

Waldo Community Action Partners
HEAD START & EARLY HEAD START
Comprehensive
Community Assessment
2014



Photo credit: Searsport Head Start, April 2014, photographer Gwen Ackley

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Waldo Community Action Partners

Head Start and Early Head Start Comprehensive Community Assessment 2014

Introduction

EXECUTIVE SUMMARY

Waldo Community Action Partners is a private non-profit agency, incorporated in 1965 as a Community Action Agency and is governed by a Board of Directors comprised of 21 members, residents of Waldo County representing diverse occupations, sectors and perspectives. The Community Services Administration (CSA) provided initial funding for Agency programming. In 1983, the Community Services Block Grant replaced CSA to provide funding for Community Action Agencies around the country. WCAP works with the 26 municipalities in the county to mobilize public resources, such as federal and state grants, and to bring these resources to Waldo County to implement programs, initiatives and projects to eliminate poverty.

The mission of the agency is: “To create opportunities for low-income people to improve their quality of life.” Waldo Community Action Partners (WCAP) provides programming in four major areas: Child Care and Head Start, Transportation, Housing, and Outreach/Referral Programming.

This Waldo Community Action Partners Head Start and Early Head Start Comprehensive Community Assessment creates a profile of the unmet need for Head Start and Early Head Start early care and education services in Waldo County and outlines the strengths and challenges for people in the county, as it relates to helping children succeed by supporting their families to overcome adversity by living within a strong, healthy community.

This report describes the history and geography of the county, a rural, coastal, agricultural region where neighbors help neighbors and providers of community services work in collaboration. It is a region with a high median age and declining birth rate and school enrollment. There is an unremarkable degree of racial/ethnic diversity according to the U.S. Census figures.

Poverty is high in Waldo County (26.1% in 2012); unemployment was at least 9% in four towns in 2013 and was higher than the state percentages across the county. The need for employment opportunities was a strong theme and high priority for persons who participated in surveys and interviews.

In 2012/13, the Head Start/Early Head Start program was unable to meet more than 23% of the estimated need for early care and education services for eligible children. Of the projected 1,975 children under the age of five (in 2014) multiplied times the 2012 poverty rate for Waldo County (26.1%), we can estimate 207 children who will be 3 or 4 years old and 308 children who will be 0-2 years old in poverty in the service area. Using December 2013 data from Maine DHHS, illustrates 325 children 3-4 years old and 458 children ages 0-2 years old who were receiving TANF and/or SNAP benefits.

This assessment profiles the serious challenges facing families with young children in Waldo County, such as poverty and food insecurity, lack of jobs, inadequate housing, unmet needs for child care, child abuse and neglect, and childhood disabilities.

Concerns for community health in the county include high rates of teen pregnancy, bullying in school, alcohol and serious drug abuse and addiction, lack of dentists and mental health services for very young children, youth and adults.

The distance citizens must travel to apply for and/or access many services is an overarching concern impacting unmet or inadequately met needs; and a high or prohibitive cost to access essential and supportive services.

Of particular note are the observations of the Head Start/Early Head Start program managers, who witness young children in a state of “toxic stress response.” This community assessment finds that the conditions contributing to prolonged stress for children are present in the region and are a rallying point for comprehensive, accessible and responsive support services for families.

“Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.

“When toxic stress response occurs continually, or is triggered by multiple sources, it can have a cumulative toll on an individual’s physical and mental health—for a lifetime. The more adverse experiences in childhood, the greater the likelihood of developmental delays and later health problems, including heart disease, diabetes, substance abuse, and depression. Research also indicates that supportive, responsive relationships with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress response” (Harvard University, 2014.)

ASSESSMENT PROCESS

Every five years, Head Start grantees are required to conduct a Comprehensive Community Assessment as part of the strategic planning process. In the following four years, an update is prepared addressing key areas of change in the profile, needs and trends in the service area. The general purpose of this Comprehensive Community Assessment is to determine the needs of the Head Start and Early Head Start eligible community and to inform the emergent goals, program design, and overall approach of the Head Start and Early Head Start program going forward.

Methods used to conduct this assessment include review and citation of extensive statistical and research reports on the conditions for people in Waldo County and Maine. Particular attention was given to research on the factors contributing to the well-being of people with low incomes and families

with very young children. The process included interviews with key program managers and community partners and included email communication. In areas where data is from various sources or different years, the author has made every attempt to be clear in explaining any discrepancies. The complete listing of citations is found at the end of the report.

The author acknowledges valuable assistance received from community partners at the Waldo County General Hospital, Broadreach Family and Community Services, Maine DHHS-Office of Child Care Subsidy Program, UMaine Cooperative Extension-Maine Families, and the Head Start/Early Head Start program in gathering essential reports and documents without which this project would not have been possible. Also informative during the process were the findings of a series of 18 community focus groups by the *Living Here Tomorrow* Task Force, convened by WCAP in 2010, and the results of consumer and community surveys completed in both 2010 and 2014.



General Area Description

HISTORY

The following is a history of the county from the *Waldo County 2012 Community Assessment* report:

“Waldo County started with a land grant (36 square miles) called the Muscongus Patent from the Plymouth Council in 1630, which was issued to Thomas Leverett and John Beauchamp. The patent primarily just ensured trading rights with Native Americans but it was broken up at first by King Philip’s war. Once the war was over in 1678, the whole area remained uninhabited for almost 40 years. Then, in 1719, Thomas Leverett’s great-grandson, John Leverett, who had inherited the land, split it up into ten shares and gave those shares to what he called the “Ten Proprietors.” The proprietors included 20 other partners called the “Twenty Associates.” Of the Twenty Associates, two were Cornelius and John Waldo, who were transferred 100,000 acres [of] the land. From this point on, the Muscongus Patent became known as the Waldo Patent. They created two plantations in 1720 (the first permanent settlements in the Waldo Patent) which are now the towns of Warren and Thomaston.

“Six years later, a man named David Dunbar, who had been appointed “Surveyor-General of the King’s Woods”, was beginning to become very aggressive. A man named Samuel Waldo, who later became a General, was sent to England to secure a revocation of Dunbar’s authority and he succeeded. For doing that and providing various other valuable services, the Ten Proprietors and Twenty Associates gifted to him 50% of the Waldo Patent. Later in 1768, he also inherited his father (John Waldo’s) share of the land, and 100,000 more acres belonging to him. By the time of his death at age 63 in 1759, the county, two towns (Waldo and Waldoborough) and Mount Waldo all donned his name. The land was passed on to his four children.

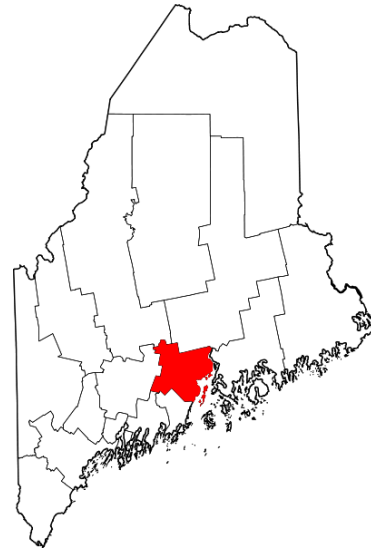
“Later, once the Revolutionary War was over, a general by the name of Knox purchased 80% of the Waldo Patent. In 1798, he mortgaged a portion of the land to men by the name of General Lincoln and Colonel Jackson. In 1802, the mortgage was assigned to Israel Thorndike, David Sears, and William Prescott. In 1809, they established the land agency in Belfast. Between 1760 and 1772, Waldo County saw a high number of emigrants and started becoming more of a place

where they felt secure, in large part due to the construction of Fort Pownall on the Penobscot River.

“Waldo County was formally established on July 3, 1827 after being taken from a portion of Hancock County and having a portion of what is now Knox County taken away. Belfast burned twice: 1865 and 1873. Each time, Belfast was rebuilt and by the mid-20th Century, turned to the chicken industry and became known as “The Broiler Capital of the World”. In the 1970’s, Waldo County started to see an influx of “back to the land” young people, including artists and musicians. This new demographic added a rich blend of people to the county. By 1980, the poultry industry began to collapse in Waldo County and by 1990 it was almost gone completely. Affordable cost of living attracted more artists to the area during that time and Waldo County experienced a significant shift in its culture” (Waldo Community Action Partners, 2012), (Varney, 1886), (Wikipedia, Waldo Patent, 2011), (Insider's Guide to the Maine Coast, 2009), (Curtis, 2010.)

GEOGRAPHY

The geography of Waldo County is a rural region in Maine covering 729.92 square miles of land plus 123.01 square miles of water (Wikipedia, Waldo County Maine, 2014.) The diverse landscape includes hilly farmland, working ocean harbors, several major rivers, harvestable forests, and inland waterways used for both recreation and fishing. There are 424 farms and Waldo County ranks third highest in the state for the percentage of land that is farmland. The county includes several islands and it shares borders with six other counties and the Penobscot Bay on the Atlantic Ocean. The geographic size as compared to the whole state of Maine is illustrated in the map. There are two lighthouse parks, six state parks, two preserved State Game Management Areas and one national protected area, the Carleton Pond Waterfowl Production Area.



The communities in Waldo County maintain recreational traditions of coastline access, ball fields, town and city parks, walking, snowmobiling and biking trails, cultural, arts and history festivals, and community events celebrating family, farming and the ocean harvest.

Waldo County is “a safe place to live, a good place to raise a family, and is appreciated for its natural beauty” (WCAP, Community Survey Responses, 2010.)

Demographics

POPULATION

In 2012, there were 38,820 people in Waldo County. Waldo County’s population is the 6th lowest in the state, but has steadily grown over the past decade (Maine Children's Alliance, 2013.) The rise in

population in Waldo County is attributed to the influx of new residents to rural areas throughout the past few decades, as the birth rate declined. The largest municipalities are the City of Belfast, Winterport, Searsport, Lincolnville and Unity, in that order, with coastal Belfast serving as the county seat. The two towns with populations that have grown the most (over 24% increase between 2000 and 2012) are Palermo and Thorndike. Three towns with a steady decline are Islesboro, Liberty and Searsport. Of the 26 municipalities in Waldo County, eleven have populations less than 1,000 persons and only two have populations of more than 3,000 persons. The chart on page 8 illustrates population trends (U.S. Census, 2012.)

Across the county there are 53.1 persons per square mile; the rate for the state of Maine is 43.1 persons per square mile. There are approximately 2.31 persons per household in Waldo County and 87% of persons live in the same household for more than a year (American Community Survey, 2008-2012.)

Trends of Population Growth and Decline						
Annual Estimates of Population						
	2012	2011	2010	2005	2000	% Change
						2000-2012
Waldo County	38820	38783	38786	38,527	36,280	7.00%
Belfast	6,657	6,652	6,668	6,801	6,381	4.32%
Belmont	931	935	942	867	821	13.40%
Brooks	1,077	1,077	1,078	1,034	1,022	5.38%
Burnham	1,165	1,165	1,164	1,156	1,142	2%
Frankfort	1,127	1,126	1,124	1,055	1,041	8.26%
Freedom	721	721	719	651	645	11.78%
Islesboro	568	566	566	661	603	-5.80%
Jackson	550	550	548	513	506	8.70%
Knox	803	801	806	758	747	7.50%
Liberty	915	915	913	936	927	-1.30%
Lincolntonville	2,170	2,164	2,164	2,196	2,042	6.27%
Monroe	893	893	890	892	882	1.25%
Montville	1,034	1,034	1,032	1,012	1,002	3.20%
Morrill	881	883	884	885	774	13.82%
Northport	1,528	1,521	1,520	1,581	1,331	14.80%
Palmero	1,538	1,536	1,535	1,341	1,220	26.06%
Prospect	711	711	709	649	642	10.75%
Searsmont	1,399	1,391	1,392	1,337	1,174	19.16%
Searsport	2,618	2,619	2,615	2,673	2,641	-0.87%
Stockton Springs	1,582	1,587	1,591	1,660	1,481	6.82%
Swanville	1,378	1,381	1,388	1,435	1,357	1.55%
Thorndike	889	887	890	729	712	24.86%
Troy	1,031	1,028	1,030	1,052	981	5.10%
Unity	2,090	2,091	2,099	1,963	1,871	11.70%
Waldo	799	785	762	1,047	733	9%
Winterport	3,765	3,764	3,757	3,643	3,602	4.53%
	38820	38783	38786	38,527	36,280	

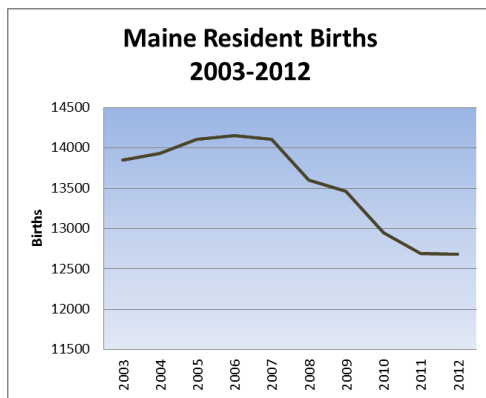
Sources: U. S. Census Population Estimates, 2000, 2010, 2011, 2012
and Annual Estimates of Population of Maine Towns and Counties, 2005

MEDIAN AGE AND BIRTHS

While Maine has the oldest median age in the nation (43.5 years old), Waldo County is even older. “Median” is a term that identifies the middle number, meaning half of the people are younger and half are older than the median age. No other state has a lower percentage of people between the ages of 15 and 43.5, according to the 2012 Census. The median age in Waldo County is 44.2 years old, according to the *American Community Survey 2008-2012*, an increase from 44.1 in the 2010 census. Furthermore, of

the total population in Waldo County, 16.4% of persons are over the age of 65 (American Community, 2012.)

The birth rate across Maine is declining, just as it is in Waldo County. The chart below, provided by Maine Vital Statistics, illustrates the steady decline in births. Between the years of 1990 and 2000, the average birth rate in Waldo County was 413 per year. Between the years of 2003 and 2012, the annual average county rate was 401 births (Maine Center for Disease Control and Prevention, Office of Data, Research and Vital Statistics, 2013.) The chart on page 10 illustrates the birth rates for each municipality in Waldo County and projects a total of 1,975 children under the age of 5 years old in Waldo County for the year 2014, using five-year averages to project births in 2013 and 2014. In 2010, the U.S. Census reports 2,072 children under the age of five in Waldo County.



In an article on the aging of Maine for the Portland Press Herald, staff writer Tom Bell writes, “The number of children in Maine has been on the decline for years. Since 1975 – the peak year for school enrollment in Maine – the number of children in school has fallen from 253,000 to 186,000, a decline of 26%” (Bell, 2014.)

“This shift in demographics is predicting by State Economist Amanda Rector to continue, “Maine’s population by 2030 will be about the same as it is today. However, it will be significantly older, because the youngest baby boomers by

then will be older than 65” (Bell, 2014.) Competition for scarce local and state funding for schools, social service programs, community health care, nutrition programs, and more is likely to escalate between advocates for young children and for the elderly as the Maine population continues to age.

“According to the Coalition for a Maine Aging Initiative, Maine’s older population will increase by 50% over the next twenty-five year. At the same time, the population defined as youth will decline by nearly 20 percent....Over half of persons in Maine (over 65 years of age) live in rural areas. Four in five live in their own homes. Many live alone and Maine ranks third in the nation for its percentage of elderly residents living alone” (WCAP Community Assessment, 2012.)

“The number of children living in their grandparent’s home has increased significantly (by more than an 8% increase from 2000 to 2010)....Seven percent (7%) of children under age 18 live in grandparent-headed households [and] approximately 20% of these children have neither parent present and the grandparents are responsible for their basic needs (Goyer, 2010.) In Waldo County, the *American Community Survey 2008-2012* five-year estimate shows 237 grandparents are responsible for their own grandchildren under 18 years old and 40% of those homes have no parents of the children present (American Community Survey, 2012.)

CHILDREN ELIGIBLE FOR HEAD START AND EARLY HEAD START

The following chart illustrates the birth rate by municipality and uses the 2012 poverty rate (26.1%) for children under 18 years old in Waldo County to estimate the numbers of children, by age, who would meet the poverty guidelines.

NUMBER OF ESTIMATED INCOME CHILDREN ELIGIBLE FOR HEAD START/EARLY HEAD START											
WALDO COUNTY											
							Estimate \$ Eligible Children (By Age in 2014)				
TOWN	Births in 2010	Births in 2011	Births in 2012	2013 Birth Estimates	2014 Birth Estimates	Poverty Rate	4 yo	3 yo	2 yo	1yo	<1yo
Belfast	71	71	61	67	67	26.1%	19	19	16	17	17
Belmont	4	10	6	8	8	26.1%	1	3	2	2	2
Brooks	16	16	14	16	16	26.1%	4	4	4	4	4
Burnham	13	17	10	12	12	26.1%	3	4	3	3	3
Frankfort	14	13	19	15	15	26.1%	4	3	5	4	4
Freedom	7	2	7	6	6	26.1%	2	1	2	2	2
Islesboro	5	2	4	4	4	26.1%	1	1	1	1	1
Jackson	2	4	7	5	5	26.1%	1	1	2	1	1
Knox	13	15	8	12	12	26.1%	3	3	2	3	3
Liberty	9	11	3	9	9	26.1%	2	3	1	2	2
Lincolnville	20	22	17	19	19	26.1%	5	6	4	5	5
Monroe	9	7	7	9	9	26.1%	2	2	2	2	2
Montville	9	7	13	11	11	26.1%	2	2	3	3	3
Morrill	9	12	9	11	11	26.1%	2	3	2	3	3
Northport	13	11	20	14	14	26.1%	3	3	5	4	4
Palermo	18	19	19	17	17	26.1%	5	5	5	4	4
Prospect	2	8	9	6	6	26.1%	1	2	2	2	2
Searsmont	14	19	10	14	14	26.1%	4	5	3	4	4
Searsport	27	24	22	27	27	26.1%	7	6	6	7	7
Stockton Springs	16	12	7	12	12	26.1%	4	3	2	3	3
Swanville	11	20	17	15	15	26.1%	3	5	4	4	4
Thorndike	10	10	14	12	12	26.1%	3	3	4	3	3
Troy	10	9	8	10	10	26.1%	3	2	2	3	3
Unity	20	20	24	21	21	26.1%	5	5	6	5	5
Waldo	8	9	8	10	10	26.1%	2	2	2	3	3
Winterport	37	38	39	37	37	26.1%	10	10	10	10	10
TOTALS	387	408	382	399*	399*		101	106	100	104*	104*

Source: Maine DHHS Vital Statistics 2008-2012. Waldo County 2012 poverty rate for children under 18 years old (KidsCount, 2013.)

*Note: 2013 and 2014 Birth estimates are based on 2008-2012 average births by town.

