

**MIDCOAST MAINE COMMUNITY ACTION**  
**2010-2011 CSBG NEEDS ASSESSMENT**

This is a full CSBG Needs Assessment from Midcoast Maine Community Action (MMCA) for the 2010-2011 program year. Our assessments in the previous two years were updates from the full CSBG assessment for the 2007-2008 program year. Community assessment allows us to shape programs and services to meet the changing needs of the communities we serve. We will present information from a variety of sources that show trends of community need in the mid-coast area, including:

- Maine Census Bureau (2009 Census Estimates)
- 2011 Maine Kids Count Data Book
- Maine Department of Health and Human Services
- Maine Department of Labor

A second tier of data gathering includes a review of data and feedback from other providers regarding service needs and service availability. Sources of this information include:

- United Way of Mid Coast Maine 211 Services
- Tedford Housing
- Salvation Army

Finally, we will present assessment material based upon reported need, demographic information, and service use from individuals and families who received assistance through Head Start and Community Services programs.

**SOURCE DATA ON COMMUNITY CHARACTERISTICS AND NEED**

**I. GEOGRAPHIC AREA SERVED**

Midcoast Maine Community Action provides comprehensive services to individuals and families in Sagadahoc, Lincoln and Northeastern Cumberland counties, with additional WIC nutrition services in Knox and Waldo counties. Sagadahoc and Lincoln counties, where we serve the largest number of clients, will be the focus for this description.

Sagadahoc County has a total area of 370 square miles and a population of 36,387. It is made up of 10 towns consisting of 9,641 families with a racial make-up of 98.2% White, .3% Black or African American, 0.4% Native American, 0.63% Asian, 0.8% Pacific Islander, and .1% from two or more races. Sagadahoc County is the most densely populated and ethnically diverse county in MMCA's service area, and has always been considered to be the most economically progressive. Historically, Sagadahoc County has been anchored by the state's largest employer Bath Iron Works, a General Dynamics Company and a U.S. Navy defense contractor, as well as a number of old manufacturing concerns that were founded in Richmond and Topsham. This industrial foundation lent stability to the local economy. In recent years that stability has been affected by workforce reductions at BIW and the closure of the Brunswick Naval Air Station (BNAS) in nearby Cumberland County.

Lincoln County is adjacent to Sagadahoc County and has a total area of 700 square miles, with a population of 34,800. It is made up of 19 towns consisting of 9,542 families with a racial make-up of 98.46% White, 0.17% Black or African American, 0.26% Native American, 0.37% Asian, 0.022% Pacific Islander, and 0.10% from other races. Lincoln County has a few large employers, including Lie-Nelson, area school systems, and an area hospital with multiple service locations.

There is also a good deal of self-employment and small business activity. However, access to employment and income is hampered by two things. The first is transportation, where employment options are severely limited if an individual or family lacks reliable transportation. The second is regulation and reduced stock in the fishing industry, where many self-employed people are finding it increasingly difficult to support their families.

Lincoln and Sagadahoc Counties have a great deal in common as well as much that distinguishes one from the other. Each county has a coastal area, with a tradition of fishing, ship building, and providing services to the summer population. The two counties retain a rural interior, although isolated pockets of small scale manufacturing exist. Small villages and businesses dominate the region, and farming, albeit limited, still exists in some communities. Each county has a core area emanating from the Route One Corridor, and it is this core area where employment opportunities are the greatest.

Lincoln and Sagadahoc Counties have two-tier economies. Many area residents earn good wages working at Bath Iron Works (BIW) and L.L Bean, as well as local schools and hospitals. However, BIW depends on defense contracts from the U.S. Navy, area schools are feeling the effects of reduced state funding and are laying off staff, and L.L. Bean’s labor force may expand or shrink depending on the economy and the strength of retail purchases.

## II. SOCIOECONOMIC FACTORS

### Poverty Status and Welfare Enrollment

One of the ways we measure trends for community needs assessment is by gathering data about socioeconomic status, unemployment, and enrollment in benefit programs. The table below provides this information for the five counties where MMCA provides services. The data source is the 2011 Maine Kids Count Report.

County	% in Poverty	TANF Recipients	SNAP Recipients	School Lunch Subsidy
Cumberland	11.9%	7.4%	19.7%	31.3%
Knox	19.9%	7.7%	26.6%	45.4%
Lincoln	19.2%	6.3%	25.5%	48.1%
Sagadahoc	14.8%	6.1%	19.1%	36.7%
Waldo	20.9%	9.7%	30.9%	53.7%

The percent of children/households in poverty in the mid-coast region is significant, ranging from 11.9% in Cumberland County to 20.9% in Waldo County. The statewide percentage of Maine children under five living in poverty (as defined by the Federal Poverty Level) is 21.4%. Based on the current recession, the closure of BNAS, and other local factors, the expectation is that numbers of children living in poverty will increase during 2011-12 in the MMCA catchment area. Average TANF enrollment for the entire catchment area is 7.44%. The largest benefit enrollment is for SNAP (formerly Food Stamps) and the school lunch subsidy. Average SNAP enrollment is 24.36% for the entire catchment area, while average school lunch enrollment is 43%.

