

Our Mission

**We support solutions that build stronger
individuals, families and communities.**

**KENNEBEC VALLEY
COMMUNITY ACTION PROGRAM**

COMMUNITY NEEDS ASSESSEMENT

Spring 2012

*Assessing the needs of residents in Kennebec, Somerset,
Lincoln and Sagadahoc Counties*

KENNEBEC VALLEY COMMUNITY ACTION PROGRAM

COMPREHENSIVE COMMUNITY NEEDS ASSESSMENT

SPRING 2012 (First)

PURPOSE

The Kennebec Valley Community Action Program (KVCAP) conducts a comprehensive community needs assessment every three years. The purpose of this assessment is to focus on local conditions and analyze the economic opportunities and barriers for all residents that are at risk of remaining or becoming economically insecure. The completed assessment serves as a tool for identifying gaps in service for low-income people in our communities. It further prepares the KVCAP board and managers to plan a multi-year strategy to respond to the identified needs.

METHODOLOGY

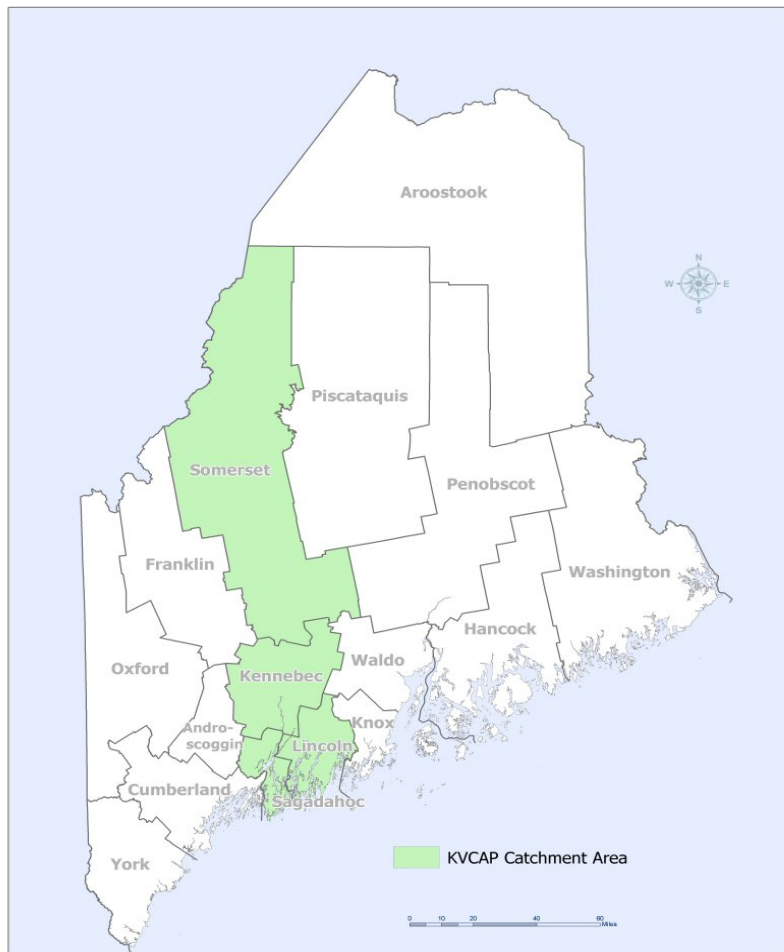
Several national, state and local data sources and reports provided the statistical data for KVCAP's Community Assessment and these sources are cited on the reference page. In addition, quantitative and qualitative data was gathered from KVCAP programs and other local organizations that serve low-income populations. We also utilized information included in community assessments that were conducted by other statewide and local agencies and coalitions.

KVCAP administered a survey that was distributed to board members, staff members and clients to determine: 1. Issues of greatest concern in our communities; 2. Community programs most needed to address the concerns. The responses were compiled and converted to a ranked score for each issue. The results of the survey are discussed throughout the assessment, with the full results included in the appendices.

The Profile Section provides an overview of the counties in our service area, touching upon their unique strengths and challenges. These profiles include a grade assigned by Opportunity Nation, a campaign to promote opportunity, social mobility, and access to the American Dream. Partners include AARP, United Way, YouthBuild, TIME, and Ford Foundation, to name a few. Their Opportunity Index measures a number of indicators at county and state levels that contribute to economic opportunity and mobility. The indicators have a demonstrated connection to expanding or restricting economic mobility and opportunity, which together help measure the opportunities that are present in different communities. The indicators are: 1. Economy - (including unemployment rate; median household income; population below poverty; banking institutions per 1,000; renters spending less than 30% of income on rent; and high-speed internet rating) 2. Education - (including preschool enrollment; on-time high school graduation; and Bachelor's degree or higher) 3. Community Health and Civic Life - (including violent crime; homicide; primary care providers; and presence of grocery stores/supermarkets). A county can earn a score of 1-5 on each of the three categories.

KVCAP SERVICE AREA

KVCAP has served communities in Northern Kennebec and Somerset Counties for 46 years. In 1977 the agency merged with the CAP agency serving Southern Kennebec County. Three years ago KVCAP's Low-Income Heating and Energy Program (LIHEAP), Central Heating and Improvement Program (CHIP) and Weatherization programs expanded into Lincoln and Sagadahoc counties (Mid-Coast Community Action provides other CAP services in these two counties, including Community Services Block Grant programming). Currently the agency serves an area slightly larger than Connecticut, providing services to over 15,000 families each year and touching the lives of more than 35,000 residents.



COUNTY PROFILES

Kennebec County:

Kennebec County is the most populated county in KVCAP's catchment area, measuring 879 square miles with 139 people/sq. mile. There are 4 cities and 25 towns in Kennebec

and 3 service center cities/towns: Augusta (state capital) and Farmingdale, both in Southern Kennebec and Waterville in Northern Kennebec.

The Kennebec River, which flows throughout the county, is providing new opportunities in the area. As many of the logging and manufacturing industries that used to rely on the river have closed, cities and towns are re-developing waterfront areas focusing on retail/hospitality and recreation. In addition to the river, there are several lakes throughout the county that bring an influx of tourists during the summer/fall.

In the Augusta labor market there is a high concentration of government jobs, which in turn supports an extensive service industry. The healthcare industry also supports many jobs. In the Waterville labor market, the leading industries are education, health and social services; retail trade; and manufacturing.

According to Opportunity Nation, Kennebec County receives a grade of B, with an Economy Score of 4; an Education Score of 3; and a Community Score of 4.

Somerset County:

Somerset County, the 3rd largest in the state, is the largest county we serve, covering 3,633 square miles bordering Kennebec County to the south and Canada to the north. It is the most rural county that we serve, with only 14 people per square mile. There are no cities in Somerset, 26 towns, 6 plantations and 82 unorganized territories. The county has 4 service centers, with Fairfield at the southern tip, Skowhegan 15 miles to the north, Pittsfield directly east and Jackman at the Canadian border.

The Kennebec River flows from north to south through the county and is used for commercial and recreational purposes. Somerset is the gateway to the mountains, lakes, rivers and forests of Western Maine, providing rich opportunities for outdoor activities. As such, tourism/hospitality is a key employment sector, with opportunity for growth. Despite the downsizing and closing of many plants and factories over the past decade, manufacturing is still surprisingly strong in the county, primarily due to Sappi Fine Paper and Madison Paper. Like most counties in Maine, healthcare and the service sector also employ many people.

Somerset is one of the poorest counties in Maine and faces many problems that are associated with economically challenged areas. According to Opportunity Nation, the county receives a grade of D, scoring 2 on Economy; 2 on Education; and 3 on Community.

Lincoln County:

Lincoln County in the mid-coast region is 457 square miles with 74 people/sq. mile. Lincoln has no cities, 18 towns and 1 plantation. Most of the towns in Lincoln border either the Atlantic Ocean or rivers/inlets that flow into the ocean.

Although Lincoln has one of the lowest unemployment rates in the state, there is considerable underemployment in the county, with many of the jobs seasonal in nature. Leading industries include education, health and social services; retail trade; and healthcare, with a significant number of people that are self-employed. During the summer months tourism adds to the local economy. Lincoln County’s population is well-educated, with a higher percentage of college and graduate degree holders than average in Maine.

The Opportunity Nation grade for Lincoln County is a B, with scores of 4 in Economy; 3 in Education (the high college degree score is offset by lower than average pre-school enrollment and on-time graduation rates); and 4 in Community.

Sagadahoc County:

Sagadahoc County is the smallest county in Maine, covering 250 square miles. It is the most densely populated county in our catchment area with 141 people/square mile. Bath, a service center, is the only city in the county and there are 9 other towns. Sagadahoc County, typically viewed as part of Maine’s “gold” coast due to a high concentration of wealth and high paying jobs, is a popular county for visitors to Maine because of its coastline, antique shops and other attractions.

Bath is located on the Kennebec River which empties into the Atlantic Ocean, making it the ideal location for the Bath Iron Works shipbuilding company, Maine’s largest employer. In addition to manufacturing, other leading industries include education, health and social services, and retail trade. The area is currently undergoing a significant transition due to the loss of a major employer, Brunswick Naval Air Base in neighboring Cumberland County.

The Opportunity Nation grade for Sagadahoc is a B, scoring 3 on Economy; a 4 on Education; and a 4 on Community.

POPULATION DEMOGRAPHICS

The combined population of KVCAP’s service area is 244,129 people, representing 18% of the state’s population. 174,379 people live in Kennebec and Somerset Counties, which receive the full complement of KVCAP services.

