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STUDY RESPONDENTS

There were 184 completed surveys and 15 stakeholder interviews conducted. For detailed research methodology please see Indiana Community Needs Assessment 2018 Final Report.

STAKEHOLDER SURVEY OUTCOMES

Of those surveys, 86.4% of the respondents were staff and community stakeholders (which included stakeholders and other), while 13.6% were board members.

Staff members roles included administrative support, executive management, finance and human services, and case management. In comparison, Statewide Stakeholders were from broadcast media, economic development, education, engineering, faith community, healthcare, government (local and federal), local philanthropic organizations, social services, regional planning commissions, and workforce development organizations. On the other hand, board members tended to work in the following professions: Community Care Clinic Division of Social Services, Faith Community, Primary Care, Probation/Parole Division of Social Services, Child Protective Services, Hospitals, Public Health, School Systems, Contracted Providers, Business Owners, and Community Member, and Service Providers.
Most stakeholder agencies focused on Basic Needs/Emergency Assistance (15.0%) and Family Support (14.9%).

Other service needs identified included:

- Food pantry
- Needs assessment
- Job referral with WORKONE
- Linkages
- I &R
- Resource manual
- Host quarterly partnership group
- Advocacy
- Public transit
- Commodity and mobile food truck
- Organize and bring local private-public and faith-based volunteers and donors together for annual event of food
- Toys and clothes for children.
- Community development and coordination and collaboration of services to maximize utilization of resources.
- Legal
- Reproductive services
- School Readiness

Statewide stakeholders were asked to respond to the following question.

“In your opinion and the requests for services/assistance in the last 12 months, what are the top three most pressing needs of low income individuals?”
The top three priority needs identified were Healthcare (12.1%), Housing (8.2%), and Adequate/Affordable Childcare (6.4%), and Utility Assistance (6.4%). The next two identified pressing needs included Job Placement Assistance/Skills Training (5.7%) and Food/Clothing Assistance (5.0%).

Other needs identified included:

- Basic Handyman Services 5.0%
- Financial Education/Budgeting Skills 4.7
- Transportation Assistance 3.7
- Living wage employment/self-sufficiency/living assistance 3.5
- Addiction Treatment/Alcohol and Drugs 3.2
- Energy Assistance and Weatherization 3.2
- Employment Assistance/Placement 3.0
- Senior Care/Support 2.7
- Healthy Foods (access)/Nutrition Education 2.5
- Mental Health services 2.2
- Education & Job Training 2.0
- Network of affordable home/handyman repair services for our clients 1.2
- Rental Assistance 1.2
- GED/Vocational opportunities 1.0
- Living wage 1.0
- Early childhood education/Child Development 1.0
- Parenting Skills 1.0
- Referrals 1.0
- Opiod abuse 0.7
- Preschool for low-income children 0.7
- Birth control/Family planning 0.7
- Shelters (domestic abuse/homelessness) 0.7
- WIC services 0.5
- Insurance 0.5
- Emergency Shelters 0.5
- Basic Needs 0.5
- Access to county and state services 0.5
- Adult Literacy 0.5
- Prescription Drug Costs 0.5
- Note all Others less than 0.5%

Stakeholder Perceptions of Programs/Services Offered by their local Community Action Agency (CAA)

The overall majority of stakeholders (93.0%) believe the services offered by their local CAA are excellent. However, only a little over half (53.7%) strongly agree or agree the delivery of services provided by the local CAA are excellent. Most stakeholders (97.6%) would highly recommend the services provided by the local CAA. In comparison, approximately 64.0% noted that the public is adequately aware of the services provided by their local CAA.

Figure 5. Stakeholders Perceptions of Programs/Services

Perception of Need, Accessibility, and Effectiveness of Services Provided

This section is concerned with stakeholder perceptions of services to meet the basic needs of residents in the CAA service areas based on need, accessibility, and effectiveness for these services. The top services which were identified by 51% or more of clients and/or stakeholders are highlighted to determine areas of needed improvement (gaps) and overlaps in human services provided. For the purposes of this analysis, areas of improvements are defined as those areas where only one of the three criteria thresholds were met. For example, if a human service ranked high in need, but lower than the 51% or more threshold for accessibility and effectiveness. In contrast, overlaps are defined as those human services that met two or more of the three criteria thresholds. For instance, the human service is both perceived as moderately to greatly needed and moderately to very accessible or effective.

Each human service need is analyzed by the following categories of service support:

- Child Services & Family Support/ Outreach
- Healthcare
- Personal Finance
- Housing Assistance & Shelter
- Basic Needs/Emergency Assistance
- Independent Living for Vulnerable Populations
Child Services and Family Support/Outreach

Most Needed (Top 10): Statewide stakeholders identified the majority of services provided under child services and family support as a moderate to great need by 51% or more. The top ten services are identified below.

4f Teen Programs 76.2%
4h Job Placement Assistance 72.4%
4e Youth Programs 71.0%
4b Job Certification Programs 70.2%
4g Computer Skills Training 70.2%
4i Parenting Skills Training 68.8%
4d Childcare 68.1%
4a Adult Literacy Skills Training 64.2%
4p Nonemergency Energy Assistance (e.g., LIHEAP or WX) 62.6%
4k Support for Caregivers Disabled Persons 60.9%

Most Accessible (Top 5): Statewide stakeholders noted only ONE service provided under child services and family support as moderately to very accessible by 51% or more. The top five services are identified below.

4c GED Classes 56.9%
4d Childcare 45.3%
4a Adult Literacy Skills Training 45.3%
4p Nonemergency Energy Assistance (e.g., LIHEAP or WX) 44.5%
4h Job Placement Assistance 43.1%

Most Effective (Top 5): None of the statewide stakeholders noted only ONE of the services provided under child services and family support as moderately to very effective by 51% or more. The top five services are identified below.

4c GED Classes 52.3%
4p Nonemergency Energy Assistance (e.g., LIHEAP or WX) 39.9%
4j Support for Caregivers of Seniors 38.5%
4h Job Placement Assistance 38.0%
4d Childcare 37.7%

Note: See Appendix I: Child Services and Family Support/Outreach for detailed outcome results.
Healthcare

**Most Needed (Top 10):** Statewide stakeholders identified most services provided under healthcare as a moderate to great need by 51% or more. The top ten services are identified below.

5s. Substance Abuse Assistance 94.6%
5r. Adult Mental Health Support 91.8%
5q. Child/Adolescent Mental Health Support 90.8%
5a. Primary/Preventative Medical Care 84.8%
5n. Health Education Programs 80.4%
5o. Healthy Relationships Programs (e.g., family counseling, interpersonal conflict resolution/mediation) 80.4%
5k. Transportation for Medical Care 79.3%
5p. Nutrition Education 77.7%
5m. Health Insurance Coverage 76.6%
5b. Specialty Care 75.0%
5c. Prescriptions 75.0%

**Most Accessible (Top 5):** Statewide stakeholders noted four services provided under healthcare as moderately to very accessible by 51% or more. The top five services are identified below.

5h. Hospice 61.4%
5g. Physical Occupational Therapy 58.7%
5f. In-patient Hospital Care 57.6%
5a. Primary/preventative medical care 57.1%
5j. Vision (e.g., eye exams, corrective lenses) 50.5%

**Most Effective (Top 5):** Statewide stakeholders noted three services provided under healthcare as moderately to very effective by 51% or more. The top five services are identified below.

5h. Hospice 56.0%
5a. Primary/Preventative Medical Care 52.2%
5f. In-patient Hospital Care 51.6%
5g. Physical Occupational Therapy 50.0%
5e. Out-patient Hospital Care (e.g., medical/surgical, emergency care) 47.8%

*Note: See Appendix II: Healthcare for detailed outcome results.*
Personal Finance

Most Needed (Top 6): Statewide stakeholders identified most services provided under personal finance as a moderate to great need by 51% or more.

6c. Financial Education/Literacy 85.3%
6d. Credit Counseling 79.9%
6a. Tuition Assistance 72.3%
6e. Income Tax Assistance 66.3%
6b. Social Security Application Assistance 63.6%
6f. Assistance Starting a Business 45.1%

Most Accessible (Top 5): Statewide stakeholders identified NONE of the services provided under personal finance as moderately to very accessible by 51% or more.

6e. Income Tax Assistance 37.0%
6b. Social Security Application Assistance 26.6%
6a. Tuition Assistance 25.5%
6c. Financial Education/Literacy 25.0%
6f. Assistance Starting a Business 21.7%

Most Effective (Top 5): Statewide stakeholders noted only NONE of the services provided under personal finance as moderately to very effective by 51% or more.

