, the Journey To Wellness Project is seeking information, ideas and insights regarding mental health services, overall healthcare, behavioral health, resources, tools and community programs for Lake County, the Flathead Reservation and the Mission Valley. As part of this, I will be asking a few questions and gathering your thoughts to include as part of the overall report we are putting together. In addition to the input you provide, we will also be looking at other data sources, needs analysis and reports from services groups within the community. All information will remain anonymous and unidentifiable. Ideas and opportunities will be reviewed, analyzed, and included in a summary document for the team to use as they work for change.

(Focus Group) Top ground rule for this time together is respect. Everyone in the group will have the chance to answer and to respond. I ask that you try not to take others' comments personally. I will moderate the conversation and if someone is crossing boundaries, I will let them know. If I fail to recognize what is taking place, please let me know. We want this to be an informative, productive, and positive experience.

In considering one's quality of life...for yourself...what is most important to living "the good life"

People often reference coping mechanisms or tools they use to deal with stress or anxiety....what have you found to be the best ways for dealing with the problems we all face on a daily basis.

How would you describe the mental health landscape in Lake County and the Flathead Reservation?

Which mental health issue do you think presents the most challenges to our community and why?

What do you think are the factors that contribute to the most prevalent mental health issues in our community?

What is happening around mental health and behavioral health in our community that makes you feel hopeful or excited or positive?

What is occurring or being provided for mental health services in other places that might be introduced here?

What must happen for real, long-term change to occur?

Other possible areas or follows up questions:

When thinking about families, what are some of the greatest obstacles they have to deal with in the community?

How does change take place?

How does race and racism impact the community?

What barriers or challenges exist locally to bringing change around healthcare?

What class or socio-economic divisions within the Flathead Reservation and Lake County influence the quality of life and how people live?

Participant Expression-Journey To Wellness Core Team Questions

What a strange year...yet, it is also one filled with examples of resilience, dedication, compassion, and hope. All of you have shown a high level of commitment to health outcomes in our local community. As part of the Journey To Wellness Core Group, evolving from the Voices and Visions Program, you are helping to move the project to action. One piece of that action is the Community Needs Assessment that is now being completed. Over the last decade, a high number of these assessments have taken place in our community and have in many instances led to changes, improvements, and the completion of identified tasks to address specific needs. As part of this CNA, for the Journey to Wellness, the collection of perspectives from amongst the community is vital. Data is always going to show one view of the picture. Yet, it lacks the truths found from experience, interaction, and human engagement. For these reasons, a part of the CNA involves interviews, surveys, focus groups, and a chance for individuals to provide direct input. For the group involved with the Journey To Wellness, I have developed some statements, I hope you will complete. Your name will not be attached to the statement-unless you indicate that you are okay with such identification. Otherwise, these comments will become part of the narrative, to help inform the overall program. You can write as little or as much as you would like for each statement. I'm hoping for at least a few sentences....hint...hint...hint. It can all be emailed back to me at grantdana@hotmail.com. (If comfortable with name being used, indicate in email.) THANKS!

Locally, people struggle with mental health challenges because...

Creating new outcomes for mental health services and programs is...

I'm excited about the opportunity to...

To bring real change in our community, people will need to...

I think the Journey To Wellness Project should measure success by...

Community Connections

What do you think?

Bringing about real change, whether at the program, community or government level is never easy. Many structural components that are in place have deep systemic connections that can seem impossible to overcome. Yet, systems do change. Programs find ways to improve. People take actions to secure better outcomes. With a focus on change, the Journey To Wellness Project, which emerged from last year's Voices and Visions Community Connection is continuing its work to find solutions and new opportunities for success in improving health outcomes for all residents in the area. As part of this effort, the group has been seeking input with individual interviews, focus groups, surveys, a review of data, and the gathering of ideas from community members. At some point, you might have already taken part in this process. Right now, you are being asked to share a few minutes to answer 3 questions, based on your personal experience. No names or other identifying information will be used from this process. Ideas and opportunities will be reviewed, analyzed, and included in a summary document for the team to use as they work for change. Thanks for your time and assistance. Feel free to share with others from the community.