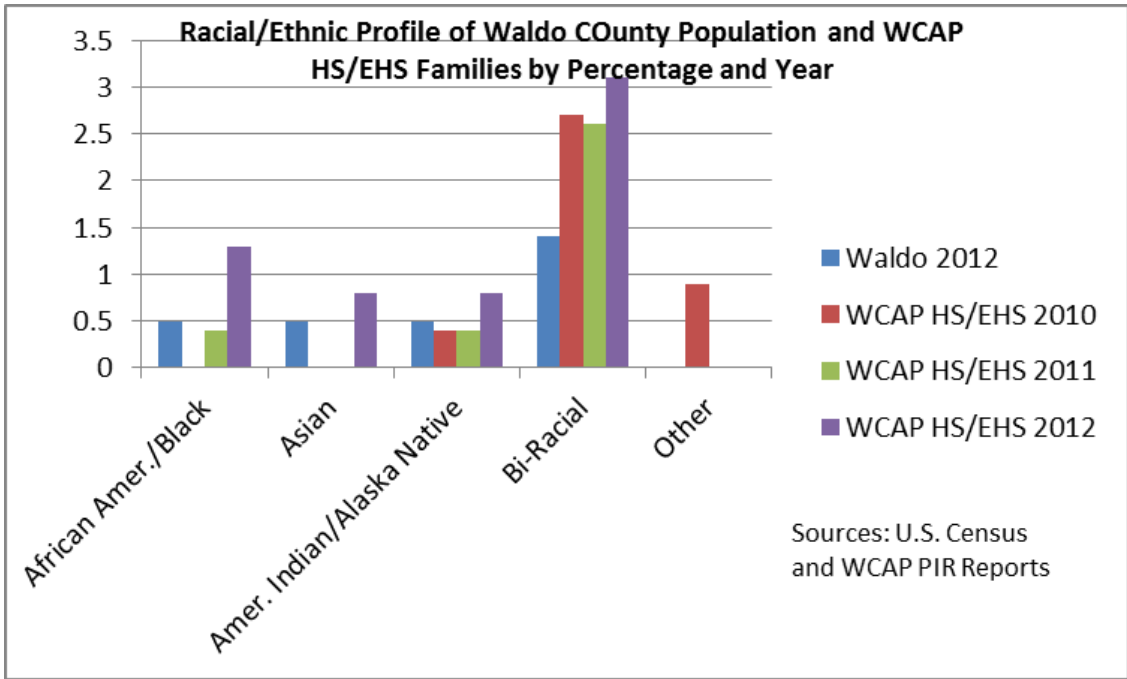
RACE, CULTURE and LANGUAGE

In Maine, 2.8% of children in public school in 2012/13 were English Language Learners (Maine Children’s Alliance, 2013.) Of three school districts in Waldo County, two (RSU 20 and RSU 22) had 0% ELL students and one district (RSU 3) had .4% in 2012/13.

Waldo Community Action Partners’ Head Start and Early Head Start (WCAP HS/EHS) Program Information Reports in the annual demographic profile for the past three years, 100% of enrolled children have English as the primary language in the home (WCAP Program Information Reports, 2010-2013.)

What did 2014 Family and Community Survey Respondents like most about their communities?
“Close knit, rural, friendly, resourceful, small, quiet, activities for kids, cozy, agriculturally thriving, neighbors willing to help one another and not expecting anything in return...THE PEOPLE!”

From 2010 to 2012, the U. S. Census reports that a steady percentage of the Waldo County population is “white,” now at 97.2%. However, the WCAP HS/EHS program reports a decrease of “white” families enrolled, from 96% in 2010/11 to 93.9% in 2012/13. The increase in diversity is illustrated in the graph below, showing that, as an example, while .5% of the population in Waldo County was African American/Black in 2012, 1.3% of the WCAP HS/EHS families were of that race in the same year.



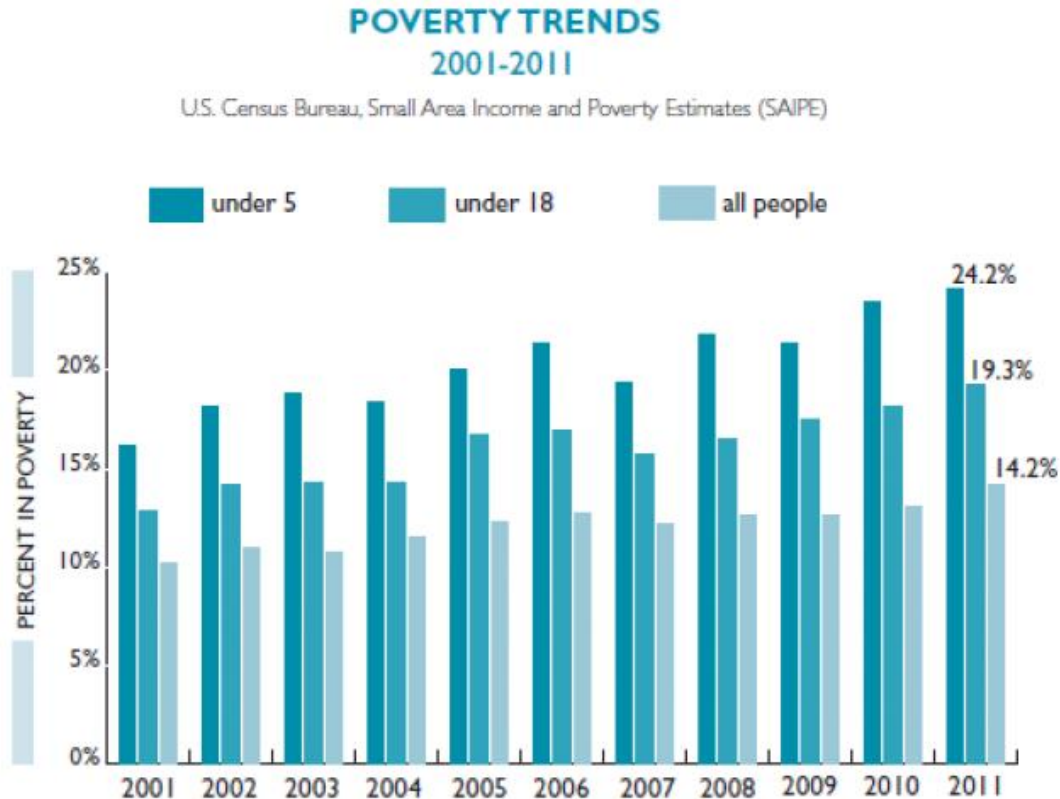
 **Unmet Need for Head Start and Early Head Start Services**

POVERTY

The chart on page 14 illustrates the estimated numbers of children under age five who would meet the poverty guidelines for Head Start/Early Head Start services. Of the projected 1,975 children under the age of five (in 2014) multiplied times the 2012 poverty rate for Waldo County (26.1%), we can estimated

207 children who will be 3 or 4 years old and 308 children who will be 0-2 years old in poverty in the service area.

Poverty rates continue to rise statewide and in Waldo County. Across Maine, the poverty rate rose for children under 5 years old to 24.2% in 2011; the national rate is 25.8%. The trend in Maine is illustrated below in the following chart provided by in the *Maine KIDSCOUNT 2013*. In Waldo County, the poverty rate for children, 0-17 years of age, grew from 19.3% in 2008 to 26.1% in 2012 (Maine Children’s Alliance, 2013.)

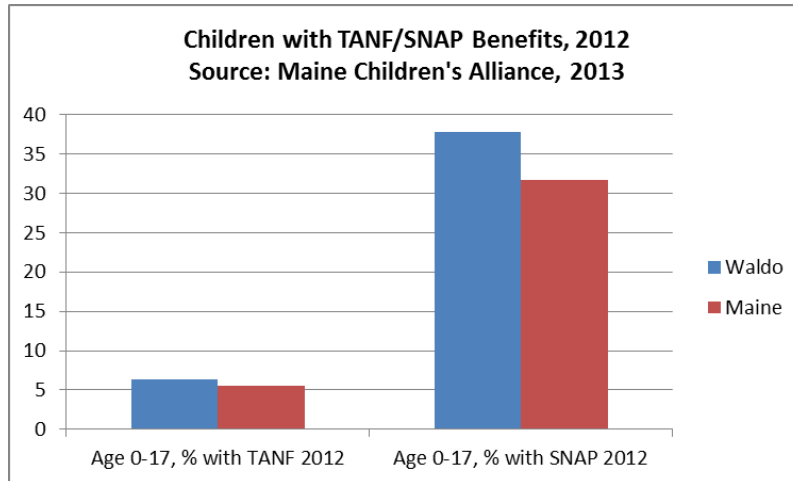


“Between 2005 and 2012, Maine’s median income of families with children grew slightly from \$51,700 to \$53,400, an increase of 3.3 percent. However, Maine’s family income has not returned to its prerecession amount. During that same time, the U.S. median family income grew 11 percent while the average of the median family income for other New England States (CT, MA, NH, RI, & VT) increased almost 13 percent” (Maine Children’s Alliance, 2013.)

The percentage of children eligible for Free/Reduced Price School Lunch has increased steadily to 45.8% statewide and 57.5% in Waldo County, 2012/13 figures (Maine Children’s Alliance, 2013.)

“In December 2012, 15,293 Maine children eighteen years and younger were TANF recipients, a decline from December 2011 when 23,922 Maine children were TANF recipients. This drastic decrease – 8,629

children – is the result of the implementation of a strict 60 month life time limit on the receipt of TANF assistance and a stricter sanction policy that includes a “full family sanction.” During the same time period, the number of children receiving SNAP benefits increased from 75,889 in December 2011 to 86,908 in December 2012, a difference of 11,019 children” (Maine Children’s Alliance, 2013.) The following chart shows the percentage of children receiving TANF or SNAP benefits in Waldo County is higher than the state rate.



Families who meet the income eligibility guidelines for SNAP can have incomes higher than the federal poverty guideline and could fall into the 130% income range allowed by Head Start enrollment standards. The following chart, using December 2013 data from Maine DHHS, illustrates 325 children 3-4 years old and 458 children ages 0-2 years old who were receiving TANF and/or SNAP benefits.

Summary Count of 4 Year Olds and Younger Active on TANF and/or Food Supplement as of December 2013, DHHS WALDO COUNTY						
TOWN	TOTAL COUNT	4 Year Old	3 Year Old	2 Year Old	1 Year Old	0 Year Old
Belfast	180	36	42	39	31	32
Belmont	11	2	1	3	2	3
Brooks	29	7	1	4	9	8
Burnham	35	9	7	8	7	4
Frankfort	35	8	5	6	13	3
Freedom	6	2	2	1	1	0
Islesboro	6	2	2	0	2	0
Jackson	16	2	3	3	8	0
Knox	18	3	5	4	3	3
Liberty	12	5	1	2	2	2
Lincolnville	15	2	2	6	3	2
Monroe	13	2	4	1	5	1
Montville	20	4	3	4	4	5
Morrill	11	3	2	3	2	1
Northport	18	5	5	2	6	0
Palermo	29	10	5	9	4	1
Prospect	8	3	1	0	3	1
Searsmont	27	7	5	6	4	5
Searsport	66	13	13	17	13	10
Stockton Springs	41	6	9	12	6	8
Swanville	30	5	5	6	6	8
Thorndike	17	1	4	4	4	4
Troy	24	4	6	6	3	5
Unity	44	10	7	10	9	8
Waldo	16	5	2	3	3	3
Winterport	56	14	13	10	11	8
TOTALS	783	170	155	169	164	125
Source: Maine DHHS, December 2013						

CHILD DEVELOPMENT PROGRAMS

In Waldo County there are several other early childhood education programs serving children ages prenatal to 5 years old: Maine Families home visiting services, private preschool, public preschool and full day childcare services. WCAP HS/EHS is the largest program designed to offer free services to income eligible children, or those who are homeless, in foster care or receiving TANF/SSI (mandatory eligibility categories) yet is unable to meet more than 23% of the estimated need in the service area in 2012/13.

The charts on page 10 and page 14 illustrate estimates of 308-458 (County Poverty Rate - TANF/SNAP) eligible children, 0-2 years of age and an estimated 207-325 eligible children, 3-4 years of age.

“There are 2,008 licensed child care centers and family child care homes in Maine. Of the licensed programs, 161 (8.0%) meet the highest standard (Step 4) in Maine’s early care and education quality rating system, Quality for ME. Maine currently has the capacity to serve an estimated 28 percent of children age 0-5 who are income-eligible for Head Start. Statewide, almost one-third of Maine’s four-year-olds are enrolled in a public preschool program” (Maine Children’s Alliance, 2013.) In 2012/13, WCAP HS/EHS had the capacity to serve 183 Head Start/Early Head children, only 23% of the estimated eligible children, using the DHHS TANF/SNAP figures illustrated above.

Of the five private schools in Waldo County, only one offers preschool services: Corner Spring Montessori School in Belfast with 21 preschool spaces (Johnson, 2014.) Toddy Pond in Swanville is K-8th grade; River School in Belfast is a high school; South Liberty Baptist Church and Academy in Liberty is K-12th grade; and the School at Sweetser is 2nd to 11th grade. At least 28 child care programs in Waldo County serve preschool children (see p. 17.)

Maine Families Waldo County is operated by the University of Maine Cooperative Extension program and offers a home visiting program to families prenatally and continues through the child’s third birthday. Statewide in 2011, the Maine Families program enrolled 2,375 families. Their 2011 Annual Report states that “more than half have an annual income of \$19,000 or less,” which would put them within the poverty guideline (Maine Families, 2011.) In Waldo County, the program served the following total numbers of children. All are enrolled by their third month of age, unless the parent is a teen. In that case the child can be enrolled if no older than six months. The numbers of children served by Maine Families are children who, by mutual agreement, will not be dually served by Early Head Start Home Based (Neff, 2014.)

2011 - Children served by Maine Families Waldo County: 121

2012 - Children served by Maine Families Waldo County: 110

2013 - Children served by Maine Families Waldo County: 101

FULL DAY FULL YEAR CHILD CARE

In addition to comprehensive Head Start and Early Head Start early childhood education programs, the following options are available for children ages 6 weeks to 5 years of age:

“Child Care Centers - Facilities where 13 or more children ages 6 weeks to 13 years may be cared for on a regular or part-time basis. These facilities are required to be licensed by the Maine Department of Health and Human Services (DHHS) and must meet minimum requirements concerning health and safety. Centers are subject to biannual inspections by a State Fire Marshal as well as annual review by the DHHS Licensing Unit.

“Certified Family Day Care Homes - Facilities in which 3 to 12 children, not related to the care giver, ages 6 weeks to 13 years may receive regular or part-time care. They must meet minimum health and safety requirements, and are inspected biannually by a State Fire Marshal and annually by a DHHS Licensing Worker.

“Legal Unlicensed Family Day Care – Homes in which only one or two children, not related to the care giver, are cared for without a license.

“In-Home Care - A relative, friend or someone else that you hire...care(s) for your child in your home. This option is not regulated.

“Nursery Schools - Facilities for 3 or more children between the ages of 3 and 7 that provide half-day care, not including kindergarten programs. Parents often combine these programs with other types of child care to create a full-day child care income preschool children including children with special needs” (Maine DHHS, 2014.)

Maine provides child care referrals services for families through a website, www.childcarechoices.me.

The program reports that between April and November of 2012, only 11 persons searched for child care services in Waldo County using this website. Of those, 43% requested infant/toddler care and 17% requested preschool child care. About half were seeking family child care and half were seeking center based child care (Michaud, 2012.)

41% of Head Start Parents surveyed about community needs identified “supply and affordability of childcare” as the most pressing social issue out of four choices in the category of “social stresses.” (WCAP, 2014.)

The following chart illustrates that in April 2014, there were 38 family child care homes and 17 child care centers in Waldo County, licensed to serve a potential total of 425 children. At least 16 of those programs are known to be licensed for infants through school age, and an additional 12 providers serve preschoolers, based on information available through Maine DHHS and Child Care Choices. But for 28 of the child care programs the ages of children they serve are unknown (Maine DHHS, Active Child Care Providers, 2014), (Maine DHHS, Child Care Choices, 2014.)

Waldo County Child Care Providers and Licensed Capacity (excluding WCAP)								
April 2014	# Providers by Type of Facility			# Providers By Ages Licensed to Serve				
	Home/Family Child Care	Child Care Center	Total Number of Slots	Infant Toddler Preschool School Age	Toddler Preschool School Age	Preschool School Age	Preschool	Unknown
Belfast	9	6	331*	5				10
Belmont	4		48	1		1		2
Brooks	2	1	42*	1			1	1
Burnham			0					
Frankfort	2		18	1				1
Freedom	1	1	32	1				1
Islesboro		1	12				1	
Jackson			0					
Knox	1		12					1
Liberty	1	1	28*		1		1	
Lincolnton	2	1	44			1		2
Monroe		1	16*				1	
Montville			0					
Morrill		1	32*				1	
Northport			0					
Palmero	2	1	44	1	1			1
Prospect			0					
Searsmont	2		24	1				1
Searsport	3		29	2				1
Stockton Springs		1	32*					1
Swanville	1		12	1				
Thorndike	2		24			1		1
Troy			0					
Unity	3		85*	1			1	2
Waldo	1	1	55	1				1
Winterport	2	1	71			1		2
TOTALS	38	17	425	16	2	4	6	28
* includes centers operated by BroadReach.								
Figures do not include centers licensed to Waldo Community Action Partners.								
Sources: Maine DHHS and www.childcarechoices.me								

The cost of child care is one of the most significant stresses on a family budget after housing. In Maine, families in the ASPIRE program or who are recently exiting the TANF program can apply for an ASPIRE or Transitional child care voucher. Maine also has a Child Care Subsidy Program (CCSP), which requires a small sliding scale fee from the parent. Vouchers and subsidies make it financially possible for families with very low incomes to continue their education, participate in job training and work. However, the processes can be complex to navigate and difficult to access for families in Waldo County, because there is no local DHHS office and families must travel to complete the eligibility and application processes.

The CCSP office reports that on average, in 2012, 71 children per month in Waldo County were active or authorized to receive a child care subsidy through the CCSP program. In 2013, that average fell to 63 children month. Statewide, 4% of the children with a CCSP subsidy are infants; 22% are toddlers; 36% are preschoolers and 38% are school age. There is currently no waiting list for a CCSP subsidy.

Not all child care providers accept vouchers and subsidies. We do not have the figures on how many of the 55 providers in Waldo County in 2014 (see chart of page 17) accepted ASPIRE and Transitional Child Care vouchers, but we do know that in Waldo County, in December 2012, 17 providers were authorized for CCSP subsidies: 29% family child care providers, 23% centers and 47% legal unregulated providers. In December 2013, 16 providers were authorized: 31% family child care and 19% centers and 50% legal unregulated providers. (Mathieu, 2014), (Maine DHHS, CCSP, 2012.) Child care providers continue to opt out of the subsidy system due to the quality standards.

Five (5) of the child care providers in Waldo County participating in the CCSP program held the top level rating in Maine’s Quality Rating and Improvement System (Maine DHHS, CCSP, 2012.) This “step” level quality system is designed to rate child care programs in Maine on quality standards and to assist parents to easily choose high quality child care. Providers receive a slightly higher reimbursement rate for CCSP subsidies when parents choose high level programs. Parents who use Step Four programs (the highest level) are eligible for a double tax credit on their state taxes.

FOSTER CARE

“The state removed about 3,200 children from their parents' homes about 10 years ago, and last year, that number was down by more than half, to about 1,500*, said Therese Cahill-Lowe, director of the Department of Health and Human Services' Office of Child and Family Services,” in an article in the Portland Press Herald in 2012. “Child-care advocates said Maine should put even more effort into reunification of families or kinship care -- placing a child with a relative -- to further reduce the use of foster care. Maine began using kinship care about seven years ago. Now, about a third of children removed from a home go to live with a relative, rather than be placed with a foster parent... Maine is moving toward kinship care at a faster rate than the nation as a whole, said Richard Wexler, who heads the National Coalition for Child Protection Reform” (Murphy, 2012.)

