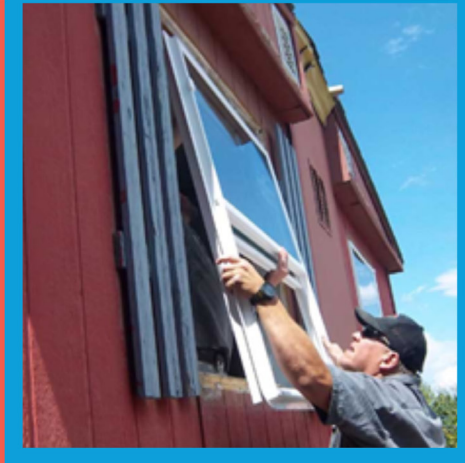




Opportunities, Inc.

Helping People, Changing Lives

Community Needs Assessment 2025





This community needs assessment was conducted by JG Research and Evaluation in partnership with Opportunities, Inc.

Genevieve Cox, Raven Stroud, Steven Fuller, Carol Hardy, Lisa Curry, Erik Straight, and Brianna Bogad

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Introduction

This community needs assessment (CNA) was conducted by JG Research and Evaluation (JG) to meet the Community Services Block Grant (CSBG) program requirements and inform Opportunities, Inc. (Human Resources Development Council, District 5) of documented community needs in the six-county service area of Opportunities, Inc. These counties include Cascade, Chouteau, Glacier, Pondera, Teton, and Toole. The results of this CNA will help ensure the agency's services match the needs of people with low incomes and identify gaps in current services as the agency plans for future programs and community engagement. The CNA includes recommendations on how to develop or modify programs for individuals and families with low incomes in the community, especially in high priority areas of need, including those needs that are growing.

This introduction provides a short overview of Opportunities, Inc., describes how this CNA meets CSBG program requirements, and then explains the goals of the needs assessment. This description is followed by an Executive Summary of findings. After the Executive Summary, Section 1 of this assessment provides a description of the demographics of the population in the service area of Opportunities, Inc. while identifying areas of need by presenting secondary data from sources such as the United States (U.S.) Census Bureau, the U.S. Department of Labor, and the Centers for Disease Control and Prevention (CDC). Patterns, themes, and trends are discussed in the subject areas of demographics, food security, housing, educational attainment, crime statistics, community assets/environment, and community health. Section 2 reports the findings from a community-wide survey of the six-county service area of Opportunities, Inc. Section 3 provides a more in-depth discussion of Opportunities, Inc. programs, partnerships, and community engagement strategies while reporting on outcomes, indicators, and measures of Opportunities, Inc. program participants. Section 3 concludes by presenting the findings of focus groups with program participants.

This CNA also includes a separate section (Section 4) that builds from other sections of this CNA and focuses solely on Head Start and Early Head Start. Head Start programs are high-quality early childhood education programs offered by Opportunities, Inc. in seven locations across four counties including Great Falls (Cascade County), Conrad (Pondera County), Shelby (Toole County), and Cut Bank (Glacier County). The program offers full day services for families that are working or going to school full-time and a part day, four-hour option.

The CNA ends with a discussion on emerging community needs in Section 5, and recommendations for how Opportunities, Inc. can strengthen efforts to support the residents of the six-county service area.



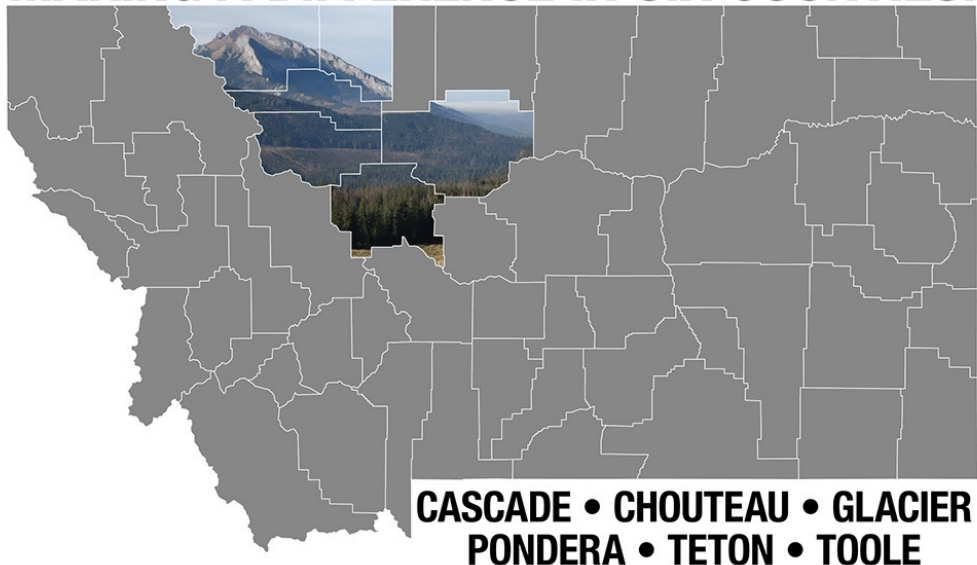
Opportunities, Inc.

Helping People, Changing Lives

Opportunities, Inc., has been a pillar of support in north central Montana since 1965 and has a distinguished history of helping individuals and families improve resiliency and achieve lasting upward economic mobility. As a Community Action Agency (CAA), it services vulnerable individuals and families across Cascade, Chouteau, Glacier, Pondera, Teton, and Toole Counties with administrative offices in Great Falls and sites in Great Falls, Conrad, Cut Bank, and Shelby. The agency focuses on providing integrated services including housing, energy assistance, early childhood education, workforce development, and emergency support.

Figure 1. Opportunities, Inc. counties in service area

MAKING A DIFFERENCE IN SIX COUNTIES:



Opportunities, Inc. strives for excellence, impact, and meaningful change in the lives of those it serves, drawing on its foundational elements (mission statement, value statement, and core principles) and a comprehensive CNA to guide strategic planning and goal setting. This strong focus ensures that strategic initiatives remain aligned with the agency’s broader purpose while reaffirming commitment to the values and principles that shape its identity and direction.

Opportunities, Inc. administers more than 25 core programs funded through a diverse portfolio

of over 40 federal, state, private, and community sources including the U.S. Department of Health and Human Services, U.S. Department of Housing and Urban Development (HUD), U.S. Department of Labor, and local utility partners. Programs implemented by Opportunities, Inc. include Head Start and Early Head Start, HUD housing programs, weatherization and Energy Share Montana, the Low Income Home Energy Assistance Program and Low Income Household Water Assistance Program, Workforce Innovation and Opportunity Act, emergency food and shelter program, Temporary Assistance for Needy Families (TANF)/Pathways, emergency solutions grant, partnership for success, Frequent Users of System Engagement (FUSE), Community Resource Centers (CRCs), HELP-Link, and emergency rental assistance. In 2023 alone, the agency delivered comprehensive services to 10,679 individuals across 5,147 households in its six-county service area in north central Montana. In 2024, Opportunities, Inc. served 11,591 individuals and 6,095 households. As of 2025, the agency employs 135 staff.





Opportunities, Inc.

Helping People. Changing Lives.

905 1st Avenue North Great Falls, MT 59401 • Ph: 406.761.0310 • Fax: 406.761.0363

October 22, 2025

Dear Community Members, Partners, and Stakeholders,

It is my privilege to present the Community Needs Assessment for Opportunities, Inc. This report is more than a collection of information and data. It is a guide that allows us to listen carefully to the voices of our communities and to shape our planning in ways that reflect both the challenges and the strengths of the people we serve.

The assessment process is central to how we chart our direction as an agency. By understanding the needs of families, individuals, and communities across our service area, we are able to refine our programs, strengthen our partnerships, and set goals that are grounded in the realities of daily life for those who turn to us for support. This process ensures that our mission and values are not just words, but living commitments that inform every decision we make.

Opportunities, Inc. has a long history of providing services that open doors to stability and opportunity. From early childhood education to housing support, from workforce development to emergency services, our programs are built on the belief that every person deserves the chance to thrive. The Community Needs Assessment helps us remain responsive to changing conditions while staying focused on long term impact.

I want to thank all who contributed to this effort, including community partners, participants, and staff members. Your input and insight are invaluable. This report reflects our shared responsibility to look honestly at where we are and to envision the direction of our future.

With gratitude,

Karla Seaman
Executive Director
Opportunities, Inc.

The Promise of Community Action

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.

CSBG requirements



CNAs are conducted to inform CAAs of the documented community needs within the service area of their agency. The CNA must meet standards and criteria laid out by the CSBG requirements. The table below lists the CSBG standards directly related to the creation of a CNA and other standards to consider when writing a CNA. The types of data (i.e., primary, secondary, administrative) are described after the table.

Table i. CSBG standards

CSBG standard		Strategy to meet standard
1.2	The organization analyzes information collected directly from low-income individuals as part of the CNA. Data can be collected through a variety of ways, including focus groups, interviews, community forums, and customer satisfaction survey data provided by the agency.	Primary data collection and analysis including surveys and a focus group Secondary data collection and analysis
2.2	The organization utilizes information gathered from key sectors of the community in assessing needs and resources during the community assessment process. These sectors would include community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.	Primary, secondary, and agency administrative data collection and analysis Members of sectors included in a focus group Statewide survey sent to representatives of sectors during survey dissemination
2.3	The organization communicates its activities and results to the community.	Presentation to board of directors and/or other community participants
3.2	As part of the CNA, the organization collects and includes current data specific to poverty related to gender, age, race/ethnicity, and other trackable indicators used in previous assessments for the service area.	Primary and secondary data collection and analysis
3.3	The organization collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the CNA. These findings will be a vital component of the analysis section of the assessment.	Primary and secondary data collection and analysis
3.4	The CNA includes key findings on the causes and conditions of poverty and the needs of individuals and families living in the communities assessed in the six-county service area.	Primary, secondary, and agency administrative data collection and analysis Describe needs at the individual/family, community, and agency level
3.5	The tripartite board/advisory body formally accepts the complete community assessment.	CNA findings accepted by board of directors

CSBG standard		Strategy to meet standard
Other CSBG standards to consider		
1.1	The department demonstrates low-income individuals' participation in its activities.	Include agency administrative data on low-income participation within the CNA to track over time
2.4	The department documents the number of volunteers and hours mobilized in support of its activities.	Include agency administrative data on volunteer hours within the CNA to track over time
6.4	Customer satisfaction data and customer input, collected as part of the CNA, is included in the strategic planning process, or comparable planning process	Administrative client satisfaction data included within CNA
Checklist for monitoring community needs assessments for State CSBG offices specific necessary indicators to include in CNA		
3.2	Poverty and gender	Secondary data
3.2	Poverty and age	Secondary data
3.2	Poverty and race/ethnicity	Secondary data
3.2	Description of geographic location (i.e., counties and municipalities)	Primary and secondary data

Types of data to meet CSBG standard

Primary data

- Data collected for a specific project and designed for understanding the problem (or question) at hand (e.g., surveys, interviews, focus groups)
- **Family/individual level** (e.g., “I do not have access to a good paying job”)
- **Community level** (e.g., “the community lacks good paying jobs”), and
- **Agency level** (e.g., “the agency does not have programs or resources directed at job training for available good paying jobs in the community”)

Secondary data

- Data collected by someone else (e.g., using existing data generated by large government institutions or healthcare facilities)
- **Community level**

Administrative data

- Data collected by the CAA during organizational activities
- **Agency level** and sometimes family/individual and community level

Goals for the CNA

- Conduct a local assessment of needs within the service area of Opportunities, Inc. by compiling primary, administrative, and secondary data to portray characteristics of county residents and agency program participants.
- Collect and analyze secondary data by researching national, state, and local data sets that document the characteristics and needs of residents in the Montana counties of Cascade, Choteau, Glacier, Pondera, Teton, and Toole.
- Collect and analyze primary and administrative data, including a community-wide survey of the counties within the service area of Opportunities, Inc. collected during the first statewide triennial CNA, client satisfaction and feedback data, a focus group of program providers, and reported program outcome data of agency program partners and their participants to understand perceptions of agency activity impacts.
- Utilize program participant outcome measures from existing administrative reports and a focus group with program providers to understand outcomes and perspectives of agency activities among those who participate in agency programs.
- Complete a Head Start-specific CNA to meet Head Start Program Performance Standards.¹
- Collect and present secondary data indicators specific to Head Start. Present findings from a Head Start-specific survey of families who have participated or currently are participating in Early Head Start and Head Start programs within the service area of Opportunities, Inc.
- Facilitate an analysis process that identifies priority areas of needs for those in the agency service area and informs recommendations.

¹Office of Head Start. (2024). Head Start Program Performance Standards, Program Operations, Eligibility, Recruitment, Selection, Enrollment, and Attendance, 45 CFR §1302.11(b). U.S. Department of Health and Human Services, Administration for Children and Families. <https://headstart.gov/policy/45-cfr-chap-xiii/1302-11-determining-community-strengths-needs-resources>

Executive Summary

Section 1

The six-county service area of Opportunities, Inc. includes 121,533² people, which has increased slightly since 2010 (118,089³) and has an average population density of only eight people per square mile.⁴ The population of each of the counties is 84,601 (Cascade); 5,888 (Chouteau); 13,713 (Glacier); 6,012 (Pondera); 6,291 (Teton); and 5,028 (Toole).⁵ The service area also includes portions of the Blackfeet Indian Reservation and Rocky Boy's Indian Reservation.

The six-county service area is 49.06% female and 50.9% male. The highest median age, by county, is Teton at 43.0 years, which is higher than the median age in Montana overall, which is 40.2. The lowest median age, which is 38.3 and below the national average of 38.7, is in the most urban county, Cascade. The service area population is 78.38% White, 1.14% Black or African American, 0.96% Asian, 11.61% Native American or Alaska Native, 1.49% "Some other race," and 6.39% "Multiple races."⁶ The percentage of the population that are veterans is 11.82% in the service area versus 9.43% in Montana and 6.44% in the United States (U.S.).

The average median household income for the entire service area of Opportunities, Inc. is \$57,703, lower than the median household income in Montana (\$69,922).⁷ The household median incomes for each of the counties in the service area (Cascade \$66,203; Chouteau \$59,927; Glacier \$45,129; Pondera \$53,500; Teton \$67,766; Toole \$53,693) are also lower than Montana (\$69,922) and the U.S. (\$78,538).⁸ The percentage of the population living below 100% of the Federal Poverty Line (FPL) in the Opportunities, Inc. service area is 15.42%. However, the poverty rate in the service area differs widely by county and ranges from 30.29% in Glacier County to a low of 10.46% in Teton County compared to Montana (12.05%) and the U.S. (12.44%). Over 19% of children in the overall Opportunities, Inc. service area are below FPL. Poverty rates differ by race and ethnicity including White (11.7%), Black or African American (11.4%), American Indian or Alaska Native (37.8%), Asian (24.6%), Native Hawaiian or Pacific Islander (60%), "Some other race" (29%), and "Multiple races" (17.1%).⁹

For each county in the service area, the percentage of the population that is uninsured is 6.73% in Cascade, 5.88% in Chouteau, 29.28% in Glacier, 7.65% in Pondera, 5.51% in Pondera, and 7.62% in Toole, compared to 8.44% in Montana. For the service area, 15.77% of the population has a disability, with the highest age group being those ages 65 or over (33.54%).¹⁰ Of the 22,111 total female population ages 15–19, the teen birth rate is 24.5 per 1,000, which is higher than the state's teen birth rate of 16.7 per 1,000. This finding ranges from the lowest teen birth rate in Teton County (11.5) to the highest teen birth rate in Glacier County (40.3).¹¹

2 American Community Survey (2019–2023)

3 U.S. Census Bureau (2010)

4 American Community Survey (2019–2023)

5 American Community Survey (2019–2023)

6 U.S. Census Bureau (2020)

7 American Community Survey (2019–2023)

8 American Community Survey (2019–2023)

9 American Community Survey (2019–2023)

10 American Community Survey (2019–2023)

11 Centers for Disease Control and Prevention (CDC), National Vital Statistics System via County Health Rankings (2014–2020)

The rurality and low population density of most of the Opportunities, Inc. service area can cause problems in access to services and other amenities. For example, access to download speeds greater or equal to 100 megabits per second (Mbps), which is often necessary for virtual meetings and downloading important information or forms, is much lower over the service area (77.61%) than the U.S. average (93.47%). This finding ranges from 6.82% of the households in Toole County to 93.19% of households in Chouteau County.¹² The county with the lowest value owner-occupied homes is Glacier, while the highest median value of owner-occupied units is in Cascade County. Rent is most expensive in Cascade County and least expensive in Chouteau County. Average rents skew higher than median values, with Great Falls monthly average rent closer to \$1,500.¹³

Section 2

Section 2 presents the findings from a statewide CNA survey and focuses on the service area of Opportunities, Inc. Questions covered a range of topics including individual, family, and community needs, access to services, and perceived barriers to participation. After exclusion criteria were applied, the statewide sample was n=3,864, while the survey sample for the service area of Opportunities, Inc. was n=1,141.

Survey respondents ranged in age from 18 to over 80, with a mean age of approximately 39. Most survey respondents (63.8%) live in Cascade County, with Glacier County (14.2%) having the second most survey participants. In the Opportunities, Inc. service area, almost 23% of participants reported household incomes less than \$1,000/month (22.7%, n=259), while about 19% of respondents (n=218) reported \$1001–\$2000/month. Taken together, participants who reported less than \$3,000/month was 53.8% of the survey sample. In other words, over half of the survey respondents were below FPL; 2025 poverty guidelines for all U.S. states except Alaska and Hawaii for a household of four is \$32,150.¹⁴ Cascade County had the highest share of participants reporting \$3000 or less a month (65.6%), followed by Pondera (34.3%), Teton (33.9%), Toole (33.9%), Glacier (31.5%), and Chouteau (31.2%) Counties.

Across the combined counties in the service area of Opportunities, Inc., 41.9% of respondents (n=457) reported working full-time in one or more jobs. Other common employment statuses included working part-time (less than 30 hours) (9.2%, n=100), homemaker or stay-at-home parent (6.0%, n=65), and disabled or on disability (5.2%, n=57). Glacier County had the highest proportion of full-time workers (62.0%, n=98).

For educational attainment, a large share of survey respondents completed high school, their General Educational Development (GED) certificate, or High School Equivalency (HSE) degree (28.9%), and another 15.2% completed some college. Only 1% had never attended high school, 8.2% attended by did not finish, and 10.7% completed a technical degree. Participants that completed a technical, associate, or equivalent two-year degree included those in Cascade (9.6%, n=70), Chouteau (6.2%, n=1), Glacier (14.8%, n=24), Pondera (13.4%, n=9), Teton (13.6%, n=8), and Toole (9.2%, n=10) Counties. About 10.3% earned a four-year college degree, and 6.2% completed a graduate or a professional program. Participants that hold four-year degrees and/or

¹² FCC FABRIC Data. Additional data analysis by CARES. June 2024.

¹³ Zillow. (2025, May 21). Great Falls, MT rental market. <https://www.zillow.com/rental-manager/market-trends/great-falls-mt/>

¹⁴ Office of the Assistant Secretary for Planning and Evaluation. (2025). 2025 poverty guidelines. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/sites/default/files/documents/dd73d4f0d8a819d10b2fdb70d254f7b/detailed-guidelines-2025.pdf>

completed graduate or professional school (16.5% of the service area, n=189), by county included survey respondents in Cascade (11.3%, n=82), Chouteau (62.6%, n=10), Glacier (30.9%, n=50), Pondera (23.9%, n=13), Teton (25.4%, n=15), and Toole (14.6%, n=16).

Most participants reported living in stable housing; 39.5% (n=444) rent their home and 39.3% (n=442) own their home. A smaller but significant portion indicated less secure or shared housing arrangements. These participants included those living with family or friends for free (6.6%, n=74), those living with multiple generations and contributing to bills (1.5%, n=17), and those living with unrelated families in the same home (0.9%, n=10). A total of 3.6% (n=41) reported being unhoused, while an additional 1.2% (n=14) lived in shelters and 1.9% (n=21) lived in their cars. Overall, 1.5% (n=17) reported living in recreation vehicles (RVs), highlighting a range of informal or transitional living situations.

Participants were asked to indicate their level of agreement with a series of statements about resources and support systems in their community, ranging from “strongly disagree” to “strongly agree.” Food access was the highest rated area of support; 71% somewhat or strongly agreed that resources are available for people with enough food. Childcare, however, received less favorable responses. Only 37% somewhat or strongly agreed that childcare is available from families with different income levels.

The top five community needs highlighted by participants included (1) access to substance use disorder services, (2) access to affordable childcare, (3) availability of jobs that pay enough to live on, (4) availability of safe and affordable housing, and (5) access to healthcare. Remarkably, affordable childcare received more total rankings than any other need. **The top one to two individual and family needs by domain** included (1) employment: jobs that pay more or have benefits (53.3%); (2) education and cognitive development: life skills training (25.6%) and early childhood education programs (25.3%); (3) income, infrastructure, and asset-building: help with transportation or car repairs (41.6%); (4) housing: help with rent (48.6%); (5) health/social and behavioral development: food assistance (46.2%) and affordable dental care (45.4%); and (6) civic engagement and community development: safe, walkable neighborhoods with sidewalks and parks (41.5%).

Section 3

Opportunities, Inc., addresses multifaceted challenges faced by families with low incomes through a full spectrum of coordinated programs, including emergency services (i.e., CRCs); energy assistance (i.e., Low Income Home Energy Assistance Program [LIHEAP], Energy Share Montana, weatherization); housing stability (i.e., HUD Housing Voucher Program, Moderate Rehabilitation [Mod Rehab], Veterans Affairs Supportive Housing [VASH]); early childhood education (i.e., Head Start, Early Head Start, Early Head Start Collaborative); and a variety of supportive services such as mental health counseling, food distribution, financial education, and transportation.

Each program works toward its specific objectives and supports holistic, cross-program coordination through case management and internal referrals. This bundling approach ensures clients have access to multiple services as needed, reducing duplication, and enhancing impact. In 2023, for example, 4,739 individuals received utility payment assistance, 2,088 received housing support, and 478 children participated in Head Start and Early Head Start programs.

Overall, thousands of families and individuals have been assisted by Opportunities, Inc. services. In 2021, the agency served 9,207 individuals and 4,363 households. In 2022, the agency served 9,803 individuals and 4,682 households. In 2023, the agency served 10,679 individuals and 5,147 households. In 2024, the agency served 11,591 individuals and 6,095 households. In 2024, the agency served 11,591 individuals and 6,095 households.

One interview and a focus group (n=7) were held in May 2025 with program partners from the community. Focus group and interview participants included program directors, case managers, and family advocates from Opportunities, Inc. as well as staff from Alluvion Health, the local YWCA shelter, Great Falls College, and a university faculty member who works on community programs. The participants discussed program components that are working well, challenges families face, and how local services, especially those from Opportunities, Inc. and the Montana Department of Public Health and Human Services (DPHHS) could be improved. Focus group participants' perspectives echoed the findings from the CNA survey. The biggest community and family needs discussed by focus group participants included the lack of affordable childcare, substance misuse, affordable housing, and a living wage that covers necessities such as rent, groceries, and health care.

In summary, Opportunities, Inc. works to provide vulnerable populations in the six-county service area of Cascade, Chouteau, Glacier, Pondera, Teton, and Toole Counties with opportunities to access affordable housing, substance misuse services, education/training/employment services, and affordable childcare, allowing them to work to achieve self-sufficiency.

Section 4

Opportunities, Inc. Head Start provides high-quality comprehensive services for ages 0 to 5 at no cost to qualifying families. The programs are rooted in a whole-child, whole-family model, providing comprehensive services that support children's cognitive, physical, social-emotional, and behavioral development. In 2024, Head Start served 490 children.¹⁵

During the 2023–2024 school year, Early Head Start served 53 families and 52 children experiencing homelessness. Head Start served 34 families experiencing homelessness and 38 children experiencing homelessness. During the 2023–2024 school year, 11 of these families acquired housing during the enrollment year. In the 2023–2024 school year, 68 families were enrolled with incomes at or below 100% FPL. Overall, 121 children were enrolled from families that utilize public assistance such as Supplemental Nutrition Assistance Program (SNAP), and 30 enrolled children were in foster care.¹⁶

In addition to high-quality early childhood education, Early Head Start and Head Start contribute to the health and well-being of children and prenatal women. In 2023, 99% of enrolled children and prenatal women were up to date with preventative and primary health care, 99% of enrolled children and prenatal women were up to date on preventative and primary dental care or received preventative treatment, and 99% of enrolled children were up to date on all immunizations appropriate for their age Opportunities, Inc. Head Start facilities family services. For example, in 2023, the combined number of families that received emergency crisis intervention services for Early Head Start and Head Start was 103, the number of families who received mental health

¹⁵ Opportunities, Inc. (2024). Annual report.

¹⁶ Opportunities, Inc. Head Start. (2024). 2023–2024 program information reports for Early Head Start and Head Start.

services was 26, and 436 families received a research-based parenting curriculum.

In a survey of Head Start parents and caregivers (n=202), 96% of participants (n=188) reported they were “very satisfied” (91%) or “somewhat satisfied” (5%) with the overall Head Start experience. Participants shared comments such as, “Love the program and everyone who works with my child,” and “I’m very grateful for Head start, that my child has [the] opportunity to learn and grow more!”

Section 5

Emerging needs and recommendations are grounded in the top identified community and individual/family level needs from the CNA survey and other data from previous sections. The most common needs in the service area of Opportunities, Inc., as identified through survey responses, focus group discussions, and community-level data, include higher paying jobs with benefits (third in community-level needs), with 53.3% of participants citing this response as a family/individual-level need; affordable housing (fourth in community-level needs), with 48.6% of participants citing this response as a family/individual-level need; affordable childcare (second in community-level needs), cited as the most important need in the focus group; early childhood education or childcare (25.3% of participants citing this response as a family/individual-level need); and access to substance use disorder services (cited as the first community-level need in the survey). These needs align closely with the top priorities identified by Opportunities, Inc. during the 2024–2029 Strategic Planning process.

Given the data presented in all sections of this CNA, three main recommendations emerge, including:

1. Expand access to employment and training programs

- Multiple studies have noted a correlation between education and income later in life. For example, individuals with higher levels of education are less likely to be unemployed¹⁷ and earn much higher wages than those with lower levels of education.¹⁸ The strong association between income and education holds for those within the Opportunities, Inc. service area. In the service area of Opportunities, Inc., 56% of participants who hold a technical, associate, or two-year degree are above the poverty threshold, versus about 20% of participants with less education. These findings, including the identified needs in the survey, provide a strong argument for expanding access to employment and training programs.

2. Increase access to Head Start programs and childcare

- Survey participants highlighted that they would like programs that help them meet their educational goals, such as life skills training and GED classes. However, participants also highlighted that they would like more programs that support their goals by providing childcare. For example, one participant wrote that they need help “finding a job that is M–F with available daycare needs.” In other words,

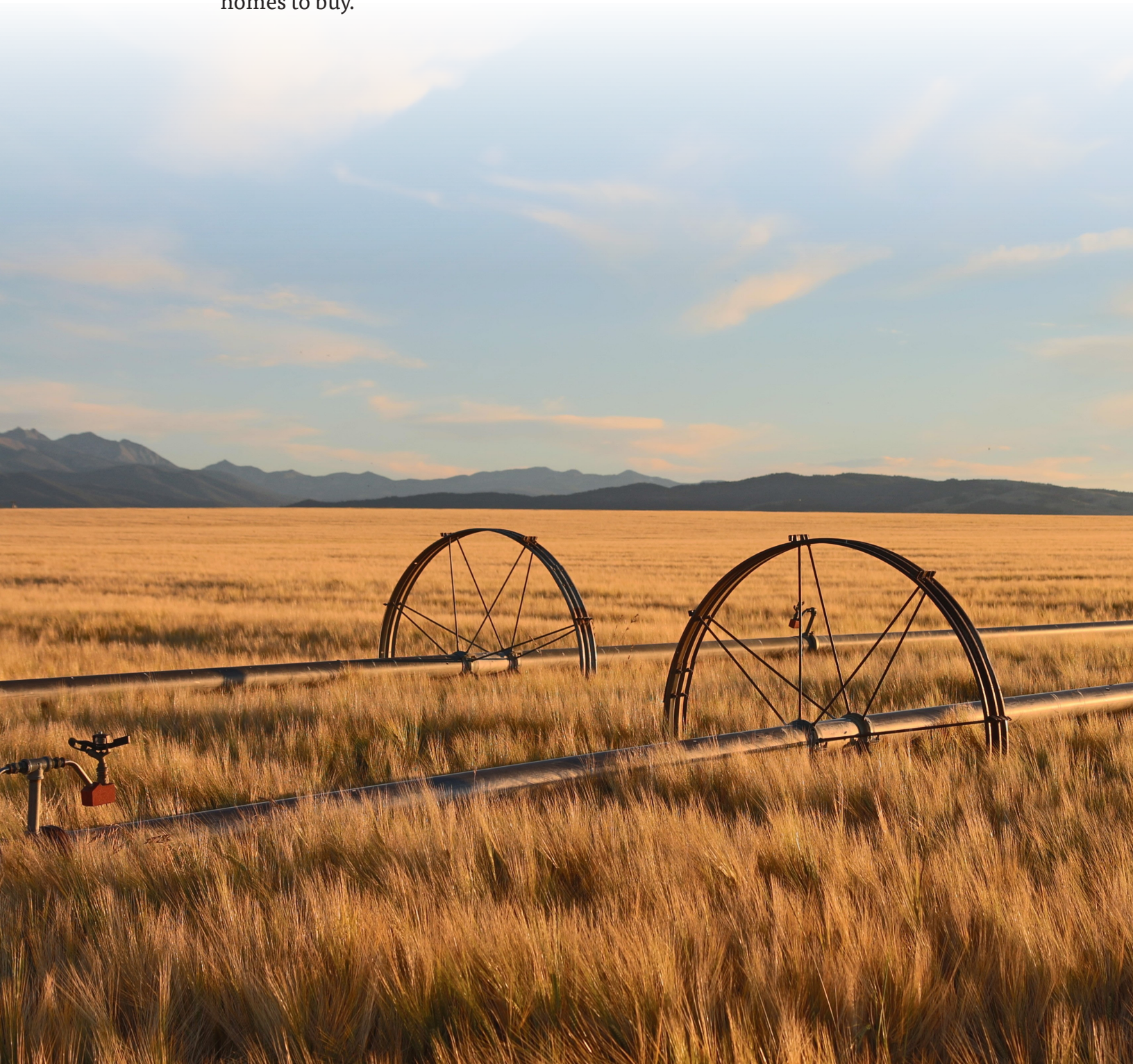
¹⁷ Bureau of Labor Statistics. (2023). Employment projections. U.S. Department of Labor, Bureau of Labor Statistics. <https://www.bls.gov/emp/chart-unemployment-earnings-education.htm>

¹⁸ Social Security Administration. (2015). Education and lifetime earnings. <https://www.ssa.gov/policy/docs/research-summaries/education-earnings.html>

findings show overlap between employment, education, and help with childcare for participants. Head Start programs help families defer the high cost of childcare while offering high-quality education. Increasing the availability of these programs and offering additional childcare would assist families in the service area achieve educational and occupational goals.

3. Continue to focus on access to safe and affordable housing

- In the service area of Opportunities, Inc., 36.82% of all rental households are cost-burdened.¹⁹ In the CNA survey, 71% of respondents in the service area disagreed that there are affordable places to rent, and 67% disagreed that there are affordable homes to buy.



Section 1: Opportunities, Inc. Service Area Overview and County Profiles

Section 1 of the CNA focuses on providing a demographic overview of the six-county service area of Opportunities, Inc., including the community environment and assets, sex, age, educational attainment, race, ethnicity, household composition, poverty, income, food security, housing, and measures of community health. The section begins with an overview of the service area region and then presents a focused profile of each individual county. The demographic section relies on United States (U.S.) Census data from 2020 and American Community Survey five-year estimates data from 2019–2023 and one-year estimates from 2022 to provide the most comprehensive overall findings. Slight differences in estimates in some cases reflect the different data sources and years.

About Cascade, Chouteau, Glacier, Pondera, Teton, and Toole Counties

Service area, community environment, and assets

The service area of Opportunities, Inc. encompasses a diverse cultural and environmental landscape, including the Blackfeet Indian Reservation, the “Electric City” of Great Falls, the Missouri River, and the mountains of Glacier National Park. Malmstrom Air Force Base in Great Falls plays a vital role in the region, with a large, young, and well-educated workforce supporting the intercontinental ballistic missile base.

Spanning 15,476.92 square miles, the Opportunities, Inc. service area is larger than the combined land area of the four smallest states in the U.S. (i.e., Rhode Island, Delaware, Connecticut, Hawaii). Alternatively, the total population of the six-county service area is 121,533 square miles, with an average population density of only eight people per square mile. Cascade County—home to Great Falls, the most populous city in the service area—has an average population density of 31 people per square mile, while Chouteau County, the least populated county in the service area, has a population density of only one person per square mile. Much of the Blackfeet Indian Reservation and part of the Rocky Boy’s Indian Reservation are also included within the Opportunities, Inc. service area. Overall, the service area of Opportunities, Inc. is largely rural, with the city of Great Falls being the primary population center. The map below shows the six counties in Montana with their corresponding total population and population densities.

Figure 2. Opportunities, Inc. service area²⁰

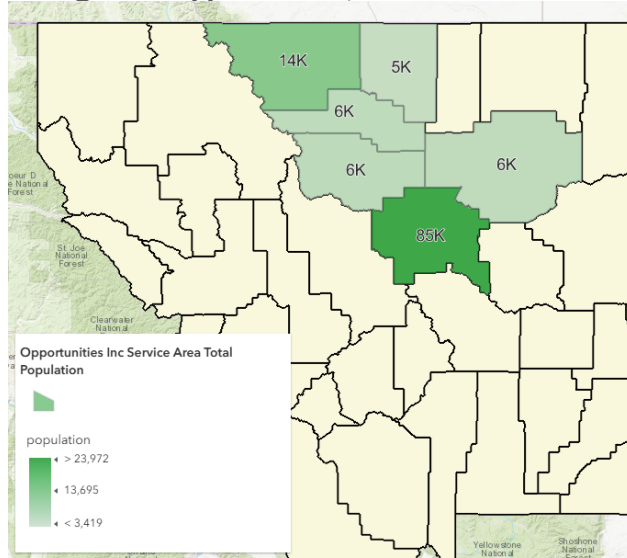


Table 1. Opportunities, Inc. service area population estimates²¹

Service area	Total population	Total land area (square miles)	Population density (per square mile)
Total service area	121,533	15,476.92	8
Cascade	84,601	2,698.21	31
Chouteau	5,888	3,972.52	1
Glacier	13,713	2,995.15	5
Pondera	6,012	624.57	4
Teton	6,291	2,271.62	3
Toole	5,028	1,914.86	3
Montana	1,105,072	145,550.17	8
U.S.	332,387,540	3,533,298.58	94

Between 2010 and 2022, no counties in the service area had a population change as significant as Montana overall (9.58%). The biggest changes have been the population decline in Toole (-6.63%) and Pondera (-4.16%) Counties. Table 2 shows the populations of the six-county service area from 2010–2023.

²⁰ U.S. Census Bureau (2020)

²¹ American Community Survey (2019–2023)

Table 2. Service area population change (2010–2023)²²

Service area	Population estimates (2023)	Population, census (2020)	Population, census (2010)
Cascade	84,601	84,414	81,326
Chouteau	5,888	5,895	5,813
Glacier	13,713	13,788	13,399
Pondera	6,012	5,898	6,154
Teton	6,291	6,226	6,073
Toole	5,028	4,971	5,324
Total	121,533	121,182	118,089

As shown in the table above, of the counties in the Opportunities, Inc. service area, the population of Cascade County has increased the most (3.80%), primarily due to growth in the city of Great Falls. This is reflective of the rapid growth in other urban areas in Montana, such as Missoula and Bozeman. Table 3 shows the five Montana cities which grew the most in the last decade.

Table 3. Montana city and town population growth 2010–2020²³

City	2020 population	Change from 2010	Percent change from 2010
Bozeman	53,293	+16,013	+43%
Billings	117,116	+12,946	+12%
Missoula	73,489	+6,701	+10%
Kalispell	24,558	+4,631	+23%
Helena	32,091	+3,901	+14%

Great Falls had the greatest growth in recent years but has not matched the growth rate of Montana’s other urban centers, indicating room for development. The low voter participation rates in the Opportunities, Inc. service area suggest low community engagement. Apart from Teton County, whose voter participation rate (75.8%) is above the national average (63.8%) and the Montana average (70.1%), voter participation in all other counties in the service area are below the national average, with Toole at the lowest (51.9%).

The rurality and low population density of most of the Opportunities, Inc. service area can cause challenges in access to the internet and transportation. Table 4 indicates access to broadband internet and households with computers for the Opportunities, Inc. service area and compares these findings with Montana and the U.S.

²² U.S. Census Bureau (2020)

²³ Dietrich, E. (2021, August 12). Census releases detailed 2020 counts—with an asterisk. Montana Free Press. <https://montanafreepress.org/2021/08/12/census-releases-detailed-montana-population-data/#:~:text=Montana's%20largest%20city%2C%20Billings%2C%20also,new%20population%20of%20approximately%2073%2C000.&text=Unncorporated%20towns%20omitted>.

Table 4. Internet and computer access²⁴

Service area	Total number of broadband serviceable locations	Access to download (DL) speeds >= 25 megabits per second (Mbps) and upload (UL) speeds >= 3 Mbps, percent	Access to DL speeds >= 100 Mbps and UL speeds >= 20 Mbps, percent	Households with no computer, percent
Total service area	50,164	91.38%	77.61%	7.78%
Cascade	32,274	39.68%	77.61%	6.90%
Chouteau	3,614	93.22%	93.19%	13.70%
Glacier	5,074	79.90%	57.25%	9.85%
Pondera	2,984	82.51%	36.36%	12.10%
Teton	3,507	92.96%	89.22%	9.09%
Toole	2,711	97.78%	6.82%	5.49%
Montana	485,838	86.38%	73.38%	6.09%
U.S.	111,631,317	95.6%	93.47%	5.20%

As shown in the table, the percentage of households with no computer is higher in every county in the Opportunities, Inc. service area than the U.S. Overall, households in the service area have slower internet speeds than the overall U.S..

Transportation is another issue for the rural counties in the Opportunities, Inc. service area. However, despite the rural demographics of the service area, the percentage of the population that commutes to work for over 60 minutes each direction is below the U.S. average (8.74%) in all counties, and the average across the service area (4.06%) is below the Montana average (4.81%).

Service area demographics

Table 5 gives an overview of demographics for the six counties in the service area, including age, sex, race, ethnicity, veteran status, foreign-born status, and educational attainment. The sections that follow discuss averages for the service.

²⁴ FCC FABRIC Data (2024)

Table 5. Opportunities, Inc. service area demographics²⁵

	Total service area	Cascade	Chouteau	Glacier	Pondera	Teton	Toole
Age and sex							
Persons under age 5, percent	6.20%	5.94%	6.35%	7.62%	6.45%	6.52%	5.89%
Persons ages 5–17, percent	17.20%	16.52%	16.86%	22.10%	17.03%	18.50%	14.30%
Persons ages 65 and over, percent	18.98%	19.33%	22.47%	12.85%	21.57%	23.18%	17.44%
Median age by years	No data	38.3	42.9	34.2	41.2	43.0	38.8
Female persons, percent	49.67%	40.90%	50.22%	50.89%	49.68%	50.87%	40.14%
Race and Hispanic origin							
White, percent	78.38%	84.68%	78.33%	30.47%	79.34%	92.08%	84.90%
Black or African American only, percent	1.14%	1.46%	0.14%	0.17%	0.03%	0.38%	1.82%
Asian only, percent	0.96%	1.19%	0.12%	0.58%	0.27%	0.00%	0.99%
American Indian or Alaska Native, percent	11.61%	3.52%	16.49%	63.76%	16.50%	2.00%	5.89%
Native Hawaiian or Pacific Islander, percent	0.03%	0.01%	0.00%	0.20%	0.00%	0.00%	0.00%
Two or more races, percent	6.39%	7.44%	4.89%	3.50%	3.46%	4.34%	4.53%
Hispanic or Latino/a, percent	4.37%	5.06%	3.02%	2.76%	2.28%	1.88%	4.32%
Not Hispanic or Latino/a, percent	95.63%	94.94%	96.98%	97.24%	97.72%	98.12%	95.68%
Population characteristics							
Veterans	10,656	8,344	382	674	381	363	512
Foreign-born persons, percent	1.73%	1.94%	1.14%	0.66%	1.68%	0.37%	3.42%
Gender and poverty							
Female population in poverty, percent	16.50%	14.06%	10.52%	32.83%	24.27%	11.59%	14.81%
Male population in poverty, percent	14.36%	12.34%	14.34%	27.65%	21.47%	9.32%	10.16%
Education*							
No high school diploma, percent	7.87%	6.1%	7.7%	14.4%	13.2%	9.1%	13.8%
High school only, percent	31.74%	31.5%	38.4%	30.0%	30.1%	30.2%	35.4%
Bachelor's degree or higher, percent	28.43%	28.8%	22.6%	18.0%	19.5%	25.9%	21.5%
*Education is calculated for persons over age 25 and is an estimated average for the period from 2019 to 2023.							

The six-county service area is 49.06% female and 50.9% male. The highest median age, by county, is Teton at 43.0 years, which is higher than the median age in Montana overall, which is 40.2. The lowest median age (38.3) is in the most urban county, Cascade, and below the national

²⁵ American Community Survey (2019–2023)

average (38.7). The service area population is 78.38% White, 1.14% Black or African American, 0.96% Asian, 11.61% Native American or Alaska Native, 1.49% “Some other race,” and 6.39% “Multiple races.”²⁶ The percentage of the population that are veterans is 11.82% in the service area compared to 9.43% in Montana and 6.44% in the U.S. The foreign-born population in the service area is 1.73% compared to 2.29% in Montana and 13.87% in the U.S. For education, 33.59% of the population ages 3 to 4 are enrolled in a preschool versus 45.57% in the U.S. In the service area, 17.03% have at least a collegebachelor’s degree, while 31.74% stopped their formal educational attainment after high school.²⁷

Families and living arrangements

Table 6 indicates the total number of households in each county, the number of persons per household, the percentage of persons ages 1 and over living in the same household as of one year ago (a method to measure how transient communities are), and the number of households where a language other than English is spoken at home.