### Unemployment

Unemployment rates are also continuing to rise as the recession and closure of BNAS impacts the mid-coast region of Maine. The average unemployment rate for the MMCA catchment area is 7.86%. The five counties served by MMCA programs have the following unemployment rates according to the Department of Labor:

- Cumberland County: 6.3%
- Knox County: 7.4%
- Lincoln County: 9%
- Sagadahoc County: 7.7%
- Waldo County: 8.9%

The table below identifies this trend toward increased unemployment for Sagadahoc and Lincoln counties from 2008-2011. Sagadahoc County has seen a 3.1% increase in unemployment since 2008. Lincoln County has seen a 4.1% increase in unemployment since 2008.

**2008 – 2011 Year to Date**

Area	2008	2009	2010	2011 April
Sagadahoc County	4.6%	4.6%	6.8 %	7.7%
Lincoln County	4.9%	4.9%	7.2 %	9%

**Livable Wage**

Unemployment is not the only factor affecting economic stability for the individuals and families we serve. Heads of household who are employed often receive wages that are insufficient to meet the needs of the average family. Job opportunities that pay a livable wage and offer healthcare benefits are scarce. Consequently, families struggle to secure and maintain housing, childcare, food, transportation, and medical/dental care.

Livable wage is the calculated hourly wage required to meet basic needs. The identified Livable Hourly Wage for the MMCA catchment area for a single parent family of three is:

County	Livable Wage	County	Livable Wage
Cumberland	\$22.04	Sagadahoc	\$21.12
Knox	\$20.53	Waldo	\$20.48
Lincoln	\$19.80		

**PROVIDER IDENTIFICATION OF NEED**

**I. UNITED WAY 211 AND PROVIDER SURVEY**

MMCA works in coordination with a variety of other providers in the mid-coast area. Our needs assessment includes feedback from providers about service needs and availability. We queried the United Way 211 Call Center for information about the five most frequent requests for information and referral. We also asked network providers to identify the five most pressing concerns identified by low-income families in our area. Finally, we queried Head Start families regarding their most pressing concerns. Information was obtained through surveys. Results are noted below:

United Way 211 Call Center	Provider Network	Head Start Families
Heating Assistance	Ability to Pay for Heat	Medical/Dental Services for Adults
Utilities Assistance	Lack of Job Opportunities	Distances to Points of Service
Housing/Shelter	Lack of Affordable Rental Housing	Affordable Housing
Food	Access to Transportation	Transportation
Mental Health Services	Lack of Affordable Childcare	Mental Health Services

All three sources identified affordable housing as a pressing concern. Two providers of housing services and supports in the area identified increases in requests for housing assistance. The Salvation Army saw a 23% increase in the number of people provided emergency housing assistance. Tedford Housing, the only homeless shelter in our region, reported that they are seeing a higher percentage of families and young adults as well as a higher percentage of people that are employed at the time they enter the shelter. Affordable housing in the mid-coast area is very difficult to find and affordable housing stock continues to shrink.

Two of the sources identified the need for heating assistance, reliable transportation, and mental health services as pressing concerns. Issues about food security, utility assistance, child care, and job opportunities were mentioned as secondary concerns by all sources.

These survey results illustrate agreement about the most pressing needs of low-income families in our region. These are problems areas that families must deal with on a daily basis, and in many cases, difficulty with one of the areas causes problems with one or more of the other areas. Additionally, many local agencies have long waiting lists that limit reasonable access to services. This is true for emergency housing shelters, mental health services, and home heating and weatherization programs.

Low-income or poverty status is the underlying characteristic shared by most of the families with whom we work. Access to adequate employment, especially for parents of young children, is part of this picture. A number of factors--including a lack of marketable skills, unavailability of education or training opportunities, lack of affordable child care, lack of reliable transportation, and personal problems such as substance abuse--create real and substantial barriers to employment and to the achievement of family self-sufficiency.

## **II. EXISTING COMMUNITY RESOURCES**

We have cited socioeconomic information and survey results from providers and clients to illustrate some of the need in the community. Part of our needs assessment also included a survey of existing resources to address community need. These are noted below.