Table – Demographic Characteristics – Maine and Counties

Characteristics	Maine	Kennebec	Somerset	Sagadahoc	Lincoln
Population, 2010	1,328,361	122,151	52,228	35,293	34,457
% change from 2000-2010	4.2%	4.3%	2.6%	.2%	2.5%
% under age 5, 2010	5.2%	5.2%	5.2%	5.4%	4.7%
% under age 18, 2010	20.7%	20.7%	21.4%	21%	18.8%

% over age 65, 2010	15.9%	15.5%	16.3%	16.4%	21.5%
Females, 2010	51.1%	51.3%	50.4%	51.6%	51%
Males, 2010	48.9%	48.7%	49.6%	48.4%	49%
White, 2010	95.2%	96.2%	97.1%	96.2%	97.6%
Non-White, 2010	4.8%	3.8%	2.9%	3.8%	2.4%
Hispanic/Latino origin, 2010	1.3%	1.2%	0.8%	1.6%	0.8%
High school graduates, age 25+, 2005-2009	89.4%	90.6%	85.1%	90.8%	92.3%
Bachelor's degree or higher, age 25+, 2005-2009	26.1%	25%	14.6%	27.7%	30.7%
Households, 2005-2009	542,617	50,736	21,198	14,470	14,933
Person's per household, 2005-2009	2.36	2.32	2.38	2.51	2.3

INCOME/POVERTY DATA

The December 2011 Poverty in Maine Update indicates that poverty is a challenge throughout the state. The three largest urban areas in the state (none in KVCAP's catchment area) have significant low-income populations, as do many rural areas throughout the state. Somerset County has the second highest poverty rate in the state. In addition, more than one in five children live in poverty in Somerset and Lincoln counties. Families/children living in poverty ranked as the second highest concern by respondents to the KVCAP Community Assessment Survey.

Seniors are another challenged population, not surprising given that Maine is the "oldest" state in the nation. Maine seniors live in poverty at a higher rate than the national average (10.1% from 2008-2010 in Maine compared with 9.4% nationally). Although the poverty rate for seniors is below that for the general population, (thanks in large part to Social Security), seniors as a group have higher medical expenses than younger families, with many of these expenses "out of pocket". In addition, they are not eligible for the Earned Income Tax Credit (EITC) that is often available for low-income working families. KVCAP survey respondents cited "Elderly living in poverty" as its third highest concern.

Table – Income and Poverty Indicators per County and Maine

**red indicates a less favorable rating compared with the state average*

Income/Poverty Indicators	Maine	Kennebec	Somerset	Sagadahoc	Lincoln
Median household income, 2010	\$45,882	\$44,725	\$36,249	\$52,071	\$45,520
Persons below poverty level, 2009	12.6%	12.9%	19.3%	9.5%	12.4%
Age 0-17 in poverty, 2010	18.2%	16.9%	25.7%	15.3%	20.8%
Age 65+ in poverty, 2008/10	10.1%	9.5%	14.1%	7.6%	9.5%
Students eligible for free/reduced lunch Oct. 2011	45.9%	52.8%	59.1%	41.8%	46.6%

Households receiving SNAP benefits, 2008-09	19.7%	21.2%	29.4%	12.2%	14.6%
Individuals receiving SNAP benefits, 2008-09	16%	17.2%	24%	10.6%	13.4%
Households receiving LIHEAP benefits, 2008-09	11.2%	12.1%	20.8%	5.9%	8.8%
Individuals receiving LIHEAP benefits, 2008-09	10.9%	12.6%	21.1%	5.1%	8.3%
Applicants 65+ receiving LIHEAP benefits	37.3%	34.2%	49.6%	32.8%	41.2%
EITC filings	14.1%	14.9%	20%	12.4%	14.3%

As the chart above indicates, Somerset County fares poorly compared to the state in all of the poverty measures listed. Kennebec County compares unfavorably in 8 out of 11 measures. Interestingly, KVCAP survey respondents in Somerset County did not include “Elderly in poverty” as one of its top 5 concerns while those in Kennebec County cited this as the 3rd greatest concern.

Sagadahoc County residents experience a more favorable rate compared with the state average on all indicators. Lincoln County’s results are variable, with children faring poorly compared to the state average while other populations do a bit better.

Over the last ten years the poverty rates in the mid-coast counties (Lincoln and Sagadahoc) have risen slightly (less than one percent), while Kennebec County’s rate has increased two percent and Somerset, a dramatic four percentage points.

During FY 2011, 61% of the 16,151 families served by KVCAP were at or below 125% of poverty and 90% were at or below 200% of poverty. Many of these families were very low-income as the table below indicates.

Income level	Number families served	Percentage of families served
Up to 50%	2,168	13.4%
51% to 75%	1,698	10.5%
76% to 100%	3,359	20.8%
101% to 125%	2,651	16.4%
126% to 150%	2,065	12.8%
151% to 175%	1,466	9.1%
176% to 200%	1,045	6.5%
201% and over	776	4.8%
Unknown	926	5.7%

Poverty rates are one important measure of the challenges facing individuals and families, but these rates alone do not tell the whole story. The “Maine Livable Wage in 2010” report is based on the growing recognition that neither the federal poverty level nor the minimum wage provides a reasonable standard of “livability” for many Maine

families. Methodology for calculating a livable wage begins with a monthly basic needs budget that includes the following categories: food, housing, transportation, health care, child care, clothing and personal care (does not include adjustments for subsidy programs and households with no health care coverage).

Table – hourly rate required for household to achieve livable wage

Livable Wage for 2010	Maine	Kennebec	Somerset	Sagadahoc	Lincoln
Livable wage/single adult	\$11.02/hr	\$10.08/hr	\$10.05	\$11.83	\$11.08
Hourly rate/earner-income	\$22,921	\$20,966	\$20,904	\$24,606	\$23,046
Livable wage/single adult/1 child*1	\$18.21	\$13.35	\$12.54	\$18.83	\$18.69
Hourly rate/earner-income	\$37,876	\$27,768	\$26,083	\$39,166	\$38,875
Livable wage/single adult/2 children*2	\$21.89	\$16.08	\$15.29	\$22.78	\$21.94
Hourly rate/earner-income	\$45,331	\$33,446	\$31,803	\$47,382	\$45,635
Livable wage/2 adults/2 children (1 earner)	\$17.15	\$15.13	15.32	\$17.49	\$17.01
Hourly rate/earner-income	\$35,672	\$31,470	\$31,865	\$36,379	\$35,380
Livable wage/2 adults/2 children (2 earners)	\$13.35/	\$12.23	\$11.87	\$13.79	\$13.38
Hourly rate/earner-income	\$55,536	\$50,876	\$49,379	\$57,366	\$55,660

*red denotes households eligible for Maine's Cub Care health insurance program, reducing estimated health care costs by up to 49%

*1-pre-school; *2-pre-school and school age

Some conclusions that can be made by studying the table include:

- Although the poverty rates in Sagadahoc and Lincoln counties are lower than the state average, individuals and families need to earn more money to enjoy a “livable” standard of living compared to the state average.
- It costs the least amount to live in Somerset County, compared with the other counties.
- The rate of income needed to earn a livable wage is considerably lower in Kennebec and Somerset Counties, for all family compositions shown, compared with the state average.
- In order for a family of 2 adult wage earners and 2 children to have a livable standard of living, these families must have incomes above the median income in all four counties. The amount of additional income needed to achieve this standard is:
 - \$6,151 in Kennebec
 - \$13,130 in Somerset
 - \$5,295 in Sagadahoc
 - \$10,140 in Lincoln
- For a family of four, the gap between poverty and a livable wage is quite severe. The amount of additional income needed to achieve this standard is:

- \$28,526 in Kennebec
- \$27,029 in Somerset
- \$35,016 in Sagadahoc
- \$33,310 in Lincoln

Another metric to consider in assessing the financial challenges for families is the Federal Poverty Guidelines. In Somerset County, all of the family compositions except for 2 wage earners/ 2 children would be considered living at a “livable” standard by reaching 200% of poverty, whereas in Sagadahoc County, all of the family compositions depicted would need to earn well above 200% of poverty in order to reach a livable standard.

Table – Federal Poverty Guidelines for 2011

Size of Household	Poverty Guidelines for 2011	125% of poverty	150% of poverty	175% of poverty	200% of poverty
1 person	\$10,890	\$13,613	\$16,336	\$19,058	\$21,780
2 people	\$14,710	\$18,368	\$22,065	\$25,743	\$29,420
3 people	\$18,530	\$23,163	\$27,795	\$32,428	\$37,060
4 people	\$22,350	\$27,938	\$33,525	\$39,113	\$44,700

Services that are provided through CAP agencies and other programs targeted at low-income people often utilize these guidelines in determining eligibility. For example, the eligibility criteria in Maine for individuals and families served with Community Services Block Grant (CSBG) funding is 125% of poverty. Depending upon the program, living expenses may or may not be considered in determining eligibility. LIHEAP, for example, does not consider expenses. Therefore, a family in Sagadahoc County, (which pays on average \$200 more/month for rent than a family in Somerset County) receives no differential consideration when program eligibility is determined.

Families are also challenged when caught by the “cliff effect”. According to the Maine Livable Wage in 2010, the cliff effect occurs when a family that is receiving a government benefit experiences an increase in income that makes them ineligible for the subsidy. If the benefit is not slowly phased out as their income increases, a “cliff” can occur where much more income is needed to cover the loss of the benefit. One example cited by the report looks at a single parent/one child family. If eligible for Cub Care, this family pays \$220/month for the child’s health care, compared with \$448 without the coverage. This is a difference of \$2,737/year. If previously eligible at the top of the scale, this parent would need a raise of \$1.31/hour in order to provide health care coverage for the child and maintain their standard of living. A \$1.00/hr. raise would result in the family having less financial resources than if no raise was obtained. Low-income families face difficult choices balancing family needs, work, subsidy programs etc. in order to make ends meet and make progress toward self-sufficiency. CAP agencies work to foster a greater understanding of the difficult choices presented to low-income families through education and advocacy within their local communities.

ISSUES THAT IMPACT POVERTY

Employment/Jobs:

Unemployment rates	Maine	Kennebec	Somerset	Sagadahoc	Lincoln
May 2011	7.4%	7.0%	10.6%	6.6%	6.9%
May 2012	7.2%	7.2%	9.9%	6.6%	6.7%
Change over 1 year	-.2%	.2%	-.7	-.2%	-.2%

Maine's unemployment rate has consistently been 1+ points lower than the national rate over the past few years, reaching a peak in 2010 at 8.4%. Kennebec, Sagadahoc and Lincoln counties trend close to the state average (often slightly lower), while Somerset County typically has the one of the highest rate of unemployment in the state. There is also a hidden group of unemployed that do not show up in the unemployment figures, i.e., those that are no longer receiving unemployment benefits but still have not found jobs. Several Ken-Som Transition Team members from higher education, Career Centers and other workforce organizations report they are seeing more people in this category coming in for services. They are often either unskilled workers or older, seasoned workers unable to find re-employment.

