

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

Year-Two Update
2015



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

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Waldo Community Action Partners

Head Start and Early Head Start Community Assessment

Year Two Update, 2015

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 *2015 Waldo Community Action Partners Head Start and Early Head Start Community Assessment: Year Two Update* 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 briefly describes the 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, though there is recent increase in dual language learners in the Waldo County area.

Substance abuse and dependency concerns and mental health concerns for parents and children are growing problems. In 2013/14 the rate of children in foster care who were enrolled in WCAP Head Start or Early Head Start increased from 3 per year to 15 in one year (WCAP PIR, 2013/14.) Concerns for the multi-dimensional trauma children are experiencing is a wide-spread concern and includes concern for adequate supports for early childhood and public school staff.

Poverty for children ages 0-17 years old is high in Waldo County (26.1% in 2012), according to Maine KIDSCOUNT 2013 and three towns in the county had five-year average poverty rates above 45% for children under 18 years of age (U.S. Census, 2014.) Though now decreasing, unemployment was at least 9% in four towns in 2013 and was higher than the state percentages across the county (Maine DOL, 2015.) The need for employment opportunities was a strong theme and high priority for persons who participated in surveys and interviews.

In 2013/14, the Head Start/Early Head Start program was unable to meet more than 30% of the estimated need for early care and education services for eligible children. WCAP served 197 children in 2013/14. Yet, using March 2015 data from Maine DHHS, there are 280 children 3 to 4 years old and 376 children ages 0 to 2 years old who were receiving TANF and/or SNAP benefits and would be eligible for Head Start/Early Head Start. This is a 14% decrease from last year in the number of 3 to 4 year old children and an 18% decrease in the number of children ages 0 to 2 years old who were receiving TANF and/or SNAP. Using Maine birth rate data and the poverty rates per town, there are an estimated 1,875 children under the age of 5 in Waldo County and of those, 175 children ages 3 to 4 years old and 245 children ages 0 to 2 years old who meet the federal poverty guideline. (See charts on pages 8 and 10.)

The previous 2014 Comprehensive Head Start and Early Head Start Community Assessment profiled the serious challenges facing families with young children in Waldo County, such as poverty and food insecurity, lack of jobs, inadequate and unaffordable housing, unmet needs for child care, child abuse and neglect, and childhood disabilities. Concerns for community health in the county included 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. These concerns continue. There is a growing concern about inadequate housing and the rise in homelessness, particularly for families with children and teens.

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

Of particular note are the observations of the HS/EHS program managers and community partners, who witness young children in a state of “toxic stress response.” This community assessment finds that the conditions contributing to prolonged stress and trauma for children are present in the region and are a rallying point for comprehensive, accessible and responsive support services for families (Dowling, 2014, WCAP Community Interviews, 2015.)

ASSESSMENT PROCESS

Every five years, Head Start grantees are required to conduct a Comprehensive Community Assessment as part of the strategic planning process. In each of 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 *2015 WCAP HS/EHS Community Assessment: Year Two Update* 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 programs 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 Head Start Policy Council, key program managers and community partners and included email communication. Consumer and community surveys conducted by WCAP within the past two years were reviewed. In areas where data is from various sources or different years, the author has made every attempt to be clear in explaining any discrepancies. Sections of the previous 2014 Comprehensive HS/EHS Community Assessment have been restated when relevant. The complete listing of citations is found at the end of the report.

The author acknowledges valuable assistance received from community partners in Waldo County and the Head Start/Early Head Start program in gathering essential reports and documents without which this project would not have been possible.

General Area Description

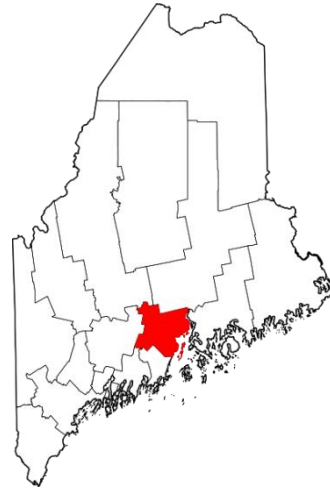
GEOGRAPHY

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.

Demographics

POPULATION

In 2012, there were 38,820 people in Waldo County. The 2009-2013 Five-Year Average for population is 38,819. Waldo County's population is the 6th lowest in the state, but has 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, even 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 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 (U.S. Census.)

RACE, CULTURE and LANGUAGE

In Maine, 2.8% of children in public school in 2012/13 were Dual Language Learners (Maine Children's Alliance, 2013.) Waldo Community Action Partners' Head Start and Early Head Start (WCAP HS/EHS) *Program Information Report* shows that in the annual demographic profile for the past four years, 100%

of enrolled children have English as the primary language in the home (WCAP Program Information Reports, 2010-2014.) However, WCAP Program Managers and community leaders report a recent influx of people who are in need of interpreter services, listing Portuguese, Spanish, Chinese, Middle Eastern Languages, Polish and Tibetan.

Trends of Population Growth and Decline					
Estimates of Population 2000-2013					
	2013*	2012	2011	2010	2000
Waldo County	38,819	38820	38783	38786	36,280
Belfast	6,672	6,657	6,652	6,668	6,381
Belmont	1,047	931	935	942	821
Brooks	860	1,077	1,077	1,078	1,022
Burnham	1,203	1,165	1,165	1,164	1,142
Frankfort	1,275	1,127	1,126	1,124	1,041
Freedom	598	721	721	719	645
Isleboro	598	568	566	566	603
Jackson	604	550	550	548	506
Knox	782	803	801	806	747
Liberty	763	915	915	913	927
Lincolnton	2,238	2,170	2,164	2,164	2,042
Monroe	919	893	893	890	882
Montville	900	1,034	1,034	1,032	1,002
Morrill	834	881	883	884	774
Northport	1,567	1,528	1,521	1,520	1,331
Palmero	1,592	1,538	1,536	1,535	1,220
Prospect	701	711	711	709	642
Searsmont	1,645	1,399	1,391	1,392	1,174
Searsport	2,619	2,618	2,619	2,615	2,641
Stockton Springs	1,404	1,582	1,587	1,591	1,481
Swanville	1,228	1,378	1,381	1,388	1,357
Thorndike	859	889	887	890	712
Troy	897	1,031	1,028	1,030	981
Unity	2,326	2,090	2,091	2,099	1,871
Waldo	918	799	785	762	733
Winterport	3,770	3,765	3,764	3,757	3,602
	38,819	38,820	38783	38786	36,280
<i>Sources: U. S. Census Population Estimates, 2000, 2010, 2011, 2012 and *2013 ACS 5-Year Estimates</i>					

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 (U.S. Census, American Community Survey, 2012.)

The birth rate across Maine is declining, just as it is in Waldo County. 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, between 2011 and 2013, the average birth rate declined to 374 births per year (Maine Center for Disease Control and Prevention, Office of Data, Research and Vital Statistics, 2014.) In 2010, the U.S. Census reports 2,072 children under the age of five in Waldo County.

The following chart illustrates the birth rates for each municipality in Waldo County and projects a total of 1,875 children under the age of 5 years old in Waldo County for the year 2015, using the previous three-year average to optimistically project steady birth rates in 2014 and 2015. Of those, 175 three and four year old children are projected to meet the poverty guidelines and 245 children ages 0-2 years old are projected to meet the poverty guidelines. (See the following chart).

CHILDREN ELIGIBLE FOR HEAD START AND EARLY HEAD START

The following chart illustrates the birth rate by municipality and uses the poverty rate by town from the U.S. Census American Community Survey Five-Year Average for children under 18 years old. The birth rates are used to estimate the numbers of children, by age, who would meet the poverty guidelines.