### **Medical Resources**

Five community-based hospitals serve the MMCA service area. All provide acute care, ambulatory day surgery, and emergency care. These include Parkview Memorial Hospital, Brunswick, Mid-Coast Hospital, Brunswick, Miles Memorial Hospital, Damariscotta, St. Andrew's Hospital, Boothbay Harbor, PenBay General Hospital, Rockport (adjacent to Waldoboro service area). There are also three community health centers that provide family practice, OB/GYN, and child health services in the service area. These include the Richmond Area Health Center, the Sheepscott Valley Health Center, and the Coopers Mills Women's Health Center. Finally, there are 19 Pediatricians, 34 family practice Physicians, 7 Nurse Practitioners and 7 Physician Assistants that serve the area.

Maine Medicaid and MaineCare expansion in 1998 has reduced uninsured rates among Maine's children to approximately 6%, one of the lowest un-insured rates in the country. However, it is estimated that 15,000 children in Maine are still without health insurance. Expanded Maine Medicaid income limit is 150% of the Federal Poverty Level. This coverage is provided at no cost to qualifying families. MaineCare's income limit is 200% of the Federal Poverty Level. This coverage is provided for a nominal monthly charge.

### **Dental Health Resources**

There are 18 dentists in the MMCA service area willing to accept children as patients. There are 9 practices accepting new MaineCare patients. The pediatric practice in Falmouth (Falmouth Pediatrics) accepts MaineCare children between the ages of 1-5. The Pediatric dentist in Augusta sees MaineCare patients on a waitlist only. Wiscasset dental accepts MaineCare, and there is a provider in Union who will accept new MaineCare patients if there are other family members currently receiving services. There are two Dental Clinics in our service area accepting MaineCare. They are the Kennebec Valley Dental Clinic in Augusta and the Jessie Albert Dental Clinic (JADC) in Bath. These clinics see a large number of the MMCA Head Start children, providing examinations, prophylactic services, and restorative treatment. There are currently 2 dentists at the JADC and one of those is a member of the MMCA Head Start Health Advisory Board.

### **Mental Health Resources**

Sweetser Mental Health and Kennebec Behavioral Health Services provide comprehensive mental health services at locations in or adjacent to the MMCA service area. The agencies accept Medicaid clients and have a sliding fee scale for those not covered by insurance. Both provide crisis intervention and continuing treatment through child, adult, and family programs. However, due to significant reductions in State of Maine reimbursement to these providers service levels have been reduced. Waiting lists for services are not uncommon.

### **Substance Abuse Resources**

Alternate Choices in Waldoboro, and the Addiction Resource Center in Bath are area non-profit agencies that provide comprehensive substance abuse diagnosis, treatment, and counseling for individuals and families. The agencies accept Medicaid clients and have sliding fee scales for those not covered by insurance.

### **Developmental Assessment Resources**

Child Development Services (CDS) serves families with children from birth to five years of age who have delays in any area of development. CDS offers developmental screening for all children in their service area and recommends appropriate services for any children who have delays in any area of development. Recommendations may range from monitoring the child's progress to requesting further evaluations. When services are needed, CDS case managers schedule services, arrange transportation when necessary, and monitor the child's progress. In 2010 the CDS system was reorganized and service has been reduced from sixteen CDS sites to nine. The impact of these reductions was to lengthen the time it takes to for children to receive services. CDS services are provided at no cost to families, and the CDS programs work very closely with MMCA Head Start.

### **Job Training Resources**

Comprehensive federal and state job training programs serve the residents of Lincoln and Sagadahoc counties and maintain centrally located offices in Rockland and Brunswick in the MMCA catchment area.

### **Adult Literacy/Education Resources**

The local school districts provide adult education and GED classes, and the Literacy Volunteers Program provides services in several area communities. Merrymeeting Adult and Community Education have worked closely with MMCA Head Start to provide literacy instruction in the Brunswick-Topsham area.

### **Child Care Providers**

Lack of affordable childcare is an issue in the mid-coast region. Area childcare slots can accommodate approximately 73% of children under five in the region. Affordability is the main issue. Full-time childcare costs in the area range between \$130-\$180 per week, beyond the means of many families that we serve. Our area has only 61 full-time equivalent childcare vouchers and 34 Title XX slots available to make child care accessible to low-income families. Most child care centers and child care homes are not staffed or equipped to provide pre-school child development services equivalent to those provided through Head Start. While nursery school programs are likely to be structured child development programs, the fees charged effectively prevent low-income families from enrollment in these programs. The chart below describes availability.

<b>County</b>	<b># of Children Under Five</b>	<b>Available Child Care Slots</b>
Sagadahoc County	2,130	1,662
Lincoln County	1,590	1,040
Total	3,720	2,702

### **Nutrition Resources**

MMCA houses the Women, Infants, and Children (WIC) Nutrition Program and serves the majority of Head Start families through clinics in Sagadahoc, Lincoln, Knox, and Waldo counties. The MMCA Head Start Program has a staff Nutritionist to develop menus, provide dietary training and oversees program food services. Families must travel to Rockland or Portland to apply for SNAP, unless the General Assistance office in their town provides this enrollment service.