Table 6. Opportunities, Inc. service area households²⁸

Families and living arrangements	Cascade	Chouteau	Glacier	Pondera	Teton	Toole
Households, 2019–2023	34,909	2,212	4,174	2,240	2,452	1,823
Persons per household, 2019–2023	2.34	2.61	3.14	2.59	2.43	2.38
Living in same house one year ago, percent of persons ages 1+, 2019–2023	82.9%	90.9%	85.1%	87.1%	89.4%	81.6%
Language other than English spoken at home, percent of persons ages 5+, 2019–2023	3.7%	0.9%	7.9%	10.8%	6.1%	5.6%

Table 7 includes the total number and percentage of households by composition. According to the American Community Survey subject definitions, a family household is any housing unit in which the householder is living with one or more individuals related to them by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals. Family households and married-couple families do not include same-sex married couples. However, same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption.²⁹ The rightmost columns in the table indicate categories of households with children. In some cases, the percentages in the county do not directly add up to 100% because additional types of households are not included, such as households with two parents who are unmarried.

²⁶ U.S. Census Bureau (2020)

²⁷ American Community Survey (2019–2023)

²⁸ U.S. Census Bureau. (2022). QuickFacts. <https://www.census.gov/quickfacts/>; U.S. Census Bureau, Population Estimates Program. (2022). <https://www.census.gov/quickfacts/>; American Community Survey (2019–2023); Data for the total service area not provided by QuickFacts.

²⁹ Description by SparkMap from the University of Wisconsin–Madison

Table 7. Opportunities, Inc. service area total households and households with children³⁰

Service area	Total households	Family households (percent of total)	Non-family households, percent (percent of total)	Married family households, (percent of households with children)	Single-male family households, (percent of households with children)	Single-female family households, (percent of households with children)
Total service area	47,810	61.99%	38.01%	17.70%	3.33%	7.12%
Cascade	34,909	61.09%	38.91%	16.96%	2.98%	7.08%
Chouteau	2,212	63.11%	36.89%	20.84%	2.31%	4.70%
Glacier	4,174	69.02%	30.98%	17.87%	8.58%	14.76%
Pondera	2,240	64.06%	35.94%	19.29%	3.71%	4.33%
Teton	2,452	63.91%	36.09%	22.23%	1.22%	2.49%
Toole	1,823	56.72%	43.28%	19.47%	1.43%	2.96%
Montana	452,683	60.72%	39.28%	17.61%	2.77%	5.10%
U.S.	127,482,865	64.50%	35.50%	19.49%	2.72%	7.42%

Household type is an important indicator to consider when identifying needs in the area, as single-parent households may have a more difficult time meeting their financial obligations with only one income. Female-headed households become an important consideration when considering the wage gap between men and women, where women make less money than men on average even in the same job. Single-parent female-headed households may lead to families requiring more help and assistance from organizations like Opportunities, Inc. to meet their basic needs. Glacier County has the largest percentage of single female-headed family households in the Opportunities, Inc. service area, while Teton County has the lowest.

Service area economic context and poverty

In the service area of Opportunities, Inc., the largest sector by employment size is “retail trade,” which employs 7,617 people in the service area for an average annual salary of \$33,970. The second and third largest sectors by employment size are “accommodation and food services” (average wage of \$25,348) and “finance and insurance” (average wage of \$56,618).³¹

Table 8 shows the percentage of the population in each individual county ages 16 and over in the labor force, the household median income, and the percentage of persons in poverty.

³⁰ American Community Survey (2017–2021)

³¹ U.S. Department of Commerce, Bureau of Economic Analysis. (2022).

Table 8. Opportunities, Inc. service area economy and poverty³²

	Cascade	Chouteau	Glacier	Pondera	Teton	Toole
Economy						
In civilian labor force, total, population ages 16+, percent, 2019–2023	58.7%	55.1%	54.6%	58.0%	59.7%	54.4%
In civilian labor force, female, population ages 16+, percent, 2019–2023	57.0%	49.9%	52.3%	51.4%	52.4%	57.7%
Income and poverty						
Median household income (in 2023 dollars), 2019–2023 ³³	\$66,203	\$59,927	\$45,129	\$53,500	\$67,766	\$53,693
Per capita income in past 12 months (in 2021 dollars), 2017–2021	\$36,561	\$31,977	\$22,604	\$28,921	\$31,793	\$29,977
Persons in poverty, percent	13.19%	12.42%	30.29%	22.85%	10.46%	12.26%

The average median household income for the combined service area of Opportunities, Inc. (not shown in the table) is \$57,703. The five-year American Community Survey estimates include the income of the householder and all other individuals ages 15 and over in the household, whether they are related to the householder or not. The median household income in Montana is \$69,922,³⁴ higher than the average median household income for the Opportunities, Inc. service area (\$57,703). Overall, the household median incomes for each of the counties in the service area (Cascade: \$66,203; Chouteau: \$59,927; Glacier: \$45,129; Pondera: \$53,500; Teton: \$67,766; Toole: \$53,693) are lower than both Montana (\$69,922) and the U.S. (\$78,538).³⁵

Poverty is considered a key driver of health status, as the effects of poverty are wide-ranging. The percentage of the population living below 100% FPL in the Opportunities, Inc. service area is 15.42%. However, the poverty rate in the service area widely differs by county and ranges from 30.29% in Glacier County to a low of 10.46% in Teton County compared to Montana (12.05%) and the U.S. (12.44%). Poverty can be particularly problematic for children.

Children, youth, and families living under the FPL

Poverty creates barriers to accessing healthy food, community health services, and other necessities that can negatively impact development and consequently future life outcomes for children. Thus, measuring overall poverty rates and child poverty remains an important indicator for understanding the need for Opportunities, Inc. programs that are designed to meet these needs for children and families.

³² U.S. Census Bureau, Population Estimates Program (2022); American Community Survey (2019–2023); Data for total service area not provided by QuickFacts.

³³ American Community Survey (2019–2023)

³⁴ American Community Survey (2019–2023)

³⁵ American Community Survey (2019–2023)

Table 9. Opportunities, Inc. service area child poverty³⁶

Service area	Total population	Population under age 18	Population under age 18 in poverty	Population under age 18 in poverty, percent
Total service area	118,014	27,749	5,296	19.09
Cascade	82,185	18,476	3,139	16.99
Chouteau	5,829	1,365	190	13.92
Glacier	13,545	4,002	1,276	31.88
Pondera	5,899	1,376	382	27.76
Teton	6,145	1,518	181	11.92
Toole	4,411	1,012	128	12.65
Montana	1,079,200	229,927	31,816	13.84
U.S.	324,567,147	72,472,636	11,829,878	16.32

Over 19% of children in the overall Opportunities, Inc. service area are below the FPL. However, there are large variations between counties. For example, in Glacier County, 31.88% of children are below the FPL, while only 11.92% are below the FPL in Teton County.

Age and poverty

When looking at poverty rates by different age groupings for the six-county service area, young adults have the highest levels of poverty. Adults ages 18 to 24 have a 21.7% poverty rate, while the overall poverty rate is 18.6%. The poverty rate for adults ages 60 to 74 is much lower at 11.2%, and adults ages 75 and over have the lowest poverty rate of any age group at 10%. The table below shows the poverty rates by age group for each county in the service area and the service area overall.

Table 10. Poverty rate for Opportunities, Inc. service area, by age group in years

Age	Total service area	Cascade	Chouteau	Glacier	Pondera	Teton	Toole
Under 18	18.6%	16.5%	13.9%	31.3%	27.1%	11.5%	12.6%
18-24	21.7%	18.2%	14.3%	42.5%	41.9%	16.6%	6.3%
25-34	14.9%	12.2%	19.8%	28.1%	27.2%	22.5%	7%
35-44	14.6%	10.6%	13.4%	35.6%	27.3%	5.2%	14.9%
45-54	11.9%	11.3%	8.5%	19.6%	21.7%	6.2%	4.5%
55-64	13.1%	11%	10.7%	26.1%	20.1%	8.3%	13.4%
65-74	11.2%	9.9%	9.3%	24.9%	8.1%	8.5%	15.5%
75+	10%	9.8%	6.1%	24.8%	6.8%	5.3%	7.8%
All ages	15.4%	13.2%	12.4%	30.3%	22.9%	10.5%	12.3%

Race, ethnicity, and poverty

Poverty also differs by race and ethnicity. Table 11 shows the population in poverty by race and ethnicity alone.

³⁶ American Community Survey (2019–2023)

Table 11. Population served by Opportunities, Inc. living in poverty by race and ethnicity³⁷

Race	Total service Area	Montana	U.S.
White	11.7%	10.4%	9.85%
Black or African American	11.4%	14.8%	21.3%
American Indian or Alaska Native	37.8%	33.9%	21.9%
Asian	24.6%	13.4%	9.9%
Native Hawaiian or Pacific Islander	60.0%	7.9%	17.2%
Some other race	29.0%	17.3%	18.2%
Multiple races	17.1%	14.4%	14.7%

There are also distinct racial differences and inequalities for children living in poverty. Table 12 demonstrates the percentage of children under age 18 in poverty by race only and compares these percentages to the state of Montana and the U.S.

Table 12. Child poverty by race³⁸

Race	Total service area	Montana	U.S.
White	13.3%	10.4%	10.0%
Black or African American	3.1%	3.9%	30.2%
American Indian or Alaska Native	42.7%	39.5%	28.0%
Asian	36.9%	19.2%	10.1%
Native Hawaiian or Pacific Islander	0.0%	0.0%	23.0%
Some other race	25.4%	17.2%	24.8%
Multiple races	18.9%	17.3%	17.7%

In the Opportunities, Inc. service area, Black or African American children have the lowest level of poverty for any group (3.06%), while American Indian or Alaska Native children have the highest level of poverty (42.68%) in the service area. For Black or African American children, this percentage is skewed given that the Black or African American population makes up only 1.14% of the total service area population. Relative to total population, the poverty rate of Non-Hispanic White children (13.30%) is a more relevant contrast to the high poverty level of American Indian or Alaska Native Children because 78.38% of the population of the service area are White and 11.61% of the population of the service area are American Indian or Alaska Native. In the Opportunities, Inc. service area, there are 2,529 Non-Hispanic White, 1,821 American Indian or Alaska Native, and 7 Black or African American children living in households with income below the federal poverty level.³⁹

Food security and environment

Poverty may translate to a deficit in secure access to food for children. One useful indicator signifying a lack of food security includes the number of public-school students who are eligible

³⁷ American Community Survey (2019–2023)

³⁸ American Community Survey (2019–2023)

³⁹ American Community Survey (2019–2023)

for free or reduced-price lunch in an area. Free or reduced-price lunches are served to qualifying students in families with incomes between under 185% (reduced price) or 130% (free lunch) of the U.S. federal poverty threshold as part of the National School Lunch Program.

Table 13. Children eligible for reduced price or free lunch⁴⁰

Service area	2019–2020
Total service area	49.9%
Cascade	42.5%
Chouteau	39.5%
Glacier	85.1%
Pondera	56.7%
Teton	42.7%
Toole	43.1%
Montana	40.3%
U.S.	52.1%

The table above shows the percentage of children eligible for free or reduced-price lunch for the 2019–2020 school year. Most children in Glacier County (85.1%) are eligible for reduced-price or free lunch compared to 40.3% in Montana or 52.1% in the U.S.

Housing, housing affordability, and people experiencing homelessness

Some data in this section are from the American Community Survey (2023) estimates and some data are from the (2019–2023) five-year estimates. The table below indicates the overall number of housing units for each county in the service area, the owner-occupied rate, the median value of owner-occupied housing units, the monthly owner costs, and the median gross rent for the area (2023).

Table 14. Opportunities, Inc. service area housing (2019–2023)⁴¹

Housing	Cascade	Chouteau	Glacier	Pondera	Teton	Toole
Housing units, July 1, 2022 (V2024)	40,051	2,916	5,351	2,763	2,941	2,325
Owner-occupied housing unit rate, 2019–2023, percent	70.2%	65.9%	64.9%	66.7%	74.9%	64.6%
Median value of owner-occupied housing units, 2019–2023	\$246,300	\$185,100	\$153,400	\$179,200	\$235,500	\$187,400
Median selected monthly owner costs, with a mortgage, 2018–2022	\$1,505	\$1,194	\$1,145	\$1,289	\$1,528	\$1,255
Median selected monthly owner costs, without a mortgage, 2018–2022	\$507	\$442	\$322	\$509	\$534	\$509
Median gross rent, 2018–2022	\$902	\$485	\$553	\$806	\$750	\$753

The county with the lowest value owner-occupied homes is Glacier County, while the highest median value of owner-occupied units are in Cascade County. Rent is most expensive in Cascade County and least expensive in Chouteau County. Average rents skew higher than median values,

⁴⁰ American Community Survey (2019–2023)

⁴¹ U.S. Census Bureau. QuickFacts. <https://www.census.gov/quickfacts/>; U.S. Census Bureau, Population Estimates Program. (2023); American Community Survey (2019–2023)

with Great Falls monthly average rent closer to \$1,500.⁴²

Vacancy rates are important to consider in terms of programs and needs. When vacancy rates are lower, housing can be more difficult to acquire, especially for those with low incomes. Of the 55,136 housing units in the service area, 48,351 (or 87.69%) are occupied, and 6,785 (or 12.31%) are vacant.⁴³ Toole County has the highest percentage of vacant units (24.66%), while Cascade County has the lowest percentage of vacant units (10.08%).⁴⁴ The area has a vacancy rate (12.31%) lower than Montana (13.01%) but higher than the U.S. (9.74%).

Table 15. Opportunities, Inc. service area occupied and vacant housing⁴⁵

Service area	Total housing units	Occupied, total	Vacant, total	Occupied, percent	Vacant, percent
Total service area	55,136	48,351	6,785	87.69%	12.31%
Cascade	38,937	35,011	3,926	89.92%	10.08%
Chouteau	2,843	2,291	552	80.58%	19.42%
Glacier	5,342	4,557	785	85.31%	14.69%
Pondera	2,759	2,254	505	81.7%	18.3%
Teton	2,935	2,490	445	84.84%	15.16%
Toole	2,320	1,748	572	75.34%	24.66%
Montana	514,803	447,812	66,991	86.99%	13.01%
U.S.	140,498,736	126,817,580	13,681,156	90.26%	9.74%

Although Montana is rich in natural beauty, housing affordability remains an ongoing challenge in amenity-rich areas. Income disparities and lack of buildable land often contribute to the lack of housing.⁴⁶ In 2017, over half of Americans spent at least 30% of their income on rent,⁴⁷ which was before housing and rental prices increased during the COVID-19 pandemic.

⁴² Zillow (2025)

⁴³ U.S. Census Bureau (2020)

⁴⁴ U.S. Census Bureau (2020)

⁴⁵ U.S. Census Bureau (2020)

⁴⁶ Lawson, M. & Smith, K. (2023). Amenity trap: How high-amenity communities can avoid being loved to death. (Rep. R3b). Headwaters Economics. <https://headwaterseconomics.org/wp-content/uploads/2023HE-Amenity-Report-R3b-LOWRES.pdf>

⁴⁷ Joint Center for Housing Studies. (2019). *The state of the nation's housing 2019*. Cambridge, MA: Author. Retrieved from: <https://headwaterseconomics.org/wp-content/uploads/2023HE-Amenity-Report-R3b-LOWRES.pdf> https://www.jchs.harvard.edu/sites/default/files/Harvard_JCHS_State_of_the_Nations_Housing_2019.pdf

Figure 3. Affordable housing by area median income (AMI), comparing Opportunities, Inc. service area, Montana, and U.S.⁴⁸

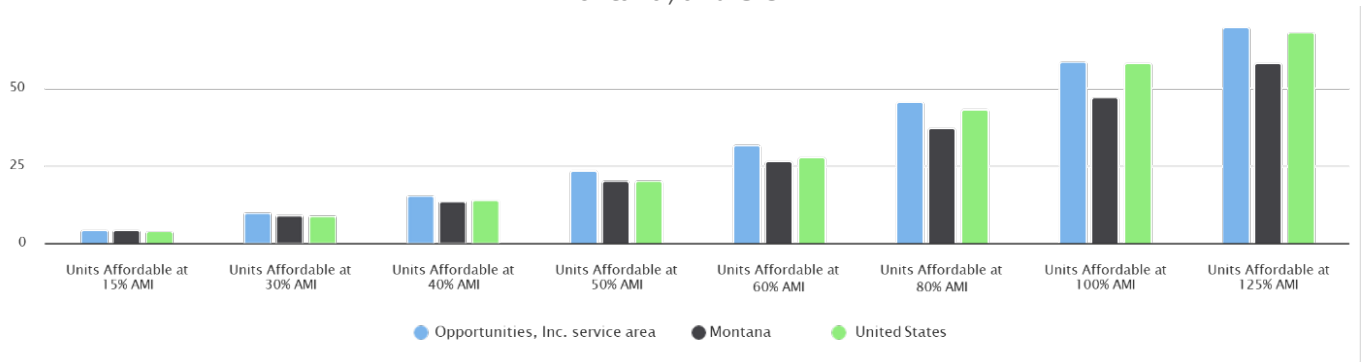
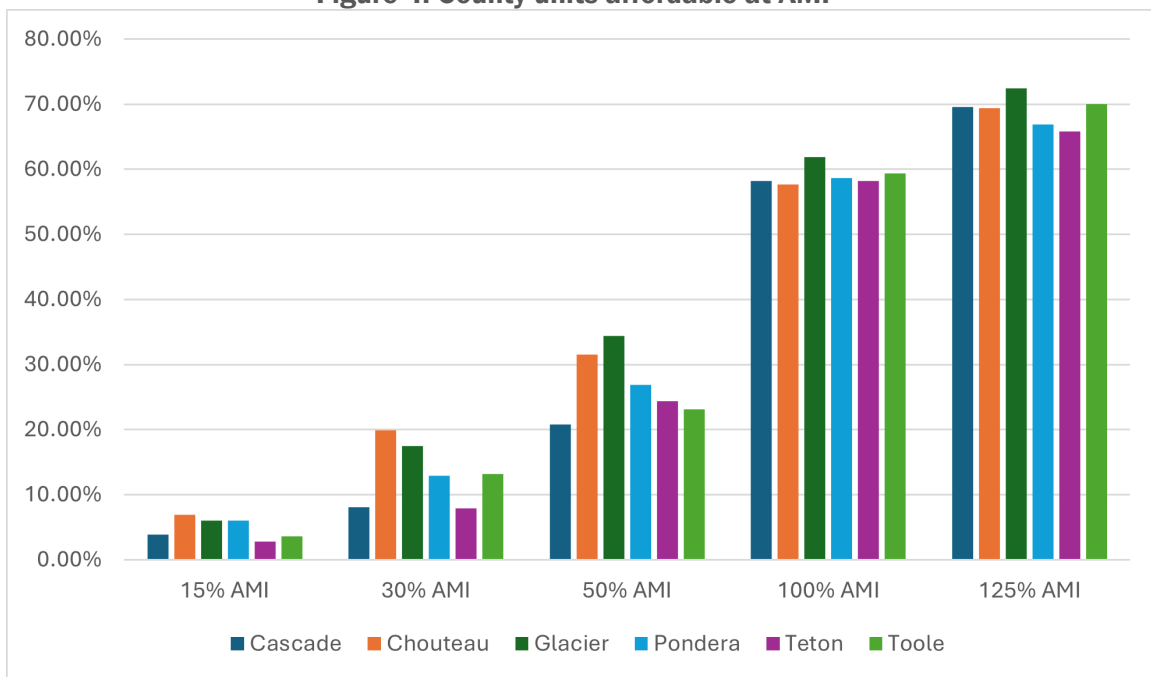


Figure 4. County units affordable at AMI⁴⁹



As the figures show, housing becomes more affordable as income increases. Thus, for those with less than AMI, finding available affordable housing can be difficult.

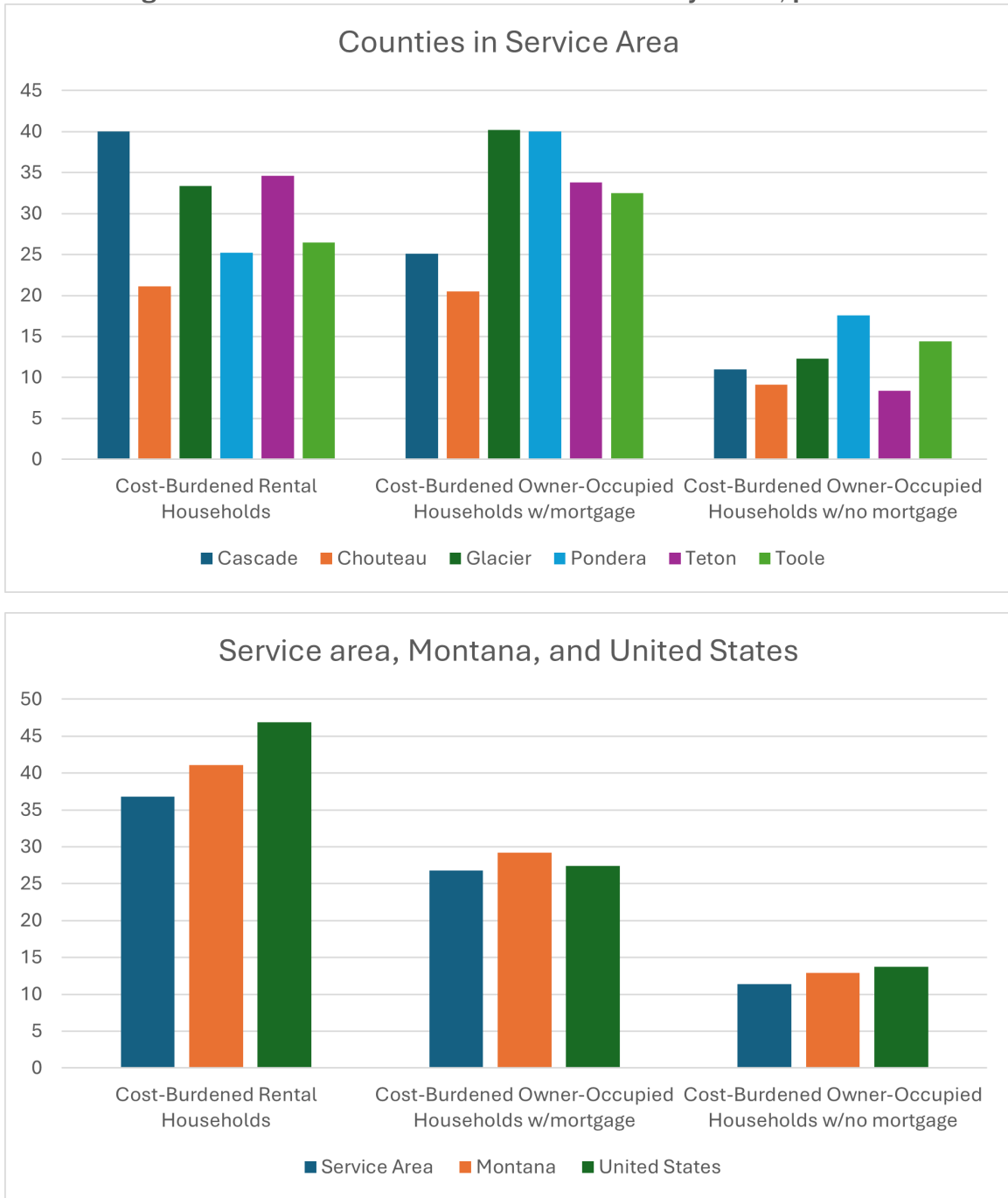
The structure, condition, and quality of housing, including issues such as overcrowding, evictions, and affordability, have been linked to multiple health and life outcomes. In the service area of Opportunities, Inc., 36.82% of all rental households are cost-burdened, while 26.79% of owner-occupied households with mortgages are cost-burdened.⁵⁰ Cost-burdened households are defined as those who spend more than 30% of their household income on housing costs. Understanding where these households exist assists in identifying geographic areas with needs linked to housing affordability and shelter costs in an area. These data can be used to inform programmatic efforts to develop housing programs focused on supporting needs in these given areas of the service area.

⁴⁸ American Community Survey (2019–2023)

⁴⁹ American Community Survey (2019–2023)

⁵⁰ American Community Survey (2019–2023)

Figure 5. Service area cost-burdened households by tenure, percent⁵¹



Quality of housing also matters when considering disparities in life outcomes or quality of life for communities. Of the 47,810 total occupied housing units in the service area of Opportunities, Inc., 25.29% have been identified to have one or more substandard conditions.⁵² This finding ranges from 31.38% in Glacier County to 16.73% in Chouteau County.

In 2022 in Montana, the official point-in-time (PIT) information on the population of people

⁵¹ American Community Survey (2019–2023)
⁵² American Community Survey (2019–2023)

experiencing homelessness from the U.S. Department of Housing and Urban Development (HUD) listed a total number of 1,585 unhoused persons in Montana.⁵³ This finding is likely a gross undercount, especially given that in 2025 in Great Falls alone, the Montana Continuum of Care Coalition counted 202 individuals experiencing homelessness⁵⁴ in their 2025 PIT count. Being unhoused is due in part to the high cost of housing, but it is also a consequence of access to other resources, such as health care. For example, the 2022 Cascade County Community Health Needs Assessment cited higher rates of chronic health issues among those experiencing homelessness.⁵⁵

Service area community health and behaviors

The social determinants of health are the conditions in the environment where people are born, learn, live, play, work, worship, and age that impact a wide range of quality-of-life outcomes⁵⁶ and health. For residents of Cascade County, illegal drug misuse, lack of access to mental health care, child abuse and neglect, and alcohol misuse are among the most important community health issues, and this finding likely holds for other counties in the Opportunities, Inc. service area.⁵⁷ Throughout this CNA, a number of social determinants of health in the six-county service area of Opportunities, Inc. are being examined, including housing, access to nutritious food, and income. This section includes an overview of the health indicators and outcomes in the six-county service area of Opportunities, Inc. that help provide a better picture of the needs, obstacles, and strengths in the service area.

Lack of health insurance is a useful metric for understanding key drivers of health status within a community. For each county in the service area, the percentage of the population that is uninsured is 6.73% in Cascade, 5.88% in Chouteau, 29.28% in Glacier, 7.65% in Pondera, 5.51% in Teton, and 7.62% in Toole, compared to 8.44% in Montana.⁵⁸ After the COVID-19 public health emergency, beginning in April of 2023, Montana began removing people from their Medicaid rolls. As of November 2023, approximately 112,442 people have been removed from the rolls for reasons such as “failure to provide requested information,” “determined ineligible,” “other reason,” or “returned mail, no new address.”⁵⁹ The impact of losing Medicaid benefits has been catastrophic on low-income populations and should be considered.

Additional indicators of the health care needs of a community include the percentage of the population with any disability and the teen birth rate. For the combined service area, 15.77% of the population has a disability, with the highest age group being those ages 65 or older (33.54%).⁶⁰ The teen birth rate is an important key indicator for understanding needs in the county and how

53 U.S. Department of Housing and Urban Development (HUD). (2022). HUD 2022 continuum of care homeless assistance programs homeless populations and subpopulations. https://files.hudexchange.info/reports/published/CoC_PopSub_State_MT_2022.pdf

54 Montana Continuum of Care Coalition. (2025). Homeless population point in time count 2025. https://greatfallsmt.net/sites/default/files/fileattachments/finance/page/25371/infographic_montana_coc_2025_1.pdf

55 Cascade City County Health Department. (2022). Healthy lives vibrant futures: Community health needs assessment 2022. <https://www.cascadecountymt.gov/DocumentCenter/View/3814/2022-CHNA---Community-Health-Needs-Assessment---FINAL-REPORT>

56 U.S. Department of Health and Human Services (HHS). Healthy people 2030.

57 Cascade City County Health Department (2022)

58 American Community Survey (2024)

59 Montana Department of Public Health and Human Services (DPHHS). (2024). Montana Medicaid redetermination. <https://dphhs.mt.gov/interactivedashboards/MontanaMedicaidRedetermination>

60 American Community Survey (2019–2023)

they are reflected in household demographics. Of the 22,111 total female population ages 15 to 19, the teen birth rate is 24.5 per 1,000, which is higher than the state’s teen birth rate of 16.7 per 1,000. This finding ranges from the lowest county birth rate in Teton County (11.5) to the county with the highest teen birth rate, Glacier County (40.3).⁶¹ The percentage of low birthweight births, as shown in the table below, is another important indicator of needs.

Cancer incidence, the mortality rate of those with heart disease, indicators of chronic conditions (e.g., diabetes), and sexually transmitted infection (STI) rates help provide the picture of health care needs in a community. Measuring morbidity and mortality rates helps assess the links between the social determinants of health and outcomes, which helps to better understand how certain community health needs may be addressed through interventions.

Table 16. Health outcomes, Opportunities, Inc. service area

Service area	Percent of low birthweight births ⁶²	Adults with obesity (body mass index [BMI]>30) ⁶³	Coronary heart disease age-adjusted death rate (per 100,000) ⁶⁴	Cancer incidence rate (per 100,000) ⁶⁵	Adults ages 20+ with diabetes (age-adjusted) ⁶⁶
Total service area	8.3% ⁶⁷	34.5%	122.9	425.2	8.8%
Cascade	7.7%	35.8%	112.5	425.8	8.6%
Chouteau	7.2%	26.7%	106.9	335.0	7.0%
Glacier	9.7%	41.7%	134.5	466.0	13.4%
Pondera	9.6%	29.7%	133.8	483.2	8.0%
Teton	9.6%	25.0%	228.8	426.6	6.6%
Toole	11.7%	22.8%	137.9	371.5	7.5%
Montana	7.6%	28.2%	130.6	457.0	7.5%
U.S.	8.4%	30.1%	111.0	442.3	8.9%

For STIs, both the chlamydia incidence per 100,000 (378.55) and the gonorrhea incidence (140.10) are higher than the Montana averages (chlamydia: 322.65; gonorrhea: 67.7).⁶⁸ The prevalence of HIV is relatively the same in the Opportunities, Inc. service area (75.52) as in Montana (75.3).

Behaviors, such as tobacco use and substance abuse, can contribute to poor health status, making them important measures to consider. In the service area, 22.98% of adults reported heavy alcohol consumption⁶⁹ and 18.3% (age-adjusted) of the population reports being current smokers. Behavioral health measures are important to consider regarding overall health status. Behavioral health generally refers to mental health and substance use disorders.⁷⁰ The table below provides some indicators related to behavioral health for each county. Please note that

61 CDC (2014–2020)

62 University of Wisconsin Population Health Institute, County Health Rankings. (2017–2023)

63 CDC, National Center for Chronic Disease Prevention and Health Promotion. (2021)

64 CDC, National Vital Statistics System. Accessed via CDC WONDER (2016–2020)

65 State Cancer Profiles (2016–2020)

66 CDC (2021)

67 The percentage of low birthweight births for the combined service area was not included in the data set but calculated by adding the total number of low birthweight births for all six counties in the service area in 2024 and dividing it by the total number of births in the county in 2024.

68 CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2023)

69 CDC, Behavioral Risk Factor Surveillance System, Accessed via County Health Rankings (2022)

70 American Medical Association. (2022, August 22). *What is behavioral health?* <https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health>

drug overdose deaths per county were not available for each county.

Table 17. Behavioral health outcomes by county⁷¹

Service area	Poor mental health days in past 30 days (2019)	Percent of adults reporting binge or heavy drinking (2019)	Percent of driving deaths with alcohol involvement (2016–2020)	Ratio of population to mental health providers (2022)	Percent of adults ages 18+ reporting no leisure physical activity (2020)
Cascade	5.6	23%	51%	250:1	23%
Chouteau	6.0	25%	82%	840:1	24%
Glacier	7.4	20%	48%	370:1	33%
Pondera	5.7	24%	50%	470:1	23%
Teton	5.6	23%	75%	580:1	22%
Toole	5.7	24%	0%	430:1	26%



County Profiles

Cascade County profile

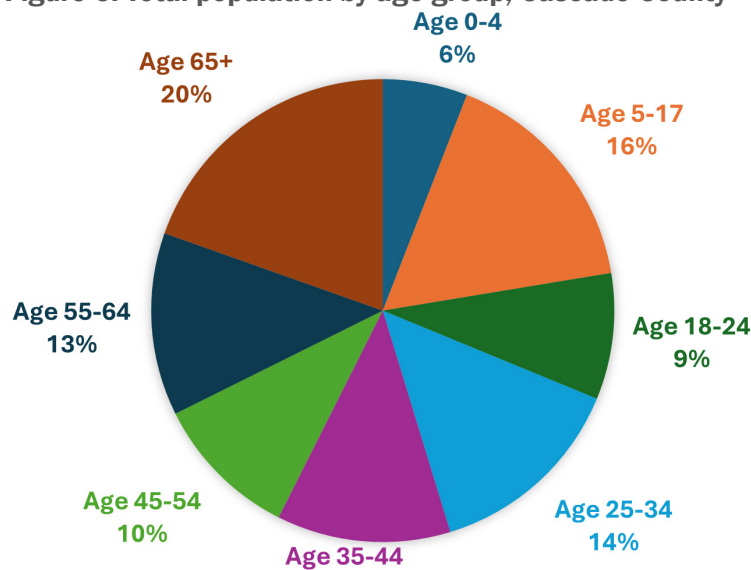
The Missouri River runs from southwestern Cascade County through the heart of Great Falls, the county seat. The Little Belt Mountains extend into the southeastern part of the county, and the Sun River Valley stretches across the northern part of the county, meeting the Missouri River in Great Falls.

The total population is estimated at 84,601⁷² people within a land area of 2,698.21 square miles for a resulting population density of 31 people per square mile.⁷³ With the third largest city in Montana, Cascade County's population is 79.49% urban and 20.51% rural.⁷⁴ The voter participation rate is 57.7%,⁷⁵ which is significantly lower than Montana's (70.1%). Cascade County's annual rate for property crimes per 100,000 is 3,565.4, while Montana's is 2,575.4, and the annual rate for violent crimes is 290.40 compared to Montana (393.7).⁷⁶ The percentage population with access to broadband internet download speeds greater than 100 Mbps (87.57%) is higher than Montana (78.38%) overall and lower than the national average (93.47%).⁷⁷

Demographics

The median age in Cascade County is 38.3, almost identical to the U.S. median age of 38.7.⁷⁸ With only 19.33% of the population over age 65, Cascade has a healthy age distribution.⁷⁹

Figure 6. Total population by age group, Cascade County⁸⁰



72 U.S. Census Bureau. (2023). QuickFacts, Cascade County.

73 U.S. Census Bureau (2020)

74 U.S. Census Bureau (2020)

75 Townhall.com election results (2020)

76 FBI Uniform Crime Reports. Accessed via the Inter-university Consortium for Political and Social Research (2014 and 2016) and (2015-2017)

77 FCC FABRIC Data. Additional analysis by CARES (2024)

78 American Community Survey (2019-2023)

79 American Community Survey (2019-2023)

80 U.S. Census Bureau (2020)

Cascade is 84.68% White, 3.52% Native American or Alaska Native, 7.44% “Two or more races,” and 5.06% Hispanic or Latino/a.⁸¹

Table 18. Total population by race only and ethnicity, Cascade County⁸²

Service area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some other race	Two or more races	Hispanic or Latino/a (any race)
Cascade	84.68%	1.46%	1.19%	3.52%	0.01%	1.70%	7.44%	5.06%
Montana	85.68%	0.54%	0.83%	5.71%	0.04%	1.21%	5.98%	4.39%
U.S.	63.44%	12.36%	5.82%	0.88%	0.19%	6.60%	10.71%	18.99%

Cascade County is 49.04% female and 50.96% male. A higher percentage of men reported having a disability (15.87%) than women (15.61%). Overall, 99% of the county’s population speak English “very well” versus 92% of the U.S., and only 1.94% of the county’s population are foreign-born compared to 13.87% of those in the U.S. The county has a larger percentage of veterans (13.31%) than the U.S. (6.44%).⁸³

Economic context and poverty

Malmstrom Air Force Base plays a major role in the economic context of Cascade County. The largest sector by employment size is “government and government enterprises,” with a high average salary of \$86,082. The second largest industry is “health care and social assistance,” with a relatively high average salary of \$70,932. The unemployment rate (3.1%) is lower than the national average of 4.4%,⁸⁴ and the county had a slightly lower percentage of population with income below 100% FPL (12.1%) than the U.S. (12.5%) in 2023. The median household income (\$66,203) is lower than the U.S. median household income of \$78,538. In total, 10.3% of the population receives SNAP benefits versus 7.9% of Montana.⁸⁵ In the county, 16.99% of children ages 0 to 17 live in households with incomes below the FPL.⁸⁶

Table 19. Children below 100% FPL, Cascade County⁸⁷

Service area	Total population	Population under age 18	Population under age 18 in poverty	Population ages 18+ in poverty, percent
Cascade	82,185	18,476	3,139	16.99%
Montana	1,079,200	229,927	31,816	13.84%
U.S.	324,567,147	72,472,636	11,829,878	16.32%

Education and housing

For education, 33.52% of children ages 3 to 4 are enrolled in preschool (compared to 36.32% in Montana or 45.57% in the U.S.). Regarding educational attainment for those ages 25 and over, 18.3% of Cascade County residents have a bachelor’s degree.⁸⁸

⁸¹ U.S. Census Bureau (2020)

⁸² American Community Survey (2019–2023)

⁸³ American Community Survey (2019–2023)

⁸⁴ Bureau of Labor Statistics (2023)

⁸⁵ U.S. Census Bureau, Small Area Income and Poverty Estimates (2023)

⁸⁶ American Community Survey (2019–2023)

⁸⁷ American Community Survey (2019–2023)

⁸⁸ American Community Survey (2019–2023)

Table 20. Educational attainment, Cascade County⁸⁹

Service area	No high school diploma	High school only	Some college	Associate degree	Bachelor's degree	Graduate or professional degree
Cascade	6.1%	31.5%	23.0%	10.6%	18.3%	10.5%
Montana	5.4%	27.9%	22.5%	9.7%	22.8%	11.7%
U.S.	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

For housing, of the total 38,937 housing units in the county, 3,926 are vacant for a 10.08% vacancy rate compared to 13.01% in Montana.⁹⁰ Of the total occupied housing units (35,011) in Cascade County, 24.81% reported one or more substandard conditions, similar to 28.30% of Montana's households overall. Cost-burdened households are those where housing costs account for 30% or more of total household income. In Cascade County, 23.78% of the households are cost-burdened compared to 26.23% of households in Montana.⁹¹

Community health and behaviors

A lower percentage of Cascade County residents are uninsured (6.73%) than in Montana (8.44%).⁹² The table below shows various health outcomes and conditions, as compared to Montana and the U.S.

Table 21. Health outcomes, Cascade County

Service area	Percent of low birthweight births ⁹³	Adults with obesity (BMI>30) ⁹⁴	Coronary heart disease crude death rate (per 100,000) ⁹⁵	Cancer incidence rate (per 100,000) ⁹⁶	Teen births (rate per 1,000 females ages 15-19) ⁹⁷	Adults ages 20+ with diabetes (age-adjusted) ⁹⁸
Cascade	7.7%	35.8%	112.5	425.8	22.5	8.6%
Montana	7.6%	28.2%	130.6	457.0	16.7	7.5%
U.S.	8.4%	30.1%	111.0	442.3	16.6	8.9%

For STIs, the chlamydia rate per 100,000 is 372.2 (versus Montana at 322.65), the gonorrhea incidence is 66.0 (versus Montana at 67.7), and the rate of HIV/AIDS is 75.5⁹⁹ (versus Montana at 75.3). In the county, 23.16% of adults reported excessive drinking of alcohol as opposed to 25.65% in Montana or 19.35% nationally.¹⁰⁰ Of adults over age 18, 16.2% reported being current smokers (Montana is 15.4%).¹⁰¹

89 American Community Survey (2019–2023)

90 American Community Survey (2019–2023)

91 American Community Survey (2019–2023)

92 American Community Survey (2019–2023)

93 University of Wisconsin Population Health Institute, County Health Rankings. (2014–2020)

94 CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

95 CDC (2016–2020)

96 State Cancer Profiles (2016–2020)

97 CDC (2014–2020)

98 CDC (2019)

99 CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2020)

100 CDC, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings (2020)

101 CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal (2022)

Chouteau County profile

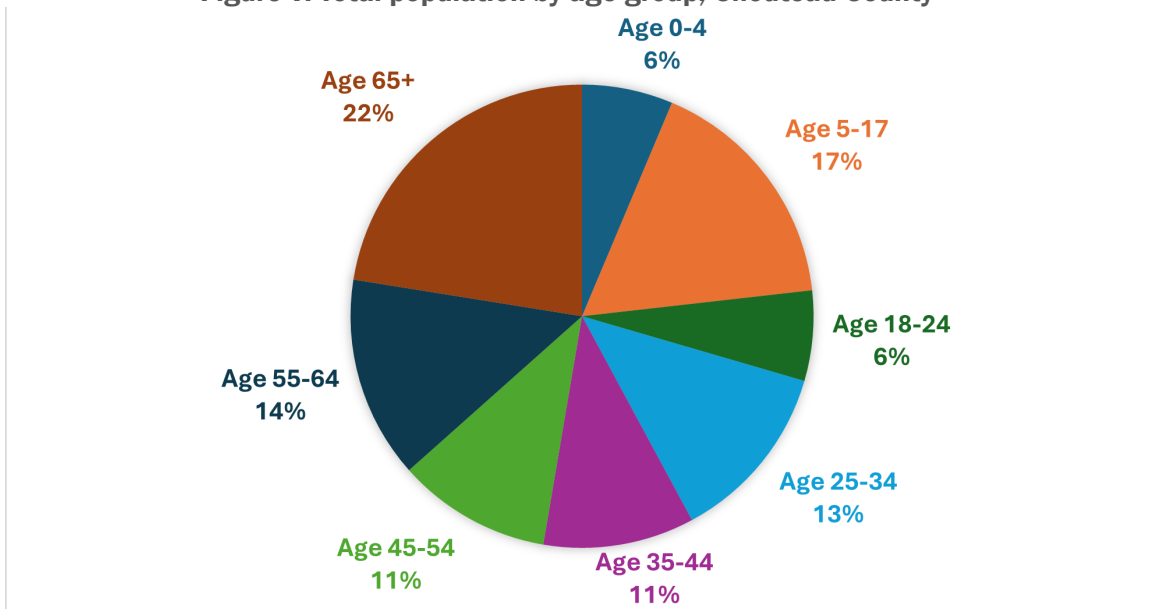
Chouteau County stretches almost 4,000 square miles. The Missouri River winds from west to east through the vast prairies, which are part of the “Golden Triangle” of fertile wheat fields. Mountains rise in the eastern part of the county, with the Bears Paw Mountains in the northeast and the Little Rockies and Highwood Ranges in the southeast. Rocky Boy’s Indian Reservation is the home to the Chippewa Cree Tribe. Fort Benton is the county seat.

