Community Assessment Report

CORONAVIRUS RESPONSE INITIATIVE PROJECT

December 2020

AmeriCorps Members:
Blake Matthews
Amber Nichols

TABLE OF CONTENTS

EXECUTIVE SUMMARY

As the global caseload of COVID-19 infections continues to grow, the *Coronavirus Community Member Survey* was developed to gather community feedback and glean insight as to how the pandemic has affected the lives of low-income Billings residents. An additional *Service Provider Survey* was used to deepen understanding of how local organizations and agencies have been impacted by COVID-19. In tandem, these surveys aim to uncover service gaps that exist within Billings so as to better inform local leaders on pandemic-related response activities. Through survey results, the City of Billings Community Development Division intends to inform readers about community needs and existing services to facilitate innovative response efforts designed for low-income beneficiaries without duplicating existing local, state, or federal assistance.

This report provides a general overview on how the city, county, state, and nation have been impacted so far while broadly addressing COVID-19 symptomology, transmission, and epidemiology. State and local statistics serve as a linkage between existing data and the novel contributions of the *Coronavirus Community Member Survey* and *Service Provider Survey* results and findings. Results of both surveys are widespread, yet indicative of how the pandemic has impacted the Billings community. A few key findings and respondent demographics include:

- Employment/income, housing stability, and food security have been reported in the *Coronavirus Community Member Survey* as the greatest needs of local, low-income households and individuals – these needs are similarly reflected in the feedback of the *Service Provider Survey*.
- The majority of respondents indicated increased levels of stress since the pandemic began, and those with higher levels of stress report lesser access to support systems and resources.
- Demographically, at least 53% of local, low-income respondents were aged 62 or older, and 94% of survey respondents identified as white – yielding a six percent minority response rate (in comparison to Census data that reports just over 10% of Billings' residents to be minorities).[1] The largest minority represented by the survey data was "American Indian or Alaskan Native."

In focusing on low-income respondents in Billings, data collected through both surveys suggest residents are experiencing gaps in services or a lack of basic needs regarding employment, housing, food security, and mental health. Results also indicate that residents are generally unaware of available local and state services. Survey results tend to support that CDBG-CV (Community Development Block Grant – Coronavirus) funding be used to increase access to employment opportunities, food and housing security, computers and internet service, and

mental healthcare while focusing on educating the community on available resources and assistance.

INTRODUCTION

COVID-19 – Overview

COVID-19, a novel coronavirus specifically titled SARS-CoV-2, is a disease that has been the cause of a global health crisis, social and economic devastation, and political strife since the first confirmed case on December 31, 2019.[2] This pandemic has drastically changed the way the global community learns, works, and interacts – uprooting any semblance of normalcy once implicit to daily life. As it has become necessary to navigate changing regulations and concerns with agility, the novelty of COVID-19 has worn off as communities nationwide have become desensitized to the devastating effects of the virus. Every data point seen in daily case counts, death tolls, and hospitalization numbers represents *somebody* – a neighbor, a friend, a family member – more than just a number, or a statistic in a report.

While there are many unknown aspects of the virus and the future of the pandemic, research has proven COVID-19 to be a zoonotic infectious disease (a disease which can be transmitted to humans from animals) that affects the respiratory system and can be potentially fatal.[3] The infection is transmitted through exposure to respiratory droplets and close contact with infected individuals.[4] Symptoms are heterogenous, and experiences with the virus are disparate between individuals.[3] Symptoms can range from mild lower respiratory tract irritation, presenting as a dry cough, or symptoms can be severe, with patients experiencing acute respiratory distress syndrome (ARDS) and/or high fevers.[3] Headaches, dizziness, and loss of taste and/or smell are commonly cited symptoms of COVID-19 as well.[5]

A case fatality rate, or CFR, by nation more accurately depicts the variation of expected fatal outcomes than does a general global mortality rate. National variation in CFR is affected by many factors, such as standard of care and access to medical personnel. The CFR for COVID-19 has been globally declining for months.[6] Even so, infectious disease experts continue to stress to the public that the CFR is not a biological constant, but rather it is contextually fluid and "reflects the severity of the disease *in a particular context, at a particular time, in a particular population*" (Ritchie et al. 2020).[6] For example, the CFR of COVID-19 is far higher for the elderly and those with pre-existing conditions.[6] A stipulation of applying CFR in comparative measures is that CFR changes with increasing testing efforts – that is, rate of mortality and scale of testing efforts are encapsulated within a nation's CFR and are temporally and spatially specific.[7] The current CFR (as of December 11, 2020) for COVID-19 in the United States is 1.9%, with an average of 86.71 deaths per 100,000 residents. The CFR for COVID-19 in the United States in March of 2020 was 2.2%.[6]

The following national statistics and analyses provide context regarding COVID-19 impacts. The first case in the United States was reported on January 20, 2020, in Washington state.[8] A Public Health Emergency was declared January 31, 2020. Since that report, and as of December 11, 2020, the United States has confirmed 15.61 million cases and 292,141 deaths (statistics relevant for time of report publication).[6]

Montana state officials formed a Multi-Agency Executive Task Force on March 3, 2020. The first confirmed case of COVID-19 in Montana was reported on March 11, 2020 – a State of Emergency was declared the following day. Since then, and as of December 11, 2020, Montana has seen 70,892 total cases, with 9,972 active cases, and 805 confirmed deaths.[9] Per 100,000 individuals, there have been an average of 6,673 cases and 73 deaths.[9] The trendline below shows the number of daily new cases and the cumulative total of confirmed deaths in Montana since the first confirmed case on March 11, 2020.
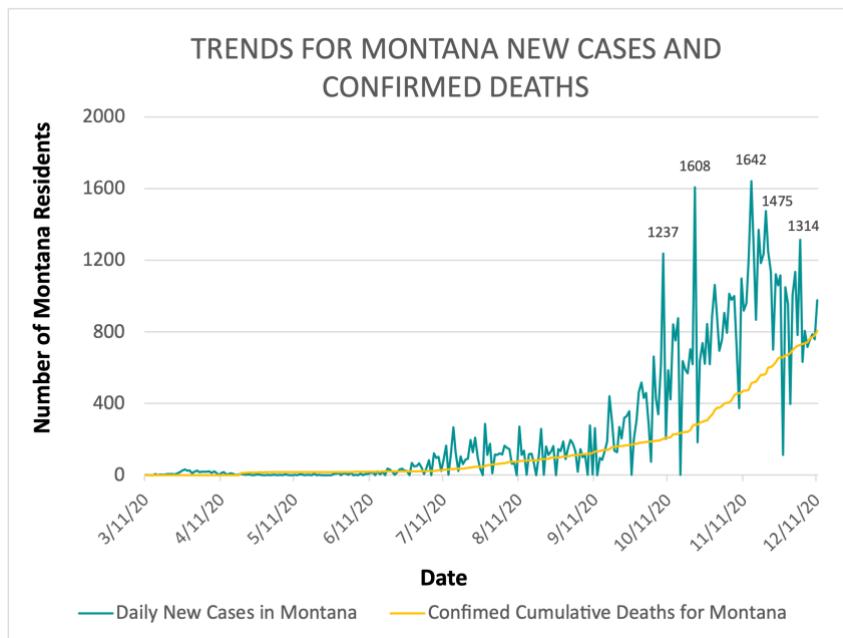
Figure 1.1

Yellowstone County has been the county most impacted in Montana, comprising nearly 17% of all positive cases for the state with 12,399 confirmed cases and 140 deaths (statistics relevant for time of report publication).[10] For comparison, Yellowstone County accounts for 15% of the state's population.[11] The discrepancy in infection rate compared to population could be linked to the population density of Billings. Billings is the most densely populated city in Montana, and research shows that there is increased transmissibility in more densely populated regions.[12]

It is well cited and accepted in the global public health community that infectious disease disproportionately affects individuals and populations with low socioeconomic status (SES).[13] Since low SES individuals have generally less access to personal protective equipment (PPE), disinfecting supplies, and supportive healthcare, their experience with COVID-19 and its resulting impacts may be more devastating.[13] According to Patel et al. 2020, low SES individuals may also experience difficulty or inability to comply with social distancing mandates, as they "are more likely to live in overcrowded accommodations" and/or have limited outdoor space.[14] Many low SES individuals may not have the ability or opportunity to work from home, resulting in increased susceptibility to infection.[13] Instability in income and financial uncertainty that comes with choosing work or health can take a toll on mental health and stress levels of an individual. It is well cited that stress and immune response are inversely proportionate, and as experience of stress increases, immune response decreases.[13,15,16]Further, individuals born into poverty may have an increased propensity for contracting infectious disease, as shown in a 2009 study on indirect markers of cell mediated immunity and SES variance.[17] As more definitive COVID-19 specific evidence emerges, trends regarding mortality and infection rate relative to SES will likely emerge alongside interacting factors of social mobility and testing availability.[18]

CARES Act Funding

The federal government began issuing Coronavirus Aid, Relief, and Economic Security (CARES) funding on March 27, 2020. The City of Billings has been awarded a total of $909,126 in CARES funding to date. This funding will pass through the U.S. Department of Housing and Urban Development (HUD) as additional Community Development Block Grant Coronavirus (CDBG-CV) funding and will be used to support coronavirus response for low-income individuals and families in Billings. The City is required to coordinate with state and local health authorities before undertaking any activity to support state or local pandemic response. Activities must:

- Exclusively prevent, prepare for, and/or respond to coronavirus (i.e. SARS-CoV-2 or another coronavirus with pandemic potential).
- Primarily benefit low-income individuals and families in Billings. Extensive documentation relative to the impact of pandemic response activities for low-income beneficiaries, including complete demographics, is required.
- Avoid duplication of other local, state, or federal services or support to prevent fraud, waste, and abuse.

The City of Billings' Community Development Board will review this ***Community Assessment Report*** and prioritize activity categories for CDBG-CV funding. City staff will develop a CDBG-CV

application for release to area nonprofit service providers, units of local government, and others. Grant agreements will be developed and executed. Projects will be funded via reimbursements as projects progress. Monitoring and reporting will be required to maintain compliance with CDBG and CDBG-CV rules and requirements.
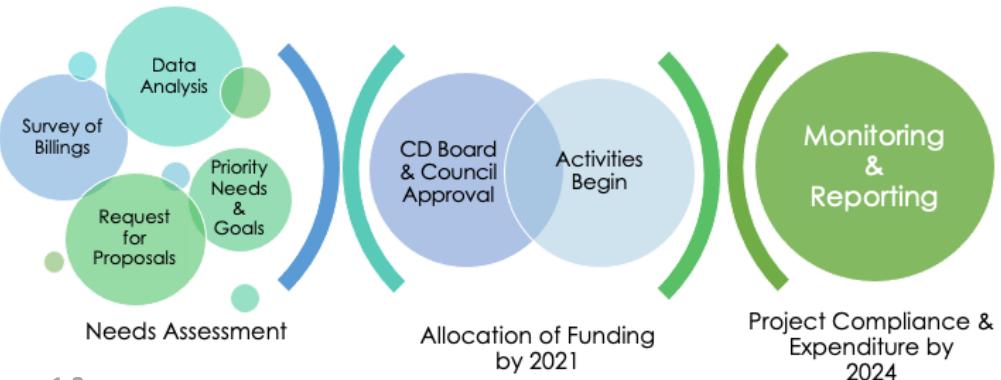
Figure 1.2

Eligible Activities: Based on priorities identified through the needs assessment, the City may allocate funding for the following activities/projects:

Figure 1.3

Billings Community Assessment Surveys – Intention & Analyses

For local organizations and agencies to apply for funding through the City of Billings CDBG-CV allocations, it was necessary that gaps in services were identified and community members could share feedback on their experience with the pandemic thus far. A community assessment was used to collect data by way of a *Coronavirus Community Member Survey* that was distributed by mail to 33,000 Billings residences via September City water bills. An estimated 2,000 additional surveys were hand-delivered by AmeriCorps members and local partners to residents who may not have received a water bill nor had online access to the survey. This survey asked respondents to identify their greatest needs and share how the pandemic has affected various aspects of their lives.

A separate S*ervice Provider Survey* was sent to 70 state and local social service agencies asking for their responses as to how the pandemic affected their services and their clients, their client demographics, and their organization's greatest needs. This survey intended to gauge how the offerings of organizations have changed since the start of the pandemic and which community needs still need to be acknowledged and addressed.

*Both surveys can be found in **Appendix A** (pages 61-68). A full list of agencies that received the Service Provider Survey can be found in **Appendix A** (page 88).*

METHODS

Coronavirus Community Member Survey

As the pandemic grew nationally, Montana state officials formed a Multi-Agency Executive Task Force to prepare the state of Montana for COVID-19.[19] In response, the City of Billings staff designed a *Coronavirus Community Member Survey* to gather data about the pandemic's impact within the Billings community. Survey questions were developed according to guidance from the U.S. Department of Housing and Urban Development (HUD). The guidance requires CARES-CV funding to be used primarily for low-income community members and requires extensive documentation of demographic information of beneficiaries. Consequently, the survey was designed to gather required demographic, income, and other data necessary before proceeding to consider funding activities in response to the pandemic. The survey was reviewed by City staff and the Community Development Board who offered edits and revisions. Finally, as coordination with state and local health organizations is required, the survey was reviewed and edited by RiverStone Health, resulting in the addition of mental health related questions. The complete *Coronavirus Community Member Survey* consisted of 21 questions including three open-ended response questions.

The *Coronavirus Community Member Survey* was distributed to 33,000 residences through a full four-week cycle of water bills beginning September 4, 2020 and ending September 25, 2020 thereby generating a large study population. AmeriCorps members assembled a database of apartment complexes and rental housing for later survey distribution, in order to reach populations that may not have received the survey via a water bill. Through this database, property management companies were contacted and additional surveys were distributed at locations including, but not limited to, Housing Authority of Billings, Magic City Properties, Coast Property Management, Prairie Tower Apartments, Volunteers of America Aspen Grove, and South Forty Apartments. Surveys were delivered to these complexes from September 15 to September 25, 2020. *Coronavirus Community Member Survey* collection boxes were placed in convenient locations upon delivering paper surveys to these complexes. Collection boxes provided a means for respondents to deliver their surveys without having to send them by mail. Surveys were continuously retrieved from these locations through November 1, 2020.

Surveys were delivered to United Way of Yellowstone County, RiverStone Health, the Community Crisis Center, the Gardener's Market, Gratitude in Action, CASA of Yellowstone County, and the Billings Community and Senior Center to reach homeless residents and others who may not have received it through water bills. Approximately 2,000 additional paper

surveys were delivered, generating roughly 35,000 total paper surveys delivered to the public. Over 3,500 survey responses were received/entered, yielding a response rate over 10%.

Flyers, social media posts, and media releases were created to raise additional community awareness. These materials were distributed to a cross-section of the community and local businesses including: the Billings Metro VISTA Project Facebook page, the Yellowstone County News (September 25, 2020, edition), community bulletin boards downtown, Kirk's Grocery, Billings Clinic, St. Vincent Healthcare, Gypsy Wind, Castle Rock Park, Heights Dog Park, Best Beginnings Coalition of United Way, Swords Park, North Park, A Few Books More, the YMCA, Downtown Billings Alliance, Pioneer Park, South Park, MoAv Coffee Shop, and the Billings Public Library.

*Examples of outreach materials can be found in **Appendix A** (page 86).*

Coronavirus Community Member Survey Considerations

With the nature of the study method, a snapshot in time is shown by each response. It is not guaranteed that this survey was seen by every Billings resident. Homeowners, financially stable households, or individuals with the leisure time necessary to complete a survey may have been more inclined to complete the survey. There are internal inconsistencies within this survey; the survey did not include an "other" or "prefer not to answer" option for every question. *See further discussion on question ambiguity on page 57.*

The analytical team used professional judgement to analyze the open-ended data questions. This methodology is presented in **Appendix A** (page 91). It may be important to note that this survey was conducted during local, state, and national elections and some feedback from the community was centered around politics, media, and public leadership. This may have contributed to participation bias as individuals interested in the election may have been more inclined to take the survey. *See further analysis on sociopolitical influence on page 58.*

The *Coronavirus Community Member Survey* included a recommended return date of September 30, 2020. However, more time was provided as surveys were still being distributed and collected through November 11, 2020.

Service Provider Survey

A comprehensive list of social service providers was developed using the United Way of Yellowstone County's Montana 211 database and the Resource Map & Notebook, a guide previously developed by AmeriCorps members. Criteria for narrowing down the list included: residing within the City of Billings, medium to large scale organizations, primarily serving low-income residents, and currently open and operating on a normal schedule. This criterion was selected to align with HUD requirements of primarily benefiting low-income individuals and families within the Billings city limits and to exclusively prevent, prepare for, and respond to the coronavirus. A total of 70 service providers were selected and mailed the *Service Provider Survey* accompanied by a letter signed by Billings Mayor, William Cole. The surveys were sent by mail September 17, 2020.

The purpose of the *Service Provider Survey* was to gather information and data to understand pandemic-related impacts on service providers and their clients. The resulting data will assist the City of Billings in allocating funding in the most efficacious way possible. To encourage more service providers to complete and return the survey, follow-up emails and phone calls were conducted to all service providers on the list from November 3, 2020, to November 6, 2020. A total of 26 surveys were received, yielding a response rate of 37%.

Service Provider Survey Considerations

As with the *Coronavirus Community Member Survey*, the results give a snapshot of the state of service providers during the time the survey was completed, rather than a continuous observation. With the first question of "How many clients, on average, does your organization serve each month," service providers were to provide answers in a close-ended, nominal fashion rather than offering a numerical response. Service providers were unable to give the exact number of clients they serve. There are internal inconsistencies within this survey; the survey did not include an "other" or "prefer not to answer" option for every question. *See further discussion on question ambiguity on page 57.*

BILLINGS SURVEY: NEW DATA CONTRIBUTION

Coronavirus Community Member Survey Analytics

The following data examines only individuals who identified as low-income residents and reside locally within the Billings city limits. Individuals within this population will be referred to as "respondents" for the entirety of the subsequent section. Data for all 3,512 survey respondents is presented in **Appendix A** starting on page 70.

- 42% (1,464) respondents of the total survey data pool reported as low-income and local.
- 52% (766) of respondents indicated that they are single heads of household. Single head of household was defined in the survey as "a single individual in one family setting who provides actual support and maintenance to one or more individuals who are related to him or her through adoption, blood, or marriage."
- 20% (297) of respondents reported being themselves, or someone in their household, active-duty military or of veteran status.
- 91% (1,337) of respondents reported stability in their housing makeup, while 9% (127) reported change in their housing makeup since April 1, 2020.

Q16. What is your household's greatest need relative to the coronavirus pandemic? (938 Responses)

In response to this question, the words "masks," "need," "food," "people," and "work" are among the most mentioned words. The word cloud on the right shows the most commonly used words throughout all responses to this question. The larger the word appears in the word cloud, the more often it was used by the respondents.

Figure 3.1

There was a total of 938 responses to the open-ended question "What is your household's greatest need relative to the coronavirus pandemic?" Of those that responded, 149 indicated they had no response with answers such as "none," "nothing," or "N/A."
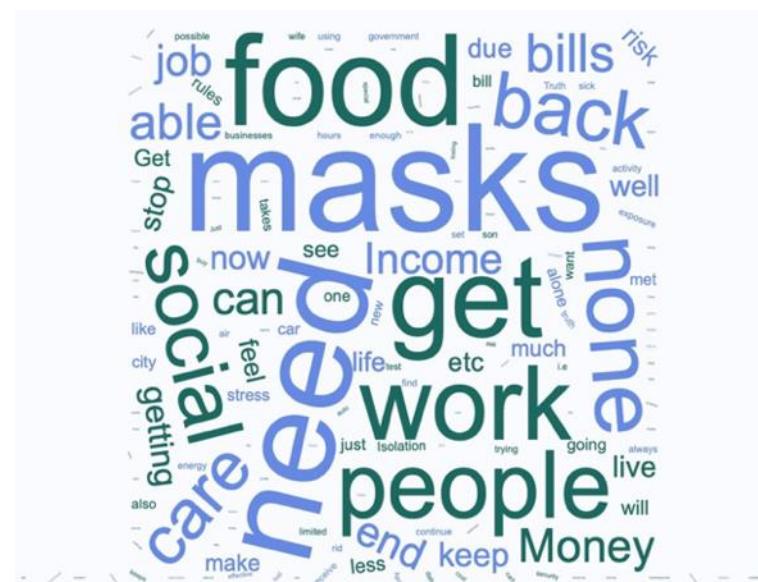
Q16. What is your household's greatest need relative to the coronavirus pandemic?		
	Answered	*No Response*
Number of Respondents	938	526

Figure 3.2

The remaining 779 individual responses were broken down and analyzed categorically. An individual's response could be divided into multiple categories if they mentioned more than one topic. Therefore, the total number of responses for all categories does not reflect the total number of survey respondents. The most mentioned category was "Money/Assistance" with 129 (16%) responses. This category included any answer that referred to financial or other assistance needs. This was followed by "Socialization/Isolation Concerns" with 115 (15%) responses. This category included any response that mentioned socializing with friends/family and any comment referring to social engagement in the community. The third most mentioned category was "Jobs/More Work" with 88 (11%) responses. This category included responses that referred to a lack of income and/or issues with their current occupation. A complete explanation of all categories and what they include is represented in **Appendix A** (page 91).
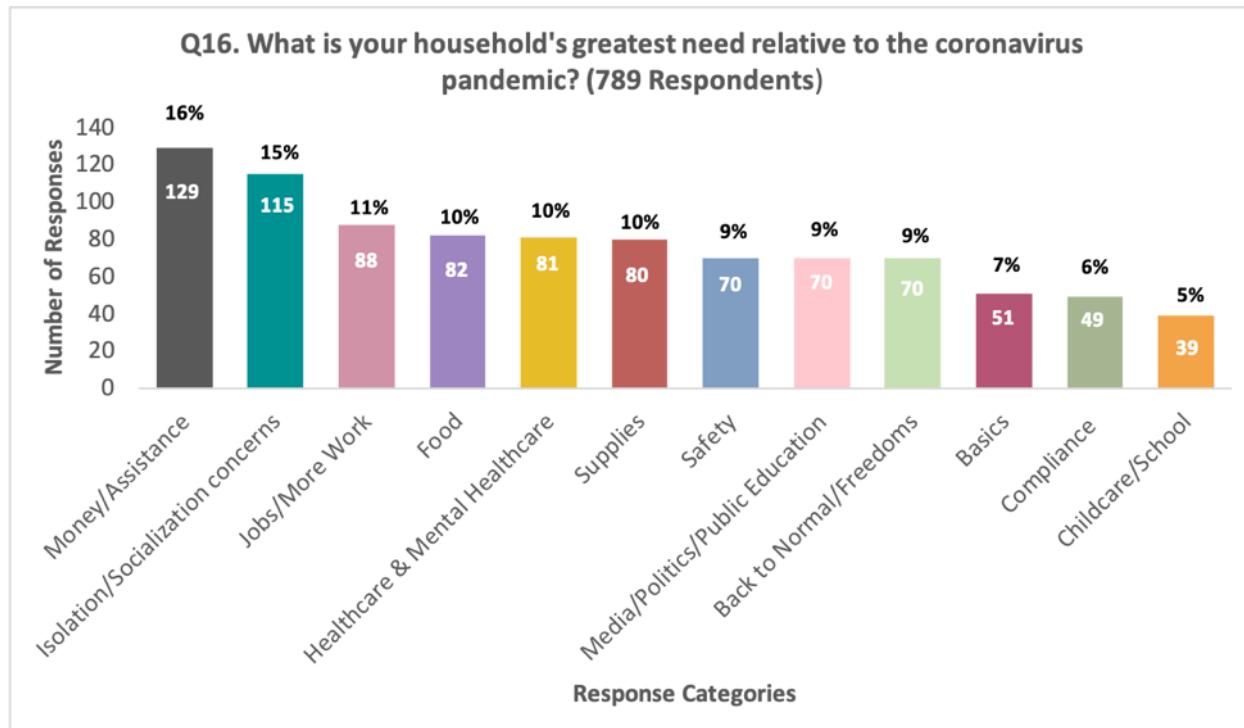
Figure 3.3

Individual/Household Reported Impacts

Respondents were asked to select from a list of 13 options, with the ability to choose more than one answer, to describe how the coronavirus pandemic had impacted their household. There were 1,464 low-income Billings residents who responded to the question presented in Figure 3.4 below. Almost half of all respondents said they were not impacted by the pandemic since April 1, 2020. Beyond this, the top reported impacts were: "Decreased Income and/or Lost Employment," "Lack of Food/Groceries," and "Keeping Utility Payments Current."
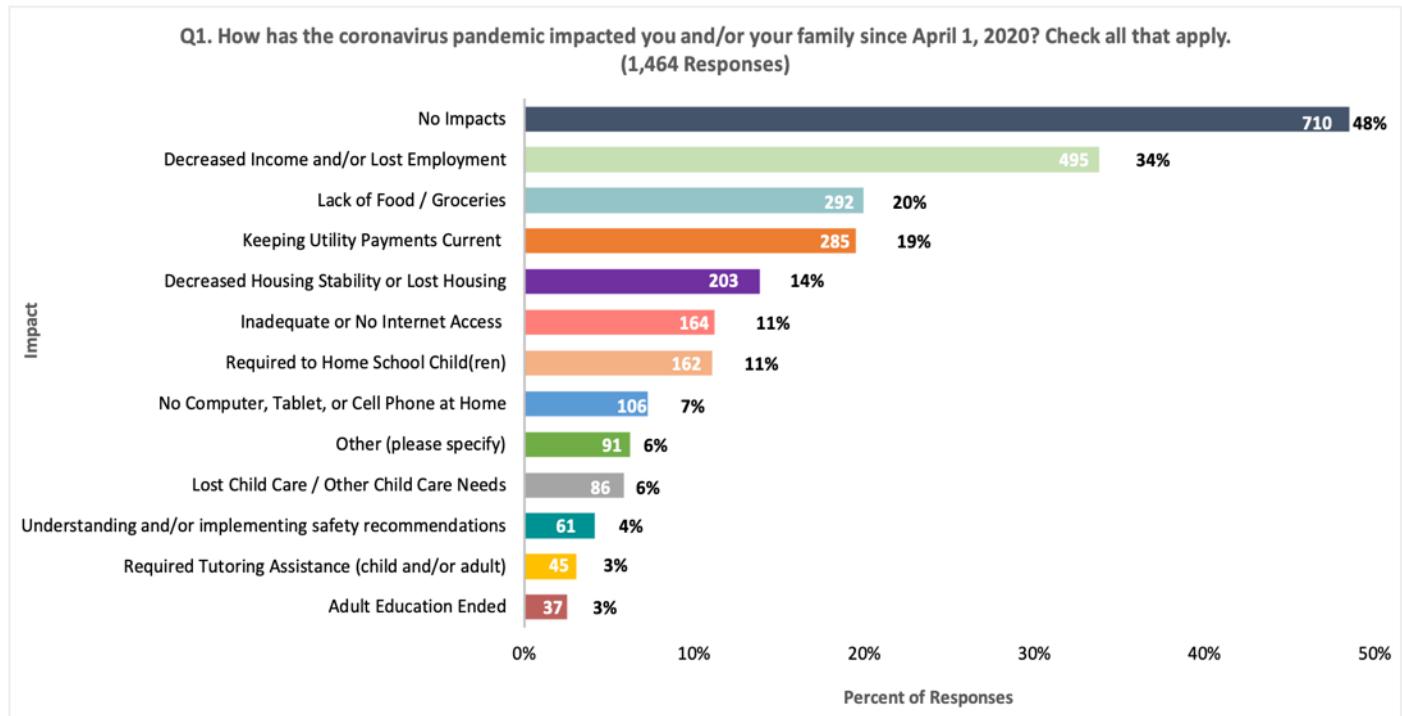
Figure 3.4

Among the "Other" selection, some commonly mentioned phrase/words include "home," "work," "stores," and "mental health." The option of "Understanding and/or Implementing Safety Recommendations" only appeared on the online survey; it was not present on the paper survey, so further analyses on this option were withheld. *See page 57 for further analyses on question ambiguity.*

Degree of Impact

Respondents who reported being impacted by any of the previous question's choices were asked to report to what degree they were impacted. If a respondent did not choose an option to the previous question, then they did not have the option to answer this question with the online survey. In response to the question mentioned in the figure below, 19% of respondents reported a high or maximum impact from a decreased income and/or lost employment. Beyond this, 8% of the 1,464 respondents reported a high or maximum impact to "Keeping Utility Payments Current," "Decreased Housing Stability," and being "Required to Home School Child(ren)." Lastly, food insecurity was reported as a high or maximum impact by 7% of respondents.