Over the past three years several large employers in Kennebec and Somerset Counties have down-sized or closed. In Somerset County a shoe factory and a call center closed and there were lay-offs at a paper mill and a couple of manufacturing plants. These closings and lay-offs hit the region hard. As the unemployment rate indicates, there are not enough new opportunities coming into the county to offset the job losses that Somerset County has experienced.

Kennebec County lost a call center, a grocery distributor, and a manufacturing plant; the T-Mobile call center located at First Park has also down-sized its workforce. First Park is a regional business park in Oakland created by combining the resources of several towns in the region. Although the park has slowly added businesses, it has not produced nearly the level of new, quality jobs that was originally predicted. Kennebec County has seen a vast reduction in good paying manufacturing jobs over the past two decades. Although its unemployment rate is consistently slightly below the state average, many of the new jobs in the area are low-paying service jobs that don't provide benefits. In fact, the number one concern for KVCAP survey respondents is the "difficulty in finding jobs that pay a living wage with benefits". "Difficulties earning a living and making ends meet" was cited as the third highest challenge by Mid-Maine United Way survey respondents.

Throughout all four counties, the recession has had an impact on the job market, including jobs in the public sector. State and local governments (including local school systems) have scaled back their workforces, and many non-profit agencies have lost funding and either downsized or closed programs as a result. These

jobs typically offered a livable wage, with benefits, and are difficult to replace in the community.

KVCAP clients are unemployed at a significantly higher rate than the general public. In spring 2011, 27% of parents in KVCAP's Headstart program reported being unemployed. Of the 14,360 families that reported sources of income in FY 2011, almost 50% receive Social Security. Of the remaining families, only 62% report income from employment while 38% have no employment income. One correlating factor can be found by examining our clients' educational levels. While 85-92% of people over age 24 in all four counties have a high school diploma, only 77% of KVCAP clients have achieved a diploma. In addition, only 15% have earned a 2 or 4 year college degree, while in Kennebec, Lincoln and Sagadahoc, 25-31% of the general population have earned a bachelor's degree (in Somerset only 15% of the population has achieved a four-year degree).

Another factor preventing individuals/families from achieving livable wages is a lack of job skills. KVCAP participates on several work groups and coalitions in Kennebec and Somerset Counties that are focused on economic/workforce development. Group members hear from employers the complaint that a significant portion of the population lacks either the technical skills necessary to perform jobs in their businesses or the "soft skills" necessary to succeed in the workforce. Some local businesses have had to turn away business because they cannot find enough employees with the required skill sets. It is not always easy for unemployed people to upgrade their skills. For example, there is a three year wait-list for the nursing program at Kennebec Valley Community College and an unemployed person will run out of benefits well before they could enroll in the program.

Workforce development funding suffered many cuts in the FY 2011. In Maine, the regional Workforce Investment Boards are being restructured, with a plan to streamline them into a state run board which will work with regional Chambers of Commerce. The Central/Western Maine Workforce Development Board has been a key partner/convenor of several initiatives in our service area. The loss of this expertise will impact the progress on some of the workforce development projects in Kennebec and Somerset Counties.

Housing/Homeless

Throughout Maine access to safe, affordable housing is a significant barrier to stability for many low-income individuals and families. According to the Maine State Housing Authority (MSHA), housing costs throughout the state have increased at a faster rate than household incomes over the past 10 years. Finding an affordable home or apartment is an increasing challenge for low and even moderate income individuals and families. One bright spot is the fact that both housing and rental costs have come down slightly the past two years.

MSHA uses the Affordability Index to determine whether or not a household can afford home ownership. An index of less than 1 means the area is “generally unaffordable”, i.e., a household earning area median income could not cover the payment on a median priced home (30 year mortgage, taxes and insurance) using no more than 28% of gross income.

Table - Homeownership affordability in KVCAP service area

Area	Year	Affordability Index	Median Home Price	Median Income	Income Needed to Afford Median Home Price	Home Price Affordable At Median Income	Households Unable to Afford Median Home Price
Lincoln County	2000	.86	\$125,000	\$38,545	\$44,835	\$107,466	8,149 (63%)
	2007	.66	\$214,000	\$45,560	\$68,581	\$142,164	11,307 (72%)
	2009	.87	\$165,000	\$46,921	\$53,929	\$143,558	8,699 (57%)
Kennebec County	2000	1.21	\$79,900	\$36,173	\$29,840	\$96,857	19,634 (43%)
	2007	.92	\$139,000	\$42,503	\$46,398	\$127,331	28,262 (54%)
	2009	1.04	\$124,900	\$44,331	\$42,813	\$129,329	24,469 (48%)
Sagadahoc County	2000	1.05	\$110,000	\$42,319	\$40,114	\$116,046	7,611 (54%)
	2007	.81	\$188,000	\$50,252	\$62,129	\$152,062	9,626 (62%)
	2009	.97	\$165,000	\$53,740	\$55,120	\$160,868	7,778 (52%)
Somerset County	2000	1.43	\$59,700	\$30,949	\$21,593	\$85,568	8,365 (40%)
	2007	1.13	\$97,500	\$36,774	\$32,678	\$109,721	9,868 (45%)
	2009	1.33	\$85,900	\$38,691	\$28,999	\$114,611	8,133 (37%)

* Affordability Index - ratio of “Home Price Affordable at Median Income to Median Home Price”

*2007 is the least affordable year in the past decade

Despite the lack of affordability, the homeownership rate in KVCAP’s service area is high. However, “more than 55,000 people cannot afford to live in their homes”, according to KVCAP’s NeighborWorks America Organizational Underwriting document from FY 2010. According to MSHA, one third of Maine senior homeowners have incomes below 50% of median income, making energy assistance and home repair two of their greatest needs.

In addition, Maine has one of the oldest housing stocks in the nation, while Kennebec County ranks third oldest in the state. According to MSHA, these homes suffer many adverse conditions, such as outdated heating systems, inadequate plumbing and electrical systems, structural decay and lack of appropriate health and safety systems. Somerset County has a significant number of mobile homes built prior to 1976, accounting for almost half of the 900+ mobile homes needing replacement in KVCAP’s service area. The safety of many homes in our area is also a concern, considering that 50% of housing units in both Kennebec and Somerset Counties are estimated to have lead paint hazards.

Renting is also unaffordable for a large portion of residents in the KVCAP service area. The Maine State Housing Authority's State Plan (2011) indicates that only 50% of Maine households that are eligible for subsidized rental units receive a subsidy, and waiting lists are long. MSHA predicts that in the next five years, while the number of families that are rent burdened will remain stable, the number of senior units that are needed will jump by over 75%. In Kennebec, Lincoln and Somerset the unmet need for family units will increase slightly; in all four service area counties, the unmet need for senior units will increase dramatically.

Unmet need for subsidized housing units, 2009 and projected for 2014

County	Total Units Needed 2009		Projected Total Units Needed 2014	
	Family	Senior	Family	Senior
Kennebec	5,051	819	5,177	1,053
Lincoln	1,032	168	1,093	244
Sagadahoc	1,227	102	1,187	200
Somerset	1,725	255	1,799	325

MSHA recommends that no more than 30% of income go toward rent/utilities. Over the past decade the ratio of household income to rental cost has increased significantly, as evidenced below:

- **2000:** 9% of Mainers paid 30%-35%; 29.3% paid more than 35%
- **2009:** 10% of Mainers paid 30%-35%; 38.7% paid more than 35%.

Table - Rental housing affordability in KVCAP service area

Area	Year	Affordability Index	Average 2-BR Rent	Renter Household Median Income	Income Needed to Afford Average 2-BR Rent	2-BR Rent Affordable At Median Income	Households Unable to Afford Average 2-BR Rent
Lincoln (Waldoboro LA)	2010	.85	\$873	\$29,721	\$34,920	\$743	1,290 (59%)
	2009	.80	\$843	\$27,129	\$33,722	\$678	827 (60%)
Kennebec (Waterville LA) (Augusta LA)	2010	.94	\$732	\$27,533	\$29,280	\$688	7,185 (53%)
	2009	.88	\$704	\$24,895	\$28,170	\$622	3,215 (55%)
	2009	.98	\$715	\$28,126	\$28,581	\$703	4,691 (51%)
Sagadahoc (Brunswick LA)	2010	1.04	\$874	\$36,197	\$34,960	\$905	1,786 (48%)
	2009	.97	\$889	\$34,345	\$35,554	\$859	4,227 (52%)
Somerset (Skowhegan LA)	2010	.94	\$709	\$26,565	\$28,360	\$664	2,856 (53%)
	2009	.92	\$657	\$24,123	\$26,296	\$603	1,677 (54%)

LA refers to Labor Area

* Affordability Index for rental housing is the ratio of 2-Bedroom Rent Affordable at Median Renter Income to Average 2-Bedroom Rent. An index of less than 1 means the area is generally unaffordable, i.e., a renter household earning area median income could not cover the cost of an average 2-bedroom apartment (including utilities) using no more than 30% of gross income.

As the chart indicates, many of the Labor Areas are even less affordable than the overall county. Since most of the jobs are in these labor areas, many people are unable to afford to live in the community in which they work.

Given the lack of affordable housing in the KVCAP service area, it is not surprising that area homeless shelters have been increasingly busy. Shelters that serve our area include:

- Bread of Life Shelter, Augusta, Kennebec County– Individual/Family- 20 beds, 2011 Utilization rate 86%, served 253 people, average length of stay 36 days
- Mid-Maine Homeless Shelter, Waterville, Kennebec County – Individual/Family – 18 beds, 2011 utilization rate 91%, served 310 people, average length of stay 27 days
- Tedford Shelter, Brunswick, Cumberland County (closest to many Sagadahoc/Lincoln County towns) – Individual (20 beds)/Family (6 units), served 289 people in 2009, average length of stay 34 days individual, 70 days family
- New Hope, Solon, Somerset County – Women/Children, 13 beds, open 2 years, serves approximately 130 women a year
- Trinity Men’s Shelter, Skowhegan, Somerset County – Men, 30+ beds, opened January 2012, had 43 men in residence by end of month

Over the past two years it has not been unusual for the shelters to be filled to capacity, unable to accommodate all in need. Staff at the Mid-Maine Homeless shelter report they have seen a significant influx of intact families seeking shelter due to the poor economy, unemployment and home foreclosures. They also report a high volume of people with mental illness, often undiagnosed, lacking support services. They are seeing more single people under age 30, disconnected from their families and with limited job skills. Another increasing demographic includes people that are employed part time, but cannot earn enough to pay for rent. The common thread in all of the families and individuals that become homeless is poverty. Due to the high demand, the Mid-Maine Homeless Shelter conducted a successful capital campaign and is currently constructing a new facility, which will increase their capacity from 18 beds to 40 beds.