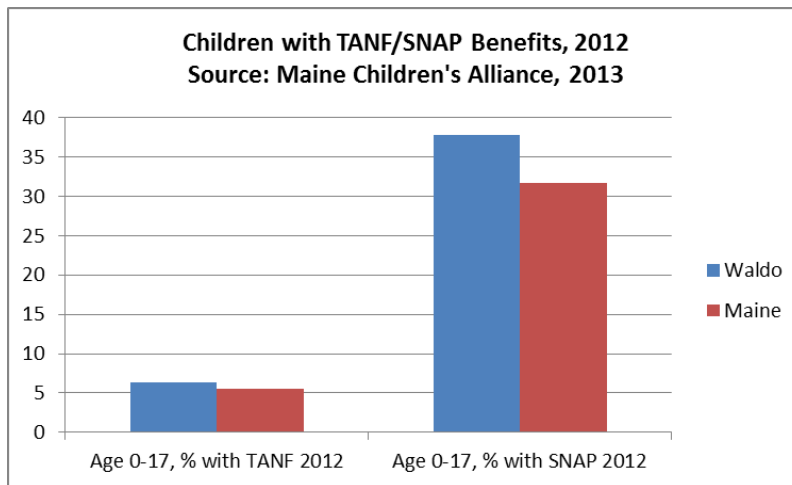
NUMBER OF ESTIMATED INCOME CHILDREN ELIGIBLE FOR HEAD START/EARLY HEAD START												
WALDO COUNTY												
TOWN	Birth Rates, ME CDC Vital Statistics						X Poverty Rate	Est. Elig. Children (By Age in 2015)				
	Births in 2011	Births in 2012	2013 Births	2014 Birth Estimates	2015 Birth Estimates			4 yo	3 yo	2 yo	1yo	<1yo
Belfast	71	61	60	64	64	34.8%	25	21	21	22	22	
Belmont	10	6	9	8	8	7.5%	1	0	1	1	1	
Brooks	16	14	12	14	14	37.6%	6	5	5	5	5	
Burnham	17	10	10	12	12	45.7%	8	5	5	5	5	
Frankfort	13	19	12	15	15	30.1%	4	6	4	5	5	
Freedom	2	7	7	5	5	44.9%	1	3	3	2	2	
Islesboro	2	4	3	3	3	3.4%	0	0	0	0	0	
Jackson	4	7	8	6	6	46.2%	2	3	4	3	3	
Knox	15	8	10	11	11	27.5%	4	2	3	3	3	
Liberty	11	3	7	7	7	22.1%	2	1	2	2	2	
Lincolnton	22	17	19	19	19	2.2%	0	0	0	0	0	
Monroe	7	7	4	6	6	9.6%	1	1	0	1	1	
Montville	7	13	10	10	10	34.6%	2	4	3	3	3	
Morrill	12	9	12	11	11	5.8%	1	1	1	1	1	
Northport	11	20	10	14	14	7.4%	1	1	1	1	1	
Palermo	19	19	8	15	15	4.0%	1	1	0	1	1	
Prospect	8	9	6	8	8	14.2%	1	1	1	1	1	
Searsmont	19	10	13	14	14	23.3%	4	2	3	3	3	
Searsport	24	22	26	24	24	22.7%	5	5	6	5	5	
Stockton Springs	12	7	9	9	9	23.4%	3	2	2	2	2	
Swanville	20	17	14	17	17	45.3%	9	8	6	8	8	
Thorndike	10	14	7	10	10	14.9%	1	2	1	1	1	
Troy	9	8	6	8	8	32.8%	3	3	2	3	3	
Unity	20	24	17	20	20	16.7%	3	4	3	3	3	
Waldo	9	8	7	8	8	25.7%	2	2	2	2	2	
Winterport	38	39	31	36	36	0.0%	0	0	0	0	0	
TOTALS	408	382	337	374	374		91	84	77	84	84	
Source: Maine DHHS Vital Statistics 2008-2013; and US Census 2009-2013 ACS 5-Year Estimated Poverty Rate for Children Under 18 YO.												
Note: 2014 and 2015 Birth estimates are projections based on the average of 2011-2013 births by town.												

Unmet Need for Head Start and Early Head Start Services

POVERTY

Poverty rates continue to rise statewide and in Waldo County. 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.) Illustrated on the chart on page 8, the towns of Burnham, Jackson and Swanville have Five-Year Average 2009-2013 poverty rates (for children under 18 years old) above 45%. The towns with the lowest poverty rates are Winterport, Palermo, Lincolnville and Islesboro (U.S. Census, ACS, 2014.)

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.) Illustrated below is the higher rate of both TANF and SNAP benefits in Waldo County than the state of Maine as a whole.



The chart below illustrates the estimated numbers of children under age five who would meet the poverty guidelines for Head Start/Early Head Start services. 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.

Using March 2015 data from Maine DHHS, there are 280 children 3-4 years old and 376 children ages 0-2 years old who were receiving TANF and/or SNAP benefits and would be eligible for Head Start/Early Head Start. This is a decrease by 14% in 3 and 4 year old children receiving TANF and/or SNAP from last year and a decrease by 18% in the number of children ages 0-2 years old. Fewer children receiving these benefits is not an indicator of less children living in poverty, as illustrated in the chart on page 8.

Summary Count of 4 Year Olds and Younger Active on TANF and/or Food Supplement as of March 2015						
WALDO COUNTY						
TOWN	TOTAL COUNT	4 Year Old	3 Year Old	2 Year Old	1 Year Old	0 Year Old
Belfast	150	35	26	36	29	24
Belmont	14	2	3	2	5	2
Brooks	30	2	6	10	10	2
Burnham	24	5	7	6	3	3
Frankfort	35	8	6	10	7	4
Freedom	4	1	2	1	0	0
Islesboro	5	2	1	2	0	0
Jackson	13	2	3	3	3	2
Knox	20	7	3	4	3	3
Liberty	16	2	3	3	6	2
Lincolnville	26	6	7	6	2	5
Monroe	9	2	1	3	0	3
Montville	13	2	1	5	4	1
Morrill	7	1	2	2	1	1
Northport	19	6	2	7	3	1
Palermo	14	2	9	0	2	1
Prospect	7	0	1	3	1	2
Searsmont	11	2	2	2	3	2
Searsport	60	10	13	13	15	9
Stockton Springs	25	6	8	5	5	1
Swanville	29	4	7	7	7	4
Thorndike	10	1	3	3	3	0
Troy	22	5	5	4	5	3
Unity	32	7	10	6	5	4
Waldo	12	3	2	5	0	2
Winterport	49	15	9	8	9	8
TOTALS	656	138	142	156	131	89
Source: Maine DHHS, OFI, March 2015						

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 the program is unable to meet more than 30% of the estimated need in the service area in 2013/14.

“Early childhood education should be a big investment. I would make sure that every community has access to full day, 5 days per week programs for children ages 3-5 and then other supporting programs for children and families that are aligned to the public school system.”
– Community Survey Interviews, 2015

“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 Children’s Alliance, 2013.)

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 101 children in 2013. 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.)

FULL DAY FULL YEAR CHILD CARE

41% of WCAP 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.)

Maine DHHS provides child care referrals services for families through a website, www.childcarechoices.me. In April 2014, they 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.)

WCAP Program Managers and community leaders also report an increasing need for full day child care services. More families are being impacted by term limits on TANF, and ASPIRE expectations for parental work or school activity. – Community Survey Interviews, 2015

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/or 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 outside the county to complete the eligibility and application processes. Transportation barriers further impact families' abilities to secure child care.

"Affordable child care is the biggest need. Families cannot make ends meet. Head Start could fill this gap for full day child care. Families resist using child care due to notions of low quality. There are many hoops families must jump through to obtain a child care voucher..." – Community Survey Interviews, 2015.

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 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.)

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 (Maine DHHS, CCSP, 2012.)

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.)

"A third of children are being raised by their grandparents, aunts and uncles."
 "There is an increase in the number of grandparent caring for children often due to substance abuse and births to drug affected mothers."
 "There are not enough foster homes; children are being placed two counties away, so how can reunification happen?" – Community Survey Interviews, 2015

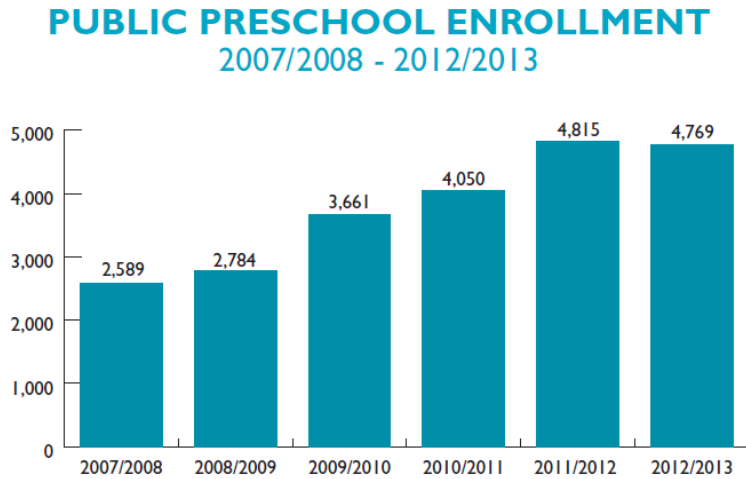
This trend is also impacted by the recent and serious lack of foster care placements/homes and emergency shelter for children in

Maine. *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.

Annually, 2010 through 2013, WCAP HS/EHS enrolled only 2 to 3 children 0-5 years of age who were in foster care. However, that rate went up to 15 children in the year 2013/14 alone. (WCAP, PIR, 2010-2014.)

PUBLIC PRESCHOOL

Public preschool enrollment is increasing in Maine with a slight dip in 2012/13 and decreasing in Waldo County. The following chart, provided by Maine KIDS COUNT, shows the positive trend in Maine.



Source: Maine Department of Education

Waldo County’s 26 municipalities intersect with six RSU’s, Islesboro School Department and the Five-Town CSD (Lincolville). All the schools in RSU 3, RSU 20 and Islesboro School Department are located in Waldo County. Schools in Burnham, Lincolville, 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. In 2015/16 Edna Drinkwater School will no longer be able to collaborate with WCAP Head Start. Each year, WCAP Head Start must adjust its program planning to respond to changes in available facilities and partnerships.

Families with low incomes are often impacted by unreliable transportation or the high expense of operating a safe vehicle and therefore transporting their child to Head Start preschool can be a significant challenge. This is one factor that leads families to choose public preschool programs instead of Head Start services for their 4 year old children. This in turn leads to WCAP enrolling more 3 year old children in its Head Start classrooms, as well as working collaboratively towards more Head Start/Public Preschool Partnerships for 4 year old children.

The percentage of children enrolled in public preschool who are eligible for Free/Reduced Price School Lunch has increased steadily to 45.8% statewide and 57.5% in Waldo County during 2012/13 (Maine

Children’s Alliance, 2013.) The chart below shows that this indicator of poverty for the preschool population in Waldo County increased even further in 2014/15 to an average of 67% and as high as 95.7% in the town of Unity.

In Waldo County in October 2014, there were 202 four-year old children enrolled in public preschool programs and an estimated 142 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 an average of 128 of those preschoolers receiving Free/Reduced Price School Lunch. (Maine DOE, 2015.)