6e. Income Tax Assistance 36.4%
6a. Tuition Assistance 28.8%
6b. Social Security Application Assistance 26.6%
6c. Financial Education/Literacy 25.0%
6f. Assistance Starting a Business 24.5%

See Appendix III: Personal Finance for detailed outcome results.
Housing Assistance and Shelter

**Most Needed (Top 10):** Statewide stakeholders identified all services provided under housing assistance and shelter as a moderate to great need by 51% or more.

- 7e. Permanent Affordable Housing  93.5%
- 7f. Permanent Supportive Housing  88.6%
- 7s. Home Repair  87.5%
- 7m. Supportive Services (e.g., case management, advocacy) 85.9%
- 7c. Temporary/Emergency Shelters for Families  85.3%
- 7d. Transitional Housing  83.7%
- 7b. Temporary/Emergency Shelters for Single Women  82.6%
- 7p. Home Insulation/Weatherproofing  **82.6%**
- 7n. Safe Havens for Persons with Mental Illness  79.9%
- 7g. Domestic Violence Shelters  79.3%

**Most Accessible (Top 5):** Statewide stakeholders identified NONE of the services provided under housing assistance and shelter as moderately to very accessible by 51% or more.

- 7p. Home Insulation/Weatherproofing  48.9%
- 7l. Emergency Food Services/Soup Kitchens  38.0%
- 7m. Supportive Services (e.g., case management, advocacy) 31.5%
- 7g. Domestic Violence Shelters  25.0%
- 7e. Permanent Affordable Housing  24.5%

**Most Effective (Top 5):** Statewide stakeholders noted only ONE of the services provided under housing assistance and shelter as moderately to very effective by 51% or more.

- 7p. Home Insulation/Weatherproofing  **57.6%**
- 7l. Emergency Food Services/Soup Kitchens  44.0%
- 7m. Supportive Services (e.g., case management, advocacy) 38.0%
- 7e. Permanent Affordable Housing  33.7%
- 7s. Home Repair  31.5%

See Appendix IV: Housing Assistance and Shelter for detailed outcome results.
Basic Needs/Emergency Assistance

**Most Needed:** Statewide stakeholders identified all services provided under basic needs/emergency assistance as a moderate to great need by 51% or more.

- 8e. Help with Affordable Housing 94.0%
- **8b. Help with Utilities 94.0%**
- 8a. Help with Rent/Mortgage 91.8%
- **8c. Help with Food 90.2%**
- 8d. Help with Transportation 89.7%

**Most Accessible:** Statewide stakeholders identified none of the services provided under basic needs/emergency assistance as moderately to very accessible by 51% or more.

- 8c. Help with Food 48.6%
- 8b. Help with Utilities 42.9%

**Most Effective:** Statewide stakeholders noted ONE of the services provided under basic needs/emergency assistance as moderately to very effective by 51% or more.

- **8c. Help with Food 54.9%**
- 8b. Help with Utilities 50.5%
- 8a. Help with Rent/Mortgage 33.2%
- 8e. Help with Affordable Housing 29.3%
- 8d. Help with Transportation 25.5%

*Note: See Appendix V: Basic Needs/Emergency Assistance for detailed outcome results.*
Independent Living for Vulnerable Populations

**Most Needed:** Statewide stakeholders identified all services provided under independent living for vulnerable populations as a moderate to great need by 51% or more. The top ten needs are listed outlined below.

9b. Support for Disabled Persons (e.g., adult day care/employment support, meals, personal assistance, care management, etc.) 86.4%
9a. Support for Seniors (e.g., adult day care/support, meals, personal assistance, care management, etc.) 85.9%

**Most Accessible:** Statewide stakeholders identified NONE of the services provided under independent living for vulnerable populations as moderately to very accessible by 51% or more.

9a. Support for Seniors (e.g., adult day care/support, meals, personal assistance, care management, etc.) 32.1%
9b. Support for Disabled Persons (e.g., adult day care/employment support, meals, personal assistance, care management, etc.) 28.3%

**Most Effective:** Statewide stakeholders noted NONE of the services provided under independent living for vulnerable populations as moderately to very effective by 51% or more.

9a. Support for Seniors (e.g., adult day care/support, meals, personal assistance, care management, etc.) 37.0%
9b. Support for Disabled Persons (e.g., adult day care/employment support, meals, personal assistance, care management, etc.) 32.1%

*Note: See Appendix VI: Independent Living for Vulnerable Populations for detailed outcome results.*
Perception of Barriers to Services Provided
This section is focused on stakeholder perceptions of barriers to services to meet the basic needs of residents in the CAA service areas.

BARRIERS TO PROVIDING SERVICES
Statewide stakeholders were asked to respond to the following question.

“What are the primary barriers associated with the provision of human services in your county or counties served?”

Culture/Geography: Statewide stakeholders pointed to culture and geography as barriers to obtaining assistance. Stakeholders stated there was a lack of programs and resources available in rural areas. According to stakeholders, the shortage of assistance could be due to the “cycle of poverty,” “lack of permanent solutions,” and denial of community needs that continue the “revolving door” at rural service agencies. However, social stigmas associated with utilization of services still prevent citizens from seeking help in rural communities as well.

“Lack of permanent solutions that would create lasting impact to raise individuals and families out of poverty; i.e. jobs and personal skills, habits, and motivation that create independence and self-sufficiency.”

Transportation/Access: Statewide stakeholders identified transportation and access as two obstacles to getting assistance. Individuals noted “systemic transportation issues,” such as lack of transportation or access to fuel. Stakeholders highlighted the need for “transportation for seniors” especially. Language barriers, long wait lists, and inconvenient hours of agency operation also made it difficult for stakeholders to access services.

“Rural area, limited access to hospitals, shopping, jobs. Need transportation and fuel.”

“Time restraints, services are not available to in a wide range of hours to make it more serviceable to the population and many of the most needed services have extremely long waiting lists.”

Awareness/Communication: Statewide stakeholders distinguished awareness and communication as two defects to individuals receiving assistance. Denial of the problems present in the community and poor communication and advertising from the service providers has led to a “lack of knowledge of resources.” Additionally, stakeholders agreed providers need to communicate amongst each other more to coordinate services better and figure out how to best serve a shared client population.
“Many people deny the depth of the problems that need to be addressed. There is resistance to some programs being in “my neighborhood.”

“There are several that do not know that certain services are available to them.”

“Too many organizations trying to do the same thing, so no one is as effective enough - silo and turf protection; not enough coordination of resources”

Accountability: Statewide stakeholders identified the need for accountability for service providers and clients seeking assistance. Stakeholders believe there should be “more responsibility and consequences” for misuse of services to make sure there is money available for individuals with greater needs. Yet, stakeholders want service providers to be responsible for implementing more educational services, like “welfare to work” to help break the “cycle of poverty” and “revolving door.”

“We spend so much money on people who abuse the system that we don’t have money left for legitimate needs.”

Funding: Statewide stakeholders pinpointed funding as a limitation to individuals receiving assistance. Needs cannot be met because of lack of funding for services and for qualified staff. More funding is needed for homelessness and addiction services specifically, according to stakeholders. However, when funding is provided, restrictions on funding impedes services in rural communities also.

“Lack of proper funding and too many restrictions when funding is provided. Local needs do not always match a larger state need and rural communities must operate the same as larger metropolitan communities.”

RECOMMENDATIONS FOR IMPROVING THE PROVISION OF SERVICES

Statewide stakeholders were asked to respond to the following question.

“What top two recommendations that do not require additional funding would you offer to improve the provision of human services in your county or counties served?”

Funding/Geography: Statewide stakeholders had recommendations about how to improve funding and geographical problems. Stakeholders believe service providers need to work to understand the differences in needs of urban versus rural communities, or grant
local providers the flexibility to create their own “strategic goals that match the local community needs.” In addition, stakeholders want funding aimed towards creating competitive employment packages, so they can hire more qualified staff to deliver services.

“Rural areas of the state often need different services from Urban areas. Work to understand the differences and allow for flexibility to allow the programs to work best in the local areas.”

Community Collaboration/Partnerships: Statewide stakeholders denoted community collaboration and partnerships as the most important and cost-effective way to improve human services in their counties. They repeatedly recommended that service providers collaborate with each other by sharing updated information, advertising materials, or by having a shared central database. Also, stakeholders believe providers need to get churches, schools, universities, local charities, mentors, and volunteers more involved in their programs.

“More support from the other agencies. The community working together and helping each other.”

“Encourage churches and local charities to be more involved in community projects.”

Transportation/Access: Statewide stakeholders identified transportation and access and two areas that could be improved without additional funding. They believe lowering eligibility guidelines, making required documents more flexible, and extending office hours for working families would improve access to services. Moreover, stakeholders want more information about how the community can tackle the need for transportation together.

“Extend office hours to accommodate working families. Remove some of the red tape involved in administering programs such as weatherization.”