KVCAP received ARRA funds to operate a Homeless Prevention and Rapid Re-Housing program between October 2009 and November 2011. During this two year period, the program served 482 households representing 854 individuals. The program was at capacity throughout its existence and always had a waiting list.

In summary, lack of safe, affordable housing remains a challenge for a significant portion of the population in KVCAP’s service area, even though home prices and the cost of rental units have decreased slightly over the past two years. Although lack of affordable housing was not in the top five concerns for KVCAP Community Survey respondents, the majority cited it as a minor or significant

problem and it was a higher concern for those in Kennebec County compared with Somerset County.

Heat and Energy

The winter months are especially challenging for low-income individuals and families. The Low-Income Heating and Energy Assistance Program (LIHEAP) assists with heating costs, but is not intended to cover the cost of heating a home for the entire winter. Individuals and families are provided with a subsidy on a sliding scale, based upon income and family size. Over the past three years, the average benefit amounts distributed were as follows:

2009-2010 average benefit: \$749
 2010-2011 average benefit: \$879
 2011-2012 average benefit: \$489

During FY 2012, the dramatic drop in benefit amount created a hardship for low income families, especially since the price of oil increased significantly compared with the previous year. The average benefit was not enough to purchase one full tank of oil. Not only did the benefit amount drop in FY 2012, but eligibility guidelines also changed. For the two prior years, eligibility guidelines increased to allow households with incomes up to approximately 238% of poverty to receive some benefit. In FY 2012 the guidelines were reduced to 170% of poverty. We anticipate serving fewer households this year due to the reduction.

Number of LIHEAP Applications/People served by KVCAP in FY 2010-11

FY 2010		
Kennebec/Somerset	11,253 applications	24,963 people served
Lincoln/Sagadahoc	2,780 applications	6,132 people served
FY 2011		
Kennebec/Somerset	11,499 applications	25,174 people served
Lincoln/Sagadahoc	2,872 applications	6,544 people served

Projections for FY 2013 indicate that LIHEAP will continue to be severely underfunded, making it difficult for low-income residents in our area and throughout Maine to keep their homes adequately heated. For many, this leads to using unsafe practices, such as opening oven doors to heat a room, using unsafe fire places/stoves, and other unorthodox strategies to stay warm. If the winter is colder than average, the problem is exacerbated. In our area, the local United Way (along with assistance from community partners, including KVCAP) coordinated the opening of a daytime warming center as one approach to helping people save on energy costs or help homeless people get out of the cold. Local communities will need to continue to search for creative solutions to help keep people in their neighborhoods safe and warm.

The old housing stock in Maine, particularly in our catchment area, compromises the ability of low-income homeowners to repair and maintain their homes

adequately, including making them more energy efficient. KVCAP's Weatherization program is available to a limited number of LIHEAP eligible people each year, providing an opportunity to decrease their heating costs. There is not enough funding to meet the all of the needs in our area. Over the past three years, based upon funding, we weatherized the following number of households:

2010	1,249 homes (due to a significant amount of ARRA funds)
2011	204 homes
2012	227 homes

Clearly only a fraction of homes in need are being weatherized, and each year the housing stock grows older.

Food and Nutrition

Food insecurity (lacking access to enough food to ensure adequate nutrition) is on the rise nationally and throughout Maine. According to the USDA, a growing number of Maine residents are considered to be food insecure. Categories include "low food security" (reporting reductions in quality, variety or desirability of diet) or "very low food security" (reporting multiple indications of disrupted eating patterns and reduced food intake). The following table depicts this disturbing trend in Maine.

Household-level Food Insecurity and Very Low Food Security			
	2002-2004 avg.	2005-2007 avg.	2008-1010 avg.
Food insecure	9.8%	13.3%	15.4%
Very low food security	3.1%	5.9%	6.8%

Maine is the most food-insecure state in New England and the thirteenth most food insecure state in the nation. Approximately 1 in 4 children in Maine under age 16 live in a food insecure home. 43% of Maine's food insecure population makes too much income to qualify for the Supplemental Nutrition Assistance Program (SNAP) benefits and must rely on the charity food assistance network.

SNAP is designed to supplement a household's monthly food budget. 19.7% of Maine households receive SNAP benefits, with significantly higher rates in Kennebec (21.2%) and Somerset (29.4%). In fact, according to Poverty in Maine 2010, the number of people applying for and receiving food stamps in Maine has been increasing over the past several years, for a variety of reasons including: more people are eligible; other household expenses such as fuel have increased; introduction of benefit cards, which carry less stigma than food stamps; and Maine's participation in a pilot program to increase the historically low participation rate of seniors. The benefit amounts and eligibility levels have remained relatively stable.

The rate of children receiving Free and Reduced Lunches is 45.9% in Maine, while Kennebec (52.8%), Somerset (59.1%) and Lincoln (46.6%) counties all have higher rates.

Increasingly, families and individuals are turning to local food banks/pantries because they don't have enough resources to purchase an adequate amount of food. KVCAP provides oversight and food distribution for The Emergency Food Assistance Program (TEFAP) to 41 food banks in Kennebec and Somerset Counties. (There are 12 TEFAP food banks in the mid-coast area, not overseen by KVCAP). The food bank network has seen an influx in usage, particularly in 2011, continuing into 2012. At the same time, increases in the price of food and shipping have decreased the amount of TEFAP resources by about a third, and private donations have also decreased. These food banks/pantries serve as an important safety net for communities. Due to the rural nature of our service area, access to the food banks can pose a challenge for people that don't have reliable transportation. The food banks are usually operated by churches using volunteers, and may have limited hours of operation. Many food banks in our area report a decrease in their volunteer base and an increase in requests for food assistance, which results in cutting back on the hours of operation. Our TEFAP Coordinator reports a significant increase over the past year in direct calls to KVCAP requesting food assistance.

Transportation

Lack of transportation is cited as a significant challenge in local assessments, by area providers, municipal officials and residents in KVCAP's large, rural service area. It is considered a key barrier to employment, accessing health care and other social services, and post-secondary education. Inadequate transportation options also present challenges in getting basic needs met, such as shopping for food, clothing, etc. A "snapshot" of families in KVCAP's Headstart/Child Care programs (2010) reveals that nearly 46% of all respondents do not own a vehicle. Of those, 80% said that it was hard to get a ride or find transportation when needed. Thirty-five percent (35%) of respondents identified unreliable transportation as a reason for applying for TANF.

The United Way of Mid-Maine (serving Northern Kennebec and Somerset counties) conducted a community survey in 2010/11 which identified "shortage of transportation" among the top 10 community concerns and among the top 5 community issues requiring immediate attention. Their survey and discussion groups identified lack of transportation not only as an obstacle for low-income adults, but also for youth that want to work, attend social events or participate in school activities. It was also seen as having an impact upon the sense of isolation and loneliness experienced by the elderly population. By contrast, KVCAP's survey respondents did not choose transportation as one of its top concerns, although the majority did respond that "bus/van service to medical appointments" is "Definitely Important" as a community program.

KVCAP is the only provider of “public transportation” in Kennebec/Somerset Counties, with bus routes focused primarily in a few key service center cities/towns. Despite this, the bus system in Waterville experienced a decline in ridership from 1993 through 2005. Ridership rebounded sporadically from 2005-2009, especially when gas prices increased. KVCAP also provides transportation to medical appointments for low-income people and those receiving MaineCare throughout Kennebec and Somerset Counties.

KVCAP worked closely with the Maine Department of Transportation to develop an in-depth assessment of the need for public transit, with a final report presented by Tom Crikelair Associates in June 2009. This report focused on identifying the barriers to utilization and present recommendations for improving the system and increasing ridership. Some of the key findings included:

- Too few buses/too long a wait between buses
- Poor amenities (i.e., signs, bus shelters)
- Inconvenient for commuters
- Need for better funding, better routes and route maps and a timetable offering more frequent service
- Need for expanded hours (i.e., early AM and later PM)

The study also concluded that the fixed route services are designed to meet the needs of senior citizens and also serves many disabled people. It was recommended that the design strategies for seniors be preserved and that low-floor buses that don't use wheelchair lifts be utilized to make services for the disabled run more smoothly. Other target populations, such as low-income adults would be better served if new routes in lower-income neighborhoods were added that included early morning and evening commute times.

KVCAP utilized these recommendations to redesign its KV Transit program, primarily in Kennebec County, launching the Kennebec Explorer system in 2011. The system has new buses with improved features for wheelchair access; new, more frequent/efficient bus routes; and a newly added bus route connecting Waterville/Fairfield with Augusta. Ridership has increased 44% since the Kennebec Explorer was launched. Even though access to public transportation has improved in Kennebec County, there are no public transportation options in the smaller towns outside of Waterville, Fairfield, Augusta, and Gardiner.

Somerset County is a large, very rural county with significant challenges to developing a user friendly public transportation system, including high cost. KVCAP has developed a route during the summer in the greater Skowhegan area to meet shopping and recreation needs; however, there is a long way to go to meet the ongoing transportation challenges in this county. Long range plans include developing public transit routes in lower Somerset County, with service

extending to the Waterville area. These plans are being developed in collaboration with community partners.

The mid-coast counties of Lincoln and Sagadahoc also experience transportation challenges. According to Mid-Coast Maine Community Action's Community Needs Assessment (2010-11), a survey of Headstart parents indicated a lack of reliable transportation as a challenge. There is only one public bus service in the city of Bath and limited MaineCare reimbursed services elsewhere. Currently the Mid-Coast Council of Governments is sponsoring a study to analyze how best to create intercity bus service between several mid-coast cities and towns.