The total population is estimated at 5,888¹⁰² people within a land area of 3,972.52 square miles for a resulting population density of one person per square mile.¹⁰³ Chouteau County is 100% rural.¹⁰⁴ The voter participation rate is 65.2,¹⁰⁵ which is lower than Montana overall (70.1%). Chouteau County’s annual rate for property crimes per 100,000 is 1,464.1, while Montana’s is 2,575.4, and the annual rate for violent crimes is 183.60 compared to Montana (393.7).¹⁰⁶ The percentage population with access to broadband internet download speeds greater than 100 Mbps (93.19%) is much higher than Montana (70.87%) and close to the national average (93.47%).¹⁰⁷

Demographics

The median age in Chouteau County is 42.9 versus the U.S. median age of 38.7.¹⁰⁸ Chouteau is an aging county, with a large portion of the county being age 65 and over. Of the total population, the percentage of the population age 65 and over is 22.47%.¹⁰⁹

Figure 7. Total population by age group, Chouteau County¹¹⁰



Chouteau is 78.33% White, 16.49% Native American or Alaska Native, 4.89% “Two or more

102 U.S. Census Bureau. (2023). QuickFacts, Chouteau County.

103 U.S. Census Bureau (2020)

104 U.S. Census Bureau (2020)

105 Townhall.com (2020)

106 FBI Uniform Crime Reports (2014, 2016, 2015-2017)

107 FCC FABRIC Data (2024)

108 American Community Survey (2019-2023)

109 American Community Survey (2019-2023)

110 U.S. Census Bureau (2020)

racess,” and 3.02% Hispanic or Latino/a.¹¹¹

Table 22. Total population by race only and ethnicity, Chouteau County¹¹²

Service area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some other race	Two or more races	Hispanic or Latino/a (any race)
Chouteau	92.81%	0.21%	0.2%	1.06%	0%	0.72%	5%	3.02%
Montana	78.33%	0.14%	0.12%	16.49%	0.00%	0.03%	4.89%	4.39%
U.S.	63.44%	12.36%	5.82%	0.88%	0.19%	6.60%	10.71%	18.99%

Chouteau County is 50.22% female and 49.78% male. A higher percentage of men reported having a disability (14.17%) than women (11.49%). Over 99% of the county’s population speak English “very well” versus 92% of the U.S., and only 1.14% of the county’s population are foreign-born versus 13.87% of those in the U.S. The county has a larger percentage of veterans (8.47%) than the U.S. (6.44%).¹¹³

Economic context and poverty

The largest sector by employment size in Chouteau County is “farming,” with the high annual average wage of \$119,851 per year. The second largest industry is “government and government enterprises,” with a lower average salary of \$50,084.¹¹⁴ The unemployment rate (2.3%) is lower than the national average of 4.4%,¹¹⁵ and the county had a higher percentage of the population below 100% FPL (15.0%) than the U.S. (12.5%) in 2023. The median household income (\$56,927) is lower than the U.S. median household income of \$78,538. Overall, 4.5% of the population receives SNAP benefits versus 7.9% of Montana.¹¹⁶ In the county, 13.92% of children ages 0 to 17 are living in households with incomes below the FPL.¹¹⁷

Table 23. Children below 100% FPL, Chouteau County¹¹⁸

Service area	Total population	Population under age 18	Population under age 18 in poverty	Population under age 18 in poverty, percent
Chouteau	5,829	1,365	190	13.92%
Montana	1,079,200	229,927	31,816	13.84%
U.S.	324,567,147	72,472,636	11,829,878	16.32%

Education and housing

For education, 9.95% of children ages 3 to 4 are enrolled in preschool (36.32% in Montana or 45.57% in the U.S.). Regarding educational attainment for those ages 25 and over, 6.4% of Chouteau County residents have a bachelor’s degree.¹¹⁹

¹¹¹ U.S. Census Bureau (2020)

¹¹² American Community Survey (2019–2023)

¹¹³ American Community Survey (2019–2023)

¹¹⁴ U.S. Department of Commerce, Bureau of Economic Analysis (2019)

¹¹⁵ Bureau of Labor Statistics (2023)

¹¹⁶ U.S. Census Bureau, Small Area Income and Poverty Estimates (2020)

¹¹⁷ American Community Survey (2019–2023)

¹¹⁸ American Community Survey (2019–2023)

¹¹⁹ American Community Survey (2019–2023)

Table 24. Educational attainment, Chouteau County¹²⁰

Service area	No high school diploma	High school only	Some college	Associate degree	Bachelor's degree	Graduate or professional degree
Chouteau	7.7%	38.4%	21.6%	9.6%	16.2%	6.4%
Montana	5.4%	27.9%	22.5%	9.7%	22.8%	11.7%
U.S.	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

For housing, of the total 2,843 housing units in the county, 552 are vacant for a 19.42% vacancy rate compared to Montana (13.01%).¹²¹ Of the total occupied housing units (2,291) in Cascade County, 16.73% reported one or more substandard conditions, similar to 28.30% of Montana's households overall. Cost-burdened households are those where housing costs account for 30% or more of total household income. In Chouteau County, 15.37% of the households are cost-burdened versus 26.23% of households in Montana.¹²²

Community health and behaviors

A lower percentage of Chouteau County residents are uninsured (5.88%) than in Montana (8.44%).¹²³ The table below shows various health outcomes and conditions, as compared to Montana and the U.S.

Table 25. Health outcomes, Chouteau County

Service area	Percent of low birthweight births ¹²⁴	Adults with obesity (BMI>30) ¹²⁵	Coronary heart disease crude death rate (per 100,000) ¹²⁶	Cancer incidence rate (per 100,000) ¹²⁷	Teen births (rate per 1,000 females ages 15-19) ¹²⁸	Adults ages 20+ with diabetes (age-adjusted) ¹²⁹
Chouteau	7.2%	26.7%	106.9	335.0	No data	7.0%
Montana	7.6%	28.2%	130.6	457.0	16.7	7.5%
U.S.	8.4%	30.1%	111.0	442.3	16.6	8.9%

For STIs, the chlamydia rate per 100,000 is 51.31 (versus Montana at 322.65), the gonorrhea incidence is 17.1 (versus Montana at 67.7), and the rate of HIV/AIDS is suppressed¹³⁰ (versus Montana at 75.3). In the county, 24.81% of adults reported excessive drinking of alcohol as opposed to 25.65% in Montana or 19.35% nationally.¹³¹ Of adults over age 18, 16.9% reported being current smokers (Montana is 15.4%).¹³²

¹²⁰ American Community Survey (2019–2023)

¹²¹ American Community Survey (2019–2023)

¹²² American Community Survey (2019–2023)

¹²³ American Community Survey (2019–2023)

¹²⁴ University of Wisconsin (2014–2020)

¹²⁵ CDC (2019)

¹²⁶ CDC (2016–2020)

¹²⁷ State Cancer Profiles (2016–2020)

¹²⁸ CDC (2014–2020)

¹²⁹ CDC (2019)

¹³⁰ CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2020)

¹³¹ CDC, Behavioral Risk Factor Surveillance System (2020)

¹³² CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal (2021)

Glacier County profile

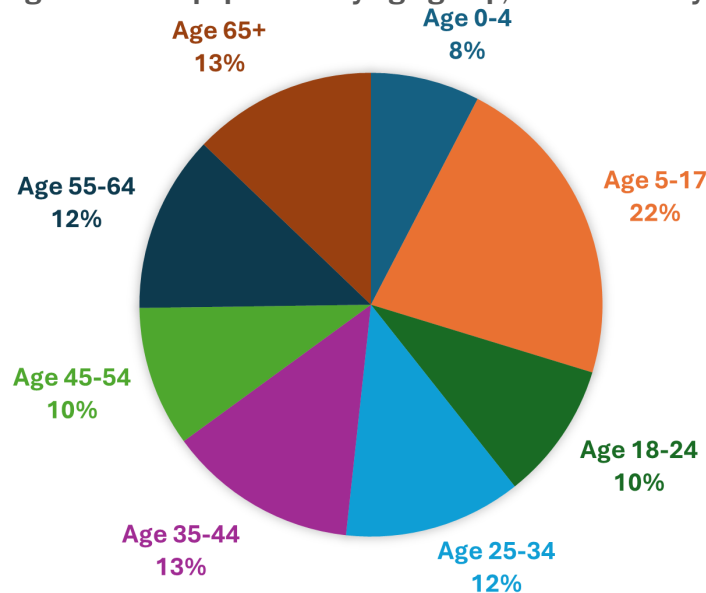
On the eastern edge of the Rocky Mountains, Glacier County contains the majesty of the Lewis, Livingston, and Clark Ranges and the amber waves of grain of the Great Plains. The county is home to Glacier National Park, Helena-Lewis and Clark National Forest lands, and the Blackfeet Indian Reservation. Cut Bank is the county seat.

The total population is estimated at 13,713¹³³ people within a land area of 2,995.15 square miles for a resulting population density of five people per square mile.¹³⁴ Glacier County is 100% rural.¹³⁵ The voter participation rate is 53.0%,¹³⁶ which is higher than Montana's (70.1%). Glacier County's annual rate for property crimes per 100,000 is 1,114.6, while Montana's is 2,575.4, and the annual rate for violent crimes is 767.10 compared to Montana (393.7).¹³⁷ The percentage population with access to Broadband Internet download speeds greater than 100 Mbps (57.25%) is lower than Montana (78.38%) and much lower than the national average (93.47%).¹³⁸

Demographics

The median age in Glacier County is 34.2 versus the U.S. median age of 38.7.¹³⁹ Glacier is the youngest county in the service area, with a large portion of the county under age 18. Of the total population in the county, the percentage of population under age 18 is 29.72% compared to Montana at 21.26%. At the other end of the age spectrum, the percentage of the population age 65 and over is 12.85% compared to Montana at 19.7%.¹⁴⁰

Figure 8. Total population by age group, Glacier County¹⁴¹



133 U.S. Census Bureau. (2023). QuickFacts, Glacier County.

134 U.S. Census Bureau (2020)

135 U.S. Census Bureau (2020)

136 Townhall.com (2020)

137 FBI Uniform Crime Reports (2014, 2016, 2015–2017)

138 FCC FABRIC Data (2024)

139 American Community Survey (2019–2023)

140 American Community Survey (2019–2023)

141 U.S. Census Bureau (2020)

Glacier County is 30.47% White, 63.76% Native American or Alaska Native, 3.50% “Two or more races,” and 2.76% Hispanic or Latino/a.¹⁴²

Table 26. Total population by race only and ethnicity, Glacier County¹⁴³

Service area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some other race	Two or more races	Hispanic or Latino/a (any race)
Glacier	30.5%	0.2%	0.6%	63.8%	0.2%	1.3%	3.5%	3.0%
Montana	85.7%	0.5%	0.8%	5.7%	0.0%	1.2%	6.0%	4.39%
U.S.	63.4%	12.4%	5.8%	0.9%	0.2%	6.6%	10.7%	19.0%

Glacier County is 50.89% female and 49.11% male. A far higher percentage of men reported having a disability (21.56%) than women (12.51%). In total, 97% of the county’s population speak English “very well” versus 92% of the U.S., and only 0.66% of the county’s population are foreign-born versus 13.87% of those in the U.S. The county has a larger percentage of veterans (6.99%) than the U.S. (6.44%).¹⁴⁴

Economic context and poverty

The largest sector by employment size in Glacier County is “government and government enterprises,” with the annual average wage of \$69,402 per year. The second largest industry is “farming,” with a higher annual average salary of \$81,992.¹⁴⁵ The unemployment rate in Glacier County is 4.7%, making it the only county in the service area with an unemployment rate higher than the national average of 4.4%.¹⁴⁶ Glacier County also has the highest percentage of the population below 100% FPL (28.0%) in the service area, which was dramatically higher than the U.S. (12.5%) in 2023. The median household income (\$45,129) is lower than the U.S. median household income of \$78,538. Overall, 22.9% of the population receives SNAP benefits versus 7.9% of Montana.¹⁴⁷ In the county, 31.88% of children ages 0 to 17 live in households with incomes below the FPL.¹⁴⁸

Table 27. Children below 100% FPL, Glacier County¹⁴⁹

Service area	Total population	Population under age 18	Population under age 18 in poverty	Population under age 18 in poverty, percent
Glacier County	13,545	4,002	1,276	31.88%
Montana	1,079,200	229,927	31,816	13.84%
U.S.	324,567,147	72,472,636	11,829,878	16.32%

Education and housing

For education, 49.74% of children ages 3 to 4 are enrolled in preschool (36.32% in Montana or 45.57% in the U.S.). Regarding educational attainment for those ages 25 and older, 10.5% of

¹⁴² U.S. Census Bureau (2020)

¹⁴³ American Community Survey (2019–2023)

¹⁴⁴ American Community Survey (2019–2023)

¹⁴⁵ Bureau of Economic Analysis (2019)

¹⁴⁶ Bureau of Labor Statistics (2023)

¹⁴⁷ U.S. Census Bureau, Small Area Income and Poverty Estimates (2020)

¹⁴⁸ American Community Survey (2019–2023)

¹⁴⁹ American Community Survey (2019–2023)

Glacier County residents have a bachelor's degree.¹⁵⁰

Table 28. Educational attainment, Glacier County¹⁵¹

Service area	No high school diploma	High school only	Some college	Associate degree	Bachelor's degree	Graduate or professional degree
Glacier	14.4%	30.0%	24.6%	12.9%	10.5%	7.5%
Montana	5.4%	27.9%	22.5%	9.7%	22.8%	11.7%
U.S.	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

For housing, of the total 5,342 housing units in the county, 785 are vacant for a 14.69% vacancy rate compared to Montana (13.01%).¹⁵² Of the total occupied housing units (4,557) in Glacier County, 31.38% reported one or more substandard conditions, higher than the 28.30% of Montana's households overall. Cost-burdened households are those where housing costs account for 30% or more of total household income. In Glacier County, 22.76% of the households are cost-burdened versus 26.23% of households in Montana.¹⁵³

Community health and behaviors

A much higher percentage of Glacier County residents are uninsured (29.28%) than in Montana overall (8.44%),¹⁵⁴ which is not surprising considering the large American Indian population in the county that is eligible for Indian Health Services. The table below shows various health outcomes and conditions, as compared to Montana and the U.S.

Table 29. Health outcomes, Glacier County

Service area	Percent of low birthweight births ¹⁵⁵	Adults with obesity (BMI>30) ¹⁵⁶	Coronary heart disease crude death rate (per 100,000) ¹⁵⁷	Cancer incidence rate (per 100,000) ¹⁵⁸	TeenBirths (rate per 1,000 females ages 15-19) ¹⁵⁹	Adults ages 20+ with diabetes (age-adjusted) ¹⁶⁰
Glacier	9.7%	41.7%	134.5	466.0	40.3	13.4%
Montana	7.6%	28.2%	130.6	457.0	16.7	7.5%
U.S.	8.4%	30.1%	111.0	442.3	16.6	8.9%

For STIs, the chlamydia rate per 100,000 population is 845.03 (versus Montana at 322.65), the gonorrhea incidence is 764.2 (versus Montana at 67.7), and the rate of HIV/AIDS is suppressed¹⁶¹ (versus Montana at 75.3). In the county, 19.76% of adults reported excessive drinking of alcohol as opposed to 25.65% in Montana or 19.35% nationally.¹⁶² Of adults age 18 and over, 29.9% reported being current smokers (Montana is 15.4%).¹⁶³

150 American Community Survey (2019–2023)

151 American Community Survey (2019–2023)

152 American Community Survey (2019–2023)

153 American Community Survey (2019–2023)

154 American Community Survey (2019–2023)

155 University of Wisconsin (2014–2020)

156 CDC (2019)

157 CDC (2016–2020)

158 State Cancer Profiles (2016–2020)

159 CDC (2014–2020)

160 CDC (2019)

161 CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2020)

162 CDC, Behavioral Risk Factor Surveillance System (2020)

163 CDC, Behavioral Risk Factor Surveillance System (2021)

Pondera County profile

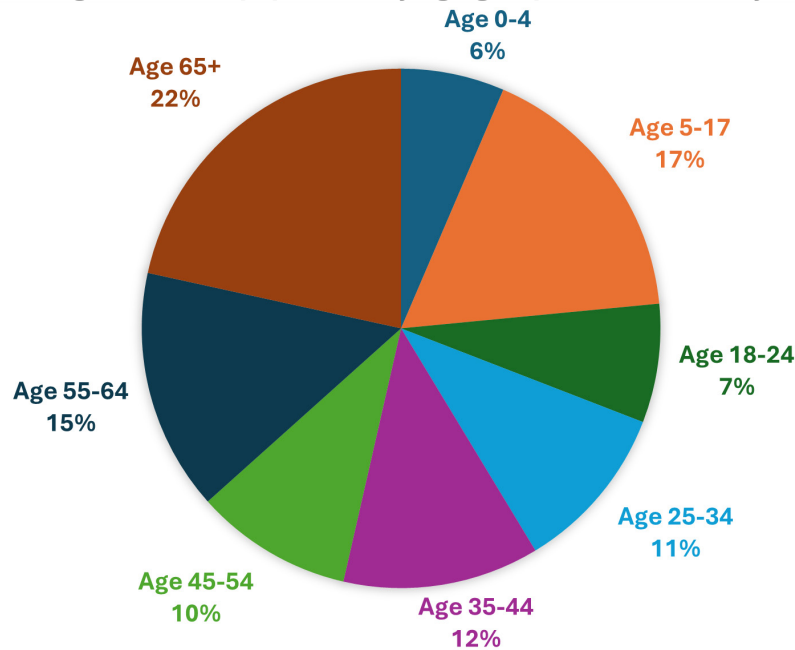
Pondera County is a rectangular shaped county with a Golden Triangle bounty. Wheat, barley, hay, lentils, peas, and oilseed crops fill the rolling plains at the heart of the county. And yet, it remains geographically diverse, with a portion of the Rocky Mountains and the Helena-Lewis and Clark National Forest within its borders. A portion of the Blackfeet Indian Reservation extends into Pondera. Conrad is the county seat.

The total population is estimated at 6,012¹⁶⁴ people within a land area of 1,624.57 square miles for a resulting population density of four people per square mile. Pondera County is 100% rural.¹⁶⁵ The voter participation rate is 62.7%,¹⁶⁶ which is higher than Montana's (70.1%). Pondera County's annual rate for property crimes per 100,000 is 828.8, while Montana's is 2,575.4, and the annual rate for violent crimes is 369.80 compared to Montana (393.7).¹⁶⁷ The percentage population with access to broadband internet download speeds greater than 100 Mbps (36.36%) is lower than Montana (78.38%) overall and much lower than the national average (93.47%¹⁶⁸).

Demographics

The median age in Pondera County is 41.2 versus the U.S. median age of 38.7.¹⁶⁹ Pondera is an aging county, with a large portion of the county being age 65 and over. Of the total population in the county, the percentage of the population age 65 and over is 21.57%.¹⁷⁰

Figure 9. Total population by age group, Pondera County¹⁷¹



¹⁶⁴ U.S. Census Bureau. (2023). QuickFacts, Pondera County.

¹⁶⁵ U.S. Census Bureau (2020)

¹⁶⁶ Townhall.com (2020)

¹⁶⁷ FBI Uniform Crime Reports (2014, 2016, 2015–2017)

¹⁶⁸ FCC FABRIC Data (2024)

¹⁶⁹ American Community Survey (2019–2023)

¹⁷⁰ American Community Survey (2019–2023)

¹⁷¹ U.S. Census Bureau (2020)

Pondera is 79.34% White, 16.50% Native American or Alaska Native, 3.46% “Two or more races,” and 2.28% Hispanic or Latino/a.¹⁷²

Table 30. Total population by race only and ethnicity, Pondera County¹⁷³

Service area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some other race	Two or more races	Hispanic or Latino/a (any race)
Pondera	79.3%	0.0%	0.3%	16.5%	0.0%	0.4%	3.5%	2.23%
Montana	85.7%	0.5%	0.8%	5.7%	0.0%	1.2%	6.0%	4.4%
U.S.	63.4%	12.4%	5.8%	0.9%	0.2%	6.6%	10.7%	19.0%

Pondera County is 49.68% female and 50.32% male. A smaller percentage of men reported having a disability (17.12%) than women (19.67%). Overall, 99% of the county’s population speak English “very well” versus 92% of the U.S., and only 1.68% of the county’s population are foreign-born versus 13.87% of those in the U.S. The county has a larger percentage of veterans (8.28%) than the U.S. (6.44%).¹⁷⁴

Economic context and poverty

The largest sector by employment size in Pondera County is “farming,” with the annual average earnings of \$85,709. The second largest industry is “government and government enterprises,” with annual average earnings of \$56,955.¹⁷⁵ The unemployment rate (2.9%) is lower than the national average of 4.4%,¹⁷⁶ and the county had a much higher percentage of the population below 100% FPL (19.3%) than the U.S. (12.5%) in 2023. The median household income (\$53,500) is lower than the U.S. median household income of \$78,538. Overall, 10.2% of the population receives SNAP benefits versus 7.9% of Montana.¹⁷⁷ In the county, 27.76% of children ages 0 to 17 live in households with incomes below the FPL.¹⁷⁸

Table 31. Children below 100% FPL, Pondera County¹⁷⁹

Service area	Total population	Population under age 18	Population under age 18 in poverty	Population under age 18 in poverty, percent
Pondera	5,899	1,376	382	27.76%
Montana	1,079,200	229,927	31,816	13.84%
U.S.	324,567,147	72,472,636	11,829,878	16.32%

Education and housing

For education, 43.84% of children ages 3 to 4 are enrolled in preschool (36.32% in Montana or 45.57% in the U.S.). Regarding educational attainment for those ages 25 and over, 16.1% of Pondera County residents have a bachelor’s degree.¹⁸⁰

¹⁷² U.S. Census Bureau (2020)

¹⁷³ American Community Survey (2019–2023)

¹⁷⁴ American Community Survey (2019–2023)

¹⁷⁵ Bureau of Economic Analysis (2019)

¹⁷⁶ Bureau of Labor Statistics (2023)

¹⁷⁷ U.S. Census Bureau, Small Area Income and Poverty Estimates (2020)

¹⁷⁸ American Community Survey (2019–2023)

¹⁷⁹ American Community Survey (2019–2023)

¹⁸⁰ American Community Survey (2019–2023)

Table 32. Educational attainment, Pondera County¹⁸¹

Service area	No high school diploma	High school only	Some college	Associate degree	Bachelor's degree	Graduate or professional degree
Pondera	13.2%	30.1%	24.9%	12.3%	16.1%	3.4%
Montana	5.4%	27.9%	22.5%	9.7%	22.8%	11.7%
U.S.	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

For housing, of the total 2,759 housing units in the county, 505 are vacant for an 18.3% vacancy rate compared to Montana (13.01%).¹⁸² Of the total occupied housing units (2,254) in Pondera County, 28.30% reported one or more substandard conditions, which is the same for Montana's households overall. Cost-burdened households are those where housing costs account for 30% or more of total household income. In Pondera County, 24.60% of the households are cost-burdened versus 26.23% of households in Montana.¹⁸³

Community health and behaviors

A lower percentage of Pondera County residents are uninsured (7.65%) than in Montana (8.44%).¹⁸⁴ The table below shows various health outcomes and conditions, as compared to Montana and the U.S.

Table 33. Health outcomes, Pondera County

Service area	Percent of low birthweight births ¹⁸⁵	Adults with obesity (BMI>30) ¹⁸⁶	Coronary heart disease crude death rate (per 100,000) ¹⁸⁷	Cancer incidence rate (per 100,000) ¹⁸⁸	Teen births (rate per 1,000 females ages 15-19) ¹⁸⁹	Adults age 20+ with diabetes (age-adjusted) ¹⁹⁰
Pondera	9.6%	29.7%	133.8	483.2	21.5	8.0%
Montana	7.6%	28.2%	130.6	457.0	16.7	7.5%
U.S.	8.4%	30.1%	111.0	442.3	16.6	8.9%

For STIs, the chlamydia rate per 100,000 population is 293.88 (versus Montana at 322.65), the gonorrhea incidence is 146.9 (versus Montana at 67.7), and the rate of HIV/AIDS is suppressed¹⁹¹ (versus Montana at 75.3). In the county, 23.82% of adults reported excessive drinking of alcohol as opposed to 25.65% in Montana or 19.35% nationally.¹⁹² Of adults over age 18, 17.2% reported being current smokers (Montana is 15.4%).¹⁹³

181 American Community Survey (2019-2023)

182 American Community Survey (2019-2023)

183 American Community Survey (2019-2023)

184 American Community Survey (2019-2023)

185 University of Wisconsin (2014-2020)

186 CDC (2019)

187 CDC (2016-2020)

188 State Cancer Profiles (2016-2020)

189 CDC (2014-2020)

190 CDC (2019)

191 CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2020)

192 CDC, Behavioral Risk Factor Surveillance System (2020)

193 CEC, Behavioral Risk Factor Surveillance System (2021)

Teton County profile

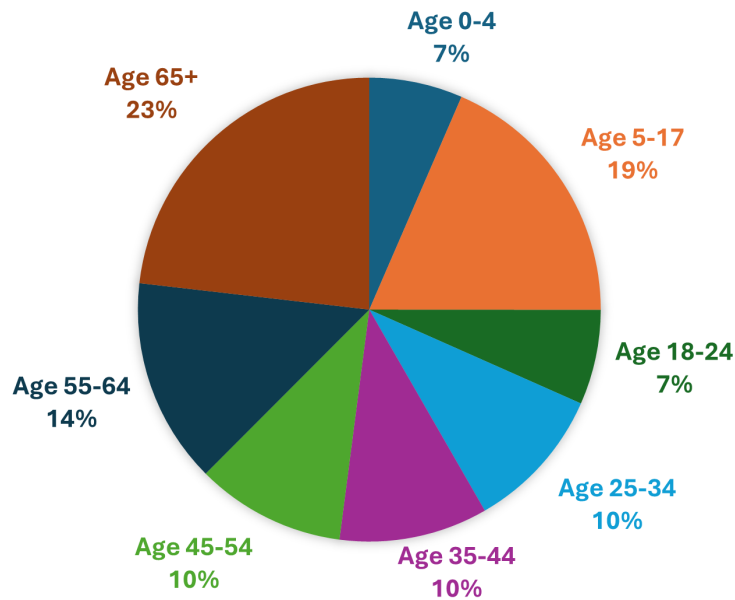
The Rocky Mountain Front lines the western side of Teton County. The eastern side of the county boasts wide open spaces, abundant with wheat and hay. Teton County also contains the wild lands of the Helena-Lewis and Clark National Forest. The county seat is Chouteau.

The total population is estimated at 6,291¹⁹⁴ people within a land area of 2,271.62 square miles for a resulting population density of three people per square mile.¹⁹⁵ Teton County is 100% rural.¹⁹⁶ The voter participation rate is 75.8%,¹⁹⁷ which is higher than Montana's (70.1%). Teton County's annual rate for property crimes per 100,000 is 927.2, while Montana's is 2,575.4, and the annual rate for violent crimes is 398.90 compared to Montana (393.7).¹⁹⁸ The percentage population with access to broadband internet download speeds greater than 100 Mbps (89.22%) is higher than Montana (78.38%) and near the national average (93.47%).¹⁹⁹

Demographics

The median age in Teton County is 43.0 versus the U.S. median age of 38.7.²⁰⁰ Teton is an aging county, with a large portion of the county being age 65 and over. Of the total population in the county, the percentage of the population age 65 and over is 23.18%.²⁰¹

Figure 10. Total population by age group, Teton County²⁰²



Teton is 92.08% White, 2.00% Native American or Alaska Native, 4.34% "Two or more races," and 1.88% Hispanic or Latino/a.²⁰³

194 U.S. Census Bureau. (2023). QuickFacts, Teton County.

195 U.S. Census Bureau (2020)

196 U.S. Census Bureau (2020)

197 Townhall.com (2020)

198 FBI Uniform Crime Reports (2014, 2016, 2015-2017)

199 FCC FABRIC Data (2024)

200 American Community Survey (2019-2023)

201 American Community Survey (2019-2023)

202 U.S. Census Bureau (2020)

203 U.S. Census (2020)

Table 34. Total population by race only and ethnicity, Teton County²⁰⁴

Service area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some other race	Two or more races	Hispanic or Latino/a (any race)
Teton	92.08%	0.38%	0.00%	2.00%	0.00%	1.19%	4.34%	1.88%
Montana	85.68%	0.54%	0.83%	5.71%	0.04%	1.21%	5.98%	4.39%
U.S.	63.44%	12.36%	5.82%	0.88%	0.19%	6.60%	10.71%	18.99%

Teton County is 50.87% female and 49.13% male. A slightly higher percentage of men reported having a disability (12.97%) than women (12.64%). Overall, 99% of the county’s population speak English “very well” versus 92% of the U.S., and only 0.37% of the county’s population are foreign-born versus 13.87% of those in the U.S. The county has a larger percentage of veterans (7.72%) than the U.S. (6.44%).²⁰⁵

Economic context and poverty

The largest sector by employment size in Teton County is “farming,” with the average earnings of \$58,608 per year. The second largest industry is “government and government enterprises,” with annual average earnings of \$51,809.²⁰⁶ The unemployment rate (2.4%) is lower than the national average of 4.4%,²⁰⁷ and the county had a higher percentage of the population below 100% FPL (13.3%) than the U.S. (12.5%) in 2023. The median household income (\$67,766) is lower than the U.S. median household income of \$78,538. Overall, 5.3% of the population receives SNAP benefits versus 7.9% of Montana²⁰⁸. In the county, 11.92% of children ages 0 to 17 live in households with incomes below the FPL.²⁰⁹

Table 35. Children below 100% FPL, Teton County²¹⁰

Service area	Total population	Population under age 18	Population under age 18 in poverty	Population under age 18 in poverty, percent
Teton	6,145	1,518	181	11.92%
Montana	1,079,200	229,927	31,816	13.84%
U.S.	324,567,147	72,472,636	11,829,878	16.32%

Education and housing

For education, 18.22% of children ages 3 to 4 are enrolled in preschool (36.32% in Montana or 45.57% in the U.S.). Regarding educational attainment for those ages 25 and over, 18.2% of Teton County residents have a bachelor’s degree.²¹¹

204 American Community Survey (2019–2023)

205 American Community Survey (2019–2023)

206 Bureau of Economic Analysis (2019)

207 Bureau of Labor Statistics (2023)

208 U.S. Census Bureau, Small Area Income and Poverty Estimates (2020)

209 American Community Survey (2019–2023)

210 American Community Survey (2019–2023)

211 American Community Survey (2019–2023)

Table 36. Educational attainment, Teton County²¹²

Service area	No high school diploma	High school only	Some college	Associate degree	Bachelor's degree	Graduate or professional degree
Teton County	9.1%	30.2%	27.4%	7.5%	18.2%	7.7%
Montana	5.4%	27.9%	22.5%	9.7%	22.8%	11.7%
U.S.	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

For housing, of the total 2,935 housing units in the county, 445 are vacant for a 15.16% vacancy rate compared to Montana (13.01%).²¹³ Of the total occupied housing units (2,490) in Teton County, 25.08% reported one or more substandard conditions, similar to 28.30% of Montana's households overall. Cost burdened households are those where housing costs account for 30% or more of total household income. 22.15% of the households in Teton County are cost-burdened versus 26.23% of households in Montana²¹⁴.

Community health and behaviors

A lower percentage of Teton County residents are uninsured (5.51%) than in Montana as a whole (8.44%).²¹⁵ The table below shows various health outcomes and conditions, as compared to Montana and the U.S.

Table 37. Health outcomes, Teton County

Service area	Percent of low birthweight births ²¹⁶	Adults with obesity (BMI>30) ²¹⁷	Coronary heart disease crude death rate (per 100,000) ²¹⁸	Cancer incidence rate (per 100,000) ²¹⁹	Teen births (rate per 1,000 females ages 15-19) ²²⁰	Adults ages 20+ with diabetes (age-adjusted) ²²¹
Teton	9.6%	25.0%	228.8	426.6	11.5	6.6%
Montana	7.6%	28.2%	130.6	457.0	16.7	7.5%
U.S.	8.4%	30.1%	111.0	442.3	16.6	8.9%

For STIs, the chlamydia rate per 100,000 is 77.76 (versus Montana at 322.65), the gonorrhea incidence is 15.6 (versus Montana at 67.7), and the rate of HIV/AIDS is suppressed²²² (versus Montana at 75.3). In the county, 23.43% of adults reported excessive drinking of alcohol as opposed to 25.65% in Montana or 19.35% nationally.²²³ Of adults over age 18, 15.6% reported being current smokers (Montana is 15.4%).²²⁴

²¹² American Community Survey (2019-2023)

²¹³ American Community Survey (2019-2023)

²¹⁴ American Community Survey (2019-2023)

²¹⁵ American Community Survey (2019-2023)

²¹⁶ University of Wisconsin (2014-2020)

²¹⁷ CDC (2019)

²¹⁸ CDC (2016-2020)

²¹⁹ State Cancer Profiles (2016-2020)

²²⁰ CDC (2014-2020)

²²¹ CDC (2019)

²²² CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2020)

²²³ CDC, Behavioral Risk Factor Surveillance System (2020)

²²⁴ CDC, Behavioral Risk Factor Surveillance System (2021)

Toole County profile

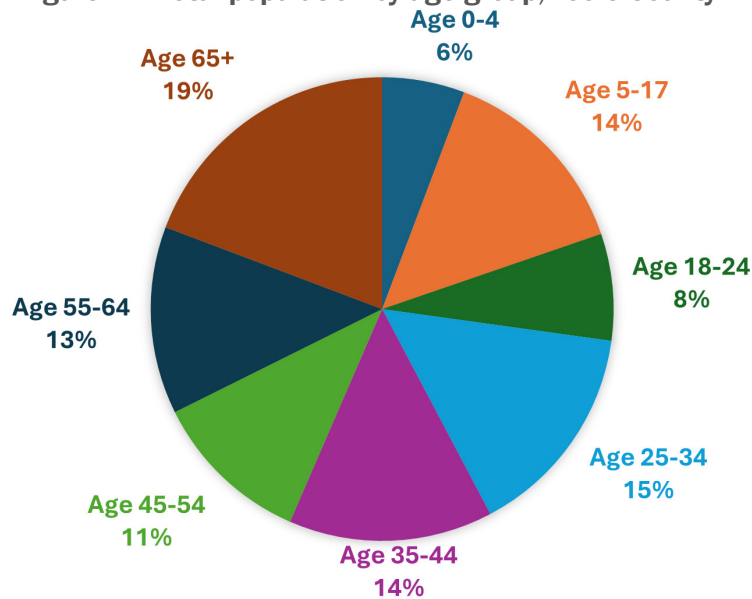
Toole County extends from the Canadian border in the north to the Marias River in the southwest. The county contains the beautiful, rolling mountains of the Sweet Grass Hills. Shelby is the county seat.

The total population is estimated at 5,028²²⁵ people within a land area of 1,914.86 square miles for a resulting population density of three people per square mile.²²⁶ Toole County is 100% rural.²²⁷ The voter participation rate is 51.9%,²²⁸ which is lower than Montana's (70.1%). Toole County's annual rate for property crimes per 100,000 is 1,706.1, while Montana's is 2,575.4, and the annual rate for violent crimes is 577.20 compared to Montana (393.7).²²⁹ The percentage of the population with access to broadband internet download speeds greater than 100 Mbps (6.82%) is far lower than Montana (78.38%) and much lower than the national average (93.47%).²³⁰

Demographics

The median age in Toole County is 38.8, almost identical to the U.S. median age of 38.7.²³¹ Toole has a relatively balanced age distribution for a rural county. Of the total population in the county, the percentage of population ages 65 and over is 17.44%.²³²

Figure 11. Total population by age group, Toole County²³³



Toole is 84.90% White, 5.89% Native American or Alaska Native, 4.53% "Two or more races," and 4.32% Hispanic or Latino/a.²³⁴

225 U.S. Census. (2023). QuickFacts, Toole County.

226 U.S. Census (2020)

227 U.S. Census (2020)

228 Townhall.com (2020)

229 FBI Uniform Crime Reports (2014, 2016, 2015-2017)

230 FCC FABRIC Data (2024)

231 American Community Survey (2019-2023)

232 American Community Survey (2019-2023)

233 U.S. Census Bureau (2020)

234 U.S. Census (2020)

Table 38. Total population by race only and ethnicity, Toole County²³⁵

Service area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some other race	Two or more races	Hispanic or Latino/a (any race)
Toole	84.9%	1.9%	1.0%	5.9%	0.0%	1.8%	4.5%	4.3%
Montana	85.7%	0.54%	0.83%	5.8%	0.0%	1.2%	6.0%	4.4%
U.S.	63.4%	12.4%	5.8%	0.9%	0.2%	6.6%	10.7%	19.0%

Toole County is 40.14% female and 59.86% male. A far higher percentage of men reported having a disability (20.48%) than women (13.09%). Overall, 99% of the county’s population speak English “very well” versus 92% of the U.S., and only 3.42% of the county’s population are foreign-born versus 13.87% of those in the U.S. The county has a larger percentage of veterans (12.76%) than the U.S. (6.44%).²³⁶

Economic context and poverty

The largest sector by employment size in Toole County is “government and government enterprises,” with the annual average earnings of \$81,499. The second largest industry is “farming,” with the large annual average salary of \$132,825.²³⁷ The unemployment rate (2.1%) is lower than the national average of 4.4%,²³⁸ and the county has a higher percentage of the population below 100% FPL (17.0%) than the U.S. (12.5%) in 2023. The median household income (\$53,693) is lower than the U.S. median household income of \$78,538. Overall, 6.3% of the population receives SNAP benefits versus 7.9% of Montana.²³⁹ In the county, 12.65% of children ages 0 to 17 live in households with incomes below the FPL.²⁴⁰

Table 39. Children below 100% FPL, Toole County²⁴¹

Service area	Total population	Population under age 18	Population under age 18 in poverty	Population under age 18 in poverty, percent
Toole	4,411	1,012	128	12.65%
Montana	1,079,200	229,927	31,816	13.84%
U.S.	324,567,147	72,472,636	11,829,878	16.32%

Education and housing

For education, 42.40% of children ages 3 to 4 are enrolled in preschool (36.32% in Montana or 45.57% in the U.S.). Regarding educational attainment for those ages 25 and over, 12.6% of Toole County residents have a bachelor’s degree.²⁴²

²³⁵ American Community Survey (2019–2023)

²³⁶ American Community Survey (2019–2023)

²³⁷ Bureau of Economic Analysis (2019)

²³⁸ Bureau of Labor Statistics (2023)

²³⁹ U.S. Census Bureau, Small Area Income and Poverty Estimates (2020)

²⁴⁰ American Community Survey (2019–2023)

²⁴¹ American Community Survey (2019–2023)

²⁴² American Community Survey (2019–2023)

Table 40. Educational attainment, Toole County²⁴³

Service area	No high school diploma	High school only	Some college	Associate degree	Bachelor's degree	Graduate or professional degree
Toole	13.8%	35.4%	22.9%	6.4%	12.6%	8.9%
Montana	5.4%	27.9%	22.5%	9.7%	22.8%	11.7%
U.S.	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

For housing, of the total 2,320 housing units in the county, 572 are vacant for a 24.66% vacancy rate compared to Montana (13.01%).²⁴⁴ Of the total occupied housing units (1,748) in Toole County, 27.59% reported one or more substandard conditions, similar to 28.30% of Montana's households overall. Cost-burdened households are those where housing costs account for 30% or more of total household income. Overall, 24.19% of the households in Toole County are cost-burdened versus 26.23% of households in Montana.²⁴⁵

Community health and behaviors

A lower percentage of Toole County residents are uninsured (7.63%) than in Montana as a whole (8.44%).²⁴⁶ The table below shows various health outcomes and conditions, as compared to Montana and the U.S.

Table 41. Health outcomes, Toole County

Service area	Percent of low birthweight births ²⁴⁷	Adults with obesity (BMI > 30) ²⁴⁸	Coronary heart disease crude death rate (per 100,000) ²⁴⁹	Cancer incidence rate (per 100,000) ²⁵⁰	Teen births (rate per 1,000 females ages 15-19) ²⁵¹	Adults ages 20+ with diabetes (age-adjusted) ²⁵²
Toole	11.7%	22.8%	137.9	371.5	16.7	7.5%
Montana	7.6%	28.2%	130.6	457.0	16.7	7.5%
U.S.	8.4%	30.1%	111.0	442.3	16.6	8.9%

For STIs, the chlamydia rate per 100,000 is 97.41 (versus Montana at 322.65), for gonorrhea is 0.0 (versus Montana at 67.7), and the rate of HIV/AIDS is 83.2²⁵³ (versus Montana at 75). In the county, 24.24% of adults reported excessive drinking of alcohol as opposed to 25.65% in Montana or 19.35% nationally.²⁵⁴ Of adults over age 18, 19.9% reported being current smokers (Montana is 15.4%).²⁵⁵

²⁴³ American Community Survey (2019-2023)

²⁴⁴ American Community Survey (2019-2023)

²⁴⁵ American Community Survey (2019-2023)

²⁴⁶ American Community Survey (2019-2023)

²⁴⁷ University of Wisconsin (2014-2020)

²⁴⁸ CDC (2019)

²⁴⁹ CDC (2016-2020)

²⁵⁰ State Cancer Profiles (2016-2020)

²⁵¹ CDC (2014-2020)

²⁵² CDC (2019)

²⁵³ CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2020)

²⁵⁴ CDC, Behavioral Risk Factor Surveillance System (2020)

²⁵⁵ CDC, Behavioral Risk Factor Surveillance System (2021)

Section 1 summary

Section 1 presented data from sources such as the U.S. Census Bureau and the Centers for Disease Control and Prevention (CDC) to provide an overview of the service area of Opportunities, Inc. and each of the six counties. Major findings are presented below.