ESTIMATED NUMBER 4 YEAR OLD CHILDREN ELIGIBLE FOR FREE-REDUCED PRICE LUNCH ENROLLED IN PUBLIC PREK										
RSU	Site of Public Preschool Program	2012/13			2013/14			2014/15		
		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	55.8%	9	31	53.5%	17	30	59.7%	17
RSU 20	East Belfast School, Belfast	23	64.2%	15	13	76.5%	10	11	80.0%	9
RSU 3	Morse Memorial School, Brooks	14	64.7%	9	11	73.8%	8	8	71.9%	6
RSU 3	Walker Memorial School, Liberty	16	60.8%	10	10	62.6%	6	15	67.7%	10
RSU 3	Monroe Elem. School, Monroe	14	58.1%	8	8	61.5%	5	11	59.4%	7
RSU 20	Gladys Weymouth Elem., Morrill				25	45.2%	11	18	45.2%	8
RSU 20	*Edna Drinkwater School, Northport	12	53.8%	7	9	54.4%	5	10	65.4%	7
RSU 20	Ames Elem. School, Searsmont	27	45.2%	12						
RSU 20	Searsport Elem. School, Searsport	40	56.4%	23						
RSU20	Stockton Springs School, Stk. Springs				31	30.3%	9	28	71.4%	20
RSU3	*Unity Elem. School, Unity	52	44.2%	23	55	62.5%	34	47	95.7%	45
RSU22	*Leroy H. Smith School, Winterport	16	51.2%	8	24	55.8%	13	24	55.2%	13
	TOTALS	230		124	217		118	202		142
	*Collaboration with WCAP Head Start									

Source: Maine Department of Education DataBook (webpage), March 2015

WAITING LIST

Of the children on the WCAP waiting list for Early Head Start services as of March 2015, 94% are seeking a center-based infant/toddler program versus a home-based program (Palmer, 2015.)

CHILDREN WITH DISABILITIES

- 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. That number increased to 38.4% in 2013/14.
- 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. The percentage doubled in two years to 23.3% in 2013/14 (WCAP, PIR, 2010-2014.)

WCAP Head Start trends for enrolled children, ages 3-5, by type of disability are illustrated below. There has been a steady increase over the past three years in the numbers of children served at WCAP who have a disability.

Waldo County Head Start Children with Disability, Ages 3-5					
	Number of Children Served in Head Start by Year				
Diagnosed Special Need	2009/10	2010/11	2011/12	2012/13	2013/14
Speech / Language	64	45	39	35	47
Emotional/Behavioral	0	0	0	0	1
Health	0	0	0	0	4
Hearing Impairment	1	3	0	1	0
Learning Disabilities	0	0	0	0	0
Orthopedic	1	1	0	0	0
Autism	1	1	0	0	3
Mental Retardation	0	0	0	0	0
Multiple Conditions*	1	1	0	0	0
Developmental Delay	5	5	6	12	4
TOTALS	73	56	45	48	59
*including deafness and/or blindness					
Source: WCAP Head Start PIR, 2010-2014					

Children, ages 0-5, with disabilities in Waldo County are served by Child Development Services (CDS). 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, WCAP has no direct preschool or infant/toddler partnership programs with CDS.

Managers at WCAP HS/EHS shared in a 2014 interview 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 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 in 2013/14 (Dulude, 2014.)

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 who Entered CDS by CDS Site and Age Group with Disability Category, 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

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.)

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

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.)

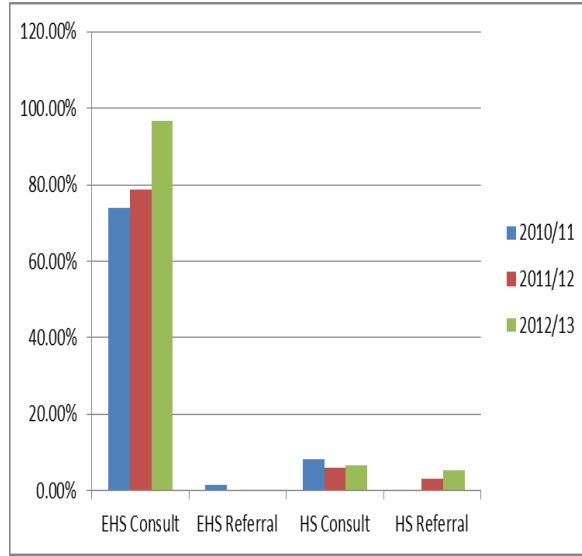
Statewide in 2011, 36.6% of parents of children ages 0-5 had at least one concern about their child's physical, behavioral or social development vs. 32.2% in 2010 (Maine Children's Alliance, 2013.) In WCAP's HS/EHS programs, there has been an increasing level of behavioral and mental health challenges 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, 2010-2014.)

"Kids come from language impoverished homes with multiple stressors. There is a huge increase in the number of children coming to elementary school out of control."

"There is high turnover in early childhood programs; we need to figure out how to keep teachers. We have wonderful folk working in ECE. What can we do to keep them in the field?"

"There is a need for staff who have the training to work with children with special needs. A degree in psychology and counseling is needed. Children born addicted have different needs than children with behavioral problems. We are losing a lot of long-term staff and educators." – Community Survey Interviews, 2015.



Social Services

SERVICE PROVIDERS

- Waldo Community Action Partners (WCAP) is the largest provider of social services in Waldo County, including a community transportation program.
- The closest DHHS office is in Rockland, more than 50 miles from Winterport and outside of Waldo County.
- The Waldo County General Hospital social services department provides a variety of health education and support programs.
- The Waldo County “Building Communities for Children” coalition works to implement interagency collaboration and networking.
- Broadreach Family and Community Services provides a wide array of behavioral and substance abuse counseling supports, case management services, early childhood programs and parenting and child abuse prevention programs.
- Mid-Coast Mental Health Center is the largest provider of behavioral health services in the county.

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!”

TRANSPORTATION

- WCAP’s Transportation Program experienced a decline in services by approximately 1,000 individuals between 2010 and 2013 due to decreases in funding and a contractual shift to an out-of-state organization as part of a third party brokerage system (WCAP Annual Reports, 2010-2014.) The changes impacted MaineCare clients missing rides for services and impacted children’s attendance at Head Start programs.
- 75.2% of the Waldo County workforce used their own car to commute to work (U.S. Census, 5-Year Estimate 2008-2012.)
- In a 2014 survey conducted by WCAP of 294 people living and/or working in Waldo County, 14.7% said they did not have reliable transportation. Respondents identified the “biggest barriers” to transportation were:
 - 63% No barriers
 - 22% Price of gas
 - 15% No car/can’t find car
 - 6% No public transportation

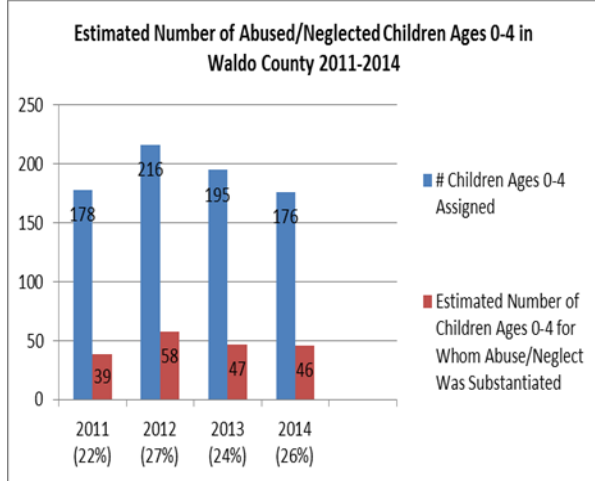
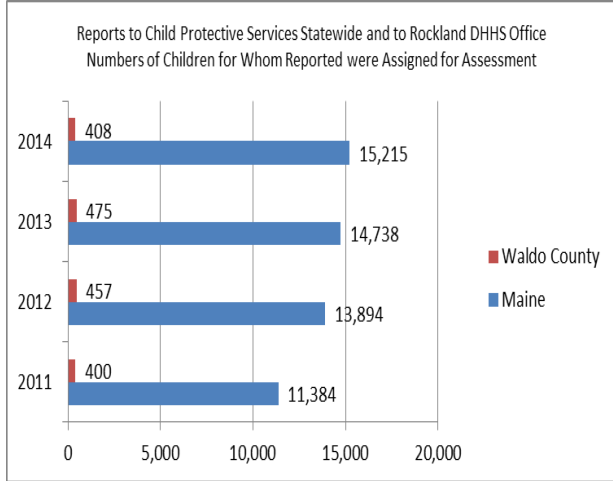
In a 2014 survey of enrolled Head Start/Early Head Start parents, the following were identified as the “biggest stressors” related to transportation:

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

 **Child Abuse and Domestic Violence**

CHILD ABUSE

The following graph, using data from Maine DHHS Child Protection Services Annual Reports 2011-2014, shows the steady increase in Maine in the number of reports of child abuse and/or neglect assigned for investigation, but a decrease in the last year for Waldo County. The second graph shows the declining numbers of reports for residents of Waldo County, for which child abuse and/or neglect were substantiated. The percentage in the second graph refers to the overall county percentage of substantiation, applied to the number of children, ages 0-4 years old, assigned for investigation.



In 2013, DHHS changed the format in its annual report to count child abuse and neglect based on the residence of the child at the time of the report, versus by the DHHS office to which the report was made. In prior years we reported on data from the Rockland DHHS office, now we are reporting on data for Waldo County residents.

CRIME AND DOMESTIC VIOLENCE

In Waldo County in 2011, there were 118 domestic violence assault reported to the police, which is a rate lower than the previous year and significantly lower than the state rate (Maine Children’s Alliance, 2013.)

Maine is experiencing a rise in crime, but of people interviewed in the 2015 Community Survey only 47% said they were aware of a rise in crime in Waldo County. Many said they had heard or read there was more crime, but they were not “seeing it.” Drug-related crime is a concern, however. Of the 974 crimes in Waldo County over the 6 months between March and August 2014, 113 were drug or alcohol related (WCAP, 2014.) (See more on this topic in the section on Substance Abuse.)