Q2. To what degree were/are you and or your family impacted by the following? (757 Respondents)	Not Impacted	Slightly Impacted	Moderately Impacted	Highly Impacted	Maximum Impact	Total Number of Respondents
Decreased Income and/or Lost Employment	4	90	127	126	147	494
Lack of Food / Groceries	3	93	98	52	46	292
Keeping Utility Payments Current (electricity, gas, water, etc.)	9	73	84	55	64	285
Decreased Housing Stability (e.g., late rent/mortgage payments, etc.) or Lost Housing	1	39	50	52	61	203
Inadequate or No Internet Access (e.g., including unstable Internet connection, limited data plan, etc.)	8	36	39	30	50	163
Required to Home School Child(ren)	2	17	27	35	81	162
No Computer, Tablet, or Cell Phone at Home	6	22	21	17	39	105
Lost Child Care / Other Child Care Needs	3	16	15	20	32	86
Understanding and/or implementing safety recommendations (handwashing, cleaning, food handling, mask wearing, testing, etc.)	1	15	22	12	11	61
Required Tutoring Assistance (child and/or adult)	0	6	11	8	20	45
Adult Education Ended	1	7	4	7	18	37
Other (please specify impact type and level of impact)						43

Figure 3.5   For the table above, the darker a cell is shaded, the greater the number of respondents who selected that option.

Categories in which respondents reported having the greatest impact are illustrated in the graph below.

Q2. To what degree were/are you and or your family impacted by the following?
(757 Respondents)
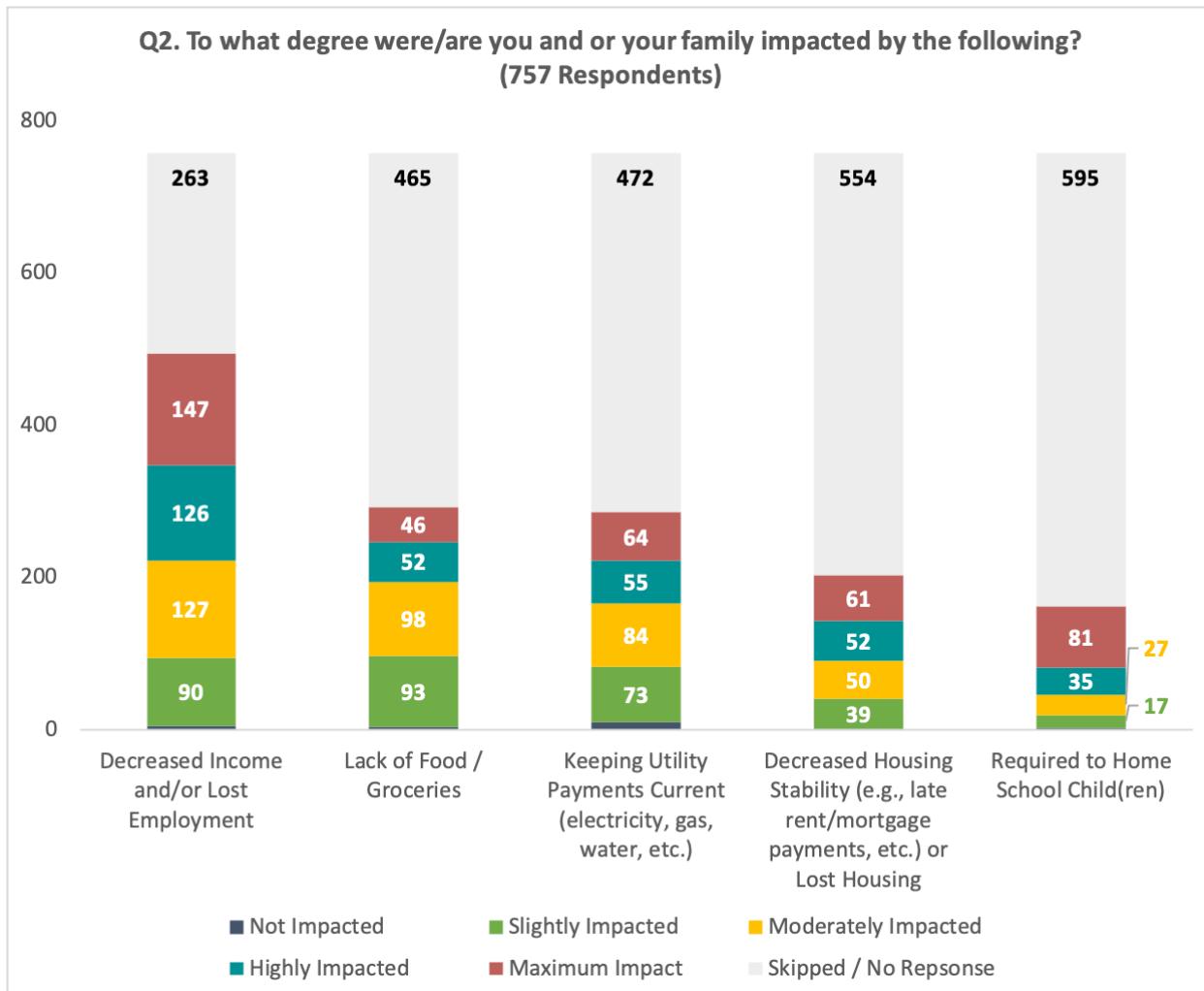
Figure 3.6

Loss of Income or Job

Survey respondents were given an option to provide their job title or job type if they had lost income or their job. Responses were broken down categorically by occupation. Some responses included more than one occupation, as more than one household member may have lost income or their job. Therefore, the total number of responses does not equal the total number of respondents. The top four results are as follows:

- Management (including all self-employed/entrepreneurs): 11%
- Office Administrative: 11%
- Restaurant/Food: 11%
- Sales: 10%
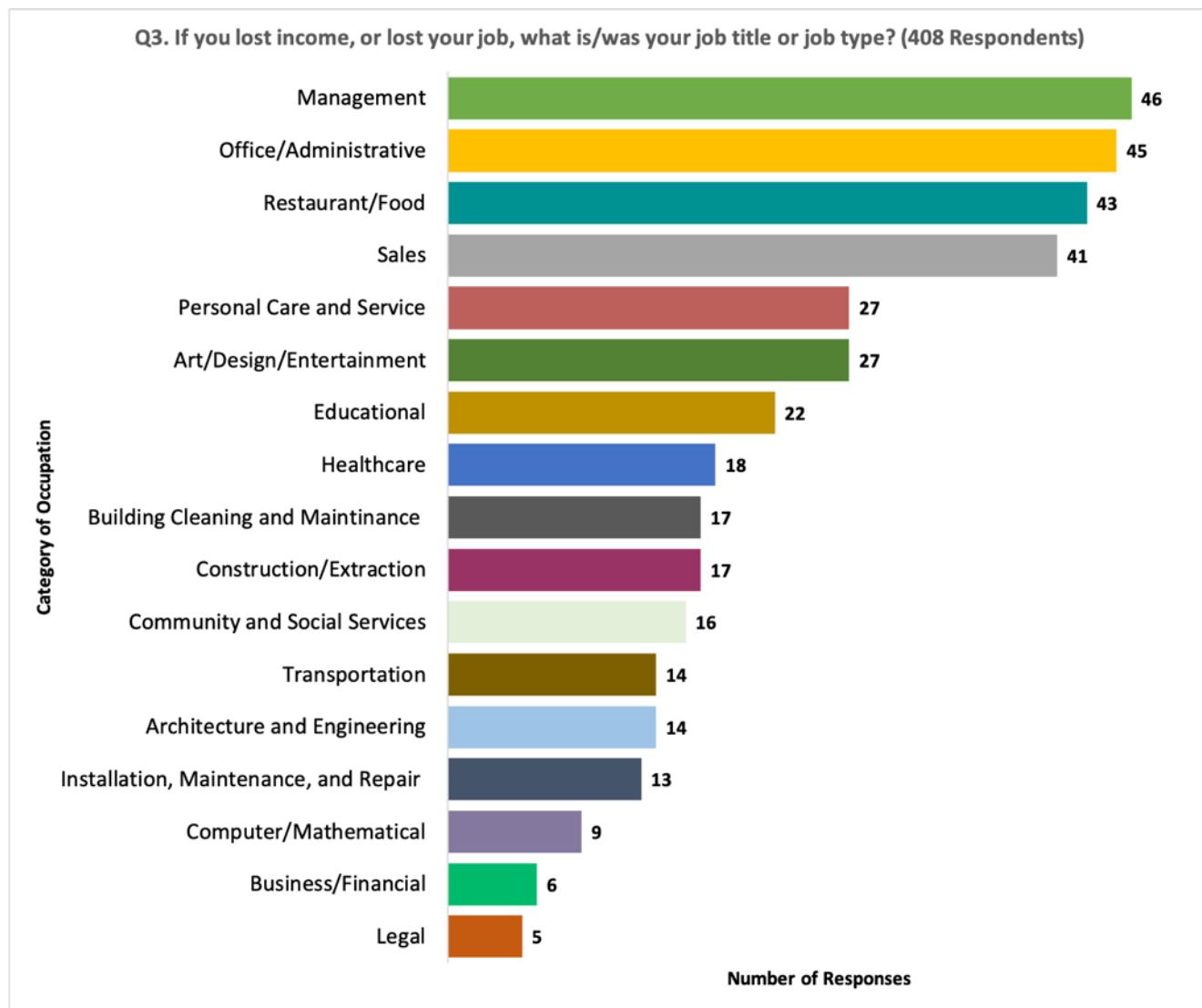
Figure 3.7

Decreased Housing Stability

In responding to the query regarding housing stability (*See Figure 3.8 below*), the majority of respondents (1,129 / 77%) reported that the question was not applicable to their situation. A total of 335 respondents (16%) indicated housing instability. Of the respondents that reported housing instability, 235 were homeowners and 100 were renters. For surveys entered manually, the option "Does not apply to me or my family" was selected if the question was left blank.
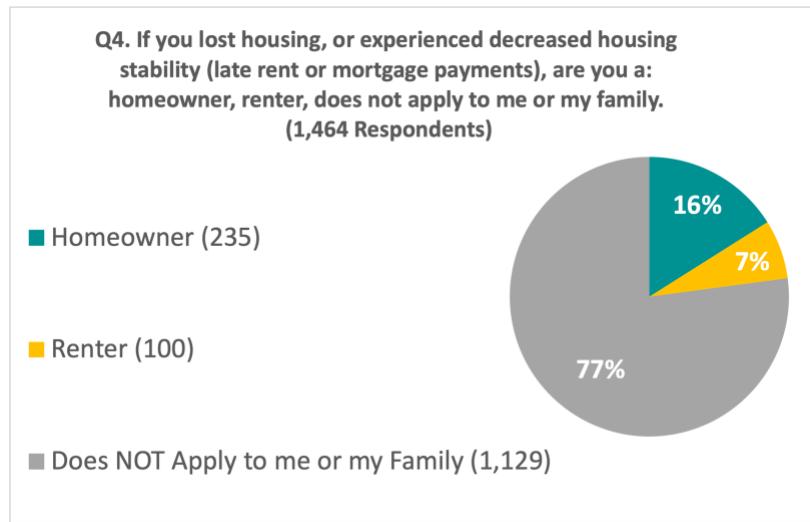
Figure 3.8

Resulting Stress Levels

To the question "How would you rate your stress level as a result of the coronavirus pandemic?" 1,464 respondents answered.
- The majority of respondents (61%) reported increased stress
- 32 respondents reported lower levels of stress
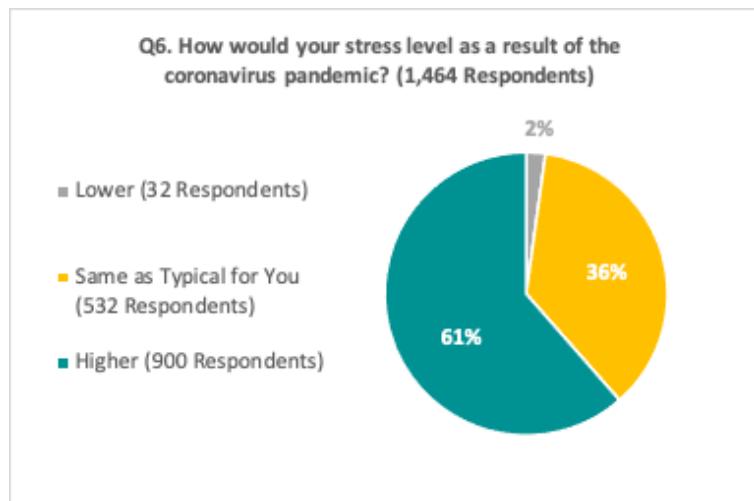
Figure 3.9

Degree of Support System Availability

To assess the level of support within the community, the survey asked "To what degree do you have a support system in each of the following areas?" The varying levels of support respondents had to choose from in are listed in the table below. There were 1,464 total responses to this question.

| Q5. To what degree do you have a support system in each of the following areas? (1,464 Respondents)														
	No Support		Minimal Support		Some Support		Enough Support		Very Good Support		All Needs Met		No Response		Total # of Respondents
Take a Break	431	29%	101	7%	120	8%	83	6%	137	9%	324	22%	268	18%	1,196
Children	436	30%	62	4%	66	5%	42	3%	82	6%	282	19%	494	34%	970
Daily Activities	345	24%	148	10%	181	12%	130	9%	217	15%	378	26%	65	4%	1,399
Emergency	219	15%	132	9%	227	16%	165	11%	287	20%	425	29%	9	1%	1,455

Figure 3.10   For the table above, the darker a cell is shaded, the greater the number of respondents who selected that option.

Key Findings
- At least 15% of respondents report having "No Support" regardless of the category
- Between 19-29% of respondents report "All Support Needs Met"
- Nearly 30% of respondents do not have support in place to help them take a break

Just under 35% of respondents skipped the category about support with children. Only 18% of survey respondents indicated having children in their households, yet 24% reported having "No Support" regarding their children. Respondents without children may have been mistakenly inclined to select "No/Minimal Support," rather than to leave the question blank. Those responses including an "N/A" indication, blank selection, or marking dissimilar to the other lines were not included in the analyses of this question.

Each of the above support categories listed in the table are illustrated below:
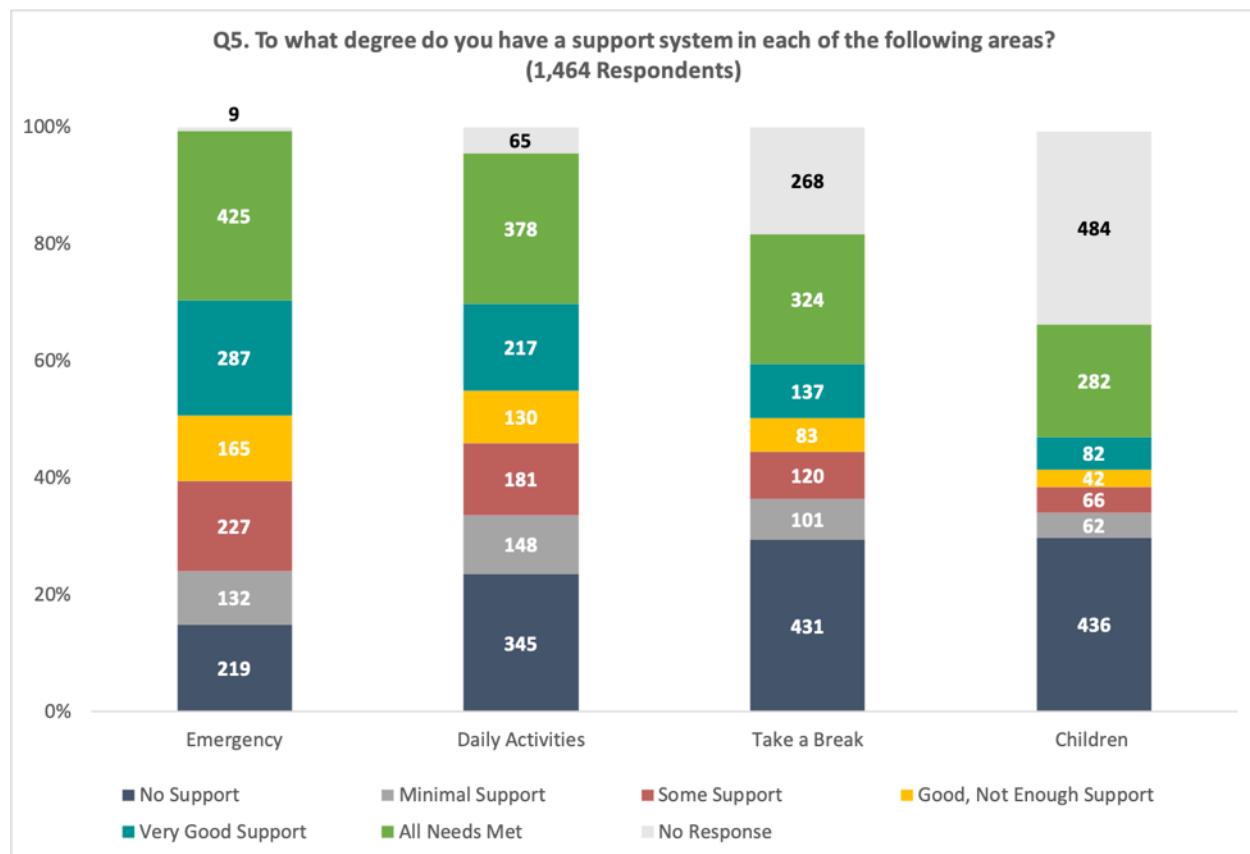
Figure 3.11

Current Access to Resources

Respondents were given ten options to indicate resource access, including an "other" category in which they could comment unlisted resources and their corresponding level of access (see chart below). This indication followed a Likert Scale.

"Translation Services" had 1,041 responses with 423 respondents choosing to not to provide an answer. This discrepancy, combined with the lack of respondents choosing "Moderate Access" or "More, but not Enough Access," may cause this data to be skewed due to a misunderstanding of the question or the definition of "Translation Services."

Q8. Please provide the degree to which you and your family have CURRENT access to the following resources. (1,464 Respondents)													
	Have None		Minimal Access		Moderate Access		More, but not enough		Have All I/We Need		No Response		Total
Disinfecting / Sanitizing Wipes	122	8%	155	11%	167	11%	168	11%	835	57%	17	1%	**1447**
Mental Health Care	170	12%	86	6%	125	9%	111	8%	893	61%	79	5%	**1385**
Hand Sanitizer	60	4%	90	6%	130	9%	148	10%	1026	70%	10	1%	**1454**
Reliable Internet Access	159	11%	41	3%	95	6%	117	8%	1003	69%	49	3%	**1415**
Health Care	58	4%	46	3%	115	8%	166	11%	1050	72%	29	2%	**1435**
Face Mask(s)	37	3%	69	5%	111	8%	141	10%	1093	75%	13	1%	**1451**
Transportation	50	3%	38	3%	97	7%	87	6%	1166	80%	26	2%	**1438**
Hand Soap	23	2%	32	2%	96	7%	104	7%	1206	82%	3	0%	**1461**
Other (please specify resource and current access level)													**22**

Figure 3.12   For the table above, the darker a cell is shaded, the greater the number of respondents who selected that option.

Key Findings
- Over 10% of respondents report "Having None" regarding access to mental health care and reliable internet access
- 5% of respondents did not offer a response to their access to mental healthcare

The percentage of respondents indicating that they "Have All I/We Need" as well as those that Do NOT "Have All I/We Need" to all of the above resources is shown to the right. Disinfecting/ Sanitizing Wipes is the resource in which most respondents were lacking, followed by access to Mental Health Care.


Figure 3.13
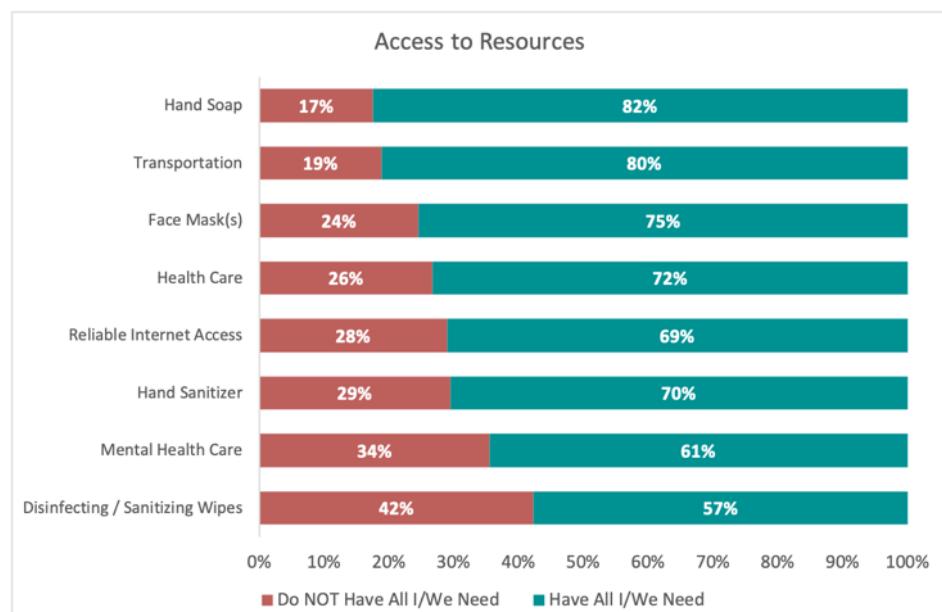
To gauge community awareness regarding public assistance, respondents were asked "How aware are you of the following resources available through the State of Montana?" followed by various types of public assistance/grants. There were 1,464 respondents for this question.

Q7. How aware are you of the following resources available through the State of Montana?									
	No Knowledge		Some Knowledge		Using the Resource		No Response		Total # of Responses
Telework Assistance Grant	79%	1,155	14%	199	2%	36	5%	74	**1,390**
Stay Connected Grant	79%	1,150	16%	230	3%	41	3%	43	**1,421**
Affordable Apartment Search	72%	1,053	19%	274	4%	64	5%	73	**1,391**
Rental Housing Programs	63%	915	27%	391	6%	90	5%	68	**1,396**
Emergency Housing Assistance Program	59%	870	34%	500	6%	81	1%	13	**1,451**
Food Bank and Food Pantry Assistance	32%	467	51%	744	16%	227	2%	26	**1,438**

Figure 3.14

Key Findings
- Over 70% of respondents had "No Knowledge" of the Telework Assistance Grant, the Stay Connected Grant, or the Affordable Apartment Search
- An average of 6% of respondents report using the listed resources
- The majority of respondents indicated "Some Knowledge" of Food Bank and Food Pantry Assistance

Data shows the least used resource is the Telework Assistance Grant, a grant made specifically available to disabled residents. Nearly 18% of survey respondents report at least one member of their household as being disabled. Of the 1,155 respondents without knowledge of this grant, 8% (90) reported being impacted by "No Computer, Phone, Tablet Access at Home" and 12% (142) reported being impacted by "Inadequate or No Internet Access" previously (*See page 15*).