## **MMCA SERVICE RECIPIENT DATA**

### **I. REPORTED NEED AND SERVICE USE**

The MMCA Community Needs Assessment process included feedback from Head Start and Community Services program participants. Results are noted below.

#### **Head Start Assessment and Reported Need**

Members of the Head Start Parent Policy Council served on the planning committee for assessment. The committee interviewed parents of the children enrolled in the program to determine the needs of the individuals we serve and to identify service gaps. Additionally, MMCA Head Start Case Managers completed a Family Profile of families during the application process for enrollment. These interviews and profiles enabled Head Start staff to gather information on the needs and characteristics of Head Start eligible children and families in the MMCA service area and the resources available to meet those needs. Results identified affordable housing and childcare as the two top needs for the Head Start service area. Other identified needs were affordable health and dental care, access to transportation, jobs that pay a decent wage family violence services, substance abuse services, food and hunger prevention issues, furl assistance and access to mental health services. Many of the families served by the MMCA Head Start program have been military families attached to the Brunswick Naval Airbase. A number of these family members reported that the cost living in Maine exceeded many of the other locations where they have lived previously. Costs such as rent, childcare, food and fuel are higher and these higher costs add to the economic burden that they carry. Details of results are noted below

#### **Affordable Housing**

During the 2009-10 program year MMCA Head Start served 19 homeless families and 20 homeless children. Head Start families who do have housing struggle to maintain it. HUD fair market rents for existing housing for two- and three-bedroom apartments include the following ranges:

- Cumberland County: \$1000 to \$1200 per month
- Sagadahoc County: \$666 and \$816 per month
- Lincoln County: \$492 to \$782 per month

These prices are often beyond the means of Head Start eligible families. The availability of subsidized rental housing in the area is extremely limited, including only 85 Section 8 vouchers and Mod Rehab slots. Waiting lists for subsidized low-income rental housing in the area are long, with waiting periods extending to more than one year.

Attaining home ownership is also difficult. In Cumberland County the annual income necessary to purchase a median priced home is \$44,216; in Lincoln County, \$43,399; and in Sagadahoc County, \$35,497. The incomes of most Head Start families are too low to meet minimum requirements for low-interest mortgages from FMHA and Maine State Housing Authority, the two sources of assistance for low-income home purchases. The few young, low-income families who inherit family dwellings are house-rich and income-poor. Many choose to stay in these mortgage-free homes, but are unable to afford the expense of utilities, household maintenance and repairs, food, and medical bills. Unacceptable trade-offs are necessarily made. The alternative for many young low-income families is to live with parents or share housing with other families or friends, frequently in over-crowded and stressful circumstances not conducive to the healthy development of young children. As illustrated by the comments in the MMCA Head Start parent surveys, homelessness is a continuing threat, and sometimes a stark reality. MMCA recently opened an affordable housing complex in Damariscotta (Lincoln County) as an effort to assist with the shortage of affordable housing in the mid-coast area.

### Child Care

The welfare reform of the 1990's has put considerable pressure on families to locate childcare so that adults may enter the work force. Head Start families have great difficulty locating affordable, dependable, appropriate care for their young children. The cost of available child care, as high as \$135 per week in Center-Based programs and up to \$110.00 per week in family-based programs homes throughout the MMCA service area, is beyond the means of most Head Start families. Costs of Before/After School Child Care, when available, ranges from in Centers \$80.00-110.00 to \$65.00-\$100.00 in Homes. Families with school age and pre-school children must meet these costs *in addition to* costs of full-time childcare. Further, many available entry-level jobs, particularly in the service industry, require evening and weekend hours. Very few Centers or Child Care Homes operate during these non-traditional hours. In many cases these families are unaware of the possibility of obtaining help through subsidies; however, as shown in this Community Assessment, the number of available subsidized day care slots is inadequate to meet demand. Families with willing relatives or close neighbors can sometimes make adequate child care arrangements, but this is not possible for many in this largely rural area who live in relatively isolated situations without adequate transportation. When these neighbor/family arrangements are possible, they are frequently unpredictable, and do not usually provide the consistent and reliable care which working parents need.

### Food And Hunger

Many Head Start parents surveyed stated that they were concerned about their ability to purchase food. The effects of hunger on children are tremendous. Children who are hungry have difficulty learning, may exhibit problem behaviors, and may experience other health problems. Every parent wishes the best for their child, but they are often faced with having to choose between feeding their family a

nutritious meal or paying for other, but equally important, bills, such as rent or heat. Hunger and food insecurity can have serious health and developmental effects.

Hunger and food insecurity are symptoms of poverty. Several programs exist which address the issue of food insecurity, however these fall short of meeting the entire population at risk of hunger. WIC serves women, infants, and children whose income is less than 185% of the poverty level with a health/nutrition risk. Although this program has been demonstrated to be highly successful in reducing health care costs, the Maine WIC Program is not reaching the entire potentially eligible population.