*Maine KIDS COUNT 2013 reports 1,654 children ages 0-17 were in DHHS custody or care in 2012 and 843 children, ages 0-5.

The report from the Child Welfare League of America on *Maine’s Children 2012* highlighted the following:

- “In 2010, 1,546 children in Maine lived apart from their families in out-of-home care, compared with 1,646 children in 2009. In 2010, 713 of the children living apart from their families were age 5 or younger and 199 were 16 or older.
- “The number of children living apart from their families in out-of-home care (2010) has decreased in comparison to the number of children in out-of-home care in 2006.

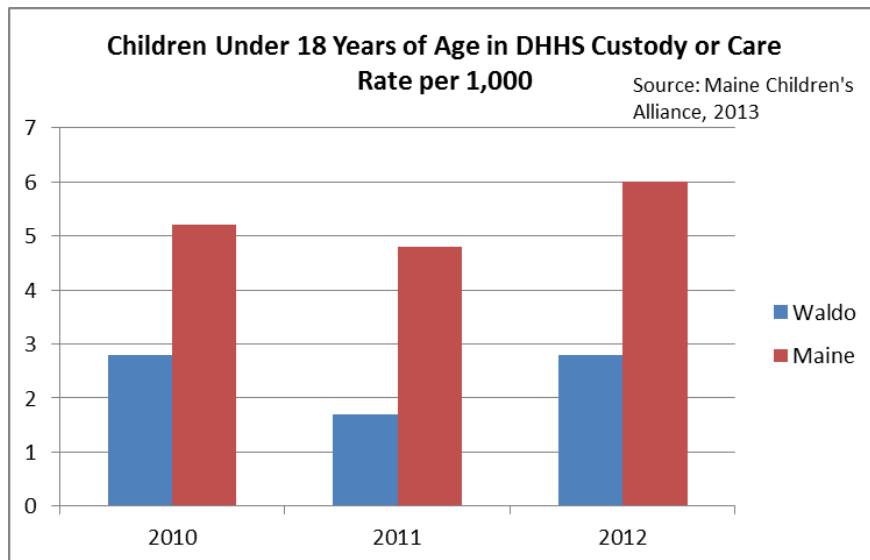
- “Of the 841 children exiting out-of-home care in Maine in 2010, 40.9% were reunited with their parents or other family members.
- “In 2010, 276 children were legally adopted through the public welfare agency in Maine, a 14.6% decrease from 323 in 2009.
- “Of the 1,546 children in out-of-home care in 2010, 408 were living with relatives while in care” (Child Welfare League of America, 2013.)

In the 2013 Maine KIDS COUNT report, the following excerpt describes the concerns for Maine children:

“Between December 2002 and December 2011, Maine saw a 50% decrease in the rate of children in DHHS care or custody, dropping from a rate of 9.6 per 1,000 children ages 0-17 in 2002 to 4.8 in 2011. But in 2012, the rate of children of children in DHHS care or custody increased by 2 percent to 6.0 per 1,000 children ages 0-17. Kinship care continues to be the most prevalent placement type for children in state care or custody. However, younger children ages 0-5 were more likely to be placed in a kinship setting (39%) than children ages 6-17 (27%). The older group was placed more frequently in a Therapeutic Care setting (30%) than young children (8%)” (Maine Children’s Alliance, 2013.)

In Waldo County, the rate (1.7-2.8 per 1,000) for children under the age of 18 in DHHS care or custody is significantly lower than the state rate, according to *Maine KIDS COUNT 2013*, as illustrated in the graph below. In 2012, only 23 children under 18 years of age in Waldo County were in DHHS custody or care (Maine Children’s Alliance, 2013.)

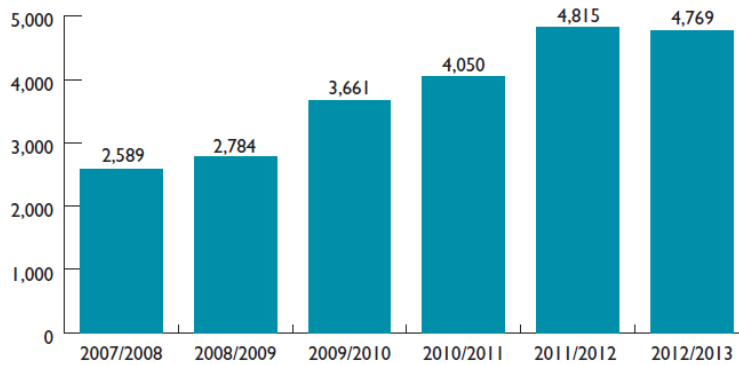
Each year between 2010 and 2012, WCAP HS/EHS enrolled only 2 to 3 children 0-5 years of age who were in foster care (WCAP, PIR, 2010-2013.)



PUBLIC PRESCHOOL

The pattern of public preschool enrollment is a growing trend in Maine and in Waldo County, with a slight dip in the past year. The following chart, provided by Maine KIDS COUNT, shows the positive trend in Maine.

PUBLIC PRESCHOOL ENROLLMENT
2007/2008 - 2012/2013



Source: Maine Department of Education

Waldo County’s 26 municipalities intersect with six RSU’s, Islesboro School Department and the Five-Town CSD (Lincolnville). All the schools in RSU 3, RSU 20 and Islesboro School Department are located in Waldo County. Schools in Burnham, Lincolnville, Palermo, Prospect and Winterport are part of school districts that enter other counties (Maine DOE, 2014.) WCAP Head Start collaborates with RSU 3, RSU 20 and RSU 22 in public preschool partnership classrooms.

There is an overall increase of enrollment in public preschool in Waldo County from 142 children in 2009 to 217 children in 2013, despite a one-year decline by 13 children between 2012 and 2013 - a year when the RSU’s in the region were undergoing a major restructuring. Several towns are continuing discussions and efforts to pull out of their school district and this turmoil has impacts at the district, community, Head Start program and individual child and family levels.

This is in contrast to the overall decline in public school enrollment in the county, preschool through grade 12, which is “steadily decreasing since 2001...an average decrease of 1.6% per year, for a total of 13.5% (769 students) over the eight year period of 2001-2009” (WCAP Community Assessment, 2012.)

In Waldo County in October 2013, there were 217 four-year old children enrolled in public preschool program and an estimated 119.2 of those children are eligible for Free/Reduced Price School Lunch (see the following chart.) The three year average of public preschool enrollment, county-wide, is 203 children, with 115 of those preschoolers as potentially income eligible for Head Start. (Maine DOE, 2014.)

ESTIMATED NUMBER 4 YEAR OLD CHILDREN ELIGIBLE FOR FREE-REDUCED PRICE LUNCH ENROLLED IN PUBLIC PREK										
RSU	Site of Public Preschool Program	2011/12			2012/13			2013/14		
		4YO in Public PreK	% FRP Lunch	Low \$ 4 YO	4YO in Public PreK	% FRP Lunch	Low \$ 4 YO	4YO in Public PreK	% FRP Lunch	Low \$ 4 YO
RSU 20	Capt. Albert W. Stevens, Belfast	16	54.5%	8.7	16	55.8%	8.9	31	53.5%	16.6
RSU 20	East Belfast School, Belfast	24	63.7%	15.3	23	64.2%	14.8	13	76.5%	9.9
RSU 3	Morse Memorial School, Brooks	13	69.9%	9.1	14	64.7%	9.1	11	73.8%	8.1
RSU 3	Walker Memorial School, Liberty	7	66.7%	4.7	16	60.8%	9.7	10	62.6%	6.3
RSU 3	Monroe Elem. School, Monroe	4	75.4%	3	14	58.1%	8.1	8	61.5%	4.9
RSU 20	Gladys Weymouth Elem., Morrill							25	45.2%	11.3
RSU 20	*Edna Drinkwater School, Northport				12	53.8%	6.5	9	54.4%	4.9
RSU 20	Ames Elem. School, Searsmont	15	54.1%	8.1	27	45.2%	12.2			
RSU 20	Searsport Elem. School, Searsport	35	57.1%	20	40	56.4%	22.6			
RSU20	Stockton Springs School, Stk. Springs							31	30.3%	9.4
RSU3	*Unity Elem. School, Unity	31	83.9%	26	52	44.2%	23	55	62.5%	34.4
RSU22	*Leroy H. Smith School, Winterport	16	49.8%	8	16	51.2%	8.2	24	55.8%	13.4
	TOTALS	161		102.9	230		123.1	217		119.2
	*Collaboration with WCAP Head Start									

Source: Maine Department of Education DataBook (webpage), March 2014

WAITING LISTS

WCAP HS/EHS maintains active waiting lists throughout the year. Key challenges with enrollment and waiting lists include (Palmer, 2014):

- The new public preschool program at Stockton Springs offers enrollment for families in both the morning and afternoon programs, filling a need for free full day services.
- The Searsport program has a small waiting list, so it also serves families from the Belfast area in need of Head Start services and willing to travel.
- The Early Head Start waiting list includes 8 out of 15 families who prefer EHS center-based program over home based; and of the 51 children currently enrolled in EHS home-based, 9 families would prefer a center-based EHS program for their child.
- Maine Healthy Families Waldo County serves, on average, slightly more than 100 infants and toddlers annually. Approximately half of those are potentially eligible for Early Head Start (50+ children). WCAP EHS does not enroll children who are served by the Maine Families program.

CHILDREN WITH DISABILITIES

- In 2011/12, 15.6% of Maine public school students had a special need, down from 17% of student in the previous year.
- In 2012/13, there was a 5.9% decline from the previous year in the numbers of public school students in RSU 3, 20 and 22 combined, with a disability: 1,245 students in 2011/12 vs. 1,171 students in 2012/13 (Maine DOE, 2013.)

- In 2012/13, 31.8% of WCAP Head Start children (3-5 years of age) had a special need, up from 29.2% the previous year.
- In 2012/13, 20.6% of WCAP Early Head Start children (0-3 years of age) had a special need, up from 11.5% the previous year (WCAP, PIR, 2010-2013.)

Nationally, 30% of all children under 5 years of age received a developmental screening during a well-child visit in 2011, but only 27.3% of Maine children received this screening, though it is an increase from 21.5% in 2010 (Maine Children’s Alliance, 2013.)

Children, ages 0-5, with disabilities in Waldo County are served by Child Development Services (CDS).

“The Child Development Services system is an Intermediate Educational Unit that provides both Early Intervention (birth through two years) and Free Appropriate Public Education (for ages three through five years) under the supervision of the Maine Department of Education. The CDS system ensures the provision of special education rules, federal and state regulations statewide, through a network of regional sites.

“Regional CDS sites provide case management and direct instruction for families with children from birth through age five. Each site conducts Child Find, which is the process of identifying children with disabilities. Screenings and evaluations are provided in order to identify children who are eligible for services. Regional CDS sites arrange for local services that include early intervention and special education and related services” (Maine DOE, 2014.)

A few years ago, there was a single agency serving the whole of Waldo County; but a statewide restructuring process resulted in three different “regional” CDS agencies/sites serving Waldo County: Project Peds CDS, Waterville, Two Rivers CDS, Brewer, and MidCoast Regional CDS, Rockland. Each site operates slightly different and they have experienced staff turnover, new office locations and/or changes to procedures, paperwork and eligibility determination. Despite these challenges, Waldo County HS/EHS teachers and managers continue to work to rebuild systems for efficient correspondence and collaborative relationships on behalf of children.

Across the state, CDS also operates preschool and child care programs. There is only one nearby, but outside of WCAP HS/EHS’s service area in Rockland (Brown, 2014.) CDS collaborates with a number of public preschool programs statewide, including RSU 22 in Waldo County, by providing Educational Technicians and Special Education teachers.

However, managers at WCAP HS/EHS shared in an interview for this assessment report that “the need for one-on-one assistance for children has definitely increased.... [These needed services are] very difficult to attain as these one-one-one supports are not happening to the level needed or children do not qualify for such services. We no longer have slots in programs where we could send children for the extra support they need to be successful, i.e., Starrett Center (Dowling, 2014.) Furthermore, the state of crisis and mental health for some families directly impacts their capacity to complete the process of referral, evaluation and eligibility determination required by CDS; and this is where the family

engagement support of Head Start/Early Head Start staff makes a world of difference in helping children obtain needed services.

In the annual report for 2013, Child Development Services notes that, statewide, of the 3,194 referrals for children 0-2 years of age, 1,229 (38%) were found eligible and of the 4,395 referrals for children 3-5 years of age, 1,339 (30%) were found eligible (Brown, 2014.)

When children do not qualify for special services through CDS or they decline the services, they may potentially obtain services through a referral from the primary care physician for special services through the “medical model.” WCAP HS/EHS reports only three (3) children were known to be receiving services through this model currently (Dulude, 2014.)

Of the children, ages 0-3, served by WCAP Early Head Start, those with special needs who are eligible for early intervention services (WCAP, PIR, 2010-2013.):

- In 2010/11 10% of all enrolled EHS children
- In 2011/12 11.5%
- In 2012/13 20.6%

WCAP Head Start trends for enrolled children, ages 3-5, by type of disability are illustrated below.

Waldo County Head Start Children with Disability, Ages 3-5					
	Number of Children Served in Head Start by Year				
Diagnosed Special Need	2008/09	2009/10	2010/11	2011/12	2012/13
Speech / Language	67	64	45	39	35
Emotional/Behavioral	3	0	0	0	0
Health	4	0	0	0	0
Hearing Impairment	1	1	3	0	1
Learning Disabilities	1	0	0	0	0
Orthopedic	0	1	1	0	0
Autism	1	1	1	0	0
Mental Retardation	0	0	0	0	0
Multiple Conditions*	1	1	1	0	0
Developmental Delay	5	5	5	6	12
TOTALS	83	73	56	45	48
*including deafness and/or blindness					
Source: WCAP Head Start PIR, 2009-2013					

Combining the numbers for RSU 3, RSU 20 and RSU 22, the following profile shows the percentage of children, ages 3-21 with a disability by exceptionality for the five year overview.

Children in RSU 3, 20 & 22 with Disability, Ages 3-21					
Percentage of Children with Disability by Exceptionality					
	2008/09	2009/10	2010/11	2011/12	2012/13
Total Number Children with Disability	714*	1264	1283	1245	1171
Diagnosed Special Need					
Speech / Language	20.0%	18.0%	17.2%	14.9%	14.8%
Emotional/Behavioral	6.0%	7.6%	8.1%	7.5%	7.2%
Health	24.5%	21.9%	20.1%	18.4%	18.7%
Hearing Impairment	0.0%	0.0%	0.0%	0.0%	0.0%
Learning Disabilities	30.2%	34.6%	35.4%	37.1%	35.3%
Orthopedic	0.0%	0.0%	0.0%	0.0%	0.0%
Autism	8.7%	8.7%	9.6%	11.1%	10.2%
Mental Retardation	6.0%	3.8%	2.8%	3.4%	3.8%
Multiple Conditions**	5.6%	5.5%	5.7%	7.2%	9.5%
Developmental Delay	0.0%	0.0%	0.0%	0.0%	0.0%
*figures for RSU 3, 2008/2009 not available					
**including deafness and/or blindness					
Source: Maine DOE, 2009-2013					

The next chart illustrates the 444 children ages 0-2 and the 324 children ages 3-5 who entered Child Development Services by CDS site, age group and disability category for the calendar year 2013. The majority of WCAP children are served by MidCoast CDS. Project Peds and Two Rivers overlap significantly with neighboring counties. The percentage of all children ages 3-5 with disability who are diagnosed with “developmental delay” in MidCoast is 13.2%, while the percentage for all three CDS sites combined is 6.8% and the statewide percentage is 21.5% (Brown, 2014.)

Children in CDS by Site, Age and Exceptionality 2013								
	Mid Coast CDS		Two Rivers CDS		Project Peds CDS		Statewide*	
	Age 0-2	Age 3-5	Age 0-2	Age 3-5	Age 0-2	Age 3-5	Age 0-2	Age 3-5
Total Number Children with Disability	157	121	126	123	161	80	455	2144
Diagnosed Special Need								
Speech / Language		91		88		72	6	1222
Emotional/Behavioral		3		2		2		23
Health		10		17		2		156
Hearing Impairment								8
Learning Disabilities								
Orthopedic		1						7
Autism				9		1	2	189
Mental Retardation								
Multiple Conditions**				1		1	1	45
Developmental Delay	157	16	126	5	161	1	446	461
Intellectual Disability						1		14
Visual Impairment								3
Traumatic Brain injury								2
Data not available				1				14
* Children exited CDS by primary disability								
**including deafness and/or blindness								
Source: Brown, 2014								

Yet, the numbers of children with autism is a growing concern. While the data presented in the previous section on Children with Disabilities does not show a significant number (3.1%) of children 3-5 years of age with autism in Waldo County, the profile statewide, in local school districts and in the older age range is of concern. The *CDS Annual Report* shows that statewide in 2013, 8.8% of children 3-5 years of age with a disability have autism (Brown, 2014.) “Currently, 9% of students (under age 18) with special needs have autism. The number of students with an autism diagnosis has more than doubled between 2004/05 and 2011/12; 1,108 vs. 2,646” (Maine Children’s Alliance, 2013.) In the three RSU’s serving Waldo County 11.1% of students with special needs in 2011/12 and 10.2% of students in 2012/13 have autism (Maine DOE, 2013.)

In an excerpt from the *Maine 2012 State of Autism Profiles* report prepared by Easter Seals, Inc. (shown below) we see that between 2000 and 2011, there was a huge 107 % increase in the numbers of children, ages 3-5, with a disability who receive services and have autism (Easter Seals, Inc., 2012.) Furthermore, in 2013, the number of children, ages 3-21 with autism by the three largest RSU’s in Waldo County are as follows (Maine DOE, 2013):

- RSU 3 - Children ages 3-21 with autism:7.1% of all students with exceptionality
- RSU 20 - Children ages 3-21 with autism: 6.2% of all students with exceptionality
- RSU 22 - Children ages 3-21 with autism: 17.4% of all students with exceptionality

State of Autism Profiles, 2012, Maine

In 2000, 594 or 1.67% of children ages 3-21 who received special education services in Maine have autism. In 2010-2011, 2,646 or 8.20% of children with disabilities ages 3-21 who received special education services have autism.