Limited numbers of respondents reported using the Rental Housing Program, Emergency Housing Assistance, and the Affordable Apartment Search program. Of the respondents that reported experiencing housing instability previously in the survey, an average of 65% reported having "No Knowledge" of the aforementioned housing programs. (*See page 15*).

Of the 227 respondents that reported using "Food Bank and Food Pantry Assistance," 56 reported that the coronavirus pandemic had impacted their access to food/groceries since April 1, 2020. (*See page 15).*
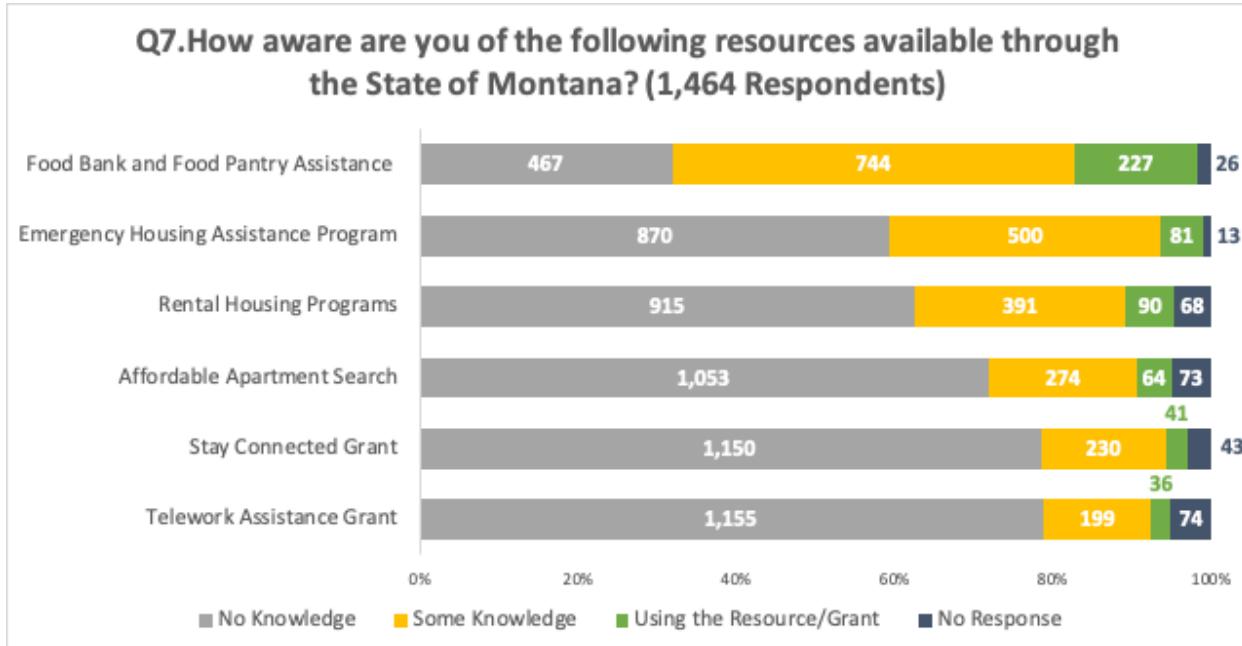
Figure 3.15

Use of Public Assistance Prior to April 1, 2020

The survey asks "Did you, or anyone in your household, receive public assistance BEFORE April 1, 2020? Check all that apply." In response, 65% (959) of respondents reported receiving no public assistance prior to April 1, 2020. Of the 34% (503) of respondents that reported using public assistance, "Health Insurance (Medicare/Medicaid)" is the most commonly used.

Other assistance that respondents listed include: WIC (Women Infants Children), Workers' Compensation, Big Sky Rx, Paycheck Protection Program, Elderly Homeowner Credit, Obamacare, and Section 8. A complete list of other responses are included in an additional appendix (*See page 61*).

Figure 3.16

Figure 3.17

Page 25 of 93   *Final 2/9/2021*

Use of Public Assistance After April 1, 2020

The survey then asks respondents "Did you, or anyone in your household, apply for public assistance AFTER April 1, 2020?." Survey analysis shows that 317 (22%) of the 1,464 respondents applied for public assistance after April 1, 2020. "Unemployment" is the most commonly type of public assistance applied for.

Q10. Did you, or anyone in your household, receive public assistance AFTER April 1, 2020? Check all that apply. (1,464 Respondents)

- Applied for Public Assistance (317 Respondents)
- Did NOT Apply for Public Assistance (1,132 Respondents)
- Skip / Prefer not to Answer (15 Respondents)

1%
22%
77%
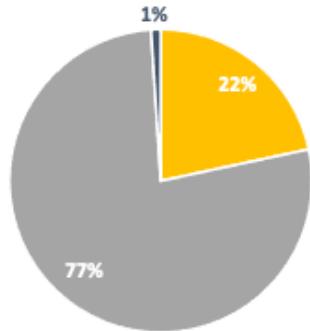
Figure 3.18

Q10. Did you, or anyone in your household, apply for public assistance AFTER April 1, 2020? (1,464 Respondents)

Unemployment	207 (14%)
Supplemental Nutrition Assistance…	82 (6%)
Health Insurance Assistance…	82 (6%)
Food Pantry / Food Bank	46 (3%)
Energy Assistance	35 (2%)
Social Security Disability (SSDI)	31 (2%)
Supplemental Social Security (SSI)	27 (2%)
Other Assistance	19 (1%)
Veteran's Benefits	17 (1%)
Temporary Assistance for Needy Families…	15 (1%)
Prefer Not to Answer / Skipped	15 (1%)
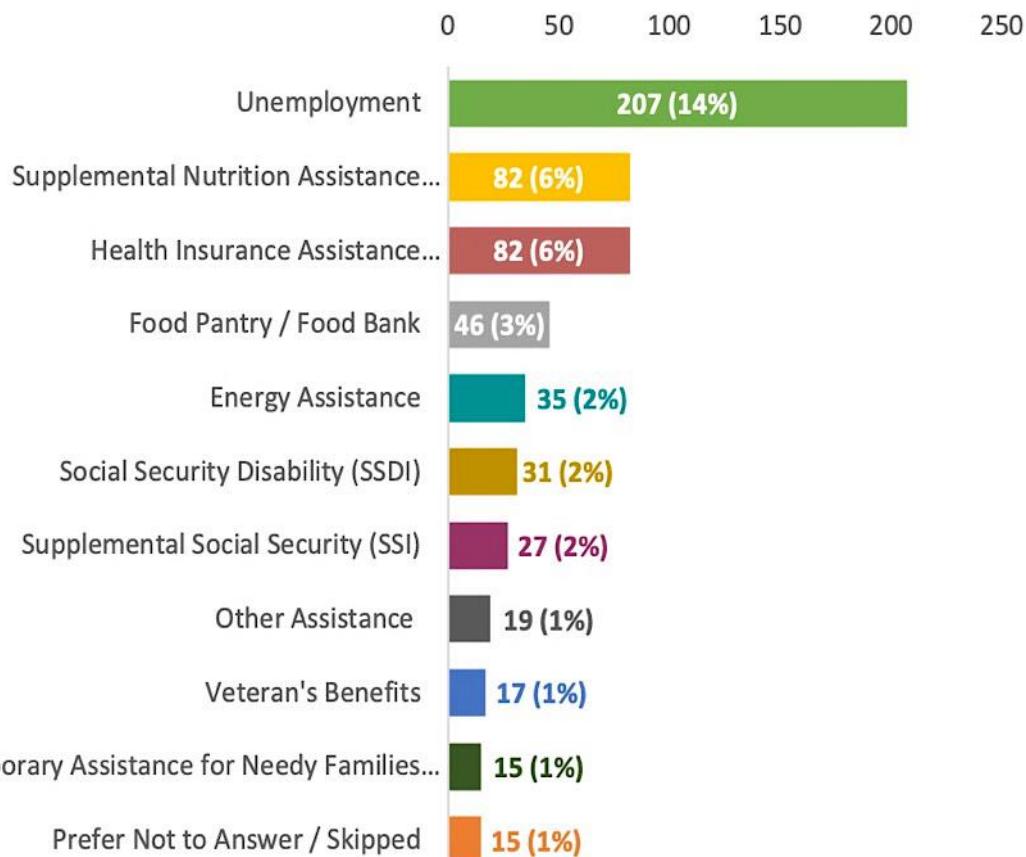
Figure 3.19

The figure below compares the number of respondents who report use of public assistance before April 1, 2020 and respondent use/application of public assistance after April 1, 2020. The only form of public assistance in which more respondents reported use after April 1, 2020 was "Unemployment."
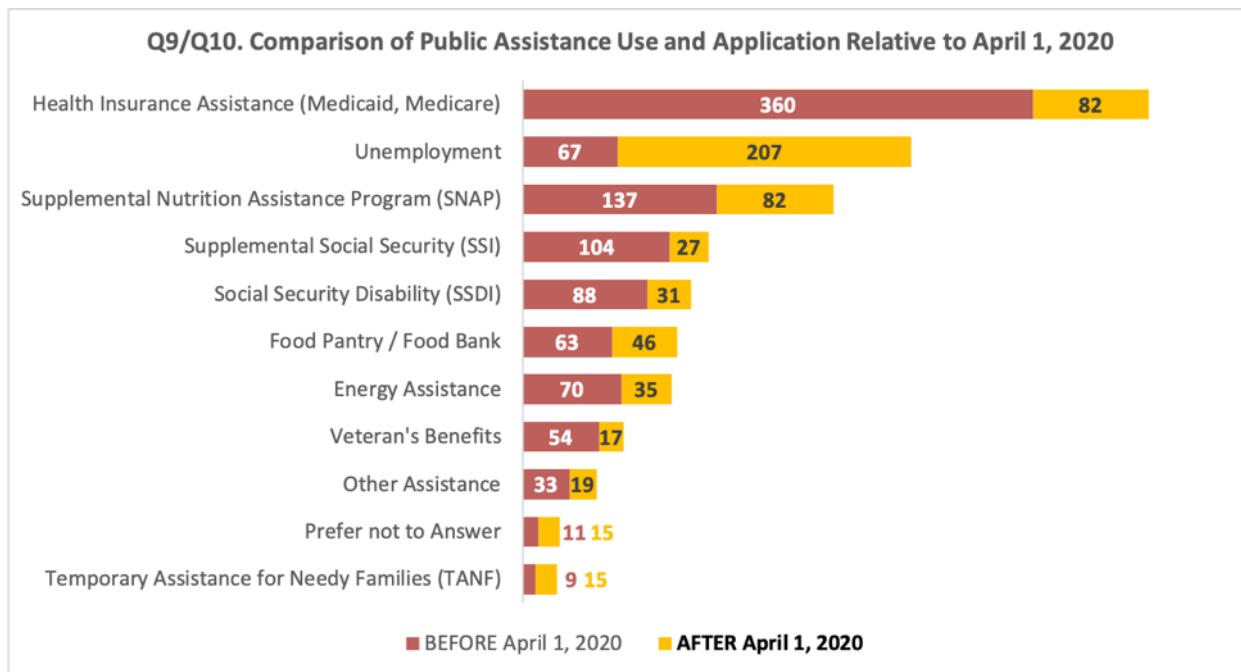
Figure 3.20

Key Findings
- Fewer people reported using/applying for public assistance after April 1, 2020 relative to before April 1, 2020
- The most used assistance after April 1, 2020 was Unemployment, followed by Health Insurance Assistance and SNAP benefits
- "Temporary Assistance for Needy Families (TANF) is the least used and applied for type of public assistance

Public Assistance Application Status

If respondents reported applying for public assistance after April 1, 2020, they were then asked "What is the current status of your application(s)?" and respondents were given the options of *approved*, *denied*, or *pending*. The majority of applications have been approved. This trend is true for all programs except "Temporary Assistance for Needy Families (TANF)" and "Energy Assistance." "Health Insurance Assistance (Medicare/Medicaid)" had the highest approval rate out of any of the programs listed, with 77% (62) of applicants receiving approval.
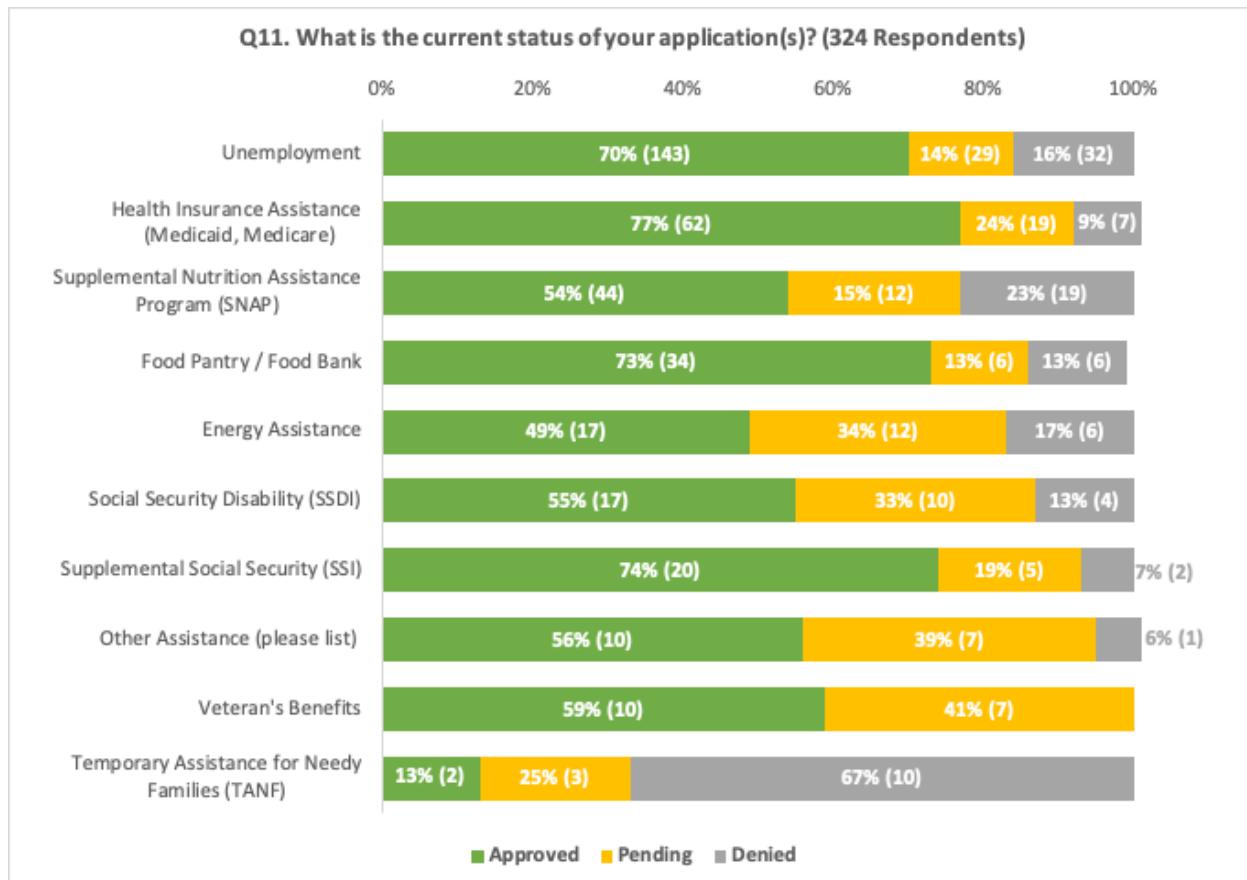
Figure 3.21

Household Size and Makeup

Respondents were asked to share information about their current household members. The question "Please Share the Following information about CURRENT household members" had five parts. *Part 1* asked for the respondent to indicate the total number of individuals living in the household. *Part 2* asked how many household members were under the age of 18. *Part 3* asked how many household members were 62 years of age or older. *Part 4* asked how many household members are disabled. *Part 5* asked how many household members are deemed vulnerable (e.g. impaired immune system).
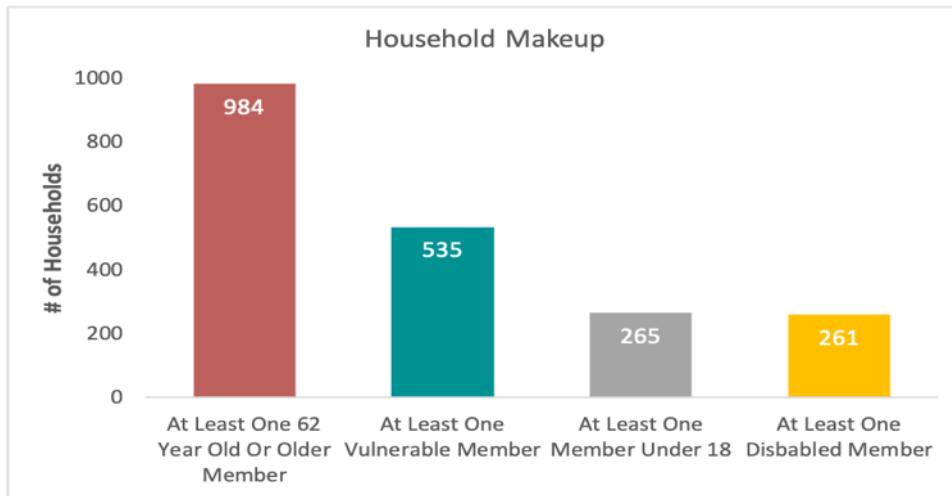
Figure 3.22

Because the survey did not directly ask for age, we are not able to provide exact details into the age demographics of our respondents. However, it was determined that at least 53% (789) of respondents are 62 years of age or older. This was concluded by matching the total household members to the total household members that were 62 years of age or older. If these indications were equal to each other, it was determined the respondent was 62 years of age or older.
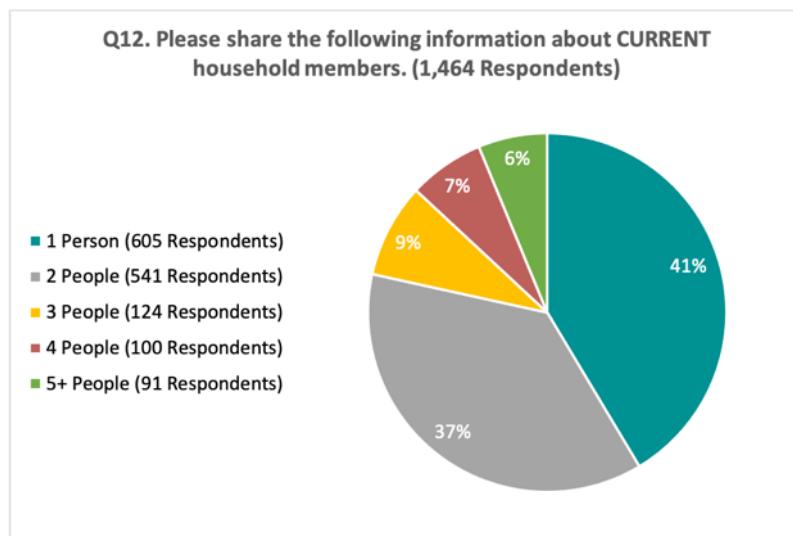
Figure 3.23

Respondent Race and Ethnicity

Respondents were asked to "Share the race / ethnicity with which you and your household members identify. Please select the number of household members in each race(s) line." In total, there were 1,464 responses. Respondents were able to select all options that were applicable. Therefore, the "Total Respondents" column does not summate to the 1,464 respondents that gave a response to this question. Survey results are similar to US census data reporting on race makeup of residents within the City of Billings.[21]

Of the households that selected the "Other" option, almost half of respondents chose not to define their race/ethnicity and stated they were "human," "American," or something similar. Additional answers included "Japanese American," "Mexican American," and "Jewish."

The "Total People" column in the Figure below displays the total number of persons that are represented by each race, as determined by comparison with reported household size. This was calculated by multiplying the number of respondents by the indicated household size (9 was used for the "8+" column). In total, the survey reached 1,464 low-income individuals/ households representing approximately 3,000 individuals.

| Q14. Please share the race / ethnicity with which you and your household members identify. Please select the number of household members in each race(s) line. (1,464 respondents)													
	1	2	3	4	5	6	7	8	8+	Total References		Total People	
White	605	500	110	86	40	20	5	2	1	1,369	88%	2,659	88%
Black or African American	12	3	1	1	1	1	0	0	0	19	1%	36	1%
American Indian or Alaska Native	43	13	8	5	5	1	0	2	1	78	5%	169	6%
Asian Alone	10	2	2	0	0	0	0	0	0	14	1%	20	1%
Native Hawaiian and Other Pacific Islander	4	2	0	1	0	0	0	0	1	8	1%	21	1%
Two or more races	25	16	1	2	3	1	0	0	2	50	3%	107	4%
Other (please specify race(s), number of household members, and if Hispanic/Latino)										17	1%		1%
									Total	1,555		3,012	

Figure 3.24

The survey asked respondents to "Select yes or no within the Hispanic or Latino column" next to each race/ethnicity. Figure 3.25 displays the number of respondents who selected "Yes." Through the paper surveys, participants were able to choose the number of household members that identified as Hispanic/Latino. However, on the online version of the survey, there

was only an option to select "Yes." Therefore, it cannot be specified how many Hispanic/Latino people are represented by each respondent's answer.

Q14. Number of Respondents Indicating "Yes" to at least one member of the corresponding ethnicity being Hispanic / Latino		
	Hispanic/Latino	
White	46	3%
Black or African American	2	11%
American Indian or Alaska Native	9	12%
Asian Alone	3	21%
Native Hawaiian and Other Pacific Islander	3	38%
Two or more races	12	24%

Figure 3.25

The percentages in the figure above are out of the "Total References" column of Figure 3.24. For example, 46 White respondents indicated that at least one member of their household is Hispanic/Latino. This number, out of 1,369 references (Figure 3.24), generates 3% of White households indicating at least one member as Hispanic/Latino.

Respondent Income Level

A total of 1,464 respondents identified as low-income Billings residents, representing 42% of the total survey respondents (3,512 total respondents).

For the question "What is your income level?" respondents were asked to self-report their household income categorically.

The chart below was displayed for reference, and respondents were asked to calculate their total household income relative to their household size

Figure 3.26

in order to determine which income category to report. If respondent income was between two columns, they were instructed to choose the higher column.

Household Size (# household members)	Extremely Low	Very Low	Moderate – 60%	Moderate – 80%	Not Low Income
1	$16,100	$26,850	$32,220	$42,950	$42,951+
2	$18,400	$30,650	$36,780	$49,050	$49,051+
3	$20,700	$34,500	$41,400	$55,200	$55,201+
4	$23,00	$38,300	$45,960	$61,300	$61,301+
5	$24,850	$41,400	$49,680	$66,250	$66,251+
6	$26,700	$44,450	$53,340	$71,150	$71,151+
7	$28,550	$47,500	$57,000	$76,050	$76,051+
8	$30,400	$50,600	$60,720	$80,950	$80,951+

Figure 3.27

There was no option to withhold from providing a response on the online version of the survey. Also, the survey lacked a "Prefer not to Answer" option. Therefore, if a respondent left this question blank, *Not Low Income* was selected on their behalf.
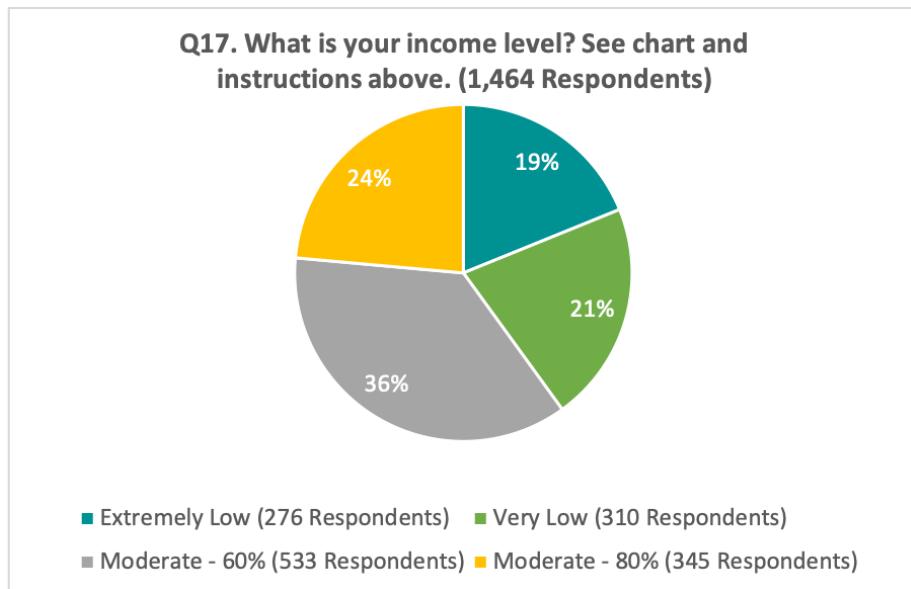
Figure 3.28

There was a total of 1,037 respondents to the question "What do you believe is the Billings community's greatest need related to the coronavirus pandemic?" Of these respondents, 47 indicated that they had no response by writing something along the lines of "none," "I don't know," or "unsure." Out of the total 1,037 respondents the words "wear," "masks," "health," " "help," and "work" appeared among the top mentioned words. The word cloud below shows the most commonly used words throughout all responses to this question. The larger the word appears in the word cloud, the more often it was used by the respondents.

