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Data and Resources for a Whole Community Approach to Emergency Planning

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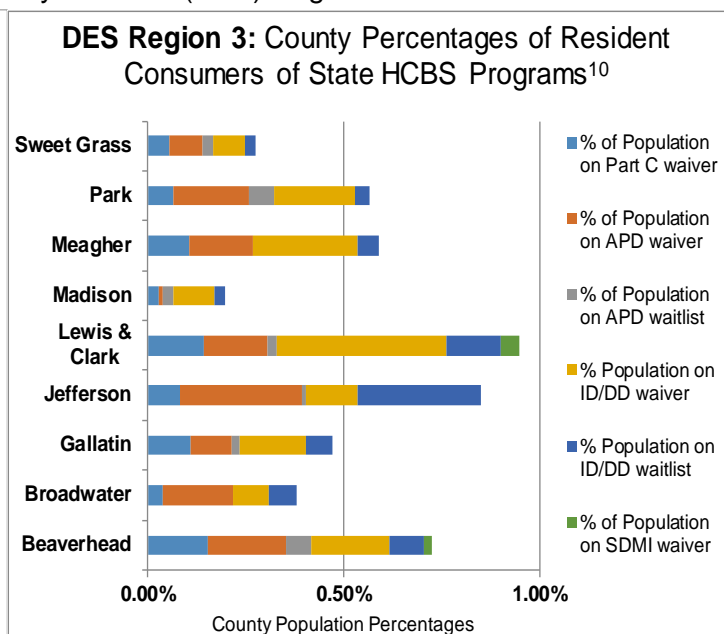
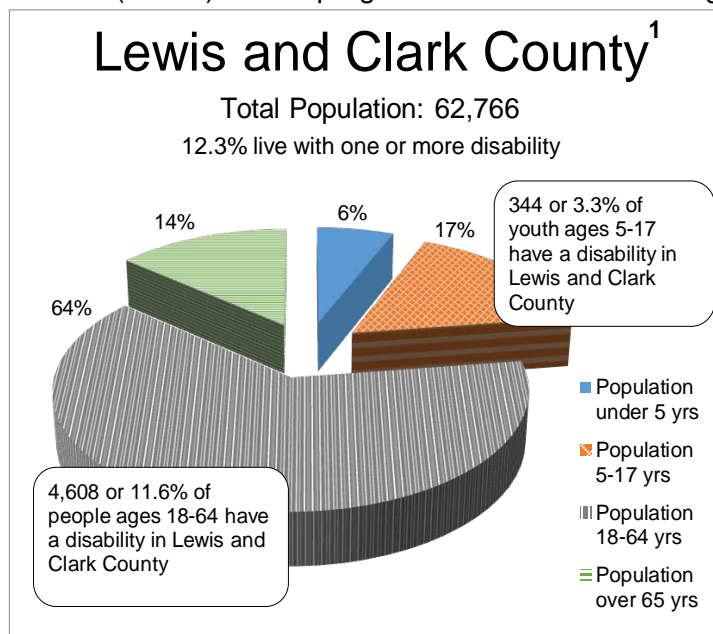
Recommended Citation

Traci, M. (2014). Data and Resources for a Whole Community Approach to Emergency Planning. Missoula: The University of Montana Rural Institute.

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Data and Resources for a Whole Community Approach to Emergency Planning

The pie chart shows county population, size of age groups, and percentages of residents living with disability. The bar chart shows the smaller percentages of people participating in state Medicaid Home and Community Based Service (HCBS) waiver programs for Division of Emergency Services (DES) Region 3 counties.



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

Functional Need: Communication

Serious hearing difficulty/deaf (all ages) ¹ .	2,986
Serious vision difficulty/blind ¹ (all ages) ¹ .	1,219
Cognitive difficulty (over 5 yrs) ¹ .	2,898
Speak English "Less than very well" ¹ .	0.9%

Functional Need: Transportation

Zero car households ¹	1,299
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Functional Need: Social Economic

Chronically Homeless (District 11) ⁶ .	1,718
Population Receiving SSI ¹ .	311
Average Monthly Medicaid Enrollment ⁴ .	5,528
SNAP recipients ¹ .	727
Estimated WIC Eligible ⁹ .	29.3%
Households below poverty ¹ .	5.9%
Percent Uninsured ⁷ .	15.6%
Percent Population on Medicaid ⁴ .	8.8%

Functional Need: Mobility

Serious difficulty walking or climbing stairs (over 5 yrs) ¹ .	3,446
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Functional Need: Daily Living Activity & Participation

Independent living difficulty (over 14 yrs) ¹ .	2,339
Self-care difficulty (over 5 yrs) ¹ .	1,213
PAS Waiver Recipients ¹¹ .	134
Medicaid Mental Health recipients ¹⁰ .	1,063
Non-Medicaid Mental Health recipients ¹¹ .	98