The transportation system for MaineCare reimbursable services, which relies on volunteers and friends/family options, is slated to undergo a significant change in FY 2013. A new model will be introduced and it is difficult to predict what impact this will have, not only on low-income people, but also on providers' ability to offer services. KVCAP may or may not continue to be the provider for these services once the new model is introduced and contracts are awarded.

Child Care, Early Education and Child Development

Families in Maine and in our catchment area use a variety of child care arrangements: licensed care, family/friends/neighbors (FFN) and public programs such as Head Start and pre-school programs.

- Of licensed programs, family child care is the most available (1,415), with child care centers being the next most common (706) and nursery schools the least available (111).
- Child care provided by friends/family/neighbors (FFN) is the most accessed type of care for young children in Maine.
- There were 3,761 Head Start enrollments (0-5) in Maine during 2008-2009. In 2009, 70.5% of children who were eligible in the state for Head Start services were not enrolled, with only 29.5% receiving service. This is the highest percentage of eligible children not enrolled since 2001. Due to recent cuts that have been made in state Head Start funding, even fewer eligible children will receive services in 2013.
- Public pre-K classrooms increased statewide in 2009-2010, with a total of 2,784 children enrolled. This is a positive trend, although the percentage of 4 year olds enrolled in a public pre-K program varies widely across the state, as described below (for 2010):
 - Maine enrollment 27.9%
 - Kennebec enrollment 27.2%

- Lincoln enrollment 6.2%
- Sagadahoc enrollment 38.4%
- Somerset enrollment 54.4%

In Kennebec and Somerset counties, there are an estimated 4,423 children eligible for Head Start/Early Head Start. There are 640 slots available in the two counties, offered by KVCAP and Southern Kennebec Child Development Center (SKCDC), resulting in only 14% of eligible children being served in our area. During the current program year, for example, 59 children remained on a waiting list for KVCAP Head Start slots and did not receive any service. Next year we will lose 39 Head Start/Early Head Start slots and we anticipate growing waiting lists with fewer children receiving services. An entire classroom of age 0-3 Early Head Start/Child Care services is being eliminated in Skowhegan. (Mid-Coast Community Action provides these services in Lincoln/Sagadahoc.)

In FY 2012, the method changed for low-income families to access child care slots. Previously, community agencies including KVCAP had contracts with the State of Maine to provide child care. Families could apply directly at the center, and if a slot was available, be deemed eligible immediately. The state eliminated these contracts and now all families must apply for a state voucher. The process can be lengthy and presents challenges to parents that obtain jobs and need to make child care arrangements in a timely manner. Additionally, a freeze has been placed on any new vouchers so all new applicants are placed on a waiting list until a voucher becomes available. As a result, KVCAP has child care slots that cannot be filled because the families are still waiting for a voucher. The availability of quality, affordable child care was a top five priority for KVCAP survey respondents, when asked what programs communities should provide.

Eligible families that cannot access a child care voucher, a Head Start/Early Head Start slot or a subsidized slot at a child-care center (since that option no longer exists), encounter a real barrier to going to work, school or job-training when trying to find affordable, quality child care options. The range of market rates in our catchment area is as follows:

*maximum subsidized rates allowable by DHHS, based on market rates

	Licensed Child Care Center Maximum Rate	Licensed Family Child Care Maximum Rate	Legal Unlicensed Providers Maximum Rate
Infants	\$158.00-\$160.00	\$120.00-\$135.00	\$84.00-\$95.00
Toddlers	\$150.00-\$160.00	\$107.00-\$130.00	\$75.00-\$91.00
Preschool	\$130.00-\$197.32	\$95.00-\$125.00	\$67.00-\$88.00
School age	\$100.00-\$140.00	\$ 90.00-\$110.00	\$63.00-\$77.00

A single parent working a minimum wage job with no child care subsidy would pay anywhere from 20% to 28% of their income on child care for an infant in an unlicensed home and close to 47% in a licensed child care center, an option that is clearly out of reach. Other lower-cost options exist, but these are often in

homes providing sub-standard care, resulting in families having to choose between quality child care versus affordable child care.

Affordability is not the only important factor when considering the child care and early education options for young children. According to the Maine Growth Council’s 2011 Report, the first five years of life are a crucial time in brain development, creating the foundation for future intellectual, emotional, social and physical development. In Maine, as nationally, the Growth Council concludes that public policy and level of investment in young children are not keeping pace with the information about brain development and what children need to become healthy, proactive adults.

One strategy to improve quality is Maine’s Quality Rating System (QRS). The “Quality for Me” four-tier system was designed to determine necessary quality improvements to the early care and education infrastructure and help parents make decisions about child care. Participation in the system by providers increased by 15% from 2009-2010, with 37% of all providers enrolled in 2010 (providers who accept child care subsidies are required to participate in the QRS). Although enrollment is up, more than half of the providers remain at Step 1, the lowest level in the rating system.

County comparison of providers level of quality and enrollment in QRS				
Measures	Lincoln	Kennebec	Sagadahoc	Somerset
Quality for ME: Step 4 , % of providers (as % enrolled in QRS)	20.8%	19.6%	26.7%	36.8%
Quality for ME: Step 3 , % of providers (as % enrolled in QRS)	0.0%	10.9%	6.7%	18.4%
Quality for ME: Step 2 , % of providers (as % enrolled in QRS)	4.2%	14.1%	6.7%	5.3%
Quality for ME: Step 1 , % of providers (as % enrolled in QRS)	75.0%	55.4%	60.0%	39.5%
Total Enrolled in QRS (as total of licensed providers)	48.1%	38.0%	39.5%	45.2%

All of the counties in our catchment area have higher QRS enrollment compared with the state average, with Lincoln and Somerset having significantly higher enrollment. The majority of providers in Lincoln, Kennebec and Sagadahoc are at Step 1, while in Somerset, the percentage of providers at Steps 2-4 represent the majority. KVCAP has assumed a lead role in northern Kennebec and Somerset Counties and beyond in increasing the quality of early child care and development. KVCAP’s Educare Central Maine is the first Educare site in New England, designed to serve 150-200 mostly low-income children from before they are born to age 5. The goal is to measurably increase their school-readiness and significantly reduce unnecessary special education costs. Educare is also designed to serve as a professional development and resource center for child care professionals across the state, as well as a teaching lab for students seeking an early childhood degree in Maine. The decreases in child care funding and Head Start/Early Head Start are predicted to negatively impact all providers

enrolled in the QRS, including Educare, cutting into gains that have been made in early care over the past several years.

Home Visiting is another strategy for positively impacting early childhood development. For several years, the Maine Department of Health and Human Services has funded universal home visiting for first time families starting prenatally up to age five. The Maine Families program is offered statewide and provides families with opportunities to increase their knowledge of child development and healthy parenting practices, thereby enhancing their parenting skills. The program also supports and encourages parental/child bonding which plays a vital role in early brain development. Other home visiting programs available in our catchment area include Home-based Early Head Start and Head Start; Public Health Nursing; and Community Health Nursing, each with specific strategies for supporting parents, providing families with options to choose the service that works best in their situation. In FY 2011, KVCAP's Maine Families program served 284 families in Kennebec and Somerset Counties. Despite the excellent outcome data produced by Maine Families, the program has been targeted for funding cuts over the past few years. Maine Families will lose a significant portion of Fund for Healthy Maine funds in FY 2013, but will gain federal funding. With the federal funds comes a shift in eligibility and priority populations. The program will now be available to all families (not just first time births/teen births) prenatally through age four months, with ongoing services beyond four months dependent upon family stressors and/or risk factors (low-income qualifies as a risk factor). This is an opportunity for all low-income families with babies to strengthen their families through the education and support they receive from home visiting programming.

Public Health/Safety

Access: Nationally, 16.3% of the population is without health insurance, with Maine ranking 6th in the nation for residents having insurance - our uninsured rate is 10.2 % (census data for 2009). A closer look indicates that for non-elderly Mainers, this rate is much higher. According to the Families USA report *Americans at Risk: One in Three Uninsured*, 25.2% of Mainers under age 65 went without health insurance for all or part of the period from 2007-2008. More than two-thirds of this group went without health insurance for six months or longer. Additionally, 77.7% of Maine's uninsured are members of working families. This demographic will surely increase when new MaineCare eligibility requirements go into effect in the upcoming year, dropping thousands of Mainers from this public insurance, including 19 and 20 year olds and parents with household incomes between 101-200% of poverty. Cuts in prescription drug coverage for many seniors will also have a significant impact on their access to medication.

The *County Health Rankings* website provides the following data for the counties in KVCAP's service area, using October 2011 data.

MAINE	13% uninsured
Sagadahoc	11% uninsured
Kennebec	12% uninsured
Somerset	13% uninsured
Lincoln	15% uninsured

Health Status: The *County Health Rankings* provides a snapshot of a community's health, using two sets of indicators.

Health Factors - these factors influence the health of a county, based on indicators for Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment

Health Outcomes – represents how healthy a county is, using indicators for Mortality (length of life) and Morbidity (how people feel)

County Health comparative rankings within the State of Maine (16 counties)

County	Health Factors	Health Outcomes
Kennebec	7	9
Lincoln	4	7
Sagadahoc	2	1
Somerset	15	14

Sagadahoc County is one of the healthiest counties in the state, while Somerset ranks near the bottom, with Kennebec and Lincoln ranked in the middle.

Health Needs Assessment: There are eight Public Health Districts in Maine that work through local Healthy Maine Partnership coalitions to assess community needs and develop plans to address those needs. The KVCAP service area covers two districts (Central and Mid-Coast), which include a total of seven Healthy Maine Partnerships. KVCAP is an active member of the four coalitions in the Central District; the remaining health related information that is presented will focus primarily on the Central District. All four coalitions are actively addressing community concerns around obesity, access to care, and substance abuse (including tobacco, alcohol, and drugs). The Healthy Northern Kennebec Coalition is also focused on issues around domestic violence, and was instrumental in convening the kNOw Violence task force a couple of years ago. Additionally, prescription drug abuse has been an emerging concern over the past few years.