The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, is the mostly widely known nutrition program in this country. Research has demonstrated that this program is successful in improving the quality of participants' diet. The Maine Kids Count report for 2011 indicated that in Sagadahoc County 1,598 children seventeen and under received food stamps; in Lincoln County 1,721 children seventeen and under received food stamps and in Cumberland County 11,774 children seventeen and under received food stamps in 2010. In spite of the value of this program several potentially eligible families are not participating. Some of the barriers identified are:

- Attitudes of the SNAP office workers discourage some individuals from completing their application.
- The complicated application forms, stigma of receiving such benefits, and lack of transportation make the benefits seem not worth seeking.

Finally, food pantries and soup kitchens are an important part of the food safety net. Food pantries provide groceries to be taken home for meal preparation. Soup kitchens provide prepared meals to be eaten at the program site. These services are often run by private organizations, such as churches or private civic groups. For this reason families living in rural areas may have to travel considerable distance to obtain their emergency food. Therefore, families who lack reliable transportation may not receive the emergency foods they need.

#### Medical And Dental Care

Many Head Start parents reported great anxiety about obtaining adequate health care for their families. While many low-income families are enrolled in Medicaid/MaineCare, other potentially eligible families are not: some may not know about it or wrongly assume they are ineligible; others who lack transportation may not apply because there is no Maine DHHS office in the MMCA service area. In Maine 5% of all children have *no* form of health insurance. Low-income families with working parents who do not qualify for Medicaid and cannot afford health insurance frequently put off medical treatment or go without adequate food or other necessities in order to pay for it. Parents typically risk their own health in order to pay for their children's medical care. The Maine Health Program, which provided medical insurance to some low-income families who did not qualify for Medicaid, was de-funded in the last legislative session.

#### Transportation

Transportation is an enormous problem in mid-coast Maine, as it is a systemic barrier to receiving services. Surveyed Head Start parents clearly identified the problems associated with the lack of reliable transportation. Limited access to reliable transportation means that people cannot get to employment opportunities, medical services, child care, housing, and the whole range of services that are so important to everyday life. There is one public bus service within the city of Bath, and limited Medicaid reimbursed services elsewhere. For low-income families it is a constant struggle to keep inadequate, barely functioning vehicles on the road or to find friends or relatives willing and able to transport them to services, appointments, shopping, *etc.* This is a particularly difficult situation for those wishing to enter a training program or employment, both of which require long-term, reliable transportation. Children in rural families without transportation are particularly in need of the socialization that Head Start offers.

#### Employment

Unemployment and underemployment were among the top five issues identified by surveyed parents and by Head Start staff conducting Family Profiles. High unemployment rates and inadequate education or

job skills pose significant barriers to parents seeking employment. High school drop out rates are relatively high in the area, particularly in Lincoln County where a 6.3% rate exceeds the state average by 2%. In Maine as a whole, 79.8% of high school seniors graduated in 2009 (Maine Department of Education). These statistics demonstrate the need for access to both remedial and literacy education and for specific job training tailored to fit the needs of the local labor market. Head Start parents need to be made aware of the resources available and to be provided with the counseling and support which will help them succeed in acquiring the skills they need to become economically self-sufficient. And because even those Head Start families with employed parents live on the edge where illness, injury or layoffs can mean financial disaster, they need to know about and have access to programs that can provide emergency food, rent, and utility assistance.

#### Literacy and Employment Training

Surveyed Head Start parents also identified the need for affordable, accessible employment and literacy training. Approximately 38% of MMCA Head Start families receive TANF benefits. TANF has changed from an entitlement-based welfare system to a “Work-First” system in which the primary focus is on placing individuals in employment activities. The goal is to move welfare recipients to work, promote responsibility, accountability, and self-sufficiency. Most adult welfare recipients are expected to participate in work activities and to become self-sufficient within a 60-month period of time. TANF also recognizes that it may be appropriate to provide individuals with education and skills training, as well as other services to ensure lasting employment and the achievement of self-sufficiency. Additional Federal Welfare-to-Work (WtW) legislation provides states and local communities with transitional employment assistance to move hard-to-employ TANF recipients into unsubsidized jobs.

Literacy is also an issue, though reported more by Head Start staff completing Family Profiles than by parents themselves due to the stigma attached to low literacy skills. These include marginal reading skills that are not necessarily predicted by education level. The average adult reads 3 to 5 grade levels below the highest grade of school completed.

Bearing all of these issues in mind, it is imperative that Head Start families have opportunities to enhance their education and develop marketable skills. Opportunities, however, are not enough, ongoing support is necessary to assist parents in navigating their way through the process, assist them during pitfalls, and congratulate them when they succeed. Head Start Case Managers are often the only support a parent may have during such processes.