Key findings in trends and needs

- The six counties in the Opportunities, Inc. service area include Cascade, Chouteau, Glacier, Pondera, Teton, and Toole, with a combined total land area of 15,477 square miles (larger than Rhode Island, Delaware, Connecticut, and New Jersey combined).
- Cascade County has the largest population (84,601), with Great Falls as the largest urban population center (60,422, as of 2023) in the service area. Toole County has the smallest population (5,028) of the counties in the service area.
- Internet access remains a problem across the service area, as only 77.6% of service area residents have access to download speeds greater than 100 Mbps versus 93.5% of the U.S.
- Of the six counties in the service area, Glacier County—home to the Blackfeet Indian Reservation—has the largest income and health differences. For example, Glacier County has the smallest per capita income (\$22,604 versus \$33,867 for the service area) and the highest percentage of children in poverty (31.88% versus 19.09% for the service area). While Glacier County has the highest teen birth rate per 1,000 (40.3 versus 24.5 for the service area) and highest rate of adults diagnosed with diabetes (13.4% versus 8.8% in the service area), Toole County has the highest percentage of low birthweight births (11.7% versus 7.7% in the service area).
- The largest areas of need for the service area include low education outcomes and high poverty levels. These needs are greatest in Glacier County. However, even in Cascade County, whose education levels and income rates are buoyed by a large military base, poverty rates are higher and education rates are lower than the national averages.

Section 2: Service Area Survey Findings

In Section 1 of this assessment, current population-level data were used to depict the overall demographic picture of the six-county service area of Opportunities, Inc. and to determine community needs through this demographic overview. The research team provided an overview of these counties—Cascade, Glacier, Toole, Pondera, Teton, and Chouteau—utilizing a secondary analysis of publicly available data sources, including data compiled by the U.S. Census Bureau in the American Community Survey. Secondary data sources, such as the Centers for Medicare and Medicaid Services and HUD, were also used to identify community needs and to provide an overview of the social conditions and determinants of health that influence population outcomes in the six-county service area by examining the state of food security, housing needs, and community health.

Section 2 narrows the scope of the community needs overview and issues by reporting the findings from a statewide survey. This section builds upon findings by presenting the results of the service area of Opportunities, Inc. from a larger statewide survey designed to identify needs and priorities from the perspective of residents of the state of Montana. Questions covered a range of topics including individual, family, and community needs, access to services, and perceived barriers to participation. The survey gathered responses from participants across Montana to ensure that both rural and urban perspectives were represented. After exclusion criteria were applied, the statewide sample was $n=3,864$. This section focuses on the six-county service area of Opportunities, Inc. ($n=1,141$). The number of survey participants from the service area is representative of the population within the service area, allowing us to generalize these findings to the entire six-county service area. This method helps to provide Opportunities, Inc. with a clearer picture of the needs, obstacles, and strengths in the region as it plans for future programs and community engagement. The survey instrument is available in Appendix 2.

Service area demographics, income, employment, educational attainment, and housing and households

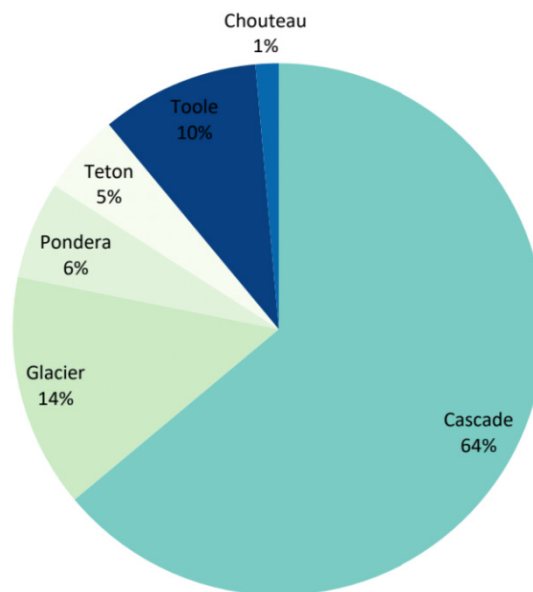
Survey participant demographic information

Participants were asked their zip code and the county where they live. Most survey respondents (63.8%) live in Cascade County, with Glacier County (14.2%) having the second most survey participants.

Table 42. County of residence²⁵⁶

County	Survey n	Percent of survey respondents	Population ²⁵⁷
Cascade	728	63.8%	84,601
Glacier	162	14.2%	13,713
Toole	109	9.6%	5,028
Pondera	67	5.9%	6,012
Teton	59	5.2%	6,291
Chouteau	16	1.4%	5,888

Figure 12. Survey respondents by county



In addition to county, the research team grouped participants by zip codes. Most respondents reported zip codes 59405 (30.3%), 59404 (17.0%), and 59401 (14.4%). In total, 5.7% of survey respondents (n=65) reported living within the boundaries of an American Indian Reservation.

Survey respondents ranged in age from under 18 to over 80, with a mean age of approximately 39. Most participants were ages 35 to 44 (19.8%), followed by 25 to 34 (6.4%), 45 to 54 (15.5%), and 55 to 64 (13.2%). About 17.1% of respondents preferred not to report their age, while fewer

²⁵⁶ Population data source: census.gov (<https://www.census.gov/quickfacts/fact/table/>)

²⁵⁷ American Community Survey (2019–2023)

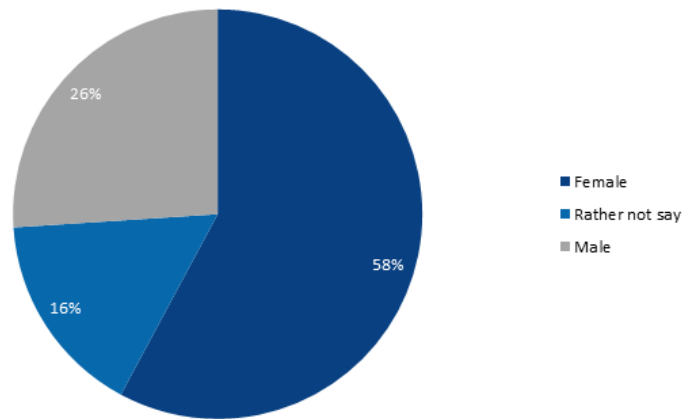
participants identified as under age 25 or over age 65.

Table 43. Participant age

Age	n	Percent
Under 18	3	0.3
18-24	61	5.3
25-34	187	16.4
35-44	226	19.8
45-54	177	15.5
55-64	152	13.2
65-79	124	10.9
80+	17	1.5
Rather not say	195	17.1

The survey also asked survey participants to identify their sex, shown in Figure 13.

Figure 13. Survey participant sex



Most participants identified as female (n=660, 57.8%), followed by male (n=297, 26.0%). An additional 16.1% (n=184) of participants preferred not to report their sex.

For race, most survey respondents in the service area were White (n=641, 56.2%) and American Indian or Alaska Native (n=193, 16.9%), while 20.5% preferred not to identify their race. Regarding ethnicity, 4.9% of survey respondents reported being Hispanic or Latino. Table 44 shows survey participants by race and ethnicity.

Table 44. Survey participant race and ethnicity by county

County	White	Black/African American	American Indian/Alaska Native	Asian	Pacific Islander/ Native Hawaiian	Two or more races	Hispanic/ Latino	Rather not say/ Other
Cascade	58% (n=422)	2.1% (n=15)	17.4% (n=127)	1% (n=7)	0.1% (n=1)	5.1% (n=37)	6.6% (n=48)	16.3% (n=119)
Chouteau	75% (n=12)	6.2% (n=1)	0% (n=0)	0% (n=0)	0% (n=0)	0% (n=0)	6.2% (n=1)	18.8% (n=3)
Glacier	35.8% (n=58)	0% (n=0)	35.8% (n=58)	0% (n=0)	0% (n=0)	3.7% (n=6)	1.9% (n=3)	24.7% (n=40)
Pondera	73.1% (n=49)	0% (n=0)	7.5% (n=5)	0% (n=0)	1.5% (n=1)	1.5% (n=1)	1.5% (n=1)	16.4% (n=11)
Teton	69.5% (n=41)	0% (n=0)	3.4% (n=2)	0% (n=0)	0% (n=0)	1.7% (n=1)	3.4% (n=2)	25.4% (n=15)
Toole	54.1% (n=59)	0% (n=0)	0.9% (n=1)	0% (n=0)	0% (n=0)	2.8% (n=3)	0.9% (n=1)	42.2% (n=46)
Total	56.2% (n=641)	1.4% (n=16)	16.9% (n=193)	0.6% (n=7)	0.2% (n=2)	4.2% (n=48)	4.9% (n=56)	20.5% (n=234)

At the county level, White representation was highest in Chouteau (75%, n=12) and Pondera (73.1%, n=49) and lowest in Glacier (35.8%, n=58). American Indian or Alaska Native respondents were represented in all counties in the service area except for Chouteau. In Glacier County, home to the Blackfeet Indian Reservation, American Indian or Alaska Native respondents comprised almost 36% (n=58) of the county survey sample.

Household finances, employment, and educational attainment

Among Opportunities, Inc. participants who reported their income, the most reported income ranges were below the FPL. For all U.S. states except Alaska and Hawaii, 2025 poverty guidelines for a household of four is \$32,150.²⁵⁸ In the Opportunities, Inc. service area, almost 23% of participants reported household incomes less than \$1,000/month (22.7%, n=259), while about 19% of respondents (n=218) reported \$1001-\$2000/month. Taken together, participants who reported less than \$3,000/month were 53.8% of the survey sample.

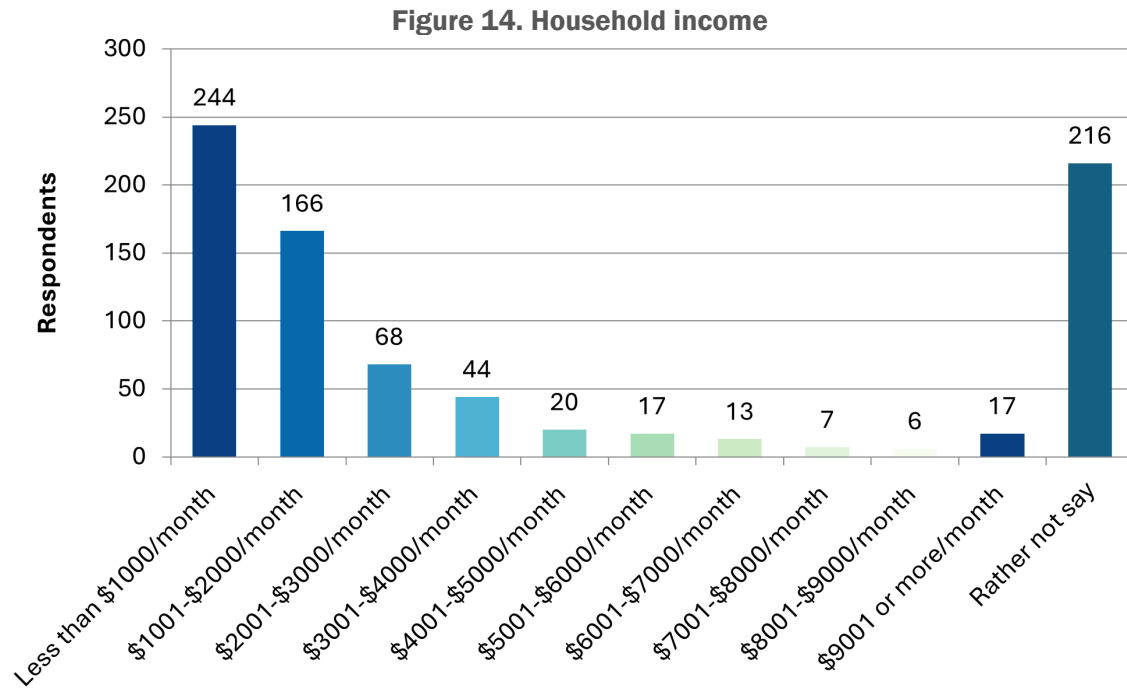
Table 45. Household incomes of service area

Income	n	Percent
Less than \$1000/month	259	22.7%
\$1001-\$2000/month	218	19.1%
\$2001-\$3000/month	137	12.0%
\$3001-\$4000/month	95	8.3%
\$4001-\$5000/month	56	4.9%
\$5001-\$6000/month	50	4.4%
\$6001-\$7000/month	30	2.6%
\$7001/month or more	56	4.9%
Rather not say	240	21.0%

In summary, findings shown in Table 45 indicate that more than half of those living within the service area of Opportunities, Inc. are below the FPL. Moreover, most households are living on household incomes far below the Montana median income (\$69,922 or about \$5,800/month) and the U.S. (\$78,538 or about \$6,500/month).²⁵⁹ Figure 14 shows the distribution of income for the combined service area.

²⁵⁸ Office of the Assistant Secretary for Planning and Evaluation (2025)

²⁵⁹ American Community Survey (2019-2023)



As shown in Figure 14, most households reported household incomes below \$2000/month. Overall, a significant portion of participants (21%, n=216) did not report their household income on the survey. Table 46 presents the income distribution by category and county compared to the statewide survey respondents.

Table 46. Reported household income by county per month

County	Less than \$1000/month	\$1001-\$2000	\$2001-\$3000	\$3001-\$4000	\$4001-\$5000	\$5001-\$6000	\$6001-\$7000	\$7001-\$8000	\$8001-\$9000	\$9001+	Rather not say
Cascade	33.5% (n=244)	22.8% (n=166)	9.3% (n=68)	6% (n=44)	2.7% (n=20)	2.3% (n=17)	1.8% (n=13)	1% (n=7)	0.8% (n=6)	2.3% (n=17)	17.3% (n=126)
Chouteau	6.2% (n=1)	12.5% (n=2)	12.5% (n=2)	0% (n=0)	18.8% (n=3)	6.2% (n=1)	12.5% (n=2)	0% (n=0)	6.2% (n=1)	0% (n=0)	25% (n=4)
Glacier	2.5% (n=4)	11.7% (n=19)	17.3% (n=28)	15.4% (n=25)	6.2% (n=10)	8% (n=13)	4.9% (n=8)	3.1% (n=5)	1.9% (n=3)	4.9% (n=8)	24.1% (n=39)
Pondera	3% (n=2)	13.4% (n=9)	17.9% (n=12)	10.4% (n=7)	9% (n=6)	17.9% (n=12)	4.5% (n=3)	3% (n=2)	0% (n=0)	3% (n=2)	17.9% (n=12)
Teton	1.7% (n=1)	16.9% (n=10)	15.3% (n=9)	16.9% (n=10)	8.5% (n=5)	5.1% (n=3)	3.4% (n=2)	0% (n=0)	0% (n=0)	3.4% (n=2)	28.8% (n=17)
Toole	6.4% (n=7)	11% (n=12)	16.5% (n=18)	8.3% (n=9)	11% (n=12)	3.7% (n=4)	1.8% (n=2)	0.9% (n=1)	0.9% (n=1)	0.9% (n=1)	38.5% (n=42)
Total service area	22.7% (n=259)	19.1% (n=218)	12% (n=137)	8.3% (n=95)	4.9% (n=56)	4.4% (n=50)	2.6% (n=30)	1.3% (n=15)	1% (n=11)	2.6% (n=30)	21% (n=240)
Total statewide	10.3% (n=372)	12.6% (n=455)	12.3% (n=445)	9.9% (n=360)	7.3% (n=263)	6% (n=217)	3.9% (n=143)	3.5% (n=126)	2.2% (n=79)	6.1% (n=221)	26% (n=944)

Income distribution varied by county, although at least about one third of respondents from each county reported being below the FPL. Cascade County had the highest share of participants reporting less than \$3000/month (65.6%), followed by Pondera County (34.3%), Teton (33.9%), Toole (33.9%), Glacier (31.5%), and Chouteau (31.2%).

Table 47 summarizes participants’ current employment situations across the combined six-county service area. Respondents could select multiple answers, and write-in responses were manually reviewed and recoded into existing or new categories. The new categories created from write-in responses included “disabled or on disability,” “volunteer,” “chronically ill or injured,” “care for sick family member,” and “other: work hours vary,” which includes the write-in responses of self-employed, seasonal workers, ranch hands, and entrepreneurs.

Table 47. Employment status

Employment status	Opportunities, Inc. n	Percent	Montana n	Montana percent
Work full-time in one job (30 hours or more)	406	37.2%	1585	47.5%
Work full-time at more than one job, (30 hours or more)	51	4.7%	224	6.7%
Work part-time (less than 30 hours)	100	9.2%	313	9.4%
Work sometimes	28	2.6%	77	2.3%
Student	33	3%	108	3.2%
Homemaker or stay-at-home parent	65	6%	139	4.2%
Retired	149	13.7%	646	19.3%
Unemployed	218	20%	309	9.3%
Disabled or on disability	57	5.2%	106	3.2%
Other: work hours vary	16	1.5%	55	1.6%
Chronically ill or injured	4	0.4%	6	0.2%
Volunteer	1	0.1%	9	0.3%
Care for sick family member	3	0.3%	6	0.2%
Rather not say/Other	0	0%	32	1%

Across all counties within the service area of Opportunities, Inc., the most common response was “working full-time in one or more jobs” reported by 41.9% (n=457). Other common statuses included “working part-time (less than 30 hours)” (9.2%, n=100), “homemaker or stay-at-home parent” (6.0%, n=65), and “disabled or on disability” (5.2%, n=57). One of the more interesting components captured by the survey was that 5% of survey participants wrote in that they were disabled or on disability; four wrote in that they were chronically ill or injured, and three participants wrote in that they cared full-time for a family member. Being disabled often prevents a person from being able to work outside the home, but taking care of a family member or children is often not considered by official statistics as “working” even though these activities often require full-time hours and dedication.

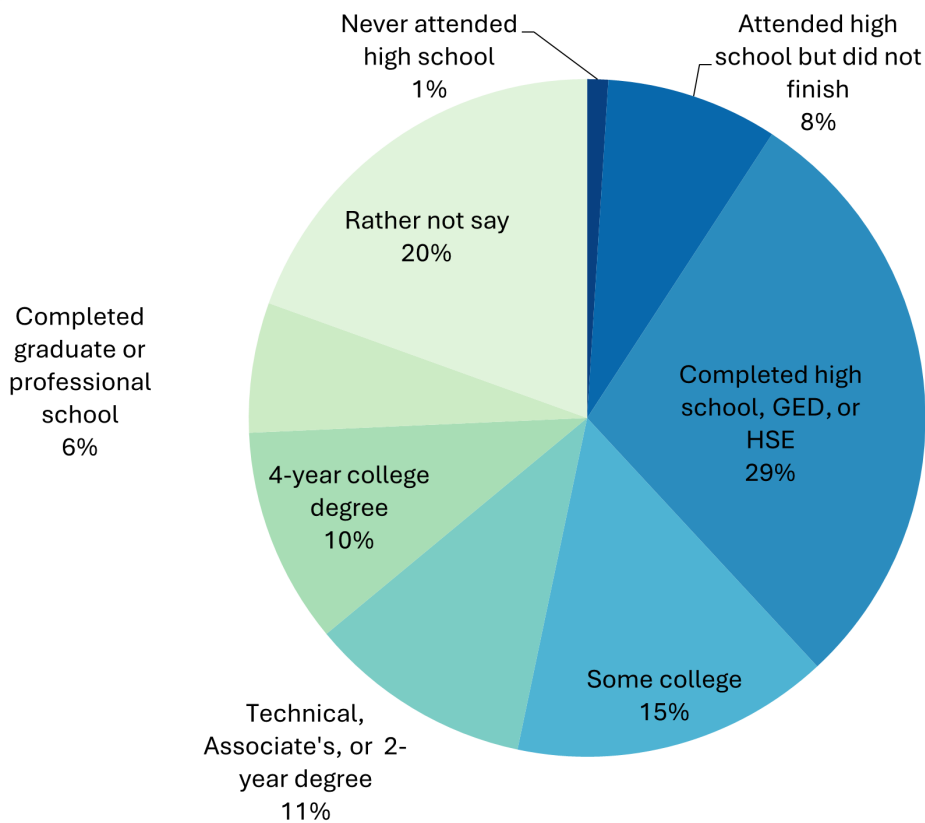
Cascade County had the largest number of respondents and the highest unemployment rate (29.9%, n=205). Glacier County had the highest proportion of full-time workers (62.0%, n=98) and a notable share of full-time multiple job holders (11.4%, n=18). Teton County reported the highest rate of retirement (49.1%, n=28), and Toole County had a relatively high proportion of

homemakers (17.6%, n=19) and full-time workers (50.9%, n=55). Chouteau County had a small sample size, but more than half (57.1%, n=8) worked full-time and 28.6% (n=4) worked part-time. Pondera county showed a notable share of retirees (28.4%, n=19) and homemakers (10.4%, n=7). Educational attainment, which is often positively related to income later in life, is reported in Table 48.

Table 48. Educational attainment

Education	n	Percent
Never attended high school	11	1%
Attended high school but did not finish	93	8.2%
Completed high school, GED, or HSE	330	28.9%
Some college	174	15.2%
Technical, associate, or two-year degree	122	10.7%
Four-year college degree	118	10.3%
Completed graduate or professional school	71	6.2%
Rather not say	222	19.5%

Figure 15. Pie chart of educational attainment in service area



For educational attainment, a large share of survey respondents completed high school, a GED certificate, or HSE degree (28.9%), and another 15.2% completed some college. Only 1% had never attended high school, 8.2% attended but did not finish, and 10.7% completed a technical degree. Participants in only one county, Cascade, reported never having attended high school (n=11). Participants that completed a technical, associate, or equivalent two-year degree included

those in Cascade (9.6%, n=70), Chouteau (6.2%, n=1), Glacier (14.8%, n=24), Pondera (13.4%, n=9), Teton (13.6%, n=8), and Tootle (9.2%, n=10) Counties. About 10.3% earned a four-year college degree, and 6.2% completed a graduate or professional program. Participants that hold four-year degrees and/or completed graduate or professional school (16.5% of the service area, n=189) by county included survey respondents in Cascade (11.3%, n=82), Chouteau (62.6%, n=10), Glacier (30.9%, n=50), Pondera (23.9%, n=13), Teton (25.4%, n=15), and Toole (14.6%, n=16) Counties.

Multiple studies have noted a correlation between education and income later in life. For example, individuals with higher levels of education are less likely to be unemployed²⁶⁰ and earn much higher wages than individuals with lower levels of education,²⁶¹ and median lifetime earnings are \$41.2 million higher for bachelor’s degree holders than individuals who do not have a bachelor’s degree.²⁶² These associations hold for those within the Opportunities, Inc. service area. A chi-square test of independence was performed to examine the relationship between education and income in the service area. The relationship between these two variables was significant; $X^2(1, n=872) = 115.83, p < .001$. In total, 56% of survey respondents who hold a technical, associate, or two-year degree are above the poverty threshold (as measured by above \$30,000 for the combined household income), versus 20% of those people with less education. This statistically significant relationship provides a strong argument for increasing educational and technical programming within the Opportunities, Inc. service area.

Housing and households

Table 49 highlights the current living situations of respondents, excluding those who skipped the question. Any participants who wrote in “homeless” or noted that they were living in a “motel room” were reclassified under the “I am unhoused” category.

Table 49. Current housing status

Living situation	n	Percent
I am unhoused.	41	3.6%
I live in a nursing home, long-term care, or assisted living.	1	0.1%
I live in a shelter.	14	1.2%
I live in my car.	21	1.9%
I live in my recreational vehicle (RV).	17	1.5%
I live with family or friends for free.	74	6.6%
I live with multiple generations of my family and help pay some of the bills.	17	1.5%
I live with two or more unrelated families in the same house.	10	0.9%
I own my home.	442	39.3%
I rent my home.	444	39.5%
I live in employee housing.	1	0.1%
Other	42	3.7%

As shown, most participants reported living in stable housing; 39.5% (n=444) rent their home and 39.3% (n=442) own their home. A smaller but significant portion indicated less secure or shared housing arrangements. These responses included “living with family or friends for free” (6.6%,

²⁶⁰ Bureau of Labor Statistics (2024)

²⁶¹ Social Security Administration (2015)

²⁶² Association of Public and Land-Grant Universities. (2025). How does a college degree improve graduates’ employment and earnings potential? <https://www.aplu.org/our-work/4-policy-and-advocacy/publicvalues/employment-earnings/>

n=74); “living with multiple generations and contributing to bills” (1.5%, n=17); and “living with unrelated families in the same home” (0.9%, n=10).

A total of 3.6% (n=41) reported being unhoused, 1.2% (n=14) lived in shelters, and 1.9% (n=21) lived in their cars. Additionally, 1.5% (n=17) reported living in recreation vehicles (RVs), highlighting a range of informal or transitional living situations. Only 0.1% (n=1) reported living in either long-term care, nursing homes, or employment housing, while 3.7% (n=42) selected “other,” which may include unique or undefined housing situations. The findings indicate that while respondents reside in conventional housing, a meaningful subset experiences housing instability or unconventional arrangements, pointing to ongoing need for housing support, stability, and services tailored to nontraditional living situations.

Survey participants were asked to delineate the composition of their households, including whether they had veterans within their households. Overall, 7.7% (n=72) of respondents were veterans, and 7.9% (n=74) said they were not veterans themselves but another adult in their household was a veteran. Approximately 16% of survey participants reported living in households with five or more people, including 4.1% in households with seven or more members. This pattern suggests that, beyond the presence of children or seniors, multiple family units or extended families may reside in shared living spaces.

Table 50. Number of people in the home

Number of people	n	Percent
1 person	257	22.5
2 people	317	27.8
3-4 people	353	30.9
5-6 people	134	11.7
7+ people	47	4.1
Missing/Invalid	33	4.1

Table 51. Number of children in the home

Number of people	n	Percent
0 children	620	54.3%
1 child	171	15%
2 children	174	15.2%
3 children	89	7.8%
4-5 children	51	4.5%
6+ children	8	0.7%
Missing/Invalid	28	2.5%

Most respondents (54.3%, n=620) reported having no children living in the home. Households with one child (15.0%, n=171) and two children (15.2%, n=174) were the next most common household groups reported. Smaller proportions reported having three children (7.8%, n=89), four to five children (4.5%, n=51), or six or more children (0.7%, n=8). A small portion of responses were missing or invalid.

Table 52. Number of seniors in home

Number of people	n	Percent
0 seniors	737	64.6%
1 senior	243	21.3%
2 seniors	113	9.9%
3-4 seniors	12	1.1%
5+ seniors	4	0.4%
Missing/Invalid	32	2.8%

Similarly, most households (64.6%, n=737) reported having no seniors living in the home. About one fifth (21.3%, n=243) of respondents had one senior living in the household, while 9.9% (n=113) had two seniors. Only a small percentage of households reported having three to four seniors (1.1% n=12) or five or more (0.4%, n=4). Missing or invalid responses account for 2.8% (n=32) of the data.

These tables provide insight into the household composition of the surveyed population, indicating that most households do not include children or seniors, though a notable portion include one or two individuals in each category. This demographic information can inform service planning and resource allocation.

Role in community

Participants reported a variety of roles in their communities (n=1,033). Some of these choices include being a general community member, a client of the agency, or volunteering with the agency. Table 53 provides a breakdown of how survey respondents see themselves in relation to their community. Participants who did not answer the question were excluded, and write-in responses were manually recoded into relevant existing categories. Survey participants who had write-in responses that indicated they worked in home healthcare environments were categorized as “I represent a community or social service group.”

Table 53. Role in community

Role	n	Percent
I am a board member of an agency.	15	1.5%
I am a client of an agency.	235	22.7%
I am general community member.	558	54%
I am retired or disabled.	6	0.6%
I represent a community or social service group.	71	6.9%
I represent a government group.	34	3.3%
I represent a private group.	39	3.8%
I represent a religious-based group.	14	1.4%
I represent a school.	36	3.5%
I volunteer with an agency.	25	2.4%

Most respondents (54%, n=558) identified as general community members, reflecting broad public engagement across the surveyed counties. The second largest group was those who identified as clients of an agency (22.7%, n=235), indicating a strong level of connection to local support services such as Community Action Agencies (CAAs) or Head Start programs.

Cascade County was the largest sample and showed strong representation among general community members (48.5%) and clients of agencies (32.7%) with additional representation from community, government, and private sectors. Chouteau County had a smaller sample with most respondents (66.7%) identifying as general community members and 20% as representing community or social service groups. Glacier County showed diverse roles with nearly 60% identifying as general community members and 11.2% representing schools.

Community quality of life, assets, and needs

To determine participant views on their communities, the research team asked participants questions²⁶³ about their quality of life and what they valued about their respective communities. They responded on a scale from one to five, with one indicating strong disagreement and five being strong agreement. The results are shown in Table 54. For further analyses, these questions were later combined into a single quality-of-life scale. The reliability of this multi-item scale was assessed using Cronbach’s alpha ($\alpha=0.836$, confidence interval 0.821 to 0.851), indicating good internal reliability of this scale.

²⁶³ Questions were modified from the National Association of County Health Officials

Table 54. Community quality-of-life questions

Quality of life questions	1 (No)	2	3	4	5 (Yes)	Not applicable (N/A)	Total n
Is your community a good place to raise children? (Think about school quality, childcare, after-school programs, to have fun, etc.)	n=65 (6.2%)	n=84 (8%)	n=257 (26.9%)	n=235 (22.5%)	n=337 (32.2%)	n=55 (5.3%)	1045
Are there good job opportunities in your community? (Think about local businesses, jobs that can help you grow in your career, job training, affordable housing, and how far you have to travel for work, etc.)	n=147 (14.1%)	n=187 (17.9%)	n=309 (29.7%)	n=158 (15.2%)	n=206 (19.8%)	n=35 (3.4%)	1042
Is your community a safe place to live? (Think about how safe people feel at home, at work, in schools, at playgrounds, and parks. Do neighbors know and trust each other? Do they help each other?)	n=72 (6.9%)	n=102 (9.7%)	n=288 (27.5%)	n=273 (26%)	n=295 (28.1%)	n=18 (1.7%)	1048
Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations, etc.)?	n=42 (4%)	n=118 (11.3%)	n=253 (24.3%)	n=235 (22.6%)	n=354 (34%)	n=39 (3.7%)	1041
Are you happy with the quality of life in your community? (Think about how you feel, how involved you are in activities, etc.)	n=86 (8.3%)	n=122 (11.7%)	n=261 (25%)	n=254 (24.4%)	n=291 (27.9%)	n=28 (2.7%)	1042

As shown in the table, most responses were within the middle range in the quality-of-life scale. Moreover, more respondents rated the quality of life of their communities positively than those who rated it negatively. This finding implies that survey respondents in the service area of Opportunities, Inc. reported general contentment with their quality of life, despite the challenges associated with housing and employment.

Community assets

Participants were asked to indicate their level of agreement with a series of statements about resources and support systems in their community. Each question used a Likert scale ranging from “strongly disagree” or “strongly agree” with no respondents selecting “I don’t know” across all items. Participants were asked to share their perceptions of local resources and community supports. These results reveal patterns of both resource gaps and areas of community strength.

Table 55. Community assets

Community questions	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	I don't know	Total n
My community has many affordable homes for people to buy.	n=447 (42.7%)	n=250 (23.9%)	n=214 (20.5%)	n=108 (10.3%)	n=27 (2.6%)	n=0 (0%)	1046
My community has many affordable places to rent.	n=470 (44.9%)	n=274 (26.2%)	n=172 (16.4%)	n=102 (9.8%)	n=28 (2.7%)	n=0 (0%)	1046
My community has help for people who are houseless.	n=269 (26%)	n=232 (22.4%)	n=249 (24.1%)	n=201 (19.4%)	n=84 (8.1%)	n=0 (0%)	1035
My community has help available for the behavioral health needs of adults.	n=155 (15%)	n=210 (20.3%)	n=275 (26.5%)	n=272 (26.3%)	n=124 (12%)	n=0 (0%)	1036
My community has help available for mental health care needs of adults.	n=148 (14.1%)	n=210 (20%)	n=272 (25.9%)	n=284 (27.1%)	n=135 (12.9%)	n=0 (0%)	1049
My community has help available for physical health care needs of adults.	n=85 (8.1%)	n=157 (15%)	n=260 (24.9%)	n=374 (35.8%)	n=169 (16.2%)	n=0 (0%)	1045
My community has resources available for people who don't have enough food.	n=42 (4%)	n=112 (10.7%)	n=152 (14.5%)	n=411 (39.2%)	n=331 (31.6%)	n=0 (0%)	1048
My community has childcare for individuals and families with different incomes.	n=115 (11.1%)	n=175 (16.8%)	n=369 (35.5%)	n=246 (23.7%)	n=135 (13%)	n=0 (0%)	1040
My community has enough public transportation available.	n=204 (19.4%)	n=185 (17.6%)	n=242 (23%)	n=289 (27.5%)	n=130 (12.4%)	n=0 (0%)	1050
My community has welcoming and friendly public meetings and events.	n=64 (6.1%)	n=138 (13.2%)	n=360 (34.5%)	n=317 (30.4%)	n=164 (15.7%)	n=0 (0%)	1043
Public officials in my community work to help people and families with low incomes.	n=141 (13.6%)	n=178 (17.2%)	n=344 (33.3%)	n=260 (25.2%)	n=110 (10.6%)	n=0 (0%)	1033

Food access was the highest rated area of support; 71% somewhat or strongly agreed that resources are available for people who don't have enough food. Childcare, however, received less favorable responses. Only 37% somewhat or strongly agreed that childcare is available from families with different income levels, and 36% were neutral. Public transportation opinions were evenly split, with 37% agreeing that it's sufficient and 37% disagreeing.

When asked about civic engagement, 46% felt that public events are welcoming, while 34% were neutral. Regarding trust in public officials, about 36% agreed that local leaders support low-income families, while a similar share either disagreed or were unsure. These findings suggest that food and physical health care resources are seen as strengths, but housing, mental health, childcare, and public trust remain key areas for improvement.

Perceptions around housing affordability were largely negative. Most respondents (66.6%) either strongly disagreed (42.7%) or somewhat disagreed (23.9%) that their community has

many affordable homes to buy. Only 12.9% agreed, while 20.5% remained neutral (n=1,046). Similarly, 71.1% disagreed that affordable rental options are available, including 44.9% who strongly disagreed. Only 12.5% expressed agreement (n=1,046). Opinions were more mixed but still leaned negative with 48.4% disagreeing and 27.5% agreeing that their community offers support for unhoused individuals (n=1,035). Notably, one quarter of respondents were neutral (24.1%).

While 35.3% disagreed that behavioral health support is available, nearly the same proportion (38.3%) agreed, and 36.5% were neutral (n=1,036). Responses followed a similar pattern for mental health care for adults, with 34.1% in disagreement and 40% in agreement. One quarter (25.9%) were neutral (n=1,049). This finding was one of the more positively rated items, with 52% agreeing that physical healthcare is available, while only 23.1% disagreed (n=1,045).

Community needs

The survey asked participants to rank their top five needs in their communities. The participants' top need was scored as five and their lowest need was scored as one. These scores were then combined to provide the total score for each community need. The "Number of rankings" column shows the total number of participants who included that need in their top five community needs.

Table 56. Top community needs

Community need	Score	Number of rankings
Access to substance use disorder services	2084	522
Access to affordable childcare	1960	539
Availability of jobs that pay enough to live on	1740	538
Availability of safe and affordable housing	1667	503
Access to healthcare	1408	490
Access to early childhood education	1212	396
Access to mental health services	994	377
Crime and/or public safety	753	276
Help for people who are unhoused	637	244
Access to reliable and fast internet	606	273
Needs or services for youth	502	193
Lack of affordable food or hunger	380	168
Needs of older adults or seniors	339	146
Availability or cost of transportation	307	130
Planning for growth and development (like water resources)	297	123
Cultural awareness	201	81

Based on ranked scores provided by survey participants, the most frequently identified top community needs were "access to substance use disorder services" (score: 2,084, ranked by 522 participants) and "access to affordable childcare" (score: 1,960, ranked by 539). Following closely as most important is "jobs that pay enough to live on" (score 1,740, ranked by 538). Interestingly,

affordable childcare received more total rankings than any other need. Conversely, issues such as “access to mental health services,” “crime and/or public safety,” and housing for unhoused individuals, while still significant, received relatively lower priority rankings. This distribution suggests that access to health care, particularly substance use disorder services, childcare, and economic stability in the form of living wage jobs are the most urgent and shared concerns across the Opportunities, Inc. service area.

Individual and family needs

This section examines the types of needs reported by individuals and families in the Opportunities, Inc. service area. Survey participants were asked whether they currently had needs in several key domains, including employment, education and cognitive development, income, infrastructure and asset-building, housing, health/social and behavioral development, and civic engagement and community involvement. For each domain where a need was identified, participants selected specific items from a list and could provide open-ended comments for additional context. The goal of this section was to identify the range and nature of needs across households to better understand the challenges facing the community.

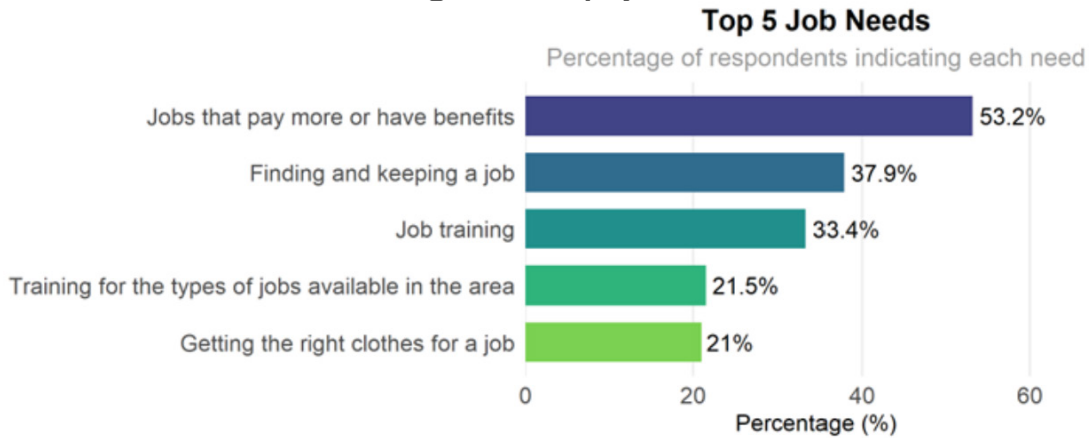
Employment needs

Participants were asked whether they or members of their household had experienced job-related needs in the past 12 months. Overall, 62% (n=658) reported no current or recent job needs, and 38% (n=404) reported currently having job needs. Table 57 and Figure 16 summarize the specific employment-related needs identified by these respondents.

Table 57. Employment needs

Employment need	n
Jobs that pay more or have benefits	n= 215 (53.2%)
Finding and keeping a job	n=153 (37.9%)
Job training	n=135 (33.4%)
Training for the types of jobs available in the area	n=87 (21.5%)
Getting the right clothes for a job	n=85 (21%)
Background check issues	n=73 (18.1%)
Knowing where to find job resources	n=65 (16.1%)
Learning technical skills	n= 64 (15.8%)
Having access to the internet for work	n=62 (15.3%)
Writing a resume	n=61 (15.1%)
Interviewing for a job	n= 55 (13.6%)
Learning soft skills	n=51 (12.6%)
Criminal background issues	n=40 (9.9%)
Offender standing issues	n=22 (5.4%)

Figure 16. Employment needs



Note: Among 404 participants who indicated current job needs, multiple selections were allowed. Percentages do not total 100% because participants could choose more than one option.

The most reported employment need was “jobs that pay more or have benefits,” cited by 53.2% (n=215). Other frequently reported needs included “finding and keeping a job” (37.9%, n=153), “job training” (33.4%, n=135), “training for the types of jobs available locally” (21.5%, n=87), “getting the right clothes for a job” (21%, n=85), and “background check issues” (18.1%, n=65).

This data reveals that a substantial portion of households are currently navigating barriers to stable and gainful employment. The most common concerns centered around wages, benefits, job security, and training, with several individuals identifying practical (e.g., clothing, internet access) and systemic (e.g., criminal background) challenges. These findings highlight opportunities for workforce development, reentry support, and wraparound employment services in the region. Another need related to employment that participants highlighted included the need for childcare so they could work.

Education and cognitive development needs

Among survey participants with education needs, the most selected responses were “life skills training” (25.6%), “early childhood education programs” (25.3%), and “GED classes/high school equivalency” (24.6%). Other frequently identified needs included “affordable and good childcare” (23.2%), “help with college aid or Free Application for Federal Student Aid (FAFSA) forms (23.2%), and “technical or vocational training” (20.2%).

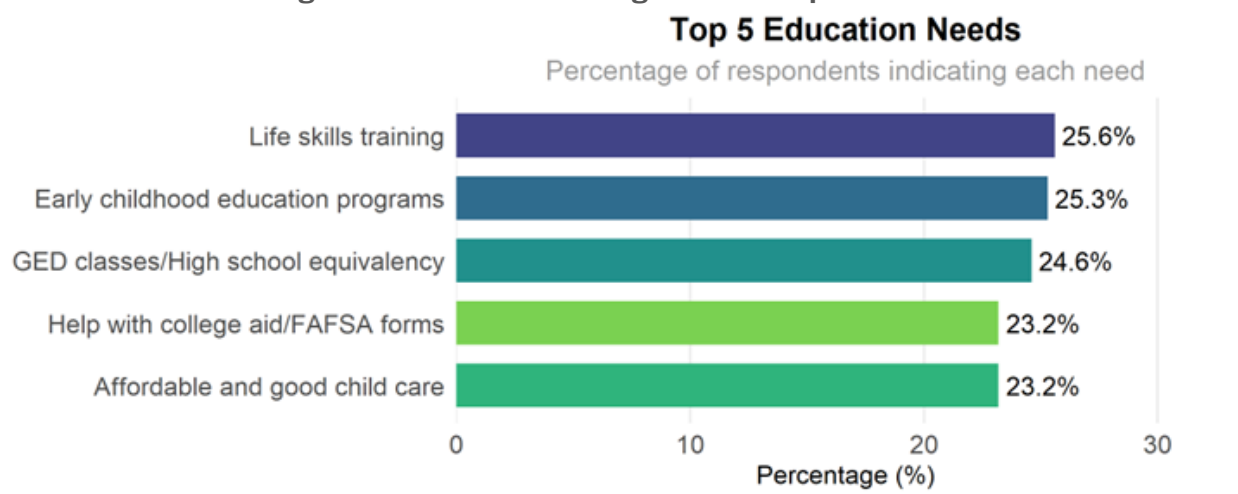
Table 58. Education and cognitive development needs

Program	n	Percent
Life skills training	76	25.6%
Early childhood education programs	75	25.3%
GED classes/high school equivalency	73	24.6%
Affordable and good childcare	69	23.2%
Help with college aid/FAFSA forms	69	23.2%
Technical and vocational training	60	20.2%
Parenting education and skills	59	19.9%
Computer skills training	56	18.9%
Literacy classes	20	6.7%
Character education (anti-bullying, etc.)	17	5.7%
English as a second language (ESL) classes	16	5.4%

Parenting support and digital literacy were also important to many respondents, with 19.9% identifying a need for “parenting education and skills” and 18.9% for “computer skills training.” Less commonly selected needs included “literacy classes” (6.7%), “character education (anti-bullying, etc.)” (5.7%), and “ESL classes” (5.4%).