Figure 3.29

Individual responses were broken down and analyzed categorically. An individual's response could be divided into multiple categories if they mentioned more than one topic. Therefore, the total number of responses for all categories does not equal the total number of respondents. The most mentioned category was "Compliance" with 270 (27%) responses. "Compliance" included responses that focused on wanting others to comply with mask and social distance mandates. This was followed by "Media/Politics/Public Information" with 178 (18%) responses. This category contains any responses referring to politics, media and news outlets, and the desire to have information presented to and/or understood by the public. Next was "Healthcare and Mental Healthcare" with 125 (13%) responses. This category represents

any response referring to healthcare, stress, or emotional wellbeing needs. A complete explanation of all categories and what they include is represented in **Appendix A** (page 90).
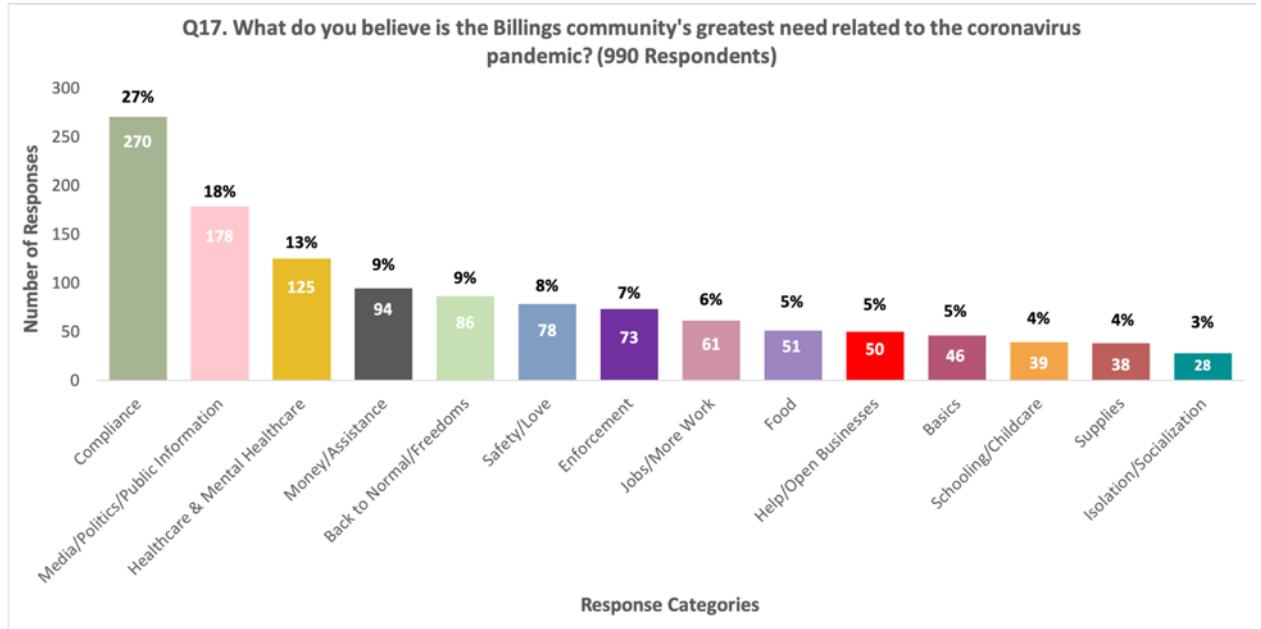
Figure 3.30

Other Community Feedback and Written Comments

There were 662 total comments for "Is there anything else you would like to say regarding coronavirus impact(s) or how the Billings community should respond?" The word cloud to the right shows the most commonly used words throughout all responses to this question. The larger the word appears in the word cloud, the more often it was used by the respondents. Among these responses the words "people," "masks/mask," "need," "wear," and "will" were the most prevalent. Of these respondents, 116 indicated that they had no comment by

Figure 3.31

writing something along the lines of "no," "none," or "N/A" – these responses are designated as no response.
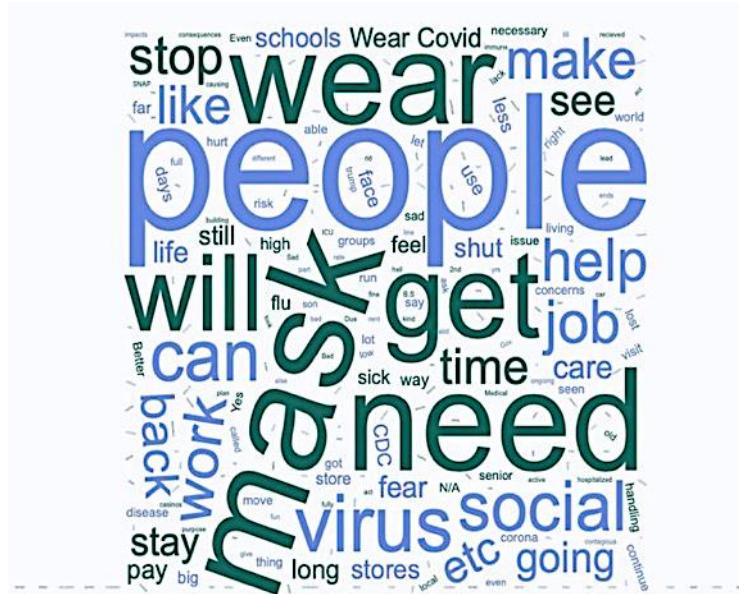
Individual comments were broken down and analyzed categorically. An individual's comment could be divided into multiple categories if they mentioned more than one topic. Therefore, the total number of comments for all categories does not equal the total number of respondents.

The most mentioned category was "Media/Politics/Public Information" with 132 (24%) responses. This category contains any responses referring to politics, media and news outlets, and the desire to have information presented to and/or understood by the public. This was followed by "Back to Normal/Negativity" with 118 (22%) responses. This category included any response that referred to a desire that the pandemic and any mandate or social construct associated with the pandemic would cease to exist. The third most popular category was "Compliance" with 109 (20%) responses which included responses that focused on wanting others to comply with mask and social distance mandates. A complete explanation of all categories and what they include is represented in **Appendix A** (page 90).
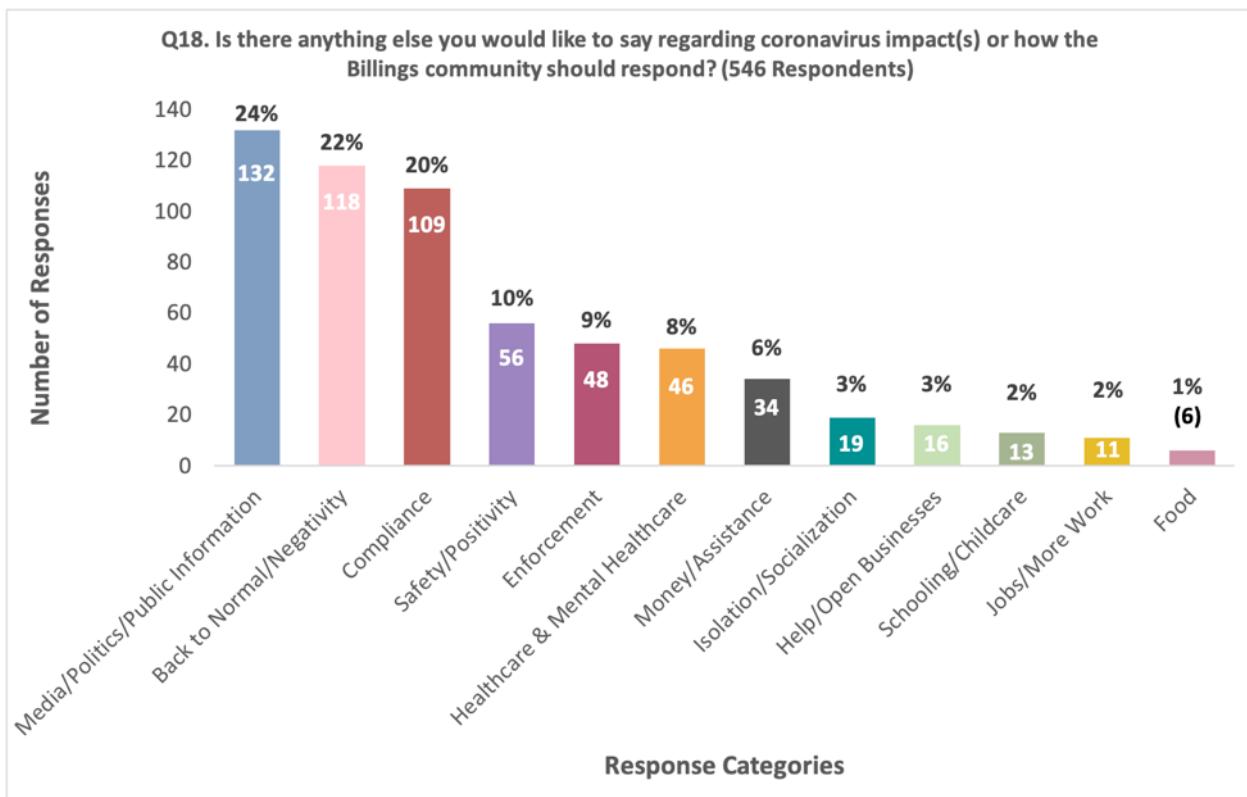
Figure 3.32

# Service Provider Survey Analytics

This section summarizes the analytics of the Service Provider Survey that was mailed to 70 local and state-wide organizations, healthcare providers, and nonprofit agencies. This survey gathered data about how the pandemic altered services/efforts, client size and demographics, projected client and organizational needs relative to the pandemic. A total of 26 organizations responded to the survey, yielding a 37% response rate.

Garnering perspective from organizations and potential sub-recipients of CDBG-CV allocations may help create a more cohesive narrative regarding the strengths in our community's pandemic-related efforts and the current gaps in service. Service Provider Survey data, results and analytics, information regarding preexisting efforts of the community, and the scale of those efforts serve to inform decisions on addressing service gaps and community needs going forward.

Number of Clients Served

Service providers were asked "How many clients, on average, does your organization serve each month? For each category below, please select the total number of clients served AND the number of those clients who are low-income." Upon selecting an answer choice, service providers were asked to indicate how many of those clients they serve are designated as low-income. The majority of respondents to the Service Provider Survey represent large scale organizations, often indicating that they serve hundreds of individuals and more. Individuals are served more than any other group as indicated by the service provider respondents. This data is represented in Figures 4.1 and 4.2.

Q1. How many clients, on average, does your organization serve each month? For each category below, please select the total number of clients served (23 Respondents)							
	1-10 Clients	11-20 Clients	21-40 Clients	41-60 Clients	61-80 Clients	81-100 Clients	100+ Clients	Total
Individuals		1	2			6	12	21
Families with Children	2	1	3	1	3		6	16
Disabled	6	1	2		1	3	5	18
Addicted Persons	2	4	2	2			4	14
Elderly / Frail Elderly	3	6	4				4	17
Veterans			1				3	4
Homeless	8	3	2				2	15
Survivors of Domestic Violence	6	2	4	2	1			15
HIV / AIDS	8							8

Figure 4.1   For the table above, the darker a cell is shaded, the greater the number of respondents who selected that option.

Q1. How many LOW-INCOME clients, on average, does your organization serve each month? For each category below, please select the number of those clients served who are LOW-INCOME. (23 Respondents)								
	1-10 Clients	11-20 Clients	21-40 Clients	41-60 Clients	61-80 Clients	81-100 Clients	100+ Clients	Total
Individuals		2	2	1	1	3	11	20
Disabled	7	1	2		1	2	5	18
Elderly / Frail Elderly	6	4	3			1	3	17
Families with Children	3	1	3		3		6	16
Homeless	8	3	2				2	15
Survivors of Domestic Violence	6	3	4	2				15
Addicted Persons	3	3	2	2		1	3	14
HIV / AIDS	8							8
Veterans			1		1		1	3

Figure 4.2   For the table above, the darker a cell is shaded, the greater the number of respondents who selected that option.

The below figure indicates the number of agencies serving differing low-income populations per month. A total of 23 service providers provided a response. An "Other" option was offered in which the respondent was then asked to identify the other and list how many clients, as well as low-income clients, they serve. Four service providers selected this option and all designated "Other" as Veterans. Of those four service providers, three designated serving a population of low-income veterans.

Number of Agencies Serving Specific Low-Income Populations
(23 Respondents)

- Individuals: 20
- Disabled: 18
- Elderly / Frail Elderly: 17
- Families with Children: 16
- Survivors of Domestic Violence: 15
- Homeless: 15
- Addicted Persons: 14
- HIV / AIDS: 8
- Veterans: 3
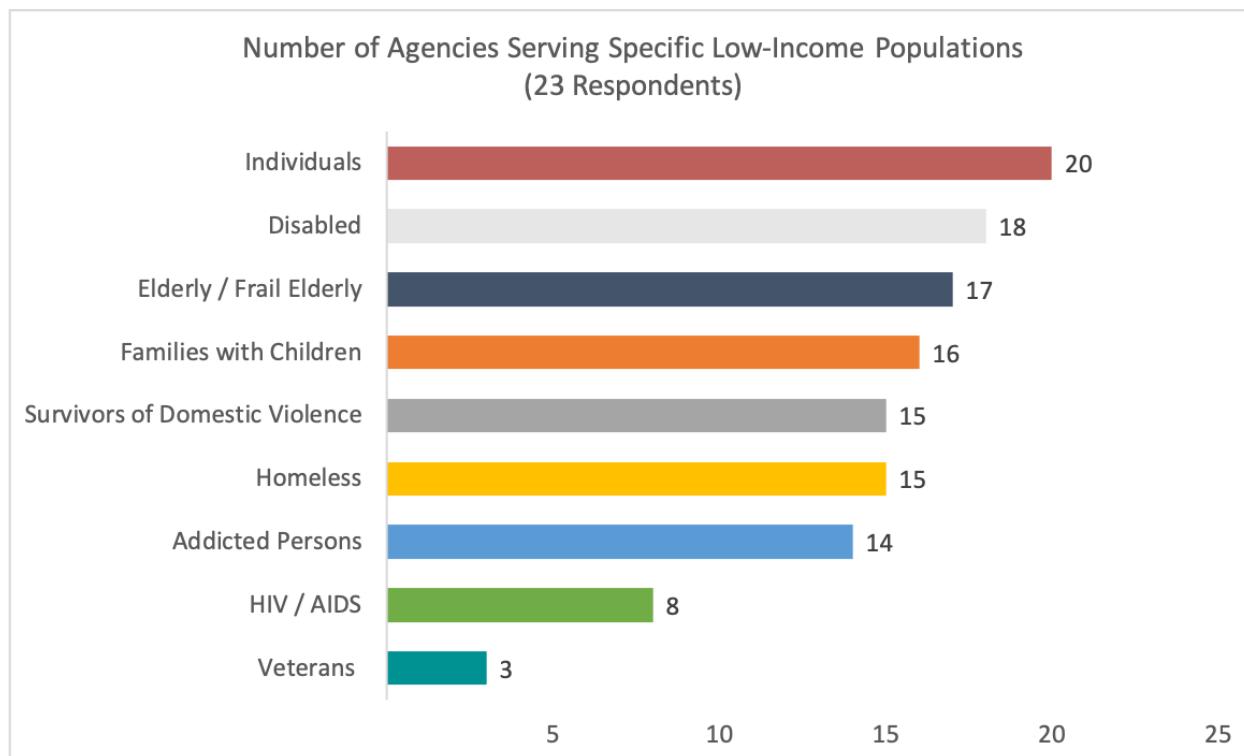
Figure 4.3

Organization Current Resource Access

Respondents to the question presented in the chart below indicate approximately 50% of service providers have access to "Employee Telework Capacity" and the "Ability to Provide Virtual Services to Clients." These results may indicate an issue with computer/internet capabilities and/or the structural foundations and abilities of an agency itself. In the "Other" category, three service providers responded. These consisted of: "Appointments only, no walk-ins," "Currently, we are providing a 'personal shopper' who 'gets needed items for clients on an as needed basis and provides contactless delivery'" and "All of our clients need 24/7 care. Telework and virtual services are not doable."
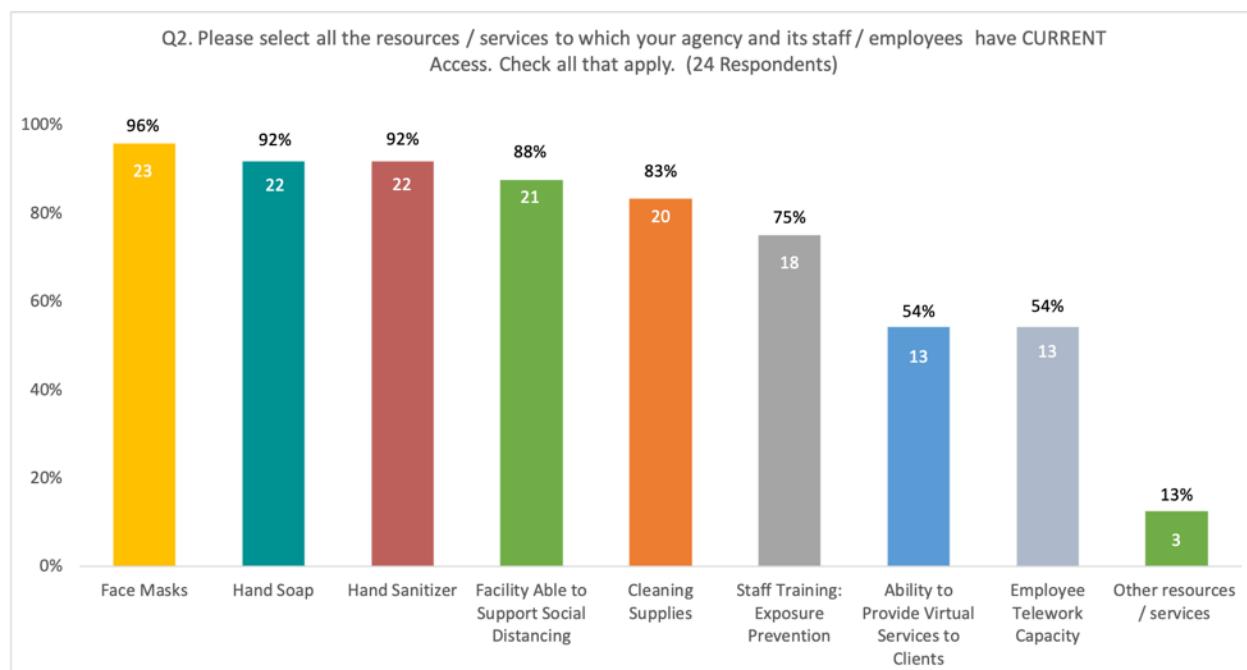
Figure 4.4

Current Ability to Provide Staff/Employees with Resources

To the question, "To what degree can your agency provide the following to staff / employees with CURRENT resources," service providers could choose *We Have None, Minimal Provided, Moderately Provided, Can Meet Most Needs,* or *Able to Meet All Needs*. Respondents were only able to provide an answer to the resources/services that they had selected in the previous question. A lack of technological ability was a theme in service provider responses. Overall, most agencies are unable to meet all their needs in "Employee Telework Capability" and the agency's "Ability to Provider Virtual Services to Clients." The ability for a service provider's

facility to support social distancing is the third most needed resource, as only 30% of service providers reported that they are able to meet all their needs in that regard.

Q3. To what degree can your agency provide the following to staff / employees with CURRENT resources? (23 Respondents)										
	We Have None		Minimal Provided		Moderately Provided		Can Meet Most Needs		Able to Meet All Needs		Total
Facility Able to Support Social Distancing	0	0%	1	4%	7	30%	5	22%	7	30%	20
Face Masks	0	0%	2	9%	1	4%	6	26%	14	61%	23
Cleaning Supplies, including Disinfecting/Sanitizing Wipes	0	0%	2	9%	2	9%	6	26%	10	43%	20
Employee Telework Capacity	2	9%	0	0%	2	9%	5	22%	4	17%	13
Ability to Provide Virtual Services to Clients	0	0%	2	9%	2	9%	4	17%	5	22%	13
Hand Soap	0	0%	1	4%	0	0%	6	26%	15	65%	22
Hand Sanitizer	0	0%	0	0%	0	0%	8	35%	14	61%	22
Staff Training: Exposure Prevention	1	4%	0	0%	0	0%	6	26%	11	48%	18

Figure 4.5   For the table above, the darker a cell is shaded, the greater the number of respondents who selected that option.

Key Findings

Few service providers report being able to provide their staff/employees access to technological resources as seen by the small number of agencies that are "Able to Meet All Needs" in both "Employee Telework Capacity" and their "Ability to Provide Virtual Services to Clients."

Clientele Current Access

The majority of responding organizations indicated their clients do not have access to "Translation Services," "Transportation," "Reliable Internet Access," "Mental Health Care," and "Health Care" when asked the question presented in the figure below.
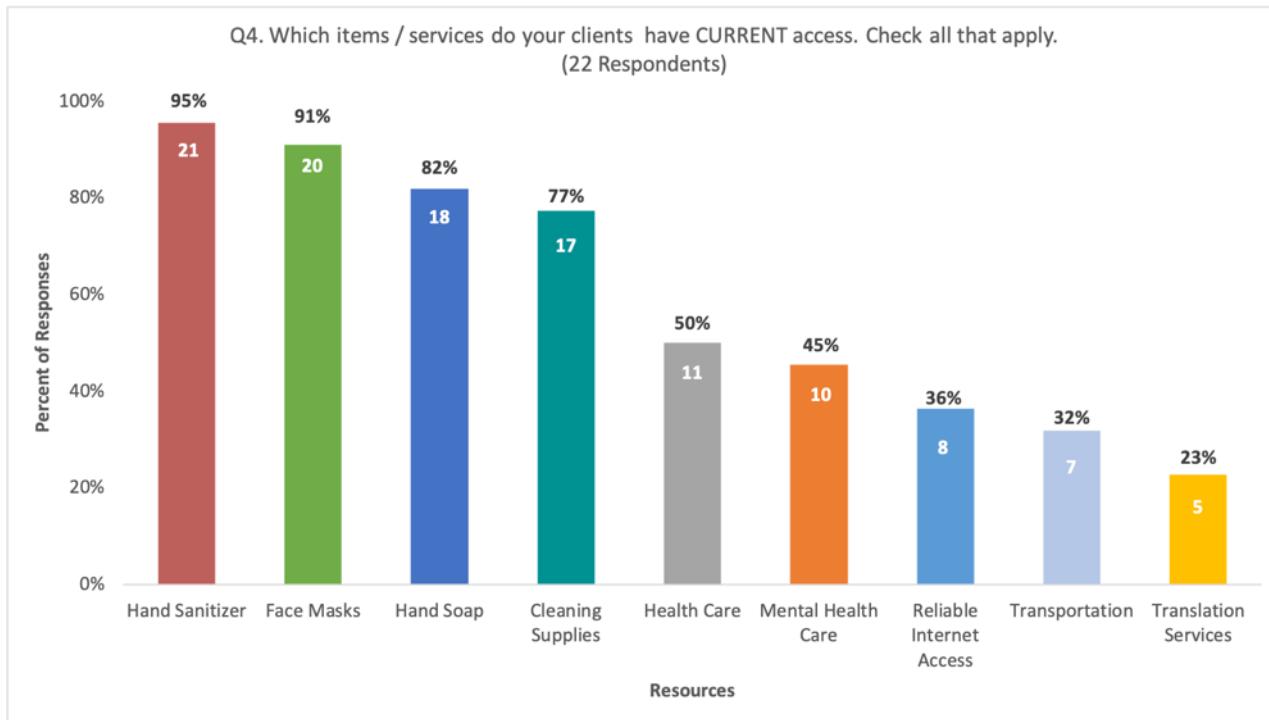
Figure 4.6

Degree of Clientele Access to Resources

The following question sought to understand the degree to which service providers' clients had access to the resources listed in the previous question. Respondents were only able to provide an answer to the items/services that they had selected prior. The question and results are presented in the figure below.

Q5. To what degree do your CLIENTS have current access to the following: (22 Respondents)					
	Minimal Access	Moderate Acces	More Access, But Not Enough	Full Access	Total
Translation Services	2	1	1	1	5
Transportation	2	1	2	2	7
Reliable Internet Access	2	1	2	3	8
Mental Health Care	2	1	4	3	10
Health Care	1	1	5	4	11
Cleaning Supplies, including Disinfecting/Sanitizing Wipes	4	4	2	7	17
Hand Soap	2	4	4	8	18
Face Masks	2	4	4	10	20
Hand Sanitizer	2	4	4	11	21

Figure 4.7   For the table above, the darker a cell is shaded, the greater the number of respondents who selected that option.