#### Substance Use Problems

Substance use problems were also identified by Head Start staff as a priority problem among households. According to the Office of Alcohol and Drug Abuse of the Maine DHS, there are an estimated 117,000 alcoholics in the state--amounting to 9.6% of the Maine's total population--while approximately 5,300 residents use cocaine regularly. The consequences of alcoholism and substance abuse in Head Start families are many and serious: family violence, child abuse and neglect, loss of employment, loss of driver's license and transportation, loss of housing, and lack of money for food, medical care, and other necessities. Several Head Start families struggle with addiction to prescription drugs such as oxycodone and participate in methadone or suboxone clinics. In the 2010-11 program year 7 % percent of Head Start families were referred to substance abuse treatment programs.

### **Community Services Assessment and Reported Need**

The Community Services Department is describing reported need based on service use, feedback from clients when they receive services, and service follow up. We are reporting on our Housing Counseling Program, WIC, Family Development Case Management, and Temporary Emergency Food Assistance Program (TEFAP)

#### Housing Counseling

Our Housing Counseling and On Call Program provides information, referral, and service advocacy for more than 1000 callers each year. Staff makes referrals for housing assistance, heating and utility assistance, food, clothing, furniture, medical, counseling, credit counseling, job training, child care and transportation. The program also provides financial assistance for housing and other emergencies. These funds allow families to remain in stable housing and avert homelessness when resources are challenged by an unforeseen problem such as lay off or injury. We distributed nearly \$80,000 in emergency funding to 328 households and 870 individuals last year. Thirty-eight percent of households and 42% of benefit dollars were expended providing fuel assistance, followed by 25% of households assisted with utilities. The table below identifies how funds were expended.

<u>Benefit Use</u>	<u># Households</u>	<u># Individuals</u>	<u>Benefit Amount</u>
Fuel	123	307	\$32,943
Rent	71	181	\$19,477
Security Deposit	48	128	\$9,479
Utility	83	244	\$16,726
<u>Other</u>	<u>3</u>	<u>10</u>	<u>\$754</u>
Total	328	870	\$79,379.00

These figures are a clear indication of need in the communities we served. The majority of households were in Sagadahoc County (70%) and received the majority of funding (71%).

Housing Assistance Activity by County

County	# HH	%	# Ind	Benefit	%
Cumberland	53	16%	141	\$10,340	13%
Lincoln	46	14%	121	\$12,636	16%
Sagadahoc	229	70%	608	\$56,403	71%
	328	100%	870	\$79,379.00	100%

A further indication of need is that we tracked nearly 700 calls for emergency assistance that we were unable to assist due to lack of funds. These included 400 calls for utilities, 224 for housing, and 47 for other emergencies.

Women, Infants, and Children Program (WIC)

MMCA had sixteen WIC clinics operating in four counties last year. Average enrollment was 2643 participants, an increase from the previous year. Our caseload constituted 10% of the statewide caseload for the program, including 7% of partially breastfeeding mothers and 13% of exclusively breastfeeding mothers. Demographics for enrollment included: 55% children, 23% women, and 22% infants. The Bath clinic remained our largest site, with 25% of the total caseload, followed by Rockland and Belfast with 21% each. The table below provides enrollment numbers for the past two years.

**WIC Enrollment**

<b>2009-2010</b>			<b>2008-2009</b>		
<b>Knox County</b>			<b>Knox County</b>		
<b>Town</b>	<b># Enrolled</b>	<b>% Caseload</b>	<b>Town</b>	<b># Enrolled</b>	<b>% Caseload</b>
Rockland	548	21%	Rockland	519	21%
Union	84	3%	Union	90	3%
Vinalhaven	18	<1%	Vinalhaven	22	1%
<b>Total</b>	<b>650</b>	<b>25%</b>	<b>Total</b>	<b>631</b>	<b>25%</b>
<b>Lincoln County</b>			<b>Lincoln County</b>		

Boothbay Harbor	49	2%	Boothbay Harbor	43	2%
Damariscotta	107	4%	Damariscotta	109	4%
Waldoboro	117	5%	Waldoboro	135	5%
Wiscasset	68	3%	Wiscasset	49	2%
<b>Total</b>	<b>341</b>	<b>14%</b>	<b>Total</b>	<b>336</b>	<b>13%</b>
<b>Sagadahoc County</b>			<b>Sagadahoc County</b>		
Bath	674	25%	Bath	859	33%
Bowdoinham	89	3%	Bowdoinham	81	3%
Richmond	53	2%	Richmond	52	2%
Topsham	126	5%	Topsham	0	0%
<b>Total</b>	<b>942</b>	<b>35%</b>	<b>Total</b>	<b>992</b>	<b>38%</b>
<b>Waldo County</b>			<b>Waldo County</b>		
Belfast	546	21%	Belfast	505	19%
Brooks	38	1%	Brooks	30	1%
Franklin	47	2%	Franklin	34	1%
Knox	0	0%	Knox	16	1%
Liberty	28	1%	Liberty	23	1%
Unity	51	1%	Unity	33	1%
<b>Total</b>	<b>710</b>	<b>26%</b>	<b>Total</b>	<b>641</b>	<b>24%</b>

WIC income requirements are established at 185% of Federal Poverty Guidelines. Again, this increased enrollment in WIC is an indication of need for our area.