Awareness/Communication: Statewide stakeholders offered improvements for awareness and communication. Again, they emphasized the need for better communication among service providers the most. However, stakeholders also recommended that providers attend community events, “enable 411 calls to be handled via text messages,” and use social media and internet resources more strategically.

“Better information strategies via Internet and improved coordination with all social service providers.”

Accountability/Education: Statewide stakeholders recommended increasing accountability within services and implementing educational initiatives. Stakeholders want agencies to be held accountable for poor referral services and other subpar services. Additionally, stakeholders want to educate elected officials so
they know the needs of those they serve. Lastly, stakeholders recommended more educational programs that would make individuals and families “self-sufficient.”

“Educate policy makers and legislators on the very real problems facing the communities they represent.”

“Work on educating and mentoring young families. Change the culture, change the future. Diminish focus on “hand-out” and increase resources for “hand-up”. Engage people in creating their new future.”
Perceptions of Service Delivery
This section is concerned with stakeholder perceptions of service delivery to meet the basic needs of residents in the CAA service areas.

GAPS IN SERVICE DELIVERY
Statewide community stakeholders were asked to respond to the following question.

“Are there any services that the CAA is not providing that you think they should be?”

Transportation/Access: Statewide stakeholders indicated transportation and access as to getting substantial assistance. Individuals stated, “transportation services for seniors,” and “better disabled transportation”. Stakeholders mentioned the inability to secure transportation as the major gap in their service provision. Especially in extreme rural areas, transportation effectively prevented clients from attaining access to the services they need, especially when these clients suffered from some kind of disability.

In certain areas, the lack of transportation and internet was a strong barrier to families being able to access any available services. Other agencies had addressed this issue by setting up a number of satellite locations in the areas they served, many times with one staff member.

“Aggressively attack the transportation problem.”

“Because we’re a rural community with a lot of low income folks [there are] challenges getting loved ones or children to programs. And that is just a function of that there’s no public transit in any of the five counties that we service.”

“We are, obviously, seeing a gap now in this opioid epidemic and service providers being able to get people in to be seen in a timely basis, with an appropriate milieu of services has been a need we’re looking at. We are working with Wayne County and their pilot project on addressing that population.”

"The only time that we are unable to meet the need in the community is if that home has unsafe working conditions. And we do everything that we can, and we partner up .. and try to get that family the help that they need to make that area a safe workplace."
Awareness/Communication: Statewide stakeholders mentioned awareness and communication in which needed immediate assistance. Most, are not aware of the services provided and want more information as to what resources are there for individuals to utilize. “I am not aware of the services provided”, and “continue to promote all services”, stated by some. Communication is another key aspect that Statewide Stakeholders mentioned as needing assistance. “Better communication with other social services agencies, Marketing of services” and “Communication, sufficient time for community service groups to communicate. Job demands have increased in the last few years leaving no time for meetings. Also, funding has sent most agencies into a crunch so funding is not available to attend conferences and meetings,” stated.

“Better communicate with other human services providers so that services are not so fragmented, requiring clients to navigate through a confusing maze that requires mobility beyond their means.”

“Continue to promote awareness of programs increase visibility in community.”

Accountability: Statewide stakeholders identified the need for accountability in which services are provided. “Continue to support local subgrantees considering equal distribution of CSBG dollars if possible”. Stake holders believe that there should be continued support and promotion of other services and new services provide.

“Advertisement for all of the services you supply. People still think all you do is preschool and energy assistance.”

“Promote the CAA and local grantees so the communities identify our efforts as a team, work together in offering other programs. Our CAA truly supports local service delivery. We are grateful for our partnership and believe this should be acknowledged.”

Funding: Statewide stakeholders indicated funding as being not distributed to individuals in need and in other areas. There is lack of funding and in need of additional funding stated by Statewide Stakeholders.

“Funding and accessibility to facilitators. Funding and social acceptance”.

“Funding for preventive health and nutrition education.”

Childcare: Statewide stakeholders described childcare as being an imperative aspect to services provided. Most, are in need of assistance in childcare and providing for their families.
“Daycare is needed but there is not a way to break even in delivering daycare for the rural areas.”

“Childcare is a major need along with housing services.”

**Housing/Shelter:** Statewide stakeholders identified housing as being a component that needed assistance. Many individuals are struggling to find affordable homes to live in and is in need of assistance.

- “Help with getting more affordable housing for the senior citizens and low-income families. Improve the available transportation for medical appointments.”
- “Assistance to individuals who may struggle with unusual circumstances to older homes and water problems.”
- “Housing that is affordable and decent to live in.”

**Health Related Services:** Statewide stakeholders mentioned health as services that was in need for the community, including but not limited to mental health and addiction treatment referrals, transportation; permanent housing and emergency housing for women and families. Stakeholders also believe that there is need of assistance for mental health and rehabilitation services for those in need.

**Overlap in Services**

There was not a high incidence of overlap in the services that the community action agencies provide. However, some staff members did report overlap regarding food banks, Early Head Start versus school-based preschool programs, and programs provided by the Department of Child Services. Better communication and collaboration between these agencies would alleviate the problem, according to the interviewees.

- “At Head Start, we currently connect families with all the needed medical, dental, vision; all that a child needs. We are connecting those families to those services. So, that’s something we can do that DCS wouldn’t have to do. They could spend their resources a little bit more frugally and wisely. But when they refuse to partner with us, you’ve got two entities doing the exact same things.”
- “There isn’t a lot of overlap. I would say there are more gaps than overlaps.”
- "So, overlap? No. For preschool services alone we have waiting lists. If anything, we underserve the population because of limits on funding."
"...As the state launches On My Way Pre-K and so forth, it seems to me that we are beginning to overlap and we are meeting some competition as opposed to collaboration to make sure that all of these kids have access to services. We seem to be fighting over the same group."

**Access to Services**

In most action agencies, clients come to the headquarters to access services. In some cases, agencies have created satellite locations or make home visits to attend to the needs of their clients. Requests for services are also mailed to clients’ homes if they have been previously enrolled in the program. Increasingly, clients are requesting appointments online, where the internet is available and the action agency’s systems comply. Some agencies have coordinated with the local 211 providers to also schedule appointments on the phone. Other barriers remain, such as language problems, and clients who are hostile when visiting the agency.

"In some cases, the language is a barrier... If an appointment is not made in advance, and they just walk in the door, we don’t always have a translator available. Some will bring their translators with them. It’s particularly tricky in the health services, because you’re trying to translate medical information to a child about their mother’s sexual activity."

"We struggle...a lot of job searches, a lot of higher education, even elementary school, high school is dependent on internet access...reliable internet access. That is not widely available through Crawford County. For example, we have two Head Start centers; fiber is not an option for those Head Start centers as far as we can tell. The internet service that we had there was so unreliable. What we are doing is working with Verizon and a vendor to try and take cellular signals, to convert that to appropriate internet access for those centers."

“So, wherever a referral comes from, it really doesn't change how it's requested. The only difference is, you know, if I get a referral and it's in Gary, for instance, it would greatly dwindle down the amount of people that would be willing to travel there at all, let alone travel there to work in the afternoon or midnight shift.”

"They are...I’d say meaner. Their dispositions when they come in are much angrier, much more demanding, bullying. Obviously, this is behavior that has gotten them what they need over the years so these are other coping mechanisms that have worked for them and they can’t be blamed for that. But there has been a shift..."
State Government Role

Stakeholders recognize the variety of responsibilities that the state government bears in relation to the provision of social services and addressing the needs of the poor. Speaking broadly, the systems in place do effective work serving the needs of the people, especially in regards to alleviating immediate needs such as energy assistance as well as long-term support such as individual saving accounts, staff member’s responsiveness to questions, and garnering stakeholder input through efforts such as this study. Stakeholders consistently voice concerns about the conflict between services to benefit the poor, and legislative policies such as payday lending, minimum wage, and the lack of health care navigators. They also see the high rate of turnover amongst staff as a major roadblock to effective administration. Finally, stakeholders would like for elected officials to occasionally visit their sites, in order to better understand the work and streamline bureaucratic systems.

"...The hardest thing is that every time somebody leaves, the new person who gets hired has no clue. And it’s like, oh no, here we go again."

"I would say that I would like to see the authorization process that we have to go through, I would like to see quicker response times. And I also don't like that if I go meet a family and they are already with another agency and they have an authorization, I can’t go online and look up the detail of their authorization. I don't have access to it. . . If I knew ahead of time, then we could get the ball moving around that process so there is not that gap of coverage."

"...Lots of turnover, lack of knowledge. I would say I see a lack of appreciation for the balance and expertise of the network. I think it’s getting a little better, but I think the state can do better. But, saying that, I have no idea what pressures they face from the federal government, and the rules and regulations they are forced to follow."