Functional Need: Women, Children, and Seniors

Live Births ³ .	720
Children Enrolled in Special Education ⁸ .	963
Youth Served by Children's Mental Health	
Medicaid Services ⁵ .	962
Householders (65+) living alone ¹ .	2,764

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

¹ American Community Survey 2007-2011 5 year estimates; ² Kailes, J., & Enders, A. (2007); ³ Montana Vital Statistics Report, 2011; ⁴ 2013 Montana DPHHS Medicaid Report to the 2013 Legislature (FY 2011); ⁵ Montana DPHHS, 2011 Children's Mental Health Bureau; ⁶ Montana Continuum of Care Coalition, Annual Montana Homeless Survey (2013 Data); ⁷ 2011, Small Area Health Insurance Estimates, U.S. Census; ⁸ Montana Kids Count Data Booklet 2012; ⁹ Estimated WIC Eligible, MT WIC Dashboards; ¹⁰ MT DPHHS Statistical Bulletin Reporting System (July 2013); ¹¹ HCBS Waiver Program & Waitlist numbers

Lewis & Clark County Resources

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

Disability Services

- **Region IV Developmental Disabilities Program**

- [Montana Council Development Disabilities](#)

- This directory provides a telephone number and address list of the organizations and agencies that provide services and /or support to people in the 5 regions of Montana with developmental disabilities.

- [Montana Independent Living Project \(MILP\)](#)

- Montana Independent Living Project, Inc. (MILP) is a not-for-profit agency that provides services that promote independence for people with disabilities.

Transportation Coordination Plans

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

- For access, please send requests to Patrick Sanders :

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

- Whitehall Transportation Coordination Plan 2014 & 2014 Update
- Powell County Transportation Coordination Plan
- Big Sky Transportation Coordination Plan
- Dillon Transportation Coordination Plan

Health Care Services

The health care facilities listed below are potential county partners who are closely connected to and trusted by functional needs communities and who would benefit from the DPHHS PHEP Partner Programs Hospital Preparedness program (see [montana.gov public health emergency preparedness](http://montana.gov/public-health-emergency-preparedness) for more information).

- [Montana Primary Care Association](#)
- [Helena Cooperative Health Center, Inc., \(Lincoln\)](#)
- [Shodair Children's Hospital \(Helena\)](#)
- [St. Peter's Hospital \(Helena\)](#)
- [Fort Harrison VA \(Helena\)](#)
- [Butte Community Health Center \(Sheridan and Dillon\)](#)
- [Livingston Community Health Partners, Inc. \(Bozeman\)](#)
- [Livingston Healthcare](#)
- Park County Clinic (Livingston)
1001 River Dr., Livingston, MT 59407, (406) 222-0800
- Boulder Medical Clinic, Inc.
214 S. Main, Boulder, MT 59632, (406) 225-4201
- Powell County Clinic
1101 Texas Ave, Deer Lodge, MT 59722, (406) 846-1722
- Margo Bowers Health Center
26 E. Broadway, Drummond, MT 59832, (406) 288-3627
- [Madison Valley Medical Center \(Ennis\)](#)
- [Eureka Health Prompt Care](#)
- [Eureka Health Therapy Center](#)
- [Granite County Clinic \(Phillipsburg\)](#)
- [Ruby Valley Clinic \(Sheridan\)](#)
- [Three Rivers Clinic \(Three Forks\)](#)

Data Sources and Definitions

¹ **American Community Survey, 2007-2011 5 year estimates.** Populations reported in this profile are aggregated *estimates* provided by the American Community Survey. This includes the disability population and a variety of other variables in the profile listed below.

- **Disability:** This variable identifies persons with disability when any of six conditions are met: (1) serious difficulty hearing or is deaf; (2) serious difficulty seeing or is blind; (3) difficulty concentrating, remembering or making decisions because of a physical, mental or emotional problem; (4) serious difficulty walking or climbing stairs; (5) difficulty bathing or dressing (self-care); and/or (6) difficulty doing errands on one's own because of a physical, mental or emotional problem (independent living) (U.S. Census Bureau, 2012).
- **Households in Poverty:** Indicators are derived from responses to income questions. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. Visit the census website to download the poverty thresholds table for 2011 (<http://www.census.gov/hhes/www/poverty/data/threshld/>).
- **SNAP-Supplemental Nutrition Assistance Program:** Formerly known as the Federal Food Stamp Program. The Food Stamp Act of 1977 defines this federally-funded program as one intended to "permit low-income households to obtain a more nutritious diet" (from Title XIII of Public Law 95-113, The Food Stamp Act of 1977, declaration of policy). Food purchasing power is increased by providing eligible households with coupons or cards that can be used to purchase food.
- **Speak English "Less than very well":** This variable identifies households that may need *English language assistance*. This arises when no one 14 and over meets either of two conditions (1) they speak English at home or (2) even though they speak another language, they also report that they speak English "very well."
- **Householders (65+) Living Alone:** This number reflects the number of individuals 65 and older who indicated they lived alone.
- **Zero Car Households:** A question on vehicles available to the household was asked of occupied housing units. These data show the number of passenger cars, vans, and pickup or panel trucks of one-ton capacity or less kept at home and available for the use of household members. This number reflects households indicating that they had no vehicles available.
- **Population receiving SSI:** *Supplemental Security Income* (SSI) is a nationwide U.S. assistance program administered by the Social Security Administration that guarantees a minimum level of income for needy aged, blind, or disabled individuals.
- For additional Information about the American Community Survey visit: <http://www.census.gov/acs/www/#>