These findings highlight a diverse range of educational priorities, particularly around adult education, workforce readiness, early childhood support, and navigating higher education systems. Figure 16 shows the education needs of participants.

Figure 17. Education and cognitive development needs



Note: The percentages do not total 100% because participants could select more than one need. The denominator is the 297 participants that reported education needs.

As shown in Figure 17, participants would like to see programs that help them meet their educational goals, such as life skills training, GED classes, and help with forms to apply to college. Participants highlight that they would like to see more programs that help them meet these goals by providing childcare. For example, one participant wrote that they need help “finding a job that is M–F with available daycare needs.” Overall, findings show overlap between employment, education, and help with childcare for participants. Another survey participant wrote:

“My family of 6 doesn’t qualify for Medicaid/headstart. One child is preschool aged but we cant afford the monthly cost. Daycare is a must have bill. A needed service in our community. We need additional hours/days for daycare.”

Income, infrastructure, and asset-building

Participants noted in the write-in portion of the survey that they had many challenges in making ends meet. They discussed difficulties paying for expenses such as medical bills, student loans, food, gas, auto insurance, moving, rent, and phone service. Table 59 presents data on participants’ self-identified income, infrastructure, and asset-building needs, which the research teams refers to as financial need. Of the 531 individuals who reported financial concerns, the most frequently cited need was help with transportation or care repairs (41.6%, n=221). This response was followed by assistance with energy bills (35.0%, n=186) and general financial issues (34.7%, n=184), indicating that a significant number of households struggle with the essential costs of living expenses.

Table 59. Financial needs

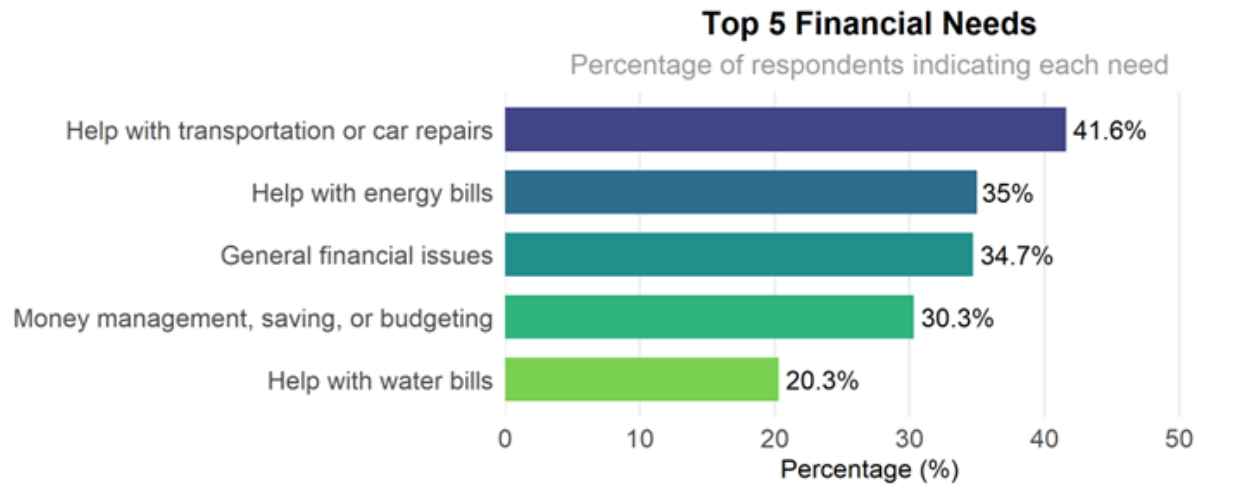
Financial need	n	Percent
Help with transportation or car repairs	221	41.6%
Help with energy bills	186	35.0%
General financial issues	184	34.7%
Money management, saving, or budgeting	161	30.3%
Help with water bills	108	20.3%
Legal help	95	17.9%
Help with utility deposits	85	16.0%
Help getting internet access at home	83	15.6%
Free income tax preparation help	79	14.9%
Help paying electric bills	79	14.9%
Help paying gas or heating bills	73	13.7%
Help with burial or funeral costs	57	10.7%
Bankruptcy, foreclosure, or repossession issues	47	8.9%
Money problems related to divorce	27	5.1%
Child support payment issues	27	5.1%
Gambling counseling	14	2.6%

About 30.3% (n=161) of participants reported needing support with “money management, saving, or budgeting,” highlighting a broader demand for financial literacy and planning resources. Other common needs include “help with water bills” (20.3%, n=108), “legal assistance” (17.9%, n=95), and “help with utility deposits” (16.0%, n=85).

Participants reported a range of financial needs, from everyday costs like utility bills and transportation to more complex challenges such as legal issues and debt. Many households struggle to keep up with essential expenses, including internet access and tax preparation. Others face more serious financial pressures related to foreclosure, divorce, or child support. While fewer people reported gambling-related financial issues, responses highlight the variety of economic stressors families are managing. Overall, the data highlight the need for both immediate financial support and long-term economic stability services. Figure 18 shows the top

financial needs.

Figure 18. Top financial needs



Note: Percentages do not total 100% because participants could select multiple needs. The denominator is the 531 participants who reported at least one financial need.

As shown, transportation and car repairs, energy assistance, money management, and help with other utilities like water bills are important financial needs. Participants noted in at least 15 instances that help with medical bills remained an important need. Participants also wrote in comments such as:

- “Food and housing costs leave little for savings where the program isn’t income focused”
- “Even with full-time employment and good paying jobs, it is hard to make ends meet.”

Housing needs

Many respondents described challenges related to finding safe, stable, and affordable housing. Concerns ranged from the availability and condition of rental properties to the costs of homeownership, repairs, and energy efficiency improvements. These needs often combine with broader issues of financial stability and overall quality of life. Other needs were often inextricably tied to housing. For example, one participant wrote:

- “I’m homeless and jobless due to thieves I’ve trusted. I should be on SSDI [Social Security Disability Insurance] again but haven’t been able to keep up with the drs visits and getting my mail.”

This comment highlights that participants face barriers such as financial literacy (i.e., “thieves I’ve trusted”) and keeping up with social programs like SSDI (i.e., “haven’t been able to keep up with drs” and “mail”) that are tied with housing. It is particularly challenging to receive mail and to complete requirements related to other qualifying programs such as SSDI when individuals do not have a stable home environment.

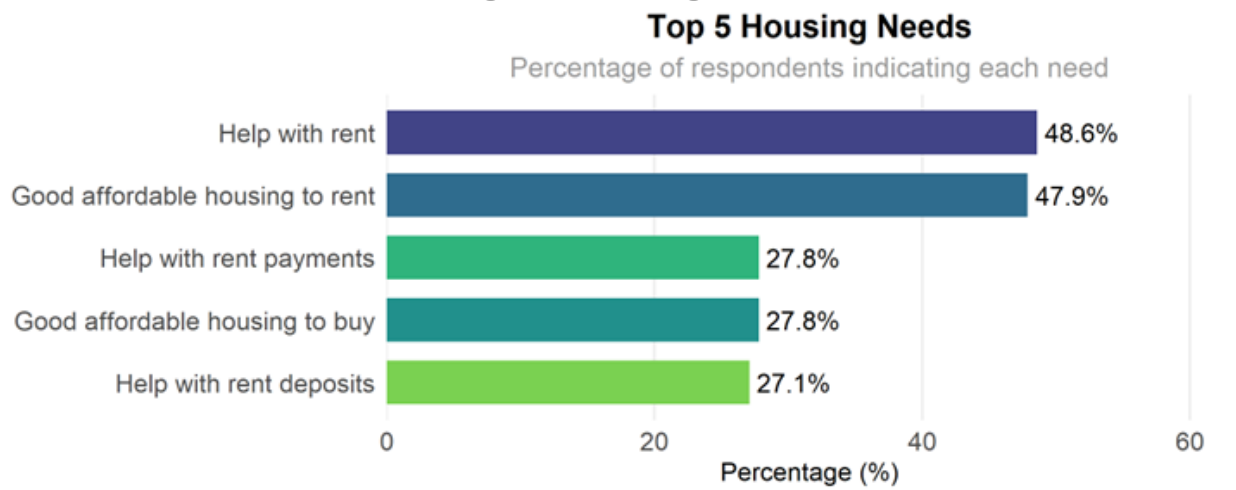
Respondents who indicated housing needs (n=428) were asked to select all applicable housing-related concerns. Because respondents could select more than one option, percentages do not total 100%. The most reported housing need was “help with rent,” selected by 48.6% (n=208) of

respondents. Nearly as many (47.9%, n=205) indicated a need for “good affordable housing to rent.” Other frequently reported needs included “good affordable housing to buy” (27.8%, n=119), “help with rent payments” (27.8%, n=119), “help with rent deposits” (27.1%, n=116), and “help with home energy efficiency” (26.2%, n=112). Table 60 and Figure 19 show housing needs.

Table 60. Housing needs

Housing needs	n	Percent
Help with rent	208	48.6%
Good affordable housing to rent	205	47.9%
Good affordable housing to buy	119	27.8%
Help with rent payments	119	27.8%
Help with rent deposits	116	27.1%
Help with home energy efficiency	112	26.2%
Home repair needs	108	25.2%
Home buyer education	84	19.6%
Help with rent back payments	72	16.8%
Help with down payments or closing costs	62	14.5%
Senior citizens housing	60	14%
Programs for free home repairs	57	13.3%
Skills for basic home repairs/maintenance	49	11.4%
Education about tenant rights/responsibilities	49	11.4%
Handicap accessibility housing	44	10.3%
Issues with unsafe/unlivable rental homes	43	10%
Income-based rental housing for seniors	33	7.7%
Issues with unsafe/unlivable homes for sale	23	5.4%
Affordable nursing homes/long-term care	20	4.7%

Figure 19. Housing needs



Note: The percentages do not total 100% because participants could select more than one need. The denominator is the 428 participants that reported housing needs.

Additional needs included “home repair assistance” (25.2%, n=108), “homebuyer education”

(19.6%, n=84), and “help with rent back payments” (16.8%, n=72). A smaller percentage reported needs related to down payments or closing costs (14.5%, n=62), senior citizen housing (14.0%, n=60), and free home repair programs (13.3%, n=57).

Less frequently mentioned needs included “skills for basic home repairs or maintenance” and “education about tenant rights and responsibilities” (both 11.4%, n=49), “handicap accessible housing” (10.3%, n=44), and “issues with unsafe or unlivable rental homes” (10%, n=43). Lower reported needs included “income-based rental housing for seniors” (7.7%, n=33), “issues with unsafe or unlivable homes for sale” (5.4%, n=23), and “affordable nursing homes or long-term care options” (4.7%, n=20).

The data underscores a significant need for rental assistance, access to quality affordable housing, and supportive services related to both renting and homeownership, with layered needs across affordability, education, safety, and accessibility. As other data highlights, housing is often tied to multiple myriad needs.

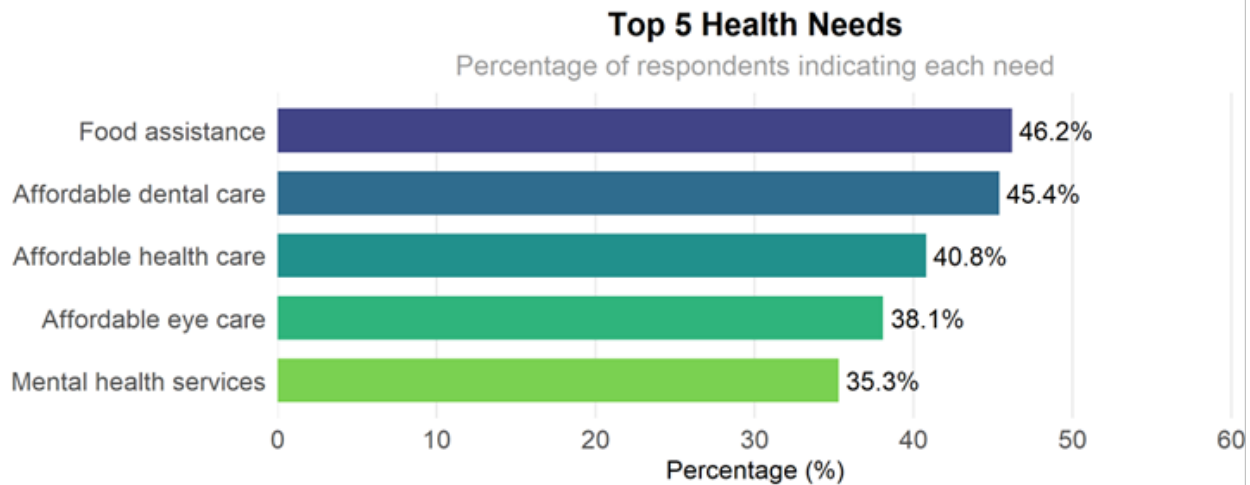
Health/social and behavioral development

Respondents identified a range of health-related challenges, with many focusing on affordability, access to essential services, and support for long-term or ongoing conditions. Mental health and chronic illness care emerged as recurring themes across responses. Among the 485 participants who reported health-related needs, the most common concern was “food assistance,” identified by 46.2% of respondents. This response was closely followed by “affordable dental care” (45.4%) and “affordable general health care” (40.8%), indicating that access to basic medical and nutritional needs is a significant challenge for many in the community.

Health/social and behavioral development needs	n	Percent
Food assistance	224	46.2%
Affordable dental care	220	45.4%
Affordable health care	198	40.8%
Affordable eye care	185	38.1%
Mental health services	171	35.3%
Health insurance issues	146	30.1%
Access to support services ((Special Supplemental Nutrition Program for Women, Infants, and Children) [WIC], SNAP, Supplemental Security Income [SSI], etc.)	133	27.4%
Adult mental health services	117	24.1%
Help paying for medicine/prescriptions	116	23.9%
Emergency clothing (winter coats, etc.)	112	23.1%
Access to fresh/healthy food	105	21.6%
Emergency food resources	86	17.7%
SNAP	86	17.7%
Senior health care	79	16.3%
Care for chronic illness	73	15.1%
Help for people with special needs	69	14.2%
Youth mental health services	61	12.6%

Health/social and behavioral development needs	n	Percent
Substance use disorder treatment	60	12.4%
Long-term health care	57	11.8%
Veteran's services	53	10.9%
Abuse/violence protection	50	10.3%
SSI	49	10.1%
Child vaccinations	36	7.4%
Help for children with special needs	30	6.2%
Medical equipment (wheelchairs, hearing aids, etc.)	29	6.0%
WIC programs	28	5.8%
Help for physical/emotional/sexual abuse	24	4.9%
Domestic violence protection	21	4.3%
Teenage pregnancy/prenatal care	20	4.1%
Sexual and reproductive health care	19	3.9%
Prosthetic devices	12	2.5%
Sexual assault services	12	2.5%
Services for runaway youth	9	1.9%
HIV/AIDS care	2	0.4%

Figure 20. Health needs



A substantial portion of respondents expressed the need for “affordable eye care” (38.1%) and “mental health services” (35.3%), underscoring persistent gaps in both routine and behavioral health services. Relatedly, 30.1% cited “health insurance issues,” reflecting barriers to accessing coverage that can serve as a gateway to most forms of care.

Support services such as WIC, SNAP, and SSI were needed 27.4%, and nearly one quarter of participants (24.1%) specifically reported a need for “adult mental health services.” Other common needs included “help paying for prescriptions” (23.9%); “emergency clothing (winter coats, etc.)” (23.1%); and “access to fresh, healthy food” (21.6%).

Participants reported “emergency food resources” (17.7%) and “SNAP” benefits at an equal rate. Other needs included “senior health care,” “care for chronic illness,” and “support for individuals

with special needs.” Less frequently but still significantly, respondents cited needs such as “youth mental health services,” “substance use disorder treatment,” and “long-term health care.” Services related to veterans and abuse or violence protection were also noted.

More specialized needs such as “domestic violence protection,” “teenage pregnancy support,” “reproductive health care,” “prosthetic devices,” and “sexual assault services” were reported by fewer participants (each under 5%), but they remain critical areas requiring targeted outreach and services. If we combine “abuse/violence protection” (10.3%) with “domestic violence protection” (4.3%), 14.6% of respondents discussed abuse as an issue. In the comments, one participant wrote:

“The sheriff department does not fully follow the law when it comes to domestic violence or fully investigate PFMA crimes. The special county attorney is comfortable cutting plea deals against the victims['] wishes.”

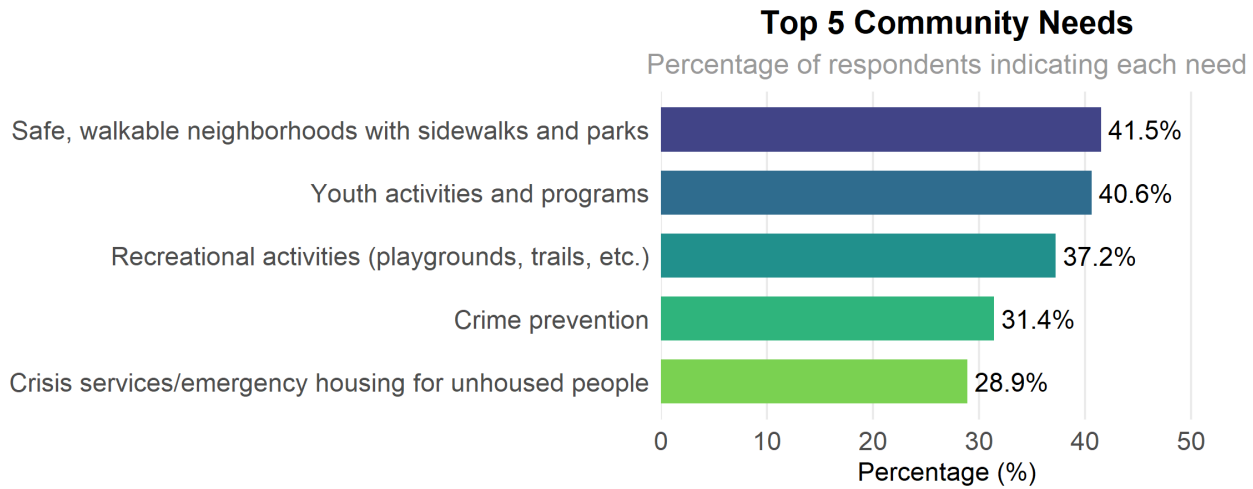
Civic engagement and community development

Residents described a range of community-related priorities, including safer and more accessible neighborhoods, expanded recreational and youth programs, and greater opportunities to participate in civic life.

Table 61. Civic engagement and community development

Need	n	Percent
Safe, walkable neighborhoods with sidewalks and parks	135	41.5%
Youth activities and programs	132	40.6%
Recreational activities (playgrounds, trails, etc.)	121	37.2%
Crime prevention	102	31.4%
Crisis services/emergency housing for unhoused people	94	28.9%
Additional healthcare facilities	80	24.6%
Ways to have voice heard with local politicians	77	23.7%
Activities and programs for seniors	71	21.8%
Help with legal issues	66	20.3%
More medical specialties	62	19.1%
Volunteer/ community engagement opportunities	62	19.1%
More urgent care clinics	48	14.8%
More family/primary care clinics	40	12.3%
Prevention of violent crime	37	11.4%
Prevention of breaking and entering	33	10.2%
Prevention of gang violence	24	7.4%
More pharmacies	19	5.8%

Figure 21. Community needs



Among the 325 participants who reported community needs, the most common concerns centered on neighborhood livability, youth engagement, and access to essential services. The highest priority, noted by 41.5%, was the need for “safe neighborhoods that include sidewalks and parks, indicating a strong desire for improved walkability and public spaces that promote well-being. Close behind were requests for youth-focused resources, including activities and programs (40.6%) and access to recreation amenities like playgrounds and trails (37.2%). These responses reflect a shared interest in enhancing quality of life and providing more opportunities for families and young people to connect and thrive.

Public safety and emergency services emerged as significant concerns. Nearly one third of respondents indicated their communities would benefit from crime prevention efforts, while just under 29% highlighted the need for crisis housing and emergency services for unhoused residents. Access to healthcare remained a consistent theme across responses. About one quarter of participants expressed a need for more healthcare facilities, while others pointed out gaps in specialized medical care (19.1%), urgent care access (14.8%), and primary care availability (12.3%). Though fewer respondents mentioned it, access to pharmacies was seen as a local gap.

Section 2 summary

Section 2 presented statistically representative data from a community-wide survey across the six-county service area of Opportunities, Inc. The survey captured demographic characteristics and explored social determinants of health, including housing, employment, income, and the community environment, with the goal of identifying existing community strengths as well as pressing individual, family, and community needs.

The survey results revealed that residents value their communities for safety, quality of life, and family-friendliness but face persistent challenges with affordable childcare, housing, and access to living-wage employment and certain health services. Participants noted that the definition of “low-income” leaves them out of vital programs. One participant noted:

“‘Low-income’ is hard because I don’t qualify for assistance but could use some at times.”

Overall, the findings underscore a mix of statewide challenges and region-specific gaps, pointing to the need for targeted strategies that address both shared and local priorities.

Key findings in trends and needs

- Survey respondents had a mean age of 39. The majority identified as female (57.8%), with most respondents residing in Cascade County. Racially participants were primarily White (56.2%) and American Indian or Alaska Native (16.9%), while 4.9% identified as Hispanic or Latino.
- About 16% of households included five or more people, often reflecting extended family living arrangements. Most households did not include children (54.3%) or seniors (64.4%), though a substantial share reported one or two members in these categories.
- Over 62% of participants reported monthly household incomes below \$4,000, with more than 40% earning under \$2,000/month, well below the Montana median household income.
- The top five community needs highlighted by participants include (1) “access to substance use disorder services,” (2) “access to affordable childcare,” (3) “availability of jobs that pay enough to live on,” (4) “availability of safe and affordable housing,” and (5) “access to healthcare.” Remarkably, “affordable childcare” received more total rankings than any other need.
- The top one to two individual and family needs by domain include (1) employment: “jobs that pay more or have benefits” (53.3%); (2) education and cognitive development: “life skills training” (25.6%) and “early childhood education programs” (25.3%); (3) income, infrastructure, and asset-building: “help with transportation or car repairs” (41.6%); (4) housing: “help with rent” (48.6%); (5) health/social and behavioral development: “food assistance” (46.2%) and “affordable dental care” (45.4%); and (6) civic engagement and community development: “safe, walkable neighborhoods with sidewalks and parks” (41.5%).

Section 3: Opportunities, Inc. Mission and Impact

Section 3 provides an overview of the agency programs and partners working to address the current needs discussed in Sections 1 and 2 of this CNA. The section portrays the impact of Opportunities, Inc. programs and engagement within the larger community by reviewing administrative data in the 2021, 2022, 2023, and 2024 annual reports, detailed program information, data from the 2025 statewide CNA of the Opportunities, Inc. service area about program utilization barriers and agency client satisfaction surveys. This section also presents findings from a focus group with Opportunities, Inc. program partners (n=7) and one interview with an additional program partner.

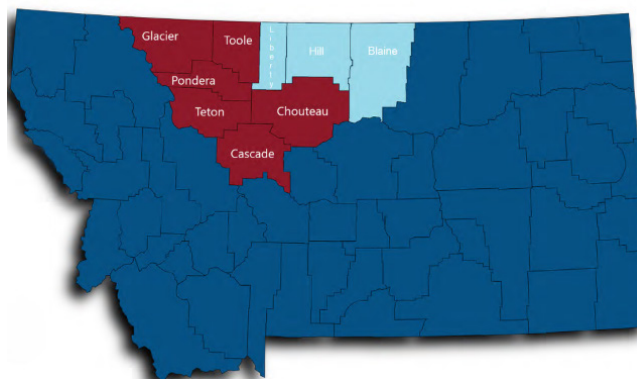
Opportunities, Inc.



Opportunities, Inc.
Helping People, Changing Lives

Opportunities, Inc. services vulnerable individuals and families across Cascade, Chouteau, Glacier, Pondera, Teton, and Toole Counties with administrative offices in Great Falls and sites in Great Falls, Conrad, Cut Bank, and Shelby.

Figure 22. Counties in service area



Mission statement

Opportunities, Inc., collaborating with community partners, will provide resources and tools for low-income and vulnerable individuals to have the opportunity to confidently create a better future for themselves and others.

Vision statement²⁶⁴

Opportunities, Inc.'s vision is nothing less than being a leader, advocate, and voice for low-income

²⁶⁴ Based on Opportunities, Inc. 2024–2029 Strategic Plan

individuals and families. The Agency, providing supportive services and working in partnership with each community, empowers people to build responsive communities where individuals with low incomes have the power and opportunity to create positive and lasting change for themselves and others.

Agency principles

Opportunities, Inc. is dedicated to the principle that all people have the right to be resilient without discrimination; that they have equal opportunity for housing, education, training, employment, and career advancement; and that they have equitable access to the necessities for physical, mental, and spiritual well-being.

Agency beliefs

Opportunities, Inc. believes that every person should have the opportunity to achieve full potential with human dignity and without discrimination. The agency believes that everyone has the right to housing, food, medical care, and education. Society has an obligation to care for and educate those who are unable to care for themselves. Opportunities, Inc. is committed to upholding these beliefs and working tirelessly to ensure that all individuals have the resources and support they need to thrive.

Core values

Opportunities, Inc.'s core values serve as the guiding principles for all actions, decisions, and interactions and lie at the center of all operations. These values reflect the agency's commitment to providing the highest quality of services as a matter of duty to the children and families of the communities we serve.

- Commitment
 - To inspire change and growth
 - To empower the community
 - To improve lives and make a difference
- Respect
 - To be empathetic and compassionate
 - To value relationships
 - To use open and honest communication
- Innovation
 - To successfully implement creative ideas
 - To respond to new and emerging ideas
 - To translate ideas into valuable and needed services
- Excellence
 - To be relentless in our continuous quality improvement
 - To be energetic and creative in achieving the agency goals

- To be hard working and passionate
- Passion
 - To keep the people the agency serves at the forefront of our mission
 - To abundantly commit time, energy, and resources to impact our communities
 - To understand that what the agency does matter
- Cognitive Resourcefulness
 - To problem solve and be solution-oriented
 - To have the knowledge and skills necessary
 - To make the right decision to deal with situations promptly and skillfully

Strategic goals and top priorities

Table 62. Agency strategic goals²⁶⁵

Family	Agency	Community
Families and individuals have access to the supportive services necessary, leading to renewed hope, resiliency, and a more prosperous future.	Opportunities, Inc. will use a strength-based approach in collaboration with our community partnerships to create lasting, positive change. This approach will lead to stability, empower vulnerable individuals, and foster a more prosperous future for all.	Opportunities, Inc. will cultivate new relationships and foster existing partnerships within each community to advance the social, economic, health, and well-being of the communities and individuals the agency serves.

Figure 23. Staff



²⁶⁵ Based on Opportunities, Inc. 2024–2029 Strategic Plan

Top priorities

1. Ensure low-income individuals have access to safe and affordable housing.
2. Provide resources that address drug-, alcohol-, family-, and relationship-related issues.
3. Provide services that address employment-related issues.
4. Ensure low-income families have access to affordable childcare.

Opportunities, Inc. goals and priorities align with the three Results Oriented Management and Accountability (ROMA) national goals, which include (1) family: individuals and families with low incomes are stable and achieve economic security; (2) community: communities where people with low incomes live are healthy and offer economic opportunity; and (3) community: people with low incomes are engaged and active in building opportunities in communities.

The goal alignment between these ROMA national goals and Opportunities, Inc. priorities/goals include:

- Opportunities, Inc. endeavors to help individuals and families with low incomes to become stable and achieve economic security by addressing the direct causes and barriers that are present in our local communities as defined by the agency's biennial community assessment. Opportunities, Inc. services address affordable housing, provision of childcare, workforce development, and reduction in energy burden as the foundational sectors of economic security for individuals and families.
- A lack of housing along with the high cost of many basic needs and services often create significant barriers that prevent people with low incomes from moving toward economic prosperity. Recognizing the intrinsic root causes of poverty, Opportunities, Inc. has developed objectives to mitigate these causes and ultimately reduce barriers for the families of the community.
- Individuals and families who are vulnerable and underserved often struggle with advocating for themselves and others in their community. Opportunities, Inc. is intentional with developing real opportunities for every member of the community to be active in building a better community to thrive in.

Opportunities, Inc. programs and impact

Opportunities, Inc. administers more than 25 core programs funded through a diverse portfolio of over 40 federal, state, private, and community sources including the U.S. Department of Health and Human Services, HUD, the U.S. Department of Labor, and local utility partners. In 2023, the agency delivered comprehensive services to 10,679 individuals across 5,147 households in its six-county service area in north central Montana. In 2024, Opportunities, Inc. served 11,591 individuals and 6,095 households. As of 2025, the agency employs 135 agency staff.

Opportunities, Inc., addresses the multifaceted challenges faced by low-income families through a full spectrum of coordinated programs, including emergency services (i.e., Community Resource Center [CRC]); energy assistance (i.e., Low Income Home Energy Assistance Program [LIHEAP], Energy Share Montana, weatherization); housing stability (i.e., HUD Housing Choice Vouchers [HCV], Moderate Rehabilitation [Mod Rehab], Veterans Affairs Supportive Housing [VASH]); early childhood education (i.e., Head Start, Early Head Start, Early Head Start Collaborative); and

a variety of supportive services such as mental health counseling, food distribution, financial education, and transportation.

Each program works toward its specific objectives and supports holistic, cross-program coordination through case management and internal referrals. This bundling approach ensures clients have access to multiple services as needed, reducing duplication, and enhancing impact. In 2023, for example, 4,739 individuals received utility payment assistance, 2,088 received housing support, and 478 children participated in Head Start and Early Head Start programs.

Emergency services (CRC)

Emergency services continue to serve as a vital safety net for individuals and families facing crisis in north central Montana. Through the CRC, the agency provides immediate, client-centered assistance to stabilize community members experiencing homelessness, food insecurity, and other urgent life challenges. The emergency services program exemplifies the agency's mission to meet people where they are, delivering not only critical relief but hope, dignity, and a pathway forward. The program offers assistance such as food, transportation vouchers, hygiene supplies, and access to shelter resources for people experiencing homelessness or housing instability.

In 2023, the agency built on its strong foundation by expanding the reach and depth of its emergency response services. According to the 2023 annual report, the CRCs served as a vital gateway for individuals and families facing crisis and instability operating as a one-stop access point for assistance and referrals across a range of critical needs. Throughout the year, 2,986 individuals received emergency food assistance, 1,307 individuals were provided emergency clothing, 391 were given hygiene kits, 136 received transportation services (e.g., bus passes), 107 received mental health and substance use counseling, and 27 individuals were provided help with obtaining identification and birth certificates. In 2024, Opportunities, Inc. provided 6,294 people with case management services, 3,070 people with emergency food assistance, 1,112 people with emergency clothing assistance, 767 people with emergency hygiene assistance, and 243 people with mental health and/or substance abuse counseling.

The program's growth over the past several years affirms its adaptability and impact. In 2022, Opportunities, Inc. experienced a significant increase in the number of individuals receiving service and expanded support including with ID assistance, substance abuse counseling, and outreach to unhoused populations. Compared to 2021, the agency doubled its service numbers by 2022, demonstrating commitment to scaling programs in response to community needs.

The emergency services provided by CRCs embody the mission of meeting people where they are—with compassion, urgency, and respect—and then walking with them toward a more stable and self-sufficient future.



Figure 24. Opportunities, Inc. offices

Energy assistance

Winter in Montana brings frigid temperatures that can be physically and financially devastating for low-income families. But thanks to the dedicated work of Opportunities, Inc., thousands of households facing energy insecurity have found warmth, relief, and stability through critical energy assistance programs. Whether by restoring a broken furnace in sub-zero weather or preventing utility shutoff for a struggling family, the agency's energy services provide comfort and hope.

Two key programs are at the heart of this work: LIHEAP and Energy Share Montana. LIHEAP helps families reduce the cost of home heating by providing financial assistance with utility bills, furnace repairs, and weatherization improvements.

Energy Share Montana fills the gap in emergencies, offering flexible crisis support to households on the brink of disconnection. These programs work together to ensure families stay safe and warm through the coldest months.

In 2023, Opportunities, Inc. helped 4,739 individuals through LIHEAP with utility bills and education on energy conservation, managing utility costs and budgeting. Through collaboration with Energy Share Montana, 444 homes were provided energy assistance, 337 homes were provided emergency assistance to avoid utility disconnect, and 16 homes received heater and refrigerator replacements. This support built on 2022 efforts when 4,050 individuals were assisted with utility bill payments and 98 households received furnace repairs, helping prevent crisis situations in homes with children, seniors, and those with medical vulnerabilities. In 2024, 4,696 individuals received utility payment assistance to reduce their energy burden. In total, 708 renters were provided energy assistance, 635 homeowners were provided energy assistance, and 643 households received emergency assistance to avoid utility disconnect.

Home weatherization

Opportunities, Inc.'s home weatherization program plays a vital role in reducing utility costs and improving comfort and safety for low-income households across north central Montana. Over the past three years, the agency's weatherization efforts have produced measurable outcomes for hundreds of individuals and families facing energy insecurity.

The agency's weatherization program, which is closely integrated with energy assistance, made significant impact by improving energy efficiency and safety in 96 homes in 2021. With average annual savings of over \$500 per home, these improvements reduce utility cost and create long-

Figure 25. Energy assistance



term sustainability for households on tight budgets. The agency emphasized energy education, cost efficient repairs, and direct assistance to help stabilize families at risk of utility disconnection. These savings free up resources for other essentials like food, medical care, and transportation.

In 2023, the program weatherized 93 homes, improving the quality of life for 3,857 individuals, a significant increase compared to prior years. Services included insulation, air sealing, and repairs that improved energy retention and air quality, and reduced risk of structural deterioration. Overall, 67 homes received heating system maintenance, eight homes had furnaces replaced, and 18 homes received new water heaters, ensuring efficient and safe heating sources for families in need. In 2024, 1,343 households improved their energy efficiency and/or energy burden reduction in their homes.

Behind these numbers are powerful human stories. The collaboration between Opportunities, Inc., utility providers, and community funders continues to strengthen year after year. The weatherization program embodies the agency's mission of dignity and opportunity. For many clients, this support is the turning point from chronic hardship to a more secure and hopeful future.

Early childhood education (Head Start)

At Opportunities, Inc., the belief that every child deserves a strong start is at the core of the early childhood education programs. Through Head Start, Early Head Start, and the Early Head Start–Child Care Partnership Collaborative, the agency continues to prepare young children, particularly those from low-income families, for a lifetime of learning, development, and well-being.

In 2023, the agency served 478 children ages 0 to 5 through these programs, equipping them with the skills and support they need to thrive in kindergarten and beyond. These programs provide comprehensive services that address physical, emotional, nutritional, and developmental needs in a safe, nurturing environment.

In 2022, the agency emphasized the transformational impact of its early childhood work. Staff provided education and worked closely with families to overcome barriers such as food insecurity, housing instability, and limited access to health care. A similar number of children received school readiness services, with staff reporting notable improvements in language, social-emotional development, and school preparedness.

In 2021, the early childhood programs adapted swiftly to pandemic-related challenges, maintaining service continuity through remote learning and modified in-person supports. These efforts ensured that vulnerable children didn't fall behind during a critical stage of development. According to the 2021 annual report, the programs demonstrated a strong commitment to safety, adaptability, and whole-family support.

The two-generation approach sets these programs apart from similar approaches. Families are engaged as active partners in their children's growth, receiving parenting support, health screenings, nutritional guidance, and connections to additional services for housing or energy assistance. Children are more likely to succeed when families are stable and supported.

Opportunities, Inc. remained steadfast in its mission to empower children with opportunity and build a path out of poverty—one family, child, and bright future at a time. Section 4 will provide

an in-depth overview of the Head Start and Early Head Start program impacts.

Housing

Housing stability remains one of the most pressing challenges facing low-income families in north central Montana. Opportunities, Inc. has responded with a continuum of services designed to prevent homelessness, stabilize housing, and expand access to affordable rental options. Through housing stability services and federally funded rental assistance such as HCV, Mod Rehab, and VASH, the agency has made measurable progress ensuring that vulnerable households have safe, stable, and affordable places to live.

In 2021, the housing program focused on responding to pandemic-driven housing insecurity, providing rental support and stabilization services that helped families avoid eviction and remain safely housed. These services proved vital in preventing homelessness during a time when economic and health challenges were at their peak.

By 2022, Opportunities, Inc. expanded its efforts to include more comprehensive housing stability supports. Families not only received rental assistance but also case management and referrals to other agency programs that addressed employment, childcare, and energy assistance, ensuring housing was part of a larger path toward long-term self-sufficiency.

In 2023, the agency administered an extensive housing portfolio, providing support to households through housing assistance and stability services. Overall, 1,659 low-income individuals were served with HCV) rental assistance, 328 were served through Mod Rehab, and 101 individuals were served through the VASH program. These programs subsidized rents and gave families and veterans the security to focus on employment, education, and health without the constant fear of losing their house.

In 2024, 1,832 individuals with low-incomes were provided HCV rental assistance, 318 individuals with low-incomes were provided Mod Rehab rental assistance, and 302 unduplicated individuals obtained safe and affordable housing. Opportunities, Inc. also partners with United Way, allowing the agency to assist 60 households and 144 individuals in maintaining their current housing and/or obtaining stable housing to prevent homelessness.

These efforts demonstrate the commitment to addressing homelessness at its cause. By blending financial support with stability services, the agency provides shelter and creates the foundation for families and individuals to rebuild their lives. For many, these programs are the bridge between crisis and stability, turning the hope of safe and affordable housing into a reality.

HELP-Link

The HELP-Link program at Opportunities, Inc. serves as a bridge for Montanans navigating the transition from public health assistance to employment and long-term economic stability. Designed to support participants in Montana's Medicaid expansion program, HELP-Link provides career guidance, education access, and employment services to low-income individuals who are ready to build a better future.

Opportunities, Inc. has been a consistent local administrator of the initiative. Support services such as career coaching, financial education, and transportation are critical tools that HELP-Link participants often access. In 2023, 177 households were provided employment and training services with 43 participants enrolled in services and 17 of those individuals ultimately gaining

employments skills and higher-paying jobs. By integrating HELP-Link into the agency's holistic service model, Opportunities, Inc. ensures clients receive not only job support but wraparound services to sustain employment once obtained.

Youth employment and training (Workforce Innovation and Opportunity Act)

Opportunities, Inc.'s Workforce Innovation and Opportunity Act (WIOA) Youth Program serves as a cornerstone of the agency's workforce development efforts, equipping young people ages 16 to 24 with the tools, training, and confidence to achieve long-term self-sufficiency. Over the past three years, the program has provided education support, vocational training, and work experience opportunities to youth facing barriers such as poverty, unstable housing, or lack of a high school credential.

In 2021, the program emphasized job readiness training, paid work experiences, and academic support, ensuring that youth participants gained employment skills as well as the encouragement and resources to pursue their educational goals. By 2022, the program had expanded its focus on work experience placements and credentialing opportunities, helping young people transition more seamlessly from training to meaningful employment. These services played an essential role in breaking cycles of poverty by connecting youth to sustainable career pathways.

The program's impact was particularly evident in 2023 when the WIOA Youth Program achieved strong, measurable outcomes. Overall, 69 youth secured employment, 25 received summer work placements, and another 25 gained experience at worksite placements. In addition, 20 participants earned their high school diploma or equivalent, 45 secured jobs at a living wage or higher, and 52 youth received career coaching, vocational training, or job readiness support. In 2024, 70 youth were provided employment and training services, and 26 youth were placed at work experience sites.

These numbers reflect more than just program outputs—they represent young people building futures of stability, independence, and growth. The program's success is best illustrated through the accomplishments of its participants. Their stories embody the program's mission to create opportunities for youth to thrive and contribute positively to their communities. Over three years, the WIOA Youth Program has remained a beacon of opportunity in north central Montana, helping young people discover their potential, gain independence, and prepare for futures filled with promise.

Key metrics of selected Opportunities, Inc. services (2021–2024)

Some highlights of the impact of the programs and services Opportunities, Inc. has provided over the last three years include:

2021

- In total, 1,784 individuals were assisted through HCV programs; 992 people received emergency rent payments; 3,098 utility payments were provided; and 270 people received rental deposit assistance
- Overall, 682 households received LIHEAP energy assistance, with 96 homes receiving heating system maintenance, 89 new water heaters installed, and 15 new furnaces provided.
- In 2021, 195 families participated in the Love and Laundry program and completed 581 loads of laundry, allowing families to redirect limited resources toward housing, bills, and food.
- Head Start served over 403 children and families, with 83% of enrolled children up to date on dental exams and 85% up to date on well checks.
- Employment and training programs placed 70 youth in jobs, supported 58 summer work placements, and helped four youth obtain HSE diplomas.
- CRCs provided case management to 5,894 people; assisted 1,470 with emergency food; and distributed 456 emergency clothing kits and 85 hygiene kits.
- The Partnerships for Success initiative engaged hundreds of youth and families in prevention programming addressing alcohol, tobacco, and drug use through culturally grounded community-based events.

2022

- Overall, 2,229 individuals obtained safe and affordable housing through HUD, and 315 households were provided with emergency housing help.
- The Love and Laundry program helped 649 individuals access free laundry service.
- In 2022, 1,511 households were provided energy assistance, and 4,050 individuals received assistance with utility bill payments through LIHEAP
- Head Start served 479 children and youth for strong outcomes in early literacy, language, and social-emotional development.
- In the service area, 7,242 people received case management support services.
- In total, 157 individuals were assisted with transportation.

2023

- Overall, 10,679 individuals were served within 5,147 households, and 8,472 individuals received support services to meet basic needs.
- To address housing challenges, 1,659 were provided HUD housing support; 328 were served through Mod Rehab; and 101 were served through VASH.
- In 2023, 4,739 individuals received utility payment assistance through the LIHEAP program,

and 135 individuals received reduced energy costs and increased the safety of their home through cost-efficient improvements and energy education in the weatherization program.