"Minimum wage is strictly not appropriate these days. I believe if we had taken the minimum wage from 1968 and done nothing but adjust it for inflation, the minimum wage today would be roughly $10.91 an hour. How we expect anyone to live on $7.25 is beyond my imagination. So, I think that we could do a much better job from a legislative standpoint, in addressing issues, that are keeping people in poverty."

"I think they could do better. I think that some of the elected officials need to get out more in their communities and really see and talk to community people and see what needs are really there. And then go back to Indianapolis and work on ways to meet those needs. And I can tell you from my experience over the past twelve months, I have not seen any state elected officials in this agency. But I’ve seen one of our congress men visit twice.”
“They are working on the legislation for the pay day lender, the terrible interest rates that are usury rates.”

“They don’t keep their staff very long. That’s a problem. It’s a big problem, because we’re down here on the front lines doing the work, ...and I don’t know if anyone else is bold enough to say it across the state, but I’m just saying it like it is, we find ourselves turning around and training their staff how to monitor us.

“So, I think to their [IHCDA’s] credit, they are working well. I don’t sense the same level of cooperation from elected officials, at least at the state and federal levels. Pay day lending is an example. No one can afford a pay day loan. And the house just expanded that.”

“The energy assistance kind of thing is good, that it helps them with a situation right now, but the, you know, savings program is a more long-term program that helps, you know, really down the line.”

Trainings
Trainings were consistently seen as a helpful service provided by the state, unless staff members were already provided with trainings from groups such as Head Start. When prompted, stakeholders agreed that trainings on analyzing community impact would add to the capacities of their agency. They also mentioned other needed trainings.

“... More crisis intervention training for the staff, to try to get them more understanding of where the clients are---how the clients have been living, the type of stressors that they’re under...It just all comes down to training so that they know they aren’t there by themselves. Because we have staff gathering from across fifteen counties and most of the staff are in an office by themselves, nine hours a day. So, they have to be confident in their abilities and we have to be confident in their abilities.”

“I was not allowed to go through that education because they said there was no money in the budget. I do, through the national corporation that I am affiliated with, I go to conferences that...we have one conference that they have that is mandatory. So, I do go to that conference, but that’s mainly focused on the services that I provide to the seniors and the children. Which is great, because I learn a lot, but outside of that and learning things about community action, no. There’s no training that’s provided.”
“...Measuring outcomes, I understand ROMA, and I understand all of that. But, at the end of the day, one of the keys I find is being able to establish rapport with clients in a respectful way, and giving them some hope and dignity to move forward.”

“I am certainly planning to attend. And what I learned more about the training, there may be others who will be there as well. You know, it is a challenge at this point; the new CSBG annual report is going to expect outcome information like we’ve never had to report it. That’s a real challenge when you don’t do case management...”

**Personal Meaning and Value of Community Action Agencies**

Stakeholders are passionate about the meaning and value of action agencies in the life of their communities. They mentioned both the role of advocating and also the provision of services for individuals and families. Stakeholders are positive about the system in place, and highly enthusiastic about the people who implement it.

"The more you’re here, especially in a leadership role; you’re very moved to advocate strongly for clients on a macro and a micro level."

"It has made me see that there are a lot of people out there that, and I’ll get emotional, it’s made me see that there’s a lot of people out here who have a lot of needs. It’s made me a lot more empathetic. And through some of the training and education that I have received as an employee here, I understand that there is a culture in poverty that cause people to do what they do, and understanding that has freed me up from a lot of biases that I had."

"I would just say that...honestly, I...I only planned to be here three to five years. . .I’ve been here thirty-two. Community Action Agencies are a very community oriented, multipurpose agency. We deal with all aspects of people who are facing difficulties in their lives and any time we can get that message out to whomever, whenever, I’m there to do that."

"But I mean, we save marriages because we are able to give people back the least that they need. I mean, it is just the amount of stress that a normal family is under is a lot nowadays, and then to add on to it that you have a child that is medically fragile and it gets exacerbated so, any sort of normalcy that we can bring to the home, it helps a lot."
"We were able to link [a client] with a program called Senior Care that our hospital has, that works with the elderly, all covered by Medicare. And she ended up going through their program and, you know, she found herself again. She was very lost. She was stuck in grief. Like our board says, if there’s that one person who comes in and says I’ve changed, I’ve improved my life, what kind of value do you put on that?"

“The people! I think each one that it takes. It takes the people in the WIC department who are creative enough to say, ‘Oh! We are giving these vouchers, that a national thing but, nobody’s using them, so this is how we can fix that. Let me go talk to the pickery and see if they will come here. Or another example, the Director for the indigent medical care program, she gets in touch personally with doctors, pharmacies and medical supply stores and stays in touch with them all the time to make sure that she can help as many as she possibly can in the community. It’s the people.”

RECOMMENDATIONS FOR IMPROVING THE PROVISION OF SERVICES

Statewide stakeholders were asked to respond to the following question.

“What top two recommendations that do not require additional funding would you offer to improve the provision of human services in your county or counties served?”

Funding/Geography: Statewide stakeholders had recommendations about how to improve funding and geographical problems. Stakeholders believe service providers need to work to understand the differences in needs of urban versus rural communities, or grant local providers the flexibility to create their own “strategic goals that match the local community needs.” In addition, stakeholders want funding aimed towards creating competitive employment packages, so they can hire more qualified staff to deliver services.

“Rural areas of the state often need different services from Urban areas. Work to understand the differences and allow for flexibility to allow the programs to work best in the local areas.”

Community Collaboration/Partnerships: Statewide stakeholders denoted community collaboration and partnerships as the most important and cost-effective way to improve human services in their counties. They repeatedly recommended that service providers
collaborate with each other by sharing updated information, advertising materials, or by having a shared central database. Also, stakeholders believe providers need to get churches, schools, universities, local charities, mentors, and volunteers more involved in their programs.

“More support from the other agencies. The community working together and helping each other.”

“Encourage churches and local charities to be more involved in community projects.”

**Transportation/Access:** Statewide stakeholders identified transportation and access and two areas that could be improved without additional funding. They believe lowering eligibility guidelines, making required documents more flexible, and extending office hours for working families would improve access to services. Moreover, stakeholders want more information about how the community can tackle the need for transportation together. Additionally, stakeholders noted clients in rural areas are unable to access services because of a lack of transportation.

“There’s a gap right now with physical and occupational therapy that travels to the home for kids at the age of three to twelve. So, there’s a lot of families out there that don’t have the proper transportation or can’t allocate the appropriate amount of time to take their child into a facility for those therapies and because there no agencies that are providing that in-home care around us after that age, it’s just a lost, lost situation for everybody. And those kids don’t get the therapy that they need.”

“The data shows that the commute for people in those three counties is longer than would be the average. So, we’re trying to figure out how to get people reliable transportation, because we are a rural area.”

“We used to have meals catered in already prepared now we get frozen meals which have to be heated. And then when you look at the nutrition program, most people don’t know where they’re going to be in three weeks. So, it’s very hard to get participation and it’s difficult the way the program’s administered. So, I would think with the congregate meals, and maybe homebound meals, we need more help streamlining the process to make it more user friendly for a person.”
Awareness/Communication: Statewide stakeholders offered improvements for awareness and communication. Again, they emphasized the need for better communication among service providers the most. However, stakeholders also recommended that providers attend community events, “enable 411 calls to be handled via text messages,” and use social media and internet resources more strategically.

“Better information strategies via Internet and improved coordination with all social service providers.”

Accountability/Education: Statewide stakeholders recommended increasing accountability within services and implementing educational initiatives. Stakeholders want agencies to be held accountable for poor referral services and other subpar services. Additionally, stakeholders want to educate elected officials so serve. Lastly, stakeholders recommended more educational programs that would make individuals and families “self-sufficient.”

“Educate policy makers and legislators on the very real problems facing the communities they represent.”

“Work on educating and mentoring young families. Change the culture, change the future. Diminish focus on “hand-out” and increase resources for “hand-up”. Engage people in creating their new future.”

Structural Biases against funding and programming in Rural Areas: Districting and allotting funds can be biased against rural areas. Centralized agencies and services can often be difficult to access.

“For example, the Bureau of Motor Vehicles or Indiana Workforce Development, those agencies have gone more to the way of being nameless, faceless groups of people that are in Indianapolis and they don't really have any, they are not really respondent to us or and they are not really responsible to us or accountable.”

"Whenever you take local jobs away, and then you make those in an agency that is a centralized location, and that central location is the one responsible for doling out all of the money for different areas in the state as a whole, you do not meet the needs of the people in the rural communities. You do not hide those people and not give them a voice. I know that money is always an issue and the state is always looking for ways to cut. But whenever you take away the local voice, you're not serving the people."