Why do you believe the challenges connected to mental health are at such high levels within our local community?

How would you describe the changes that must take place for the community to be healthier?

What must happen for real, long-term change to occur?

Other comments:

Journey To Wellness Online Survey Questions (page 1)

How would you rate the availability of mental health services in the community?

How would you rank the following areas in relationship to those dealing with mental health issues in Lake County and the Flathead Reservation?

- *Availability of Funding For Programs and Services*
- *Opportunities for Cultural Connections and Activities*
- *Well Trained Workforce*
- *Accessibility of Health Care*
- *Broad Community Understanding of Their Needs and Challenges*
- *Positive Relationship Between Agencies Providing Services*
- *Supportive Community For Mental Health Services*

What mental resources in your community do you know of?

What's going well as it pertains to mental health services in your community?

Which of the following issues do you think should be a higher priority to community leaders for helping address the mental health needs in the community?

- *Availability of Mental Health Services*
- *Affordable Child Care Services*
- *Cultural Connections*
- *Community Education*
- *Employment Opportunities*
- *Availability of Addiction Programs*
- *Professional Cultural Competency*
- *Improved Housing Options*
- *Interagency Collaboration*
- *Emergency Response Process*
- *Training For Local Providers*
- *Changing Community Outlook on Topic*

Which of the following is the biggest challenge for those dealing with mental health concerns in Lake County and the Flathead Reservation?

- *Service Options*
- *Financial Challenges*
- *Historical Stigma*
- *Service Location*
- *Community Attitude*
- *Community Education*
- *Transportation Services*
- *Negative Experience*

Journey To Wellness Online Survey Questions (page 2)

What are some gaps in mental health services that you recognize?

Are community members able to access mental health services readily?

How would you rate the quality of mental health services in the local community?

What barriers do you run into when accessing mental health services?

What is one tactic you would implement to improve mental health services in your community?

Choose from the following to describe the local healthcare system?

- Strong*
- Average*
- Below Average*
- Poor*

What role do families currently have in decision making within the health care system?

- Families Have a Leadership Role*
- Agencies Provide Many Chances*
- Options for Participation Exist*
- Some Voice*
- No Voice*

Do families and children have access to services that promote social and emotional wellness?

- Many Services Are Available*
- Some Services Exist*
- Basic Services Are Accessible*
- Services Are Limited*

Prior Assessment Materials

If you had the ability to change anything or create whatever you wanted in the local community to improve the quality of life- regardless of cost-what would it be? Section 1

Action plan to deal with substance abuse and longer case management for families teaching skills for daily management.

Free college tuition.

Local long term drug treatment center for EVERYONE in the surrounding community. While not requiring significant wait times, for acceptance.

I would create a huge center/campus that would have dorms for transitional housing where participants could work on the grounds with pay until they were able to save to get out on their own, classrooms for different educational needs including a place for cooking classes, there would be large fields surround for recreational activities for the community and youth with soccer, baseball/softball fields, basketball/tennis courts. There would be a large courtyard with a community garden to teach people how to grow their own food and attend classes on how to prepare it and preserve it. There would be a health facility on the campus with mental health and substance use rehab options. The center/campus would be a hub to create a flourishing community from the most basic needs to the underlying needs we don't always talk about. People helping people become their best selves and a better community from the ground up.

A centrally located top-quality fitness center.

Anything that ignites hope.

Better mental health help and drug and alcohol treatment programs. Better educational opportunities both in public school funding and post high school education and vocational training.

A drug and alcohol treatment center free of charge to those who need it.

A large community center with free activities for children.

Several youth activity centers throughout the reservation. centers with bowling, bball courts, rock climbing walls, swimming pools, computer labs, counseling services, movie rooms, tutors...

A larger city police, fire, and court facility.

Affordable housing, improved infrastructure such as water, sewer and streets and improved outdoor recreational opportunities such as bike and hiking trails.
Culturally, evidence based focused treatment facility on the reservation.
Provide decent low income housing.