“There is relatively low crime here. It only takes one incident to make us feel unsafe. We have lots of school lock outs and safety precautions.” – Community Survey Interviews, 2015

 **Housing**

AFFORDABLE HOUSING

When 294 people in Waldo County responded to a survey of community need and were asked to identify the top three biggest needs in Waldo County for a list of 37 choices, 35% selected “affordable housing”. When asked “What are your housing concerns?” 25.5% said their house needs major repairs and 25.5% said their utilities are too high (WCAP, 2014.)

The 2014 Family and Community Survey conducted by the Head Start program asked, “What are the major stressors that families with young children are facing?” Related to housing, 31% chose “supply of affordable rental housing” (WCAP, 2014.)

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. This is worse than the national rating and the Maine rating of 15%.

In the 2015 Community Survey Interviews conducted by WCAP, 29% of those interviewed said inadequate housing was a major concern.

The housing affordability index for Waldo County in 2013 was .89, meaning the area is generally unaffordable. The rental affordability index for Waldo County is .72, also meaning that the area is unaffordable for renters, even more so than for homeowners. Costs for housing and rent have been rising faster than incomes levels (ME State Housing, 2013.)

Families wait years for Section 8 housing in Waldo County for one of the 84 units that accept vouchers. There are 743 subsidized housing units in Waldo County.

Quality of housing is also a concern. Many people, especially single parent families or people on fixed incomes, cannot afford the ongoing maintenance and property taxes on a home. Critical repairs and safety issues can be deferred when a family budget can be stretched no further. In 2012/2013 WCAP provided Home Energy Assistance (HEAP) to 2,233 household and weatherization to 30 households, central heating improvements to 55 households and above ground storage tank remediation to 6 households (WCAP Annual Report, 2013.)

HOMELESSNESS

In the WCAP Head Start/Early Head Start programs, there are an increasing number of families who enroll based on the criteria of being homeless at the time of intake for HS/EHS services. In 2012/2013, 17 children were homeless when enrolled in WCAP HS/EHS and in 2014/2015 that number rose to 19 children or 9% of all the children enrolled. These numbers do not account for the families and children who became homeless during the program year or those who were at risk of homelessness. 10% of enrolled families experienced homelessness during the HS/EHS program year. Another indicator is the number of referrals that were made by the Head Start/Early Head Start program. In 2013/14, WCAP HS/EHS referred 19% of families for emergency assistance with food, clothing or shelter and referred 23% of families for housing assistance, such as subsidies and financial support with utilities or heat (WCAP, PIR, 2014.)

“Housing is a concern. The cost is being driven up and people are being displaced due to the rising cost of rent.”

“I feel that homelessness and inadequate housing are the biggest needs. Homes are falling apart and are unsafe. There are holes in floors and broken septic systems and people who can’t get out all winter. The resources are less and less to fix homes. The cost of rent it terrible. When families lose subsidized housing there is no place to go. Sharing housing and overcrowding contributes to domestic violence.” – Community Survey Interviews, 2015.

When 294 people in Waldo County responded to a survey of community need and were asked to identify the top three biggest needs in Waldo County for a list of 37 choices, 15.7% selected “homeless services/shelters”.

There are no homeless shelters in Waldo County. People must travel almost an hour for shelter. “Teens can receive shelter from community families who will take them in.”

“We referred 2 teens to the Homeless Youth Outreach program, but due to lack of low income housing, after 2 months there has been no movement in finding housing.” – Community Survey Interviews, 2015

In the 2015 WCAP Community Survey Interviews, 65% of those interviewed said homelessness was a major concern. “Homelessness is a constant problem in RSU 3. We fluctuate between 12-18 homeless students we serve each year. Too many for sure and this is only counting those who meet the technical definition of homelessness. This does not count children who are being raised by grandparents or other relatives that are not their parents” (WCAP, 2015.)

Unaffordable housing is a huge concern in Waldo County and leads to homelessness: families sharing homes, people living transiently with one friend/family member then another, and people living in unsafe housing with serious deferred maintenance. It is a difficult aspect of homelessness to measure.

In 2013, across Maine, 7,765 people were provided shelter. “Approximately one-third of the people who were homeless were members of families.” According to the 2012 Point in Time Survey on homelessness in Maine, “the majority (72%) of people [in shelter] had been homeless for seven days to six months prior to the survey” (Maine State Housing Authority, 2013.)

One WCAP HS/EHS Manager stated in a 2014 interview, “Substance abuse, extreme poverty homelessness, divorce, custody, child neglect, incarceration, special needs are all converging and contributing to complex need for children and families....Each year the number for homeless families rises, many are bunking up with other families in overcrowded conditions, but not accessing the shelters, which are far away” (Palmer, 2014.)

Education

HIGH SCHOOL GRADUATION

Waldo County’s high school graduation rate for 2012-2013 was 86.36% and 85.48% in 2013/14. Both Hampden Academy and Mt. View experienced increased graduation rates, but Belfast saw a decline from 2012/13 to 2013/14 (Maine DOE, 2015.)

Waldo County High School Graduation Rates		
	2012/13	2013/14
Belfast Area High School	87.32%	80.58%
Hampden Academy	89.84%	90.11%
Mt View High School	91.51%	92.92%
Searsport High School	78.05%	78.38%
Maine	86.36%	86.48%

“Maine’s high school graduation rate continues to climb with 86.36% of all students who entered the ninth grade in the fall of 2009 earning their diplomas on time in 2013, but State education officials stress that proficiency must be the top priority. That rate is among the top 15 in the nation, which reflects a rise of more than a full percentage point each year since it was at 80.3% in 2009-2010 when the current calculation method was first used....Of Maine’s 133 high schools, 73 improved their four-year graduation rate from 2012 to 2013 and 60 did not” (Maine DOE, 2015.)

The Class of 2013 was the smallest in recent years, down to 12,792 students from 13,042 in 2012, which mirrors declining overall public school enrollment (Maine DOE, 2015.)

POST-SECONDARY EDUCATION

The percentage of people in Waldo County above 25 years of age with a Bachelor’s degree education has increased from 26.4% in the 2008-2012 5-Year Estimates to 28.2% in the 2009-2013 Five-Year Estimates, while the national rate only climbed by 0.6% (U.S. Census, 2015.) However, in stark contrast, the US Census Factfinder, which lists 5-year Estimates from the American Community Survey, reports that in Waldo County, for persons 25 years and over, only 16.3% have a Bachelor’s degree (2008-2012 estimates) and 17.8% (2009-2013 estimates). These lower figures are more in-line with the 294 respondents to WCAP’s 2014 community survey, in which 16.1% indicated that they have a Bachelor’s degree.

In the 2014 WCAP Community Needs Assessment Report, 8% of the population over 16 years of age in Waldo County lack basic literacy skills, as compared to 7% statewide and 22% nationally (U.S. DOE, 2003.)

WCAP’s Head Start and Early Head Start programs report that of the enrolled families in 2013/2014, 7% had a Bachelor’s or advanced degree.

Health and Nutrition

HEALTH INSURANCE AND ACCESS TO CARE

- Only 63.4% of Maine children 0-17 years of age “received care within a medical home” in 2011, a figure higher than the national rate of 54.5% (Maine Children’s Alliance, 2013.)
- The percentage of children in Maine who are enrolled in Maine Care health insurance is declining, particularly in the 0-5 year-old age group. In 2011, 62.9% of children 0-5 years old were enrolled in MaineCare, 63.3% in 2012 and 59.8% in 2013 (Maine Children’s Alliance, 2013.)
- The 2014 County Health Rankings report that 14% of residents in Waldo County are uninsured. In the 2014 WCAP Community Needs Survey, 23% of respondents indicated that at least one person in their household did not have health insurance.

- Maine is a state that did not accept the proposed Medicaid Expansion funds, thereby creating a gap for individuals who make too little to qualify for the subsidy for the Affordable Care Act health insurance and make too much to qualify for MaineCare. Furthermore, these people will be impacted financially by the penalty imposed by the IRS for not enrolling in a health insurance.
- The Maine County Health Rankings Report shows an increase of “live births with low birth weights” from 6.5% in 2012 to 7.8% in 2014 (University of Wisconsin, 2012-2014.)
- There is only one primary care physician for every 1,384 Waldo County residents and one mental health provider for every 669 persons in the county. There is only one dentist for every 3,529 individuals in Waldo County (University of Wisconsin, 2012-2014.)
- The top seven areas that were of the most concern as “currently unmet or ongoing needs” to the respondents of the 2014 WCAP Community Needs Survey were:
 - 48.6% Dental health care
 - 46.6% Heating oil
 - 36.5% Vision healthcare
 - 34.6% Medical healthcare
 - 24.5% Prescriptions
 - 23.6% Food
 - 13.5% Mental healthcare

MENTAL HEALTH

- From the 2014 Community Needs Assessment report by WCAP, *“Mental health was an area of OneMaine’s [2010 State Health Collaborative Health Needs Assessment] where Waldo County acquired the most mention. The county’s results in this area of the assessment displayed high combinations of mental health factors, elevated mental health hospital admissions, and a suicide rate that exceeds the already high state rate. Waldo County also showed high rates of two or more youth risk behaviors and one of the highest rates of hospital admission for depression and suicidal ideation in youth in Maine”* (WCAP, 2014.)
- When asked which “household needs” are “unmet or ongoing needs” 13.5% of the 294 community survey respondents checked “mental health care” and 8.2% checked “counseling” (WCAP, 2014.)