Leadership: Several agencies commended their leaders for their vision, strategy and implementation to match services to community needs. These leaders found creative ways to employ expert personnel, such as hiring retired executives to work part-time. The lack of effective
leadership was also mentioned as highly destructive to the process of meeting community needs.

“…Our CEO is very visionary and he’s very well linked into the communities that we serve.”

“[The leader] is doing things on impulse that, to me, it’s not helping the agency.”

**Advocacy:** Effective agency leaders advocated to policy makers and other state-level decision makers about how current legislation affected the populations that action agencies serve. Issues of special concern for leaders included: pay day loans, minimum wage, mental health services and strategy to combat the opioid epidemic.

“Pay day lending is an example. No one can afford a pay day loan. And the house just expanded that. It would allow people to be charged over two hundred percent on a loan that there’s no way they’re going to be able to afford or to repay. And so we could see some help there.”

**Internal Collaboration:** Some staff members voiced concerns about a ‘silo effect’ where one division of the action agency was not in communication with the other divisions or programs. These staff members voiced concerns about how programs were chosen and administered, but felt they did not have input into the overall mission of their particular agency.

“I’m all to myself. I’ve been here in my office for a week, and I go out occasionally to different sites, and if I didn’t go out and make it be known that I’m part of the agency and that I’m here, nobody would ever know.”

**External Collaboration:** Board members and staff of the action agencies should make connections with community partners across sectors in order to better collaborate to address the needs of a community.

“…More networking, more partnerships. You know, encouraging that type of activity, rather than us acting alone as non-profits. We have had success in some counties, probably not as successful in others, in developing those partnerships. But the counties where we’re most successful is a county where a collaborative spirit exists between service providers.”

“Sometimes we have to bring the community to us in order to help us address those needs. And sometimes there have to be cries for support before anybody will help us do that.”

“So, I think community-wise the number and the breadth of the not-for-profits that are all working of the common goal of betterment of the community and less poverty and illiteracy or whatever it is.”
Holistic Approaches: Many respondents mentioned that they would like to be able to provide a wrap-around services approach to addressing poverty in their communities. At times, clients make use of certain services, especially those related to immediate needs, but are not aware or encouraged to be a part of programs that could be helpful over the long term. A case management or holistic services approach was recommended by several staff members.

“Well, we’re enrolling the same people in that program year after year after year. Not that it isn’t important to get people energy assistance when they need it, but if I provide energy assistance to the same family year after year after year, arguably, I have not done anything to improve their situation long term. . . . But if we could provide holistic services and take a more proactive approach and kind of wrap our arms around that individual, that family. . .I think our ability to have some impact on at least some families would be increased.”

Income Parameters: Services are sometimes not available to families who are in need, but make more than the amount allowed to receive services. Stakeholders mentioned that families in risk of poverty could be kept stable if they were able to access services.

“The poverty level sometimes keeps out the people that could benefit the most...If there was a way to reach out and be able to help those people who make too much money, just enough money they can't be served by these programs.”

Access: Interactive Voice Response Systems (IVR) – IVR systems would allow clients to make appointments and access appointments according to their needs 24/7. If connected to the 211 system, emergency needs could also be met immediately no matter the time. This service could also be accessed digitally through a website.

“And if we are closed, we always encourage everybody to call 211. We have an excellent partnership with our local 211, and they can get ahold of us and we can go from there. But we’ve update as much as we possibly can.”

Alternative Business Models: Cross subsidizing the work of the action agencies was mentioned as a positive way to expand and fund the public service they provide. This creativity could also include incentives from the state when agencies garner private funding.
“They also have kind of a for-profit wing of agency development where the administration of [Name of Organization] has compiled a 2- to 3-day educational program for other providers.”

“There’s no reward or incentive for doing a really good job at building those community relationships, other than getting what you get from those community partners. You don’t get rewarded from it at the CFSBG or state level. And I think there should be. Our private funding per capita, per client numbers served, how about that? Because you know that’s, that’s a very big deal. Or even numbers of donors compared to numbers of clients.”
APPENDIX I. Child Services and Family Support/Outreach

*** To access detailed tables of all charts please log in to incaimpact.com.
4a. Child Services and Family Support/Outreach: Adult Literacy Skills Training

PERCEPTION OF NEED FOR SERVICES

70.7% of Stakeholders believe there is a Moderate to Great Need for Adult Literacy Skills Training

PERCEPTION OF ACCESSIBILITY OF SERVICES

46.7% of Stakeholders believe Adult Literacy Skills Training is Moderately to Very Accessible.

PERCEPTION OF EFFECTIVENESS OF SERVICES

36.4% of Stakeholders believe Adult Literacy Skills Training is Moderately to Very Effective.


4b. Child Services and Family Support/Outreach: Job Certification Programs

PERCEPTION OF NEED FOR SERVICES

83.2% of Stakeholders believe there is a Moderate to Great Need for Job Certification Programs.

PERCEPTION OF ACCESSIBILITY OF SERVICES

42.9% of Stakeholders believe Job Certification Programs are Moderately to Very Accessible.

PERCEPTION OF EFFECTIVENESS OF SERVICES

31.0% of Stakeholders believe Job Certification Programs are Moderately to Very Effective.

4c. Child Services and Family Support/Outreach: GED Classes

**PERCEPTION OF NEED FOR SERVICES**

70.7% of Stakeholders believe there is a Moderate to Great Need for GED Classes.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

61.4% of Stakeholders believe GED Classes are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

42.9% of Stakeholders believe GED Classes are Moderately to Very Effective.


4d. Child Services and Family Support/Outreach: Childcare

**PERCEPTION OF NEED FOR SERVICES**

89.1% of Stakeholders believe there is a Moderate to Great Need for Childcare.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

47.3% of Stakeholders believe Childcare is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

46.2% of Stakeholders believe Childcare is Moderately to Very Effective.

4e. Child Services and Family Support/Outreach: Youth Programs

**PERCEPTION OF NEED FOR SERVICES**

85.9% of Stakeholders believe there is a Moderate to Great Need for Youth Programs.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

34.2% of Stakeholders believe Youth Programs are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

33.2% of Stakeholders believe Youth Programs are Moderately to Very Effective.


4f. Child Services and Family Support/Outreach: Teen Programs

**PERCEPTION OF NEED FOR SERVICES**

84.8% of Stakeholders believe there is a Moderate to Great Need for Teen Programs.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

27.2% of Stakeholders believe Teen Programs are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

27.7% of Stakeholders believe Teen Programs are Moderately to Very Effective.

4g. Child Services and Family Support/Outreach: Computer Skills Training

**PERCEPTION OF NEED FOR SERVICES**

- 81.0% of Stakeholders believe there is a Moderate to Great Need for Computer Skills Programs.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

- 35.9% of Stakeholders believe Computer Skills Programs are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

- 31.0% of Stakeholders believe Computer Skills Programs are Moderately to Very Effective.


4h. Child Services and Family Support/Outreach: Job Placement Assistance

**PERCEPTION OF NEED FOR SERVICES**

- 85.9% of Stakeholders believe there is a Moderate to Great Need for Job Placement Assistance.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

- 42.9% of Stakeholders believe Job Placement Assistance are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

- 36.4% of Stakeholders believe Job Placement Assistance are Moderately to Very Effective.

4i. Child Services and Family Support/Outreach: Parenting Skills Training

**PERCEPTION OF NEED FOR SERVICES**
89.1% of Stakeholders believe there is a Moderate to Great Need for Parenting Skills Training.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**
31.0% of Stakeholders believe Parenting Skills Training are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**
25.5% of Stakeholders believe Parenting Skills Training are Moderately to Very Effective.


4j. Child Services and Family Support/Outreach: Support for Caregivers of Seniors

**PERCEPTION OF NEED FOR SERVICES**
78.3% of Stakeholders believe there is a Moderate to Great Need for Support for Caregivers of Seniors.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**
26.6% of Stakeholders believe Support for Caregivers of Seniors are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**
22.8% of Stakeholders believe Support for Caregivers of Seniors are Moderately to Very Effective.


**PERCEPTION OF NEED FOR SERVICES**

75.5% of Stakeholders believe there is a Moderate to Great Need for Support for Caregivers of Disabled Persons.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

22.8% of Stakeholders believe Support for Caregivers of Seniors are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

21.7% of Stakeholders believe Support for Caregivers of Seniors are Moderately to Very Effective.


4l. Child Services and Family Support/Outreach: Services for Non-citizens/Illegal Aliens

**PERCEPTION OF NEED FOR SERVICES**

43.5% of Stakeholders believe there is a Moderate to Great Need for Services for Non-Citizens/Illegal Aliens.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

16.3% of Stakeholders believe Services for Non-Citizens/Illegal Aliens are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

16.8% of Stakeholders believe Services for Non-Citizens/Illegal Aliens are Moderately to Very Effective.