#### Temporary Emergency Food Assistance Program (TEFAP)

TEFAP distributes surplus USDA foods to twelve food pantries throughout the mid-coast region of Maine. Participating pantries submit reports of the number of households and individuals who receive pantry food. Last year there was a dramatic increase in the number of households and individuals receiving assistance from pantries. This illustrates the increase in households seeking assistance to meet basic needs.

#### **Yearly Comparison**

	<b>2008-2009</b>	<b>2009-2010</b>	<b>Difference</b>	<b>% Increase</b>
Households	8,977	14,130	5,153	57%
Individuals	16,816	50,250	33,434	298%
Average/month	748	1,178	430	57%

#### **TEFAP 2010 Pantry Activity**

<b>Cumberland County</b>	<b>Households</b>	<b>Individuals</b>
Midcoast Hunger Prevention Program (Brunswick)	1073	2760
Freeport Food Pantry	1574	25646
<b>TOTAL</b>	<b>2647</b>	<b>28406</b>
<b>Lincoln</b>		
Boothbay Harbor Food Pantry	1125	2154
Jefferson Food Pantry	718	0

Newcastle Food Pantry	1351	3929
New Harbor Food Pantry	361	917
Waldoboro Food Pantry	1122	3203
Whitefield Food Pantry	378	978
Wiscasset Food Pantry	650	2648
<b>TOTAL</b>	<b>5705</b>	<b>13829</b>
<b>Sagadahoc</b>		
Bath Food Pantry	4519	4781
Richmond Food Pantry	878	2170
Salvation Army Food Pantry (Bath)	381	1064
<b>TOTAL</b>	<b>5778</b>	<b>8015</b>
<b>GRAND TOTAL</b>	<b>14,130</b>	<b>50,250</b>

**Bath Soup Kitchen Meals Served: 23,769**

### Family Development Case Management

We provide case management to families referred by community partners. The program serves about 45-50 families at a time during the year. Last year we received 60 referrals to the program and enrolled 55% of the families that were referred. Forty-five percent were not enrolled for various reasons such as referral out for more appropriate services and movement from our area.

#### **Referrals**

Source	%	Source	%	Source	%
MMCA Departments	25%	Counseling Services	10%	Family Services	7%
Health Services	30%	Self/Friend	18%	State/Regional	10%

Last year we also saw an increase in the number of older adults who received case management, or who participated in the Tea and Tips Personal Safety series. We completed series at 10 residential facilities for the elderly and had 249 class participants. Activity related to these classes gives a picture of the issues faced by seniors even when housing is relatively secure, including:

- 25% Shared concerns about abuse of neighbor/relative
- 10% of concerns reported to Adult Protective
- 482 Go Bags distributed
- 284 Emergency 911 phones distributed
- 30 SafeLink phones distributed
- 7 Stalking Kits distributed
- 57 Participants signed up for Matter of Balance Fall Prevention

## **II. CHARACTERISTICS OF MMCA SERVICE PARTICIPANTS**

### Head Start Families

MMCA Head Start staff completed a Program Information Report (PIR) to determine the characteristics of Head Start families served during the past year. Demographics are noted below.

Family Status	# of Families	% of Families	Need Categories	# of Families	%of Families
Total Enrolled	230	100%	Housing Assistance	152	66%
# of Two Parent	106	46%	Mental Health	100	44%
# of Single Parent	124	54%	Emergency	92	40%
Two Parents Employed	32	36%			
Single Parent	56	64%			

The PIR indicated that 54% of Head Start families were single parent households, creating vulnerability due to the lack of second income and other supports that are available to two parent families. Sixty-four percent of single parent families were employed. Sixty-six percent of families required housing assistance during the year and 40% accessed some sort of emergency or crisis intervention service.

Providing services to children with special needs is another significant issue in Head Start. The 2011 Maine Kids Count Report data indicates that the percentage of children with disabilities as reported to the Maine Department of Education was 17.1% statewide. The rates in the MMCA Head Start service area are even higher:

- Cumberland County: 14.1%                      Lincoln County: 28.7%                      Sagadahoc County: 25.7%

Forty-two percent of the 246 children enrolled in the Head Start Program during the 2010-2011 year have been formally diagnosed with disabilities. Seventy-eight of these children have speech/language impairments, nine were diagnosed with developmental delays, one had emotional/behavioral impairments, four had health impairments and one had a hearing impairment. The CDS system has been reorganized and Head Start has three rather than four CDS offices available to provide formal pre-school screening and evaluation services. MMCA works in close coordination with CDS, physicians and other service providers in the area to assist children with special needs.