Key Findings
- One (5%) service provider reported their clients have *Full Access* to "Translation Services"
- Two (9%) service providers reported their clients having *Full Access* to "Transportation"
- Three (14%) service providers report their clients having *Full Access* to both "Reliable Internet Access" and "Mental Health Care"

Effects of Coronavirus Pandemic on Clientele

Service providers were asked to select from a list of 13 options, with the ability to choose more than one answer, if applicable, that best describe how the coronavirus pandemic affected or is currently affecting their clients. The responses include:

Q6. How has the coronavirus pandemic impacted your CLIENTS since April 1, 2020?
(24 Respondents)

Impact	Value	Percent
Decreased Income	21	88%
Decreased Food Security	20	83%
Loss of Employment	20	83%
Decreased Housing Stability	19	79%
No Home Computer, Tablet and/or Cell Phone	17	71%
Required to Home School Child(ren)	16	67%
Keeping Utility Payments Current	16	67%
Lost Child Care / Other Child Care Needs	15	63%
Inadequate or No Internet Access	15	63%
Lost Housing	14	58%
Required Tutoring Assistance (adult and/or children)	9	38%
Adult Education Ended	7	29%
Our clients have NOT been impacted	4	17%
Other (please list other impacts)	2	8%

Percent of Responses

Figure 4.8

Key Findings:
The majority of service providers reported their clients have been impacted by decreased income. This may be related to the reported loss of employment, as 83% reported this as a main impact in their clientele. Lastly, decreased food security for clients is reported by 83% of responding service providers.

Degree of Impact on Clientele

The following question was designed to understand to what degree the service providers' clients were impacted by the same options as the previous question. Respondents were only able to provide an answer to the options that they had selected in the previous question. In responding to "To what degree have your Clients been impacted?" service providers report:

Q7. To what degree have your Clients been impacted since April 1, 2020? (22 Respondents)	Not Impacted		Slightly Impacted		Moderately Impacted		Highly Impacted		Maximum Impact		Total # of Service Providers
No Home Computer, Tablet and/or Cell Phone	1	5%	1	5%	4	18%	7	32%	4	18%	17
Lost Child Care / Other Child Care Needs	0	0%	2	9%	4	18%	5	23%	4	18%	15
Decreased Food Security (i.e., lack of food / groceries)	0	0%	3	14%	6	27%	7	32%	4	18%	20
Adult Education Ended	1	5%	1	5%	1	5%	2	9%	2	9%	7
Keeping Utility Payments Current (e.g., electricity, gas, water, etc.)	0	0%	2	9%	5	23%	6	27%	3	14%	16
Required to Home School Child(ren)	0	0%	2	9%	5	23%	4	18%	5	23%	16
Loss of Employment	0	0%	2	9%	7	32%	7	32%	4	18%	20
Decreased Income	0	0%	3	14%	8	36%	7	32%	3	14%	21
Lost Housing	0	0%	1	5%	6	27%	5	23%	2	9%	14
Inadequate or No Internet Access (e.g., no Internet connection, unstable Internet connection, limited data plan, etc.)	1	5%	0	0%	6	27%	4	18%	4	18%	15
Decreased Housing Stability (e.g., late rent/mortgage payments, etc.)	0	0%	3	14%	9	41%	5	23%	2	9%	19
Required Tutoring Assistance (adult and/or children)	1	5%	3	14%	2	9%	2	9%	1	5%	9

Figure 4.9   For the table above, the darker a cell is shaded, the greater the number of respondents who selected that option.

Key Findings
- 11 (50%) service providers reported that their clients experienced high or maximum impact from "No Home Computer, Tablet and/or Cell Phone"
- 11 (50%) service providers reported that their clients experienced high or maximum impact from Decreased Food Security"
- Ten (45%) service providers reported their clients experienced a high or maximum impact from "Decreased Income"

Organizational Needs

Service providers were asked to rank their greatest organizational needs. Each number below represents the number of service providers who chose that option. The results are presented below:

Q9. Please rank the following organizational needs as they relate to the coronavirus pandemic. (One = Lowest Need; Seven = Greatest Need) (22 Respondents)							
	One	Two	Three	Four	Five	Six	Seven
Client Teleservice Access to Services	3	1	3	6	1	1	7
Facility Supports Social Distancing	1	2	5	3	6	3	2
Cleaning Supplies	4	4	1	1	2	7	3
Personal Protective Equipment (PPE)	2	4	5	0	4	4	3
Flexible Scheduling	5	1	1	5	4	3	3
Work From Home Resources	3	5	1	6	1	4	2
Staff Training	4	5	6	1	4	0	2

Figure 4.10   For the table above, the darker a cell is shaded, the greater the number of respondents who selected that option.

Key Findings
- "Client Teleservice Access to Services" was mentioned seven times as the greatest need
- "Cleaning Supplies" was mentioned nine times as either the first or second greatest need
- "Facility Supports Social Distancing" was mentioned 11 times as either the first, second, or third greatest need

This data was then analyzed using a weighted average for each of the categories. The greatest organizational need as shown by the respondents is Client Teleservice Access to Services. Second is the ability of the organization to supports social distancing, followed by Cleaning Supplies and then PPE. These results are shown below.

Q9. Please rank the following organizational needs as they relate to the coronavirus pandemic. (One = Lowest Need; Seven = Greatest Need) (22 Respondents)								
	One	Two	Three	Four	Five	Six	Seven	Weighted Average
Client Teleservice Access to Services	3	2	9	24	5	6	49	14.00
Facility Supports Social Distancing	1	4	15	12	30	18	14	13.43
Cleaning Supplies	4	8	3	4	10	42	21	13.14
Personal Protective Equipment (PPE)	2	8	15	0	20	24	21	12.86
Flexible Scheduling	5	2	3	20	20	18	21	12.71
Work From Home Resources	3	10	3	24	5	24	14	11.86
Staff Training	4	10	18	4	20	0	14	10.00

Figure 4.11   For the table above, the darker a cell is shaded, the greater the number of respondents who selected that option.

Respondents were given an option to mention any other organizational needs that were not mentioned above. A total of five service providers chose to provide an answer to this option. These responses listed "Tele-health equipment," "funds" and "permits" for cleaning companies or facility upgrades in relation to sanitation, "financial grants for Veterans," and "more employees."

Service Provider Awareness of Montana Grants and Resources

Service providers were asked to "Indicate your agency's awareness of the following resources / grant opportunities through the State of Montana," and were given the choices of *No Knowledge, Some Knowledge,* or *Using the Resource / Grant.*
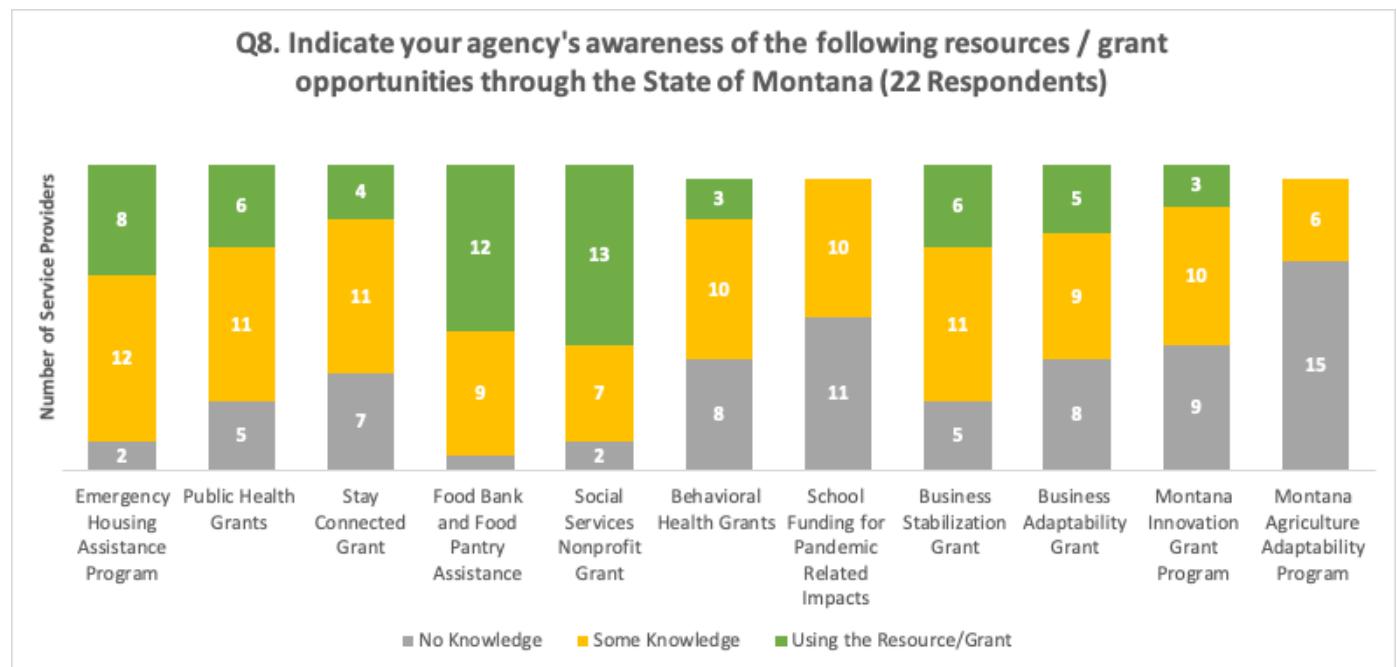

Figure 4.12

Zero of the responding organizations report using the "Montana Agriculture Adaptability Program" or the "School Funding for Pandemic Related Impacts" resources/grants.

One responding organization reported using the School Aged Child Care Grant.

A total of 17 of the 26 (65%) service providers answered the question presented on Figure 4.13.

The words that appeared most in their written comments include "wear," "people," "food," "open," "work," and "back."

While respondents often listed multiple opinions to this question, responses were broken down categorically based on each unique subject the service

Figure 4.13

provider identified in their response. The word cloud below shows the most commonly used words throughout all responses to this question. The larger the word appears in the word cloud, the more often it was used by the respondents.

Service providers reported:
- "Basic Needs Assistance" such as housing assistance, internet access, employment, and transportation, was the greatest recurring theme with eight mentions
- "Public Education" was mentioned seven times, which included comments about educating the public on relevant coronavirus information
- "Compliance" had seven mentions and included comments about compliance to social distancing/masking mandates
- "Medical/Mental Health Care" had four mentions
- "Help for Businesses" had three mentions
- "Childcare" had two mentions
- "Positivity" had one mention, with "Positivity" including any reference to keeping a focus on the positive things and less on the negative

Figure 4.14

Other Community Needs

After listing what they believed to be the greatest community need, service providers were asked "Does our COMMUNITY have other coronavirus response needs?"


Q12. Does our COMMUNITY have other coronavirus response needs? (19 respondents)

- No Response (7 service providers)
- Response (19 service providers)
- Yes (7 respondents)
- No (3 respondents)
- Unknown (9 respondents)
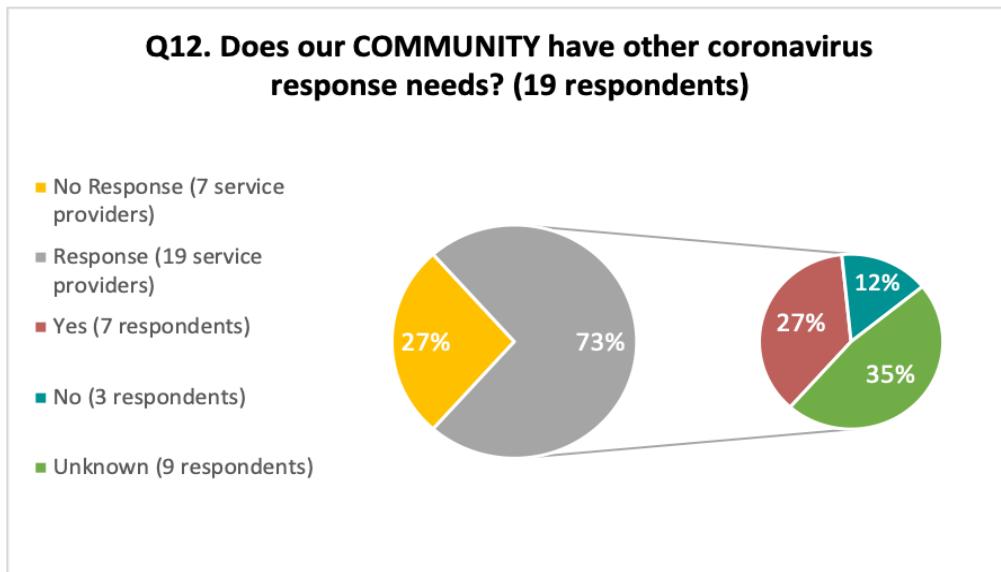
27% | 73% | 12% | 27% | 35%

If a service provider chose to answer this question they were given the three options of "Yes," "No," and "Unknown."

If a respondent selected "Yes," they were then given the opportunity to freely write in their response. While respondents often gave multiple answers to this question, responses were broken down into categories based on each unique subject that a service provider identified in their answer.

- The greatest recurring theme in the responses was focused on "Schooling and Childcare" with four mentions
- "Food" had three mentions
- "Basic Needs" had three mentions
- "Medical/Mental Health Care" had two mentions
- "Support for Elderly and Isolated Peoples" had two mentions
- "Other" was mentioned twice and included mentions of crime and unity
- "Needs of the Homeless" had one mention

DISCUSSION

Results Summary

Reported Community Impacts

In responding to the question "How has the coronavirus pandemic impacted you and/or your family since April 1, 2020?" data analyses indicate consistency within the impacts reported by respondents. Income/employment, shelter/utilities, and food/groceries are the most frequently reported impacts and needs on the *Coronavirus Community Member Survey*:

- 495 references to impacts on job stability and/or income loss
- 388 references to impacts on housing and/or utility stability
- 292 references to impacts on food security
- 900 respondents reported increased stress, and 256 report having "No/Minimal" access to mental healthcare

Greatest Reported Community Impacts

Economic Impacts — Employment Loss & Decreased Income 34% / 495

Housing Impacts — Utility Payments 19% / 285 — Housing Instability & Loss 14% / 203

Mental Health Impacts — Increased Stress 61% / 900 — Increase Access to Virtual Services 36% / 8

Food Security Impacts — Lack of Food or Groceries 20% / 292
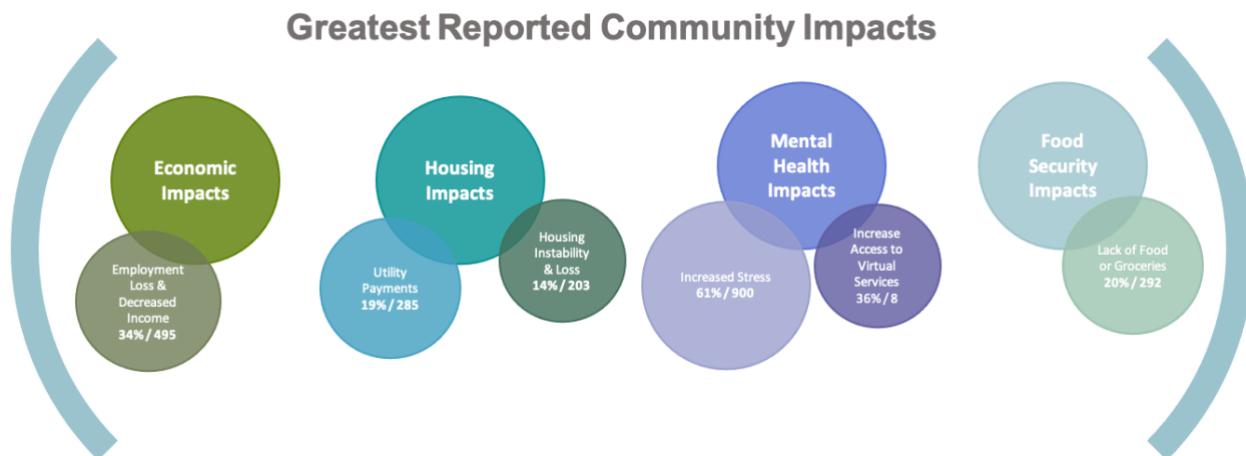
Figure 5.1

These same impacts are mirrored in the question that asks "What is your household's greatest need relative to the pandemic?" wherein 24% (216) of respondents cite "Money/Assistance" or "Jobs/More Work" as their greatest need, 18% (159) report "Food" or "Supplies," and 13% (118) report "Safety" or "Basics*" (*See page 13*).

Q16. What is your household's greatest need relative to the coronavirus pandemic?
(789 Respondents)
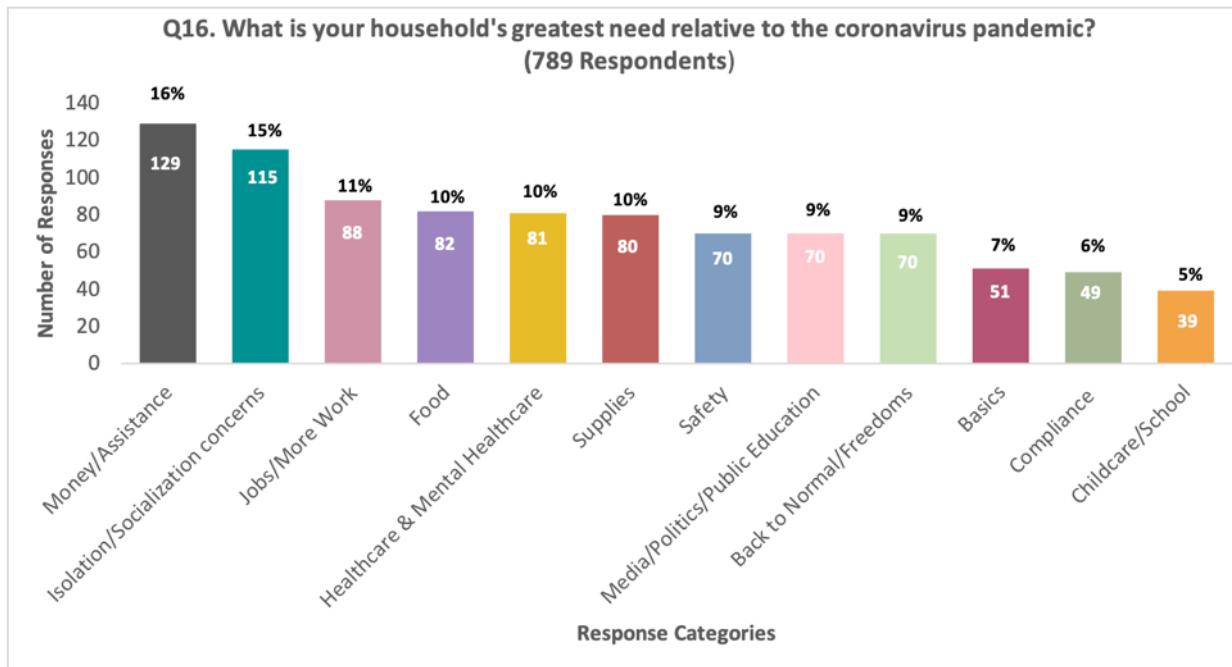
Figure 5.2

Support and Public Assistance

The *Coronavirus Community Member Survey* asked respondents to indicate whether or not they were receiving public assistance before April 1, 2020, and/or if they had applied for assistance after April 1, 2020, and to select any assistance for which they applied.

- 34% of the 1,464 respondents received public assistance prior to April 1, 2020
    - Of the respondents who received public assistance prior to April 1, 2020, "Health Insurance Assistance (Medicare/Medicaid)" was the most used
- 22% of the 1,464 respondents applied for assistance after April 1, 2020
    - Of the respondents who applied for assistance after April 1, 2020, "Unemployment" was the service most applied for

Analytics of survey data presented in this report may not necessarily align with state data trends of public assistance application since April 1, 2020. The Montana Department of Health and Human Services reported that on April 29, 2020, there was a 70% increase in Supplemental Nutrition Assistance Program (SNAP) applicants in the first half of April in comparison to early March figures.[20] At the time of that report in late April, there were 107,000 Montanans using SNAP benefits, which is roughly 10% of the state population.[20] Survey data indicates that

between 6% and 9% of respondents are using SNAP, considering respondents reporting use both before and after April 1, 2020.

In comparing the degree of support between single adult household respondents and households with at least one other adult, respondents sharing a household with one or more adults indicate a greater level of support in each of the below categories. The term *Some Support* refers to a combination of respondent data for those indicating any level of support other than *No Support* or *Minimal Support*.

Indication of at Least "Some Support" by Household Size			
	Area of Support		
	Take a Break	Daily Activities	Emergency
1 adult household	55%	65%	76%
1+ adult household	60%	70%	78%

Figure 5.3

Comparative data for the degree of support in the "Help with Children" category is shown below for single-adult households versus households with at least two adults present.

- Single-adult households reported less support than dual or multi-adult households.
- 40% of single-adult households report having *No Support* regarding help with their children
- Less than 25% of single-adult households report having any support, regardless of the number of children in their households
- For households with two or more adults, the reported amount of support increases as the number of children per household increases

Percentage of Respondents Reporting "No Support" Regarding "Help with their Children"		
Number of Children	*Single-Adult Household*	*Dual/Multi-Adult Household*
1	40%	30%
2	24%	21%
3	15%	19%
4	21%	19%
5	19%	19%
6+	0%	19%

Figure 5.4

The following table summarizes respondent data for those 62 years of age or older and their indicated levels of support.

- An average of 30% of respondents 62 years of age or older that live alone report having *No Support*
- Households with more than one occupant have more support than households with a single occupant across all categories

Percentage of Respondents with "No Support" by Category			
	Help with Taking a Break	*Help With Daily Activities*	*Help in Case of Emergency*
1 Member 62+	44%	30%	17%
2 Members 62+	29%	19%	12%
3 Members 62+	26%	20%	13%

Figure 5.5

Analysis was completed for households in which the number of household members 62 years of age or older was equal to the total number of household members, therefore this data may not encompass the levels of support for all household members 62 years of age or older. *See further discussion on question ambiguity on page 57.*

Stress and Mental Health Analysis

The majority of survey respondents (61%) reported increased stress. Respondents that reported higher stress as a result of the pandemic indicated having less support and access to resources when compared to respondents with lower or the same amount of stress. For respondents reporting higher stress:

- 45% (406) reported being impacted by "Decreased Income and/or Lost Employment"
- 28% (248) reported being impacted by "Lack of Food / Groceries"
- 27% (241) reported being impacted by in "Keeping Utility Payments Current"

On average, respondents experiencing higher levels of stress report having 17% less support than respondents with lower or the same amount of stress. An average of 22% of respondents with higher stress indicate all of their support needs as met, when compared to lower/same stress respondents at 37%.

Differing Stress Levels and Support Systems				
	Help with Taking a Break	*Help with Daily Activities*	*Help in Case of Emergency*	*Help with Children*
Higher Stress	20%	21%	22%	24%
Lower or Same Amount of Stress	40%	37%	41%	38%

Figure 5.6

Respondents with higher levels of stress indicated having generally less access to resources than their lower stress/same as typical stress counterparts. An average of 37% of respondents that indicated the same or lower levels of stress reported greater access to resources than those who reported having higher stress.

Differing Stress Level and Access to Resources				
	Mental Health Care	*Disinfecting/Sanitizing Wipes*	*Hand Sanitizer*	*Health Care*
Higher Stress	55%	48%	63%	66%
Lower or Same Amount of Stress	80%	73%	82%	85%

Figure 5.7

Of respondents that reported the same or lower levels of stress, 9% did not signify their level of access to "Mental Health Care." Comparatively, 3% of respondents who reported higher stress did not signify their level of access to "Mental Health Care." Absence in indication of the degree of access to "Mental Health Care" could signify a respondent feels the service is irrelevant to their situation or unnecessary altogether. *See further analyses on question ambiguity on page 57*.

Respondent Age and Household Analyses

Survey data indicates that 785 (54%) of respondents are 62 years of age or older. This was determined by matching the total household members to the total household members that reported being 62 years of age or older. If these values were equal, it was affirmed the respondent was 62 years of age or older. Survey results may more aptly reflect the experiences and ideologies of this age group (62+ years of age) more so than other age demographics. Therefore, the data may not be wholly representative of the average low-income household in Billings. The US census data lists the population of persons 65 years and over at 16% for

Billings.[21] Since COVID-19 affects older populations more severely, this population may have been more inclined to participate in the survey. Similarly, individuals who are retired or spend more time at home may have been more inclined to complete the survey.

The data indicates the average low-income household of Billings residents is 2.03 individuals. This was calculated by multiplying the number of respondents by the indicated household size (9 was used for the "8+" column) and then dividing that number by the total households. The US census data indicates an average household size of 2.3 individuals for Billings. The average household size as indicated by the survey is below the city average.[21] This could indicate survey respondents represent more single and dual-occupant households than the reported average in Billings.

Responses for household size were directly compared to respondent stress levels. The larger the household size was, the higher the percentage of respondents who indicated higher stress levels due to the pandemic. Higher stress levels were identified by respondents who chose "Higher" to the question "How would you rate your stress levels as a result of the pandemic?" This is summarized in the figure below.
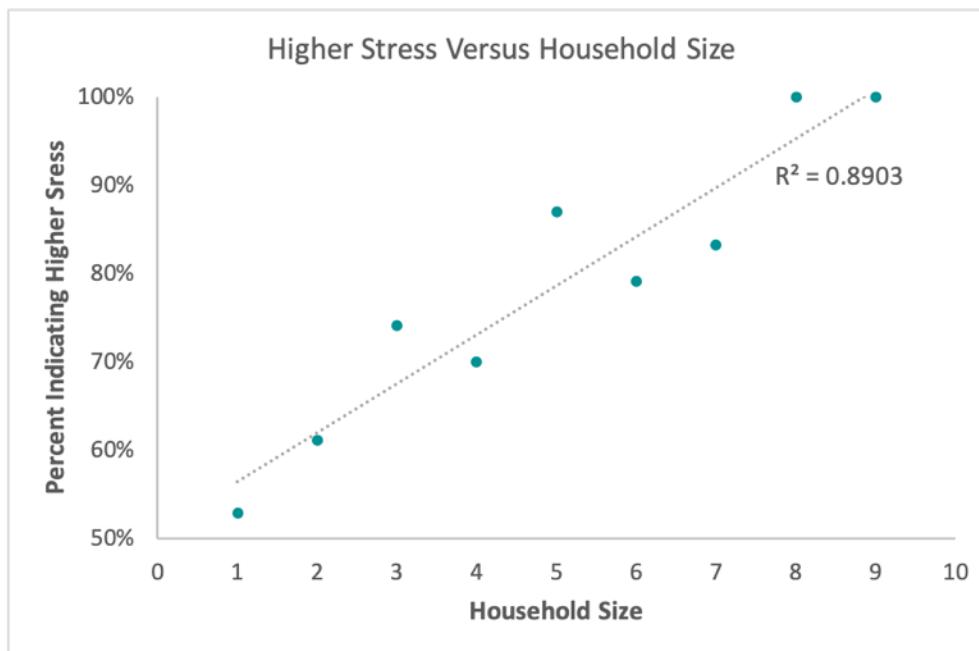

Figure 5.8

Figure 5.8 compares the race/ethnicity percentages for respondents of the Coronavirus Community Member Survey with 2018 US census data for Billings. While survey data is closely aligned with Billings race/ethnicity Census data for 2018, they are not an exact match.