Table 1-1: IDEA Part B - Children with Autism in Maine for 1999-2000 and 2010-2011
(Child Count by Age Group)

	1999-2000	2010-2011
Age 3-5	150	405
Age 6-11	279	1,275
Age 12-17	152	868
Age 18-21	13	98
Age 6-21	444	2,241
Age 3-21	594	2,646

Source: Reported by the State of Maine in accordance with Section 618 of IDEA to U.S. Department of Education, Office of Special Education Programs

Table 1-2: IDEA Part B - Children with Disabilities in Maine for 1999-2000 and 2010-2011
(Child Count by Age Group)

	1999-2000	2010-2011
Age 3-5	3,978	3,824
Age 6-11	15,056	13,166
Age 12-17	15,086	13,789
Age 18-21	1,513	1,482
Age 6-21	31,655	28,437
Age 3-21	35,633	32,261

Source: Reported by the State of Maine in accordance with Section 618 of IDEA to U.S. Department of Education, Office of Special Education Programs

CHILDREN’S MENTAL HEALTH

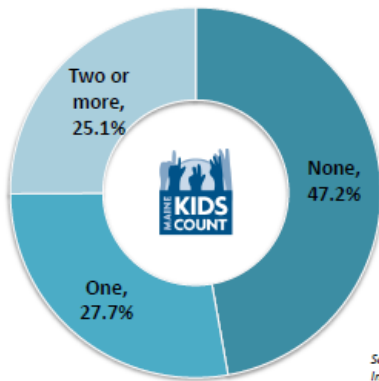
“One in four Maine children ages 0-18 experienced two or more of the following adverse experiences: socioeconomic hardship, divorce/separation of parent/death of parent, parent served time in jail, witness to domestic violence, victim of neighborhood violence, lived with someone who is mentally ill or suicidal, lived with someone with alcohol/drug problem, treated or judged unfairly due to race/ethnicity” (Maine Children’s Alliance, 2013.)

The following illustration, from Maine KIDS COUNT 2013, shows that in the lowest income brackets, more children in Maine vs. the nation have two or more adverse experiences.

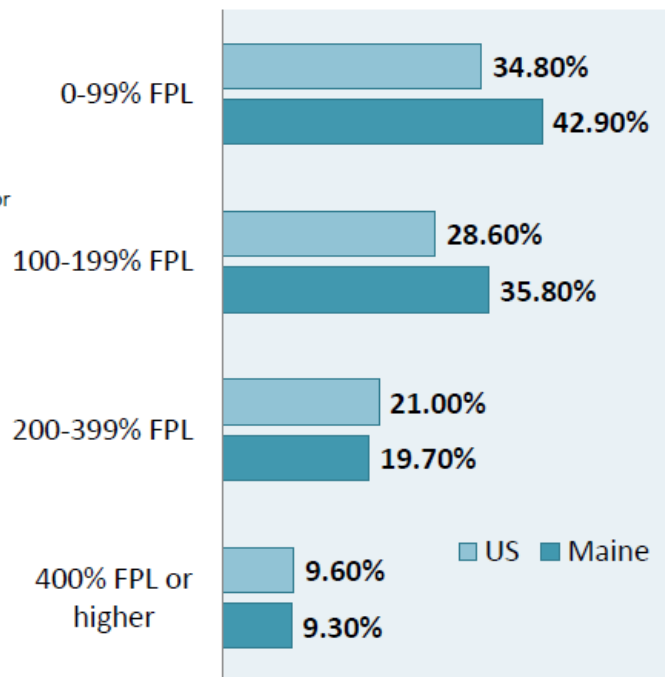
Almost 53% of Maine children have experienced at least one of the following adverse experiences:

- socioeconomic hardship
- divorce/separation of parent
- death of parent
- parent served time in jail
- witness to domestic violence
- victim of neighborhood violence
- lived with someone who was mentally ill or suicidal
- lived with someone with alcohol/drug problem
- treated or judged unfairly due to race/ethnicity.

One in four Maine children have had two or more adverse experiences.



Children in Maine & US with two or more adverse experiences by family income level



FPL=Federal Poverty Level
In 2012, the FPL for a family of 4 (2 adults/ 2 children) was \$23,383.

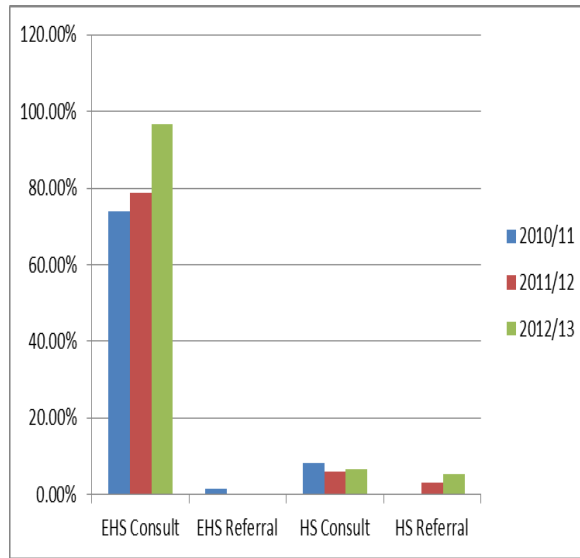
Source: National Survey of Children’s Health, NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [03/26/2013] from www.childhealthdata.org.

In 2010 and 2011, of Maine children ages 2-17 years of age, the following percentages show the growth in mental health needs (Maine Children’s Alliance, 2013):

Children who have been told by a doctor that they have:

ADD or ADHD:	Nation, 2011: 9.7%	Maine, 2011: 11.4%	Maine, 2010: 8.3%
Depression:	Nation, 2011: 3.8%	Maine, 2011: 6.3%	Maine, 2010: 5.3%
Anxiety:	Nation, 2011: 5%	Maine, 2011: 9.8%	Maine, 2010: 8%
Behavior or Conduct Problems:			
	Nation, 2011: 4.1%	Maine, 2011: 4.3%	Maine, 2010: 4.2%

Statewide in 2011, 36.6% of parents of children ages 0-5 had at least one concern about their child’s physical, behavioral or social development vs. 32.2% in 2010 (Maine Children’s Alliance, 2013.) In WCAP’s HS/EHS programs, there has been an increasing level of behavioral and mental health challenges for children. The “adverse experiences” listed above are part of the family profile of the majority of enrolled families and these dynamics impact the children’s mental health and the capacity of the HS/EHS teachers to meet their needs in a classroom setting (Dowling, 2014.) This increase has resulted in a related increase in the percentage of enrolled Early Head Start children (ages 0-3) for whom WCAP provided a mental health professional to consult with the staff about the child’s behavior or mental health, and an increase for the Head Start children (ages 3-5) for whom a referral was made, yet a very small percentage of families of infants and toddlers were referred for services (WCAP, PIR, 2010-2013.)



 **Community Connections for HS/EHS**

COMMUNITY RESOURCES AND PARTNERS

In addition to being a program of the Waldo Community Action Partners agency and having access to many opportunities for close collaboration with transportation, housing, energy, commodity food, and other social service programs, WCAP Head Start and Early Head Start work closely with more than 60 community partners through collaborative partnerships, cooperative relationships and contractual agreements, as listed below. Major partners that provide direct services to Head Start and Early Head Start children are Broadreach, RSU 3, RSU 20, RSU 22, Child Development Services, and Harbor Family Services. WCAP HS/EHS also works closely with Maine Families Waldo County to support mutual referrals and unduplicated services.

Non-Profit Organizations

- Belfast Public Library, Broadreach Family and Community Services, Career Center, Coastal Economic Development Program, Food Cupboards and Soup Kitchens, First Book, Friendship

Quilters, Harbor Family Services, Healthy Waldo, Liberty Quilters, Maine Families Waldo County, Maine Injury Prevention Program, MidCoast Mental Health Center, MidCoast Regional CDS, Project Peds CDS, Regional Volunteer Food Pantry, Sennebec Quilting Group, Two Rivers CDS, Waldo County YMCA, Women, Infants, and Children (WIC)

Faith-Based Organizations

St Francis of Assissi Church, Salvation Army

Local Government Organizations

Belfast Public Health Nursing at Waldo County General Hospital

State Government Organizations

Center for Disease Control, Maine DHHS, Maine Bureau of Highway Safety, State of Maine Public Health Nursing

For Profit Businesses and Consultants

Anne Williams, LSW, Christy Hinerman, LSW, Devereaux Early Childhood Initiative, Hannafords, Linda Capone-Newton, PROMIS-Cleverex, Scholastic Books, Teaching Strategies, Winterport Family Practice

Consortiums/Collaborations

Building Communities for Children, Child and Parent Council, First Steps Child Care, 5-2-1-0 Le's Go!- Waldo County General Hospital, GEAR Parent Network, Neighbor for Neighbor, Waldo County Child and Parent Council, Waldo County Technical Center

School Districts

MSAD/RSU #22, RSU #3, RSU #20

Post-Secondary Education or Training Institutions

Bachelors of University Studies Program, Hutchinson Center, Maine Quality Rating System, Maine Roads to Quality, University of Maine, Waldo County Cooperative Extension

Health Service Institutions

Dr. Anderson, Dr. Goss, Dr. Lewis, Dr. Slaughter, Healthy Maine Partnership, Waldo County General Hospital

Statewide Associations and Collaborations

Education Development Center, Head Start Directors Association, Maine Association for Infant Mental Health, Maine Head Start State Coordinator Groups, National Head Start Association, Child Care Resource Development Center

“This collaborative sharing will enhance our ability to recognize the value in our individual resources, and, more importantly, our combined value when we work productively, combining our thinking, talents and financial resources toward the common goal of creating quality early childhood programming”

– from the Collaborative Spatial Agreement with RSU 20 and WCAP

Broadreach, RSU 3, RSU 20, and RSU 22 provide Head Start classrooms, one Early Head Start classroom, EHS combined-option services and full day Head Start services, participate in shared professional development offerings for teachers, utilize common curricula for both Head Start and community slots, provide transportation and healthy meals for children, work cooperatively to screen children, and more.

MidCoast, Project Peds and Two Rivers CDS assist WCAP HS/EHS, when possible, to conduct developmental, vision and hearing screening for enrolled children within the 45-day periodicity required by HS standards. CDS participates in quarterly meetings with WCAP Head Start and the Public Preschool staff in the three school districts which offer Head Start classrooms.

Maine Families Waldo County and WCAP have a formal agreement to support mutual referrals and to help families choose which program best meets their needs while agreeing to work together to assure families are not enrolled in both early childhood programs.

Harbor Family Services provides mental health consultant services for WCAP HS/EHS staff and families, including classroom observations and reflective feedback for teachers, group consultation for Family Advocates and Home Visitors, and mental health training/education for staff and parents.

KINDERGARTEN TRANSITIONS

WCAP Head Start and Early Head Start program staff meets quarterly with school district staff to sustain and grow the collaborative partnerships. The HS/EHS program School Readiness Goals, Transition Plans, the Parent, Family and Community Engagement Framework and Child Outcomes are discussed. WCAP has been using Teaching Strategies Gold for several years. Kindergarten teachers and parents are provided with outcome reports for individual children to support Head Start transitions and child placements. WCAP has systemic transition planning procedures which assure that parents are engaged and prepared and the kindergarten program has a good understanding of the child’s individual needs.

WCAP has formal agreements with the three major school districts (RSU’s) which serve the majority of Waldo County (see page 20 for list of towns in outlying districts.) In addition to providing Head Start classrooms within the schools, each district is committed to supporting smooth and informed transitions for children entering kindergarten, as demonstrated in the specific transition activities and roles and responsibilities outlined in the formal agreements.

““We are a private (non-profit) organization with the broad charge to eliminate poverty through many different programs and many different pools of government funding,” said WCAP Executive Director Keith Small. “We really are the connection between government funds and our community”....(Yet), if not for the agency’s stalwart base of volunteers and community supporter, it would be impossible for the agency to keep afloat....(Waldo Community Action Partners) belongs to the community. It is community run.”” (Lowe, 2012)

 **Social Services**

SERVICE PROVIDERS

Waldo Community Action Partners (WCAP) is the largest provider of social services in Waldo County. The agency provides Transportation Services, Safety Seat Program, Home Energy Assistance, Energy Crisis Assistance, Electric Lifeline Program, Central Heating Improvement, Weatherization Head Start, Appliance Replacement Program, Above Ground Storage Tank Program, Early Head Start and Child Nutrition, Child Care Food Program, Donated Commodities (food), Holiday Food Basket Project, Dental Project (recently de-funded), Neighbor for Neighbor, and the Cinderella Project of Maine (prom gowns for youth in poverty).

The Neighbor for Neighbor Coalition started as a clearinghouse of more than 25 non-profit organizations, clubs, schools, and churches, which strives to centralize resources during the holidays through a coordinated shared application and in an effort to avoid duplication of gift baskets and other resources. They have helped more than 1,000 individuals each year. The coalition has evolved to a goal of building a year-round referral network (WCAP Annual Reports, 2010-2012.)

In addition to the service providers listed in the previous section (Community Connections) the “Waldo County General Hospital (WCGH) has a social services department that includes Hospice, Health Living Project, Alcoholics Anonymous, Cancer Support Group, Maine Breast and Cervical Health Program, Pre-Natal Classes, Essential Skills for Parents, Sex and Love Addicts Anonymous and Family Caregivers Support and Education. There is no DHHS office within Waldo County” (WCAP Community Assessment, 2012.)

Waldo County is also fortunate to have a coalition of social service and education providers who convene monthly in a community network forum “to promote, coordinate, and implement interagency collaboration.” This coalition is called Waldo County Building Communities for Children and is open to all. Over the past year, the group has discussed how they might work together to address community issues such as:

- high school graduation rates,
- bullying in schools,
- resources for homeless youth, and
- projects to overcome poverty.

The following partial list of participants in Waldo County Building Communities for Children also provides a snapshot of some of the available social services and certainly illustrates the spirit of collaboration in the region (Building Communities for Children, 2014.)

Waldo County Building Communities for Children Participants 2013/2014			
BEHAVIORAL HEALTH and SUBSTANCE ABUSE			
	Broadreach Family and Community Services		
	Catholic Charities Maine, Children's Case Management		
	Harbor Family Services		
	MidCoast Mental Health Center		
	Mindfulness Based Stress Reduction Program		
CHILDCARE and EARLY CHILDHOOD EDUCATION			
	Broadreach Family and Community Services		
	WCAP Head Start and Early Head Start		
	Waldo County Maine Families		
EDUCATION and JOB TRAINING			
	Belfast Adult Education		
	SPICE Family Literacy Project - Broadreach and RSU 3		
	The Community Schools at Opportunity Farm and Camden (parenting teens)		
	Workforce Solutions Center - Partner of the Career Center		
	BCOPE Alternative High School		
HEALTH and DISABILITY			
	Belfast Family Planning and Primary Care		
	Healthy Waldo County - Healthy Maine Partnership		
	Midcoast ME Community Action WIC Program		
	Public Health Nursing		
	Spectrum Generations, Meals on Wheels and Referrals		
	Waldo County Dental Care - WC General Hospital		
	Cornerstone Program at University of Maine Augusta		
HOUSING and SHELTER			
	Maine Coastal Regional Reentry Center		
	New Hope for Women		
	Town of Searsport, General Assistance		
	Waldo Community Action Partners, Housing Services		
LAW ENFORCEMENT			
	Waldo County Sheriff's Department		
PREVENTION and PARENT EDUCATION			
	Broadreach Family and Community Services		
	GEAR Parent Network		
YOUTH			
	Big Brothers Big Sisters of Mid-Maine		
	Catholic Charities Maine, Functional Family Therapy Program		
	The Game Loft		
	ME Dept. of Corrections, Div. of Juvenile Community Corrections		
	Restorative Justice Project of the Midcoast		
	Safe Homes for Teens, BCOPE Alternative High School		
OTHER			
	Retired Seniors Volunteer Program - Penquis CAP		
Source: WCBCC Minutes, 2013-2014			

MUNICIPAL SERVICES

Belfast is the only city in Waldo County and has a Mayor, Town Manager and City Council. All other 25 towns in the service area are governed by local Boards of Selectman. Several towns employ Town Managers/Administrators: Islesboro, Lincolnville, Searsport, Stockton Springs, and Winterport. Families in a financial crisis could contact the General Assistance program at their local municipal office.

Belfast is the home of the Waldo County General Hospital. Five towns have their own police force: Belfast, Islesboro, Lincolnville, Searsport and Stockton Springs. All other are served by the Waldo County Sherriff’s Office and the Maine State Police. All towns have volunteer fire departments, except Belfast/Swanville which have a shared paid service and Knox which relies on neighboring towns. Each town has an arrangement for ambulance services.

TRANSPORTATION

In a 2014 survey of enrolled Head Start/Early Head Start parents, they were asked which of the following was the “biggest stressor” regarding transportation. They responded as follows:

- 59% Affordability of fuel and care maintenance
- 23% Public transportation
- 10% Long distance bus service
- 8% Transportation for people with special needs

In 2010, WCAP conducted a series of 18 focus groups to learn about community needs in Waldo County. Of the five key “critical issues” identified through the process, the fifth was “insufficient infrastructure to support change” and transportation was the first of the 7 subcategories of inadequate infrastructure. (See page 55 for complete results of the focus groups.)

Waldo County is a rural community with harsh winter road conditions and Maine is a state with high gasoline prices, well above \$3.25 per gallon throughout 2012 and currently at \$3.62 per gallon. The majority of households in Waldo County have 1-2 vehicles, but for low-income families the cost of vehicle maintenance, insurance, and the high price of gasoline can be prohibitive and often lesser priorities than housing, food, and health needs.

“With the cycle of poverty – you don’t understand the impact on families unless you struggle to put food on the table and gas in the car.”
 Source: Anonymous Focus Group Participant, 2010

As an example of how transportation impacts a family’s ability to meet their basic needs, consider that the nearest Department of Human Services office is in Rockland, 52 miles from Belfast and for a family without their own vehicle or enough money for gasoline, options are a bus ticket with Concord Trailways, which runs daily through Rockland (\$17.00 in 2012) or to schedule their appointments around the extremely limited trips to Rockland provided by WCAP (\$6.00 in 2012). Or, a taxi ride by one of several taxi services in the county. Or, there are two private rental car companies (\$40-\$56 per day in 2012). Thankfully, WCAP works to provide a low cost public resource for families, though it is not the

most convenient resource when trying to access social services in Rockland, Waterville, Bangor or Augusta.

WCAP operates the Waldo County Transportation Program, a coordinated system of buses, contracted services, volunteer drivers and vouchers. The program strives to fill the gap in transportation needs in the county with its fleet of busses, volunteer drivers and contracts with taxi services. In 2009/2010, the program served about 3,000 people, two years later the number has reduced to 1,973 individuals, due to decreased funding and a new provider, Coordinated Transportation Solutions.... “Funding cuts from both State and Federal government continue to challenge Waldo County Transportation Program in meeting the transportation demands of Waldo County’s rural community” (WCAP Annual Reports, 2000-2012) The program provides the following services:

“General Public Transportation – Door-to-door transportation to Belfast from all towns in Waldo County (one day per week) available for grocery shopping, personal business, and medical appointments for low-income families and the general public on scheduled bus routes to Belfast, Bangor, Augusta, Waterville, and Rockland.

“MaineCare Transportation – Medical transportation is provided by agency vehicles and/or volunteer drivers for MaineCare eligible customers authorized by Coordinated Transportation Solutions (CTS).

“Contracted Services – Group trips are provided under contract, originating in Waldo County to desired destinations anywhere in Maine.

“Belfast Shopper – Deviated flexed route for in-town Belfast shopping.

“Ride With Pride – Provides travel, training, mobility management, and half-price vouchers to integrate the disabled into the community.” (WCAP Community Assessment, 2012)

With the establishment of a new contracted transportation provider, CTS, there has been a loss of volunteer drivers and children’s attendance in HS/EHS has been impacted (Palmer, 2014.)