Community Services Program Participants

Characteristics for Community Services program participants are captured through the Housing Counseling and Family Development Programs. For Housing Counseling we capture information about the life circumstances or risk factors that caused participants to request assistance. The table below identifies risk factors as reported by program participants last year. Poverty or welfare was the highest risk factor reported (80%), followed by unemployment (50%), then disability (34%).

Housing Counseling Risk Factors

<b>Risk Factor</b>	<b>%</b>	<b>Risk Factor</b>	<b>%</b>	<b>Risk Factor</b>	<b>%</b>
Poverty/Welfare	80%	Homelessness	28%	Divorced Parent	14%
Unemployment	50%	Underemployment	25%	Domestic Violence	4%
Disabled Parent	34%	Single Parent	17%		

Last year we also captured information about age ranges for Housing Counseling participants through the HUD Housing Counseling Online (HCO) system. The age range for 53% was 31 to 50, 29% for 18 to 30 year olds, 13% for 51-62 year olds, and 5% for those over 62.

We also capture demographic information on Family Development clients. The family demographics noted below were obtained from case management staff as part of their quarterly report submissions. The majority of families continued to be female head of household (77%). A majority of families had one to three children (67%), ages 0-10 (81%). The percentage who received TANF (32%) increased slightly from last year and 73% reported a monthly family income in ranges from \$500 to \$1500. The majority of participants were 17-30 (50%) or older adults (36%). There was an 11% increase in the number of families that received child support, partly because case managers assisted single parents to receive support if they were not previously receiving it.

<u>Gender</u>		<u>Age</u>		<u>Marital Status</u>	
Female	77%	17-30	50%	Single	53%
Male	33%	31-45	14%	Married	17%
		>46	36%	Divorced	15%
				Widowed	12%
				Separated	3%

<u>Source of Income</u>		<u>Monthly Income</u>		<u>Family Size</u>		<u>Age of Dependents</u>	
Employment	29%	\$100-\$500	16%	1-3 Children	67%	0-5	51%
TANF	32%	\$501-\$1000	44%	4-6 Children	32%	6-10	30%
SSI	24%	\$1001-\$1500	29%	>6 Children	1%	11-15	9%
Child Support	15%	>\$1500	6%			>16	10%
Veterans	3%						
0 Income	8%						
0 Income	7%						
Other	22%						
Unemployment	5%						

## SUMMARY

This assessment has attempted to provide, by various means, a description of the community needs that MMCA addresses in the development and operation of its programs. The description includes:

- Unique characteristics of the geographic areas we serve;
- Review of socioeconomic and other trend data provided by reliable sources;
- Obtained information from the provider network by survey; and
- Service recipient demographic data and feedback by survey.

We have concentrated on Head Start and Community Services departments as they contain the largest number of program recipients for the agency. We have demonstrated remarkable consistency between data sources for identifying the most prevalent community needs in our area. These include affordable housing, living wage employment, access to reliable transportation and affordable child care, heating and utility assistance, and availability of training and education programs. Our community assessment also revealed a cluster of systemic problems within the health and human care system. These are barriers to receiving services faced daily by families struggling with the problems listed above, and include:

- Eligibility Restrictions
- Distances to Service Points
- Lack of Program Vacancies
- Lack of Information about Available Services

These barriers have a direct impact on the successful delivery of health and human care services to MMCA families.

CSBG funding plays a critical role in agency response to assessment of community need. We use these funds to support efforts in a number of programs within the agency. Performance objectives associated with this funding closely parallel identified community needs. Some of these objectives include:

**CSBG Performance Objectives**

Unemployed participants obtained a job	Obtain child support
Employed participants maintained job for 90 days	Complete and maintain a budget for over 90 days
Increase in employment income and/or benefits	Housing units preserved/improved thru weatherization
Achieved "living wage" employment and/or benefits	Low income representation on Boards and Committees
Received certificate or diploma for employment skills	Emergency vendor payments for fuel, utility, and
Complete ABE/GED for certificate or diploma	Infants/children obtain health and dental care
Obtain child care for employment	Children improve development thru adequate nutrition
Obtain reliable transportation and/or driver's license	Children in preschool develop school readiness skills
Obtain health care services to support family stability	Children in preschool were ready to enter kindergarten
Obtain safe/affordable housing to support stability	Learn and exhibit improved parenting skills
Obtain food assistance to support family stability	Learn/demonstrate improved family functioning
Qualified for federal or state tax credit	Receive financial literacy training (FAB)

We hope that our dedicated attention to addressing these issues will have a positive impact upon the communities we serve.