- The WIOA Youth Program helped 69 youth obtain employment.
- In total, 24 people obtained a recognized credential, certification, or degree.
- In the service area, 52 individuals received on-to-job training and other work experience, and 52 individuals received career coaching, vocational training, and job readiness training.
- Head Start and Early Head Start served 478 children ages 0 to 5.
- The weatherization program saved an average of \$596 annually for households in the program.

2024

- Overall, 11,591 individuals and 6,095 households were served.
- In the service area, 6,294 people were provided with case management services; 3,070 people received emergency food assistance; 1,112 people received emergency clothing assistance; and 243 people received mental health and/or substance abuse counseling.
- In total, 4,696 individuals received utility payment assistance, and 1,343 households improved their energy efficiency and/or energy burden in their homes.
- During 2024, 668 individuals received financial coaching to improve their economic well-being, 40 participants were provided with individual credit counseling to improve their economic well-being, and 47 individuals received low-interest loans to become more financially and economically secure.
- Head Start served 490 children.
- In 2024, 141 households were provided employment and training services; 145 individuals received career coaching, vocational, and job readiness training; 62 individuals were assisted with post-secondary education preparation; and 58 individuals obtained employment with a living wage or higher.

Barriers to program utilization and client satisfaction

The 2025 statewide CNA survey included questions regarding barriers to program utilization. Participants indicated that issues such as the closure of local state-run Office of Public Assistance (OPA) offices, not understanding program eligibility requirements, and the absence of a local office to visit in person created barriers to accessing and utilizing programs. Table 62 presents findings from these survey questions.

Table 63. CNA survey (2025) barriers to program utilization

Question	Easier	More difficult	Neither or N/A	Total n
Closure of local state-run assistance office	12.7% (n=110)	37.2% (n=322)	50.1% (n=433)	865
Understanding program eligibility requirements	22.9% (n=199)	34% (n=295)	43.1% (n=374)	868
Applying for services and completing paperwork	24.8% (n=215)	36% (n=312)	39.1% (n=339)	866
Uploading application forms online	24.1% (n=207)	35.4% (n=304)	40.5% (n=348)	859
No local office to visit in person	11.3% (n=96)	40.4% (n=345)	48.3% (n=412)	853
Providing required documentation (e.g., income)	21.4% (n=182)	28.9% (n=245)	49.7% (n=422)	849
Distance from home to services	19.8% (n=170)	33.5% (n=288)	46.7% (n=401)	859
Transportation to/from services or programs	19.3% (n=164)	31.7% (n=270)	49% (n=417)	851
Ability to find childcare	14.1% (n=118)	25.4% (n=213)	60.5% (n=506)	837

The findings indicate that residents of the service area of Opportunities, Inc. face a combination of logistical, informational, and resource-based barriers when trying to access services. The most frequently cited challenges that make it more difficult to apply for services included not having a local office to visit in person to help (40.4%), the closure of local OPA offices by the State of Montana (37.2%), applying for services and completing paperwork (36%), and uploading application forms online (35.4%). These findings suggest that participants would like the ability to access more in-person help for program applications and other issues associated with program utilization.

Client satisfaction

Opportunities, Inc. provides clients the ability to give feedback on their experiences and levels of satisfaction with the programs it provides and facilitates. Annual surveys of client satisfaction are available online and in paper format for clients of the agency and program participants. Case managers contact clients to ensure they have the opportunity to complete surveys. In 2023, Opportunities, Inc. collected surveys from 597 respondents. The 10-question survey covered several topics with questions regarding the type of services received, if needs were met, friendliness of staff, promptness of staff, etc. Participants were provided a space for sharing their own comments at the end of the survey, and many respondents commented.

Table 64. Client satisfaction (2023)

Question	Yes	No
I was helped in a timely manner.	93.9%	6.1%
I was treated with respect.	98.6%	1.3%
My needs were met.	94.4%	5.6%
I was informed about other Opportunities, Inc. services.	90.2%	9.8%
I would recommend Opportunities, Inc. to friends and family.	96%	4.5%

Overall, survey participants reported high levels of satisfaction. Among the most positive results, participants noted that they were treated with respect and would recommend Opportunities, Inc to friends and family. Other questions on the survey showed similar results. When asked if they were approved for services, approximately 68% indicated “yes,” 24% indicated “not yet, I need to bring more information,” and approximately 3% indicated they were not approved as they did not qualify. Participants wrote comments such as:

- | *“This place is amazing and staff is fantastic”*
- | *“Was welcomed at the door in a very friendly and helpful manner. Was told how to go about getting the services I am seeking”*

Program provider and partner focus group and interview findings

The following findings are based on a focus group with staff and program partners from Opportunities, Inc. (n=7) and one additional interview in May 2025. Focus group and interview participants included program directors, case managers, and family advocates from Opportunities, Inc.; staff from Alluvion Health, the local YWCA shelter, and Great Falls College; and a university faculty member who works on community programs. Participants discussed what is working well, what challenges families face, and how local services, especially those from Opportunities, Inc. and the Montana Department of Public Health and Human Services (DPHHS), could be improved.

Community strengths and needs

When asked to discuss good qualities of their communities, participants primarily discussed the useful ways that organizations partner with one another, how community members work together to support others in need, and the overall welcoming culture of the community.

Strong collaboration among agencies

Participants shared that Great Falls has a strong network of nonprofits, health care providers, churches, and schools that share resources, make referrals, and work together to help families with complex needs. Over the years, this teamwork has become a major part of how the community operates. One participant described Great Falls as a “hidden gem” because the service providers “work really well together” to support the community, yet these collaborative efforts and the outcomes of the work are relatively unknown. This continued collaboration without recognition speaks to the dedication Great Falls service providers have in supporting their communities. This sentiment was shared by other participants as well, with Opportunities, Inc. being identified as a key player in these partnerships:

“I think that the non-profits in the Great Falls community are really good at sharing resources and partnering. I think we’ve been doing it for a long time, and the HRDC Opportunities Incorporated is phenomenal in the community. It really does meet a lot of the needs that nobody else can meet.”

While each community agency, primarily nonprofit organizations, has their own services to meet specific needs, participants agreed that agencies tend to be supportive of one another’s ideas for meeting growing needs in new ways.

Informal community support and inclusive culture

Focus group participants said Great Falls is generally welcoming. They mentioned good local health care and noted that the community stands up against hate and exclusion. An example discussed was the recent rise in antisemitism, and one participant shared that there was a collective attitude of:

“No, we’re not going to allow this in our town.”

This positive environment helps people feel supported, even when facing difficult situations.

Participants shared that beyond formal services, neighbors, churches, and volunteers often step in during tough times. There are frequent fundraisers, and community members regularly organize events to help people in crisis. This informal support helps families that may not reach out to agencies. For example, one participant shared:

“you can’t throw a rock without hitting a spaghetti dinner because someone’s helping somebody.”

This helpful, neighborly attitude is critical in building a resilient community, which has been vital to a community like Great Falls where industry shifts have negatively impacted the local economy, a place where “union jobs went away” leaving fewer “good paying blue-collar jobs.”

Community needs and issues

After discussing the good qualities of their communities, participants were asked to discuss what they see as existing challenges. Participants highlighted challenges focused on access to childcare, inadequate affordable housing, and crime with an underlying cause of wages not keeping pace with the cost of living.

The biggest challenge discussed was the lack of affordable childcare, which is a multifaceted issue with some populations impacted more than others. It is very hard for families, especially single parents, those with low incomes, and military families at Malmstrom Air Force Base, to find affordable, quality care. Having reliable childcare is imperative for working families, and a lack of childcare can threaten parents’ abilities to work or attend training. A focus group participant said:

“I can say the number one biggest problem that Opportunities is addressing now is childcare, affordable childcare.”

In addition to childcare being out of reach for families with low incomes, the childcare supply is struggling to meet demand due to staffing shortages and a lack of funding. For example, there are childcare programs on-base for military families, but these programs often operate “at half

capacity” and are “not full because they can’t find staff.” This capacity issue forces some military families to find childcare off-base, which leaves them paying higher costs without the sliding fee scale used by on-base programs.

Staffing challenges are also tied to lack of funding that prevents the ability to pay competitive wages. Participants discussed how organizations that want to start new childcare programs, especially for women in shelters or parents returning to work, struggle to find adequate staff and money. Rules and qualifications for staff have gotten stricter with some positions requiring a college degree, which complicates hiring and adequately paying staff. One participant highlighted how needs such as childcare, low wages for childcare staff, and the ability to work are interrelated:

“We actually started to develop a childcare program here...because we run the shelter, and those women really need childcare to be able to go out and get jobs. So, our problem was we couldn’t find any funding to staff it.”

These funding and staffing challenges make it difficult to find solutions for the affordable childcare issue, which disproportionately impacts families with low incomes.

Affordable housing was a major issue discussed by participants. Rent has increased much faster than wages, and there are not enough good, low-cost rentals for families. Many people must choose between paying rent and covering other basics, like groceries or health care. Similar to the childcare challenge, the heart of the affordable housing shortage is that:

“we are not paid at a wage that allows us to live.”

Causes of poverty

Participants were asked to discuss the leading causes of poverty in their communities. They argued that the lack of well-paid, steady jobs and generational poverty were the primary causes. Poverty was complicated by inadequate income limits for subsidy programs, which hinder the ability of programs to help individuals who need a little assistance to make ends meet and rise from poverty.

Loss and lack of steady jobs

Participants shared that losing good union jobs is a big reason why more families struggle now. In the past, large employers like the Anaconda Company provided stable work and good pay, but now most jobs pay less and have fewer benefits. Even jobs that pay more than minimum wage don’t always pay enough for basic expenses. One participant said:

“Alluvion Health’s minimum wage is \$18 an hour, and we have staff that struggle to pay rent because a two-bedroom apartment is \$1,100, \$1,500 a month.”

Other costs, like childcare and health care, also take a large portion of family budgets. Inadequate pay makes it difficult for families to get by without additional support. The discussion regarding inadequate pay led to ideas about innovative solutions, such as expanding apprenticeship programs and paths to certification through high school-level vocational classes.

Generational poverty and family attitudes

Generational poverty and a lack of supportive role models were highlighted as critical factors

contributing to long-term poverty. Families sometimes view poverty as an accepted lifestyle, making it difficult for younger generations to envision or achieve different outcomes:

“I don’t think there was enough support of how to move from poverty out of poverty. And I also think there was a cultural...And I think there’s a generational inner trauma that happens. And I think that there isn’t enough family support, and I don’t think there’s enough society support to move out of poverty.”

One of the factors discussed, as it relates to generational poverty and trauma, is substance use disorders. One participant shared their thoughts that:

“obviously, drug and alcohol abuse is always an issue.”

Substance use issues can compound other challenges related to poverty as individuals may struggle to remain gainfully employed, and accessing treatment may present an added challenge.

The benefits cliff

Another issue participants raised is the “benefits cliff.” One of the challenges for families with low incomes is that the maximum qualifying income for subsidy programs leaves a gap for families that are just above the income limit. These families make too much to qualify for help but are not making enough money to meet their basic needs. If someone who receives services has an income increase, they can lose benefits like SNAP or childcare payment assistance. Sometimes this means families end up in a more challenging financial situation once they receive promotions and may decline raises or promotions that financially make less sense in the end for their families.

Barriers to program participation

Participants were asked to discuss existing gaps in services and barriers to being able to utilize programs. The discussion primarily focused on challenges faced by those trying to access existing services. Some of the goals discussed focused on reducing stigma, improving communication and community awareness, and improved cooperation among nonprofit organizations.

Stigma

Participants shared that individuals often refrain from asking for help. For example, one participant commented:

“people rather kill themselves than get help.”

There is still stigma about using public programs, and some individuals are afraid of being judged, which keeps families from getting help early when support could make the most difference:

“I think there’s a stigma of asking as much as we’ve progressed as a state, I think we’re still a pull yourself up by your bootstrapped state, and we don’t ask for help. We just power through. And I think making it okay, it goes back to that education piece...it’s just educating and not educating in a way of, I’m right, you’re wrong, but just showing that modeling of it’s okay to ask for help. This is the outcomes of asking for help.”

As this participant highlights, the ethic of being a “bootstrapped state” prevents individuals from accessing the help their families need. Support programs are only helpful if individuals in need have access to the services and are willing to participate, which makes a community culture that

is overly focused on personal responsibility an additional barrier.

Program awareness and access complexities

Families can struggle to find out what programs are available, whether they qualify, and how to apply. Agencies could do more to share information and make the process simpler and clearer. One participant shared that as service providers, there is potentially more they can do to ensure community awareness of programs:

“Maybe we don’t do a good job of communicating the things that are available. ... maybe that’s part of the issue, is how do we as a community, A, commit to helping each other, but B, tell people about what we do, how we do it, and the things we’re solving?”

Even if individuals know of services, complicated paperwork, program rules, and digital requirements (e.g., internet access) can be major obstacles. Applications for programs such as Best Beginnings, Temporary Assistance for Needy Families (TANF), and SNAP involve complicated forms that are overwhelming for many applicants. Additionally, service locations often have inconvenient hours for working families, making it difficult to get help. One participant shared that some offices are open from eight to four:

“that’s a tough sell for a working family to apply.”

Because some applications are lengthy and confusing, not having access to service providers for support during the application process can be a substantial barrier.

Territorial attitudes between agencies

Despite overall community collaboration, one participant shared the belief that there is still competition between local agencies due to limited funding, which sometimes prevents deeper cooperation:

“I think there’s still competition because most of those agencies are nonprofits competing for a smaller pool of money than we’ve ever seen before...I think that’s sad that that’s the case.”

Territorial behavior can limit effective communication and referrals between agencies, which can add a barrier for families that might benefit from additional services of which they are not yet aware.

Program benefits and successes

Over the course of the hour-long discussion, focus group participants shared thoughts on what is working well in their communities and some of the successes they’ve observed in supporting individuals who are struggling. Some “pros” included a collaborative ethic between Opportunities, Inc., other providers, and community-led initiatives that increase buy-in.

Collaborative service models

Opportunities, Inc. and its partners use a “continuum of care” model, which means agencies work together to connect people with housing and support. This model helps maximize funding, reduce duplicated work, and keep families from falling through the cracks:

“I do think another strength that we have is the continuum of care, because we actually got some of that funding for the first time this year for the Baatz building. So, I think our continuum of care for housing is strong.”

In addition to securing funding for housing, agencies partnering through a continuum of care model help ensure people get all the help they need without overlap. By providing their specific services and sharing information with other agencies, service providers can better support families. One provider said:

“The continuum of care is essentially structured so that local organizations that are all helping the same people aren’t duplicating their efforts and communicating and supporting in their lane.”

The continuum of care, collaborative service model ties back to comments the participants shared when discussing the good qualities of their community, which was how well the community agencies work together to support individuals and families in need.

Community-led initiatives

Great Falls has had success with community-led initiatives, such as school-based food pantries and locally led apprenticeship and job training programs. The food pantry program revealed unexpected community needs and raised awareness about hidden food insecurity, helping to break down barriers between different economic groups. A provider discusses this process:

“If more people were able to see that this food insecurity issue has spread beyond what the category of people that we think about, it’s like your neighbors are relying on the food bank. People would be more empathetic and understanding of the issue if they could see how broad it spans.”

The community-led food pantry program expanded services and improved community awareness. As the provider highlights, learning that your “neighbors” are food insecure helps to remove stigma and increase compassion. Participants noted that other community-led initiatives, such as local apprenticeship and job training programs, help fill local job shortages and provide families more opportunities for stable, better-paying work.

Service goals and recommendations

Participants were asked to discuss what the goals of service providers should be in supporting families in the community with low incomes. Many of the ideas shared are tied to funding and system-level changes:

- Hire and train more childcare staff, increase staff wages, and create more spaces for affordable early education.
- Support construction of new affordable housing, expand rental assistance, and work with landlords to provide more options.
- Invest in new mental health and substance use treatment centers and make help easier to access.
- Expand workforce training and apprenticeship programs so people can earn and learn new skills at the same time.

- Simplify application processes, reduce paperwork, and provide more guidance to help families access services.
- Share clear information about available services, especially in hard-to-reach neighborhoods.
- Strengthen collaboration by sharing funding, data, and expertise among local agencies.

Section 3 summary

Opportunities, Inc. works to provide vulnerable populations in the six-county service area of Cascade, Chouteau, Glacier, Pondera, Teton, and Toole counties with opportunities to access affordable housing, substance misuse services, education/training/employment services, and affordable childcare allowing them to work to achieve self-sufficiently through a variety of vital programs.

Key findings in trends and needs

- Opportunities, Inc.'s mission is to partner with local organizations and community members to respectfully educate and support individuals and families with low incomes on the road to achieve self-reliance.
- Opportunities, Inc.'s core values include commitments to improve the lives of community members with empathy and compassion with open and honest communication, innovate to implement new and creative strategies and excel to achieve agency's goals through hard work, a passion to do what matters, and an ability to be solution oriented in the face of challenges.
- Programs implemented by Opportunities, Inc. include Head Start and Early Head Start, HUD housing programs, weatherization and Energy Share Montana, LIHEAP, Low Income Home Water Assistance, WIOA, emergency food and shelter program, TANF/Pathways, emergency solutions grant, partnership for success, Frequent Users of System Engagement (FUSE), community resource centers, HELP-Link, and emergency rental assistance.
- Thousands of families and individuals have been assisted by Opportunities, Inc. services. In 2021, the agency served 9,207 individuals and 4,363 households. In 2022, the agency served 9,803 individuals and 4,682 households. In 2023, the agency served 10,679 individuals and 5,147 households. In 2024, the agency served 11,591 individuals and 6,095 households.
- In 2021, 682 households received LIHEAP energy assistance, with 96 homes receiving heating system maintenance, 89 new water heaters installed, and 15 new furnaces provided. In 2022, 1,511 households were provided energy assistance and 4,050 individuals received assistance with utility bill payments through LIHEAP. In 2023, 4,739 individuals received utility payment assistance through LIHEAP, and 135 individuals received reduced energy costs and increased the safety of their home through cost-efficient improvements and energy education in the weatherization program. In 2024, 4,696 individuals received utility payment assistance to reduce their energy burden, and 1,343 households improved their energy efficiency and/or energy burden.

- Opportunities, Inc. offers clients numerous opportunities to provide feedback, and overall, respondents from client satisfaction surveys shared that staff members were helpful and responsive and that services made a difference in their lives.
- The statewide CNA included a series of questions focused on barriers to program utilization. The most frequently cited challenges by Opportunities, Inc. service area residents included not having a local office to visit in person for help (40.4%), the closure of local OPA offices by the State of Montana (37.2%), applying for services and completing paperwork (36%), and uploading application forms online (35.4%). These findings suggest that participants would like the ability to access more in-person help for program applications and other issues associated with program utilization.
- Focus group participants' perspectives echoed the CNA survey findings. The most notable community and family needs discussed by focus group participants included affordable childcare, substance misuse, affordable housing, and a living wage that covers basic necessities such as rent, groceries, and health care.



Section 4: Opportunities, Inc. Head Start

Introduction to Section 4

Section 4 of the CNA focuses on data and indicators specific to Opportunities, Inc.’s Early Head Start and Head Start programs. In the U.S, Head Start programs are required to complete CNAs every five years. Thus, Section 4 of the CNA is guided by standards required by “Part 1302.22 Determining community strengths, needs, and resources” of the Head Start Program Performance Standards.²⁶⁶ Relevant information and indicators such as community strengths, social service needs, and gaps in community resources or barriers to program participation are detailed in other sections of this combined statewide, local, and Head Start-specific CNA. This section builds upon the community context data and indicators of the other sections of the CNA to assist program staff in planning future Early Head Start and Head Start programs in the service area of Opportunities, Inc. and to meet the requirements established for Early Head Start and Head Start programs.

Early Head Start and Head Start programs

Head Start programs are federally funded across the U.S. with the aim to “prepare America’s most vulnerable young children to succeed in school and in life beyond school” by delivering services in areas of early learning, health, and family well-being.²⁶⁷ Early Head Start is a comprehensive developmentally appropriate early childhood program for children and families that promotes social and emotional development and school readiness. Head Start is a comprehensive developmental preschool program that also promotes overall family well-being and school readiness.

Families are eligible for Head Start and Early Head Start if they meet certain federal income eligibility guidelines. Priorities for enrollment include age, household income, public assistance, foster care, unhoused families, children with special needs, and other needs such as medically underserved communities.²⁶⁸

Table 65. Eligibility requirements²⁶⁹

Head start eligibility	
Age	Children ages 0 to 36 months and pregnant women can qualify for Early Head Start. Children ages 3 to 5 can qualify for Head Start.
Household income	Children living in households with total income below the FPL are automatically eligible for the programs.
Public assistance	Families that receive public assistance such as SNAP, TANF, or SSI are automatically eligible for the programs.
Foster care	Children in foster care are automatically eligible for the programs.
Unhoused families	Children experiencing homelessness are automatically eligible for the programs.

²⁶⁶ Office of Head Start (2024)

²⁶⁷ U.S. Department of Health and Human Services (2024)

²⁶⁸ Montana Head Start Association. (n.d.). Eligibility and benefits. <https://www.mtheadstart.org/eligibility-benefits>

²⁶⁹ Montana Head Start Association (n.d.)

Children with special needs	The programs have a mission to serve children with disabilities or special needs, and programs take this into strong consideration during enrollment.
Other	Program eligibility considers additional needs including for bilingual families, medically underserved communities, and other special factors. All families with age-eligible children are encouraged to apply because programs try to prioritize and accommodate specific needs of their community.

Opportunities, Inc. Early Head Start and Head Start

Head Start mission statement

Opportunities, Inc. Head Start partners with families and communities to nurture the growth, development, and well-being of children in the first five years through high-quality education, integrated services, and family-driven support, building a foundation for lifelong success.



Figure 26. Head start classroom

Programs and services

Opportunities, Inc. Head Start provides high-quality comprehensive services at no cost to qualifying families. The programs are rooted in a whole-child, whole-family model, providing comprehensive services that support children’s cognitive, physical, social-emotional, and

behavioral development. Comprehensive services include quality education using a research-based curriculum, services such as health and dental screenings, nutritional guidance, individualized case management, family support services such as parent education or engagement activities, and services for children with special needs and/or disabilities.

All enrolled children receive developmental and behavioral screenings within 45 days of enrollment. When concerns are identified, Head Start works collaboratively with families and partners to provide interventions and referrals, including Part C or Part B services. The program maintains a strong focus on inclusive practices. Head Start works closely with local education agencies and Part C providers to implement Individualized Family Service Plans (IFSPs) and Individualized Education Programs (IEPs), ensuring children with disabilities are fully supported and meaningfully included. The classrooms are intentionally structured to support self-regulation, social-emotional development, and resilience-building, and the program help families access external mental health supports when needed.

As of 2023, Opportunities, Inc.'s Early Head Start program provides wraparound services to over 149 children and families each year. Early Head Start supports the social and emotional well-being of prenatal women and children ages 0 to 3 in centers and childcares located in Cascade County. The Early Head Start program offers full-day, center-based options for families who are working or going to school full-time and a home-based program option. Opportunities, Inc. also offers Early Head Start services in childcare centers around Great Falls in their Early Head Start-Childcare Partnerships Program, the Great Falls Early Head Start Collaborative. In 2024, 49% of eligible children in the service area of Opportunities, Inc. were enrolled, and 490 children were served by the program.²⁷⁰

Head Start supports the learning and development of children ages 3 to 5 in classrooms located in Great Falls (Cascade County), Conrad (Pondera County), Shelby (Toole County), and Cut Bank (Glacier County). The program offers full-day services for families that are working or going to school full-time and a part-day, four-hour option. During the 2023–2024 school year, there were 35 children from families at or below 100% FPL enrolled, 124 enrolled from families on public assistance, 13 foster care children, and 51 unhoused children in Head Start. For Early Head Start during the 2023–2024 school year, there were 33 children from families with incomes below 100% FPL, 92 enrolled from families on public assistance, 17 foster care children, and 53 unhoused children. As of 2025, Opportunities, Inc. Early Head Start and Head Start employed 82 staff members. Together, Early Head Start and Head Start served 464 families in the 2023–2024 school year.

²⁷⁰ Opportunities, Inc. (2024)

Service area demographic data relevant to Head Start

Child poverty

Poverty elevates a child’s risk of experiencing behavioral, social and emotional, and health challenges. Child poverty also reduces skill-building opportunities and academic outcomes, undercutting a young student’s capacity to learn and continue into further grades of school. Thus, measuring child poverty matters.

Table 66. Children ages 17 and below living in poverty by county and year²⁷¹

County		2021	2022	2023
Cascade	n	3,021	3,107	2,339
	Percent	16.10%	16.90%	12.70%
Chouteau	n	249	293	225
	Percent	19.70%	24.10%	19.20%
Glacier	n	1,215	1,046	1,181
	Percent	29.60%	26.20%	30.40%
Pondera	n	306	381	292
	Percent	22.90%	28.20%	21.90%
Teton	n	242	196	260
	Percent	16.90%	13.60%	17.60%
Toole	n	201	175	173
	Percent	19.30%	17.00%	16.40%
Montana	n	34,221	31,626	29,566
	Percent	14.9%	13.8%	12.8%

The table above indicates the number and percentage of children living in families with incomes below 100% FPL. As the table shows, every county in the service area of Opportunities, Inc. has a higher child poverty rate than the state of Montana.

Race and ethnicity of children

The race and ethnicity of children ages 0 to 19 for each county within the service area of Opportunities, Inc. is compiled in the table below.

²⁷¹ U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program. (2022). <https://www.census.gov/programs-surveys/saipe.html>

Table 67. Child population ages 0 to 19 by race and ethnicity²⁷²

County	Race or ethnicity		2021	2022	2023
Cascade	American Indian or Alaska Native	n	1,407	1,400	1,423
		Percent	6.7%	6.7%	6.9%
	Asian	n	223	217	213
		Percent	1.10%	1.00%	1.00%
	Black or African American	n	372	364	371
		Percent	1.8%	1.7%	1.8%
	Native Hawaiian or Pacific Islander	n	19	30	29
		Percent	0.1%	0.1%	0.1%
	Two or more races	n	1,708	1,785	1,764
		Percent	8.2%	8.6%	8.6%
	Hispanic or Latino/a	n	1704	1799	1844
		Percent	8.2%	8.6%	9%
	White	n	17,162	17,006	16,783
		Percent	82.2%	81.8%	81.5%
Chouteau	American Indian and Alaska Native	n	290	246	241
		Percent	20.3%	18%	18.2%
	Asian	n	7	11	7
		Percent	0.5%	0.8%	0.5%
	Black or African American	n	5	5	6
		Percent	0.3%	0.4%	0.5%
	Native Hawaiian or Pacific Islander	n	1	1	1
		Percent	0.1%	0.1%	0.1%
	Two or more races	n	40	44	55
		Percent	2.8%	3.2%	4.2%
	Hispanic/Latino	n	65	71	69
		Percent	4.5%	5.2%	5.2%
	White	n	1,087	1,060	1,014
		Percent	76%	77.5%	76.6%

²⁷² U.S. Census Bureau, Population Estimates Program; The Kids Count Data Center. (2025). Annie. E. Casey Foundation. <https://datacenter.aecf.org/>

County	Race or ethnicity		2021	2022	2023
Glacier	American Indian and Alaska Native	n	3,338	3,260	3,175
		Percent	72.6%	72.2%	71.5%
	Asian	n	4	7	6
		Percent	0.1%	0.2%	0.1%
	Black or African American	n	21	21	22
		Percent	0.5%	0.5%	0.5%
	Native Hawaiian or Pacific Islander	n	0	0	0
		Percent	0%	0%	0%
	Two or more races	n	175	190	184
		Percent	3.8%	4.2%	4.1%
	Hispanic or Latino/a	n	194	193	204
		Percent	4.2%	4.3%	4.6%
	White	n	1,058	1,036	1,055
		Percent	23%	23%	23.8%
Pondera	American Indian and Alaska Native	n	348	348	347
		Percent	22.7%	21.8%	21.8%
	Asian	n	5	4	4
		Percent	0.3%	0.3%	0.3%
	Black or African American	n	2	6	2
		Percent	0.1%	0.4%	0.1%
	Native Hawaiian or Pacific Islander	n	1	1	1
		Percent	0.1%	0.1%	0.1%
	Two or more races	n	67	70	70
		Percent	4.4%	4.4%	4.4%
	Hispanic or Latino/a	n	67	71	77
		Percent	4.4%	4.5%	4.8%
	White	n	1,111	1,164	1,171
		Percent	72.4%	73.1%	73.4%

County	Race or ethnicity		2021	2022	2023
Teton	American Indian and Alaska Native	n	24	26	34
		Percent	1.4%	1.5%	2%
	Asian	n	31	31	30
		Percent	1.9%	1.8%	1.7%
	Black or African American	n	10	10	10
		Percent	0.6%	0.6%	0.6%
	Native Hawaiian or Pacific Islander	n	0	0	0
		Percent	0%	0%	0%
	Two or more races	n	53	47	71
		Percent	3.2%	2.8%	4.1%
	Hispanic or Latino/a	n	38	47	49
		Percent	2.3%	2.8%	2.8%
	White	n	1,538	1,583	1,589
		Percent	92.9%	93.3%	91.6%
Toole	American Indian and Alaska Native	n	65	74	74
		Percent	5.7%	6.3%	6.2%
	Asian	n	10	11	11
		Percent	0.9%	0.9%	0.9%
	Black or African American	n	22	20	14
		Percent	1.9%	1.7%	1.2%
	Native Hawaiian or Pacific Islander	n	0	0	0
		Percent	0%	0%	0%
	Two or more races	n	78	74	72
		Percent	6.8%	6.3%	6.1%
	Hispanic or Latino/a	n	59	63	65
		Percent	5.2%	5.3%	5.5%
	White	n	969	999	1,016
		Percent	84.7%	84.8%	85.6%

Health and nutrition

Table 68. Health and nutrition indicators by county

County	Children without health insurance ages 0–18 ²⁷³ (2022)	Children enrolled in Healthy Montana Kids ages 0–18 ²⁷⁴ (2024)	Child food insecurity ages 0–17 ²⁷⁵ (2022)	Free or reduced-price lunch participation pre-K–12 ²⁷⁶ (2023–2024)	SNAP recipients ages 0–18 ²⁷⁷ (2024)
Cascade	7.0%	8,355	19.5%	54.8%	3,396
Chouteau	8.8%	451	17%	51.1%	94
Glacier	6.7%	2,758	27.2%	87.1%	1,262
Pondera	7.7%	1,005	23.7%	59.7%	267
Teton	7.9%	770	18.9%	46.2%	124
Toole	7.3%	540	19.6%	59.8%	163

Early childhood education and childcare

Table 69. Childcare capacity by county

County	All infants and toddlers that can be served by regulated childcare capacity, percent (2024) ²⁷⁸	All children under age 6 that can be served by regulated childcare capacity, percent (2024) ²⁷⁹	Licensed childcare capacity ages 0–12 (2024) ²⁸⁰
Cascade	31.4%	51.4%	3,020
Chouteau	16.4%	11.5%	34
Glacier	13.5%	9.4%	112
Pondera	15.8%	12.6%	54
Teton	21.1%	19.5%	95
Toole	10.6%	10.7%	35

The percentage of all children ages 0 to 5 that can be served by regulated childcare capacity is an important percentage to consider because the data quantifies how many children could be served by childcare services. As shown, not all parents are able to work full-time because there would be no available space in childcare services. In addition to high-quality educational programs, Head Start programs allow parents to work while their children are in the program.

²⁷³ U.S. Census Bureau, Small Area Health Insurance Estimates

²⁷⁴ Montana DPHHS, Health and Community Services Division

²⁷⁵ Feeding America, Map the Meal Gap

²⁷⁶ Montana Office of Public Instruction (OPI)

²⁷⁷ Numerator: DPHHS, Human and Community Services Division

²⁷⁸ DPHHS, Early Childhood and Family Support Division. Percent is calculated as: childcare capacity/population age birth to 1.

²⁷⁹ DPHHS, Early Childhood and Family Support Division. Percent calculated as childcare capacity/population age birth to 5.

²⁸⁰ DPHHS, Early Childhood & Family Support Division

TANF, children with all parents working, and women who receive early prenatal care

Table 70. Parent/family indicators by county

County	TANF households ²⁸¹ (2024)	Children with all parents working ²⁸² (2019–2023)	Women who receive early prenatal care ²⁸³ (2023)
Cascade	132	70.3%	80.9%
Chouteau	2	67.6%	73.8%
Glacier	108	59.9%	61.6%
Pondera	16	52.3%	71.6%
Teton	1	62.8%	71.6%
Toole	6	77.1%	72.1%

Head Start eligible children and families in service area

Number of children born 2020–2024

Children born between July 2020 and August 2025 are currently eligible for Head Start and Early Head Start services in Montana. Birth data is not yet available for 2025, as of the development of this report. The table below illustrates the total number of children ages 0 to 5 in each county within the greater six-county service area of Opportunities, Inc. by the years 2020–2024.

Table 71. Number of children ages 0 to 5 years of age by county²⁸⁴

Year Born	Age	Cascade	Chouteau	Glacier	Pondera	Teton	Toole	Total
2020	0	1,041	51	215	62	84	64	1,517
	1	1,055	52	232	69	76	61	1,545
	2	1,044	63	237	79	86	61	1,570
	3	1,084	56	229	91	92	59	1,611
	4	1,118	61	234	77	90	66	1,646
	5	1,128	67	256	75	82	66	1,674
2021	0	949	38	177	71	68	43	1,346
	1	1,005	53	201	51	82	61	1,453
	2	1,036	54	221	73	72	56	1,512
	3	1,009	62	244	82	91	64	1,552
	4	1,069	59	218	91	89	60	1,586
	5	1,123	63	232	75	87	65	1,645
2022	0	954	32	181	91	71	69	1,398
	1	908	47	170	63	72	42	1,302
	2	995	57	208	54	78	52	1,444

281 DPHHS, Human and Community Services Division

282 American Community Survey (2019–2023)

283 DPHHS, Office of Epidemiology and Scientific Support. Early prenatal care is defined as seeing a health care provider before the 13th week of pregnancy (i.e. the first trimester).

284The Annie E. Casey Foundation. Kids count data center. <https://datacenter.aecf.org>

Year Born	Age	Cascade	Chouteau	Glacier	Pondera	Teton	Toole	Total
	3	1,030	56	223	82	80	63	1,534
	4	1,029	60	235	87	89	63	1,563
	5	1,068	61	216	89	100	52	1,586
2023	0	938	45	173	90	73	61	1,380
	1	955	36	181	86	69	68	1,395
	2	898	47	178	63	72	39	1,297
	3	1,008	60	211	60	90	52	1,481
	4	1,013	54	229	79	93	62	1,530
	5	1,032	62	230	82	99	60	1,565
2024	0	961	48	170	93	75	63	1,410
	1	857	49	175	77	66	60	1,284
	2	924	40	183	92	69	59	1,367
	3	877	47	172	58	73	40	1,267
	4	980	57	203	65	87	52	1,444
	5	997	55	226	78	81	61	1,498
Total		30,085	1,592	6,260	2,285	2,436	1,744	44,402

As of 2024, there are an estimated 4,209 children between ages 3 and 5 and an estimated 4,061 children between ages 0 and 2 within the service area of Opportunities, Inc.

The number of total births per county in the service area from 2021–2023 is available from the Montana Budget and Policy Center.²⁸⁵ The data in Table 70 is not updated to include 2024 data, and the numbers in each column differ from the total number of children under age 1 in Table 71 due to movement into and out of counties and due to months of overlap in ages.

Table 72. Total births per county by year

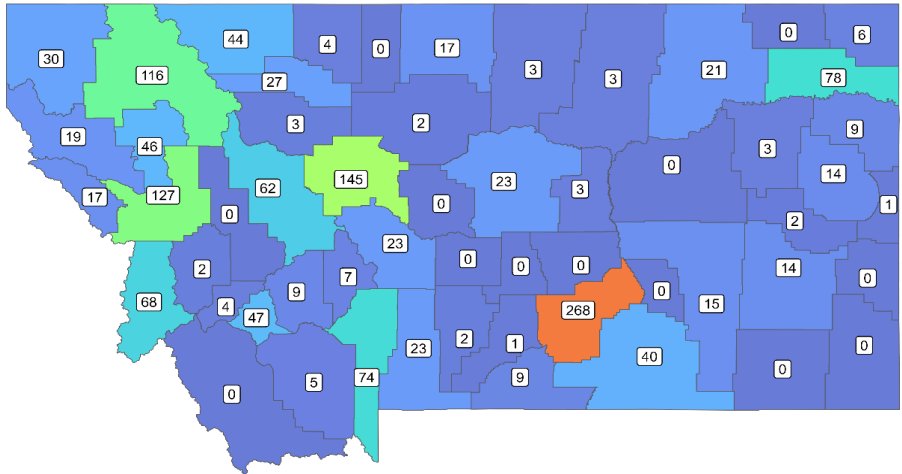
County	2021	2022	2023
Cascade	951	919	916
Chouteau	35	45	42
Glacier	166	169	177
Pondera	72	87	67
Teton	65	69	74
Toole	48	57	46
Total service area	1,337	1,346	1,322

Children in foster care

The number of foster children in the service area represents another important indicator to include in the CNA for Head Start services. Figure 27 shows the estimated number of foster children in the state of Montana under age 5.

²⁸⁵ Montana Budget and Policy Center. (2025). <https://montanabudget.org/>

Figure 27. Foster children under age 5 in Montana



Data source: ACS 5-year estimates (2018-2022)

In addition to the data collected by the American Community Survey, the Montana Budget and Policy Center offers individual estimates by county, including the number of children and rate per population of 1,000. The rate is compared to the total number of children ages 0 to 5 in the corresponding county. “N/A” indicates that data is not reported if fewer than 10 children are represented in each location.

Table 73. Children ages 0 to 5 in foster care by county

County	2020	2021	2022	2023	2024
Cascade					
n	359	357	301	241	219
Rate	56.7	57.1	50.8	41.0	39.1
Chouteau					
n	N/A	N/A	N/A	N/A	N/A
Rate	N/A	N/A	N/A	N/A	N/A
Glacier					
n	23	68	51	13	N/A
Rate	16.3	51.5	40.3	10.9	N/A
Pondera					
n	10	11	N/A	N/A	N/A
Rate	21.4	23.6	N/A	N/A	N/A
Teton					
n	N/A	N/A	N/A	N/A	N/A
Rate	N/A	N/A	N/A	N/A	N/A
Toole					
n	N/A	11	N/A	13	13
Rate	N/A	28.8	N/A	39.9	38.8

Children and families experiencing homelessness

In 2025 in the City of Great Falls, the Montana Continuum of Care Coalition counted 202 individuals experiencing homelessness.²⁸⁶ Families and children who experience homelessness are often hidden from view and not represented in available statistics. Families may stay in motels or hotels, with friends and other family members, or in their own vehicles or RVs. The Administration for Children and Families found that in 2013, Montana had a total of 2,640 children under age 6 experiencing homelessness. For the state of Montana, 657 of these children were served by Head Start and Early Head Start, and 32 children were served by the McKinney-Vento Homeless Assistance Act.²⁸⁷

Opportunities, Inc. tracks the total number of families experiencing homelessness that are served by their programs. In the 2023–2024 school year, Early Head Start served 53 families and 52 children experiencing homelessness. Head Start served 34 families experiencing homelessness and 38 children experiencing homelessness. During the 2023–2024 school year, 11 of these families were able to acquire housing during the enrollment year.

Opportunities, Inc. Head Start enrolled children and families (2023–2024)²⁸⁸

Table 74. Age and number of enrolled and waitlisted children

Program	Total cumulative enrollment (children and pregnant women)	Cumulative enrollment of pregnant women	Under age 1	Age 2	Age 3	Age 4	Age 5
Early Head Start	231	5	55	72	99	0	0
Head Start	259	N/A	0	0	116	143	0
Total	490	5	55	72	215	143	0

Table 75. Key indicators of enrolled children

	Early Head Start total service area children and pregnant women	Head Start total service area children
Income at or below 100% FPL	33	35
TANF documentation	5	4
SSI documentation	4	12
SNAP documentation	83	13
Foster care	17	13
Unhoused	53	51
Eligibility based on other type of need but not already counted	20	19
Incomes between 100%–130% FPL but not already counted	16	17

²⁸⁶ Montana Continuum of Care Coalition (2025)

²⁸⁷ Administration for Children and Families. (2023). A look at early childhood homelessness Montana. https://acf.gov/sites/default/files/documents/ece/homelessness_profile_montana.pdf

²⁸⁸ Opportunities, Inc. Head Start. (2024). 2023–2024 program information reports for Early Head Start and Head Start.

Table 76. Race and ethnicity of enrolled children²⁸⁹

Race and ethnicity	Early Head Start		Head Start	
	Hispanic or Latino/a	Non-Hispanic or Non-Latino/a	Hispanic or Latino/a	Non-Hispanic or Non-Latino/a
American Indian or Alaska Native	3	33	7	46
Asian	0	3	0	4
Black or African American	0	1	1	1
Native Hawaiian or Pacific Islander	0	1	0	3
White	11	138	7	161
Two or more races	11	25	6	22
Unspecified		5		1

As shown in previous tables, 68 families were enrolled in either Early Head Start or Head Start with incomes at or below 100% FPL. In the service area, 121 children were enrolled from families that utilize public assistance such as SNAP, 30 enrolled children were in foster care, and 104 unhoused children were enrolled. In terms of race and ethnicity, approximately 18% of children were American Indian or Alaska Native, 1.6% Asian, 0.5% Black or African American, 0.9% Native Hawaiian or Pacific Islander, 67.3% White, and 10.6% “Two or more races.” Of those, approximately 10.4% identified as Hispanic or Latino/a.

Languages spoken at home

The percentage of persons age 5 and over that speak a language other than English at home by county is 3.7% in Cascade, 0.9% in Chouteau, 7.9% in Glacier, 10.8% in Pondera, 6.1% in Teton, and 5.6% in Toole.²⁹⁰ Of children enrolled in Early Head Start in the service area of Opportunities, Inc., English is the primary language spoken at home for 227 children, two families of children speak East Asian languages at home, and two families use American Sign Language. For children enrolled in Head Start, English is the primary language spoken at home for 259 children. Of those children, three know a language other than English.