Youth Issues

RISK FACTORS

The Waldo County Building Communities for Children Coalition, at their May 2013 networking meeting, shared insightful perspectives on the risk factors that impact the success of high school youth in regards to high school graduation:

“Some children are affected by Adverse Childhood Experiences and suffer trauma which affect their behavior and cause feelings of being unsafe;

Poor parenting, lack of support;

Families using drugs;

Homeless youth;

Some children and youth have learning disabilities what have not been identified;

There is a breakdown or lack of communication between parents and schools;

Inadequate teacher training;

Lack of passion/inspiration (teachers);

Some youth do not fit the mold/curriculum doesn't work for them;
 Some youth experience hunger and poor nutrition making it difficult to focus and learn"
 (Building Communities for Children, 2014.)

The 2012 Waldo County Community Assessment cites the concern that youth in Waldo County were identified in the 2010 OneMaine Health Collaborative Statewide Community Health Needs Assessment report as significantly "high risk", because 6 out of 7 youth risk factor categories were 10 or more percent above the state level, using data from the 2009 Maine Integrated Youth Health Survey (MIYHS). Reviewing the most recent data from the 2011 MIYHS, there were areas of progress for Waldo County youth and some areas of continued concern (Maine DHHS and Maine DOE, 2011.)

"Schools (are) stressed as a result of having to deal with the impact of increasing student use (of drugs and alcohol) coupled with the high degree of psychological abuse and poverty."

Source: Anonymous Focus Group Participant, 2010

For high school students in Waldo County in 2011, two areas in the survey were 10 or more percent above the state percentage:
 How old were you when you smoked a whole cigarette for the first time?

Waldo County	45.9% said before 13 years of age
State	33.7%

How old were you when you had your first drink of alcohol other than a few sips?

Waldo County	40.6% said before 13 years of age
State	28.4%

High school students in Waldo County had "significantly higher" (the term and measure used by MIYHS) percentages for 24 risk factors in 2011 as compared to Maine high school students. In 2009, there were 15 risk factors that were significantly higher than the state percentages. Comparing Waldo County high school student risk factors between 2009 and 2011, only 2 items had "significantly higher" percentages in 2011. So, Waldo County high school youth were increasingly more at risk than Maine students, but within the county over the past two years, have improved according to the *MIYHS Report*. The 24 risk factors which were significantly higher in 2011 than the state percentage are in the categories of:

- Unintentional Injury – 1 factor
- Tobacco - 4 risk factors
- Alcohol – 8 risk factors
- Marijuana – 5 risk factors
- Other Drugs – 3 risk factors
- Sexual Behaviors – 1 risk factor

For middle school students in Waldo County in 2011, (grades 7 and 8) there were no risk factors in the survey which were 10 or more percent above the state percentage. However, middle school students in Waldo County had "significantly higher" percentages for 7 risk factors in 2011 as compared to Maine middle school students. In 2009, there were zero (0) risk factors that were significantly higher than the state percentages. Comparing Waldo County middle school student risk factors between 2009 and

2011, 2 items had “significantly higher” percentages in 2011: bullying and the perception that cigarette smoking has minimal risks. The 7 risk factors which were significantly higher in 2011 than the state percentage are in the categories of:

- Alcohol – 2 risk factors
- Marijuana – 1 risk factor
- Other Drugs – 2 risk factors
- Sexual Behaviors – 1 risk factor
- Nutrition – 1 risk factor

Looking at the 2011 MIYHS youth risk data there are reasons for both continued concern and to celebrate progress for youth in some areas.

Violence: 84.1% of middle school students feel safe in their schools; this is lower than in 2009 and lower than the state percentage.

Bullying: 23.6% of high school students and 53.3% of middle school students have been bullied on school property. The high school percentage is unremarkable to the previous or state percentages, but the middle school percentage is up from 42.7% in 2009 and is above the state percentage.

13.9% of high school youth in Waldo County have “seriously considered attempting suicide in the past 12 months”, as compared to 12.7% of high school youth statewide. For middle school students, the figure is 14.9% in Waldo County.
Source: Maine DHHS/DOE, MIYHS, 2011

Suicide: The percentages for risk of depression and suicide are slightly higher for Waldo County youth than statewide youth in both high school and middle school age ranges, from .5 to 1% difference.

Tobacco: Waldo County youth were more at risk than Maine students in 8 out of 9 risk factors for tobacco use.

Alcohol: Middle school students in Waldo County rank “significantly higher” than statewide youth for their perception that their “parents feel it would be wrong for (their child) to drink alcohol regularly” and their perception about the risks of alcohol.

Marijuana and Other Drugs: High school students in Waldo County rate higher than students statewide in every one of the risk factors for marijuana and other drug use. The same is true for middle school students with the exception of one factor: first time use of marijuana before age 11 was lower than the state percentage.

Areas of celebration for Waldo County youth, as identified in the 2011 MIYHS data are:

Violence: 89.5% of high school students feel safe in their schools; this is an increase from 83.9% in 2009.

Nutrition: 38.4% of high school students in Waldo County eat at least 7 meals in the past 7 days with their family as compared to 35.3% of youth statewide.

Physical Activity: 53.1% of middle school youth were physically active for at least 60 minutes per day for five days in the past 7 days, as compared to 50.7% statewide.

Assets: 46.3% of high school students in Waldo County, as compared to 41% statewide, spend at least one hour per week doing community service.

In Waldo County, schools have developed bullying prevention programs and several are using a “restorative justice” model (Building Communities for Children, 2014.)

Also, positive trends are reported by *Maine KIDS COUNT*: “Maine high school students reported lower rates of smoking in 2011 than in 2009... [and] there was a decline among Maine students who reported drinking alcohol, from 32.2% in 2009 to 28.7% in 2011.”

Maine KIDS COUNT also reports that “more teens have become detached from both school and the job market. In 2012, 5,279 (8%) of Maine teens ages 16-19 were neither in school nor employed, up from 3,966 (6%) in 2011. However, progress has been made in the percentage of young adults who have enrolled in or completed college over the last decade: 32% in 200 vs. 49% in 2011....(and) arrests of (Maine) children also declined from a rate of 49.6 arrests per 1,000 children ages 10-17 in 2010 to a rate of 41.7 arrests in 2011” (Maine Children’s Alliance, 2013.)

The rate of “live births with low birth weights is increasing in Waldo County, from 6.5% in the 2012 report to 7.8% in the 2014 report. One additional and significant area of concern is related to youth risk sexual behavior. The teen birth rate per 1,000 females ages 15-19 is almost double the rate in the best performing counties in Maine for the past three years. The teen birth rate is declining, but Waldo County is also consistently at higher rate than Maine (University of Wisconsin, 2012-2014.)

2002-2008 Rate	Maine (25)	Best County (17)	Waldo County (33)
2004-2010 Rate	Maine (24)	Best County (16)	Waldo County (31)
2005-2011 Rate	Maine (24)	Best County (15)	Waldo County (30)

 **Crime and Substance Abuse**

“No baby is destined, at birth, to become a criminal. The road to criminal behavior is paved with childhood abuse and neglect, inadequate preparation for school, unaddressed behavior problems, poor academic performance and dropping out of high school. The path to success in life is driven by school readiness, the ability to get along with other, academic achievements and high school graduation” (Bishop-Josef Ph.D., 2013.)

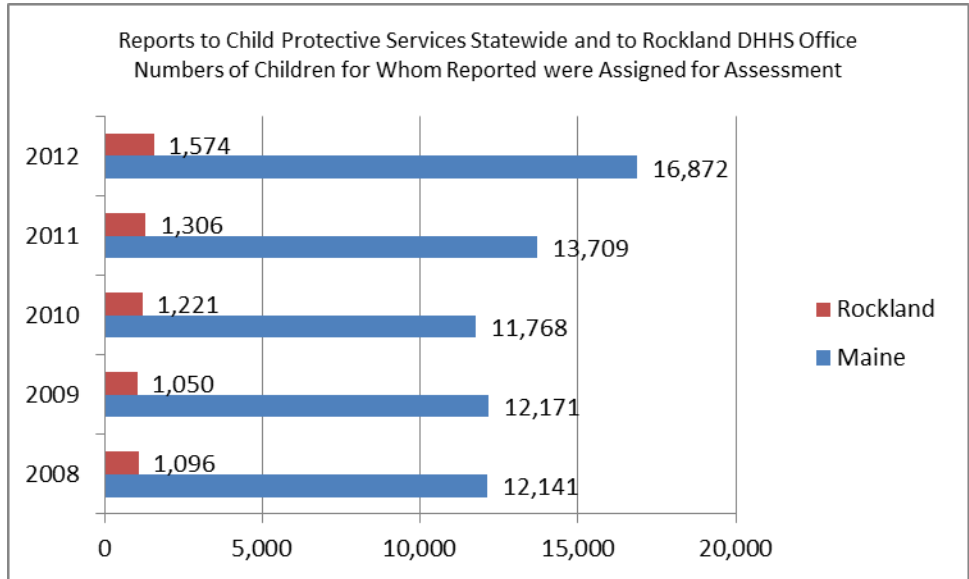
CHILD ABUSE PREVENTION AND PROTECTION

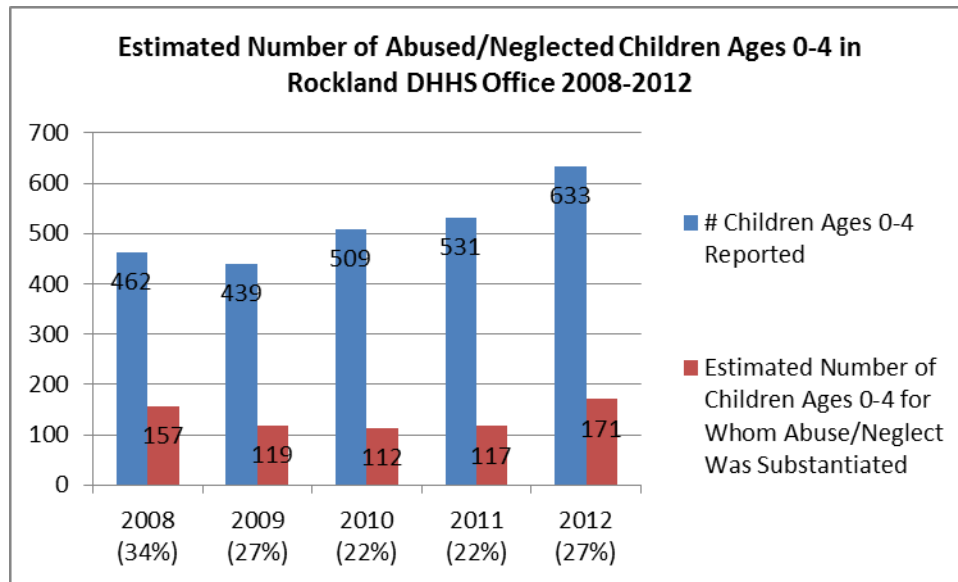
In 2012, there were 751 reports to the Rockland DHHS Office of Child Protective Service regarding concerns of child abuse or neglect involving 1,574 children. Of those children, 633 were between birth and 4 years of age. The statewide rate for founded cases of child abuse or neglect was 31% in that year; in Rockland the percentage was 27%. Applying that 27% rate, there were 425 children in the general Rockland area for which child abuse or neglect was substantiated and an estimated 171 of those children were under 5 years of age.

Head Start parents were asked in an anonymous survey: Which is the biggest stressor for families in the area of crime/safety? Their responses:

Child abuse/neglect	36%
School safety	20%
Violent crimes/assault	18%
Theft/vandalism	13%
No Answer	13%

The following graph, using data from Maine DHHS, *Child Protection Services Annual Reports*, show the steady increase in numbers of reports made and the second chart shows the recent spike in substantiated child abuse or neglect reported to the Rockland DHHS office. (Maine DHHS Office of Child and Family Services, 2013.)





In each of the past five years, and prior, the three most common “stress factors” found during child abuse / neglect assessments are, in order, “family violence, alcohol/drug misuse by parents/caretakers and mental / physical health problems” (Maine DHHS Office of Child and Family Services, 2013.) The most common form of maltreatment of children over the past five years and across all age groups is neglect, except for female children, where above 9 years of age there is a trend toward “emotional abuse” as the more common form of maltreatment.

In Waldo County the Child Abuse and Neglect Prevention Council is managed by Broadreach Family and Community Services. The agency provides mandated reporter training, parent education, CLICK for Babies, Shaken Baby Syndrome education, and classes for parents who are divorcing, separating or in custody conflicts.

CRIME and DOMESTIC VIOLENCE

“The overall crime rate in Maine increased by 5.4% between 2010 and 2011, the “largest jump since 1975,” Maine Department of Public

“Young children who experience maltreatment frequently have disruptions in brain development that result in impaired physical, mental, and emotional development.*

“Older children who have experienced maltreatment frequently perform poorly in school; commit crimes, including crimes against persons; and experience emotional problems, such as depression, suicidal thoughts, and alcohol and substance abuse.**

“Adults who have been maltreated as children are at an increased risk of smoking, alcoholism, drug abuse, eating disorders, severe obesity, depression, suicide, sexual promiscuity, and certain chronic diseases.***” (Maine KIDS COUNT, 2013.)

*Child Welfare Gateway, 2008
 ** English, D.J. Spring 1998
 *** National Center for Injury and Prevention and Control

Safety spokesperson Stephen McCausland said in a press release. In the same article, Public Safety Commissioner John E. Morris said the “number of pharmacy robberies has jumped two-fold” (Ricker, 2012.) Drug-related crime is on an epidemic rise in Maine.

“In Maine, there are 1,582 violent crimes annually, a rate of 120 per 100,000...Maine has about 2,000 adults incarcerated...In Maine, 54 percent of prisoners have less than a high school education” (Bishop-Josef Ph.D., 2013.) For the years 2008-2010 in Waldo County, there were 84 violent crimes annually per 100,000, and slightly less (78 annually per 100,000) averaged for the years 2009-2011 (University of Wisconsin, 2012-2014.)

In Maine, according to *Maine KIDS COUNT* and the *Youth Risk Behavior Surveillance Survey, 2011*, 11.3% of high school students say they have been “ever been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months”. The percentage of those who have “been in a physical fight one or more times during the past 12 months” is 19.5%; and 8% of high school students have been “physically forced to have sexual intercourse when they did not want to.” In 2011, the Maine rate of arrests of youth 10-17 years of age for crimes against persons was 41.7 per 1,000 youth, a decrease from the previous year.

In Waldo County in 2011, there were 118 domestic assault reported to the police, which is a rate (304.2 per 100,000 people) that is lower than in the previous year and significantly lower than the state rate of 403.5/100,000 (Maine Children’s Alliance, 2013.)

SUBSTANCE ABUSE

Indicators of dysfunction in family systems include the co-occurrence of substance abuse/dependency, domestic assault, and child abuse and/or neglect. Mental health is one underlying factor. “In 2011, just over half of all substance abuse treatment admissions also involved a mental health disorder. Over one quarter had received outpatient mental health services in the past year” (Zeller, 2012.)

“The number of babies born in Maine exposed to or affected by drugs in the womb has increased from 135 in July 2004-June 2005 to 835 in July 2012-June 2013” (Maine Health, 2013.)

“The American Society of Addiction Medicine reports that misuse of prescription drugs has dropped about 15 percent nationally since 2010, while heroin use has doubled since 2007.” Substance abuse treatment specialists and law enforcement personnel in Maine and Waldo County are seeing this trend of heroin use and overdose mirrored, and the problem of:

“Prescription drug overdose is now the leading cause of accidental death in the U.S....nationally, overdose deaths involving prescriptions painkillers quadrupled in the past decade....In Maine, Emergency Medical Services calls related to prescription medication overdoses are projected to rise to almost 3,000 in 2013. There were 1,364 calls in 2011.

“In the U.S., over 70% of people who abuse prescription painkillers get them from a friend or relative; only 4% obtain them from a drug dealer or stranger....Prescription drug use is highest

among Mainers 18 to 25 years old; 11% in the age group reported non-medical use of prescription drugs in the past year (2010-2011)” (MaineHealth, 2013.)

“Heroin arrests by the Maine Drug Enforcement Agency (MDEA) began to increase in 2011, and during the first quarter of 2013 they constituted 18 percent of arrests (compared with 5 percent in 2010)” (Sorg, 2013.)

“Neglected children from households with caregivers who struggle with drug use were three more times as likely to be placed in out-of-home care, than those without drug problems. Neglected children who lived with caregivers with mental health problems, alcohol problems, or who had trouble paying for basic necessities were about twice as likely to be placed in out-of-home care,” according to the 2010 study by the Carsey Institute, University of New Hampshire (Walsh, 2010.)

Housing

AFFORDABLE HOUSING

In 2014, the *County Health Ranking Report* began to measure “severe housing problems” and there were, between the years of 2006 and 2010, 18% of households in Waldo County that reported severe housing problems. The availability of affordable rental housing is of significant concern to both community members who participated in the 2010 focus groups organized by WCAP and to Head Start/Early Head Start parents who responded to the community needs assessment survey in 2014.

The 2012 U. S. Census reports a very small rise in the number of housing units in Waldo County since 2010 (21,566 to 21,659 units). The home ownership rate (between 2008 and 2012) in Waldo County is 78.5%, more than 5% above the national rate. The percentage of housing units in multi-unit structures (2008-2012) is 9.3%, less than half the national percentage. The housing stock in Waldo County is largely housing unit, then mobile homes and lesser amounts of rental apartments. “The Maine State Housing Authority reports that in Belfast, over 36% of all homes are 25 years or less in age; the highest percentage of units were built in 1939 or earlier. 98% of the housing units in Waldo County have a kitchen and plumbing” (WCAP Community Assessment, 2012.)

The total 2012 population of Waldo County is 38,820 persons. There are (2008-2012) 16,493 households and an average of 2.31 persons per household (U.S. Census, 2012.)

Waiting lists for “section 8” housing choice vouchers and subsidized housing apartments are both extremely long, i.e., measured in years (Maine State Housing, 2014.) The majority of subsidized housing is for the elderly and families and most units are located in Belfast, Searsport and Unity, the largest communities in the county. The local Housing Authority and the agents for vouchers who serve Waldo County are both located in Bangor. (Maine State Housing Authority, 2014)

In Waldo County, the following subsidized units are listed on the www.mainehousing.org website, as of March 2013; only 11 are available to families, while most are available to seniors. Tenants usually pay

about 1/3 of income on rent. Belfast – 23 units; Brooks – 1 unit; Liberty – 1 unit; Searsport – 7 units; Unity – 3 units.