Source: *Community Partners Online Survey, Jan. 2017.*

Prior Assessment Materials

If you had the ability to change anything or create whatever you wanted in the local community to improve the quality of life- regardless of cost-what would it be? Section 2

Walking paths everywhere-interconnected and well promoted.

Shelter that teaches skills to those who stay there so they have something to do when they leave. And support for them to move to a permanent residence.

Put more efforts and support into localization in order to support local small businesses, improve employment opportunities and local economy, move towards sustainability.

Popularize and improve access to nutritious local food and goods for residents and create a strong community-oriented culture. If our neighbors are not prospering neither are we.

Get babies off to a better start by helping parents with all issues so they can provide a healthy, loving connected and engaged environment.

Stronger program that works with youth in helping them plan for families, school, jobs, and pregnancies. Do a better job of helping the community have healthy families.

Youth center for YMCA-like activities, mental health access 24/7 without insurance issues, community kitchen, fundamental skill program.

Teach people how to fish, not give them fish.

A big community center and exercise facility similar to Summit in Kalispell.

Impatient drug rehab and therapeutic group homes for kids with mental health issues.

All fitness centers need to be open more and later into the evening. And more centers. Ronan, Polson and Pablo-the three largest communities have no dedicated fitness center. IT is terrible when thinking about prevention.

I would set up several small businesses that produce locally made items that connect with local artists and farmers. Help set up all the costs so that they would be able to go forward on their own and they could teach others and raise more jobs.

Be able to improve the social determinants of health--education, socio-economics, housing, and transportation, etc.

Emergency living facility for short-term stays with mental health and treatment attached.

Housing and opportunities for younger families.

I believe that healing the community trauma and ridding the addiction problems would be my first priority.

If it is anything-I would develop centers with services and youth activities in every town-they would be paid forever from endowments and open at night and weekends/

Source: *Community Partners Online Survey, Jan. 2017.*

Prior Assessment Materials

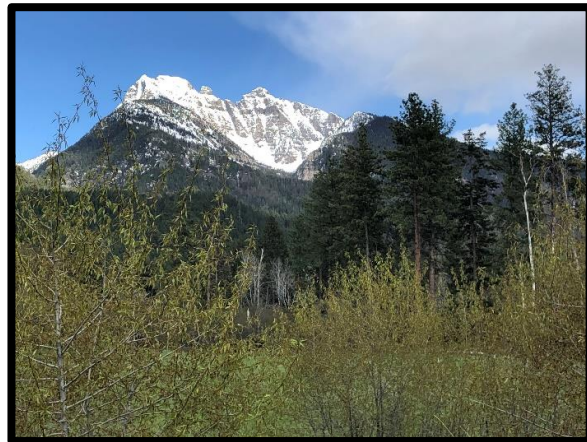
Project LAUNCH External Workforce Development: Year 2	
Tribal PIR Day (ACE's and Paper Tigers)	This presentation focused on adverse childhood experiences (ACES) and how they impact the development of children. As part of the presentation, Paper Tigers, a documentary about the effects of trauma-informed care was shown and discussed.
Newborn Observation Training	The Newborn Behavioral Observations (NBO) system is a clinical relationship-building tool, designed for pediatricians, nurses, infant mental health specialists, early intervention providers, home visitors and others, to help parents understand baby's language.
Touchpoints Individual Level Training	Brazelton Touchpoints Individual Level Training is an evidence-based approach for building strong family-child relationships through the earliest years, laying the foundation for children's early learning and development. The training provides a practical approach in establishing strength-based partnerships with families.
Rez Café Advisory Committee Orientation & Parent Orientation	The Rez Café was created as a way to for Tribal members, stakeholders, organizations, and community members to have intentional conversations around questions that matter and empower participants to create individual and community change. The PD was focused on ways to promote these conversations and facilitate communication.
12th Annual Fatherhood is Leadership Conference	The Fatherhood is Leadership Conference was a platform for participants to discuss challenges and advancements relating to fatherhood and families. The Native American Fatherhood and Families Association (NAFFA) shared experiences and best practices to promote fatherhood and positive parenting. NAFFA, along with the departments of Health & Human Services and Criminal Justice & Education, provided networking opportunities and unique workshops for participants.
Linking Generations By Strengthening Relationships	Linking Generations by Strengthening Relationships training provides individuals knowledge and skills to implement program that assists fathers, mothers, and families in enhancing their capacity to promote strong, healthy, and positive relationships.
Project LAUNCH External Workforce Development: Year 1	
Fatherhood is Sacred & Motherhood is Sacred	The Fatherhood is Sacred, Motherhood is Sacred Training was presented by the Native American Fatherhood and Families Association. The approach is based on a culturally rich model that inspires and motivates fathers and mothers to devote their best efforts in teaching and raising children to develop their potential and the attributes needed for success in life.
Touchpoints Individual Level Training	Brazelton Touchpoints Individual Level Training is an evidence-based approach for building strong family-child relationships from birth through the earliest years, laying the foundation for children's early learning and development. The training provides a practical, preventive approach that supports professionals in establishing strength-based partnerships with families.
Newborn Observation Training	The Newborn Behavioral Observations (NBO) system is a clinical relationship-building tool, designed for pediatricians, nurses, infant mental health specialists, early intervention providers, home visitors and other allied health professionals, to help parents understand their baby's language