4m. Child Services and Family Support/Outreach: Delinquency Prevention Programs

**PERCEPTION OF NEED FOR SERVICES**

66.3% of Stakeholders believe there is a Moderate to Great Need for Services for Delinquency Prevention Programs.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

17.9% of Stakeholders believe Delinquency Prevention Programs are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

16.8% of Stakeholders believe Delinquency Prevention Programs are Moderately to Very Effective.


4n. Child Services and Family Support/Outreach: Home-based Services/Respite Care/Personal Care

**PERCEPTION OF NEED FOR SERVICES**

34.8% of Stakeholders believe Home-based Services/Respite care/Personal care are Moderately to Very Accessible.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

34.8% of Stakeholders believe Home-based Services/Respite care/Personal care are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

32.1% of Stakeholders believe Home-based Services/Respite care/Personal care are Moderately to Very Effective.

4o. Child Services and Family Support/Outreach: Non-emergency Energy Assistance (e.g., LIHEAP or WX)


Less than 6% of Stakeholders noted the following in the “Other” category regarding the need, accessibility, and effectiveness of child services and family support/outreach efforts:

- Addiction of drugs, alcohol, and pills.
- Affordable, accessible mental health services
- Assistance for grandparents raising grandchildren.
- Childhood obesity prevention.
- Dental & vision care
- Healthcare
- Rental and home rehabilitation
- Self respect training
- Transportation
- Veteran Assistance

APPENDIX II. Healthcare
5a. Healthcare: Primary/Preventative Medical Care

**PERCEPTION OF NEED FOR SERVICES**

84.8% of Stakeholders believe there is a Moderate to Great Need for Primary/Preventative Medical Care.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

57.1% of Stakeholders believe Primary/Preventative Medical Care is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

52.2% of Stakeholders believe Primary/Preventative Medical Care is Moderately to Very Effective.


5b. Healthcare: Specialty Care

**PERCEPTION OF NEED FOR SERVICES**

75.0% of Stakeholders believe there is a Moderate to Great Need for Specialty Care.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

34.2% of Stakeholders believe Specialty Care are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

36.4% of Stakeholders believe Specialty Care are Moderately to Very Effective.

5c. Healthcare: Prescriptions

Perception of Need for Services

75.0% of Stakeholders believe there is a Moderate to Great Need for Prescriptions.


Perception of Accessibility of Services

48.9% of Stakeholders believe Prescriptions are Moderately to Very Accessible.


Perception of Effectiveness of Services

48.9% of Stakeholders believe Prescriptions are Moderately to Very Effective.


5d. Healthcare: Home Healthcare

Perception of Need for Services

73.9% of Stakeholders believe there is a Moderate to Great Need for Home Healthcare.


Perception of Accessibility of Services

49.5% of Stakeholders believe Home Healthcare is Moderately to Very Accessible.


Perception of Effectiveness of Services

45.7% of Stakeholders believe Home Healthcare is Moderately to Very Effective.

5e. Healthcare: Out-patient Hospital Care (e.g., medical/surgical, emergency care)

**Perception of Need for Services**

60.9% of Stakeholders believe there is a Moderate to Great Need for Out-patient Hospital Care (e.g., medical/surgical, emergency care).

**Perception of Accessibility of Services**

48.4% of Stakeholders believe Out-patient Hospital Care (e.g., medical/surgical, emergency care) is Moderately to Very Accessible.

**Perception of Effectiveness of Services**

47.8% of Stakeholders believe Out-patient Hospital Care (e.g., medical/surgical, emergency care) is Moderately to Very Effective.


5f. Healthcare: In-patient Hospital Care

**Perception of Need for Services**

52.7% of Stakeholders believe there is a Moderate to Great Need for In-patient Hospital Care.

**Perception of Accessibility of Services**

57.6% of Stakeholders believe In-patient Hospital Care is Moderately to Very Accessible.

**Perception of Effectiveness of Services**

51.6% of Stakeholders believe In-patient Hospital Care is Moderately to Very Effective.

5g. Healthcare: Physical Occupational Therapy

PERCEPTION OF NEED FOR SERVICES

53.8% of Stakeholders believe there is a Moderate to Great Need for Physical Occupational Therapy.

PERCEPTION OF ACCESSIBILITY OF SERVICES

58.7% of Stakeholders believe Physical Occupational Therapy is Moderately to Very Accessible.

PERCEPTION OF EFFECTIVENESS OF SERVICES

50.0% of Stakeholders believe Physical Occupational Therapy is Moderately to Very Effective.


5h. Healthcare: Hospice

PERCEPTION OF NEED FOR SERVICES

60.3% of Stakeholders believe there is a Moderate to Great Need for Hospice.

PERCEPTION OF ACCESSIBILITY OF SERVICES

61.4% of Stakeholders believe Hospice is Moderately to Very Accessible.

PERCEPTION OF EFFECTIVENESS OF SERVICES

56.0% of Stakeholders believe Hospice is Moderately to Very Effective.

5i. Healthcare: Dental

PERCEPTION OF NEED FOR SERVICES

75.0% of Stakeholders believe there is a Moderate to Great Need for Dental Services.

PERCEPTION OF ACCESSIBILITY OF SERVICES

47.8% of Stakeholders believe Dental Services are Moderately to Very Accessible.

PERCEPTION OF EFFECTIVENESS OF SERVICES

46.7% of Stakeholders believe Dental Services are Moderately to Very Effective.


5j. Healthcare: Vision (e.g., eye exams, corrective lenses)

PERCEPTION OF NEED FOR SERVICES

70.1% of Stakeholders believe there is a Moderate to Great Need for Vision (e.g., eye exams, corrective lenses) Services.

PERCEPTION OF ACCESSIBILITY OF SERVICES

50.5% of Stakeholders believe Vision (e.g., eye exams, corrective lenses) Services are Moderately to Very Accessible.

PERCEPTION OF EFFECTIVENESS OF SERVICES

47.3% of Stakeholders believe Vision (e.g., eye exams, corrective lenses) Services are Moderately to Very Effective.

5k. Healthcare: Transportation for Medical Care

**PERCEPTION OF NEED FOR SERVICES**

79.3% of Stakeholders believe there is a Moderate to Great Need for Transportation for Medical Care.


**PERCEPTION OF ACCESSIBILITY OF SERVICES**

35.9% of Stakeholders believe Transportation for Medical Care is Moderately to Very Accessible.


**PERCEPTION OF EFFECTIVENESS OF SERVICES**

29.3% of Stakeholders believe Transportation for Medical Care is Moderately to Very Effective.


5l. Healthcare: Health Services for Non-English-Speaking Persons

**PERCEPTION OF NEED FOR SERVICES**

50.0% of Stakeholders believe there is a Moderate to Great Need for Health Services for Non-English Speaking Persons.


**PERCEPTION OF ACCESSIBILITY OF SERVICES**

38.1% of Stakeholders believe Health Services for Non-English Speaking Persons are Moderately to Very Accessible.


**PERCEPTION OF EFFECTIVENESS OF SERVICES**

44.0% of Stakeholders believe Health Services for Non-English Speaking Persons are Moderately to Very Effective.

5m. Healthcare: Health Insurance Coverage

**PERCEPTION OF NEED FOR SERVICES**

76.6% of Stakeholders believe there is a Moderate to Great Need for Health Insurance Coverage.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

39.1% of Stakeholders believe Health Insurance Coverage is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

37.5% of Stakeholders believe Health Insurance Coverage is Moderately to Very Effective.


5n. Healthcare: Health Education Programs

**PERCEPTION OF NEED FOR SERVICES**

80.5% of Stakeholders believe there is a Moderate to Great Need for Health Education Programs.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

36.4% of Stakeholders believe Health Education Programs are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

29.9% of Stakeholders believe Health Education Programs are Moderately to Very Effective.

5o. Healthcare: Healthy Relationships Programs (e.g., family counseling, interpersonal conflict resolution/mediation)

**PERCEPTION OF NEED FOR SERVICES**

80.4% of Stakeholders believe there is a Moderate to Great Need for Healthy Relationships Programs (e.g., family counseling, interpersonal conflict resolution/mediation).

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

26.6% of Stakeholders believe Healthy Relationships Programs (e.g., family counseling, interpersonal conflict resolution/mediation) are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

21.2% of Stakeholders believe Healthy Relationships Programs (e.g., family counseling, interpersonal conflict resolution/mediation) are Moderately to Very Effective.


5p. Healthcare: Nutrition Education

**PERCEPTION OF NEED FOR SERVICES**

77.7% of Stakeholders believe there is a Moderate to Great Need for Nutrition Education.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

35.9% of Stakeholders believe Nutrition Education is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

34.2% of Stakeholders believe Nutrition Education is Moderately to Very Effective.