Race/Ethnicity	Coronavirus Community Member Survey Data Percentages	Billings City US Census Data Percentages
White	88.3%	89.7%
Black Or African American	1.2%	0.8%
American Indian Or Alaska Native	5.6%	4.7%
Asian Alone	0.7%	0.7%
Native Hawaiian And Other Pacific Islander	0.7%	0.2%
Two Or More Races	3.6%	3.1%

Figure 5.9   This data is sourced from the US census data on the city of Billings

Of the respondents that reported housing instability, the majority were homeowners. Of the renters reporting housing instability, 80% reported their household income status as "Very Low" or "Extremely Low" in comparison to the 40% of homeowners reporting housing instability within the same income bracket. This indicates the majority of renters who reported housing instability are also on the bottom half of the low-income classification.

Respondent Income Level					
	Extremely Low	Very Low	Moderate - 60%	Moderate - 80%	Total
Homeowner	41	54	86	54	235
Renter	42	38	14	6	100
Total	82	92	100	60	335

Figure 5.10

Although former Montana Governor Steve Bullock and Billings Mayor William Cole issued executive orders placing a moratorium on evictions, it limits the tenant population who are covered by the moratorium. These limitations must be (1) members of a vulnerable population, (2) are sheltering in place, and (3) have experienced financial hardship due to COVID-19.[22] Some tenants who may need help avoiding an eviction will not be able to receive help without proof of this eligibility. Additionally, the same limitations apply to the disconnection of utilities, which could prevent some individuals/families from being protected. Lastly, landlords in Montana are not prohibited from reporting missed or late rent payments to credit agencies.[23] This could cause renters to move out even if they are not ready, or feel an obligation to, causing fear-induced housing instability. Homeowners with federally backed mortgages are protected against foreclosure until February 28, 2021.[24]

Intersection of Community and Service Provider Analytics

Service provider responses show approximately 89% of clients served are low-income. Therefore, response data may offer another perspective on the needs of the community's low-income population while generally reflecting on how the broader community of service providers that serve low-income clients may have been impacted. The following section uses cross-tabulations between the *Coronavirus Community Survey* and the *Service Provider Survey* to illustrate a more comprehensive perspective on how the community has been impacted. The graph below shows averaged reported impacts by category for both community members who responded to the *Coronavirus Community Member Survey* and service providers who responded to the *Service Provider Survey*.
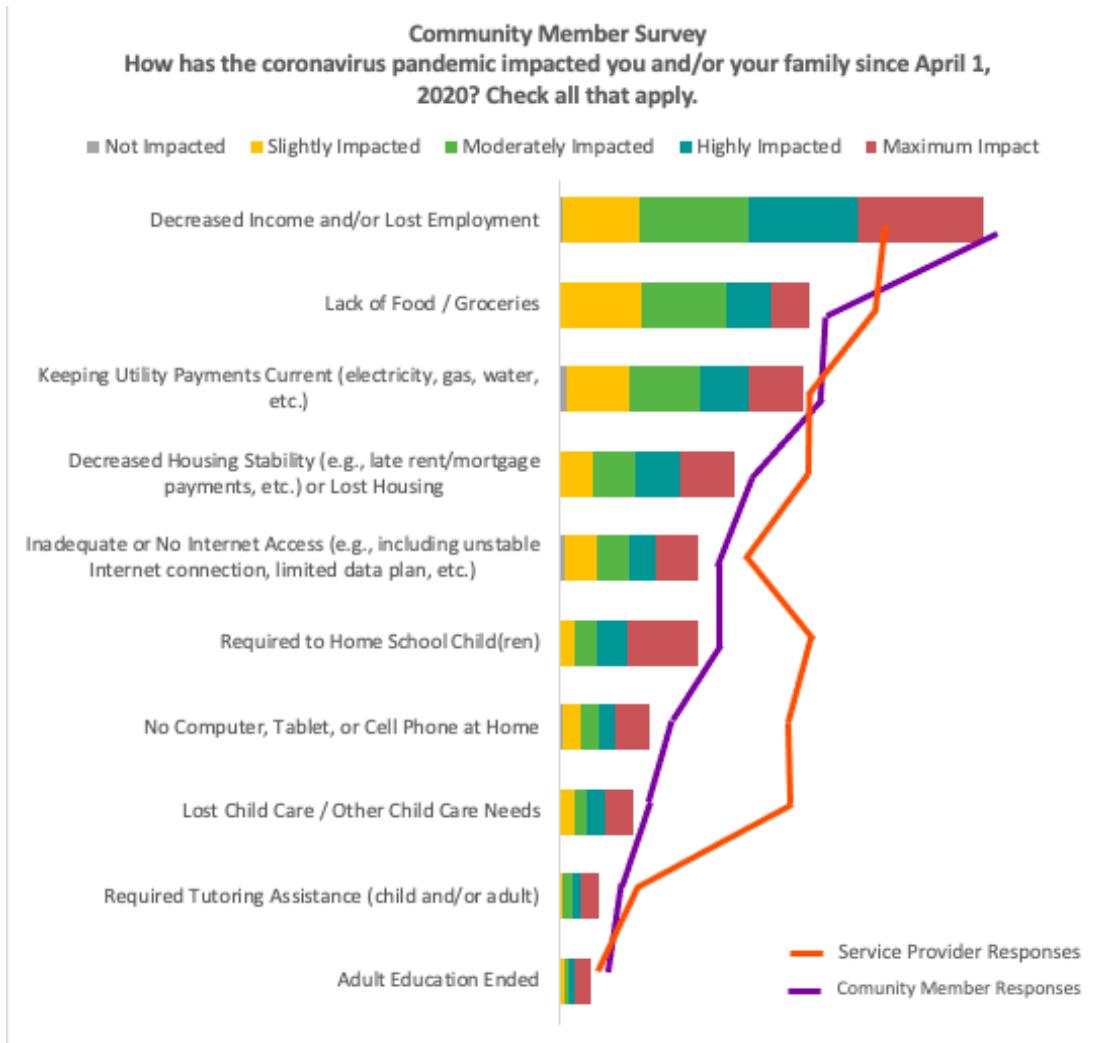

Figure 5.11

On average, service providers reported their clients are experiencing a greater impact from the coronavirus than respondents of the *Coronavirus Community Member Survey* reported. This trend could be attributed to a discrepancy between survey populations – in that the respondents of the *Coronavirus Community Member Survey* do not represent the clientele of service providers.

- 28% of respondents of the *Coronavirus Community Member Survey* reported receiving or applying for some type of public assistance, while all service providers reported their clients have accessed some type of assistance. Community members that seek out public services may be more adversely impacted by the pandemic, in comparison to the respondents who report seeking no public assistance.
- 18% of respondents of the *Coronavirus Community Member Survey* reported having children in the household, which may explain the much greater impact on "Required to Homeschool Child(ren)," "No Computer, Tablet, or Cell Phone at Home," and "Lost Childcare / Other Childcare Needs" that was reported by service providers.

In comparing results from both surveys, data indicates the needs of low-income residents of Billings closely resemble the clients who are being served by service providers. Service provider respondent data show the greatest impacts as revolving around the basic needs of income/employment, shelter, and food. Survey response data also indicates that the ability to provide remote services to their clients is a commonplace issue within local agencies.

- The greatest need amongst service providers was "Client Teleservice Access"
- Nearly half of the responding service providers reported having limited access to "Employee Telework Capacity"
- 54% of service providers have the "Ability to Provide Virtual Services to Clients"
- 36% of service providers report their clientele have reliable internet access

With the Coronavirus Community Member Survey, 28% (409) of the respondents reported having unmet needs regarding "Reliable Internet." According to US census data, 82% of households in Billings had a broadband internet connection through 2018.[21] However, according to analytics from both surveys, service providers may not be consistently able to provide virtual services and/or community members are not able to access them. This could be due to a lack of reliable internet connections, broadband internet network, organizational capacity for virtual services, community members' lack of computers/tablets/cell phones, or other issues.

Problems Encountered – Reasons for Uncertainty

Limitations

There have been several limitations to the study. The ability to retrieve feedback from residents without a home or the population of transient workers was difficult as they never received a water bill with the enclosed *Coronavirus Community Member Survey*. Also, the survey's return envelope was not outfitted with return postage, potentially eliminating responses from households who were unable to provide their own postage. The above limitations may have hindered the ability to gain insight into the experiences of residents who may be most adversely affected by the pandemic. Additionally, some organizations and businesses that served vulnerable populations were unable or unwilling to join in our efforts to distribute surveys to their clients. Consequently, the voices of some low-income populations may have gone unheard and their feedback is not represented in the survey results.

Ambiguity of Survey Questions

The *Coronavirus Community Member Survey* resulted in a 10% response rate, thus meeting the intention of gathering data from a wide-ranging and representative subsection of the Billings community. Even so, the data cannot be wholly conclusive, in that there may be an ambiguity to survey questions that yielded unclear or inconclusive data. Survey questions often asked respondents the degree to which a question is applicable to them, without giving respondents the option of a "Not Applicable" or "Other" category. Without these options, respondents may not have completely identified with an answer choice, thus leaving that question blank or choosing an ill-fitting answer that differed from their actual experience. For example, in response "To what degree do you have a support system in each of the following areas?" (See *page 20*), respondents without children may have been inclined to fill in "No Support," rather than "All Support Needs Met." Similarly, on the question that asks respondents to "Please provide the degree to which you and your family have CURRENT access to the following resources.," respondents who do not require "Translation Services" may have chosen they have "No Access," when in reality, they may have all the access their situation requires and "Have All We/I Need" may have been more applicable (See *page 16*).

There is potential ambiguity in the data involving questions asking respondents to identify their use of public assistance since it cannot be concluded whether or not respondents applied strictly before April 1, 2020, strictly after April 1, 2020, or both. In some scenarios, respondents would report applying for the same forms of public assistance before and after April 1, 2020.

Also, some respondents would indicate that they had not applied for public assistance, but then would check, circle, or write in public assistance they had applied for, rather than selecting the appropriate assistance or the "Other" category.

Discrepancies between the paper survey and the online version resulted in the withholding of reported data analytics from the question, "How has the coronavirus pandemic impacted you and/or your family since April 1, 2020? Check all that apply." The online version of the survey gave respondents the option of rating their impact regarding "Understanding and/or implementing safety recommendations (handwashing, cleaning, food handling, mask wearing, testing, etc.)" while the paper survey did not give this option.

Sociopolitical Influence on Survey Results

The survey data collected from these surveys may have been influenced in part by the sociopolitical climate during the time of distribution and collection. Beyond the fact that this community assessment was carried out so close to an national election, the virus and its subsequent mandates are widely thought to have been over-politized by the American public, health officials, and legislators.[25,26] This is reflected in the large volume of political commentary found in respondent feedback, reflecting views that go beyond the topic of COVID-19 and into the political realm. Political commentary was the second most referenced topic in the question, "What do you believe is the Billings community's greatest need related to the coronavirus pandemic?" and the most referenced topic to the prompt, "Is there anything else you would like to say regarding coronavirus impact(s) or how the Billings community should respond?" (*See pages 33-35*). It is possible the majority of survey respondents identify with political ideals that reflect the seriousness of the pandemic, prompting their participation, while other members of the community, who do not find the pandemic to be as serious, would have chosen not to participate. Because of the politicization of the virus itself, it cannot be concluded that survey responses were collected from an absolutely representative sample of the Billings community.

CONCLUSIONS AND FUTURE DIRECTION

The COVID-19 pandemic has adversely affected millions of people worldwide and hundreds of thousands in our country. As the number of cases continues to rise in Yellowstone County, the results from this community assessment may be used to more effectively guide the response to community needs. Survey data and feedback from 1,464 low-income individuals/households and 26 service providers are summarized and displayed throughout this report. This data and information is intended to be used to inform recommendations on the use of CDBG-CV funding allocations to the City of Billings to prepare for, prevent, and respond to the COVID-19 pandemic. Given the feedback provided by community members and service providers, it is recommended that CDBG-CV funds be used to address the following basic needs and service gaps:

Social Service Agency Identified Needs
- Increase the capacity to provide virtual services to clients (very high need).
- Increase telework capacity to enable agency employees to work from home (high need).
- Enhance the ability of facilities to support social distancing (moderate need).

Community Identified Needs
- Create job opportunities
- Increase food security
- Increase access to utility payment assistance
- Increase computer and internet access
- Increase access to mental health care services
- Expand housing options

Data trends suggest low-income Billings residents are unaware of the resources available to them. It is therefore recommended that public awareness of employment opportunities and housing stability resources are developed for multiple mediums, going above and beyond outreach that requires technology and access to internet. It is also recommended that community infrastructure improvements and other options be pursued to increase access to online resources, services, and support.

Access to food and groceries may have been restricted due to fear of shopping, lack of available access, decreased income and more pandemic related causes. In light of the current situation, residents of Billings may require novel ways to access and acquire food. Therefore, data trends

suggest that new and innovative ways to address food security be implemented to assist in meeting the nutritional needs of residents.

The pandemic continues to transform almost all aspects of normalcy – resulting in profound experiences of loss, fear, stress, and isolation. Concurrent with survey results regarding stress levels and access to mental healthcare, mental health needs of the public should also be addressed and supported throughout Billings through increased access to care and innovative ways of attending to vulnerable residents.

Subsequent research in the form of a longitudinal study may be helpful to understand how the coronavirus pandemic continues to affect Billings' population. Additional studies could be designed to gather more representative data that reflects differing subsections of the Billings community – whether that be parents with school-aged children, the homeless, or the elderly. Limited data on successful interventions and preparative strategies is available because of the novelty of the pandemic, but research into the types of community response and their efficacy in the coming months may provide valuable insight into subsequent project efforts.

APPENDIX A

This section contains questions from the *Coronavirus Community Member Survey* and corresponding graphs of relevant data for **all survey respondents**, regardless of income status and reported place of residence. That is, respondent data included in this section does not exclusively pertain to low-income Billings residents, but rather all survey respondents. Separate appendices contain every comment from the *Coronavirus Community Member Survey* and *Service Provider Survey* and can be viewed upon request. Contact the City of Billings Community Development Division for copies of the additional appendices.

Coronavirus Survey

CITY OF Billings

Background: The City of Billings will receive Coronavirus Aid, Relief, and Economic Security (CARES) Act funding to support individuals and families in Billings. Activities must exclusively support coronavirus and other infectious disease response, primarily benefit low-income individuals and families, and not duplicate local, state, or federal service or support. This survey was designed to gather data to help determine priorities before allocating funding for a coordinated coronavirus / infectious disease response within the Billings community.

Please complete this survey by September 30, 2020.

You may either complete this paper survey and return it via US mail, complete the survey online at ***https://www.surveymonkey.com/r/COB-Coronavirus-Survey*** or by clicking the survey link at ***www.Billingsmt.gov/comdev***, or scan the QR code at right to complete the online survey on a smartphone or tablet. If you need assistance, please contact the City of Billings Community Development Division at (406) 657-8284.

1. How has the coronavirus pandemic impacted you and/or your family since <u>April 1, 2020</u>, and to what degree? Check all that apply.

For each impact checked below, provide the level you and/or your family were/are impacted (0=Not Impacted; 1=Slightly Impacted; 2=Moderately Impacted; 3=Highly Impacted; 4=Maximum Impact)	Level of Impact				
	0	**1**	**2**	**3**	**4**
☐ Decreased Income If yes, job title or job type _____					
☐ Loss of Employment If yes, job title or job type _____					
☐ Decreased Housing Stability (e.g., late rent/mortgage payments, etc.) If yes, are you a: ☐ Homeowner or ☐ Renter					
☐ Lost Housing If yes, were you a: ☐ Homeowner or ☐ Renter					
☐ Keeping Utility Payments Current (e.g., electricity, gas, water, etc.)					
☐ Lack of Food / Groceries					
☐ Lost Child Care / Other Child Care Needs					
☐ Required to Home School Children					
☐ Required Tutoring Assistance (child or adult)					
☐ Adult Education Ended					
☐ Inadequate or No Internet Access (e.g., no Internet connection, unstable Internet connection, limited data plan, etc.)					
☐ No Home Computer, Tablet, or Cell Phone					
☐ Other _____					

2. To what degree do you have a support system for each of the following areas?

For each area below, provide the degree to which you have a support system in place (0=No Support; 2=Minimal Support; 2=Some Support; 3=Good, but not enough Support; 4=Very Good Support; 5=All My Support Needs are Met)	Level of Impact					
	0	**1**	**2**	**3**	**4**	**5**
To help you in case of an emergency						
To help with daily activities						
To help you with your children						
To help you take a break						

Other _____			

3. How would you rate your stress level as a result of the coronavirus pandemic?	Lower	Higher	Same
Is your stress lower, higher or about the same (as is typical for you)?			

4. Do you know about the following resources available through the State of Montana?
More information available at: *https://commerce.mt.gov/Montana-Coronavirus-Relief*,
https://www.covidreliefmt.org/submit, and *https://dphhs.mt.gov/aboutus/news/2020/bullockannouncesgrants*

For each item below, provide the degree to which you are aware of the following resources (0=No Knowledge; 1=Some Knowledge; 2=Using the Resource/Grant)	Degree of Awareness		
	0	1	2
Emergency Housing Assistance Program			
Stay Connected Grant			
Food Bank and Food Pantry Assistance			
Rental Housing Programs			
Affordable Apartment Search (*http://mthousingsearch.com/*)			
Telework Assistance Grant			
Other _____			

5. Please provide the degree to which you and your family have _CURRENT_ access to the following resources.

0=Have None; 1=Minimal Access; 2=Moderate Access; 3=More, but not enough; 4=Have All I/We Need	Degree of Current Access				
	0	1	2	3	4
Hand Soap					
Face Mask(s)					
Hand Sanitizer					
Disinfecting / Sanitizing Wipes					
Health Care					
Mental Health Care					
Transportation					
Reliable Home Internet Access					
Translation Services					
Other (please specify resource and current access level): _____					

6. Did anyone in your household, receive public assistance _BEFORE_ to April 1, 2020?	☐ Yes	☐ No

If yes, please check all the public assistance you, or anyone in your household, received **PRIOR** to April 1, 2020

- ☐ Did not receive public assistance
- ☐ Unemployment
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Social Security Disability (SSDI)
- ☐ Supplemental Social Security (SSI)
- ☐ Health Insurance Assistance (Medicaid, Medicare)

- ☐ Food Pantry / Food Bank
- ☐ Utility Assistance (e.g., electricity, gas, water, etc.)
- ☐ Veterans Benefits
- ☐ Other Assistance (please list): _____

- ☐ Prefer not to answer

7. Did you or anyone in your household apply for public assistance *AFTER* April 1, 2020? If yes, what is the status of your application?	☐ Yes ☐ No

If yes, please check all the public assistance you, or anyone in your household, applied for *AFTER* to April 1, 2020, and indicate the current status of each application.

- ☐ Did not apply for public assistance
- ☐ Unemployment — ☐ Approved ☐ Denied ☐ Pending
- ☐ Supplemental Nutrition Assistance Program (SNAP) — ☐ Approved ☐ Denied ☐ Pending
- ☐ Temporary Assistance for Needy Families (TANF) — ☐ Approved ☐ Denied ☐ Pending
- ☐ Social Security Disability (SSDI) — ☐ Approved ☐ Denied ☐ Pending
- ☐ Supplemental Social Security (SSI) — ☐ Approved ☐ Denied ☐ Pending
- ☐ Health Insurance Assistance (Medicaid, Medicare) — ☐ Approved ☐ Denied ☐ Pending
- ☐ Food Pantry / Food Bank — ☐ Approved ☐ Denied ☐ Pending
- ☐ Utility Assistance (e.g., electricity, gas, water, etc.) — ☐ Approved ☐ Denied ☐ Pending
- ☐ Veterans Benefits — ☐ Approved ☐ Denied ☐ Pending
- ☐ Other Assistance (please list): — ☐ Approved ☐ Denied ☐ Pending
  - _____ — ☐ Approved ☐ Denied ☐ Pending
  - _____ — ☐ Approved ☐ Denied ☐ Pending
- ☐ Prefer not to answer

8. *CURRENT* Household Members:

Mark an "X" under the number of *CURRENT* household members in each category below.	0	1	2	3	4	5	6	7	8	8+
TOTAL Number of people living in your household										
# Household members under the age of 18										
# Household members age 62 or older										
# Disabled household members										
# Vulnerable household members (e.g., impaired immune system)										

9. Did your household makeup change *AFTER* April 1, 2020?:	☐ Yes ☐ No

10. If your household makeup changed *AFTER* April 1, 2020, how did it change? (e.g., increased or decreased total household members, # under 18, # 62 or older, # disabled, # vulnerable, etc.)	

11. Please share the race / ethnicity with which you and your household members identify.
Select all that apply, fill in the total number in each race, and note how many of each are Hispanic or Latino.

White	How many? _____	How many Hispanic or Latino? _____
Black or African American	How many? _____	How many Hispanic or Latino? _____
American Indian or Alaska Native	How many? _____	How many Hispanic or Latino? _____

Asian alone	How many? _____	How many Hispanic or Latino? _____
Native Hawaiian and Other Pacific Islander	How many? _____	How many Hispanic or Latino? _____
Two or more races	How many? _____	How many Hispanic or Latino? _____
Other _____	How many? _____	How many Hispanic or Latino? _____
Other _____	How many? _____	How many Hispanic or Latino? _____

12. Are you a single head of household? Defined as a single individual in one family setting who provides actual support and maintenance to one or more individuals who are related to him or her through adoption, blood, or marriage.	☐ Yes	☐ No
13. Are you, or any member of your household, a veteran or active duty military?	☐ Yes	☐ No

14. Please check the box next to your household's current gross income status according to the table below. **DIRECTIONS:** Calculate your household's combined gross income (before taxes are withheld), including all household members over the age of 18. Determine which column your household income falls within (Extremely Low, Very Low, Moderate-60%, Moderate-80%, or Not Low Income). If you are between columns, choose the higher column. Then check the corresponding box at right ☐	☐ Extremely Low ☐ Very Low ☐ Moderate-60% ☐ Moderate-80% ☐ Not Low Income

Household Size (# Household Members)	Extremely Low	Very Low	Moderate - 60%	Moderate - 80%	Not Low Income
1	$16,100	$26,850	$32,220	$42,950	$42,951+
2	$18,400	$30,650	$36,780	$49,050	$49,050+
3	$20,700	$34,500	$41,400	$55,200	$55,200+
4	$23,00	$38,300	$45,960	$61,300	$61,300+
5	$24,850	$41,400	$49,680	$66,250	$66,250+
6	$26,700	$44,450	$53,340	$71,150	$71,150+
7	$28,550	$47,500	$57,000	$76,050	$76,050+
8	$30,400	$50,600	$60,720	$80,950	$80,950

15. Do you reside within the Billings city limits?	☐ Yes	☐ No

16. What is your household's greatest need relative to the coronavirus pandemic?

17. What do you believe is the community's greatest need related to the coronavirus pandemic?

18. Is there anything else you would like to say regarding coronavirus / infectious disease impact(s)?

Thank you for responding to this survey. The information you have provided will be used to help us identify community coronavirus / infectious disease response priorities before allocating funding for a coordinated coronavirus / infectious disease response within the Billings community. Please mail this completed survey to: **Survey Response**
Community Development Division
2825 3rd Ave. N, Suite 610
Billings, MT 59101

Service Providers Survey

Background: The City of Billings will receive Coronavirus Aid, Relief, and Economic Security (CARES) Act funding to support individuals and families in Billings. Activities must exclusively support coronavirus response, primarily benefit low-income individuals and families, and not duplicate local, state, or federal service or support. This survey was designed to gather data to help determine priorities before allocating funding for a coordinated coronavirus response within the Billings community.

Please complete this survey by September 30, 2020.

You may either complete this paper survey and return it by US mail, complete the survey online at https://www.surveymonkey.com/r/COB-Provider-Survey, by clicking the link at www.billingsmt.gov/comdev, or scan the QR code at right to complete the online survey on a smartphone or tablet. If you need assistance, please contact the City of Billings Community Development Division at (406) 657-8284.

1. **How many clients, on average, does your organization serve each month?** Check all that apply **_AND_** fill in the total number of clients served **_AND_** the number of those clients who are low-income.