Property Name and Address	Housing Type			Units	Type of Assistance ¹			Contact Information
	Elderly		Family/All		Income Based Rent	Rent Restricted Unit		
	55 and older	62 and older						
Belfast								
Ambassador Apts. 6 Congress Street	•	•		2-1 br	•			Maine Development Associates (207) 947-6795 www.mainedevelopment.com
Bay Head Apts. Patterson Hill Road			•			•		The Housing Foundation (207) 866-4634 or 1-866-394-2049
Bayview Apts. Penobscot Terrace			•	1-2 br	•			C&C Realty Management (207) 621-7700 or 1-866-621-7705 www.ccrealtymanagement.com
Belfast Birches 32 School Street	•	•		2-1 br	•			Realty Resources 1-800-338-8538 www.realtyresourcesmanagement.com
Belfast Square Apts. 28 Merriam Road	•	•		2-1 br 2-2 br	•			Stanford Management LLC (207) 772-3399 www.stanfordmanagement.com
Edward J. Reynolds House 33 Booth Drive	•			2-1 br	•			VOA Northern New England (207) 373-1140 www.voanne.org
Group Home Foundation 80 High Street	•	•		4-1 br		•		Group Home Foundation, Inc. (207) 338-2080 www.ghf-inc.org
Hilltop Birches I & II 22 School Street	•	•		2-1 br	•			Realty Resources Management 1-800-338-8538 www.realtyresourcesmanagement.com
Huntress Gardens 27 Garden Way			•	2-1 br	•			Stanford Management LLC (207) 772-3399 www.stanfordmanagement.com
Seaside Heights 72 Ryan Road			•	2-2 br 2-3 br	•			Realty Resources Management 1-800-338-8538 www.realtyresourcesmanagement.com
Brooks								
Moosehead Trail Village 30 Moosehead Trail Highway	•	•		1-1 br	•			C.B. Mattson (207) 582-1888 www.cbmattson.com
Liberty								
Lake St. George Apts. 5 Pine Terrace			•	1-1 br	•			C&C Realty Management (207) 621-7700 or 1-866-621-7705 www.ccrealtymanagement.com
Lincolnville								
Lincolnville Apts. 20 Heal Road			•	-	•			R&C Management (207) 265-4006

Property Name and Address	Housing Type			Units	Type of Assistance ¹			Contact Information
	Elderly		Family/All		Accessible	Income Based Rent	Rent Restricted Unit	
	55 and older	62 and older		With Disabilities				
Searsport								
Harborlight Square Apts. 17 West Main Street		•	•	2-1 br 2-2 br	•			Stanford Management LLC (207) 772-3399 www.stanfordmanagement.com
Mariner Woods 27 Mortland Road				•	1-1 br	•		Maine Development Associates (207) 947-6795
Pinegrove I, II 18 Union Street				•		•		Maine Development Associates (207) 947-6795
Seabreeze Apts. 8 Prospect Street		•	•		2-1 br	•		Foothills Management (207) 778-0607 www.foothillsmanagement.com
Windward Manor Apts. 33 Prospect Street				•			•	The Housing Foundation (207) 866-4634 or 1-866-394-2049
Unity								
Sandy Stream Village 122 School Street		•	•		1-1 br	•		C.B Mattson (207) 582-1888 www.cbmattson.com
School Street Village 170 School Street				•	1-1 br	•		C.B Mattson (207) 582-1888 www.cbmattson.com
Unity Leisure Homes 26 Leisure Court		•	•			•		LGW Property Management (207) 938-5880
Winterport								
Village Heritage Apts. I, II 4 Park Drive		•	•	•	1-2 br	•		Stanford Management LLC (207) 772-3399 www.stanfordmanagement.com

In addition, there are 28 units which are also available at market rates, ranging in price from \$612 to \$1,115 per month for a 2 bedroom apartment. Belfast – 11 units; Brooks – 3 units; Liberty – 2 units; Searsport – 8 units; and Unity – 4 units (Maine Housing Search, 2014.)

Maine also operates the Bridging Rental Assistance Program, a transitional housing voucher program designed to assist persons with mental illness for up to 24 months or until they are awarded a Section 8 Housing Choice Voucher or alternative housing placement. And, there is a Shelter Plus Care program, permanent housing voucher program designed to assist homeless persons with mental illness on a long term basis. Waldo County citizens must travel to the office in Brunswick. Also there are some private rental units available that were rehabilitated using the Moderate Rehabilitation Program funds and therefore, eligible tenants generally pay reduced rent. Families in a crisis affecting their housing stability may access a homeless shelter (see the discussion in the next section) or request financial assistance from their local municipal General Assistance office.

“The cost of homeownership has outpaced the rise in median income in the last decade. The median price in Maine was 50% higher in 2010 than in 2000....Rental prices have seen an increase on par with the increase in income. The rent for a 2-bedroom apartment has risen 28% since 2000 while, median income during the same time period has risen 27%.... The statewide

affordability of homeownership and rentals has been gradually increasing since 2005. Significant improvement in homeownership affordability levels between 2007 and 2009...are signs of the economic recession and collapse of the housing market bubble. Rents have also become more affordable but have seen less dramatic improvements” (Maine State Planning Office, 2012.)

In 2010 the affordability index for homeownership in Maine was .88, up from .70 in 2005 and the affordability index for rent was .92, up from .81 in 2005. In Waldo County, in 2010, the affordability index for homeownership was .96, the 7th worst county in the state and for rent, the index was .84, the 5th worst in the state. (Maine State Planning Office, 2012.)

HOMELESSNESS

In Maine in 2013, at least 7,765 people experienced homelessness. Each year on one day in late January, a statewide survey of people who are homeless gathers information to study the trend and issues.

The Maine State Housing Authority writes, in a press release about the results of the *2012 Point in Time Survey*: “Single adults encompassed most of the people encountered, but approximately one-third of the people who were homeless were members of families....a figure that is similar to the National Center on Family Homelessness’ national average....The majority of the [survey] respondents reported they were white (87%), unemployed (83%), from Maine (83.5%) and almost half have at least a high school education (48%). The majority of people (72%) had been homeless for seven days to six months prior to the survey. Approximately 38% of the people surveyed were homeless for the first time while 17% are chronically homeless. Almost 18% of the adults surveyed are domestic violence survivors, and approximately 12% are veterans. Also, the majority of adults surveyed suffer from a chronic disability, severe or persistent mental illness and/or chronic substance abuse” (Maine State Housing Authority, 2013.)

The *Point in Time Survey* for the following year (2013) showed a very similar profile. The only percentages with large variances are less people who reported being homeless for the first time (down to 32.7%) and less people (5%) reporting being domestic violence survivors (Maine State Housing Authority, 2013.)

“MaineHousing has developed an affordability index for both homeownership and rental. The affordability index is the ratio of the home cost or rent cost considered to be “affordable” at median income to the median home cost or rent cost. A cost of 28% or less of gross income is considered affordable for homeownership, 30% for rental. Using this index, a score of less than 1.00 means that an area is generally unaffordable, i.e., a household earning the area’s median income could not cover the payment on a median priced home (30-year mortgage, taxes, and insurance) using 28% or less of gross income. Similarly, a score of less than 1.00 on the rental affordability index means a household earning the area’s median income could not cover the payment of rent using 30% or less of gross income” (Maine State Planning Office, 2012.)

The *Point in Time Survey* (which counts people who are homeless on one day in time) showed an increase from 2012 to 2013 from 1,050 to 1,175 people. And in the statewide report on *Homeless Shelter Statistics*, there has been a small increase over the past three years in the number of homeless individuals who use shelters and the number of “bed nights” provided (Maine State Housing Authority, 2014.)

- 2011: 304,524 bed nights 7,725 clients
- 2012: 326,379 bed nights 7,745 clients
- 2013: 358,284 bed night 7,765 clients

The picture of homelessness in Waldo County is challenging to illustrate, though when looking at the *Annual Point in Time Survey Reports* over the past three years, there were 6-19 homeless individuals (on that one day when the survey was taken) whose last residence was in Waldo County. In the *2013 Point in Time Survey*, 1% of all people recorded Waldo County as their last residence. Using the annual number of clients served in homeless shelters statewide in 2013 (7,765) and applying the 1% rate, we can grossly estimate that there were 78 individuals in Waldo County who were homeless in 2013 (Maine State Housing Authority, 2014.)

Anecdotally, community service providers in Waldo County see the face of homelessness in the high school children with no home, the families “bunking up” with one another and the people living in cars and other inadequate places.

In WCAP HS/EHS, there are an increasing number of children and families experiencing homelessness. The following figures represent the numbers of enrolled HS/EHS children and an approximated* number of adults in the family (assuming 1.5 adults per child) who were homeless during the year. The number for 2013 (43) is more than half of the estimated homeless people in Waldo County (WCAP, PIR, 2010-2013.)

- | | | |
|-------------------------------------|---------------------|------------|
| • 2011: 5 HS/EHS children homeless | *8 adults homeless | 13 persons |
| • 2012: 12 HS/EHS children homeless | *18 adults homeless | 30 persons |
| • 2013: 17 HS/EHS children homeless | *26 adults homeless | 43 persons |

When necessary, WCAP HS/EHS refers families to the regional homeless shelters (listed below), which offer a total of 347 beds of which 41 beds are for victims of domestic violence and 73 beds for people with substance abuse or mental illness. All are located outside of Waldo County:

Bangor Area Homeless Shelter, Bangor	General Needs (38 beds)
Bread of Life Ministries, Augusta	General Needs (26 beds)
Family Violence Project, Augusta	Domestic Violence (16 beds)
H.O.M.E., Inc., Dorr House, Orland	Mental Illness, Substance Abuse (6 beds)
H.O.M.E, Inc., Hospitality House, Bucksport	General Needs (7 beds)
H.O.M.E., Inc., Mandala Farm, East Orland	General Needs (18 beds)
H.O.M.E., Inc., St. Francis Inn, Orland	General Needs (11 beds)
H.O.M.E., Inc., Emmaus, Ellsworth	General Needs (25 beds)

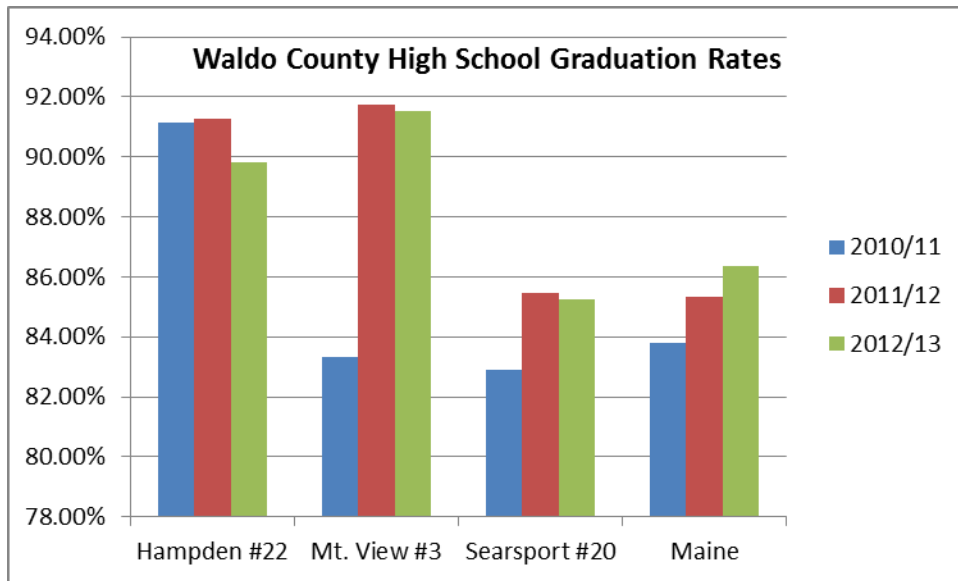
Hope House, Bangor	Substance Abuse (54 beds)
Knox/Waldo Coalition Hospitality House, Rockland	General Needs (22 beds)
MANNA, Inc., Elijah’s Place, Bangor	Men, Substance Abuse (13 beds)
MAPS Shelter Services, Bangor	Pregnant/Parenting Women/Children (10 beds)
Mid-Maine Homeless Shelter, Waterville	General Needs (48 beds)
New Hope for Women, Rockland	Domestic Violence, Safe Homes (8 beds)
Shaw House, Bangor	Youth (16 beds)
Spruce Run, Bangor	Domestic Violence (17 beds)
Togus Veterans Affairs/BOLM, Augusta	Veterans (12 beds)

There are no formal relationships or partnerships with the homeless shelters. WCAP advocates for homeless families on a case by case level and also participate in the local coalition Building Communities for Children, which addresses multiple community issues, including resource for homeless families and youth.

 **Education**

HIGH SCHOOL GRADUATION

The national percentage for high school completion was 93% in 2011 (University of Wisconsin, 2014.) Though Maine and Waldo County still fall behind that number, the rates for each high school in Waldo County are overall, very promising.



High school drop-out numbers in the three schools are:

Hampden:	2010/11 (11)	2011/12 (12)	2012/13 (7)
Mt. View	(13)	(0)	(5)
Searsport	(27)	(17)	(12)

“One in seven students that enters ninth grade does not graduate four years later. Maine is making great progress, but has more work to do in this area. Starting in 2008-09, Maine moved to the new federally-required method for calculating the graduation rate known as the Adjusted Cohort Graduation Rate, or ACGR, which shows the percentage of students who entered 9th grade and graduated within four years. The purpose of the federal requirement is to use the same method across states and to provide more consistency in reporting and comparisons across states. While this method is valuable for comparing schools and is an important piece of data, it does not tell a complete story. In particular, it does not reflect the students who graduate from high school in five or six years. It also does not include students who earn a GED” (Maine DOE, 2014.)

“The high school graduation rate increased for the fourth straight year in Maine, the state Department of Education announced (in an article in the Bangor Daily News, April 2014). “In 2013, 86.4 percent of the students in Maine who began ninth grade in the fall of 2009 graduated on time, the statement said. Education Commissioner Jim Rier congratulated schools, but the DOE’s prepared statement said that there is a “wide graduation-proficiency gap” and a high rate of students have to take remedial courses once they get to college, suggesting that many students are not graduating college-ready.

““While I am encouraged to see a continually climbing graduation rate, it’s more important to me that our college and career readiness rates are also rising,” Rier said in the statement. In the fall semester of the current academic year, 11.4 percent of students from Maine high schools who enrolled as freshmen at one of the University of Maine System’s campuses and 52 percent who enrolled in one of Maine’s community colleges were required to take a remedial math or English course, according to reports released by UMS and the Maine Community College System in January. (But), Maine students in the state’s public higher education institutions appear to be doing better than national averages” (Gluckman, 2014.)

Waldo County has three public high schools: Mt View, Searsport District and Hamden Academy. In addition, students facing challenges with high school completion can access alternative education resources in Waldo County: Belfast Community Opportunity Program in Education (BCOPE), Waldo County Technical Center, and the Community Schools at Opportunity Farm and Camden for pregnant and parenting teens.

Community resources to help people of all ages with GED completion are the Belfast Adult Education program and SPICE Family Literacy.

POST-SECONDARY EDUCATION

In the years 2008-2012, the number of people ages 25-44 with some post-secondary education in Waldo County was only 55%, lower than both the state (62%) and national (70%) percentages. This is a slight improvement from between 2007-2011, when the percentage in Waldo County was 53%, while the state and national figures were unchanged (American Community Survey, 2012.)

Within Waldo County, higher education is available through the University of Maine, Hutchinson Center and environmental and agricultural subjects are taught at Unity College in Unity. More than an hour’s commute away, students can access the University College at Rockland, Kennebec Valley Technical College in Fairfield and campuses of the University of Maine in Augusta, Orono, and Farmington. There are also more technical training programs at the Audubon Expedition Institute in Belfast, the Marine Systems Training Center in Thomaston and MidCoast School of Technology in Rockland.

Persons pursuing a degree in early childhood education, such as Head Start teachers who are required to obtain a bachelor’s degree, often access coursework online. However, online courses are not eligible for the scholarships available through Maine Roads to Quality. Furthermore, the high cost of college coursework and student loans, the lack of scholarship money, the distance to campuses and the academic challenges related to college readiness are barriers to the particular challenge of developing and retaining a high quality workforce for Head Start programs in Waldo County.

Community programs to help people succeed in college are the Cornerstone Program at UMA, which helps students with disabilities and the local Workforce Solutions – a Partner of the Career Center. Adult Education offices also support the college transition with free advising, college prep courses, study support, and testing. “Often, the courses most difficult for teachers to pass are the math and science courses, and this holds them back from meeting the mandate for a bachelor’s degree” (Dowling, 2014.)

 **Health and Nutrition**

COMMUNITY HEALTH

Each year, the Robert Wood Johnson Foundation together with the University of Wisconsin Population Health Institute compiles *County Health Ranking* reports. Overall, Waldo County ranks quite poorly in all but one of the major categories (1=highest ranking of all Maine counties, 16=lowest) in the 2014 report:

Health Outcomes	12 (county ranking)
Health Factors	10
Clinical Care	9
Socio-Economic Factors	11
Physical Environment	6

The following chart illustrates selected community health indicators from that report. Of those, Waldo County had better health factors than Maine in very few areas, namely “adults excessive drinking in past 30 days” was slightly better and there were slightly less “adults reporting no socio-emotional support.” The rate of “live births with low birth weights” has increased in Waldo County, from 6.5% in the 2012 report to 7.8% in the 2014 report. The teen birth rate was almost double the rate in the best performing counties in Maine for the past three years. The

Substance abuse, extreme poverty, homelessness, divorce, custody, child neglect, incarceration, special needs are all converging and contributing to complex needs for children and families, particularly in the Unity area. Teachers in the Head Start/Early Head Start programs are supporting families and children with diverse and multiple social service and mental health needs (Palmer, 2014)

percentage of uninsured adults in Waldo County has also increased over the past three years (University of Wisconsin, 2013.)

County Health Rankings for Waldo County 2012-2014									
	2012			2013			2014		
	Waldo Rate	Maine Rate	Best Maine County	Waldo Rate	Maine Rate	Best Maine County	Waldo Rate	Maine Rate	Best Maine County
Live Births with Low Birthweights (%<2500 grams)	6.5%	6.6%	5.2%	7.3%	6.5%	5.1%	7.8%	6.6%	5.7%
Current Smokers (% adults self-reporting)	21%	20%	15%	20%	28%	22%	19%	19%	14%
Obesity (% adults report BMI >=30)	28%	28%	22%	28%	28%	22%	29%	28%	22%
No Leisure-Time Physical Activity (% age 20+ self-reporting)	23%	23%	17%	23%	23%	17%	24%	22%	16%
Excessive Drinking in Past 30 Days (%adults, self-reporting)	16%	17%	12%	15%	17%	13%	16%	17%	14%
Teen Birth Rate (per 1,000 ages 15-19)	33	25	17	31	24	16	30	24	15
Uninsured 0-64 years of age	13%	13%	11%	15%	12%	19%	14%	13%	11%
Ratio of Population to Primary Care Physicians	957:1	694:1	474:1	1437:1	952:1	656:1	1381:1	934:1	641:1
Ratio of Population to Dentists	*	*	*	3930:1	1995:1	1321:1	3574:1	1861:1	1296:1
Ratio of Population to Mental Health Providers	*	*	*	*	*	*	677:1	351:1	225:1
Adults Reporting No Social-Emotional Support	16%	17%	15%	16%	17%	15%	16%	17%	15%
*new data category									

Source: Maine County Health Rankings, Robert Wood Johnson Foundation and University of Wisconsin

FOOD, NUTRITION AND OBESITY

Childhood obesity is an epidemic, according to the Center for Disease Control and Prevention. From the 2013 Maine Health Index Report, the persistent health risk of obesity and the correlation with poverty and education is highlighted:

“While obesity among Maine’s adults has continued to increase steadily, up to 28% in 2012, it is encouraging that obesity among high school students has plateaued, remaining steady at 12-13% in recent years. However, a high proportion of Maine’s younger students are obese or overweight. A recent “snapshot” survey showed that nearly one-quarter of kindergarteners and 5th graders were obese, and one in five of 3rd, 5th, 7th and 8th graders [were] overweight.