Obesity/Diabetes: The OneMaine Health Community Needs Assessment 2010 reports the following regarding the issue of obesity:

“When survey respondents were asked what were the biggest health problems facing their communities, after high cost and lack of insurance, the most frequently named issue was obesity. A recent report from the National Center for Health Statistics states that nearly 17% of youth age 2-

19 in the U.S. are obese. Childhood obesity has significant long-term consequences in terms of cardiovascular health, diabetes and other chronic illnesses. Based on the MIYHS (Maine Integrated Youth Health Survey) data, 13% of Maine's 9-12 graders are obese, while another 14% are overweight. Risk behaviors that lead to obesity include poor nutrition and lack of physical activity. In Maine, only 15% of middle and high school children consume the recommended amounts of fruits and vegetables, while 29% consume sweetened beverages on a daily basis. Only 39% percent get 60 minutes of physical activity per day at least five days per week."

Diabetes is a growing concern throughout the country and is correlated to the increasing levels of obesity. FindTheBest web-site uses Center for Disease Control data to assign a "Smart Rating" to counties, based upon their obesity rates, diabetes rates and rates of physical inactivity. The ratings for counties in Maine in 2008 range from a high of 73 to a low of 40. Lincoln (68) and Sagadahoc (61) have scores in the top half of all counties, while Kennebec (54) and Somerset (40) are in the lower half, with Somerset having the lowest Smart Rating in the state. Kennebec and Somerset are two of six counties in Maine with diabetes rates higher than the national average.

Tobacco, Alcohol and Drugs:

Alcohol is the most often used substance in Maine, with 57% of adults over age 18 reporting having at least one drink in the past 30 days and 16% having 5 or more drinks in one setting. According to the OneMaine Community Health Needs Assessment 2010, Kennebec County has a high percentage of elderly chronic heavy drinking (KEN=5.7%, ME=4.5%) and binge drinking (Ken=4.8%, ME 3.6%). A low percentage of adults in Kennebec report substance abuse problems (KEN=0.1%, ME=1.5%).

Somerset County respondents reported a high percentage of binge drinking in the past month (SOM=18%, ME =15%) (although the percentage was low for elders) and also the highest percentage reporting "ever being diagnosed with substance abuse problems" (SOM=5.6%, ME=4.7%). Overall, the OneMaine assessment reported Somerset as one of 6 counties in Maine exhibiting a high pattern of substance abuse (Lincoln County was also one of the six). Somerset also has a high percentage of current smokers (SOM=26%, ME=22%) as well as a low percentage of smokers that have tried to quit in the past year (SOM=48%, ME=54%).

In the Central Public Health District (CPHD –includes Kennebec and Somerset), the 2009 Maine Integrated Youth Health Survey data indicates that the youth smoking rate (past 30 days) for students in high school is similar to the state rate (about 20%), however the rate for 7th and 8th grades is higher (9% compared to 7.2%), making it the highest in the state. The CPHD 7th and 8th grade youth also have higher rate of binge drinking, marijuana use and

prescription drug abuse compared to the state rate, indicating that prevention efforts are essential at the middle school level.

Prescription drug abuse has increased significantly in Maine over the past decade. Newspapers throughout the state have focused attention on this growing problem. The Morning Sentinel reports that Maine has the highest prescription drug addiction rate in the country per capita. Admissions for non-heroin opiate addiction increased from 28 per 100,000 in 1998 to 386 per 100,000 by 2008. State health officials describe the problem as a “pandemic”. Two related challenges stemming from this abuse are an increase in the birth of drug affected babies and a rise in drug-related crime, including pharmacy robberies.

Healthy Northern Kennebec identified prescription drug abuse as a key problem in its Local Public Health Plan, 2011 and it is also cited as a major concern in the Kennebec County Substance Abuse Strategic Plan, December 2010 by MaineGeneral. In 2003, less than 200 people in Kennebec County were admitted for Opiate/Opioid Addiction. By 2008, there were over 500 admissions. At the same time, it is estimated that in 2008, 5,000-7,000 people with opiate addiction in Kennebec and Somerset Counties were not receiving treatment. KVCAP Maine Families Home Visitors report growing numbers of families dealing with opiate addiction by one or more family members, sometimes with both parents receiving methadone or suboxone/subutex treatment.

The number of drug affected babies is also a grave community concern. In 2005, 12 drug affected babies were born in Augusta – the number jumped to 78 babies born there in 2011. In Skowhegan, the number rose from 4 in 2005 to 66 in 2011. These cases are all reported to the Department of Health and Human Services and are handled in a variety of ways. Most often, babies are not removed from their parents. These families require support to deal with the challenges in caring for their babies, who tend to be fussier and harder to calm than non-drug affected babies.

Health and law enforcement officials are working to develop strategies to combat the problem, with limited resources hampering both systems. Treatment funds have been cut and new legislation recently imposed two-year limits on MaineCare coverage for many common forms of addiction treatment. A recent report released by a task force headed by Maine’s Attorney General Schneider focuses on solutions that include developing a diversion alert system, coordinating and enhancing education and continuing to increase the use of the prescription monitoring system by physicians and other prescribers. Both the health/treatment professionals and law enforcement professionals share in a concern about this rise in prescription drug abuse/addiction, although they do not always agree upon the methods and strategies for attempting to combat the problem.

Family Violence: Although KVCAP Survey respondents did not cite family violence as one of their top five concerns, they did rank it as the second most

important priority for community programming. Respondents in Kennebec County ranked it as their first priority.

According to the most recent data, 2010 saw the fewest reports of domestic assaults in the past six years, not only in the state, but in all four counties in our service area.

Table – Domestic Assaults reported to law enforcement

State/County	Pop	2005	2006	2007	2008	2009	2010
Maine	1,328,361	5,459	5,554	5,771	5,311	5,287	5,117
Kennebec	122,157	710	672	710	676	671	667
Lincoln	34,457	104	128	116	121	108	103
Sagadahoc	35,293	98	90	86	88	80	61
Somerset	52,228	254	307	340	228	244	201

Although there has been a downward trend in Maine of reported assaults, the issue has been very much in the forefront over the past couple of years due to several domestic-violence related homicides occurring in Central Maine. In fact, there were 48 homicides in Maine in 2010 and 2011, and 21 of them were the result of domestic violence. Additionally, Kennebec County has a high rate of reported assaults compared to other Maine counties, consistently 3rd or 4th highest in the state.

KVCAP Child and Family Services data reveals that approximately 4% of families that enroll report domestic violence events in their lives, yet it is known that there are many unreported incidents. Staff members report that families are often reluctant to discuss family violence issues.

The local Healthy Maine Partnership in Northern Kennebec (PATCH, renamed Healthy Northern Kennebec) convened the kNOw Violence task force a couple of years ago in response to concerns about violence raised through their local community assessment. KVCAP participates on the task force, which focuses on raising awareness of domestic violence/sexual assault issues within the community and facilitates community discussions to strategize ways to strengthen prevention and intervention solutions.

Teen Pregnancy: Children that are born to teen mothers are more likely to be raised by a single parent, to live in poverty (with their family relying on public assistance), and are less likely to be ready for school, often scoring significantly lower on a variety of child development measures compared to children born to older mothers (i.e., in their 20's or older).

Maine has made significant progress in lowering its teen pregnancy rate over the past two decades and currently has the 3rd lowest rate in the nation, with a state rate of 35/1000. While Kennebec, Lincoln and Sagadahoc counties' rates are very close to the state rate, Somerset has the second highest rate in the state, at

48/1000. Although Somerset's rate is comparatively high, it too has been steadily decreasing over the past decade.

Local service providers, educators and community members have voiced concerns about significant cuts to family planning clinics as well as funding for family life/sexuality education. The clinics serving Waterville and Skowhegan have reduced their hours of operation which makes access for low-income people more challenging. There is currently very limited access to family life/sexuality educators which our local schools and service providers relied upon for resources and classes aimed at students, parents and providers. We will need to stay abreast of the teen pregnancy and birth data to determine if the rates start to trend upward.

Childhood Risk/Maltreatment

Following are statistics for the past four years from the Augusta (in Kennebec) and Skowhegan (in Somerset) Child Protective offices:

New Reports Assigned for Assessment		
Years	Augusta Office	Skowhegan Office
2011	792	401
2010	704	344
2009	708	324
2008	762	420

Case Substantiation for Completed Assessments				
Year	Augusta Office		Skowhegan Office	
	Substantiated	Substantiation rate	Substantiated	Substantiation rate
2011	217	27%	150	37%
2010	176	24%	141	44%
2009	231	33%	165	50%
2008	220	29%	182	45%

Although the Augusta office assigns almost double the number of cases for assessment, the cases in the Skowhegan office tend to be substantiated at a much higher rate.

The number of children in the custody of Maine DHHS (December 2009) was 1,650 – almost 40% were between the ages of 0-5. The rate per 1000 of children (0-17) in custody was 5.8 in 2009. Both Kennebec (7.3) and Somerset (8.3) had higher rates. (Lincoln, 5.1 and Sagadahoc, 2.8 had rates below the state average).

According to the Maine DHHS Annual Report on Referrals (for Child Protective) for years 2008-2011, the top three family stress factors that are identified during assessment are:

Mental/Physical Health Problem
Alcohol/Drug Misuse by Parent/Caretaker
Family Violence

Maine DHHS completed a Maternal, Infant and Early Childhood Home Visiting Program Needs Assessment in September 2010. They looked at the following factors to determine the greatest need areas in the state in order to develop the State Home Visiting Plan: communities with the most risk factors; communities with the lowest home visiting capacity; communities with the lowest substance abuse treatment capacity; and communities with the greatest special populations (foreign born families seeking refuge in Maine). Somerset County was deemed one of three highest need counties in the state. It is one of the three highest risk counties and one of the five counties with lowest capacity.

KVCAP's Maine Families home visiting program, Head Start and Early Head Start programs all focus on strengthening families, improving child development outcomes and reducing the potential for child abuse and neglect. Funding reductions at the state level will significantly reduce the numbers of families served by Head Start/Early Head Start in our catchment area in FY 2013. The Maine Families program will be able to maintain and possibly increase the number of families served due to receiving new federal funding that offsets the loss of state funding in FY 2013.

KVCAP Community Survey Results

KVCAP administered a Community Assessment Survey to its board members, staff and clients from the Child & Family Services, Energy & Housing, and Community Services Departments. A total of 444 surveys were completed.