☐ Individuals	Total # served per month _____	# of low-income served per month _____
☐ Families with Children	Total # served per month _____	# of low-income served per month _____
☐ Veteran / Active Military	Total # served per month _____	# of low-income served per month _____
☐ Elderly / Frail Elderly	Total # served per month _____	# of low-income served per month _____
☐ Disabled	Total # served per month _____	# of low-income served per month _____
☐ Addicted Persons	Total # served per month _____	# of low-income served per month _____
☐ HIV / AIDS	Total # served per month _____	# of low-income served per month _____
☐ Homeless	Total # served per month _____	# of low-income served per month _____
☐ Survivors of Domestic Violence	Total # served per month _____	# of low-income served per month _____
☐ Other _____	Total # served per month _____	# of low-income served per month _____
☐ Other _____	Total # served per month _____	# of low-income served per month _____
☐ Other _____	Total # served per month _____	# of low-income served per month _____

2. Please select all the resources / services to which your *AGENCY AND ITS STAFF / EMPLOYEES* have *CURRENT* **access.** Check all that apply.

For each resource / service checked below, provide the level at which your agency can provide to **staff / employees** with **_CURRENT_** **resources**. (0 = Have None; 1 = Minimal Provided; 2 = Moderately Provided; 3 = Can Meet Most Needs; 4 = Able to Meet All Needs)	Agency Degree of Access				
	0	1	2	3	4
☐ Face Masks					
☐ Hand Soap					
☐ Hand Sanitizer					
☐ Staff Training: Exposure Prevention					
☐ Cleaning Supplies, including Disinfecting/Sanitizing Wipes					
☐ Employee Telework Capacity					

	Degree				
☐ Ability to Provide Virtual Services to Clients					
☐ Facility Able to Support Social Distancing					
☐ Other _____					
☐ Other _____					
☐ Other _____					

3. Which of the following items / services do your _CLIENTS_ have _CURRENT_ access and to what degree do they have access? Check all that apply.

For each item checked below, provide the degree to which your _CLIENTS_ have access (0 = No Access; 1 = Minimal Access; 2 = Moderate Access; 3 = More Access, But Not Enough; 4 = Full Access)	Degree of Client Access				
	0	1	2	3	4
☐ Face Masks					
☐ Hand Soap					
☐ Hand Sanitizer					
☐ Cleaning Supplies, including Disinfecting/Sanitizing Wipes					
☐ Health Care					
☐ Mental Health Care					
☐ Transportation					
☐ Reliable Internet Access					
☐ Translation Services					
☐ Other _____					
☐ Other _____					
☐ Other _____					

4. How has the coronavirus pandemic impacted your _CLIENTS_ since April 1, 2020, and to what degree? Check all that apply.

For each impact checked below, provide the level at which your _CLIENTS_ were/are impacted (0 = Not Impacted; 1 = Slightly Impacted; 2 = Moderately Impacted; 3 = Highly Impacted; 4 = Maximum Impact)	Degree Clients Impacted				
	0	1	2	3	4
☐ Our Clients Have NOT Been Impacted					
☐ Decreased Income					
☐ Loss of Employment					
☐ Decreased Housing Stability (i.e., late rent/mortgage payments, etc.)					
☐ Lost Housing					
☐ Keeping Utility Payments Current (e.g., electricity, gas, water, etc.)					
☐ Decreased Food Security (i.e., lack of food / groceries)					
☐ Lost Child Care / Other Child Care Needs					
☐ Required to Home School Child(ren)					
☐ Required Tutoring Assistance (adult and/or child)					
☐ Adult Education Ended					

☐ Inadequate or No Internet Access (e.g., no Internet connection, unstable Internet connection, limited data plan, etc.)					
☐ No Home Computer, Tablet, Cell Phone, etc.					
☐ Other _____					
☐ Other _____					
☐ Other _____					

5. Indicate your agency's awareness of the following resources / grant opportunities through the State of Montana More information available at: https://commerce.mt.gov/Montana-Coronavirus-Relief, https://www.covidreliefmt.org/submit, and https://dphhs.mt.gov/aboutus/news/2020/bullockannouncesgrants)

For each item below, provide the degree to which your organization is aware (1 = No Knowledge; 2 = Some Knowledge; 3 = Using the Resource / Grant)	Degree of Agency Awareness		
	1	2	3
Emergency Housing Assistance Program			
Public Health Grants			
Stay Connected Grants			
Food Bank and Food Pantry Assistance			
Social Services Nonprofit Grant			
Behavioral Health Grants			
School Funding for Pandemic Related Impacts			
Business Stabilization Grant			
Business Adaptability Grant			
Montana Innovation Grant Program			
Montana Agriculture Adaptability Program			
Other _____			
Other _____			

6. Please rank the following organizational needs as they relate to the coronavirus pandemic and your organization. (1 = Lowest Need; 10 = Greatest Need)

Rank	
	Staff Training
	Cleaning Supplies
	Personal Protective Equipment (PPE)
	Work From Home Resources
	Facility Supports Social Distancing
	Flexible Scheduling
	Client Teleservice Access to Services
	Other _____
	Other _____
	Other _____

7. Please share what you believe are our *COMMUNITY'S* greatest coronavirus response needs?
#1 Need:
#2 Need:
#3 Need:
#4 Need:
#5 Need:

Thank you for responding to this survey. The information you have provided will be used to help identify community coronavirus response priorities.

Please mail this completed survey to:

Survey Response
Community Development Division
2825 3rd Ave. N, Suite 610
Billings, MT 59101

Q1. How has the coronavirus pandemic impacted you and/or your family since April 1, 2020? Check all that apply.

Q1. How has the coronavirus pandemic impacted you and/or your family since April 1, 2020? Check all that apply.
(3,512 Responses)

| Impact	Count	Percent
No Impacts	1,820	52%
Decreased Income and/or Lost Employment	498	28%
Required to Home School Child(ren)	480	14%
Lack of Food / Groceries	472	13%
Keeping Utility Payments Current (electricity, gas, water, etc.)	377	11%
Inadequate or No Internet Access (e.g., including unstable...)	303	9%
Decreased Housing Stability (e.g., late rent/mortgage...)	296	8%
Other (please specify)	222	6%
Lost Child Care / Other Child Care Needs	215	6%
Understanding and/or implementing safety...	198	6%
No Computer, Tablet, or Cell Phone at Home	153	4%
Required Tutoring Assistance (child and/or adult)	109	3%
Adult Education Ended	62	2%

Percent of Responses

Figure 6.1

Q2. To what degree were/are you and or your family impacted by the following?

Q2. To what degree were/are you and or your family impacted by the following? (1,695 Respondents)					
	Not Impacted	Slightly Impacted	Moderately Impacted	Highly Impacted	Maximum Impact	Total Number of Respondents
Decreased Income and/or Lost Employment	10	260	290	236	194	990
Required to Home School Child(ren)	5	56	121	117	180	479
Lack of Food / Groceries	5	190	149	73	52	469
Keeping Utility Payments Current (electricity, gas, water, etc.)	17	105	115	67	73	377
Inadequate or No Internet Access (e.g., including unstable Internet connection, limited data plan, etc.)	10	87	91	47	65	300
Decreased Housing Stability (e.g., late rent/mortgage payments, etc.) or Lost Housing	6	72	79	65	74	296
Lost Child Care / Other Child Care Needs	5	37	55	59	58	214
Understanding and/or implementing safety recommendations (handwashing, cleaning, food handling, mask wearing, testing, etc.)	5	56	63	49	22	195
No Computer, Tablet, or Cell Phone at Home	8	40	32	26	47	153
Required Tutoring Assistance (child and/or adult)	0	21	30	21	36	108
Other (please specify impact type and level of impact)						96
Adult Education Ended	2	12	12	10	26	62

Figure 6.2

**Q3. If you lost income, or lost your job, what is/was your job title or job type?**
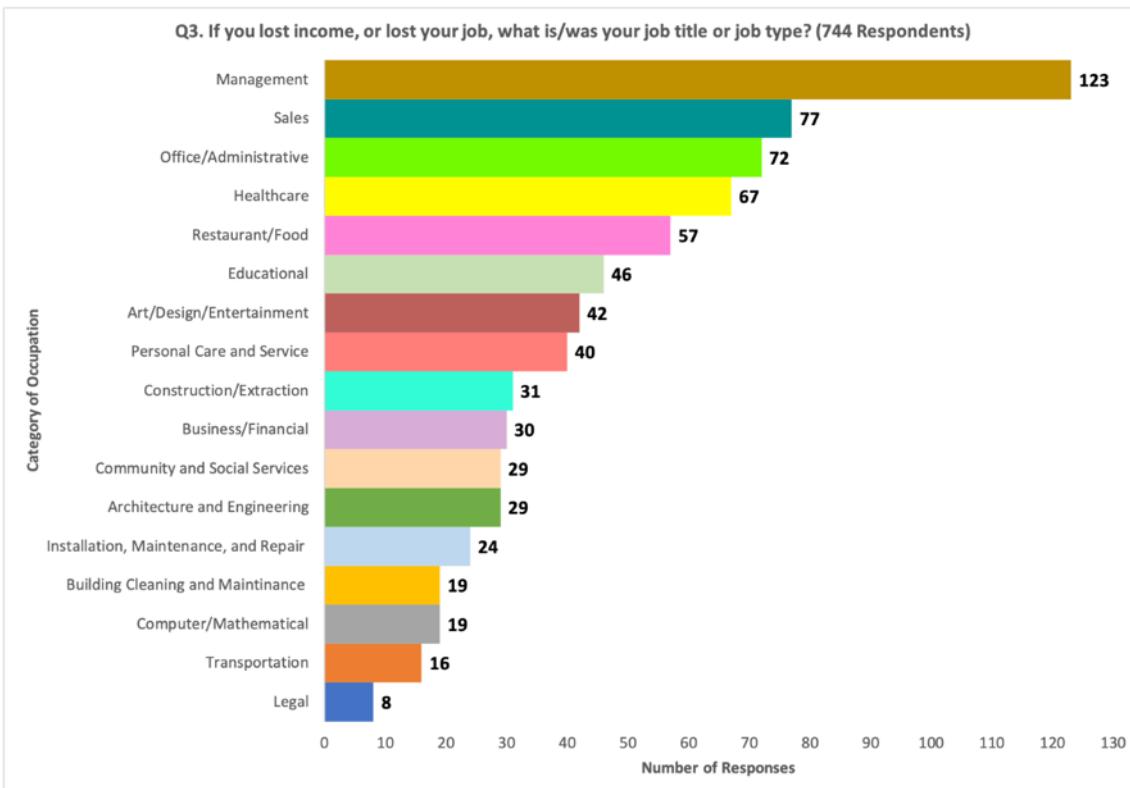
Figure 6.3

Q4. If you lost housing, or experienced decreased housing stability (late rent or mortgage payments), are you a: homeowner, renter, does not apply to me or my family.
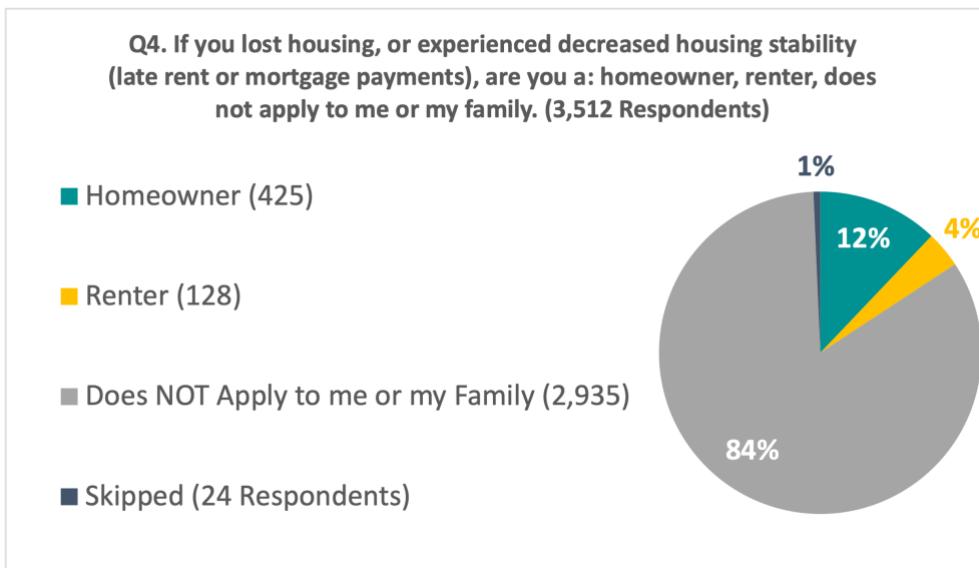
Figure 6.4

Q5. To what degree do you have a support system in each of the following areas?

Q5. To what degree do you have a support system in each of the following areas? (3,473 Respondents)														
	No Support		Minimal Support		Some Support		Good, Not Enough		Very Good Support		All Needs Met		No Response		Total # of Respondents
Take a Break	757	22%	231	7%	237	7%	217	6%	393	11%	1153	33%	485	14%	2,988
Children	787	23%	141	4%	135	4%	123	4%	271	8%	1013	29%	1003	29%	2,470
Daily Activities	600	17%	277	8%	313	9%	269	8%	564	16%	1318	38%	132	4%	3,341
Emergency	382	11%	237	7%	384	11%	341	10%	719	21%	1397	40%	13	0%	3,460

Figure 6.5
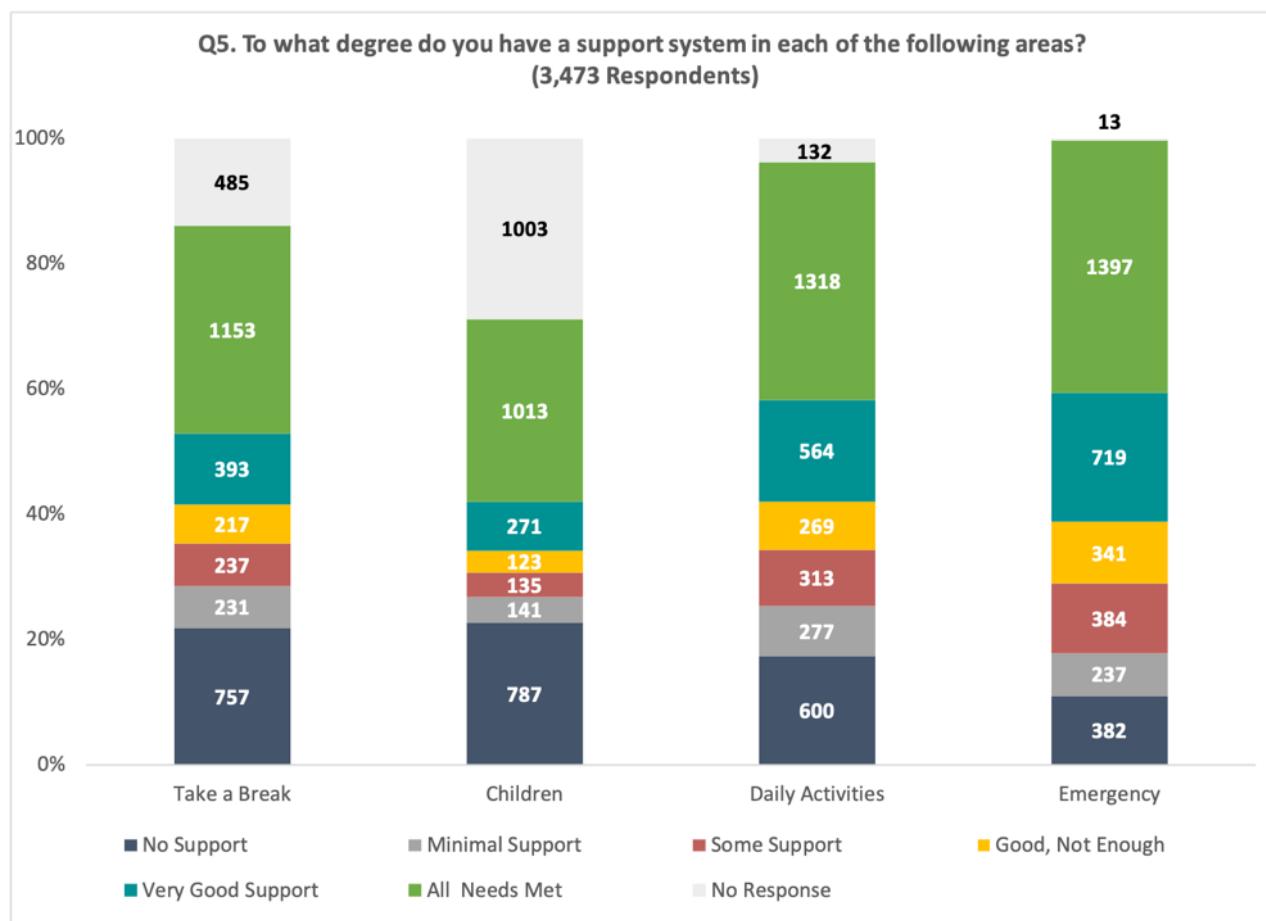
Figure 6.6

Q6. How would you rate your stress level as a result of the coronavirus pandemic?
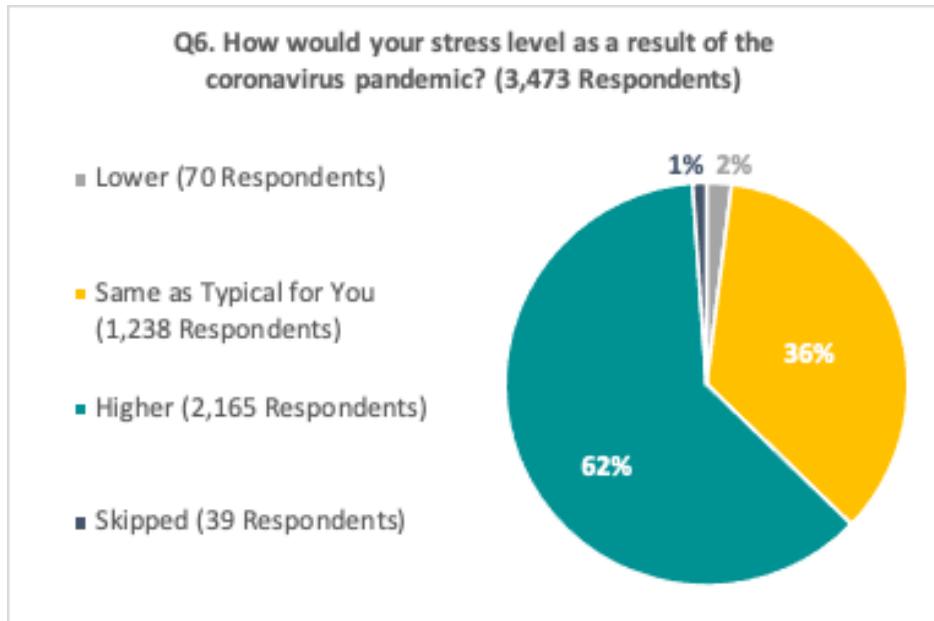
Figure 6.7

Q7. How aware are you of the following resources available through the State of Montana?

Q7. How aware are you of the following resources available through the State of Montana?								
	No Knowledge		Some Knowledge		Using the Resource		No Response		Total # of Responses
Telework Assistance Grant	81%	2,711	16%	538	3%	89	4%	124	3,338
Stay Connected Grant	79%	2,661	18%	623	3%	103	2%	75	3,387
Affordable Apartment Search	73%	2,446	23%	761	4%	132	4%	123	3,339
Rental Housing Programs	62%	2,085	33%	1,073	6%	190	3%	114	3,348
Emergency Housing Assistance Program	57%	1,974	37%	1,284	5%	181	1%	23	3,439
Food Bank and Food Pantry Assistance	32%	1,098	54%	1,846	14%	466	2%	52	3,410

Figure 6.8

Q8. Please provide the degree to which you and your family have CURRENT access to the following resources.

Q8. Please provide the degree to which you and your family have CURRENT access to the following resources.													Total
	Have None		Minimal Access		Moderate Access		More, but not enough		Have All I/We Need		No Response		
Disinfecting / Sanitizing Wipes	234	7%	297	9%	338	10%	364	11%	2192	63%	29	1%	3425
Mental Health Care	264	8%	150	4%	222	6%	243	7%	2437	71%	138	4%	3316
Translation Services	702	20%	26	1%	53	2%	36	1%	1719	50%	918	27%	2536
Hand Sanitizer	98	3%	133	4%	230	7%	297	9%	2676	77%	20	1%	3434
Reliable Internet Access	203	6%	72	2%	149	4%	227	7%	2724	79%	79	2%	3375
Health Care	81	2%	75	2%	178	5%	273	8%	2811	81%	36	1%	3418
Face Mask(s)	71	2%	93	3%	163	5%	240	7%	2865	83%	22	1%	3432
Hand Soap	47	1%	44	1%	134	4%	173	5%	3056	88%	0	0%	3454
Transportation	74	2%	54	2%	120	3%	129	4%	3033	88%	44	1%	3410
Other (please specify resource and current access level)													44

Figure 6.9

Q9. Did you, or anyone in your household, receive public assistance BEFORE April 1, 2020? Check all that apply

Figure 6.10

Q9. Did you, or anyone in your household, receive public assistance BEFORE April 1, 2020? Check all that apply. (714 Respondents)

| Category	Number of Respondents
Health Insurance Assistance (Medicaid, Medicare)	509
Supplemental Nutrition Assistance Program (SNAP)	167
Supplemental Social Security (SSI)	138
Social Security Disability (SSDI)	126
Unemployment	104
Veteran's Benefits	100
Energy Assistance	77
Food Pantry / Food Bank	75
Other Assistance (please list)	46
Prefer not to Answer	27
Temporary Assistance for Needy Families (TANF)	11

Figure 6.11

Q10. Did you, or anyone in your household, apply for public assistance AFTER April 1, 2020?

Q10. Did you, or anyone in your household, receive public assistance AFTER April 1, 2020? Check all that apply. (3,541 Respondents)

- Applied for Public Assistance (317 Respondents) — 22%
- Did NOT Apply for Public Assistance (1,132 Respondents) — 77%
- Skip / Prefer not to Answer (15 Respondents) — 1%
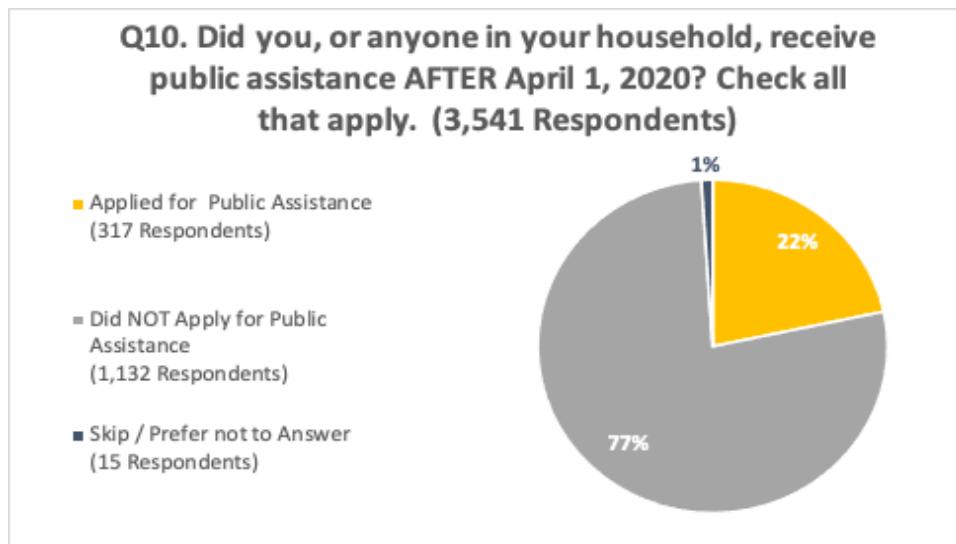
Figure 6.12

**Q10. Did you, or anyone in your household, apply for public assistance AFTER April 1, 2020? (487 Respondents)**

Category	Value
Unemployment	359
Health Insurance Assistance (Medicaid,…	117
Supplemental Nutrition Assistance…	101
No Response	61
Food Pantry / Food Bank	53
Energy Assistance	41
Social Security Disability (SSDI)	40
Supplemental Social Security (SSI)	39
Other Assistance (please list)	38
Veteran's Benefits	29
Prefer not to Answer	27
Temporary Assistance for Needy Families…	20

Figure 6.13

Q9/Q10. Comparison of Public Assistance Use

Category	BEFORE April 1, 2020	AFTER April 1, 2020
Health Insurance Assistance (Medicaid, Medicare)	509	117
Unemployment	104	359
Supplemental Nutrition Assistance Program (SNAP)	167	101
Supplemental Social Security (SSI)	138	39
Social Security Disability (SSDI)	126	40
Veteran's Benefits	100	29
Food Pantry / Food Bank	75	53
Energy Assistance	77	41
Other Assistance (please list)	46	38
Prefer not to Answer	27	27
Temporary Assistance for Needy Families (TANF)	11	20

■ BEFORE April 1, 2020   ■ AFTER April 1, 2020

Figure 6.14

Q11. What is the current status of your application(s)?

Q11. What is the current status of your application(s)? (534 Respondents)

	Approved	Pending	Denied
Unemployment	76% (286)	13% (45)	11% (40)
Health Insurance Assistance (Medicaid, Medicare)	77% (88)	16% (18)	8% (9)
Supplemental Nutrition Assistance Program	53% (53)	25% (25)	22% (22)
Food Pantry/Food Bank	75% (39)	12% (6)	14% (7)
Energy Assistance	49% (20)	34% (14)	17% (7)
Social Security Disability (SSDI)	50% (28)	32% (7)	18% (4)
Supplemental Social Security (SSI)	72% (19)	18% (12)	10% (7)
Other Assistance (please list)	70% (26)	24% (9)	5% (2)
Veteran's Benefits	66% (19)	31% (9)	4% (1)

Figure 6.15

Q12. Please share the following information about CURRENT household members.