SUBSTANCE ABUSE

From the 2014 WCAP Community Needs Assessment:

“In an August 27, 2014 telephone conversation, Waldo County Sheriff’s Department’s Chief Deputy, Jeff Trafton, described the drug issue in Waldo County as being “huge.” Respondents of the 2014 WCAP Community Needs Survey shared a similar opinion [and one states] “People are being treated with Suboxone to help treat pain killer addiction, but then selling them to buy food

for their kids and then falling off the wagon. Drug addiction is a major issue in our county and it [affects] a lot of people in this area..."

"Jim Pease, the Maine Drug Enforcement Agency (MDEA) Supervisor for Waldo County reported a total of 22 drug trafficking-related arrests having been made by MDEA between January 1, 2014 and August 28, 2014. When asked his opinion on which drugs seemed to be the largest issue in the county, Pease stated "prescription pills" and then went on to name Oxycodone and Hydrocodone in particular."

"A compilation of information reported in the Belfast, Searport, State of Maine, and Waldo County Sheriff's Department police blotters from the last six months (March to August 2014) revealed a total of 974 crimes, 113 of which were drug or alcohol related" (WCAP, 2014.)

According to Maine Health Index 2013, prescription drug use is highest among people 18 to 25 years old.

Respondents to the 2014 WCAP Community Needs Survey chose the following items most often when asked "What do you feel is the biggest problem facing youth (ages 0-17) in Waldo County?"

- 21.3% Lack of adult role models
- 17.8% Alcohol / drug abuse by youth
- 17.4% Lack of opportunities to develop skills needed as adults

Respondents to the question "What do you feel is the biggest problem facing adults in Waldo County?" chose:

- 23.1% Alcohol/drug abuse
- 17.1% Low wages
- 12.4% Unemployment

In the 2015 WCAP HS/EHS Community Survey Interviews, 94% of the respondents said substance abuse is a major concern.

The number of babies born in Maine exposed to or affected by drugs in the womb has increased from 135 in 2004/05 to 835 in 2012/13 (Maine Health Index, 2013.) A Channel 8 TV news report in May 2015 reported that Maine's Attorney General shared that there were 508 drug related deaths in Maine in 2014. Of those, 57 were heroin overdoses, an increase from 23 in 2013 (WMTW, 2015.)

The nearest substance abuse treatment clinic is about one hour away in Bangor or Augusta.

"Alcohol abuse has always been a big issue, as well as pills and prescription drugs. Now there is a shocking level of concern, a shift in a hard direction."

"There is a history of alcohol abuse here and trend now of prescription drugs in all ages 12 years old and up. I am concerned. There is serious use of meth/crystal meth."

"I have seen a huge increase in issues related to under age substance abuse. We are budgeting for a substance abuse counselor this coming year [in RSU3] because of the significant uptick in these issues among our youth."

"It is easy to get and those who want to get off either have no way to get to the clinic or they don't have the support that they need..."

– Community Survey Interviews 2015.

FOOD, NUTRITION AND OBESITY

- The 2014 County Health Rankings reports that the obesity rate in Waldo County has risen to 29%. Furthermore, the rate of people 20 years and older who report “no leisure time physical activity” has risen in Waldo County to 24% in 2014 (University of Wisconsin, 2012-2014.)
- The 2013 Maine Health Index reports that “in 2011, only 21% of Maine’s adults participate in enough aerobic and muscle strengthening exercise to meet the activity levels recommended in national guidelines.”
- The Maine Health Index also reports that one-quarter of kindergarteners and 5th graders were obese.
- WCAP Head Start is working on a collaborative project with the 5210 nutrition program to gain personal commitments from all members of the WCAP Head Start and agency governing bodies to adopt the health behaviors in the 5210 framework (5 fruits or vegetables, less than 2 hours of screen time, 1 hour of activity, and 0 sugary drinks, daily) (Palmer, 2015.)
- Food insecurity relates to access to food stores. In Waldo County, five towns have been identified by the USDA as in a “food desert”, meaning there is no grocery store within a 10 mile radius (WCAP, 2014.) There are 11 food pantries in the county.
- In Waldo County, food security initiatives include collaborations with local farmers market, summer food programs, youth shoveling snow for seniors so they can get out to buy food in the winter, classes on home gardening, and weekly food programs giving food in a backpack.
- Data from Maine DHHS, March 2015 shows that in Waldo County 784 children, ages 0-5 years old, were in families who received SNAP benefits. Maine Children’s Alliance reports that in 2012 in Waldo County, 37.8% of children ages 0-17 years old received SNAP benefits.
- The overall rate for SNAP benefits by family has risen steadily in Waldo County from 13% of families in 2008 to 17% of families in 2012.

ORAL HEALTH

- 45.25% of respondents to the 2014 WCAP Community Needs Survey indicated that they had not received dental care in the past year.
- Only one dental office in Waldo County accepts MaineCare. The Waldo County Dental Care program in Belfast recently opened to help low-income patients. (WCAP Community Needs Assessment, 2014.) All other available dental services for low-income families are out of the county. There is 1 dentist for every 3,574 people in Waldo County.

Employment

UNEMPLOYMENT

The top five types of businesses with the most employees in Waldo County are, in ranked order, finance and insurance, health care and social assistance, retail trade, manufacturing and accommodation and food services (U.S. Census, 2012 County Business Patterns.) Although known for its farmland and working harbors, “agriculture, forestry, fishing and hunting” is the least ranked for number of employees in Waldo County, likely accounting for the fact that many people in these trades are self-employed and not employers.

Major employers are Bank of Maine, Athena Health, Front Street Shipyard, Waldo County Healthcare, Pride Manufacturing, Atlantic Salmon of Maine, Hannafords, Penobscot Crum, Broadreach Family and Community Services, Group Homes Foundation and Robbins Lumber (WCAP Community Needs Assessment, 2012.)

The unemployment rate continues to decline in Waldo County from the high of 11.2% in March 2009 to 6.8% in March 2015 (Maine DOE, 2015.)

The profile of annual average unemployment in Waldo County has changed for the better since 2013, as illustrated in the chart below. The average rate was 7.6% in 2013 and was 6.1 in 2014. Still worse off than the state annual rates of 6.7% in 2013 and 5.7% in 2014, every town except Jackson experienced improvement in the past year.

2014 Annual Average Civilian Labor Force for Maine Cities and Towns Compared to 2013 Unemployment Rates					
<i>Source: Maine Dept. of Labor, Center for Workforce Research and Information</i>					
	2014			2014	2013
	Labor Force	Employment	Unemployment	Unemployment Rate % 2014	Unemployment Rate % 2013
Maine	698,928	659,052	39,876	5.7	6.7
Waldo County					
	Labor Force	Employment	Unemployment		
Waldo County	20,902	19,622	1,280	6.1	7.6
Belfast	3,221	3,019	202	6.3	7.4
Belmont	550	520	30	5.5	7.1
Brooks	563	527	36	6.4	7.6
Burnham	562	520	42	7.5	9.8
Frankfort	602	557	45	7.5	8.7
Freedom	407	387	20	4.9	7.2
Islesboro	308	292	16	5.2	5.6
Jackson	236	218	18	7.6	7.0
Knox	493	464	29	5.9	8.5
Liberty	439	402	37	8.4	9.5
Lincolnville	1,252	1,185	67	5.4	6.5
Monroe	546	513	33	6.0	6.9
Montville	587	557	30	5.1	7.0
Morrill	509	479	30	5.9	6.9
Northport	869	817	52	6.0	7.2
Palermo	836	796	40	4.8	6.0
Prospect	426	404	22	5.2	7.7
Searsmont	758	714	44	5.8	6.8
Searsport	1,324	1,219	105	7.9	8.6
Stockton Springs	866	816	50	5.8	7.3
Swanville	768	714	54	7.0	9.0
Thorndike	481	453	28	5.8	8.0
Troy	482	446	36	7.5	9.8
Unity	1,075	1,015	60	5.6	7.2
Waldo	419	391	28	6.7	8.7
Winterport	2,326	2,199	127	5.5	7.7

Community Perspectives

COMMUNITY SURVEY INTERVIEWS – 2015

In April and May 2015, Consultant Kathy Beauregard facilitated a series of one-on-one interviews with a small cross section of the Waldo County community to gather diverse perspectives and opinions about the unmet needs and the strengths in the county. Though a small sampling of people who are already invested in the success of the Head Start and Early Head Start programs, the trends do point to areas needing attention in the community and reinforce facts gathered through other statistical sources. The WCAP Board of Director, Policy Council and key Head Start/Early Head Start Management staff were recruited to participate. Seventeen individuals participated, about 50%.

Interviews were conducted by phone or email and all interviews were recorded anonymously. A set of consistent questions were offered to each participant. The questions were designed to primarily focus on the community needs of families with young children. Question #2 was designed to assess if trends currently being experienced by the Head Start staff were shared concerns by a sample of people from the community. After transcribing the interviews, the interviewer charted themes to illustrate common perspectives. The chart is included below. The complete set of transcribed interviews is available in the appendices of this report.

Community Survey Interview Questions

What is your occupation?

1. For what one type of service in Waldo County do you see the largest gap between need and resources to meet those needs? Please explain.
2. Over the past few years in Waldo County, have you seen a change in the community in regards to any of the following (please explain):
 - a. The number of families who do not speak English,
 - b. The amount and severity of substance abuse and/or dependency,
 - c. The number of children being placed in kinship or foster care,
 - d. Families with children who are homeless, and/or
 - e. The crime rate and severity of crime?
3. What are the community strengths in Waldo County; how do community problems get solved?
4. How do you think community resources should be invested in Waldo County to have the maximum positive impact for families with young children?