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

³ **Montana Vital Statistics Report, 2011.** This is a report generated by the Montana Department of Public Health and Human Services, Office of Epidemiology and Scientific Support using data collected through the Montana Vital Statistics System. The 2011 Montana Vital Statistics Report, and several prior reports and additional tabulations, are available on the Montana Vital Statistics website:

<http://www.dphhs.mt.gov/statisticalinformation/vitalstats/index.shtml>

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

⁴ **2013 Montana DPHHS Medicaid Report to the 2013 Legislature (FY 2011).**

Medicaid is a joint federal-state program that pays for a broad range of medically necessary health care and long-term care services for certain low income populations. DPHHS administers the program in a partnership with the federal Centers for Medicare and Medicaid Services (CMS).

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

⁵ **Montana DPHHS, 2011 Children’s Mental Health Bureau.** 2013 Legislative Report

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

⁶ **Montana Continuum of Care Coalition, Annual Montana Homeless Survey (2013 Data).** This is a point in time survey from January 24th, 2013. The survey is

administered by the Montana Continuum of Care Coalition, local providers of homeless services and many volunteers who canvassed areas where the homeless are often found (points of service such as food banks, transitional housing programs, shelters, streets, parks, campgrounds, etc.). For more information about this survey visit:

<http://www.mthomeless.org/2013/>

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

⁷ **2011, Small Area Health Insurance Estimates, U.S. Census.** The U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE) program produces timely estimates for all counties and states by detailed demographic and income groups. The SAHIE program produces single-year estimates of health insurance coverage for every county in the U.S.

- **Estimated Uninsured:** The 2008-2011 SAHIE estimates are adjusted so that for key estimates, before rounding, the county numbers sum to their respective state totals and similarly the states sum to the national ACS poverty universe for the numbers insured and uninsured.

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

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

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

¹⁰ **MT DPHHS Statistical Bulletin Reporting System (July 2013).**

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

¹¹ **HCBS Waiver Program and Waitlist Numbers.** HCBS waivers are one of many options available to states to allow the provision of long term care services in home and community based settings under the Medicaid Program. Programs provide a combination of standard medical services and non-medical services. Standard services include but are not limited to: case management (i.e., supports and service coordination), homemaker, home health aide, personal care, adult day health services, habilitation (both day and residential), and respite care. States can also propose "other" types of services that may assist in diverting and/or transitioning individuals from institutional settings into their homes and community.

- **PAS-Personal Assistance Services Waiver:** Medically necessary in-home services provided to consumers whose acute or chronic health problems cause them to have function limitations in performing activities of daily living.

- **Part C Early Intervention Waiver:** Focuses on infants and toddlers, aged birth to 3 yrs, with disabilities and their families. Early intervention services and supports are provided under public supervision and in natural environments to help promote child and family development in community life and activities.
- **ID/DD-Intellectual and Developmental Disabilities Waivers:** Provide support option to persons with developmental disabilities in order for them to achieve and maintain quality of life. Residential support in natural homes, group homes, foster homes and private residences account for more than have the annual waiver expenditures.
- **APD-Aging and Physical Disabilities Waiver:** Consumers served under this program require nursing facility level of care. A small percentage of individuals served at home are ventilator dependent and, without the HCBS program, would be in a hospital. In addition, the program serves a number of individuals with a traumatic brain injury who would have been served in out-of-state rehabilitation facilities, inpatient rehabilitation, or remained inappropriately placed in nursing homes, group homes, or other institutions were it not for the specialized services available under the HCBS program.
- **SDMI-Severe Disabling Mental Illness Waiver:** Provides support to adults with severe disabling mental illness and is analogous to a “nursing home without walls.” Consumers received services in a community setting and are involved in the development of the plan of care outlining waiver services.
- **Waiting Lists:** People on the waiting list are not served on a first come first served basis. They are evaluated by the case management team when a slot opens and the consumer with the greatest need is selected.

For additional information please contact:

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 52 Corbin Hall, Missoula, MT 59812
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The Montana Disability and Health Program is funded by grant #1U59DD000991-01 from the Centers for Disease Control and Prevention and the Montana Department of Health and Human Services.

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