



Madison County Mental Health Local Advisory Council

Supportive Housing Survey Highlights July 2020

- 227 total responses
 - Location: 33%--Madison Valley, 52%--Ruby Valley, 5%--Virginia City, with remaining responses distributed around the County (e.g., Big Sky, Harrison, and Silver Star/Waterloo).
 - Years lived in Madison County: 9%--5 years or less, 48%--6 to 20 years, 24%--20 years or longer.
 - Age distribution: 6%--30 years or less, 52%--31 to 64 years old, 41%--65 and older.
 - Most common professions, personal histories, and civic involvement: EMS or Fire Department service provider, health care provider, participant in local senior center, teacher or school administrator, member of local civic club.

- One-third of respondents said they know someone in Madison County who had to go to another county to find Supportive Housing. Most often, the distance traveled was 50-100 miles.
- Overall, a majority of respondents said Madison County needs its own Supportive Housing option:
 - Upon patient discharge from the Emergency Department after a mental health crisis (57%);
 - Upon patient discharge from the Emergency Department after a drug or alcohol overdose (57%);
 - For individuals undergoing outpatient addiction treatment (54% overall, with stronger support in the Ruby Valley and Virginia City);
 - For victims of domestic abuse (74% overall, with even stronger support in the Ruby Valley and the Madison Valley).

We received a fair number of “Don’t Know” answers to one or more of these questions (a range of 20-32%).

- Just under 50% of 225 respondents said we need Supportive Housing for people who are homeless.

- 74% of 210 respondents said the length of stay at Supportive Housing should be limited to three months or less.
- Respondents were evenly split on the question of whether or not they would have concerns about having Supportive Housing in their neighborhood or community. Greatest concerns were increase in crime, increase in drug use, and burden on Madison County to maintain, staff, and provide security for Supportive Housing.
- Among the services needed to provide effective Supportive Housing, those most commonly listed were:
 - #1 -- Mental health counseling
 - #2 -- Addiction counseling
 - #3 -- Medical services
 - #4 -- Assistance in identifying permanent housing options and job possibilities
 - #5 -- Security.
- 64% of respondents said that Supportive Housing would benefit our community.

- Here's a sampling of respondent comments:
 - Supportive Housing for patients upon discharge from the Emergency Department of a hospital after mental health crisis?
 - YES. *ED offers only an acute fix...If a patient is just discharged, they go home and then end up back in the ED. Supportive Housing would reduce the risk of them being re-admitted. They would have help (e.g., medical help and housing assistance) for taking the next step.*
 - NO. *More taxes.*
 - DON'T KNOW. *Depends on numbers.*
 - Supportive Housing for patients upon discharge from the Emergency Department of a hospital after drug or alcohol overdose?
 - YES. *Need NOT to be forced to go back to an environment and friends who are also abusing substances. Need good nutrition. Need supervision to avoid or reverse a subsequent OD.*
 - NO. *They need more one to one assistance than this hospital and this community can provide.*
 - DON'T KNOW. *I'm not sure what the # is to justify the expense.*

- Supportive Housing for victims of domestic abuse?
 - YES. (1) *There are domestic abuse shelters in Dillon, Butte, and Bozeman...Yet, transportation can be a barrier. Having something short-term for Madison County residents that is more accessible would limit the barriers.* (2) *When it happens, housing has to happen right now.*
 - NO. *I think our "small town" would not be able to keep this location private. That could be an obstacle to victims attempting to find assistance.*

- Supportive Housing for homeless individuals?
 - YES. *Emergency shelter – brief stays.*
 - NO. *They should go somewhere else.*
 - DON'T KNOW. *I don't know what the # of homeless are in the County that would use a shelter.*

- Recommended length of stay in Supportive Housing?
 - *Try to give enough time to stabilize behavior.*
 - *Length of stay should be assessed on a case-by-case basis.*
 - *Leave it to the professionals.*

- Concerns about having Supportive Housing in my neighborhood or community:
 - *Costs.*
 - *Safety of children in the neighborhood.*
 - *Needs to be well-designed and managed to prevent impacts.*

- Would Supportive Housing benefit our community?
 - YES: *If we have individuals in our county who need these services, they should be able to get them within our area. (2) Taking care of those who need it is less expensive than jail-hospital stays. (3) No big building. Best if it's a small private apartment or motel room for one individual or family. There won't be a huge population all at one time.*
 - NO: *First we need outpatient services. A residence would just postpone the confrontation of the lack. (2) Given the limited access to food, gas, and other facilities, it is unrealistic to have Supportive Housing in such a rural community.*

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