Seventeen people were interviewed: Head Start parents and grandparent, school nurse, people who have recently moved to the county and people who have been here for decades, farmer, hospital employees, Head Start managers, school superintendent, former legislator, public school teachers, food

program staff, community health educator, early childhood educator, CDS employees, former minister, former Dept. of Labor employee, Maine Families employee, and school Guidance Counselor.

Themes emerged in the analysis of the interviewees comments and are charted below. The concerns mentioned the most often were, in order: substance use/abuse, homelessness, crime, and trauma/mental health/extreme child behaviors. Although not a major concern, the interviewees did substantiate that there is a small trend in the increase of dual language learners in the county and that there is a concern about the rising rate of children in foster, kinship or grandparent care.

Strengths in the community were consistent with what was expressed in the 2014 Comprehensive HS/EHS Community Assessment: neighbors helping neighbors was a key strength, as well as a spirit of collaboration and a citizenry of active, engaged people. However, interviewees also shared that there is less involvement in agency to agency collaboration or policy level action and more involvement in assistance that has a direct impact on people, such as donated food or clothing.

How many of the 17 interviewees expressed an increase in Waldo County in the past few years in any of these areas?

- Dual Language Learners - 41% saw an increase
- Substance Use, Abuse – 94%
- Foster, Kinship, Grandparent Custody – 41%
- Homelessness – 65%
- Crime, Domestic Violence – 47%

In addition to substance use/abuse and homelessness as being the most critical concerns, other issue that emerged from the interviewees as a dramatic and critical issue was the trauma being experienced by children and the impact this has on their mental health, as well as the extreme behaviors that manifest from trauma and the stress that this places on educators.

- Trauma, Mental Health, Extreme Behaviors – 41% of interviewees mentioned this concern
- Overwhelmed Services and Staff – 35%
- Funding for Education – 35%
- Poverty, Livable Wage – 35%
- Transportation – 35%
- Political Priorities, Engagement – 35%
- Education Quality – 29%
- Youth, Teens at Risk – 29%
- Job Training, Skills, Aspirations – 29%
- Housing Cost, Instability, Safety – 29%
- Rural Outreach, Rural Networks – 24%
- Agency Collaborations – 18%
- Food Insecurity – 18%

Strengths in the community, as expressed by the interviewees, can be categorized as follows:

Neighbors Helping Neighbors – 59% mentioned this

Networks of Active Citizens – 52%

Collaboration – 35%

Farming and Local Food - 29%

Networks of Service Providers – 24%

Community Leadership – 18%

Dedicated Teachers – 18%

Optimism – 18%

The Restorative Justice Program – 12%

Waldo County Community Survey Interviews, May 2015																	
17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	Interviewee
		x				x	x						x			x	Education - Quality
x						x	x						x		x	x	Education - Funding
x	x					x		x					x				Youth / Teens at Risk
x	x						x					x	x				Job Training / Skills / Aspirations
x	x					x			x			x				x	Poverty / Livable Wage
		x				x		x	x		x		x				Full Day Child Care
x					x			x	x	x		x	x				Kinship / Foster Care / Grandparents
	x	x			x			x		x		x		x			Dual Language Learners
	x		x												x	x	Rural Outreach / Rural Networks
						x		x	x	x	x	x				x	Trauma/Mental Health/Extreme Behaviors
	x					x		x	x		x	x					Overwhelmed Services and Staff
x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	Substance Use/Abuse
x									x						x		Agency Collaboration
x										x		x					Food Insecurity
x	x				x	x		x	x	x	x	x	x	x			Homelessness
	x									x		x		x	x		Housing Cost / Instability
										x							Housing - Unsafe Conditions
x					x			x		x	x	x		x	x		Crime / Domestic Violence
x			x			x		x						x		x	Transportation
x		x					x							x		x	Political Priorities / Engagement
	x				x			x		x							Networks - Service Providers
	x				x	x		x		x			x	x	x	x	Networks - Active Citizens
	x	x	x		x	x		x	x				x	x		x	Neighbors Helping Neighbors
		x	x			x		x		x							Farming / Local Food
	x				x			x		x		x		x			Collaboration
							x						x		x		Community Leadership
								x			x						Restorative Justice Program
								x			x	x					Dedicated Teachers
		x											x		x		Optimism

Waldo County Community Survey Interviews, May 2015

Strengths Identified

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Appendix A

2015 Community Survey Interviews – Transcribed Interviews

#1 - Q1	#1-Q2a	#1 - Q2b	#1 - Q3	#1 - Q4
Largest gap between need and resources	Changes in county in few years re: dual language learners, substance abuse	Changes in county in few years re: foster care, homelessness, crime.	Community strengths; how community solves problems.	Invest local resources to impact families with young children
Education. This is a poverty county and kid's education and opportunities are way behind. Kids' potential is not being realized and they are not prepared for the modern world. Schools are underequipped and underfunded. It's a social and citizen responsibility to make this better.		I can only speak to substance abuse and how it lessens the ability of parents to be good parents. I hear it is increasing.	I think there are several groups of people that are important. Networks of extended families which spans economic factors; "back to the land" people who came in the 1970's with money and now are senior property owners and are influential; and people "from away" who came to the coastal area to work or retire and are usually more affluent and not as aware of poverty, but they add prosperity to the county. There are differences in their education and interests.	What are the community resources? This takes me to the state and federal resources. I don't see the resources being wasted or worthless things being done. The political energies could be better directed to get at priorities. Most legislators are not helpful; their priorities are not about social services now. Proposed changes to the property tax system will make it impossible for towns.
Schools are not prepared for the more advanced kids, so when the affluent people move into the area, they send their kids out of the area for schooling, because private schools are not accessible locally.				

<p>Kids come from language (education) impoverished homes with multiple stressors. There is an huge increase in the number of children coming to elementary schools out of control.</p>				
#2 - Q1	#2-Q2a	#2 - Q2b	#2 - Q3	#2-Q4
<p>Largest gap between need and resources</p>	<p>Changes in county in few years re: dual language learners, substance abuse</p>	<p>Changes in county in few years re: foster care, homelessness, crime.</p>	<p>Community strengths; how community solves problems.</p>	<p>Invest local resources to impact families with young children</p>
<p>I wish the governor had been willing to extend Medicaid. Health services are not available to all people. Health problems and the cost are the biggest reasons why people lose their jobs. We won't get the impact we could have from Affordable Care Act without the Medicaid expansion. I would like the Head Start staff to become more knowledgeable about Affordable Care Act.</p>	<p>There is a marked increase in substance abuse. I think everyone participating in the Restorative Justice program was there because of drugs. The nearest methadone clinic is in Bangor, one hour away.</p>	<p>Crime is high on the list. I don't see homelessness, but maybe it is out of view. Belfast in gentrified, so people have to move out due to high housing costs.</p>	<p>There is not a lot of discord, it's nonpartisan. Locally, you don't get elected as a Democrat or Republican. The biggest divide is between old-timers and new-comers. There is a general feeling among people who grew up here, an undercurrent, such as the debate over "big box" stores. Newcomers didn't want the place to look like the places they came from. Old timers saw it as a ticket to progress for the area. But now, there is action for poverty, there is unanimity.</p>	<p>Invest in education. If local property tax has to be used for education it will be a regressive tax that doesn't account for low income citizens who own property. The state is not showing interest in increasing funding in education. The consolidation of schools has been happening but now there is talk about separating, due to wage disparities for teachers and a strong desire for local control.</p>
<p>Housing is a concern. The cost is being driven up and people are being displaced due to the rising cost of rent.</p>			<p>There is the state level debate over the income tax and property tax changes that will affect us locally. The community is feeling that local government operates efficiently and with good sense. The community agrees on the economic and cultural strategies. There is a statewide "Belfast buzz" that we are doing well,</p>	<p>Mt View HS and Thorndike area are spread out rural areas. Those school systems are using more online and virtual classrooms. Would there be an advantage of the use of technology in Head Start to reach very rural areas?</p>

			there is optimism.	
Transportation is such an issue in this rural area.				
#3 - Q1	#3-Q2a	#3 - Q2b	#3 - Q3	#3-Q4
Largest gap between need and resources	Changes in county in few years re: dual language learners, substance abuse	Changes in county in few years re: foster care, homelessness, crime.	Community strengths; how community solves problems.	Invest local resources to impact families with young children
There is a big gap for the high cost of heating and utilities. I saw many people this winter using space heaters to keep warm and this resulted in huge utility bills. Mobile homes and homes in disrepair are difficult and expensive to heat.	Our program has been connected to Spanish speaking migrant workers for years. And one Chinese family currently. Head Start needs to reach out and find these folks - they are here.	The level of foster care is about the same. DHHS doesn't always open a case because of substance abuse alone.	There have been initiatives such as Building Communities for Children and the Poverty Initiative. It feels like people who are paid to work get excited about initiatives, but sustaining it to a goal is much harder. Maybe volunteers are more committed than paid people.	People get involved in practical things, like meeting the need for food and clothing. But people are isolated in very tiny towns. If there was a way to create a community among people; to connect people with their community, the people who aren't paid to be with them, that might make a difference. Instead people are trying to solve problems on their own. What skills do people need to access these networks?
There is a huge need for more subsidized housing. Very few people are able to access subsidized housing.	Alcohol abuse has always been a big issue, as well as pills and prescriptions drugs. Now there is a shocking level of concern, a shift in a hard direction.	There is a large increase of families moving from place to place.	We have increased transportation supports and we now have a dental clinic.	
		I am reading that there is an increase in crime, but there may be more of an increase in domestic violence.		