Prior Assessment Materials

Project LAUNCH External Workforce Development: Year 4	
Compassion Fatigue: Understanding How Loving People Through Their Hard Stuff Can Impact You	LAUNCH sponsored trauma-informed care expert, Stacy York, to speak to the CSKT community, regarding service providers' vulnerability to compassion fatigue and strategies for keeping yourself and your staff healthy and able to cope with the hard stuff that they experience in their work with families.
School-Age Touchpoints Individual Level Training	The Touchpoints School-Age Individual Level training applies the Touchpoints model and approach for the engagement to families with school-aged children. The model supports the formation of strengths-based partnerships with families.
Core Concepts	Over the course of Year 4, the LAUNCH team offered four sessions of the Core Concepts Training Series, involving a set of four videos, and facilitated discussion sessions. The series focuses on the neurodevelopmental impact of adverse childhood experiences, and how to build healthier communities grounded in an understanding of the systems that affect traumatized and maltreated children.
StoryMakers Workshop	LAUNCH collaborated with five organizations in support of a workshop for community members designed to support of Supporting Social & Emotional Learning at Home. Hope Mountain shared information about Social and Emotional books and strategies for reading and discussion.
External Workforce Development: Year 3	
Touchpoints Reflective Supervision and Coaching	Touchpoints Reflective Supervision and Coaching was designed for supervisors and mentors who have completed training in the Touchpoints Approach and have the opportunity to support other providers as they are learning to integrate the approach in practice.
Tribal PIR Day (Resilience and Self Care)	This year, the LAUNCH team presented at two different sessions for PIR Day. One session was focused on the film Resilience and offered a facilitated discussion of how to introduce trauma-informed care into schools and classrooms. The other session was focused on the importance of self-care and strategies to manage stressful situations.
Family Connections Training	Family Connections is a preventive, system-wide model of mental health consultation. The model is aimed at building capacity for providers by equipping early childhood professionals with proper knowledge and resources to engage parents and their young children, especially those who may suffer from depression or adversity. The mental health consultation model promotes building relationships and supporting positive communication.
Core Concepts	Over the course of Year 3, the LAUNCH team offered six monthly sessions of the Core Concepts Training Series. The series focused on the neurodevelopmental impact of adverse childhood experiences, and how to build healthier communities.
Touchpoints Individual Level Training	Brazelton Touchpoints Individual Level Training is an evidence-based approach for building strong family-child relationships from birth through the earliest years.
Celebrating 15 Years of Touchpoints Reunion	The Touchpoints Reunion focused on bringing together CSKT community members that have been trained in Touchpoints over the last fifteen years.
2016 MEA Conference	Presented to a group of 155 participants. Discussed the Neurosequential Model, which is a neuro-developmentally-informed, biologically respectful perspective to help educators better understand student behavior and performance.