Q12. Please share the following information about CURRENT household members. (3,440 Respondents)

- 1 (931 respondents) — 27%
- 2 (1,551 respondents) — 45%
- 3 (392 respondents) — 12%
- 4 (328 respondents) — 10%
- 5+ People (respondents) — 6%

Figure 6.16

Figure 6.17

**Q13. Did your total household members, or household makeup, change AFTER April 1, 2020?**
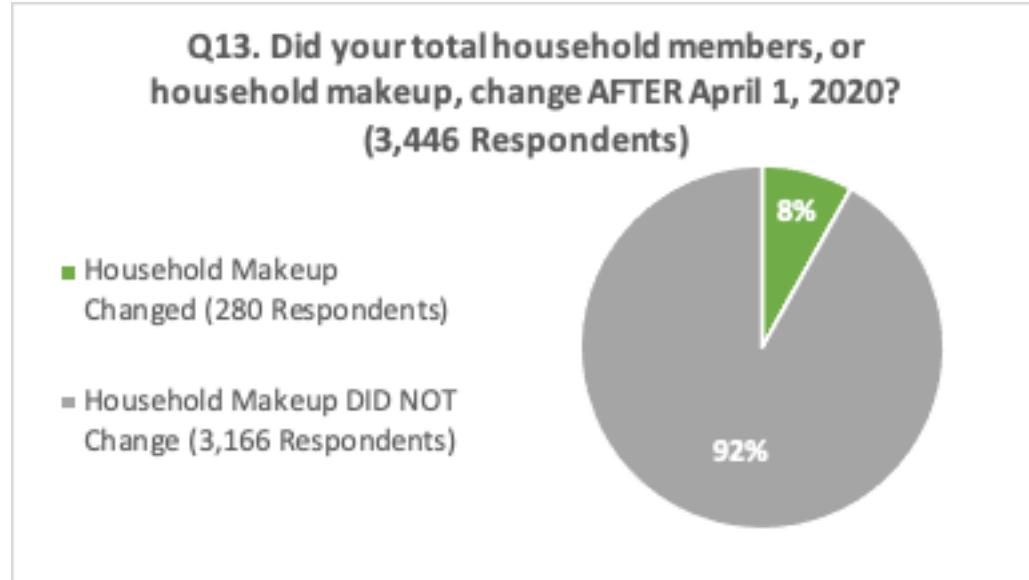
Figure 6.18

Q14. Please share the race / ethnicity with which you and your household members identify. Please select the number of household members in each race(s) line AND select yes or no within the Hispanic or Latino column.

Q14. Please share the race / ethnicity with which you and your household members identify. Please select the number of household members in each race(s) line. (3,404 respondents)													
	1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*8+*	Total References		Total People	
White	967	1,436	354	288	103	48	12	2	1	3,211	91%	6,965	92%
Black or African American	19	7	3	1	1	1	0	0	0	32	1%	57	1%
American Indian or Alaska Native	78	19	15	7	5	2	1	2	1	130	4%	258	3%
Asian Alone	16	7	3	1	1	0	0	0	0	28	1%	48	1%
Native Hawaiian and Other Pacific Islander	7	3	2	1	0	0	0	0	1	14	0%	32	0%
Two or more races	42	26	6	7	5	2	0	0	2	90	3%	196	3%
Other										41	1%		1%
									Total	3,546		7,555	

Figure 6.19

Q14. Number of Respondents Indicating Hispanic / Latino		
	Hispanic / Latino	
White	90	3%
Black or African American	3	9%
American Indian or Alaska Native	14	11%
Asian Alone	6	21%
Native Hawaiian and Other Pacific Islander	6	43%
Two or more races	22	24%

Figure 6.20

Q15. Are you a single head of household? Defined as a single individual in one family setting who provides actual support and maintenance to one or more individuals who are related to him or her through adoption, blood, or marriage.
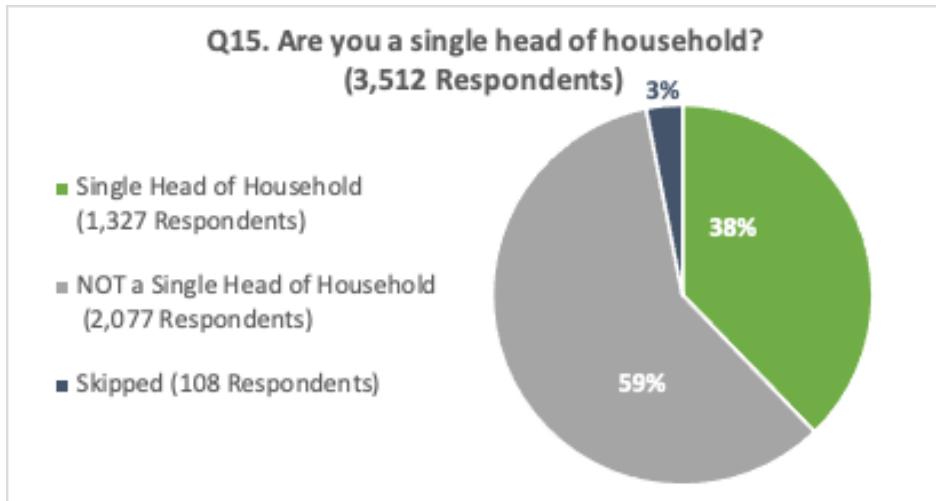

Figure 6.21

**Q16. Are you, or any member of your household, a veteran or active duty military?**
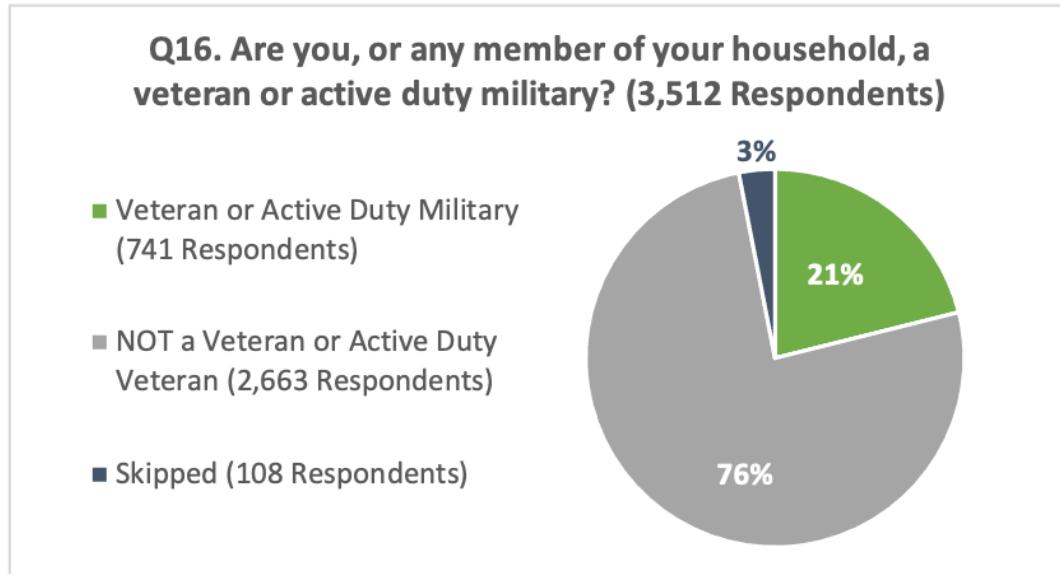
Figure 6.22

Q17. What is your income level? See chart and instructions.

Household Size (# household members)	Extremely Low	Very Low	Moderate – 60%	Moderate – 80%	Not Low Income
1	$16,100	$26,850	$32,220	$42,950	$42,951+
2	$18,400	$30,650	$36,780	$49,050	$49,051+
3	$20,700	$34,500	$41,400	$55,200	$55,201+
4	$23,00	$38,300	$45,960	$61,300	$61,301+
5	$24,850	$41,400	$49,680	$66,250	$66,251+
6	$26,700	$44,450	$53,340	$71,150	$71,151+
7	$28,550	$47,500	$57,000	$76,050	$76,051+
8	$30,400	$50,600	$60,720	$80,950	$80,951+

Figure 6.23

Figure 6.24

Q17. What is your income level? See chart and instructions above.
**(3,404 Responses)**

- Low Income (1,526 respondents)
- Not Low Income (1,878 respondents)
- Skipped (108 respondents)

3%,
43%
54%
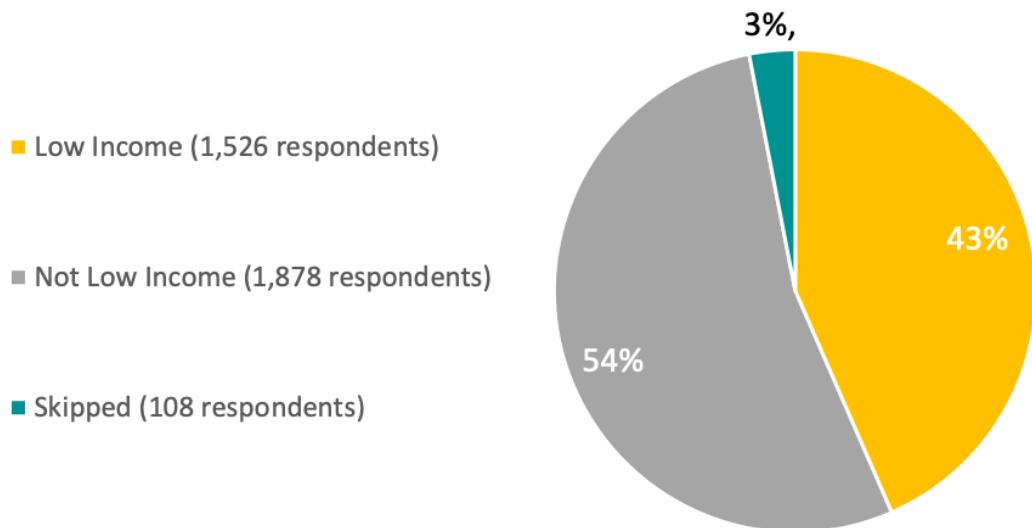
Figure 6.25

Q18. Do you reside within the Billings city limits?

Q18. Do you reside within the Billings city limits?
(3,512 Respondents)

5% 3%

- Yes
  (3,227 Respondents)
- No
  (164 Respondents)
- Skip / No Repsonse
  (121 Respondents)

92%
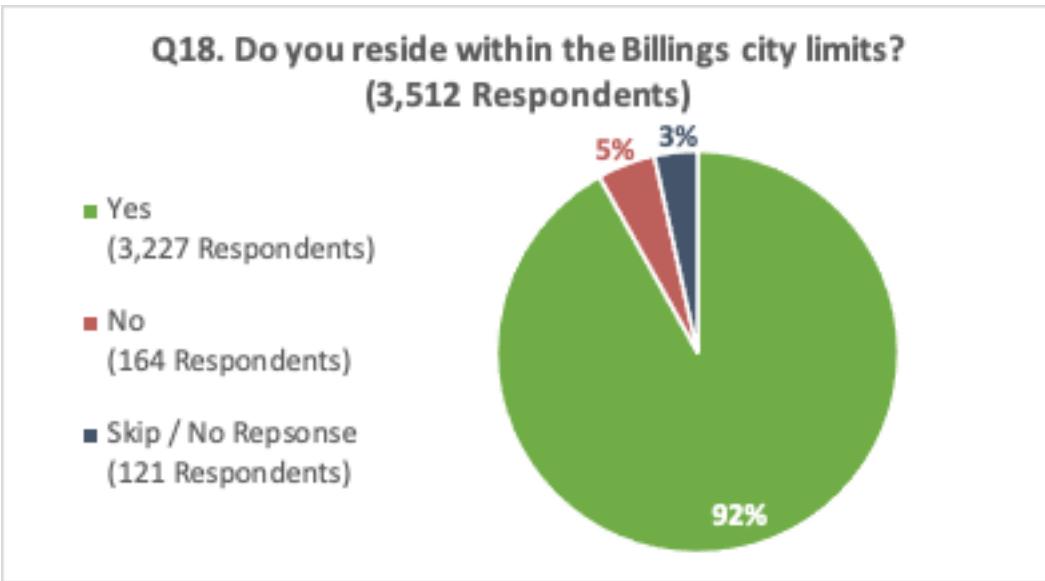
Figure 6.26

Q19. What is your household's greatest need relative to the coronavirus pandemic?
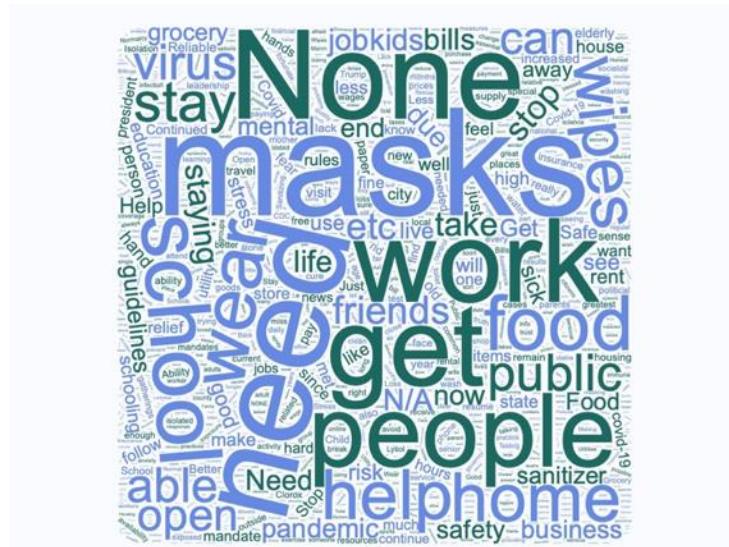
Figure 6.27

Q20. What do you believe is the Billings community's greatest need related to the coronavirus pandemic?
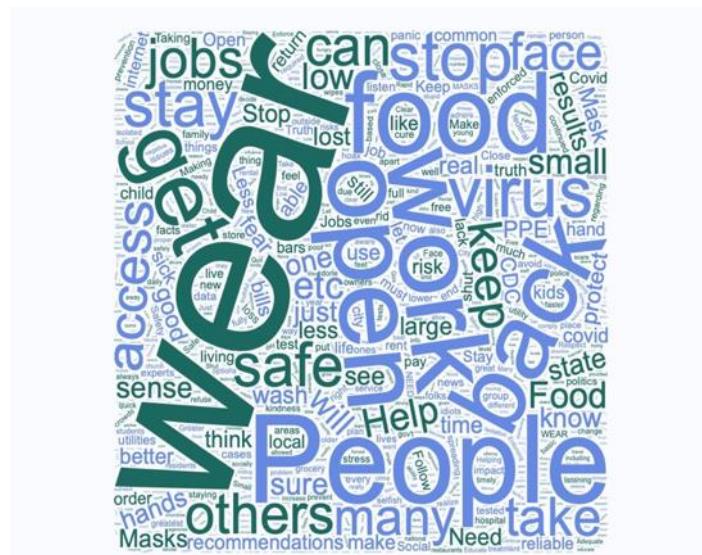
Figure 6.28

Q21. Is there anything else you would like to say regarding coronavirus impact(s) or how the Billings community should respond?
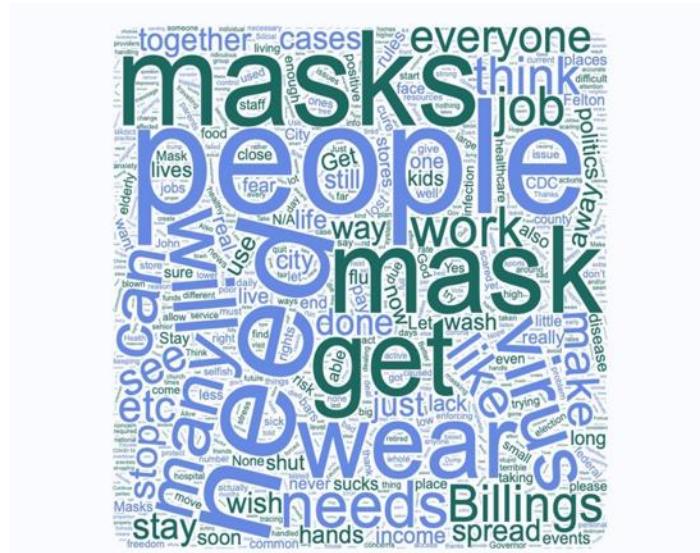

Figure 6.29

Additional Materials
Outreach Materials – Social Media Posts
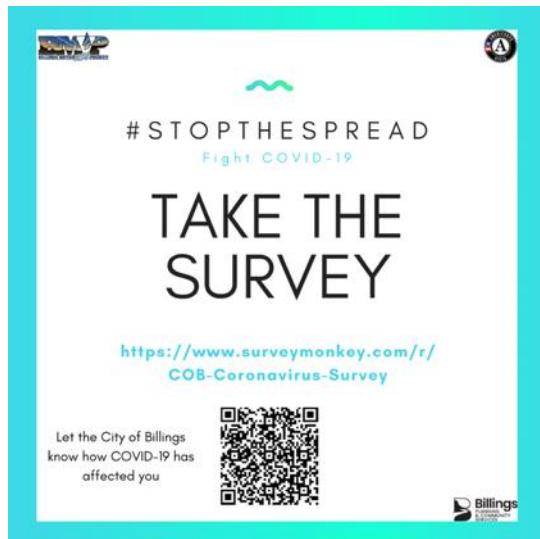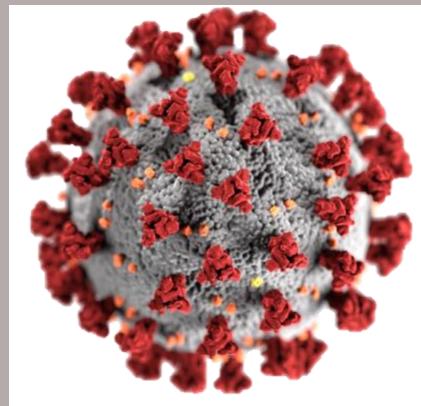
BILLINGS
C O R O N A V I R U S
RESPONSE

How has the COVID-19 pandemic affected you?

Coronavirus Survey

The City of Billings would love to hear from you about how the coronavirus pandemic has changed your life. Survey results will be used to effectively mobilize resources that improve access to education, healthcare, and prevention strategies in Billings. Take the survey today by scanning the QR code to the right, or by going to the link below.

https://www.surveymonkey.com/r/COB-Coronavirus-Survey

SCAN CODE BELOW

#STOPTHESPREAD

Fight COVID-19

TAKE THE SURVEY

https://www.surveymonkey.com /r/COB-Coronavirus-Survey

The results of this survey will help the City of Billings best allocate community resources to provide access to healthcare, education, prevention, and intervention strategies with the goal of ultimately *reducing* the number of positive COVID-19 cases in our city.

Service Provider Mailing List

The following organizations and agencies were sent the survey by mail on September 17, 2020 and received a follow-up phone call between November 3 and 6, 2020. A total of 26 out of 70 service providers completed the survey. The anonymity of participating service providers was maintained in survey analyses and the in creation of this document.

- Advanced Care Hospital of Montana
- Ag Workers Health and Services (AMHS)
- Alcohol and Drug Treatment Program (Passages)
- Alpha House
- Alternatives, Inc.
- Angela's Piazza
- AWARE Inc. - Yellowstone County
- Big Brothers Big Sisters - Yellowstone County
- Big Sky Rx Program
- Billings Clinic
- Billings Food Bank
- Billings Urban Indian Health and Wellness Center
- Billings VA Health Care Center
- Bureau of Indian Affairs - Rocky Mountain Region
- Child and Adult Care Food Program (CACFP)
- Community Crisis Center
- Community Hope, Inc.
- Community Leadership & Development, Inc.
- COVID-19 Emergency Housing Assistance
- Dental Lifeline Network Montana
- Emergency Childcare
- Family Promise of Yellowstone Valley
- Family Service
- Food Stamps (SNAP)
- HopeLink Transition-in-Placement
- Housing Authority of Billings (HAB)
- Human Resource Development Council (HRDC)
- Jefferson Bus Lines - COVID-19
- Job Connection, Inc
- Job Service Billings
- Living Independently For Today & Tomorrow (LIFTT)
- MET Transit
- Montana Community Services, Inc
- Montana Healthcare Association
- Montana Legal Services Association - Billings
- Montana Rescue Mission (MRM)

- Montana Rescue Mission Women and Children's Shelter
- Montana Veterans Affairs Division – Billings
- Montana Warm Line
- NAMI - Billings
- Native American Development Corporation (NADC)
- Office of Public Assistance - Yellowstone County
- PABSS: Protection and Advocacy for Beneficiaries of Social Security
- Project Challenge - AFL/CIO - Billings
- Project for Assistance in Transition from Homelessness (PATH)
- Reading Rocks
- Residential Support Services, INC.
- Rimrock Foundation
- RiverStone Health
- Rural Employment Opportunities - Billings Office
- Salvation Army
- Senior Commodity Food Program
- Senior Nutrition Program
- South Central Montana Regional Mental Health Center
- St. Vincent de Paul
- St. Vincent Healthcare
- Summer Lunch Program
- Temporary Assistance for Needy Families (TANF)
- Tumbleweed
- United Way of Yellowstone County
- Veteran's Meat Locker
- Vocational Rehabilitation Services - Yellowstone County
- Walla Walla University Billings Mental Health Clinic
- Women Infants Children (WIC)
- Yellowstone Boys and Girls Ranch (YGBR)
- Yellowstone County Public Health Information Line
- Yellowstone Free Store
- Yellowstone Youth Services Center
- YGBRConnect
- YWCA Billings

Written Response Categorical Breakdown

The following categories were used to categorize all written responses for the open-ended survey questions. The chart below includes explanations of what is included in each category as well as examples comments from the survey.

Category	What Is Included	Example
Money/Assistance	Includes responses that refer to financial assistance or public service want/need	"Financial assistance for both rent and utilities"
Isolation/Socialization concerns	Includes responses that refer to social activities such as visiting friends or family or going to restaurants/bars. This also includes references to effects of isolation	"Social interaction"
Jobs/More Work	Includes responses that refer to work and or the workplace environment	"Finding new employment"
Food	Includes responses that refer to food	"Steady healthy food"
Healthcare & Mental Healthcare	Includeds responses that refersto mental health or general health care	"better mental health services"
Supplies	Includeds responses that refer to any supplies besides food	"Getting wipes like Clorox wipes"
Safety/Positivity	Includes responses concerned with one's safety and general well-being as well as those that refer to a positive outlook on the situation	"Trying to stay healthy"
Media/Politics/Public Education	Includes responses which contain any mention of politics, media and news outlets, and the desire to have information presented and/or understood to the public	"CLEAR SIMPLE SCIENCE-BASED FACTS ABOUT THE VIRUS"
Back to Normal/Freedoms	Includes any response that referred to a desire that the pandemic and any mandate or social construct associated with the pandemic would cease to exist.	"Lift the mask restrictions and get back to normal"
Basics	Includes any response that refer to basic needs such as housing, transportation, and internet	"Internet access"
Compliance	Inlcudes responses that focused on wanting others to comply with mask and social distance mandates.	"Compliance w/masks + distancing"
Childcare/School	Includes any response that referred to childcare and or schooling/tutoring	"schooling - need schools open"
Help/Open Businesses	Includes any response that referred to supporting or opening up businesses	"Get small business help so they can keep their business"
Enforcement	Includes any response that referred to the use of law enforcement or punishment to get others to comply with the mandates	"Enforcement of mandates and public health safety measures"

[1] https://www.census.gov/quickfacts/fact/table/billingscitymontana/INC110219

[2] https://wwwnc.cdc.gov/eid/article/26/6/20-0251_article

[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7169933/

[4] https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations

[5] https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

[6] https://ourworldindata.org/mortality-risk-covid#interpreting-the-case-fatality-rate

[7] https://coronavirus.jhu.edu/data/mortality

[8] https://www.nejm.org/doi/full/10.1056/NEJMoa2001191

[9]
https://montana.maps.arcgis.com/apps/MapSeries/index.html?appid=7c34f3412536439491adcc2103421d4b

[10] https://dphhs.mt.gov/Portals/85/publichealth/documents/CDEpi/DiseasesAtoZ/2019-nCoV/COVID%20EPI%20PROFILE%2010022020.pdf

[11] https://www.census.gov/quickfacts/MT

[12] https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0242398

[13] https://academic.oup.com/biomedgerontology/article/64A/2/272/663070

[14] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7221360/

[15] https://link.springer.com/article/10.1186/s12889-018-5170-x

[16] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361287/?source=post_page

[17] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2765221/

[18] https://www.frontiersin.org/articles/10.3389/fsoc.2020.00047/full#h5

[19] http://governor.mt.gov/Portals/16/docs/2020EOs/EO-02-2020_COVID-19%20Emergency%20Declaration.pdf?ver=2020-03-13-103433-047

[20] https://dphhs.mt.gov/aboutus/news/2020/publicassistanceduringcovid-19

[21] https://www.census.gov/quickfacts/billingscitymontana

[22] https://housing.mt.gov/News/montana-housing-guidance-on-covid-1

[23] https://evictionlab.org/covid-policy-scorecard/mt/

[24] https://housing.mt.gov/Homeownership/Homeowners

[25] https://psyarxiv.com/k23cv

[26] https://journals.sagepub.com/doi/full/10.1177/1075547020950735