Respondents were asked the following:

1. How much of a problem do you think these issues are for the people in your county?

33 issues were presented and respondents ranked each issue as "Not a Problem" = 1 pt; "A Minor Problem" = 2 pts; "A Severe Problem" = 3 pts; or "I Don't Know" = 0 pts. (Highest possible score: 3.00)

RESULTS – TOP 5 ISSUES

SCORE	ISSUE
2.86	Finding jobs that provide living wages/benefits
2.78	Families and children living in poverty
2.74	Families and individuals lack health insurance
2.73	Elderly living in poverty
2.72	Health Insurance premiums or co-pays are too high

2. How important do you think it is to have community programs that address the following issues?

35 community strategies were presented and respondents ranked each strategy as “Not At All Important” = 1 pt; “Somewhat Important” = 2 pts; “Definitely Important” = 3 pts; “Most Important” = 4 pts; or “I Don’t Know” = 0 pts. (Highest possible score: 4.00)

RESULTS – TOP 5 PROGRAM AREAS

SCORE	PROGRAMS TO ADDRESS:
3.44	Heating and energy assistance
3.39	People living in abusive, violent homes
3.34	Job creation
3.32	Assistance for the elderly
3.29	Affordable, quality child care

Results were also calculated for sub-groups of survey respondents, ie, board members, staff and clients. In addition, results were calculated from all respondents in Kennebec and Somerset Counties. We did not break out results for Lincoln/Sagadahoc Counties because the only respondents representing those counties were clients from LIHEAP. Following are the top five issues for each sub-group and the top five programs to address:

BOARD RESULTS – TOP 5 ISSUES

SCORE	ISSUE
3.00	Lack of affordable dental care for adults
3.00	Drug and/or alcohol use among adults
2.92	Families and children living in poverty
2.91	Lack of affordable dental care for children/teens
2.89	Finding jobs that provide living wages/benefits

STAFF RESULTS – TOP 5 ISSUES

SCORE	ISSUE
2.86	Finding jobs that provide living wages/benefits
2.83	Families and children living in poverty
2.82	Families and individuals lack health insurance
2.79	Elderly living in poverty
2.78	Health Insurance premiums or co-pays are too high

2.78	Young adults living in poverty
-------------	--------------------------------

CLIENT RESULTS – TOP 5 ISSUES

SCORE	ISSUE
2.83	Finding jobs that provide living wages/benefits
2.74	Families and children living in poverty
2.74	Families and individuals lack health insurance
2.70	Elderly living in poverty
2.69	Health Insurance premiums or co-pays are too high

KENNEBEC RESULTS – TOP 5 ISSUES

SCORE	ISSUE
2.83	Finding jobs that provide living wages/benefits
2.78	Families and children living in poverty
2.72	Elderly living in poverty
2.72	Young adults living in poverty
2.71	Families and individuals lack health insurance

SOMERSET RESULTS – TOP 5 ISSUES

SCORE	ISSUE
2.83	Finding jobs that provide living wages/benefits
2.72	Families and individuals lack health insurance
2.72	Lack of affordable dental care for adults
2.72	Families and children living in poverty
2.70	Drug and/or alcohol use among adults

BOARD RESULTS – TOP 5 PROGRAM AREAS

SCORE	PROGRAMS TO ADDRESS:
3.46	Affordable, quality child care
3.38	Heating and energy assistance
3.38	Drug and alcohol abuse among adults
3.38	People living in abusive, violent homes
3.36	Affordable mental health services

STAFF RESULTS – TOP 5 PROGRAM AREAS

SCORE	PROGRAMS TO ADDRESS:
3.44	People living in abusive, violent homes
3.39	Job creation
3.34	Homeless prevention
3.32	Heating and energy assistance
3.29	Assistance for the elderly

CLIENT RESULTS – TOP 5 PROGRAM AREAS

SCORE	PROGRAMS TO ADDRESS:
3.45	Heating and energy assistance
3.35	People living in abusive, violent homes
3.32	Job creation
3.29	Assistance for the elderly
3.26	Emergency food

KENNEBEC RESULTS – TOP 5 PROGRAM AREAS

SCORE	PROGRAMS TO ADDRESS:
3.50	People living in abusive, violent homes
3.42	Affordable, quality child care
3.41	Job creation
3.41	Drug and alcohol abuse among teens
3.41	Assistance for the elderly

SOMERSET RESULTS – TOP 5 PROGRAM AREAS

SCORE	PROGRAMS TO ADDRESS:
3.41	Heating and energy assistance
3.41	Job creation
3.39	People living in abusive, violent homes
3.34	Affordable dental services for children
3.34	Affordable, quality child care

Summary and Conclusions

The recession and slow recovery have impacted the communities in KVCAP's service area. All four counties have seen an increase in poverty over the past decade, with Kennebec and particularly Somerset poverty rates increasing significantly. Unemployment and underemployment remains high, making it difficult for individuals and families to make ends meet, even if they are above the poverty line. At the same time that people are struggling, many of the benefits and services to help them meet their needs are being reduced and eliminated. KVCAP anticipates that more people will seek service during the upcoming year, yet there will be fewer resources available to assist. For example, cuts in programming over the past few years have resulted in plans to consolidate our Somerset County services located in Skowhegan into one small building and close our larger building. Head Start, Early Head Start, and Child Care services will no longer be provided on-site at the Skowhegan KVCAP campus, with all services moving to the public school and one entire classroom for ages 0-3 being eliminated.

An analysis of the data, local assessments, decreases in funding and the KVCAP Community Survey results point to significant challenges in the following areas:

- Somerset County:** This severely challenged county has the second highest poverty rate and the third highest child poverty rate in the state. Somerset ranks poorly in nearly every indicator of poverty. It was deemed one of the three highest need counties in the state in regard to factors that impact children. Survey respondents in Somerset are most concerned about the lack of livable wage jobs and affording basic necessities, such as heat, health insurance and dental care.
- Access to livable wage jobs:** Residents in our region continue to have difficulty finding jobs that pay a good wage and include benefits. This is a problem that requires a multi-faceted approach. Communities need to attract new businesses that bring good paying jobs as well as increase education and training opportunities to create a skilled workforce that will support current and future business needs. *Difficulty in finding livable wage jobs is the number one problem area reported by survey respondents.*
- Children in poverty:** Over the past decade, the percentage of children under age 18 living in poverty has grown in all four counties. Somerset and Lincoln Counties have the highest child poverty rates in our region, and have experienced the greatest increase in those rates as well. For children under age 5, the poverty rates are even higher. Many communities in Kennebec County also have high rates of childhood poverty. Over 60% of Waterville youth from kindergarten through junior high are eligible for free/reduced lunch, and over 70% of youth in its “South End” neighborhood live below the poverty line. KVCAP is located in the “South End” of Waterville. Survey respondents cite children and families in poverty as the second greatest challenge in our communities.
- Early education/child care:** Less than 30% of the children eligible for Head Start services are enrolled. At the same time that more young children are being raised in poverty, Head Start, Early Head Start and subsidized child care services will suffer reductions throughout the region. The impact will be felt by children who enter kindergarten not ready to learn and by families that cannot obtain or maintain jobs nor attend job training/education programs because they can’t afford child care. Survey respondents cite access to quality, affordable child care as the fifth highest priority for community programming.
- Seniors in poverty:** Maine seniors live in poverty at a higher rate than nationally, which holds true for seniors in Kennebec, Lincoln and especially Somerset (with a much higher rate compared to the state rate). As the population ages, the need for senior services will grow. Survey respondents are concerned about these seniors and advocate for community programs to assist seniors (ranking fourth on problem issues and priority for community programs).

- **Basic needs unmet:** Low-income people are increasingly finding it difficult to meet their basic needs.
 - Heat and Energy costs continue to be high, causing great concern in our communities. Low-income families and seniors will face the winter months fearful that they will not have enough resources to stay warm. The anticipated average LIHEAP benefit for FY 2013 will barely cover 100 gallons of oil. Communities will be challenged to find ways to ensure the health and safety of their most vulnerable residents. Survey respondents indicate that *heating and energy assistance is their number one priority for programming.*
 - Affordable Housing is a concern in all four counties. There aren't nearly enough subsidized rental units to meet the needs, and rental housing in all but Sagadahoc County is considered unaffordable for those with a median income (for the county), let alone low-income (although data suggests that rental prices are dropping slightly). A significant number of people that own their homes cannot afford them, either falling behind on their mortgage or not being able to maintain the home adequately. Although not a top concern by survey respondents, 50% did cite lack of affordable housing as a severe problem and 88% believe it is "Definitely Important" or "Most Important" to address.
 - Food insecurity is on the rise. More people in our area are applying for SNAP each year as well as turning to local food banks/pantries. These largely volunteer run community supports are straining to meet the needs as their resources (food, funds and manpower) are decreasing. Survey respondents ranked providing emergency food as their sixth highest priority.
 - Access to health care will become more challenging for low-income residents throughout the service area in FY 2013. A significant number of people are slated to lose MaineCare benefits and Family Planning clinics will reduce hours of operation due to funding reductions. It is unclear how the Affordable Care Act will impact low-income people. States have been given leeway to choose not to increase eligibility in MaineCare and Maine has not determined how it will proceed. In addition, the impending national elections may result in the repeal of some or parts of the Act. Lack of health insurance was the third highest concern for survey respondents and the cost of health insurance premiums was the fifth ranked concern.

- **Transportation:** Lack of transportation options continues to be a barrier for many low income families. Public transportation is limited; MaineCare reimbursed services are restricted to medical appointments; and the rural nature of our service area adds unique challenges in addressing our transportations needs. In FY 2013 the entire system for providing MaineCare reimbursed transportation will undergo an overhaul. We can't predict what impact this will have on current providers and the clients that depend upon these services, although there will certainly be a

sense of upheaval for all involved. Lack of transportation will also continue to contribute to isolation for many seniors, a problem that is sure to grow as the population ages. Although not a top-ranked concern in our survey, the lack of transportation was a top ten concern in the United Way of Mid-Maine's local community assessment.