5q. Healthcare: Child/Adolescent Mental Health Support

**PERCEPTION OF NEED FOR SERVICES**

90.8% of Stakeholders believe there is a Moderate to Great Need for Child/Adolescent Mental Health Support.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

27.7% of Stakeholders believe Child/Adolescent Mental Health Support is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

23.9% of Stakeholders believe Child/Adolescent Mental Health Support is Moderately to Very Effective.


5r. Healthcare: Adult Mental Health Support

**PERCEPTION OF NEED FOR SERVICES**

91.8% of Stakeholders believe there is a Moderate to Great Need for Adult Mental Health Support.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

28.3% of Stakeholders believe Adult Mental Health Support is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

25.0% of Stakeholders believe Adult Mental Health Support is Moderately to Very Effective.

**5s. Healthcare: Substance Abuse Assistance**

94.6% of Stakeholders believe there is a Moderate to Great Need for Substance Abuse Assistance.

29.3% of Stakeholders Substance Abuse Assistance is Moderately to Very Accessible.

29.4% of Stakeholders believe Substance Abuse Assistance is Moderately to Very Effective.


**5r. Healthcare: Other**

Less than 1% of Stakeholders noted the following in the “Other” category regarding the need, accessibility, and effectiveness of healthcare efforts:

- Family planning/birth control.
- Great need for pediatric dentists in the service area.
- Health education, specifically related to drug abuse prevention.

APPENDIX III. Personal Finances
6a. Personal Finances: Tuition Assistance

**PERCEPTION OF NEED FOR SERVICES**

72.3% of Stakeholders believe there is a Moderate to Great Need for Tuition Assistance.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

25.5% of Stakeholders believe Tuition Assistance is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

28.8% of Stakeholders believe Tuition Assistance is Moderately to Very Effective.


6b. Personal Finances: Social Security Application Assistance

**PERCEPTION OF NEED FOR SERVICES**

63.6% of Stakeholders believe there is a Moderate to Great Need for Social Security Application Assistance.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

26.6% of Stakeholders believe Social Security Application Assistance is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

26.7% of Stakeholders believe Social Security Application Assistance is Moderately to Very Effective.

6c. Personal Finances: Financial Education/Literacy

**PERCEPTION OF NEED FOR SERVICES**

85.3% of Stakeholders believe there is a Moderate to Great Need for Financial Education/Literacy.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

25.0% of Stakeholders believe Financial Education/Literacy is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

25.0% of Stakeholders believe Financial Education/Literacy is Moderately to Very Effective.


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6d. Personal Finances: Credit Counseling

**PERCEPTION OF NEED FOR SERVICES**

79.9% of Stakeholders believe there is a Moderate to Great Need for Credit Counseling.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

20.1% of Stakeholders believe Credit Counseling is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

20.1% of Stakeholders believe Credit Counseling is Moderately to Very Effective.

6e. Personal Finances: Income Tax Assistance

**PERCEPTION OF NEED FOR SERVICES**

66.3% of Stakeholders believe there is a Moderate to Great Need for Income Tax Assistance.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

37.0% of Stakeholders believe Income Tax Assistance is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

36.4% of Stakeholders believe Income Tax Assistance is Moderately to Very Effective.


6f. Personal Finances: Assistance Starting a Business

**PERCEPTION OF NEED FOR SERVICES**

45.1% of Stakeholders believe there is a Moderate to Great Need for Assistance Starting a Business.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

21.7% of Stakeholders believe Assistance Starting a Business is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

24.5% of Stakeholders believe Assistance Starting a Business is Moderately to Very Effective.

6g. Personal Finances: Other

Less than 1% of Stakeholders noted the following in the “Other” category regarding the need, accessibility, and effectiveness of personal finance program efforts:

- Affordable housing for young families
- Balancing budget, living within means, and identity theft prevention.
- Education for low-income persons on predatory lending.
- Opening bank accounts.

APPENDIX IV. Housing Assistance and Shelter
7a. Housing Assistance and Shelter: Temporary/Emergency Shelters for Single Men

**PERCEPTION OF NEED FOR SERVICES**

67.9% of Stakeholders believe there is a Moderate to Great Need for Temporary/Emergency Shelters for Single Men.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

17.9% of Stakeholders believe Temporary/Emergency Shelters for Single Men is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

22.8% of Stakeholders believe Temporary/Emergency Shelters for Single Men is Moderately to Very Effective.


7b. Housing Assistance and Shelter: Temporary/Emergency Shelters for Single Women

**PERCEPTION OF NEED FOR SERVICES**

82.6% of Stakeholders believe there is a Moderate to Great Need for Temporary/Emergency Shelters for Single Women.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

23.4% of Stakeholders believe Temporary/Emergency Shelters for Single Women are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

27.7% of Stakeholders believe Temporary/Emergency Shelters for Single Women are Moderately to Very Effective.

7c. Housing Assistance and Shelter: Temporary/Emergency Shelters for Families

**Perception of Need for Services**

85.3% of Stakeholders believe there is a Moderate to Great Need for Temporary/Emergency Shelters for Families.

**Perception of Accessibility of Services**

21.7% of Stakeholders believe Temporary/Emergency Shelters for Families are Moderately to Very Accessible.

**Perception of Effectiveness of Services**

23.4% of Stakeholders believe Temporary/Emergency Shelters for Families are Moderately to Very Effective.


7d. Housing Assistance and Shelter: Transitional Housing

**Perception of Need for Services**

83.7% of Stakeholders believe there is a Moderate to Great Need for Transitional Housing.

**Perception of Accessibility of Services**

19.0% of Stakeholders believe Transitional Housing is Moderately to Very Accessible.

**Perception of Effectiveness of Services**

21.2% of Stakeholders believe Transitional Housing is Moderately to Very Effective.

### 7e. Housing Assistance and Shelter: Permanent Affordable Housing

**Perception of Need for Services**
- 93.5% of Stakeholders believe there is a Moderate to Great Need for Permanent Affordable Housing.

**Perception of Accessibility of Services**
- 24.5% of Stakeholders believe Permanent Affordable Housing is Moderately to Very Accessible.

**Perception of Effectiveness of Services**
- 33.7% of Stakeholders believe Youth Programs are Moderately to Very Effective.


### 7f. Housing Assistance and Shelter: Permanent Supportive Housing

**Perception of Need for Services**
- 88.6% of Stakeholders believe there is a Moderate to Great Need for Permanent Supportive Housing.

**Perception of Accessibility of Services**
- 24.5% of Stakeholders believe Permanent Supportive Housing is Moderately to Very Accessible.

**Perception of Effectiveness of Services**
- 25.0% of Stakeholders believe Permanent Supportive Housing is Moderately to Very Effective.

7g. Housing Assistance and Shelter: Domestic Violence Shelters

**PERCEPTION OF NEED FOR SERVICES**

79.3% of Stakeholders believe there is a Moderate to Great Need for Domestic Violence Shelters.


**PERCEPTION OF ACCESSIBILITY OF SERVICES**

25.0% of Stakeholders believe Domestic Violence Shelters are Moderately to Very Accessible.


**PERCEPTION OF EFFECTIVENESS OF SERVICES**

28.8% of Stakeholders believe Domestic Violence Shelters are Moderately to Very Effective.


7h. Housing Assistance and Shelter: Runaway Shelters for Teens

**PERCEPTION OF NEED FOR SERVICES**

56.5% of Stakeholders believe there is a Moderate to Great Need for Runaway Shelters for Teens.


**PERCEPTION OF ACCESSIBILITY OF SERVICES**

12.0% of Stakeholders believe Runaway Shelters for Teens are Moderately to Very Accessible.


**PERCEPTION OF EFFECTIVENESS OF SERVICES**

15.2% of Stakeholders believe Runaway Shelters for Teens are Moderately to Very Effective.

7i. Housing Assistance and Shelter: Homelessness Prevention

PERCEPTION OF NEED FOR SERVICES

73.4% of Stakeholders believe there is a Moderate to Great Need for Homelessness Prevention.

PERCEPTION OF ACCESSIBILITY OF SERVICES

14.1% of Stakeholders believe Homelessness Prevention is Moderately to Very Accessible.

PERCEPTION OF EFFECTIVENESS OF SERVICES

16.3% of Stakeholders believe Homelessness Prevention is Moderately to Very Effective.


7j. Housing Assistance and Shelter: Outreach/Intake

PERCEPTION OF NEED FOR SERVICES

71.2% of Stakeholders believe there is a Moderate to Great Need for Outreach/Intake.

PERCEPTION OF ACCESSIBILITY OF SERVICES

21.7% of Stakeholders believe Outreach/Intake are Moderately to Very Accessible.

PERCEPTION OF EFFECTIVENESS OF SERVICES

26.6% of Stakeholders believe Outreach/Intake are Moderately to Very Effective.