“Increasing physical activity is a key strategy for decreasing obesity in Maine.

“In 2011, only 21% of Maine’s adults participated in enough aerobic and muscle strengthening exercise to meet the activity levels recommended in national guidelines.

“Fewer adults in lower-income groups (15%) were physically active at the recommended levels. Only 12-16% of adults with no formal education beyond high school were physically active at recommended levels. Of note, the 2011-2012 obesity rates in these two groups were significantly higher than Maine’s statewide rate” (MaineHealth, 2013.)

The previous County Health Rankings chart for Waldo County shows that rates for adult obesity and for lack of physical activity are problematic, as well.

People who are overweight or obese are at higher risk of heart disease, high blood pressure, diabetes, stroke, orthopedic problems, and a host of other ailments. Children who live in households with “food insecurity” are at risk for health and school-related problems.

Food insecurity is defined by USDA as lack of “access by all people at all times to enough food for an active, healthy life.” The USDA reports on families in three categories: food secure, low food security and very low food security. In 2008-2010 “more than one in ten Maine residents did not have stable and secure access to food [and] the rate of very low food security increased in Maine for the 2008-2010 period compared to preceding 3-year averages. Over 15% of Maine’s population experienced food insecurity and of these, 6.8% met the category of very low food security” (Maine State Planning Office, 2012.)

In 2012, 31.7% of children 0-17 years of age were receiving SNAP food supplement benefit. In Waldo County that percentage was 37.8%. Both figures increased by more than 5 percentage points from 2 years ago (Maine Children’s Alliance, 2013.)

There are 8 food pantries and one soup kitchen in Waldo County. WCAP is the administrator of food through the TEFAP program for these community sites that feed the hungry. The *WCAP Annual Reports* show that over 1,000 people are fed each month.

HEALTH INSURANCE AND ACCESS TO CARE

One of the hallmarks of the Head Start program is the support provided to families to ensure their young children have access to preventive health services. This includes up-to-date immunizations and facilitating referrals for services such as, dental care, preventive well child care, medical treatment and health insurance.

Pediatric health services are available to families in Waldo County through clinics and family practice and pediatric health care providers. Access to providers is of concern in Waldo County, as indicated by the ratio of primary care physicians per person over the past three years, which has been consistently higher than the state ratio and in the 2013 County Health Rankings report was at 1,381 persons per physician (see chart above). Only 63.4% of Maine children 0-17 years of age “received care within a medical home” in 2011. This is a decrease from 65.5% of children in 2010, but higher than the national rate of 54.4%” (Maine Children’s Alliance, 2013.)

The Top 13 Stresses identified by Head Start parents in the 2014 Community and Family Survey included:

- Available, affordable dental care
- Hunger and poor nutrition
- Obesity
- Affordable, accessible family activities

IMPACT2 is an online resource operated by Maine DHHS, which allows Head Start programs to obtain up-to-date immunization records for children in the program. In Maine in 2012, 72.6% of children had up-to-date immunizations; while the national rate is 68.5%.

The percentage of children in Maine who are enrolled in MaineCare health insurance is declining, particularly in the 0-5 age group. In 2011, 62.9% were enrolled in MaineCare, 63.3% in 2012 and down to 59.8% in 2013 (Maine Children’s Alliance, 2013.)

ORAL HEALTH

In 2011, 80.5% of Maine children, ages 1-17, received preventive dental care, above the national percentage of 77.2% (Maine Children’s Alliance, 2013.) Yet Waldo County is a region with a 3,574 to 1 ratio for dentists (University of Wisconsin, 2014.)

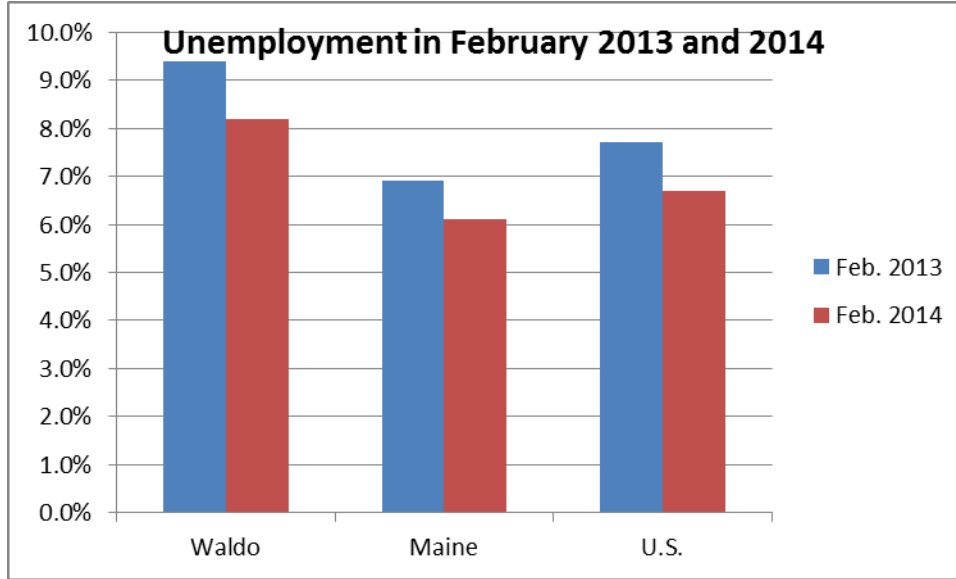
Affordability and access to dental care for adults was one of the top 10 stresses identified by Head Start parents in the 2014 Parent and Community Survey and by community members in the 2010 Community Survey. Until 2011 when the funding was gone, WCAP operated the Waldo County Dental Project, which served about 100-250 people annually with vouchers for most dental services for pregnant women, seniors, and youth ages 18-25. The program also provided oral health education, a fluoride SWISH program and a free dental sealant program in schools until the program ended three years ago.

The nearest resources currently available are the Waldo County Dental Care at the hospital in Belfast, the Dental Health Program in Bangor, Bucksport Regional Health Center in Bucksport, and the Maine Coast Community Dental Clinic in Ellsworth. Programs that offer financial assistance include the Senior-Dent program and the Donated Dental Services Program.

 **Employment**

UNEMPLOYMENT

Unemployment for persons 16 years of age and older in Waldo County, as reported by the Maine Department of Labor, is currently (February 2014) 8.2% for Waldo County. Though declining, the unemployment percentages for Waldo County are higher than the state and the nation, when looking at a February snapshot over two years. And in the second chart below, the profile by community shows a percentage of unemployment at 9% or higher in 2013 in Burnham, Liberty, Swanville, and Troy. (Maine DOL, 2014.)



Waldo County Employment Profile 2013				
	Labor Force	Employment	Unemployment	Unemployment Rate (%)
Waldo County	19,939	18,419	1,520	7.6
Belfast	3,360	3,110	250	7.4
Belmont	491	456	35	7.1
Brooks	555	513	42	7.6
Burnham	539	486	53	9.8
Frankfort	566	517	49	8.7
Freedom	374	347	27	7.2
Islesboro	266	251	15	5.6
Jackson	298	277	21	7.0
Knox	377	345	32	8.5
Liberty	444	402	42	9.5
Lincolnton	1,162	1,086	76	6.5
Monroe	461	429	32	6.9
Montville	560	521	39	7.0
Morrill	476	443	33	6.9
Northport	778	722	56	7.2
Palermo	766	720	46	6.0
Prospect	429	396	33	7.7
Searsmont	762	710	52	6.8
Searsport	1,330	1,215	115	8.6
Stockton Springs	826	766	60	7.3
Swanville	734	668	66	9.0
Thorndike	440	405	35	8.0
Troy	459	414	45	9.8
Unity	1,076	999	77	7.2
Waldo	392	358	34	8.7
Winterport	2,016	1,860	156	7.7
Source: Maine Department of Labor, 2014				

OCCUPATIONS AND INDUSTRIES

Major employers in Waldo County are management, professional, sales, food processing, and office work occupations through the largest employers, such as Waldo County Healthcare, Inc, Athena Health, Bank of America, Pride MFG Co., Atlantic Salmon of Maine, Penobscot McCrum, Hannaford's, Broadreach Family and Community Services, Group Home Foundation and Robbins Lumber (WCAP Community Assessment, 2012.)

According to a press release about the recent *Healthcare Workforce Report* from the Maine Workforce Research and Information Center on the outlook of jobs in Maine,

"The health sector has contributed to job growth in significant and steady fashion. From 2001 through 2011, more net jobs were produced in healthcare than in all other job-producing sectors combined. Healthcare has also been resilient to downswings in the economy. Barring a slight decline in 2010, employment has increased every year for two decades. Going forward, an aging population, technological innovations and heightened attention toward preventative care should continue to support strong demand for health services.

"The employment outlook for healthcare jobs is particularly bright. In Maine, jobs for healthcare practitioners and support workers are projected to grow a combined 17 percent from 2010 to 2020, higher than for all other major occupational groups and well above the 6 percent increase expected for all occupations.

"In addition to new growth, employment opportunities will arise from the need to replace those who retire or transition into different occupations. Over the coming decade, nearly one out of five individuals currently employed in the health workforce may need to be replaced. Given the age structure of the workforce, high replacement needs are not surprising. Two-thirds of dentists and psychologists are aged 50 or older, as are nearly half of the practitioners in a variety of other occupations, including pharmacists, nurse practitioners and licensed practical nurses. CWRI's report indicates that, overall, job opportunities due to replacement needs are expected to exceed those resulting from growth" (Maine DOE, 2014.)



Perspectives of Managers, HS/EHS Parents and Community Partners

INTERVIEWS WITH PROGRAM MANAGERS

Phone and email interviews were conducted with the WCAP HS/EHS program managers in order to understand the challenges faced by children, families, staff, and communities as it relates to the provision of a Head Start/Early Head Start program in Waldo County. The following questions were discussed:

- How has the CDS system changed in the past few years in your service area and how have those changes impacted your children, families and classrooms?
- Are you referring children for services through the "medical model" and if so, how many children in the 2013/14 year and for what type of services?

- If families have experienced difficulty accessing any community services in the past two years, please explain what type of services and why you feel these services have been inaccessible.
- For what ONE (1) type of service do you see the largest gap between need and resources to meet those needs?
- Describe your working and/or formal relationships with the homeless liaisons in the public schools, the kindergarten programs, and each CDS site that serves your county. What are the strengths and challenges in each?
- Do you provide transportation to HS/EHS children? Please describe. If not, how are families supported when they have difficulty transporting their child to the center?
- Do you expect to reduce, expand or modify your HS / EHS program approach, options or locations in the next few years? Please explain what you expect to change and why.

Themes that emerged in the interviews were (paraphrased):

- There is a great need for affordable housing.
- The restructuring of Child Development Services has impacted services for children; managers now navigate the differences between three CDS sites instead of one.
- Families can consider special services for their child through the medical model if the family declines CDS services or the child does not qualify, however the family must manage the follow-through to set up the services. Only 3 HS/EHS children receive services through medical model.
- Case management services are not holistic, so families must select a specific service area.
- Substance abuse, extreme poverty, homelessness, divorce, custody, child neglect, incarceration, special needs are all converging and contributing to complex needs for children and families, particularly in the Unity area.
- The need for one-on-one assistance for children has increased, which makes access to outcome based education difficult for the rest of the children in the classroom. We no longer have slots where we can enroll children who need extra supports and more children are not qualifying for needed services.
- Each year the number of homeless families rises, many are bunking up with other families in overcrowded conditions, but not accessing the shelters, which are far away.
- We hope to restore classroom and family advocate support to staff.
- With the establishment of a new contracted transportation provider, CTS, there has been a loss of volunteer drivers and children's attendance in HS/EHS has been impacted.
- Children who are eligible are transported to HS/EHS through referrals to Child Development Services.
- There is a great need for dental providers who serve children with MaineCare.
- The Belfast waiting list has grown in recent years and the Searsport program is difficult to keep fully enrolled, because of the expanded community program serving Searsport. Families are seeking center based experiences for infants and toddlers.

COMMUNITY SURVEY RESULTS (2010)

As part of information gathering conducted during the previous 2010 Waldo County Community Assessment process, a “Key Informant Survey” was conducted. It was distributed by 22 different collectors and sent to more than 500 informants. A total of 195 surveys were returned from people representing 16 different work/service areas, each of the 26 towns in the county (and a few from outside the county), both genders, all age groups (except none under 20 years of age), and diverse educational backgrounds and lengths of time as residents of the county. In brief summary, that 2010 survey found the following highlights:

“Key points that most agreed on (were) that Waldo County was a safe place to live, a good place to raise a family, and is appreciated for its natural beauty, but respondents recognized that Waldo County needed better access to health care, more groups to address economic-development issues, and a more responsive government that invited participation” (Fitzpatrick, BDN, 2011.)

The Top Ten Issues Identified by 2010 Community Survey Participants are highlighted below:

Economic Issues

Availability of living wage jobs	96%
Employment opportunities	96%
High speed internet availability	45%

Education Issues

Quality of K-12 public education	96%
School safety	90%
Access to post-secondary education	87%

Housing Issues

Assisted living for elderly/disabled	79%
Access to affordable weatherization	75%
Supply/affordability of rental property	73%

Health Issues

Availability/cost of medical insurance	95%
Availability/cost of dental care	91%
Quality of emergency response system	91%

Environmental Issues

Water quality	85%
Public access to open space	81%
Air quality	74%

Leisure Activity Issues

Activities for teens and young adults	76%
Activities for children and families	66%
Activities for those with disabilities	39%

Transportation Issues

Road and bridge conditions	81%
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Transportation for special needs 68%
 Availability of public transportation 66%

Crime and Safety Issues

Child abuse and neglect 96%
 Spouse/partner abuse 89%
 Sexual assault 88%

Social Issues

Availability of quality affordable child care 83%
 Parenting skills training and support 78%
 Availability of quality after-school programs 76%

Socio-Cultural Issues

Impact of the economic recession 91%
 Individual/family mental health 78%
 Breaking apart of families 72%

FAMILY SURVEY (2014)

In 2014, the WCAP Head Start/Early Head Start program distributed a Community/Family Survey to more than 200 parents enrolled in the program. 39 surveys were returned. The results in the first sections (not included here) provided valuable feedback to the program on internal systems of operation and quality assurance. The final section (items #33, 38 and 39 which are summarized below) provide the parents’ perspective of the community strengths and needs and the major stresses which families of young children are facing and are summarized below. The top 13 stresses are highlighted (4 items tied at 23%, so I included all four of them.)

In summary, those “biggest stressors” are:

Economic Stresses

Livable wage jobs 62%
 Job Hunting/keeping a job 23%
 Job Training 3%

Education Stresses

Quality of K-12 public education 41%
 Early childhood education for all children 18%
 College/post-secondary education 18%

Housing Stresses

Supply of affordable rental housing 31%
 Supply of affordable homes for sale 23%
 Quality or safety of housing 15%

Health Stresses

Available and affordable dental care 28%
 Affordable health insurance 21%
 Available and affordable medical care 15%

Nutrition Stresses

Hunger and poor nutrition 44%

Obesity 23%

Available food banks 8%

Meals for seniors and disabled 8%

Crime and Safety Stresses

Child abuse and neglect 36%

School safety 20%

Violent crime / assault 18%

Social Stresses

Supply of affordable childcare 41%

Affordable and accessible family activities 38%

Availability of after-school programs 15%

Transportation Stresses

Affordability of fuel and car maintenance 59%

Public transportation 23%

Long distance bus service 10%

In addition, Head Start and Early Head Start parents responded in the 2014 survey to two questions:

1. What do you like most about your community?

“Very close and tight knit.”

“Friendly and resourceful.”

“The quiet.”

“The people.”

“Close knit community.”

“Small, quiet, friendly and know many in the community.”

“The stores and opportunities to help children get an education.”

“Activities for children.”

“Cozy.”

“Belfast is very agriculturally thriving.”

“The “small town” mentality, neighbors will to help one another and not expecting anything in return.”

“Everyone knows and cares about everyone.”

“Small and rural.”

2. What would you change to make it better?

“Having money in the town to help all people that (have) needs.”

“Less paperwork required when applying for assistance in the county.”

“More jobs and more things for kids (younger) to do.”

“Help the less fortunate be better off.”

“Offer more gifted and talented programs through schools.”

“More activities for children and teens.”

“Bring in more businesses.”

“More businesses and more recreational activities.”

“Having a place that is fun other than YMCA (can’t afford this for my family).”

“I would have a free safe play group where kids can play.”

“More affordable housing. There is a serious lack of safe, affordable homes for families to rent.”

“More police activity.”

“Fix the roads.”

“Maybe offer more community-wide activities instead of only school activities or maybe have cross-over between schools to get all families involved.”

“I feel the older children, high-schoolers (sp) and college aged are faced with more social pressures (drugs and alcohol abuse, etc.).”

“There are many people willing to volunteer (Rec/PIE/school, etc.) but not enough leaders. I would like to see leadership more widely shared. There are certain issues with poverty as well as lack of parent support (that can always be better).”

COMMUNITY FOCUS GROUP SUMMARY (2010)

The following is copied from the *Waldo County 2012 Community Assessment* report and outlines the process undertaken in 2010 to organize, facilitate and collate the results of a series of 18 focus groups. The results of the focus groups are relevant and valuable to understanding the perspective of the citizens and are, therefore, included below in their entirety.

“Background and Identification of Target Groups: In an effort to have voices and perspectives of Waldo County citizens woven into the community needs assessment process, the *Living Here Tomorrow* Task Force identified specific populations they wanted to hear from. They were:

1. Head Start parents
2. Young adults (in college as well as in and out of the workforce)
3. Rural health center staff
4. Faith leaders
5. Farmers
6. School nurses and guidance counselors
7. Microenterprise business owners
8. High school youth encompassing students in school and those in alternative education
9. Town selectpersons
10. Frail elders (living alone or in a residential setting)
11. Middle-aged women in the workforce

The goal was not to have a representative sampling of all residents, but rather to hear from specific groups about their experiences living in Waldo County. The *LHT* Task Force worked with a facilitator to design the questions and then provided access to the targeted groups. In some cases *LHT* Task Force members helped with outreach as well. These efforts led to a total of 153 Waldo County residents taking part in 18 focus groups.

Methodology: The same person facilitated all focus groups. After providing an overview of the reason for the groups and how the data would be used, the facilitator asked each individual to write a description of life in Waldo County. Participants then responded as a group to the following questions being encouraged to consider not only of their lives, but those of family, friends, neighbors, and the community at large in Waldo County:

- *What is working well or good about life in Waldo County?*
- *What is challenging or hard about life here?*

Responses were collected on a flip chart and later transcribed by the facilitator. Focus groups lasted between forty-five minutes and an hour and a half. A member of the *LHT* Task Force worked with the facilitator to code the body of data in order to identify the critical issues and key themes articulated below.

Backdrop to Critical Issues: The lack of economic opportunity and the challenging economic situation influences life throughout Waldo County (coastal and in-land), and may be the catalyst for entrepreneurial endeavors spawning micro businesses and bringing new farmers to the area. When people describe Waldo County, they often remark on the natural beauty, how safe it is, and the economic challenges. Additionally, both the sense of community as evidenced by people supporting each other when hard times hit, and the friendly, generous, and genuine people of Waldo County were two consistent themes echoed throughout the data.