#4-Q1	#4-Q2a	#4-Q2b	#4-Q3	#4 - Q4
Largest gap between need and resources	Changes in county in few years re: dual language learners, substance abuse	Changes in county in few years re: foster care, homelessness, crime.	Community strengths; how community solves problems.	Invest local resources to impact families with young children
Affordable child care is the biggest need. Families cannot make ends meet. Head Start could fill this gap for full day child care. Families resist using child care due to notions of low quality. There are many hoops families must jump through to obtain a cc voucher and there is a waiting list for voucher. (check this fact)	A colleague is working with a Chinese family.	Yes, there are more children in kinship/foster care.	Small, local communities are a strength. A film on drug addiction was screened in town recently and the room was packed. There are activists in Belfast who want to help. People show up at the ground level. People go to forums and meetings. People also get disengaged at the policy level (like school board meetings.)	Education for parents is important. We need to assure parents can read and write and are able to instill aspirations for their children. We need to assure youth (future parents) are educated and gleaned for skills and careers. We need to help them to become literate and to set goals. We need to have better interactions at the middle school level and to fund guidance counseling at the high school level.
Lack of transportation also impacts children 0-4 years old. We have the van program, but we need more general transportation. Kids don't get to school if they miss the bus.	There is a history of alcohol abuse here and a trend now of prescription drugs in all ages 12 years old and up. I am concerned. There is a serious use of meth/crystal meth.	There are more youth who are homeless by choice to support their own mental health.	We have good community leaders who have been involved for decades; we need to build capacity to fill their shoes.	There is optimism in the Belfast area. When it comes from community it means so much more.
We could improve the education system. There are new people in leadership positions and there are consolidation uncertainties.		There is relatively low crime here. It only takes one incident to make us feel unsafe. We have lots of school lock outs and safety precautions.		

#5-Q1	#5-Q2a	#5-Q2b	#5-Q3	#5 - Q4
Largest gap between need and resources	Changes in county in few years re: dual language learners, substance abuse	Changes in county in few years re: foster care, homelessness, crime.	Community strengths; how community solves problems.	Invest local resources to impact families with young children
Drug related problems are exploding. We are seeing more homelessness. In general, there are more intense need in the classroom and a combination of multiple needs. Teachers are in stress due to their own poverty-related needs (economic and emotional wellness). We now need more people in the classrooms as coaches and more mental health consultations directly supporting staff in the classroom. People are doing good work, we need to support the teachers.	Last year we had no DLL families, this year we have 8: Tibetan, Spanish, Polish.	We are seeing an increase in kinship care.	The Head Start Health Advisory Committee pulls people together to come up with new solutions. We have a partnership with the hospital, which is great, like the summer food program. There is community spirit.	There is a shortage of affordable housing. People are sharing housing.
	There is an influx of heroin.	Yes, there is an increase in homelessness.		It is hard to find staff who meet the qualifications to work in Head Start public school partnerships.
		Yes, we are serving more families in which someone is incarcerated.		
		Changes in schools/redistricting affects our relationships with superintendents and our programming.		

#6-Q1	#6-Q2a	#6-Q2b	#6-Q3	#6-Q4
Largest gap between need and resources	Changes in county in few years re: dual language learners, substance abuse	Changes in county in few years re: foster care, homelessness, crime.	Community strengths; how community solves problems.	Invest local resources to impact families with young children
The largest gap is for the homeless. There is no shelter in the county, so resources to meet the need are limited. Families are living with other families, couch surfing and living in cars and tents.	I don't see a significant trend in DLL, the need is occasional.	We get referrals for children in foster care, but not sure if there is an increase. We see the impact of trauma on children.	The Restorative Justice program is a nice highlight for our county. At the school level (elementary and up) students develop social, self-regulation and conflict resolution skills.	We need more resources for families in trauma: training on self-care and professional development and ongoing support. We need to look at behaviors from the perspective of trauma and understand the "trauma model" of intervention.
	There is significant substance abuse, but I don't know if it has increased. Children are affected prenatally. People are in cycles of recovery and relapse. CDS workers are seeing substance abuse affected children and families.	Yes, there is a large gap for the homeless.	Preschool programs and choices are strong in the community. PreK is increasingly universal. There is Head Start, Public PreK, Montessorri and Waldo YMCA.	There is high turnover in early childhood programs; we need to figure out how to keep teachers. We have wonderful folk working in ECE; what can we do to keep them in the field?
		Domestic violence is a constant issue. What [crime is] in the newspaper is different than what is happening in the homes. Domestic violence is not as public.	Statewide, with increasing behavioral challenges, it's difficult to place children in full day child care if they need full day supports in the classroom unless there is a section 28 diagnosis.	
			Teachers care deeply about children and families and are often a resource for CDS to reach families, due to the trust that families have with Head Start staff.	

#7-Q1	#7-Q2a	#7-Q2b	#7-Q3	#7-Q4
Largest gap between need and resources	Changes in county in few years re: dual language learners, substance abuse	Changes in county in few years re: foster care, homelessness, crime.	Community strengths; how community solves problems.	Invest local resources to impact families with young children
My opinion has changed in the past year. I feel that homelessness and inadequate housing are the biggest needs. Homes are falling apart and are unsafe, there are holes in floors and broken septic systems and people who can't get out all winter. The resources are less and less to fix homes. The cost of rent is terrible. When families lose subsidized housing there is no place to go. Sharing housing and overcrowding contributes to domestic violence.	On the farms, there is an increase in DLL, but not an increase elsewhere.	There are not enough foster homes, children are being placed 2 counties away, so how can reunification ever happen?	More people are paying attention to the environment. People are working together. We interact among the agencies. We have an active hospital with good programs. New programs with the farmers market and SNAP are a win-win. We work together as a team. We do not compete. We share resources and invite others and try to make all of our resources work for families.	We need a shelter and safe healthy housing.
There are homes with unsafe well water, like arsenic, radon and uranium in the well water. The state doesn't help.	Substance abuse is increasing; it is sad.	Crime and substance abuse intersect. Incarceration has an impact on the whole family. There is trauma and so many adverse experiences for young children: drugs, jail, homeless, not enough food, low quality food.	CDS, parents and law enforcement worked together on how to help children with autism whom are lost.	We need more food security. This is a priority. More middle class families are struggling. Too much money goes to housing and leaves little for food, etc. How could Head Start's selection criteria for over income families address the needs families who are food insecure?
		Food cupboards are not open when families can get there; working parents have it the worst.	RSU 3 has a summer food program for any age child.	

#8-Q1	#8-Q2a	#8-Q2b	#8-Q3	#8-Q4
Largest gap between need and resources	Changes in county in few years re: dual language learners, substance abuse	Changes in county in few years re: foster care, homelessness, crime.	Community strengths; how community solves problems.	Invest local resources to impact families with young children
There is a need for staff with the training to work with children with special needs. A degree in psychology and counseling is really needed. Children born addicted to drugs have different needs than children with behavioral problems. We are losing a lot of long-term staff and educators. However, we are seeing a push to add social/emotional aspects to the college curriculum. We also need more training for parents.		There are two items that stick out. A third of children are being raised by their grandparents, aunts and uncles. We are seeing a dramatic increase in the numbers of young children in foster care who are 2.5 to 11 years old.	Strengths are also areas of concern. We have a lot of resources, but there is not as much collaboration as I'd like to see. We could pool resources and not compete. Three years ago Waldo County missed an opportunity to do a true collaboration with a big grant.	We need collaboration - a focus on community needs and not agency needs.
More full day child care services are needed; a child's day can be very fragmented.		I had the first homeless child in my program this year; area agencies stepped in to help.	At the immediate small scale level (like donating a prom dress) people get involved. I'm impressed with the personal resources people share at the local level.	
		There are a large percentage of families who are single parents. There is extreme poverty.		We need more understanding of what children are going through. Children live different lives and "they" need to lay off with the academics. These children need to sit on someone's lap.

#9-Q1	#9-Q2a	#9-Q2b	#9-Q3	#9-Q4
Largest gap between need and resources	Changes in county in few years re: dual language learners, substance abuse	Changes in county in few years re: foster care, homelessness, crime.	Community strengths; how community solves problems.	Invest local resources to impact families with young children
Transportation is the biggest need. People cannot get to jobs, there is not enough money to fix their cars and there is no public transportation. WCAP cannot help outside of the Belfast area with public transportation. Without transportation, people cannot get to jobs, child care and healthcare.	There is an increase in dual language learners in the Head Start program, they are using interpreters for the first time for Spanish, Portuguese, Middle Eastern languages. There is a DLL literacy program at BroadReach.	There is an increase in the number of grandparents caring for children often due to substance abuse and births to drug affected mothers.	We don't publish our success stories. We need to share more about what is great. Regarding food security, we have a food hub. Maine Farmland Trust had a grant to work with the farmers markets. Head Start is bringing families to the farmers market during socialization day. Of all the counties in the nation, Waldo County is 8th in the most farms.	Head Start should be full day so families can work and children can be in a quality setting longer. We need to increase the hours of care for children. Behaviors in children are increasing; these are challenging for staff. We need a lower ratio in classroom. Head Start has an incredible impact, we need to start early with children. I have seen improved nutrition programs for Head Start children and lower numbers of HS children who are obese.
	There is a dramatic increase in substance abuse and crime rate is linked, ie: stealing prescriptions. We need to step up education. Treatment is the solution. We have the Restorative Justice program where first time drug offenders do community service, such as grow food for the pantries. The methadone clinic is in Bangor and Augusta. Transportation through WCAP can be challenging due to the behaviors of the clients during transport.	There is an increase in homelessness and we have no shelter. At the alternative school in Belfast, teens can receive shelter with families who will take them in.	There are classes on gardening, 11 food pantries, a senior farm-share program that delivers fresh food and a student program the helps shovel seniors out in the winter so they can get out to buy food. There is a weekly backpack program with RSU 3 and Good Shepard and the food pantry.	Head Start has a very good staff, dedicated and educated.