Key Data Sources

Montana Board of Crime Control
Montana Department of Commerce, Census and Economic Information Center
Montana Department of Public Health and Human Services
Montana Department of Public Instruction
Montana Public Health Information System
Youth Risk Behavior Survey
National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS)
United States Census Bureau Population Projections
United States Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program
Feed America
March of Dimes
United Health Foundation
Kaiser Foundation
County Health Rankings
American Community Survey-Census
U.S. Census
Trust for America's Health
Early Childhood Services Assessment
YAROH Community Profile and Needs Analysis
Coordinated Community Response
Home Visiting Needs Assessment
State of Montana Best Beginnings
Tribal Early Learning Initiative
CSKT Annual Reports
Lake County Government
CSKT Web page
Lake County Web page
Salish Kootenai College
St. Joseph Assessment
Lake County Health Assessment
Char-Koosta News
The Valley Journal
The Lake County Leader
The Missoulian
The Beacon
Flathead Reservation Schools-Reports & Records
Kids Count
Department of Housing and Urban Development
Bureau of Labor Statistics
UM Business and Economic Research



Flathead Reservation & Lake County Resource List

Addiction Treatment Help Line – 877-887-5016
Addiction Support-Never Alone Program-aevans@narssmontana.org
Adult Protective Services, Polson: 883-7841
Alcoholics Anonymous, 883-6664 888-607-2000
Alzheimer’s (National) Information & Referral: 800-272-3900
Alzheimer’s Support Group-270-1212 or 676-2367
American Cancer Society: 800-422-6237
American Legion 406-883-8912
Brain Injury Alliance of Mt.: 800-241-6442
Cheerful Heart Inc., Polson – non-medical volunteer help for cancer patients: 883-3070
Citizen’s Advocate in Helena: 800-332-2272
Compulsive Gamblers Hot-Line: 800-522-4700
Community Action Partnership of NW Mt, (Fuel Assistance) 883-3470 or 752-6565
Community Food Banks
 Mission Valley Food Pantry – 406-745-5484
 Ronan Bread Basket – 406-676-4357
 Polson Loaves and Fish Pantry – 406-883-5855
CSKT Commodity Office – 406-745-4115
CSKT General Assistance (tribal service) – 406-675-2700
Disabled American Veterans-406-883-5686
Domestic Violence Services-Lake Count and Flathead Reservation, SAFE Harbor: 676-0800 or 883-3350
Domestic Violence Support-CSKT Victim Assistance Program 675-2700
Domestic Abuse National Hotline: 800-799-7233
Drug Abuse Hotline (24 hrs) – 800-311-3069
Experience Works: 543-2300
Eye/Low vision –glasses recycle—Lions Club of MT: 800-601-5004
Eye/low vision – Older Blind Program, Missoula: 329-5400
Flathead Reservation Extension Office: 275-2700
Hearing Center, St Luke’s, Ronan: 528-5234
Heart Association (Lake County): 883-4771
Helping Hands: 883-8256
Hospital-St. Luke Healthcare– 406-676-4441
Hospital-St. Joseph Healthcare–406-883-5377
Hospital-Kalispell Regional Polson Center-
Lake County Attorney – 406-883-7245
Lake County & Ronan Housing Authority: 676-5901 676-5900
Lake County Clerk of Court: 883-7254 or 883-7256
Lake County Council on Aging 676-2367
Lake County Extension Office: 676-4271
Lake County Health Department – 406-883-7288
Lake County Job Service 883-7880
Lake County Office of Public Assistance: 883-7820
Lake County Motor Vehicle Department 883-7217
Lake County Public Defender’s Office-406-883-6080 Region 1 Office – 406-751-6080