- **Prescription drug abuse:** The dramatic rise in prescription drug abuse is taking a toll on communities throughout Central Maine. In addition to the individual toll on the health and stability of those addicted, family members, friends and employers also suffer the consequences of this abuse. Emergency rooms and health providers are challenged in caring for addicted patients while local law enforcement must deal with the increase in crime associated with this trend, which affects businesses and community members. Dwindling resources place an increasing strain upon the health and legal systems. Alarming, a growing number of infants in our service area are being born addicted to prescription drugs. Survey respondents ranked concern about drug/alcohol abuse among adults and among teens in the top ten and placed them among the top eleven in priority for programming.
- **Family stressors:** The combined factors outlined above will continue to add stress to families in our communities. Factors such as substance abuse are highly correlated with childhood maltreatment and family violence. It will be important for programs that provide home visitation and parenting education classes to reach out to challenged families to provide support and help them build the parenting skills necessary to keep their children safe. The community recognizes the need for intervention, placing "assistance for people living in abusive homes" as the second highest priority for community programming.

KVCAP will utilize the results of the Comprehensive Community Needs Assessment in its strategic planning process. The agency will plan the use of its resources as efficiently and effectively as possible to respond to the needs in our service area. We will work with our extensive network of partners, including community coalitions, work groups, provider agencies, schools/educational institutions, businesses, churches and faith-based providers, federal and state agencies, and local municipalities to develop strategies to tackle the myriad of issues that challenge our communities, especially as they impact low-income residents.

APPENDIX

1. Ranked Order of results from the KVCAP Community Survey
2. Data References/Acknowledgements

KVCAP Community Survey Results

Ranked order responses to the question “How much of a problem do you think these issues are for the people in this county?”

Order	Score	Issues
1	2.86	Finding jobs that provide a living wage /benefits
2	2.78	Families/ children living in poverty
3	2.74	Families/ individuals lack health insurance
4	2.73	Elderly in poverty
5	2.72	Health insurance premiums or co-pays are too high
6	2.70	Drug and/ or alcohol use among adults
6	2.70	Lack of affordable dental care for adults
8	2.66	Young adults in poverty
9	2.63	Drugs and/ or alcohol use among teens
10	2.62	Child/ youth obesity
11	2.61	Poor nutrition
12	2.60	Families/individuals inability to manage or budget money
13	2.56	Homeless or facing eviction
13	2.56	Lack of parenting skills
15	2.51	Not enough safe, affordable housing
16	2.50	Challenges of caring for elderly/disabled family members
16	2.50	Violence in the home
18	2.48	Lack of affordable dental care for children and/ or teens
19	2.44	Teen pregnancy
20	2.43	Not enough to eat
21	2.39	High school drop-out rate
22	2.38	Not enough quality, affordable daycare
23	2.37	Lack of services for mental health issues
23	2.37	Adults not voting/ being involved in community activities
25	2.36	Not knowing where to find help
26	2.35	Lack of youth programs after school/during summer
27	2.32	Adults w/low or no reading, writing and/ or math skills
28	2.30	Not enough job training opportunities
28	2.30	Lack of affordable reproductive health care
30	2.29	Don't have transportation to/from work
31	2.23	No transportation to needed services
32	2.15	Not enough quality, affordable pre-school programs
33	2.06	Environmental safety (ex.: poor air quality, lead paint)

Ranked order responses to the question “How important do you think it is to have community programs to address the following issues?”

Order	Score	How to Address
1	3.44	Heating/ Energy assistance
2	3.39	People living in abusive/ violent homes
3	3.34	Job creation
4	3.32	Assistance for the elderly
5	3.29	Affordable / quality child care
6	3.28	Emergency food
6	3.28	Drug/ alcohol abuse among adults
8	3.27	Homeless prevention
8	3.27	Job training
10	3.26	Drug/ alcohol abuse among teens
11	3.25	Affordable dental services for children
12	3.24	Information on where to find services
12	3.24	Affordable mental health services
12	3.24	Help in finding a job
12	3.24	Affordable housing
16	3.21	Affordable, quality pre-school programming
16	3.21	Affordable dental services for adults
18	3.20	Emergency housing for adults/families
19	3.18	Support for families/ caregivers of the elderly and disabled
20	3.17	Parent education/ support services
21	3.15	Teen pregnancy prevention programs
22	3.12	Energy efficient housing
22	3.12	Afterschool/summer programs for youth
24	3.10	Emergency housing for teens
25	3.08	Mentoring opportunities for youth
26	3.02	Juvenile delinquency
26	3.02	Bus/ van service for medical appointments
28	3.01	Foreclosure prevention
29	2.99	Affordable reproductive health services
29	2.99	Budgeting and/ or debt management
31	2.98	Working with families to set and reach goals
32	2.97	Information on managing energy costs
33	2.94	Information on managing health care costs
34	2.93	Bus/van service to work
35	2.84	Bus/van services for other needs

Data References/Acknowledgments

2010 Poverty in Maine, Maine Community Action Association, Margaret Chase Smith Policy Center, 2010. <http://www.mainecommunityaction.org/publications/>

Americans at Risk: One in Three Uninsured, March 2009, Families USA. <http://www.familiesusa.org/resources/publications/reports/americans-at-risk.html>

Center for Workforce Research and Information, (Maine/counties unemployment statistics). <http://www.state.me.us/labor/cwri/laus.html>

County Health Rankings and Roadmaps, A Healthier Nation, County by County. <http://www.countyhealthrankings.org/app/maine/2012>

Creating Healthy Communities 2011, Local Public Health Plan, by Planned Approach to Community Health (PATCH).

FindTheData, FindTheBest- Compare Maine Health. <http://diabetes-obesity.findthedata.org/d/d/Maine>

Hunger in Maine, Good Shepherd Food Bank. <http://gsfb.org>

Kennebec Valley Community Action Program, Child and Family Services Department's "Community Assessment", April 2011.

Kennebec Valley Community Action Program, "NeighborWorks America Organizational Underwriting document", 2010.

Maine Children's Growth Council Report: School Readiness, 2011. <http://www.mekids.org/ecpublications.php>

Maine Consolidated Plan, Five Year Plan, 2010-2014, prepared by Maine State Housing Authority and Maine Department of Economic and Community Development, November 2010.

Maine Department of Health and Human Services, Bureau of Child and Family Services, *Child Protective Services Annual Report on Referrals (Years 2003-2011)*, prepared by Robert Provonost, Manager, Child Protective Intake Unit.

Maine Department of Health and Human Services, Maternal, Infant and Early Childhood Home Visiting Program Needs Assessment, September 20, 2010. <http://mainecgc.org/miechv.html>

Maine Department of Health and Human Services and Maine Department of Education, *Maine Integrated Youth Health Survey*, 2009.

http://www.maine.gov/youthhealthsurvey/fact_sheets.shtml

Maine Department of Labor, Center for Workforce Research and Information, '*Maine Livable Wage in 2010*'. Issued December 2011, prepared by Ruth Pease.

Maine Department of Public Safety, *Crime in Maine*, 2009.

<http://www.maine.gov/dps/cim/crime-in-Maine/2009contacts.htm>

Maine Department of Public Safety, Uniform Crime Reporting Division, *Domestic Assaults Reported to Law Enforcement*.

MaineGeneral, *Kennebec County Substance Abuse Strategic Plan*, December 2010.

Maine Integrated Youth Health Survey, 2009.

<http://www.maine.gov/youthhealthsurvey/main.cgi>

Maine Kids Count, Issues 2005-2012, Maine Children's Alliance.

www.mekids.org/kidscount

Maine Secretary of State Kid's Page. www.maine.gov

Maine State Housing Authority Annual Report 2011.

www.mainehousing.org/ABOUT/Mainehousing-annual-reports-financial-statements

Maine State Housing Authority, *A Report on Housing Costs in Maine 2008*.

www.mainehousing.org/data-reports/Housing-Reports

Maine State Housing Authority, Homeownership Facts and Rental Housing Facts.

www.mainehousing.org/data-reports/housing-facts

Maine State Housing Authority, Region II Shelter Inventory, Unique Clients and Utilization, 2011.

MidCoast Maine Community Action, 2010-2011 CSBG Community Needs Assessment.

Morning Sentinel articles: *First report from painkiller abuse panel near*, by John Richardson, July 2, 2012; *Growing problem, dwindling resources*, by Wanda Curtis, July 9, 2012.

Morning Sentinel article: *Skowhegan homeless shelter gives men a second chance*, by Erin Rhoda, January 23, 2012.

MPBN, *Muskie School: Food Insecurity in Maine 'Hidden Crisis'*, 1/19/2012, reported by Patty B. Wright. www.mpbn.net

New Hope Women's Shelter, Solon, Maine.
<https://sites.google.com/site/hopewoman'sshelter/>

Office of Child and Family Services, 2011Market Rate Chart. www.maine.gov/dhhs/ocfs/ccdf

OneMaine Health Collaborative, EMHS/MaineGeneral Health/Maine Health, *Statewide Community Health Needs Assessment 2010*, produced by The Center for Community and Public Health. <http://www.maine-general.org/body.cfm?id=1754>

Opportunity Nation, Opportunity Index. <http://opportunityindex.org>

Poverty in Maine Update, Volume 3. Issue 1, December 2011.
<http://www.maine-communityaction.org/publications/>

Simply Hired, Job Search Made Simple, www.simplyhired.com

Tedford Housing, Brunswick, Maine. <http://tedfordhousing.org>

Transit Evaluation and Plan for Waterville, Augusta, and Gardiner. Submitted to KVCAP and MDOT, June 18, 2009. Prepared by Tom Crikelair Associates with Richard Tolmach.

United States Census Bureau, State and County Quick Facts. <http://quickfacts.census.gov>

U.S Census Bureau, Maine QuickFacts. <http://quickfacts.census.gov/qfd/states/2300.html>

US Department of Agriculture, Economic Research Service, *Food Security in the United States: Definitions of Hunger and Food Security*.
<http://www.ers.gov/Briefing/FoodSecurity/Labels.html>

US Department of Agriculture, Economic Research Service, State Fact Sheets: Maine. Data updated April 13, 2012. www.usda.gov/StateFacts/me.HTM

US Department of Health and Human Services, 2011 HHS Poverty Guidelines.
<http://aspe.hhs.gov/poverty/11poverty.shtml>

United Way of Mid-Maine, 2010-2011 Community Assessment Report.
http://www.unitedwaymidme.org/2010-2011_Community_Assessment_Report.php