²⁸⁹ The cumulative number of enrolled children differs from the sum of families reporting race and ethnicity of their children. The figures come directly from program information reports.

²⁹⁰ American Community Survey (2019–2023)

Opportunities, Inc. Head Start child and health services

In addition to early childhood education, Early Head Start and Head Start also contribute to the health and wellbeing of children and prenatal women. The table below shows key health indicators of children at enrollment.

Table 77. Number and key indicators at enrollment

	Early Head Start	Head Start
Children in Medicaid and/or CHIP	200	225
Children who are up to date on age-appropriate preventive and primary care	203	249
Children diagnosed by a health care professional with autism spectrum disorder	1	6
Children diagnosed by a health care professional with attention deficit hyperactivity disorder	0	2
Children diagnosed by a health care professional with asthma	3	3
Children diagnosed by a health care professional with hearing problems	2	10
Children diagnosed by a health care professional with vision problems	2	23
Children diagnosed by a health care professional with blood lead level test with elevated lead levels >5 grams per deciliter (g/dL)	0	4

Opportunities, Inc. Head Start facilities family services that contribute to the well-being of families, children, and the overall community. For example, the number of families that received emergency crisis intervention services for Early Head Start and Head Start combined was 103, the number of families who received mental health services was 26, and 436 families received a research-based parenting curriculum.

In 2023, 99% of enrolled children and prenatal women were up to date with preventative and primary health care, 99% of enrolled children and prenatal women were up to date on preventative and primary dental care or received preventative treatment, and 99% of enrolled children were up to date on all immunizations appropriate for their age. Moreover, 539 families participated in home-to-school activities that support school readiness, 753 individuals volunteered in the Head Start Program, and all 140 families who had kindergarten-bound children engaged in kindergarten transition activities.

The Office of Public Instruction (OPI) in Montana found that 14% of Montana's students are served under the Individuals with Disabilities Education Act (IDEA). In 2022–2023, the enrollment in Montana of students with disabilities increased by 12.2% from 2017–2023.²⁹¹ For the service area of Opportunities, Inc., 15.77% of the population has a disability, with the highest age group being those ages 65 or over (33.54%).²⁹² There are 1,598 children under age 18 (5.62%) with a disability in the service area, which is higher than Montana's 4.66% of children with a disability. Table 78 reports children enrolled in Early Head Start and Head Start programs who received evaluations under IDEA and were diagnosed with a disability.

²⁹¹ Montana Office of Public Instruction. (2023). Special Education Board of Public Education annual report. <https://opi.mt.gov/Portals/182/Page%20Files/Special%20Education/Advisory%20Panel/October%202023%20handouts/SPED%20BPE%20Report%20-%20September%202023.pdf?ver=2024-01-06-130135-093>

²⁹² American Community Survey (2019–2023)

Table 78. Children who received an evaluation under IDEA to determine disability (2023–2024)

Program	Total number of children who received an evaluation under IDEA	Total children diagnosed with a disability under IDEA
Early Head Start	11	4
Head Start	20	18

In total, 22 children were evaluated and diagnosed with a disability, which suggests that without the help of Opportunities, Inc. Head Start, these disabilities would have gone undiagnosed. Overall, Head Start supports families with children with disabilities to make plans to better succeed.

Opportunities, Inc. collaborates closely with school districts to make referrals for IEPs, if necessary. If a child is identified by Opportunities, Inc. Head Start’s developmental screenings or another screening agency, Opportunities, Inc. Head Start will work with therapists to meet the children’s needs. Therapists are invited to visit, observe, and work with children at Head Start sites. Many Opportunities, Inc. Head Start’s facilities have designed space for outside therapist use. The number of children enrolled in Head Start who had an IEP at any time during the program year for Head Start was 18 and the number of children enrolled in Early Head Start who had an IFSP at any time during the program year was 35.

Opportunities, Inc. staff

During the 2023–2024 school years, Early Head Start and Head Start employed 105 staff members. As of 2025, Opportunities, Inc. Early Head Start and Head Start employed 82 staff members. Volunteers are also an important part of the Head Start experience. In 2023–2024, Head Start had 335 volunteers with 245 of these volunteers being current or former Head Start or Early Head Start parents. Of those staff members reporting race and ethnicity, eight were American Indian or Alaska Native, one was Black or African American, one was Native Hawaiian or Pacific Islander, 30 were White, and 1 was “Two or more races.”

Head Start family participants’ perceptions of program and needs

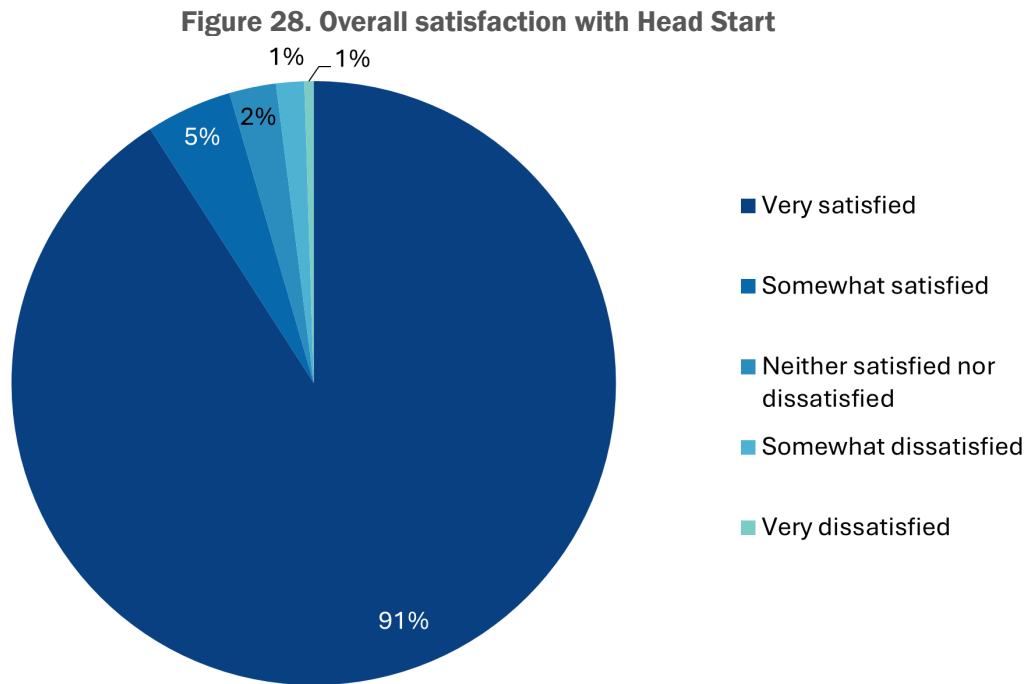
Section 1 of the CNA provided population-level information on the six-county service area of Opportunities, Inc, including the Cascade, Chouteau, Glacier, Pondera, Teton, and Toole Counties. The section provided a demographic overview using secondary data analysis from data sources such as the U.S. Census Bureau and information relevant to community needs and social conditions through data sources such as the Centers for Medicare and Medicaid. The first part of Section 4 provided important statistical information regarding Head Start eligibility and enrollment. This section reviews findings from a survey of families with children enrolled in Head Start or Early Head Start (n=202) within the service area of Opportunities, Inc.

Head Start family survey

JG, in collaboration with the Head Start director and the deputy director of Opportunities, Inc., developed an electronic family survey using the survey software Alchemer. Questions were modified from a parent survey used by the Minnesota Valley Action Council to appropriately assess the programs offered in the service area. Opportunities, Inc. Head Start distributed the survey to parents via text and in person at parent events using iPads, laptops, and paper copies per parent preference. JG disseminated the survey to parents by email.

Overall program satisfaction

Families indicated strong satisfaction with their Head Start experience. Participants were asked, “Please rate your level of satisfaction with your overall experience this past year with Head Start” on a scale of very dissatisfied (1) to very satisfied (5). Figure 28 indicates the percentage of respondents in each response category.



As indicated, families are overwhelmingly satisfied with their experience with Head Start. Only one participant noted they were “very dissatisfied” with their overall experience, and 96% of respondents (n=188) reported they were “very satisfied” (91%) or “somewhat satisfied” (5%) with the Head Start experience.

Family ratings of staff, the classroom, resources, and engagement

Parents were asked to rate “how well you think we are doing” in the areas of Head Start staff, the Head Start classroom environment, the resources and family support provided by Head Start staff, and the Head Start engagement with their families. All questions were rated on a scale that included “poor,” “fair,” “good,” “very good,” and “excellent.” For each of the categories below, “N/A” responses were dropped from analyses to provide a more focused overview.

Family perception of Head Start staff

Parent participants were asked questions regarding the Head Start staff. The questions included “Satisfaction—I am satisfied with the staff that work with my child and family;” “Communication—Head Start staff informed me of my child’s school readiness, their behavior, and educational goals we set for them;” “Availability—Head Start staff are easy to get a hold of when I have a question or concern;” “Welcoming—Head Start staff make my child and me feel welcome;” Parent inclusion—Head Start staff invited me to volunteer or get involved with Head Start activities;” Family support—My family feels supported by the Head Start staff;” “Goal

setting—Head Start staff worked with my family to set individual or family goals;” “Respect—My family’s values and culture are respected by Head Start staff;” and “Math skills—Staff have helped increase my child’s math skills.”

Figure 29. Family perception of Head Start staff

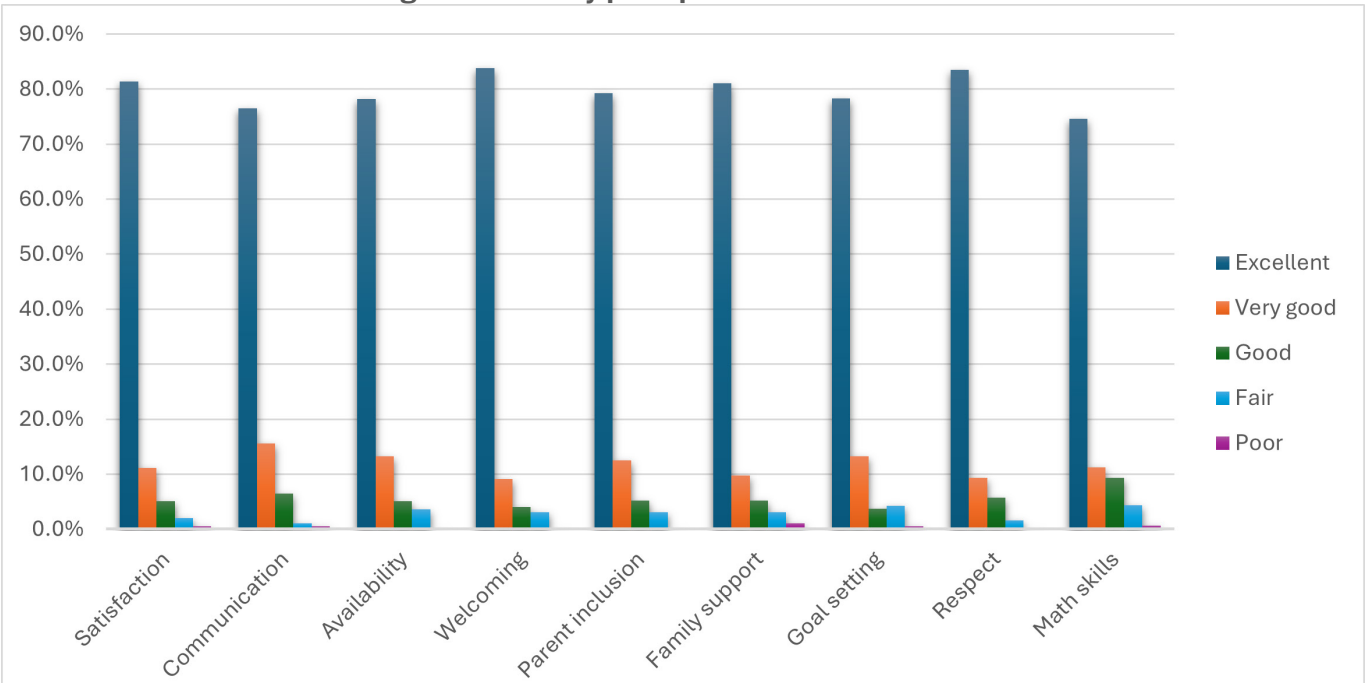


Table 79. Family perception of Head Start staff

Statement	Excellent		Very good		Good		Fair		Poor		N minus N/A responses
	n	%	n	%	n	%	n	%	n	%	
I am satisfied with the staff that work with my child and family.	161	81.3	22	11.1	10	5.1	4	2.0	1	0.5	198
Head Start staff informed me of my child’s progress toward school readiness, their behavior, and educational goals we set for them.	143	76.5	29	15.5	12	6.4	2	1.1	1	0.5	187
Head Start staff are easy to get a hold of when I have a question or concern.	154	78.2	26	13.2	10	5.1	7	3.6	0	0.0	197
Head Start staff make my child and me feel welcome.	166	83.8	18	9.1	8	4.0	6	3.0	0	0.0	198

Statement	Excellent		Very good		Good		Fair		Poor		N minus N/A responses n
	n	%	n	%	n	%	n	%	n	%	
Head Start staff invited me to volunteer or get involved with Head Start activities.	153	79.3	24	12.4	10	5.2	6	3.1	0	0.0	193
My family feels supported by the Head Start staff	158	81	19	9.7	10	5.1	6	3.1	2	1.0	195
Head Start Staff worked with my family to set individual or family goals.	148	78.3	25	13.2	7	3.7	8	4.2	1	0.5	189
My family's values and culture are respected by Head Start staff.	162	83.5	18	9.3	11	5.7	3	1.5	0	0.0	194
Staff have helped increase my child's math skills.	120	74.5	18	11.2	15	9.3	7	4.3	1	0.6	164

As shown in Figure 29 and Table 79, family members overwhelmingly responded that that Opportunities, Inc. Head Start is providing excellent services regarding their staff performance. For example, at least 86% or more of participants gave “excellent” or “very good” reviews in each category.

Classroom environment

Perceptions of the Head Start classroom environment were also overwhelmingly “excellent.” The statements that parents ranked for this category included “Safety—The Head Start classroom, building, equipment, bus, and playground are safe;” “Cleanliness—The Head Start classroom, building, equipment, bus, and playground are clean;” “Learning opportunities—The Head Start classroom has a lot of opportunities for my child to learn;” and “ Welcoming/inviting—The Head Start classroom is welcoming and inviting.”

Figure 30. Family perceptions of Head Start classroom environment
Percentage parents/caregivers

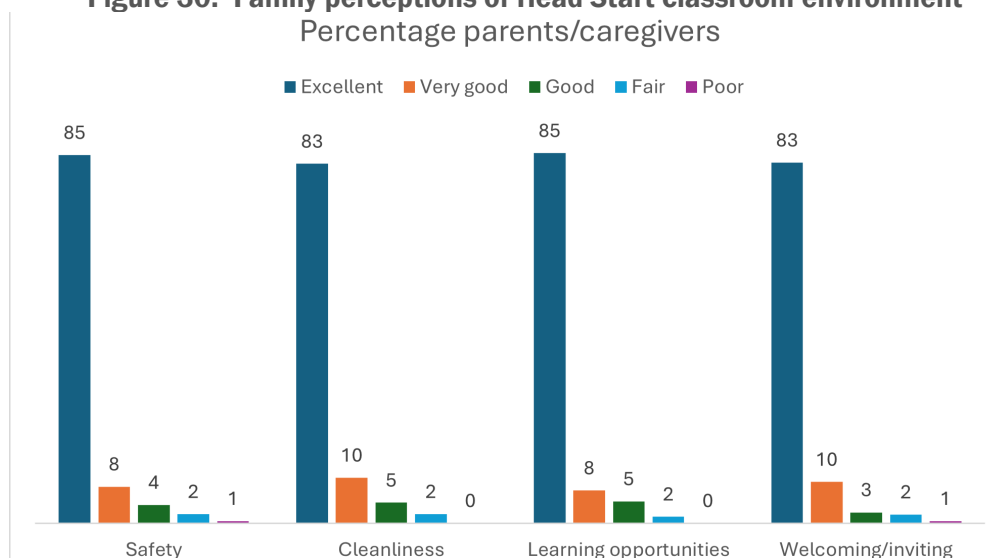


Table 80. Family perceptions of classroom environment

Statement	Excellent		Very good		Good		Fair		Poor		N minus N/A responses
	n	%	n	%	n	%	n	%	n	%	n
The Head Start classroom, building, equipment, bus, and playground are safe.	161	84.74	16	8.42	8	4.2	4	2.1	1	0.5	190
The Head Start classroom, building, equipment, bus, and playground are clean.	158	82.72	20	10.47	9	4.71	4	2.1	0	0.0	191
The Head Start classroom has a lot of opportunities for my child to learn.	161	85.18	15	7.53	10	5.03	3	1.5	0	0.0	199
The Head Start classroom is welcoming and inviting.	166	83.0	19	9.5	5	2.5	4	2.0	1	0.5	200

As discussed in Figure 30 and Table 80, parents gave positive reviews of the resources and environment surrounding the Head Start classrooms. Over 92% of parents gave “excellent” or “very good” ratings in each category related to the classroom environment.

Perceptions of resources and family support provided by Head Start staff

Parents and caregivers were asked questions related to perceptions of the resources and family support provided by Head Start staff to the families. The statements that parents ranked for this category included “Attendance—Head Start Staff supported and discussed the importance of regular attendance;” “Translation—An interpreter and/or translated materials were available when I requested them;” “Resources—Head Start staff provided my family with resources to support our family’s needs;” “Goals—Head Start staff supported my family to achieve goals;” “Well child exam—Head Start staff worked with my family to ensure the completion of my child’s well-child exam; dental exam; and lead, vision, and hearing screenings;” “Nutrition—Head Start staff informed my family of the importance of good nutrition habits and provided resources for healthy food, healthy recipes, eating healthy on a budget, and/or gardening tips;” and “Medical insurance—Head Start staff worked with my family to ensure all family members obtained medical insurance.”

Figure 31. Perceptions of resources and support
Percentage parents/caregivers

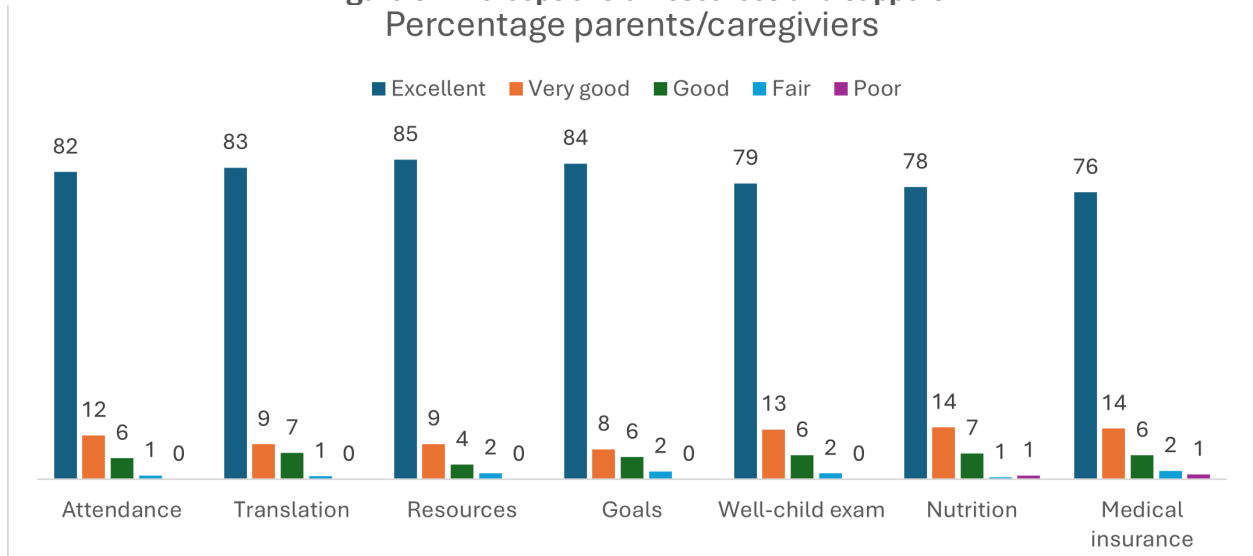


Table 81. Perceptions of resources and support

Statement	Excellent		Very good		Good		Fair		Poor		N minus N/A responses
	n	%	n	%	n	%	n	%	n	%	
Head Start staff supported and discussed the importance of regular attendance.	161	81.7	23	11.7	11	5.6	2	1	0	0.0	197
An interpreter and/or translated materials were available when I requested them.	107	82.9	12	9.3	9	7	1	.8	0	0.0	129
Head Start staff provided my family with resources to support our family's needs.	153	85	17	9.4	7	3.9	3	1.7	0	0.0	180
Head Start Staff supported my family to achieve goals.	158	84	15	8	11	5.9	4	2.1	0	0.0	188
Head Start staff worked with my family to ensure the completion of my child's well-child exam; dental exam; and lead, vision, and hearing screenings.	148	78.7	25	13.3	12	6.4	3	1.6	0	0.0	188
Head Start staff informed my family of the importance of good nutrition habits and provided resources for healthy food, healthy recipes, eating healthy on a budget, and/or gardening tips.	146	77.7	26	13.8	13	6.9	1	.5	2	1	188
Head Start staff worked with my family to ensure all family members obtained medical insurance.	119	76.3	21	13.5	10	6.4	4	2.3	2	1.3	156

As shown in Figure 31 and Table 81, most parents and caregivers reported “excellent” (over 76% in each category) or “very good” resources and support (over 8% in each category). However, this area includes some room for improvement. For example, about 8% of parents/caregivers noted that translation services were either just “good” or “fair.” Responses by parents/caregivers indicated that there could be room for improvement in the food and nutrition sphere of resources.

For example, about 9% of respondents reported “poor,” “fair,” or “good” when responding to a question surrounding resources for healthy food. About 10% of parents/givers reported “poor,” “fair,” or “good” regarding the help offered to obtain medical insurance by members of the Head Start staff.

Perceptions of Head Start family engagement

Several items related to perceptions of the engagement of families by Head Start staff were asked. The statements that parents ranked for this category included “Parent events—Head Start staff encouraged my family to attend parent committee events;” “Newsletter—The newsletter arrived monthly in my child’s backpack and listed upcoming events and classroom information;” “Parent engagement—Head Start staff taught me the importance of looking in my child’s backpack every day;” “Family reading—Head Start staff encouraged my family to read more books together;” and “Parent/child relationships—Head Start staff encouraged positive parent/child relationships.”

Figure 32. Perceptions of family engagement
Percentage parents/caregivers

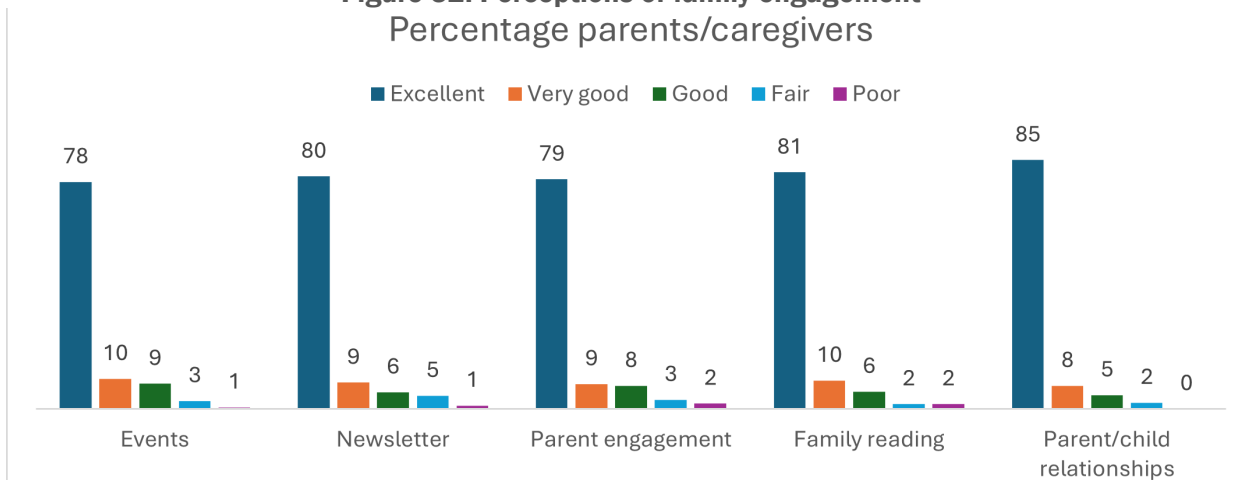


Table 82. Perceptions of family engagement

Statement	Excellent		Very good		Good		Fair		Poor		N minus N/A responses
	n	%	n	%	n	%	n	%	n	%	n
Head Start staff encouraged my family to attend parent committee events.	144	77.8	19	10.3	16	8.6	5	2.7	1	.5	185
The newsletter arrived monthly in my child’s backpack and listed upcoming events and classroom information.	141	79.7	16	9	10	5.7	8	4.5	2	1.1	177
Head Start staff taught me the importance of looking in my child’s backpack every day.	129	78.7	14	8.5	13	7.9	5	3.1	3	1.8	164
Head Start staff encouraged my family to read more books together.	150	81.1	18	9.7	11	5.9	3	1.6	3	1.6	185
Head Start staff encouraged positive parent/child relationships.	163	85.3	15	7.9	9	4.7	4	2.1	0	0	191

Regarding family engagement, as shown in Figure 32 and Table 82 at least 87% of parents/caregivers reported “very good” or “excellent” indicators of engagement. Responses in this category also indicated room for improvement, with about 10% of parents/givers reporting only “good,” “fair,” or “poor” responses regarding being encouraged by Head Start staff to read more books together.

Qualitative responses

Respondents were invited to share additional comments about their experience at Head Start, and 64 respondents provided qualitative feedback in the form of write-in responses. Most comments were coded as positive (49 responses), five responses were coded as neutral with comments such as “new to the program,” and 10 responses were coded as negative. The stark differences in parent/caregiver experience may have to do with staffing differences in the Head Start centers.

The 10 respondents who provided constructive criticism and negative feedback focused on aspects of Head Start policies, staff, and resources the program includes. Some parents/caregivers wrote that staff were “judgmental” or “unhappy in their job.” Other concerns included meals being “unappealing and no variety” (two participants), children coming home with unexplained bruises (two participants), classroom time including too much “freeplay” and not enough instruction, dissatisfaction with strict drop-off and pick-up time policies, naps that are too long, a lack of water bottles for children, and concerns about checking the identification of adults picking up children from school.

Most comments were coded as positive (n=49) and tended to focus on the staff and positive comments about the Head Start program overall. For example, parents/caregivers wrote that

the “program has helped my family tremendously,” staff are “caring and lovely” or “helpful and understanding,” or the program has “amazing teachers and my child enjoys going to school.” Another parent/caregiver wrote:

“I absolutely 100% love this program and every teacher that has and will be a part of children’s lives!!! Thank you all from the bottom of our hearts!!!”

Parents/caregivers noted that the program helped to introduce their children to school. For example, one parent said:

“As a single parent the services were just what we needed in order for my child to become more accustomed to dealing with and being around others his age. Thank you for the introduction to school.”

Section 4 conclusion and recommendations

Opportunities, Inc. Early Head Start and Head Start have 82 staff members and served 464 families in 2023–2024. The service area includes a geographically large, rural, and dispersed geographic area across six counties, the Blackfeet Indian Reservation, and Rocky Boy’s Indian Reservation. The average population density is only eight people per square mile.²⁹³ Significant challenges exist including transportation barriers, obstacles with housing with a dispersed population in frontier country, and lower levels of income in comparison to the U.S. overall. Opportunities, Inc. Head Start helps address some of these challenges, especially for low-income families, by executing the free federal program Head Start for the area’s most vulnerable children. During the 2023–2024 school year, there were 35 children enrolled from families at or below 100% FPL, 124 enrolled from families on public assistance, 13 foster care children, and 51 unhoused children in Head Start. For Early Head Start (2023–2024), there were 33 children from families with incomes below 100% FPL, 92 enrolled from families on public assistance, 17 foster care children, and 53 unhoused children. This CNA helps to highlight needs and challenges the service area of Opportunities, Inc. Head Start faces while also identifying recommendations for the future.

Head Start recommendations

Additional federally funded Head Start slots for Opportunities, Inc.

Statistical counts may differ by source due to variations in survey methodology or due to other unforeseen challenges such as movement of populations. Therefore, JG includes an additional measure to count the number of children under age 6 in the service area of Opportunities, Inc. from the U.S. Census Bureau, Populations Estimates Program.

²⁹³ American Community Survey (2019–2023)

Table 83. Children under age 6 by county (2023)

	Cascade	Chouteau	Glacier	Pondera	Teton	Toole	Total
Children under age 6	5876	296	1196	430	487	326	8611
Total funded enrollment Opportunities, Inc. Early Head Start and Head Start (2023-2024): 393							

Table 83 above shows that only about 5% of total children under age 6 might be served by the funded spots for Early Head Start and Head Start in the Opportunities, Inc. service area. The average child poverty rate over the entire service area (as calculated by averaging the poverty rate of children under age 17 years is 20.75%. The finding indicates that there are approximately 1,786 children under age 6 (20.75% of 8611) who are under the FPL and eligible for Early Head Start or Head Start services. This finding does not include other eligible children such as those in foster care. Overall, the need for funded Early Head Start and Head Start services is likely much greater than the number of enrollment slots that Opportunities, Inc. can offer given funding.

Increased parent/caregiver and staff engagement and communication

Most parents/caregivers gave positive responses to the open-ended question in the Head Start survey. For example, one participant said:

“I absolutely love [the] Head Start program. I come from an adverse background and Head Start always meets me where I am at. I honestly am unsure what I would do without Head Start staff.”

However, a few respondents reported negative interactions with staff or with other issues that might be helped by increased engagement, interaction, and communication between Head Start staff and parents/caregivers. For example, about 10% of parents/givers reported only “poor,” “fair,” or “good” regarding the help offered to obtain medical insurance by members of the Head Start staff. Also, parents noted in open-ended comments that they were displeased by firm boundaries surrounding an 8 a.m. drop off and 3 p.m. pick up for their children. If parents/caregivers and staff had more available time for engaging with one another, parents might better understand reasons for certain policies and practices. Increased communication could also provide an avenue for more outreach regarding services offered to families like access to insurance or nutritional information.

Head Start conclusion

Opportunities, Inc. Head Start provides vital early childhood education and childcare services for vulnerable families. In 2023–2024, Early Head Start and Head Start served 464 families. Families reported positive experiences with Opportunities, Inc. Head Start. Overall, 96% of respondents (n=188) reported they were “very satisfied” (91%) or “somewhat satisfied” (5%) with the Head Start experience. In addition to providing quality education, Head Start contributes to the health and well-being of children and prenatal women. In 2023, 99% of enrolled children and prenatal women were up to date with preventative and primary health care, 99% of enrolled children and prenatal women were up to date on preventative and primary dental care or received preventative treatment, and 99% of enrolled children were up to date on all immunizations appropriate for their age. Opportunities, Inc. provides high-quality education, helps defer the high cost of childcare, provides services for the most vulnerable families, and contributes to the health and well-being of children and families in Montana.

Section 5: Conclusion, Priority Emerging Needs, and Recommendations

In Sections 1 through 4, the research team used the most current population- and family-level data available to help determine the community needs of community members in the Opportunities, Inc. service area. Section 5 summarizes the main priorities that have been identified in the findings presented in earlier sections. This section examines ways that Opportunities, Inc. may anticipate filling gaps and serving these emerging and growing needs in the service area.

A comprehensive CNA, such as this one, is designed to aid an agency in its planning process by determining the needs of a community through a snapshot of the service area and the characteristics of the community. Planning in rural areas, such as much of the Opportunities, Inc. service area, can be especially difficult due to geographic barriers or larger barriers surrounding the multiple entities involved in program application and administration beyond Opportunities, Inc.

Significant structural barriers exist when applying for state and federal programs, and these barriers prevent individuals from being able to access programs. In January 2018, Montana closed 19 field outreach offices for the OPA and laid off over 30 case workers with devastating consequences for vulnerable populations in Montana that rely on face-to-face help for difficult program applications and program administration for programs like SNAP.²⁹⁴ OPA helps applicants apply for SNAP benefits (formerly known as food stamps); TANF; WIC; and Medicaid. In some rural areas, these offices were the only way participants could apply to programs in their communities due to slow internet speeds. In rural areas that lack internet connections, program applicants cannot upload necessary documents, which leads to either the loss of benefits they once had or impedes their ability to apply to them in the first place.

In the updated FY 2025 two-year budget proposal, DPHHS did not propose funding the reopening of any offices that were closed in 2018.²⁹⁵ With only 19 OPA sites remaining open today, large areas of rural Montana are left without access to in-person support. The effects of these closures are already being experienced by many Montanans. When the State of Montana was federally mandated to undergo Medicaid redetermination in 2023 and 2024, over 115,000 people were disenrolled, more than the agency projected.²⁹⁶ Data show that more than 60% of the people who lost Medicaid coverage did so due to filing errors and failure to submit the necessary information,²⁹⁷ which links directly to the challenges of receiving in-person support and benefits. Due to these challenges on the state and federal level, the work of Opportunities, Inc. and other CAAs has only increased in importance as they help to fill these gaps and assist Montana's most vulnerable populations. Despite these structural-level barriers, Opportunities, Inc. works to provide vital programs and services to the people in their service area. Moreover, clients overwhelmingly report positive experiences with Opportunities, Inc. For example, 96% of clients report that they

²⁹⁴ <https://mfbn.org/one-year-ago-19-opa-offices-closed-in-montana/> ; Montana Budget and Policy Center. (2018, January 31). State budget cuts: Community impact series—Closure of 19 outreach offices. <https://montanabudget.org/post/state-budget-cuts-community-impact-series>

²⁹⁵ Montana Budget and Policy Center. (2024, January 17). DPHHS budget fails to quell concerns about public benefits access. <https://montanabudget.org/post/dphhs-budget>

²⁹⁶ Montana Budget and Policy Center (2024)

²⁹⁷ Montana Budget and Policy Center (2024)

“would recommend Opportunities, Inc. to friends and family.”

Service-area community, family, and individual priority needs

As shown in the community-wide representative survey, **the top five needs that survey respondents highlighted for their communities in the Opportunities, Inc. service area** include (1) “access to substance use disorder services,” (2) “access to affordable childcare,” (3) “availability of jobs that pay enough to live on,” (4) “availability of safe and affordable housing,” and (5) “access to health care.” Affordable childcare received more total rankings than any other need. Focus group participants recounted that the top community needs were affordable childcare, substance misuse treatment services, affordable housing, and a living wage.

The top five employment needs for families and individuals include (1) “jobs that pay more or have benefits,” with 53.2% of respondents indicating this need; (2) “finding and keeping a job,” with 37.9% of respondents indicating this need; (3) “job training,” with 33.4% of respondents indicating this need; (4) “training for the types of jobs available in the area,” with 21.5% of respondents indicating this need; and (5) “getting the right clothes for a job,” with 21.0% of respondents indicating this need.

The top five education and cognitive development needs for families and individuals include (1) “life skills training,” with 25.6% of respondents indicating this need; (2) “early childhood education programs,” with 25.3% of respondents indicating this need; (3) “GED classes/high school equivalency,” with 24.6% of respondents indicating this need; (4) “affordable and good childcare,” with 23.2% of respondents indicating this need; and (5) “help with college aid/FAFSA forms,” with 23.2% of respondents indicating this need.

The top five income, infrastructure, and asset-building needs for families and individuals include (1) “help with transportation or car repairs,” with 41.6% of respondents indicating this need; (2) “help with energy bills,” with 35.0% of respondents indicating this need; (3) “general financial issues,” with 34.7% of respondents indicating this need; (4) “Money management, saving, or budgeting,” with 30.3% of respondents indicating this need; and (5) “help with water bills,” with 20.3% of respondents indicating this need.

The top five housing needs for families and individuals include (1) “help with rent,” with 48.6% of respondents indicating this need; (2) “good affordable housing to rent,” with 47.9% of respondents indicating this need; (3) “good affordable housing to buy,” with 27.8% of respondents indicating this need; (4) “help with rent payments,” with 27.8% of respondents indicating this need; and (5) “help with rent deposits.” with 27.1% of respondents indicating this need.

The top five health/social and behavioral development needs for families and individuals include (1) “food assistance,” with 46.2% of respondents indicating this need; (2) “affordable dental care,” with 45.4% of respondents indicating this need; (3) “affordable health care,” with 40.8% of respondents indicating this need; (4) “affordable eye care,” with 38.1% of respondents indicating this need; and (5) “mental health services,” with 35.3% of respondents indicating this need.

The top five civic engagement and community development needs for families and individuals include (1) “safe, walkable neighborhoods with sidewalks and parks,” with 41.5% of respondents indicating this need; (2) “youth activities and programs,” with 40.6% of respondents

indicating this need; (3) “recreational activities,” with 37.2% of respondents indicating this need; (4) “crime prevention,” with 31.4% of respondents indicating this need; and (5) “crisis services/emergency housing for unhoused people,” with 28.9% of respondents indicating this need.

Emerging needs and recommendations

The most common needs identified through survey responses, focus group discussions, and community-level data include higher paying jobs with benefits (third in community-level needs, with 53.3% of participants citing this as a family/individual-level need); affordable housing (fourth in community-level needs, with 48.6% of participants citing this as a family/individual-level need); affordable childcare (second in community-level needs and cited as the most important need in the focus group, with 25.3% of participants citing early childhood education or childcare as a family/individual-level need); and access to substance use disorder services (cited as the top priority community-level need in the survey).

Importantly, the top priorities of Opportunities, Inc., identified during the 2024–2029 strategic planning process align closely with these top identified needs. Opportunities, Inc. top priorities in the strategic plan currently include:

1. Ensure low-income individuals have access to safe and affordable housing.
2. Provide resources that address drug-, alcohol-, family-, and relationship-related issues.
3. Provide services that address employment related issues.
4. Ensure low-income families have access to affordable childcare.

In essence, over the last three years, community and family needs have remained largely the same given the significant individual and structural hurdles that families in the service area face regarding access to affordable housing and childcare, access to health care services including behavioral health and dental care, and access to services that address employment related issues. Given the data presented in various sections of the CNA, three main recommendations emerge.

1. Continue to focus on employment and training programs

The average median household income for the combined service area of Opportunities, Inc. is \$57,703,²⁹⁸ while the median household income in Montana is \$69,922.²⁹⁹ The household median incomes for each of the counties in the service area (Cascade: \$66,203; Chouteau: \$59,927; Glacier: \$45,129; Pondera: \$53,500; Teton: \$67,766; Toole: \$53,693) is lower than both Montana (\$69,922) and the U.S. (\$78,538).³⁰⁰ Survey participants who reported less than \$3,000/month were 53.8% of the survey sample. 2025 poverty guidelines for all U.S. states except Alaska and Hawaii for a household of four is \$32,150.³⁰¹ Over half of the survey sample was below the FPL. In 2024, Opportunities, Inc. helped 58 individuals to obtain employment with a living wage or higher, but expanded access to employment and training programs may help more families earn a living wage.

²⁹⁸ American Community Survey (2019–2023)

²⁹⁹ American Community Survey (2019–2023)

³⁰⁰ American Community Survey (2019–2023)

³⁰¹ Office of the Assistant Secretary for Planning and Evaluation (2025)

Multiple studies have noted a correlation between education and income later in life. For example, individuals with higher levels of education are less likely to be unemployed³⁰² and earn much higher wages than those with lower levels of education,³⁰³ and median lifetime earnings are \$1.2 million higher for bachelor's degree holders than individuals who do not have a bachelor's degree.³⁰⁴ The strong association between income and education holds for community members in the Opportunities, Inc. service area. A chi-square test of independence was performed to examine the relationship between education and income in the service area using the survey data. The relationship between the two variables was significant, $X^2(1, n=872) = 115.83, p < .001$. Overall, 56% of those who hold a technical, associate, or two-year degree are above the poverty threshold (as measured by above \$30,000 for entire household income), versus 20% of those people with less education in the survey sample. This statistically significant relationship provides a strong argument for increasing educational and technical programs in the Opportunities, Inc. service area, as does the identified community and family level needs identified by survey participants in this CNA.

2. Increase access to Head Start programs and childcare

The living wage necessary for an adult in Montana with no children is approximately \$22.32/hour, while minimum wage in Montana is \$10.55/hour. A “living wage is what one full-time worker must earn on an hourly basis to help cover the cost of their family’s minimum basic needs where they live while still being self-sufficient.”³⁰⁵ However, it requires a lot more money to achieve a living wage with children. For an adult with two children, the living wage in Montana is \$51.22/hour.³⁰⁶ Overall, there is about \$40/hour difference between the minimum wage in Montana and what a single parent of two children needs to earn to achieve a living wage and to provide for their family.

Survey participants highlighted that they would like to see programs that help them meet their educational goals such as life skills training and GED classes. However, participants also noted that they would like to see more programs that help them meet these goals by providing childcare. For example, one participant wrote that they need help, “*finding a job that is M-F with available daycare needs.*” Overall, findings show overlap between employment, education, and help with childcare for participants. Another survey participant wrote:

“My family of 6 doesn’t qualify for Medicaid/Headstart. One child is preschool aged but we cant afford the monthly cost. Daycare is a must have bill. A needed service in our community. We need additional hours/days for daycare.”

The most significant community need highlighted during the focus group was the lack of affordable childcare.

Head Start programs help families defer the high cost of childcare while offering high-quality education. Head Start programs also provide much-needed assistance for families with children with special needs who might require additional care. Access to childcare was the second most-cited community need in the survey. Increasing the availability of these programs and additional

³⁰² Bureau of Labor Statistics (2024)

³⁰³ Social Security Administration (2015)

³⁰⁴ Association of Public and Land-Grant Universities (2025)

³⁰⁵ Massachusetts Institute of Technology. (2025). Living wage calculator. <https://livingwage.mit.edu/pages/methodology>

³⁰⁶ Massachusetts Institute of Technology. (2025). Living wage calculation for Montana. <https://livingwage.mit.edu/states/30>

childcare would assist families in the service area achieve their educational and occupational goals.