Lake County Sheriff – 406-883-7279
Lake County Transportation Advisory Committee: 327-8707
Legal Services-Seniors-(questions): 800-551-3191 or 883-7284
Library-North Lake County-Polson-406-883-8225
Library-Ronan Public Library-406-676-3682
Library-Jocko Valley-Arlee-406-726-
Medicare Fraud reporting line, SMP Program: 800-551-3191 or 883-7284
Medicare Information: 800-633-4227
Mental Health America of Montana – 406-587-7774
Mental Health Services-Children-Alta-Care
Mission Mountain Enterprises: 676-2563
Montana 211 (information variety of services /volunteering) – Dial 211 or 406-752-8181
Montana Addictive and Mental Disorders Division (Adult Mental Illness) – 406-444-3964
Montana Board of Housing: 841-2840
Montana Brain Injury Alliance Help Line – 1-800-241-6442
Montana Child and Family Ombudsman – 844-252-4453
Montana Children’s Mental Health Bureau – 406-444-4545
Montana Consumer Protection Office: 800-481-6896
Montana Dept. of Commerce: 800-761-6264
Montana Disability Rights– 800-245-4743
Montana Fair Housing: 800-929-2611
Montana Health Insurance Assistance Program (SHIP): 883-7284
Montana Offices of Public Assistance (locations for each county) – 406-883-7820
Montana Supplemental Nutrition Assistance Program (SNAP) – 406-883-7820
Montana Temporary Assistance for Needy Family (TANF)– 406-883-7820
Healthy Montana Kids Health Coverage – 1-877-543-7669
Montana Mental Health Services Plan – 406-444-9330
Montana Mental Health Ombudsman (help navigating system) – 888-444-9669
Montana Legal Services Association, Missoula: 800-666-6899 or 543-8343 800-666-6124
Montana Medicaid – 406-883-7820 Medicaid Help Line – 800-362-8312
Montana Veterans Affairs: 542-2501
Montech (Technology Related Assist. Program for those with disabilities): 243-5751
Montana Vocational Rehabilitation – 888-279-7531 877-296-1757
Montana Warm Line (general mental health support line) – 877-688-3377
Narcotics Anonymous
NAMI Montana (support, education and advocacy) – 406-443-7871
NARCS Anonymous: 800-990-6262
National Health Information: 240-453-8280
Social Security-National Toll Free: 800-772-1213
-For residents north of Polson, Kalispell: 888-487-0150
-For residents in Polson and south, Missoula: 866-931-9029
Montana State Health Insurance Assistance Program (SHIP): 800-551-3191 or 883-7284
Montana State Insurance Commission; 800-332-6148
Summit Independent Living Center, Inc. (Assists people w/ disabilities)
Missoula: 728-1630 or 800-398-9002
Ronan: 215-1604 or 866-230-6936 406-676-0190

National Suicide Prevention Line – 800-273-8255
Northwest Behavioral Health – 844-2890
Police Department-Non-Emergency-Polson-406-883-7301
Police Department-Ronan-Non-Emergency
Police Department-St. Ignatius-Non-Emergency-406-745-3881
Salish Kootenai College-
Salish Kootenai Housing Authority – 406-657-4491
Salish Kootenai Transitional Living Center – 406-675-3003
Social Security Administration – 800-772-1213
Sunburst Mental Health Service – 406-883-4061
Transportation-Disabled American Veterans Van – 406-363-8396
Transportation-Flathead Transit (serving all residents of Flathead Reservation): 675-2700 ext 1030 or 1360
Transportation-Lake County Council on Aging (bus or medi-car), Ronan: 676-2368
Transportation-Medi Cab Center (Medicaid approved) between 7 am & 7 pm Mon-Fri: 800-292-7114
Transportation-Polson Sr. Citizens: 883-4735
Transportation-South Lake Taxi: 883-9220
Transportation Veteran’s Program 406-207-1496
Transportation Veteran’s Network: 800-332-6625
Tribal Health Addiction & Treatment: 745-3525
Tribal Nutrition & Commodity Programs, St. Ignatius: 275-2700 ext 1063
Tribal Voc. Rehabilitation. Director/Cash Assistance. Case. Mgmt.: 275-2700 ext 1038
Veteran’s Center Help Line – 1-877-927-8387
Veterans Administration-general information: 800-827-1000
Veterans Administration-Fort Harrison, Helena: 406-442-6410
Veterans Family Assistance Centers– 877-706-7598
VFW Post 2986-Polson
VFW Post 5652 of Ronan—transportation: 676-5652
Working Innovations 883-6717 or 883-6718

“People need to be taught that it is okay to express feelings and values and opinions. And to say I love you. Just to be okay with expression.”