7k. Housing Assistance and Shelter: Drop-in Centers (e.g., showers, mail, clothing, etc.)

**PERCEPTION OF NEED FOR SERVICES**

62.0% of Stakeholders believe there is a Moderate to Great Need for Drop-in Centers (e.g., showers, mail, clothing, etc.).

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

12.5% of Stakeholders believe Drop-in Centers (e.g., showers, mail, clothing, etc.) are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

14.7% of Stakeholders believe Drop-in Centers (e.g., showers, mail, clothing, etc.) are Moderately to Very Effective.


7l. Housing Assistance and Shelter: Emergency Food Services/Soup Kitchens

**PERCEPTION OF NEED FOR SERVICES**

76.6% of Stakeholders believe there is a Moderate to Great Need for Emergency Food Services/Soup Kitchens.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

38.1% of Stakeholders believe Emergency Food Services/Soup Kitchens are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

44.0% of Stakeholders believe Services for Emergency Food Services/Soup Kitchens are Moderately to Very Effective.

7m. Housing Assistance and Shelter: Supportive Services (e.g., case management, advocacy)

**PERCEPTION OF NEED FOR SERVICES**

85.8% of Stakeholders believe there is a Moderate to Great Need for Supportive Services (e.g., case management, advocacy).

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

31.5% of Stakeholders believe Supportive Services (e.g., case management, advocacy) are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

38.0% of Stakeholders believe Supportive Services (e.g., case management, advocacy) are Moderately to Very Effective.


7n. Housing Assistance and Shelter: Safe Havens for Persons with Mental Illness

**PERCEPTION OF NEED FOR SERVICES**

79.9% of Stakeholders believe there is a Moderate to Great Need for Safe Havens for Persons with Mental Illness.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

12.0% of Stakeholders believe Safe Havens for Persons with Mental Illness are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

32.1% of Stakeholders Safe Havens for Persons with Mental Illness are Moderately to Very Effective.

7o. Housing Assistance and Shelter: Foreclosure Prevention Assistance

**PERCEPTION OF NEED FOR SERVICES**

62.5% of Stakeholders believe there is a Moderate to Great Need for Foreclosure Prevention Assistance.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

19.6% of Stakeholders believe Foreclosure Prevention Assistance is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

20.1% of Stakeholders believe Foreclosure Prevention Assistance is Moderately to Very Effective.


7p. Housing Assistance and Shelter: Home Insulation/Weatherproofing

**PERCEPTION OF NEED FOR SERVICES**

82.6% of Stakeholders believe there is a Moderate to Great Need for Home Insulation/Weatherproofing.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

48.9% of Stakeholders believe Home Insulation/Weatherproofing is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

57.6% of Stakeholders believe Home Insulation/Weatherproofing is Moderately to Very Effective.

**7q. Housing Assistance and Shelter: Removal of Blight/Vacant Homes**

**PERCEPTION OF NEED FOR SERVICES**
77.2% of Stakeholders believe there is a Moderate to Great Need for Removal of Blight/Vacant Homes.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**
22.3% of Stakeholders believe Removal of Blight/Vacant Homes are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**
28.8% of Stakeholders believe Removal of Blight/Vacant Homes are Moderately to Very Effective.


**7r. Housing Assistance and Shelter: Home Repair**

**PERCEPTION OF NEED FOR SERVICES**
87.5% of Stakeholders believe there is a Moderate to Great Need for Home Repair.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**
24.5% of Stakeholders believe Home Repair is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**
31.5% of Stakeholders believe Home Repair is Moderately to Very Effective.

APPENDIX V. Basic Needs/Emergency Assistance
**8a. Basic Needs/Emergency Assistance: Help with Rent/Mortgage**

**PERCEPTION OF NEED FOR SERVICES**
91.8% of Stakeholders believe there is a Moderate to Great Need for Help with Rent/Mortgage.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**
33.2% of Stakeholders believe Help with Rent/Mortgage is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**
37.5% of Stakeholders believe Help with Rent/Mortgage is Moderately to Very Effective.


**8b. Basic Needs/Emergency Assistance: Help with Utilities**

**PERCEPTION OF NEED FOR SERVICES**
94.0% of Stakeholders believe there is a Moderate to Great Need for Help with Utilities.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**
50.5% of Stakeholders believe Help with Utilities are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**
57.6% of Stakeholders Help with Utilities are Moderately to Very Effective.

8c. Basic Needs/Emergency Assistance: Help with Food

**PERCEPTION OF NEED FOR SERVICES**

- 90.2% of Stakeholders believe there is a Moderate to Great Need for Help with Food.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

- 54.9% of Stakeholders believe Help with Food is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

- 57.1% of Stakeholders believe Help with Food is Moderately to Very Effective.


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8d. Basic Needs/Emergency Assistance: Help with Food

**PERCEPTION OF NEED FOR SERVICES**

- 89.7% of Stakeholders believe there is a Moderate to Great Need for Help with Transportation.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

- 25.5% of Stakeholders believe Help with Transportation is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

- 34.2% of Stakeholders believe Help with Transportation is Moderately to Very Effective.

8e. Basic Needs/Emergency Assistance: Help with Affordable Housing

PERCEPTION OF NEED FOR SERVICES

94.0% of Stakeholders believe there is a Moderate to Great Need for Help with Affordable Housing.

PERCEPTION OF ACCESSIBILITY OF SERVICES

29.3% of Stakeholders believe Help with Affordable Housing is Moderately to Very Accessible.

PERCEPTION OF EFFECTIVENESS OF SERVICES

35.3% of Stakeholders believe Help with Affordable Housing is Moderately to Very Effective.


8f. Basic Needs/Emergency Assistance: Other

Less than 4% of Stakeholders noted the following in the “Other” category regarding the need, accessibility, and effectiveness of basic needs/emergency assistance program efforts:

- Lack of adequate housing options: Available housing with more than 1 or 2 bedrooms. Families struggle to find adequate housing when they need 3 bedrooms or more. There are very few housing options for renters needing 3 or more bedrooms.

- Need for “Take-Home Meal” Supplement Program in Schools: Every school should have a program that provides food supplements for low-income that goes home with the child on Friday and extended breaks to help with food insecurity situations in the home. There is also a great need, for coats and socks/shoes for adults and children.

- Personal Care Assistance: Help with toiletries and personal care items.

- Multi-Child Parenting Skills Training: Teaching parents how to care for multiple children

- Utility Assistance: Water bill assistance.

APPENDIX VI. Independent Living for Vulnerable Populations
9a. Independent Living for Vulnerable Populations: Support for Seniors (e.g., adult day care/support, meals, personal assistance, care management, etc.)

**PERCEPTION OF NEED FOR SERVICES**

32.1% of Stakeholders believe Support for Seniors is Moderately to Very Accessible.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

32.1% of Stakeholders believe Support for Seniors is Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

37.0% of Stakeholders believe Support for Seniors is Moderately to Very Effective.


9b. Independent Living for Vulnerable Populations: Support for Disabled Persons (e.g., adult day care/employment support, meals, personal assistance, care management, etc.)

**PERCEPTION OF NEED FOR SERVICES**

86.4% of Stakeholders believe there is a Moderate to Great Need for Support for Disabled Persons.

**PERCEPTION OF ACCESSIBILITY OF SERVICES**

28.3% of Stakeholders believe Support for Disabled Persons are Moderately to Very Accessible.

**PERCEPTION OF EFFECTIVENESS OF SERVICES**

32.1% of Stakeholders believe Support for Disabled Persons are Moderately to Very Effective.

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ABOUT SAGAMORE INSTITUTE
Sagamore Institute is an Indianapolis-based nonprofit, nonpartisan, public policy research organization--or think tank. We borrow our name from the Algonquin word sagamore, which refers to a trusted individual within the tribe to whom the chief would look for wisdom and advice on issues of public concern. It is thus our mission to research, analyze, and respond to difficult problems, to serve as a meeting place for disparate groups, and to offer wise counsel for a world in progress. We were born in the spring of 2004, but have roots stretching back two decades, allowing us to blend the energy of a startup with the experience of a more seasoned organization. Our expert network of fellows provides independent and innovative research and analysis to public and private sector leaders, policymakers, practitioners, and the public. We believe that public policy belongs to everyone--not just to those inside the beltway of Washington, D.C.

ABOUT JOANNA M. BROWN & ASSOCIATES
JoAnna M. Brown & Associates was established in 2015 as a women and minority-owned community and marketing research consulting firm based in Indiana. Our mission is to commence high quality, leading-edge research, evaluation, and community data work and tools to support and enhance human services and community-related efforts to help identify best-practices, measure community impact, improve communities, and inspire change. Our goal is to conduct innovative research and provide high-quality training to educate and elevate communities.
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