3. Continue to focus on access to safe and affordable housing

In Montana, only 45 rental homes are affordable and available for every 100 extremely low-income households. Montana needs to make 15,000 more homes affordable for extremely low-income households by expanding access to rental assistance and building affordable rental homes.³⁰⁷ A full-time worker in Montana must earn an hourly “housing wage” of \$20.73 to afford the average Fair Market Rent (FMR) for a two-bedroom rental home in the state (\$1,078). To afford this rent and utilities, without paying more than 30% of income on their home, a household must earn \$43,127 annually. The housing wage assumes an individual works 40 hours per week for all 52 weeks of the year.³⁰⁸ In the service area of Opportunities, Inc., 36.82% of all rental households are cost-burdened.³⁰⁹ In the CNA survey, 71% of respondents disagreed that there are affordable places to rent, and 67% disagreed that there are affordable homes to buy. In the service area of Opportunities, Inc., of the 47,810 total occupied housing units, 25.29% have been identified to have one or more substandard conditions.³¹⁰ This finding ranges from 31.38% in Glacier County to 16.73% in Chouteau County. Continuing to focus on programs that assist residents with safe and affordable housing should remain a priority.

Conclusion

This CNA utilized secondary data to uncover needs and trends in the service area of Opportunities, Inc. The statewide survey asked survey participants to highlight challenges in their lives and in the lives of others in their community. Program partners were asked in a focus group to discuss needs in their communities and offer recommendations for improving programs and partnerships. Community survey respondents, program participants, and program partners all highlighted the significant role that Opportunities, Inc. plays in their own lives and in their communities.

³⁰⁷ National Low Income Housing Coalition. (2025). 2025 Montana housing profile. https://nlihc.org/sites/default/files/SHP_MT.pdf

³⁰⁸ National Low Income Housing Coalition (2025)

³⁰⁹ American Community Survey (2019–2023)

³¹⁰ American Community Survey (2019–2023)

Appendix 1: Methodology

The Montana statewide community needs assessment (CNA) survey instrument and focus group guide template were collaboratively developed in 2024 by JG Research and Evaluation (JG), the director of the Montana Community Action Network (the Association), directors and other representatives from the 10 community action agencies (CAAs) in Montana (Action for Eastern Montana; District 4 Human Resources Development Council [HRDC 4]; Opportunities, Inc.; HRDC 6; HRDC 7; Rocky Mountain Development Council [RMDC], HRDC IX; Community Action Partnership of Northwest Montana [CAPNM]; Human Resource Council; and Action, Inc.), and the Montana Department of Public Health and Human Services (DPHHS). The JG research team met with the entire Association, representatives of DPHHS, and individually with each CAA within the Association. During the meetings, the research team learned about the needs and considerations of each CAA. After discussions, JG completed drafts of a community needs/assets framework, the statewide survey, and a provider focus group template. The research team met multiple times with a smaller Association working group of approximately six directors to revise drafts of these documents. JG then met with the Association and DPHHS to receive feedback on the final draft of the data collection instruments.

JG applied for and received Institutional Review Board (IRB) exempt status approval (study #1391029, tracking #20251240) from WCG IRB for data collection, analysis, and writing of findings for the statewide CNA. The research team collected data for the statewide survey using the online platform Alchemer from February 2025–May 2025. JG conducted seven focus groups with program provider partners for Action for Eastern Montana; Action, Inc.; RMDC; District 9 HRDC; District 4 HRDC; Human Resource Council; and Opportunities, Inc. CAAs collected survey responses in person throughout the state using written survey instruments and iPads. Representatives from the CAAs input these responses into Alchemer.

In total, 4,713 people completed the statewide survey. JG cleaned the survey data and removed responses of 14 people that did not take the survey in the United States (U.S.), 835 people who were not in Montana when they completed the survey, and 239 people who spent less than one minute on the survey. The total number of cleaned responses for the survey was n=3,625. During data collection, JG aimed for the sample size of all agencies to be between 5–10% margin of error and 95% confidence level. Based on the service area population of each CAA, all agencies were below 10% margin of error with 95% confidence. The table below shows each agency and their margin of error based on the sample size of the region.

Region	Number of survey responses	Adult population in 2022	Total sample size required in each region 95% confidence level and 5% margin of error	Total sample size required in each region 95% confidence level and 10% margin of error	Actual margin of error based on sample size with 95% confidence level
Montana	3,625	1,122,867	385	97	2%
Opportunities, Inc.	1,141	88,651	382	96	3%
HRDC IX	659	107,929	383	96	4%

Region	Number of survey responses	Adult population in 2022	Total sample size required in each region 95% confidence level and 5% margin of error	Total sample size required in each region 95% confidence level and 10% margin of error	Actual margin of error based on sample size with 95% confidence level
Action, Inc.	464	55,841	382	96	5%
Human Resource Council	279	133,449	383	96	6%
RMDC	259	69,856	382	96	6%
CAPNM	227	132,124	383	96	6%
HRDC 6	179	16,974	376	96	7%
Action for Eastern Montana	158	58,841	382	96	8%
HRDC 4	143	17,478	376	96	8%
HRDC 7	116	151,121	383	96	9%

The table below shows the number of survey responses for each agency and the percentage of responses from Montana.

Region	Count	Percent
Opportunities, Inc.	1,141	31.5
HRDC IX	659	18.2
Action, Inc.	464	12.8
Human Resource Council	279	7.7
RMDC	259	7.1
CAPNM	227	6.3
HRDC 6	179	4.9
Action for Eastern Montana	158	4.4
HRDC 4	143	3.9
HRDC 7	116	3.2
Total	3,625	100.0

After cleaning the dataset, JG created datasets for each CAA. The research team totaled the counties within the service area for each CAA to create 10 individual datasets. In total, there were 11 datasets including the dataset that contained all responses for Montana. The table below shows the number of survey respondents by county for the statewide survey.

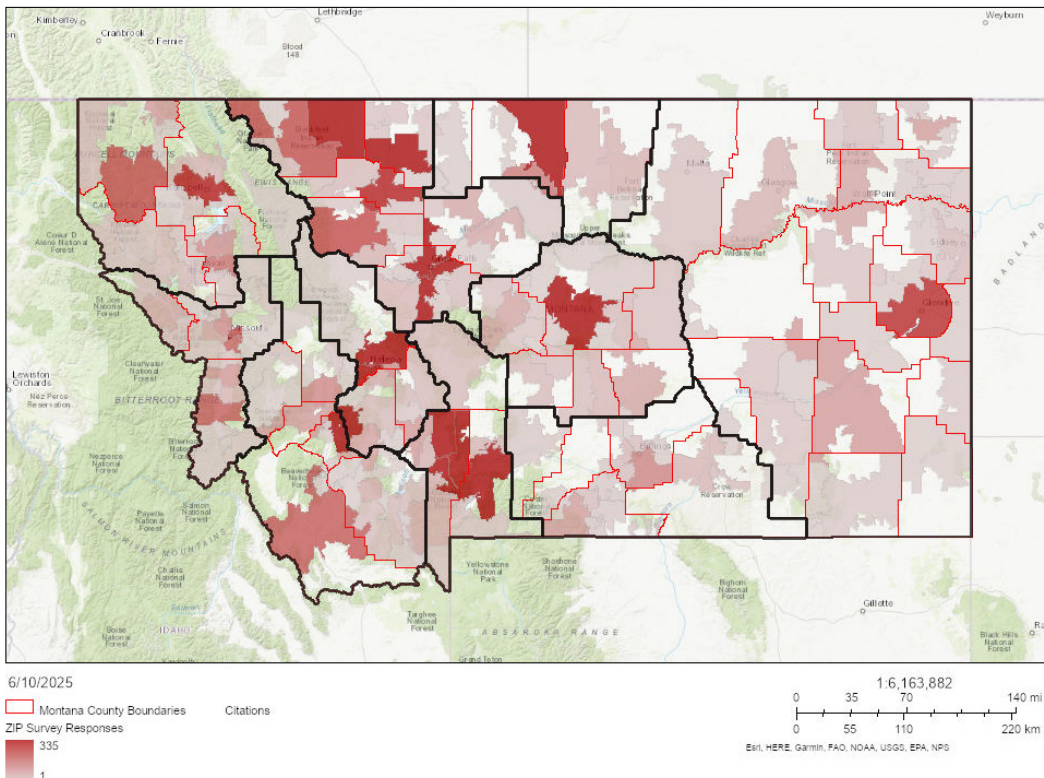
County	Count	Percent
Cascade	728	20.1
Gallatin	570	15.7

County	Count	Percent
Silver Bow	345	9.5
Lewis and Clark	212	5.8
Missoula	182	5.0
Glacier	162	4.5
Hill	125	3.4
Fergus	114	3.1
Toole	109	3.0
Park	82	2.3
Flathead	80	2.2
Ravalli	72	2.0
Pondera	67	1.8
Yellowstone	66	1.8
Lake	63	1.7
Lincoln	63	1.7
Teton	59	1.6
Beaverhead	51	1.4
Dawson	51	1.4
Jefferson	34	0.9
Carbon	30	0.8
Madison	25	0.7
Mineral	25	0.7
Judith Basin	23	0.6
Powell	21	0.6
Sanders	21	0.6
Custer	19	0.5
Sheridan	18	0.5
Blaine	17	0.5
Chouteau	16	0.4
Deer Lodge	16	0.4
Roosevelt	16	0.4
Musselshell	15	0.4
Big Horn	14	0.4
Broadwater	13	0.4
Richland	13	0.4
Wheatland	11	0.3
Golden Valley	10	0.3
Valley	10	0.3

County	Count	Percent
Daniels	9	0.2
Meagher	7	0.2
Granite	6	0.2
Petroleum	6	0.2
Rosebud	6	0.2
Stillwater	4	0.1
McCone	3	0.1
Phillips	3	0.1
Powder River	3	0.1
Carter	2	0.1
Fallon	2	0.1
Sweet Grass	2	0.1
Garfield	1	0.0
Liberty	1	0.0
Prairie	1	0.0
Wibaux	1	0.0
Total	3,625	99.8

The figure below shows a map of Montana with the zip codes of survey respondents across the state with darker areas of red indicating higher numbers of survey responses.

CNA Survey Response by ZIP Code



For data analyses, JG completed descriptive statistics for each of the variables from the survey including frequencies and percentages. The research team also completed chi-square and Fisher's exact tests, t-tests, and analyses of variance (ANOVAs) for some variables. JG created a set of new variables based on other variables. These variables included a quality-of-life scale based on the questions shown below.

Question
Is your community a good place to raise children?
Are there good job opportunities in your community?
Is your community a safe place to live?
Are there support networks for people and families?
Are you happy with the quality of life in your community?

The research team asked participants to select from a five-point scale ranging from one (strong no) to five (strong yes) in response to these questions. To calculate each respondents' quality of life, the scores across all questions were summed. A higher score indicates a higher reported quality of life. Cronbach's alpha for this quality-of-life scale is 0.82 (95% confidence, interval 0.81 to 0.83), indicating good internal reliability of this scale.

Additional variables created by JGRE include:

- Non-White and White
 - The race categorization of “Non-White” and “White” used in analyses combines those survey participants who selected Black or African American, American Indian or Alaska Native, Asian, or Pacific Islander or Native Hawaiian with the ethnicity of Hispanic/Latino to create the variable “Non-White.” “Rather not say/other” race responses are grouped with “White.”
- Stable housing/unstable housing
 - This variable results from the question, “Which of these best describes where you live? Please choose only one.”
 - “Unstable housing” combines those participants who selected, “I live with family or friends for free,” “I live in a shelter,” “I live in my car,” “I live in my recreational vehicle,” “I live with two or more unrelated families in the same house,” and those participants who wrote “I live in a motel” in the “Other” category.
 - “Stable housing” combines those participants who selected, “I own my home,” “I rent my home,” “I live in a nursing home, long-term care, or assisted living,” and “I live with multiple generations of my family and help pay some of the bills.”
- Client status
 - Whether or not a survey participant selected that they are a client of any agency.
- Higher income/lower income
 - Higher income (>\$3,000/month)
 - Lower income (≤\$3,000/month)

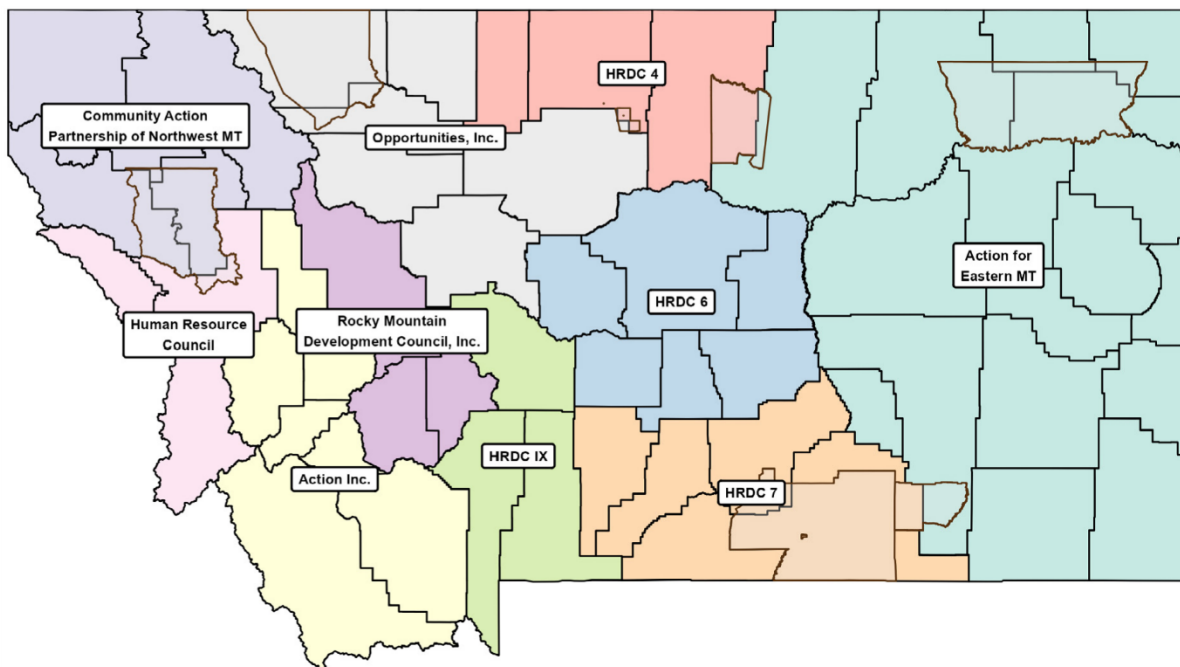
- JG ran ANOVAs at the statewide and agency (regional) level. Appendix 2 includes the statewide CNA survey instrument and the focus group guide used by JG and agencies.



Appendix 2: Statewide Community Needs Assessment Survey Instrument

The Montana Community Action Network is conducting the first community needs assessment (CNA) for Montana to learn about community needs. The goal of the survey is to understand poverty in Montana and determine ways to help. The answers will help program providers learn more about the needs of people and families in the service areas.

The Montana Community Action Network is comprised of 10 groups across Montana. These groups, called Community Action Agencies (CAAs), are nonprofit groups that administer programs to help families with low incomes reach their goals. CAAs are not part of the State of Montana or the Office of Public Assistance. There are 10 CAAs in different parts of Montana, as shown on the map below.



The results of this survey will help ensure each CAA's services match the needs of communities. Findings will also indicate if any services are missing. This data helps agencies plan for future programs and ways to help the community. The State of Montana will use the results to track important needs and issues over time.

The survey takes about 10 minutes to complete. Answers will remain private, and no one reading the overall results of the survey will know who shared the responses. The research team will share the overall results with the public. Completing the survey is a choice and won't change your ability to access programs or services participants are already using.

Everyone who takes part in the survey will be entered into a drawing to win one of five \$50 Visa gift cards. For questions, participants can contact Lisa Curry at lisa@jgresearch.org. If participants would like to be entered into the drawing, they can complete the other form with their name and email address.

Part 1. Geographic location, housing, work, and household

Which county do you live in? _____

What is your zip code? _____

Do you live within the borders of an American Indian Reservation?

- No, I do not live within the borders of an American Indian Reservation.
- Yes, I live on this American Indian Reservation:
 - Blackfeet
 - Crow
 - Flathead
 - Fort Belnap
 - Fort Peck
 - Northern Cheyenne
 - Rocky Boy

Which of these best describes your job situation right now? Please choose all that apply.

<input type="checkbox"/> Work full time in one job (30 hours or more)	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Work full time at more than one job, (30 hours or more)	<input type="checkbox"/> Student
<input type="checkbox"/> Work part time (less than 30 hours)	<input type="checkbox"/> Retired
<input type="checkbox"/> Work sometimes	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Homemaker or stay-at-home parent	<input type="checkbox"/> Rather not say

Which of these best describes where you live? Please choose only one.

<input type="checkbox"/> I own my home.	<input type="checkbox"/> I live with multiple generations of my family and help pay some of the bills.
<input type="checkbox"/> I rent my home.	<input type="checkbox"/> I live in my recreational vehicle (RV).
<input type="checkbox"/> I live with family or friends for free.	<input type="checkbox"/> I live in a nursing home, long-term care, or assisted living
<input type="checkbox"/> I live in a shelter.	<input type="checkbox"/> Other: _____
<input type="checkbox"/> I live in my car.	<input type="checkbox"/> _____
<input type="checkbox"/> I live with two or more unrelated families in the same house.	

How many people live in your home, including you? _____

How many children under age 18 live in your home? _____

How many people in your home, including you, are 60 years old or older? _____

What is your role in the community? Please choose the one choice that best fits your role for this survey.

- I am a client of an agency (I have received help from a Community Action Agency, like rent or utility help, or my child goes to Head Start, etc.).
- I represent a religious-based group.
- I am a general community member.
- I volunteer with an agency.
- I represent a school.
- I am a board member of an agency.
- I represent a government group.
- I represent a private group (like a business).
- I represent a community or social service group.
- Other: (please explain) _____

Part 2. Community assets and environment

On a scale from 1 to 5, where 1 means “strong no” and 5 means “strong yes,” please give your opinion.

Quality of life questions						
	1 (No)	2	3	4	5 (Yes)	N/A
1. Is your community a good place to raise children? (Think about school quality, childcare, after-school programs, and places to have fun, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there good job opportunities in your community? (Think about local businesses, jobs that can help you grow in your career, job training, affordable housing, and how far you have to travel for work, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your community a safe place to live? (Think about how safe people feel at home, at work, in schools, at playgrounds, and in parks. Do neighbors know and trust each other? Do they help each other?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there support networks for people and families (like neighbors, support groups, church outreach, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you happy with the quality of life in your community? (Think about how you feel, how involved you are in activities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us how much you agree or disagree with these statements:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My community has many affordable homes for people to buy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has many affordable places to rent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has help for people who are unhoused.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has help available for the behavioral health needs of adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has help available for the mental health care needs of adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has help available for physical health care needs of adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has resources available for people who don't have enough food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My community has childcare for individuals and families with different incomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has enough public transportation available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community is welcoming and friendly at public meetings and events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public officials in my community work to help people and families with low incomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rank the five most important needs in your community, with 1 being the most important.

Need	1	2	3	4	5
Access to substance use disorder services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to affordable childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to early childhood education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to reliable and fast internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of jobs that pay enough to live on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of safe and affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help for people who are unhoused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability or cost of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime and/or public safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of affordable food or hunger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for growth and development (like water resources, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs of older adults or seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs or services for youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything you would like to tell us about the good things or services that people with low incomes need in your community?

Part 3. Individual/family needs

What are the most important needs that you or your family have right now or have had in the last 12 months? Please check the boxes and circles that apply.

3.1 Employment

- I, or the family in my house, DO NOT have, or have NOT had, any job needs in the last 12 months (skip to 3.2).
- I, or the family in my house, DO have job needs right now. If so, please choose all that apply below.

-
- Job training
 - Learning technical skills to find and do work
 - Learning soft skills to keep a job (like good communication skills)
 - Training for the types of jobs available in the area
 - Knowing where to find job resources
 - Finding and keeping a job
 - Writing a resume
 - Interviewing for a job
 - Getting the right clothes for a job
 - Having access to the internet for work
 - Jobs that pay more or have benefits
 - Background check
 - Criminal background
 - Offender standing
 - Other job needs or comments about job services/programs:

3.2 Education and cognitive development

- I, or the family in my house, DO NOT have, or have NOT had, any education needs in the last 12 months (skip to 3.3).
 - I, or the family in my house, DO have education needs right now. If so, please choose all that apply below
-

- Early childhood education programs
 - Affordable and good childcare
 - Parenting education and skills
 - GED (General Education Development) classes/HSE (High School Equivalency)
 - English as a second language (ESL) classes
 - Literacy classes
 - Computer skills training
 - Technical and vocational training
 - Help paying for college programs or filling out college aid forms (like the Free Application for Federal Student Aid [FAFSA])
 - Life skills
 - Character education such as anti-bullying
 - Other education needs or comments about education services/programs:
-
-

3.3 Income, infrastructure, and asset-building

- I, or the family in my house, DO NOT have, or have NOT had, any financial needs in the last 12 months (skip to 3.4).
 - I, or the family in my house, DO have financial needs right now. If so, please choose all that apply below.
-

- Help with transportation or fixing my car
 - Free help with income tax preparation
 - Gambling counseling
 - Learning about money management, saving, or budgeting
 - Problems with bankruptcy, foreclosure, or repossession
 - Financial issues
 - Money problems with divorce
-

- Problems with getting or paying child support
 - Help with burial or funeral costs
 - Legal help
 - Help getting access to the Internet at my house
 - Help with energy bills
 - Problems paying the electric bill
 - Problems paying the gas or other heating bill
 - Help with water bills
 - Help with utility deposits
 - Other financial needs or comments about financial services/programs:
-
-

3.4 Housing

- I, or the family in my house, DO NOT have, or have NOT had, any housing needs in the last 12 months (skip to 3.5).
 - I, or the family in my house, DO have housing needs right now. If so, please choose all that apply below.
-
- Good, affordable houses or apartments to rent
 - Bad rental homes that are unsafe, unlivable, have pests, mold, or lead paint, are overcrowded, or not insulated enough for cold weather
 - Good, affordable houses or condos to buy
 - Help with down payments or closing costs to buy a home
 - Bad houses for sale that are unsafe, unlivable, have pests, mold, or lead paint, overcrowded, or not insulated enough for cold weather
 - Help with making homes more energy efficient and keeping them warm (like insulation and reducing heat loss)
 - Home repair
 - Programs that provide free home repairs
 - Skills for basic home repairs and maintenance
 - Home buyer education
 - Handicap accessible housing or changes to my home for a person with special needs
 - Senior citizens housing

- Income based rental housing for seniors
 - Not enough affordable nursing homes or long-term care for seniors
 - Help with rent
 - Help with rent deposits
 - Help with rent payments
 - Help with rent back payments
 - Education about renter/tenant rights and responsibilities
 - Other housing needs or comments about housing services/programs:
-
-

3.5 Health/social and behavioral development

- I, or the family in my house, DO NOT have, or have NOT had, any health needs in the last 12 months (skip to 3.6).
- I, or the family in my house, DO have health needs right now. If so, please choose all that apply below.
- Affordable health care
 - Paying for medicine and prescriptions
 - Long-term health care
 - Chronic illness
 - Sexual and reproductive health care
 - HIV/AIDS care
- Paying for or not having health insurance
- Substance use disorder counseling and/or treatment
- Mental health services
 - Adult mental health services
 - Youth mental health services
- Teenage pregnancy and/or prenatal care
- Affordable dental care
- Affordable eye care
- Help for people with special needs
 - Help for children with special needs
 - Help for adults with special needs

- Prosthesis
 - Medical equipment (like wheelchairs, crutches, and hearing aids)
 - Senior health care
 - Veterans' services
 - Child vaccinations
 - Access to emergency clothing such as winter coats or hats
 - Food
 - Availability and access to fresh and healthy food
 - Access to emergency food resources, like food banks
 - Access to services (WIC, SNAP, SSI, etc.)
 - WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
 - SNAP (Supplemental Nutrition Assistance Program)
 - SSI (Supplemental Security Income)
 - Abuse/violence protection
 - Sexual assault services
 - Protection from domestic violence
 - Help for physical, emotional, or sexual abuse
 - Services for runaway youth
 - Other health or social needs or comments about health services/programs:
-
-

3.6 Civic engagement and community involvement

- I, or the family in my house, DO NOT have, or have NOT had, any civic or community needs in the last 12 months
 - I, or the family in my house, DO have civic or community needs right now. If so, please choose all that apply below.
-

- Safe neighborhoods where it's easy to walk, with sidewalks and parks
- Additional health care places
 - More family primary care clinics
 - More pharmacies
 - More urgent care clinics

- More specialists
 - Crisis services or emergency housing for unhoused individuals and families
 - Activities and programs for seniors
 - Fun activities like playgrounds, biking or hiking trails, or rivers
 - Youth activities and programs
 - Crime prevention
 - Breaking and entering
 - Violent crime (like murder, robbery, sexual assault, or aggravated assault)
 - Gang violence
 - Volunteer opportunities, community boards, neighborhood associations, or other similar groups
 - Ways to have my voice heard with local politicians
 - Help with legal issues
 - Other needs in your community:
-
-

From the list below, identify how each item has made it easier or harder to get help or access to services and programs in your area?

	Easier	More difficult	Neither or not applicable
The closure of my local state-run Office of Public Assistance (non-CAA service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding program eligibility requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applying for services and/or completing paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uploading application forms online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No local office I can physically go into	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing documentation such as income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distance from my house to services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to/from services or programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ability to find childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything you want to share about how to help people with low incomes in your community?

Part 4. Demographics

What is your age? _____ years

What is your sex?

- Female
- Male

Are you Hispanic, Latino, or of Spanish origin?

- Yes
- No
- Rather not say

Which group(s) best represent your race(s)? Choose all that apply.

<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> How far did you go in school?	<input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Rather not say
<input type="checkbox"/> Never attended high school <input type="checkbox"/> Attended high school but did not finish <input type="checkbox"/> Completed high school, GED, or HSE <input type="checkbox"/> Some college <input type="checkbox"/> Technical, Associates, or 2-year degree	<input type="checkbox"/> 4-year college degree <input type="checkbox"/> Completed graduate or professional school <input type="checkbox"/> Rather not say

What is your estimated monthly household income before taxes? This includes any money from additional means, such as social security or child support.

<input type="checkbox"/> Less than \$1000/month	<input type="checkbox"/> \$5001-\$6000/month
<input type="checkbox"/> \$1001-\$2000/month	<input type="checkbox"/> \$6001-\$7000/month
<input type="checkbox"/> \$2001-\$3000/month	<input type="checkbox"/> \$7001-\$8000/month
<input type="checkbox"/> \$3001-\$4000/month	<input type="checkbox"/> \$8001-\$9000/month

<input type="checkbox"/> \$4001-\$5000/month	<input type="checkbox"/> \$9001 or more/month
--	---

Are you a veteran?

- No
- No, but another adult in my house is a veteran
- Yes

Part 5. Survey gift card drawing

This survey is anonymous, which means your answers will not have your name on them. However, people who take the survey can enter a drawing to win one of five \$50 Visa gift cards. We need to be able to contact the winners. So, if you answer “yes” to the next question, you will need to include your name and email address on this page to be contacted as a winner. This information will not be connected to your survey answers.

Would you like to go to the contact form and be entered to win a \$50 Visa gift card?

- No
- Yes

Name _____

Email address _____

Phone number _____

Thank you for filling out this survey! Your answers are very important to us. We will use the results to make sure your agency’s services help people with low incomes and identify what services might be missing. Your answers will also help us plan for future programs.

Appendix 3: Program Partner Focus Group Guide



Program Provider/Partner Community Needs Assessment Focus Group Guide

Thank you all for taking the time out of your busy schedules to join this discussion today. My name is Lisa Curry. I am a staff member for JG Research and Evaluation. We have been contracted to assist in conducting our statewide triennial community needs assessment (CNA) to help us identify the community needs of families with low incomes in _____'s service area. The results of this focus group will be used to ensure the agency's services match the needs of people with low-incomes and to identify gaps in current services as the agency plans for future programs and community engagement. A key part of this CNA is understanding the experiences of partner organizations and program providers in these counties, especially those of you who have partnered with and or facilitated programs from or with _____. We look forward to hearing your perspectives.

Before I get started, a couple logistical things:

- This focus group should take around one hour.
- This session is being recorded to ensure that I can capture the full conversation while also being able to engage with you all. Your name and any other identifying information will be kept confidential. If we decide to use any quotes from today's session, they will be used anonymously in the report.
- I do want to take a moment to set some guidelines for the conversation:
 - You certainly don't need to agree with one another, just remember to keep an open mind and be respectful.
 - This is really a guided conversation, so I will ask questions to get the conversation started, but please feel free to talk to each other, pose questions of your own, etc.
 - Community topics such as housing or behavioral health services like treatment for substance use can sometimes be emotional and potentially tough to chat about as a group. As the moderator, there may be times when I place a topic or question in a

“parking lot.” The goal of this is to keep us focused and ensure that we’re respecting your time, as well as generating useful and important information for this CNA.

- o Any questions before we get started?

5. Introductions

- a. First name (confidential—just for conversation)
- b. And why are you here?

- i. What is the nature of your engagement with _____? What role do you have in your organizations?

6. First off, let’s talk about some of the good things that might exist in your communities. What kinds of things do you love about where you live? [Prompt: What kinds of things make it a good place to live? Support networks of friends and family? Health care? Economic opportunity? Natural beauty? Do you think folks take pride in participating in the community around them?]
7. Now let’s chat about existing challenges and resources that might help folks living in your community. Thinking about community needs and issues for folks who might be struggling to make ends meet brings up different perspectives on what things are the most important to helping families. Broadly speaking, what do you think are the **biggest challenges** that families with low-incomes face in trying to get ahead?
8. Do you have any thoughts about what might be the largest causes of poverty in your community? Especially with what you’ve seen as a service provider?
9. What are the **biggest issues** you see for people struggling to make ends meet? [Prompt: Health care, affordable childcare, access to housing, crime, transportation, mental health services, food insecurity, senior or youth needs?]
 - a. What is our **responsibility** to community members?
 - b. Are these the same needs for **urban and more rural** families?
10. **What do you think the goals should be** regarding supporting/assisting/providing services for individuals and families with low incomes? [Prompt: This could be goals for individuals, families, and also the larger community regarding which services are the most important, etc.]
 - a. Have you noticed any gaps in services that might help? [Prompt: More substance use disorder or mental health treatment services, affordable child care, more accessible assistance for food, more career development/training, more rental assistance?]
 - b. How can community providers and/or service organizations do a better job partnering with each other and with individuals in the community? [Prompt: What about your program, in particular, has worked or not worked?]
11. Based on your experiences and beliefs, **what do policymakers** (like people making the rules in state and local government) and others in the bigger community need to know about services that might help families with low incomes get ahead? [Prompt: From

your personal experiences providing services or things you have heard or seen, is there anything else you'd like to tell them?]

Closing

5. If you had a magic wand, what would you change or shift in your community to help more families and individuals with low incomes?
6. What haven't I asked about, or what haven't we covered that would be important for me to understand this topic?

Thank you again for taking time to join this discussion. Your point of view is really important. And as a reminder, your answers are confidential and any quotes that we use from this focus group will be presented in a way that protects your anonymity. If you have any additional questions about the study, please contact Lisa Curry at lisa@jgresearch.org.

Appendix 4: Head Start Parent Survey

Head Start Parent Survey 2025

Opportunities, Inc. Head Start, with assistance from [JG Research and Evaluation](#), is conducting a community needs assessment. The purpose of this survey is to get feedback from families with children attending the Head Start program. The survey will help Head Start understand how we're doing in our effort to meet your family's needs. Your participation in this survey takes about 10 minutes. Your responses will only be viewed by the research team and will be kept confidential and anonymous. Completing the survey is voluntary and will not affect your participation in Head Start programs.

If you have any questions, please contact Lisa Curry at lisa@jgresearch.org.

HEAD START STAFF		Excellent	Very good	Good	Fair	Poor	N/A
Please rate how well you think we are doing in the following areas:							
I am satisfied with the staff that work with my child and family.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Start staff informed me of my child's progress toward school readiness, their behavior, and educational goals we set for them.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Start staff are easy to get a hold of when I have a question or concern.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Start staff make my child and me feel welcome.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Start staff invited me to volunteer or get involved with Head Start activities.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family feels supported by the Head Start staff.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Start staff worked with my family to set individual or family goals.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family's values and culture are respected by Head Start staff.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff have helped increase my child's math skills.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEAD START CLASSROOM		Excellent	Very good	Good	Fair	Poor	N/A
Please rate how well you think we are doing in the following areas:							
The Head Start classroom, building, equipment, bus, and playground are safe.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Head Start classroom, building, equipment, bus, and playground are clean.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Head Start classroom has a lot of opportunities for my child to learn.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Head Start classroom is welcoming and inviting.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESOURCES AND FAMILY SUPPORT PROVIDED BY HEAD START STAFF		Excellent	Very Good	Good	Fair	Poor	N/A
Please rate how well you think we are doing in the following areas:							
Head Start staff supported and discussed the importance of regular attendance.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESOURCES AND FAMILY SUPPORT PROVIDED BY HEAD START STAFF						
Please rate how well you think we are doing in the following areas:	Excellent	Very Good	Good	Fair	Poor	N/A
An interpreter and/or translated materials were available when I requested them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Start staff provided my family with resources to support our family's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Start staff supported my family to achieve goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Start staff worked with my family to ensure the completion of my child's well-child exam, dental exam, and lead, vision, and hearing screenings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Start Staff informed my family of the importance of good nutrition habits and provided resources for healthy food, healthy recipes, eating healthy on a budget, and/or gardening tips.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Start staff worked with my family to ensure all family members obtained medical insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEAD START PARENTS/FAMILY ENGAGEMENT						
Please rate how well you think we are doing in the following areas:	Excellent	Very good	Good	Fair	Poor	N/A
Head Start staff encouraged my family to attend parent committee events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The newsletter arrived monthly in my child's backpack and listed upcoming events and classroom information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Start staff taught me the importance of looking in my child's backpack every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Start staff encouraged my family to read more books together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Start staff encouraged positive parent/child relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate your level of satisfaction with your overall experience this past year at Head Start.

<input type="checkbox"/>	Very satisfied
<input type="checkbox"/>	Somewhat satisfied
<input type="checkbox"/>	Neither satisfied nor dissatisfied
<input type="checkbox"/>	Somewhat dissatisfied
<input type="checkbox"/>	Very dissatisfied

Do you have anything else you'd like us to know about your experience at Head Start?

Thank you for taking our survey. Your response is very important to us.

Survey gift card drawing

This survey is anonymous, which means your answers will not have your name on them. However, parents or guardians who take the survey can enter a drawing to win one of three \$50 Visa gift cards. We need to be able to contact the winners, so please write your name, email address, and/or phone number if you would like to be entered into a drawing for one of three \$50 Visa gift cards. Your responses are confidential and will not be associated with your name or contact information.

First Name:

Last Name:

Email address:

Phone number:

Appendix 5. Opportunities, Inc. Agency Partners List

Name of Organization	Name of Organization	Name of Organization	Name of Organization
3 Rivers Communication	District 4 - HRDC	K&W Endavors	Ready Families, Ready Learners
A to Z Brokerage Services	Dr. Jelinek	KKS Properties	Refrigeration Supply Distributor
Ace Hardware	Dynamic Property Services	Klover Boutique	RGP Partnership
Acorn Evaluation	Eagles Manor	KRTV	Rise Athletics
Advanced Property Management	East Slope Family Practice	Lakeshore Learning	Rockcross Commons
Adventure Awaits	Educare	Langstan, LLC.	Roe River Property Mgmt, LLC.
Afterburner Properties, LLC.	Electric City Property Mgmt.	Laredo Financial Business	Rural Dynamics, Inc.
All The Way, LLC.	Emilee Center	Leap Ahead Learning Center	Rural Institute for Inclusive Communities
Alliance For Youth	Empire Reality, LLC.	Liberty Electric	Russ Peres Property Management
Alluvion Health	Energy Share of Montana	Lion & Lamb Properties LLC	Salvation Army
Alpine Dental	Energy West	Little Shell Tribal Health Center	Schafer Rentals
Ambre's Bridge Counseling	Faith Lutheran Church	Lodestar Enterprises	Scottish Rite
American Horizon Property Management	Falls Cleaners	Logan Health	Sentinel 1, LLC.
American Red Cross	Falls Tree Service	Madden Rental Services	Set Free Ministry
Autumn Run Apartments	Family Connections	Madill Enterprises	Severson Properties, LLC.
AWARE, Inc.	Family Promise	Many Rivers Whole Health	Seville Head Start
Bar Lightning Cross, LLC.	First Avenue Estates	Marias Healthcare	Shelby Public Schools
Beaux Simone Consulting	First Church of Christ Scientist	McAllister Apartments	Shennum Trailer Court
Ben Taylor True Value	Fish	Meadow Lark Property Management	SHO Holdings LLP
Benchmark Human Services	Forshee Agency, Inc.	Mended Fence Properties	Silver Key, LLC.
Benefis Healthcare	Fort Belknap Tax Credit LP 3	Mid-Town Motel	Skyler VanDyke, DDS
Big Sky Special Needs COOP	Foxtails Rentals and Repair	Moldenhauer Enterprises	Sletten Construction
Big Sky Therapeutic Services	Franklin School Apartments	Montana Advocates for Children	Social Security Administration
Billmans	Front Range Counseling	Montana Ag Solutions	Soroptimist Village
Bitterroot Apartments	Full House Property Management	Montana Continuum of Care Coalition	Southwest MT Properties
BKH Properties, LLC.	Gagnons Reprographics	Montana Dental Association	Sparrow Properties
Blackfeet Community College	Gap Roy, LLC.	Montana Department of Commerce	Speaking Socially, LLC.
Blackfeet Glacier Crisis Coalition	Gear Grabbers Garage	Montana Department of Energy	Special Olympics of Montana
Blackfeet Lumber	Gebhardt Rentals	Montana Department of Health and Human Services	St. Vincent de Paul

Blackfeet Manpower	Gill's Heating and Cooling	Montana Department of Labor and Industry	State Farm
BlackFeet-BPA	Glacier Community Health Center	Montana Early Childhood Advisory Council	Steel, etc.
BlackFeet-DOE	Glacier County Health Department	Montana Early Childhood Project	Steiny, Inc.
Blazin' Saddles 4H	Glacier Electric CO-OP	Montana Empowerment Center, Inc.	Stillwater Counseling
Blue Cross Blue Shield	Goodwill Property Management	Montana Free Press	Sun River Electric
Bonneville Power Administration	Grandview Group, LLC.	Montana Head Start Association	Sundance Estates, LLC.
Boys and Girls Club	Grandview Plaza	Montana Healthcare Foundation	Sunset Apartments
Browning Public Schools	Great Falls Chamber of Commerce	Montana Housing and Urban Development	T&C Higher Development
Buffalo Court LP	Great Falls Clinic/Great Falls Clinic Hospital	Montana Land Project, LLC.	Tamarack Property Management
Buffalo Grass Apartments	Great Falls College MSU	Montana Legal Services	TC Glass
Builders 1st Source	Great Falls Continuum of Care	Montana Lion's Club	Teriyaki Madness
Bullhook Property Management	Great Falls Early Childhood Coalition	Montana Non-Profit Association	The Grizzly Inn
CASA-CAN	Great Falls Housing Authority	Montana School for the Deaf and Blind	The Montana Federation of Public Employees
Cascade County Health Department	Great Falls Inn	Montana State University Extension Office	The Next Best Thing
Cascade County Law Clinic	Great Falls Interpreting Services	Mountain Breeze Management	Thermal Supply
Cascade Ridge Senior Living	Great Falls Lumber	Mountain View Apartments	TLC Center
Cedar Creek, LLC.	Great Falls Manor	Mountain View Coop	TNT Equity, LLC.
Central Lock and Key	Great Falls Pediatric Dentistry	Mountain View Window&-Glass	Toby's House
Central Montana Works	Great Falls Pre-Release Center	Moyers Apartments	Toole County Health Department
Central Plumbing and Heating	Great Falls Public Library	My Neighbor in Need	TRC Helena Properties LLC
Central Technologies	Great Falls Public Schools	National Head Start Association	Triangle Packaging
Charter Spectrum	Great Falls Receiving Home	Native Life	Tungsten Properties
Children's Museum	Great Falls Rescue Mission	Neighborworks Montana	United Electric
Chinook Windows	Great Falls Senior Center	Ness Property Management	United States Marine Corps Reserve (Toys for Tots)
Chippewa Cree Housing Authority	Great Falls Transit	North Central Area of Aging	United Way of Cascade County
Choteau 604 Duplex, LLC.	Habitat for Humanity	North Central Independent Living Services	Univeristy of Montana - Western
Choteau Public Schools	Halcro Heating and Cooling	Northern Transit Interlocal	University of Providence
City of Choteau	Havre Eagles Manor	Northwestern Energy	US Department of Agriculture - (CACFP)

City of Cut Bank	Hazardous Tech	Nourish for the Love of Food	Valier Public Schools
City of Great Falls	Hickman Rentals LLC	Off To The Races LLC	Vaughn Public Schools
City of Shelby	Hi-line Community Connectors	Off To The Races, LLC.	Velocity Properties
Clearwater Credit Union	Holiday West Rentals	Office of Childcare	Victory Christian Center
Clearwater Property Management	Holy Spirit Parish	Office of Head Start	Vineyard Church
Conrad Builders Supply	Honey Hippo	Office of Public Instruction	Voices of Hope
Conrad Public Library	Horizon Lodge	Oil Field Lumber	Volunteers of America
Conrad Public Schools	Housing Task Force	O'Keefe Rentals	Voyager Apartments
Cordeiro Construction	HRDC State Association	OT Enterprises LLC	Vukasin Rentals
Corderio Properties	Hurst & Son LLC	OT Enterprises, LLC.	Wash-A-Way Laundry Mat
CTL Properties	Imperial Inn/Central Ave Motel	Payne West Insurance	Watkins Development Co.
Cut Bank Education Foundation & Alumni Association	Indian Family Health Center	PBSG Rentals	Wee Care Daycare
Cut Bank Pioneer Press	Inter-Faith Association	Peace Place	Wells Cooperation
Cut Bank Public Schools	J A Cooperation	Pines Apartments	Western Builders Supply
D&L Rentals	J&K Property Management	Positive, ABA	Yola Properties, LLC.
Dangerfield Commerical	Jewell Properties	Premier Care Pediatrics	Youth Dynamics
Department of Health and Human Services	Junior League	Quality Life Concepts	YWCA
Department of Veteran Affairs	K & T Investments	R&H Apartments	Zellmer Rentals, LLC.
Discount School Supply	K D Landholdings		