Critical Issues:

- I. Lack of jobs and particularly good paying jobs**
 - a. Lack of good paying, blue collar work with benefits
 - b. Lack of professional jobs offering a future career path
 - c. People worry that the job they have may not last which could result in the loss of health insurance
- II. Impact of lack of jobs with good wages and benefits**
 - a. Children are worried about their futures; have to wait for someone to retire to secure a job
 - b. Unemployed and underemployed parents and families experience high stress, depression or other psychological issues related to financial worries or troubles
 - c. Young adults leave the area to find opportunities elsewhere
 - d. As they can't find work locally, some must travel long distances to jobs elsewhere
 - e. Those slightly over-qualified for income related services feel desperate
 - f. Lack of motivation to make changes in lifestyle or work
- III. Impact of multigenerational poverty**
 - a. Children lack role models and aspirations to envision something different for their lives
 - b. Continuance of cycle of young girls wanting to have children, being encouraged by their parents to do so in order to continue benefits
- IV. Increasing substance abuse through use of alcohol and prescription drugs**
 - a. Normalization of use (community acceptance or parental use as model to children)

- b. Significant number of children using substances at earlier ages
 - c. Schools stressed as a result of having to deal with the impact of increasing student use coupled with high degree of psychological abuse and poverty
 - d. People with mental health conditions are self-medicating
- V. Insufficient infrastructure to support change**
- a. Transportation
 - i. Provided to income eligible residents for medical and other necessary appointments
 - 1. Positive reports of usage and impact of WCAP Transportation
 - 2. Need for more people to understand how to access WCAP transportation services (both potential users as well as key informants)
 - a. Some concern about long rides, wait times to be picked up and brought home, and other parameters
 - b. Users have feedback to inform improvements in service
 - ii. Need for low-cost public transportation for all ages and incomes
 - iii. Lack of transportation isolates children who cannot take part in after school activities or events
 - iv. Poorly maintained roads resulting in the need for vehicle repair and the cost of gas, car registration and insurance, combined with the need to have a license in good standing exacerbate the transportation issue
 - b. Increase in need for services
 - i. Increases in number using food pantries, asking for support with rent, electric bills, fuel, General Assistance, and support from health providers so that electricity is not shut off
 - ii. The historical safety net (resources, places to turn) is getting thin
 - c. While some strong services are in place, there are “missing services”
 - i. While the Waldo County General Hospital and associated home health care, physical therapy, and Hospice services were seen as assets, with the aging population increasing, there are not enough home health care services to support people aging in their homes
 - ii. Educational institutions such as Unity College and Hutchinson Center are regarded as strong assets, the critical issue is access to these institutions and motivation to attend college
 - iii. Resulting from regionalization of agencies, people must travel an hour to Augusta, Bangor, Rockland, or Waterville for a variety of services
 - iv. Inadequate dental services, specialists – both behavioral health and physical health, and no homeless shelter
 - v. Health care is seen as expensive and out of reach for many
 - d. Shopping
 - i. The need to purchase basic necessities locally at reasonable prices was one aspect
 - ii. Shopping as recreation was another

- e. Recreational activities
 - i. Many cited the number of free or low-cost activities available throughout the county as well as arts, cultural events, and outdoor activities including hunting
 - ii. Others, especially youth, bemoaned the lack of entertainment options not requiring an hour of travel; some linked this with the reason they drank and used drugs
- f. Local government is overburdened
 - i. Selectmen want more local control as have to make unfunded state mandates work
 - ii. Have to deal with state regulations not tailored to rural areas yet applied uniformly
 - iii. Requests for General Assistance, while a small part of a town budget, take up substantial selectmen time
 - iv. Attempt to make local government spending transparent is good thing
- g. Technology and training
 - i. Micro businesses note that the lack of cell tower coverage and broadband access undercuts the positive edge the region possesses in quality of life
 - ii. Lack of services and help for small business owners such as training in market analysis, marketing,
 - iii. Financial literacy is needed to survive the challenging economic climate
 - iv. Lack of awareness of career training and how to get more education

Surprises: What Was Not Mentioned Often:

- Little mention of drug-related crime
- Not much mention of schools – positive or negative
- Not much was said about housing – quality of housing stock or difficulty paying for housing

Inter-related Issues of Note: Connected with many of the above issues, the disparity between people who have resources and those who do not seems to be widening. There is an influx of people (referred to as “invaders” by one participant) moving to the area for the quality of life it offers, whether to retire, raise families, returning after being away, start a business, or to farm. Some of their decision to move to Waldo County may be based on the thin illusion of a thriving region. References to divisions and whether “people from away” are welcome or not, seem to depend on how newcomers enter (knowing it all, wanting to change things, and putting native Mainers down or being willing to participate and learn from those here). A related issue comes from the unrecognized poverty of Waldo County. People are said to have blinders on. Examples of no running water and resulting hygiene issues were offered as well as doctors who refuse to serve people on Maine Care.

Here are selected quotes that speak of themes echoed by other participants:

- *“There are two Belfasts and two Waldo Counties – one that is the retirement haven and the other is shockingly poor.”*

- *“It’s like standing on the top of the mountain looking over the sides – one step or event and you could step into prosperity or going the other direction into disaster. We seem to gain positive momentum, and then slip back below baseline.”*
- *“Children have no role models for how to move ahead in life. They are ‘professionally disabled.’”*
- *“There is a big difference between seniors who can drive and have their own car and those of us who can’t.”*
- *“Remember how important reasonably priced transportation is when you have no alternative.”*
- *“People need a hand up rather than a hand out; helplessness, self-esteem, and self-medicating behaviors come from parents feeling badly that they are not providing for their family.”*
- *“Violence [goes on] within family units including child or spousal abuse and it is all accepted as normal and goes on through generations.”*
- *“There is an increase of opiates and pills. Marijuana is woven into what is normal.”*
- *“There is a false impression or misconception about what life is like here (like vacation land); it can be a rough environment.”*
- *“We feel their pressure (the pressure our parents are under)”*
- *“We worry that money is going to be tighter when we grow up.”*
- *“Waldo County is an area of the Maine coast rich in raw resources (land, oceanfront, people, beauty), but poor in infrastructure.”*
- *“There are elements of class separation between the coastal communities where they have more access to resources and more assets, and western Waldo County, which is forgotten and has high gas prices. All this creates a huge increase in pressure as just getting to the grocery store is hard.”*
- *“With the cycle of poverty – you don’t understand the impact on families unless you struggle to put food on the table and gas in the car.”*
- *“There is the perception that if you want to be something, you have to leave as there are no opportunities here.”*
- *“There is such an ethic of self-sufficiency here – amazing strength that we can’t overlook. People are resourceful – they build their own homes, raise their own food and they are interdependent and help each other.”*
- *“[Life in Waldo County is] comfortable, safe, friendly - a great place to spend your time and live independently.”” (Waldo County Community Assessment, 2012.)*

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Key Findings

In 2012, there were 38,820 people in Waldo County. Waldo County’s population is the 6th lowest in the state, but has steadily grown over the past decade. The rise in population in Waldo County, despite a declining birth rate, is attributed to the influx of new residents to rural areas throughout the past few decades.

Between the years of 2003 and 2012, the annual average county rate was 401 births. Estimating births for 2013 and 2014, there is a projection of 1,975 children under the age of 5 years old in Waldo County for the year 2014.

While Maine has the oldest median age in the nation (43.5 years old), Waldo County is even older. The median age in Waldo County is 44.2 years old, an increase from 44.1 in the 2010 census. Furthermore, of the total population in Waldo County, 16.4% of persons are over the age of 65.

The number of children in Maine has been on the decline for years. Since 1975 – the peak year for school enrollment in Maine – the number of children in school has fallen from 253,000 to 186,000, a decline of 26%.

In Maine, 2.8% of children in public school in 2012/13 were English Language Learners (ELL). Of three school districts in Waldo County, two (RSU 20 and RSU 22) had 0% ELL students and one district (RSU 3) had .4% in 2012/13.

From 2010 to 2012, the U. S. Census reports that a steady percentage of the Waldo County population is “white,” now at 97.2%. However, the WCAP HS/EHS program reports a decrease of “white” families enrolled, from 96% in 2010/11 to 93.9% in 2012/13.

Of the projected 1,975 children under the age of five (in 2014) multiplied times the 2012 poverty rate for Waldo County (26.1%), we can estimated 207 children who will be 3 or 4 years old and 308 children who will be 0-2 years old in poverty in the service area.

Using December 2013 data from Maine DHHS, illustrates 325 children 3-4 years old and 458 children ages 0-2 years old who were receiving TANF and/or SNAP benefits.

In Waldo County, the poverty rate for children, 0-17 years of age, grew from 19.3% in 2008 to 26.1% in 2012.

Between 2005 and 2012, Maine’s median income of families with children grew slightly from \$51,700 to \$53,400, an increase of 3.3 percent. However, Maine’s family income has not returned to its prerecession amount. During that same time, the U.S. median family income grew 11 percent while the average of the median family income for other New England States (CT, MA, NH, RI, & VT) increased almost 13 percent.

The percentage of children eligible for Free/Reduced Price School Lunch has increased steadily to 45.8% statewide and 57.5% in Waldo County, 2012/13 figures.

In December 2012, 15,293 Maine children eighteen years and younger were TANF recipients, a decline from December 2011 when 23,922 Maine children were TANF recipients. This drastic decrease – 8,629 children – is the result of the implementation of a strict 60 month life time limit on the receipt of TANF assistance and a stricter sanction policy that includes a “full family sanction.” During the same time period, the number of children receiving SNAP benefits increased from 75,889 in December 2011 to 86,908 in December 2012, a difference of 11,019 children.

WCAP HS/EHS is the largest program designed to offer free services to income eligible children, or those who are homeless, in foster care or receiving TANF/SSI (mandatory eligibility categories) yet is unable to meet more than 23% of the estimated need in the service area in 2012/13.

The CCSP office reports that on average, in 2012, 71 children per month in Waldo County were active or authorized to receive a child care subsidy through the CCSP program. In 2013, that average fell to 63 children month. Statewide, 4% of the children with a CCSP subsidy are infants; 22% are toddlers; 36% are preschoolers and 38% are school age. There is currently no waiting list for a CCSP subsidy. In December 2013, only 16 providers were authorized: 31% family child care and 19% centers and 50% legal unregulated providers. Child care providers continue to opt out of the subsidy system due to the quality standards.

Maine began using kinship care about seven years ago. Now, about a third of children removed from a home go to live with a relative, rather than be placed with a foster parent... Maine is moving toward

kinship care at a faster rate than the nation as a whole, said Richard Wexler, who heads the National Coalition for Child Protection Reform.

In Waldo County, the rate (1.7-2.8 per 1,000) for children under the age of 18 in DHHS care or custody is significantly lower than the state rate.

There is an overall increase of enrollment in public preschool in Waldo County from 142 children in 2009 to 217 children in 2013. This is in contrast to the overall decline in public school enrollment in the county, preschool through grade 12, which is “steadily decreasing since 2001...an average decrease of 1.6% per year, for a total of 13.5% (769 students) over the eight year period of 2001-2009.

In Waldo County in October 2013, there were 217 four-year old children enrolled in public preschool program and an estimated 119.2 of those children are eligible for Free/Reduced Price School Lunch. The three year average of public preschool enrollment, county-wide, is 203 children, with 115 of those 4 year old preschoolers as potentially income eligible for Head Start.

Maine Healthy Families Waldo County serves, on average, slightly more than 100 infants and toddlers annually. Approximately half of those are potentially eligible for Early Head Start (50+ children). WCAP EHS does not enroll children who are served by the Maine Families program.

In 2012/13, there was a 5.9% decline from the previous year in the numbers of public school students in RSU 3, 20 and 22 combined, with a disability: 1,245 students in 2011/12 vs. 1,171 students in 2012/13. In 2012/13, 31.8% of WCAP Head Start children (3-5 years of age) had a special need, up from 29.2% the previous year. In 2012/13, 20.6% of WCAP Early Head Start children (0-3 years of age) had a special need, up from 11.5% the previous year. Nationally, 30% of all children under 5 years of age received a developmental screening during a well-child visit in 2011, but only 27.3% of Maine children received this screening, though it is an increase from 21.5% in 2010.

“The need for one-on-one assistance for children has definitely increased.... [These needed services are] very difficult to attain as these one-one-one supports are not happening to the level needed or children do not qualify for such services. We no longer have slots in programs where we could send children for the extra support they need to be successful, i.e., Starrett Center.”

In the annual report for 2013, Child Development Services notes that, statewide, of the 3,194 referrals for children 0-2 years of age, 1,229 (38%) were found eligible and of the 4,395 referrals for children 3-5 years of age, 1,339 (30%) were found eligible.

Of the children, ages 0-3, served by WCAP Early Head Start, 10% of those with special needs were eligible for early intervention services in 2010/11. That percentage more than doubled to 20.6% in 2012/13.

In 2013, the percentage of all children ages 3-5 with disability who are diagnosed with “developmental delay” in MidCoast was 13.2%, while the percentage for all three CDS sites combined was 6.8% and the statewide percentage was 21.5%.

The *CDS Annual Report* shows that statewide in 2013, 8.8% of children 3-5 years of age with a disability had autism. Maine DOE reports, in the three RSU's serving Waldo County, 11.1% of students with special needs in 2011/12 and 10.2% of students in 2012/13 had autism.

One in four Maine children ages 0-18 experienced two or more of the following adverse experiences: socioeconomic hardship, divorce/separation of parent/death of parent, parent served time in jail, witness to domestic violence, victim of neighborhood violence, lived with someone who is mentally ill or suicidal, lived with someone with alcohol/drug problem, treated or judged unfairly due to race/ethnicity.

Statewide in 2011, 36.6% of parents of children ages 0-5 had at least one concern about their child's physical, behavioral or social development vs. 32.2% in 2010.

High school students in Waldo County had "significantly higher" (the term and measure used by MIYHS) percentages for 24 risk factors in 2011 as compared to Maine high school students within the categories of unintentional injury, tobacco, alcohol, marijuana, other drugs, and sexual behaviors. Waldo County had "significantly higher" percentages for 7 risk factors in 2011 as compared to Maine middle school students in the categories of alcohol, marijuana, other drugs, sexual behaviors, and nutrition. Comparing Waldo County middle school student risk factors between 2009 and 2011, 2 items had "significantly higher" percentages in 2011: bullying and the perception that cigarette smoking has minimal risks. 23.6% of high school students and 53.3% of middle school students have been bullied on school property. The high school percentage is unremarkable to the previous or state percentages, but the middle school percentage is up from 42.7% in 2009 and is above the state percentage.

In 2012, 5,279 (8%) of Maine teens ages 16-19 were neither in school nor employed, up from 3,966 (6%) in 2011.

The rate of live births with low birth weights is increasing in Waldo County, from 6.5% in the 2012 report to 7.8% in the 2014 report.

The teen birth rate per 1,000 females ages 15-19 is almost double the rate in the best performing counties in Maine for the past three years.

In 2012, there were 751 reports to the Rockland DHHS Office of Child Protective Service regarding concerns of child abuse or neglect involving 1,574 children. There were 425 children in the general Rockland area in which child abuse or neglect was substantiated and an estimated 171 of those children were under 5 years of age.

The overall crime rate in Maine increased by 5.4% between 2010 and 2011, the largest jump since 1975, and the number of pharmacy robberies has jumped two-fold. Drug-related crime is on an epidemic rise in Maine.

In Maine, there are 1,582 violent crimes annually, a rate of 120 per 100,000...Maine has about 2,000 adults incarcerated...In Maine, 54 percent of prisoners have less than a high school education. For the years 2008-2010 in Waldo County, there were 84 violent crimes annually per 100,000, and slightly less

(78 annually per 100,000) averaged for the years 2009-2011. In 2011, the Maine rate of arrests of youth 10-17 years of age for crimes against persons was 41.7 per 1,000 youth, a decrease from the previous year.

The number of babies born in Maine exposed to or affected by drugs in the womb has increased from 135 in July 2004-June 2005 to 835 in July 2012-June 2013.

Between the years of 2006 and 2010, 18% of households in Waldo County reported severe housing problems. Waiting lists for "section 8" housing choice vouchers and subsidized housing apartments are both extremely long, i.e., measured in years.

Single adults encompassed most of the people encountered, but approximately one-third of the people who were homeless were members of families....a figure that is similar to the National Center on Family Homelessness' national average.

In WCAP HS/EHS, there are an increasing number of children and families experiencing homelessness; 17 children and an estimated 26 adults in 2013. WCAP HS/EHS refers families to the regional homeless shelters which offer a total of 347 beds of which 41 beds are for victims of domestic violence and 73 beds are for people with substance abuse or mental illness. All are located outside of Waldo County.

The national percentage for high school completion was 93% in 2011. Though Maine and Waldo County still fall behind that number, the rates for each high school in Waldo County are overall, very promising.

There is a wide graduation-proficiency gap and a high rate of students have to take remedial courses once they get to college, suggesting that many students are not graduating college-ready. In the years 2008-2012, the number of people ages 25-44 with some post-secondary education in Waldo County was only 55%, lower than both the state (62%) and national (70%) percentages.

The percentage of uninsured adults in Waldo County has increased over the past three years. The percentage of children in Maine who are enrolled in MaineCare health insurance is declining, particularly in the 0-5 age group. In 2011, 62.9% were enrolled in MaineCare, 63.3% in 2012 and down to 59.8% in 2013.

29% of adults were obese in Waldo County and 24% reported no leisure time physical activity. Nearly one-quarter of kindergarteners and 5th graders were obese, and one in five of 3rd, 5th, 7th and 8th graders were overweight.

In 2008-2010 more than one in ten Maine residents did not have stable and secure access to food [and] the rate of very low food security increased in Maine for the 2008-2010 period compared to preceding 3-year averages. Over 15% of Maine's population experienced food insecurity, and of these, 6.8% met the category of very low food security. In 2012, 31.7% of children 0-17 years of age were receiving SNAP food supplement benefit. In Waldo County that percentage was 37.8%. Both figures increased by more than 5 percentage points from 2 years ago.

Access to providers is of concern in Waldo County, as indicated by the ratio of primary care physicians per person over the past three years, which has been consistently higher than the state ratio and in the 2013 County Health Rankings report was at 1,381 persons per physician. Only 63.4% of Maine children 0-17 years of age received care within a medical home in 2011.

Waldo County is a region with a 3,574 to 1 ratio for dentists. Affordability and access to dental care for adults was one of the top 10 stresses identified by Head Start parents in the 2014 Parent and Community Survey and by community members in the 2010 Community Survey.

Though declining, the unemployment percentages for Waldo County are higher than the state and the nation, when looking at a February snapshot over two years. The profile by community shows a percentage of unemployment at 9% or higher in Burnham, Liberty, Swanville, and Troy in 2013.

In Maine, jobs for healthcare practitioners and support workers are projected to grow a combined 17 percent from 2010 to 2020, higher than for all other major occupational groups and well above the 6 percent increase expected for all occupations.

The four items that emerged in the “top ten issues” in both the 2010 Community Survey and the 2014 Family / Community Survey were availability of living wage jobs, employment opportunities/job hunting/keeping a job, availability/cost of dental care, and child abuse and neglect.

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