#10-Q1	#10-Q2a	#10-Q2b	#10-Q3	#10-Q4
Largest gap between need and resources	Changes in county in few years re: dual language learners, substance abuse	Changes in county in few years re: foster care, homelessness, crime.	Community strengths; how community solves problems.	Invest local resources to impact families with young children
There should be changes to the substance abuse treatment system. It is not what it should be. Long term treatment would be more beneficial. Instead we are looking for quick fixes and the least expensive fix.	When I came to Waldo County I was shocked by the beliefs in the county, the apathy. The people "from away" are the wealthy and are not involved in community. The "natives" are involved but keep things behind and resist growth and change. Issues like substance abuse, etc. are ignored. Schools don't have success in bringing students together to discuss substance abuse. Alcohol abuse is accepted as a norm.		People / leaders like Keith Small who look at the real issues and engage the forward-thinking people and spend time to make things better. We need to turn the spotlight on the people who are pushing the envelope and looking towards the future.	Education needs to be valued at the federal and state level and needs to be funded. We need to build life-long learners. Increased belief in Head Start. Increased belief in early brain development. Increased value of education. How do we get buy-in at the societal level to build aspirations in the youngest of years?
Head Start and PATT work to educate parents and start with children at an early age. Training for parents is critical. Our systems don't value or respect these early programs. Children need education. You cannot avoid the early years from birth. I don't think there is enough public support for this. People don't believe in early intervention. Head Start makes a difference.			The welfare system has been stuck in the mud for years. People are accustomed to this system. How do we change people's aspirations?	We need to get better buy-in to change the community to make it more survivable.

#11-Q1	#11-Q2a	#11-Q2b	#11-Q3	#11-Q4
Largest gap between need and resources	Changes in county in few years re: dual language learners, substance abuse	Changes in county in few years re: foster care, homelessness, crime.	Community strengths; how community solves problems.	Invest local resources to impact families with young children
I can think of two biggies. The first is in the area of mental health services. We have a large and seemingly growing population of children and families experiencing mental health issues and to be honest, we seem not to have the resources necessary to meet their growing needs. The school system has many specialized programs, but even these programs seem not to be able to meet the more specialized and complex needs of children who are experiencing extreme emotional disturbances. We need more options for day programs that we can transport students to for services or partnerships with agencies that can provide these services on site within our schools.	I have not seen a significant change in the [DLL] population either up or down.	I have not seen this issue [foster/kinship care] increase or decrease. It is roughly the same, which still isn't good because unfortunately, this occurs all too often in our district. Much of the time, issues causing this need relate to either mental health issues or drug/alcohol use and abuse.	Strengths are that it is a rural county, small blue collar families are the norm. People know one another and support one another for the most part. We also have excellent resources in terms of our environment, with agriculture being a huge draw for new families moving into the area.	Early childhood education should be a huge investment. I would make sure that every community has access to full day, 5 day per week programs for children ages 3-5 and then other supporting programs for children and families ages 0-3 that are aligned to the public school system.

<p>The second issue is transportation. Waldo County is a rural county and with the high poverty that we have here in RSU 3 (70%), getting from one place to another for whatever reason can be very large challenge. As a school system we can only do so much. We need more help.</p>	<p>I have seen a huge increase in issues related to under age substance abuse. We have to budget for a substance abuse counselor this coming year [in RSU3] because of the significant uptick in these issues among our youth.</p>	<p>Homelessness is a constant problem in RSU 3. We fluctuate between 12-18 homeless students we serve each year. Too many for sure and this is only counting those who meet the technical definition for homeless. This does not count children who are being raised by grandparents or other relatives that are not their parents.</p>	<p>There aren't a lot of resources, so people tend to have a 'do it yourself' mentality to solving problems. This can be really good, and it can be not so good. We do have strong, good people here who are willing to do what need to be done to help children in our area. The will is there, unfortunately, sometimes the resources and funding to support them is not.</p>	
		<p>I am not sure I can intelligently answer [the question about crime]. I will tell you that we have a school resource officer and this position is a full time position and he is very busy. At school, increased rates of alcohol/drug use and abuse and harassment/bullying have been the things that keep him most busy. But he also deals with students who are in crisis due to suicidal ideations and other significant issues. This isn't necessarily crime per say, but law enforcement officials are often called in to assist.</p>		

#12-Q1	#12-Q2a	#12-Q2b	#12-Q3	#12-Q4
Largest gap between need and resources	Changes in county in few years re: dual language learners, substance abuse	Changes in county in few years re: foster care, homelessness, crime.	Community strengths; how community solves problems.	Invest local resources to impact families with young children
Homelessness. We have to reach out to other communities to support clients with any resources at all. Often times, the need to relocate is more than the family in need can comprehend.	Yes, more applicants for Head Start who are either non-English or little English speaking.	We have noticed a greater amount of people signing up for our program who are not the biological parents and do not have legal guardianship.	WCAP's many programs collaborate with larger programs in order to exist and remain in the area. [There is] a sense of community spirit to grow out of poverty, offering resources which teach versus hand out.	Continue to be a true collaborative community. [We need] support locally for homelessness.
	More families are coming forward with the information [about substance abuse] and needing support.	Yes, more homelessness.	I have witnessed community groups coming together and putting all that they can on the table to support a greater need, efforts are put forth on a voluntary basis often times.	
		Crime rates have risen with substance abuse and dependency on the rise.		
#13-Q1	#13-Q2a	#13-Q2b	#13-Q3	#13-Q4
Largest gap between need and resources	Changes in county in few years re: dual language learners, substance abuse	Changes in county in few years re: foster care, homelessness, crime.	Community strengths; how community solves problems.	Invest local resources to impact families with young children
There are a lot of gaps in Waldo County. I don't think that one is larger than the other.	Substance abuse is a big problem in Waldo County. It is easy to get and those who want to get off either have no way to get to a clinic or they don't have the support that they need or the money to get to and from.		I am not sure about this question.	I am not sure without doing more research on that question.
#14-Q1	#14-Q2a	#14-Q2b	#14-Q3	#14-Q4
Largest gap between need and resources	Changes in county in few years re: dual language learners, substance abuse	Changes in county in few years re: foster care, homelessness, crime.	Community strengths; how community solves problems.	Invest local resources to impact families with young children
Transportation, especially as people get older.	I have heard through WCAP there is an increase [in DLL] but I have not seen this.	I have not heard about foster care increases.	There is a lot of farming. When you know how your local food is grown, it is great.	We should get the word out about the options and services that are available.

	I have not seen substance abuse at all.	I know of one adult who has to live with another family.	There is a sense of community. There are options for people to solve problems, like transportation, Head Start, etc.	
		I don't see any crime here.	Coming from a populated area, it's a breath of fresh air here. People will stop to help you.	
#15-Q1	#15-Q2a	#15-Q2b	#15-Q3	#15-Q4
Largest gap between need and resources	Changes in county in few years re: dual language learners, substance abuse	Changes in county in few years re: foster care, homelessness, crime.	Community strengths; how community solves problems.	Invest local resources to impact families with young children
Child care for families with middle range income. WCAP has a 6 hour/day Early Head Start program collaboration with BroadReach for only 8 children. We have mostly part time programs. Families meet their child care needs using family and neighbors to watch their kids or are cared for by grandparents.	Yes, we need a translator/interpreter now for Spanish language.	I haven't noticed increases in foster care.	People come together around smaller scale family issues, like house fires. There are farmers markets, concerts, events, great connections that pull in outside people.	We need increased child care and increased hours and days and quality of child care. We should connect ECE to public education.
	Substance abuse is an issue. It is definitely consistent and ongoing.	I haven't noticed increases in homelessness.	The local farm and food is exciting and a good community connection.	We need to pull in municipal government.
		There are more drug busts, but not increases in crime.	There are increased business and work opportunities that are drawing people to Belfast. This is the right direction.	We need to highlight all the work that little organizations are doing. We are all doing more.

#16-Q1	#16-Q2a	#16-Q2b	#16-Q3	#16-Q4
Largest gap between need and resources	Changes in county in few years re: dual language learners, substance abuse	Changes in county in few years re: foster care, homelessness, crime.	Community strengths; how community solves problems.	Invest local resources to impact families with young children
I see the largest gap in a living wage. The lack of adequate earnings creates a level of poverty that affects a large percentage of our students. We have 58% of our population who qualify for free/reduced meals. This is with many of our families with single parents or with dual employment, but still not making a wage that will support the family.	As a school nurse, I am sure I see a snapshot of the health of the community. We are beginning to see some diversity in the population, but still only minimally. I work with some Asian families, working with the ESL teacher to assist with maneuvering through the healthcare/Maine Care process.	We currently have two students who are homeless out of a population of 376. Both have been referred to the Homeless Youth Outreach Program, but due to lack of low income housing, after 2 months there has been no movement in finding housing. We also have a relationship with a local church which provides us with backpacks for students who find themselves homeless. Again, there is a system in place, the challenge is sharing the communication and being able to meet the demand.	I think because we have always been considered a "poor" county, people reach out to help each other, to share what they have. There is someone who attempts to fill a void if made aware of the need. Many of the people who respond to those needs sit on many boards, committees or job related entities, so the information is shared freely on what the need may be. The cooperation among those groups has always worked well in my opinion. The well-being of the community is looked at with many different views. I use WCAP as my main resource for information on who to access if I have a need.	Head Start is a great model for care of kids. If all students could receive the level of assessment and interventions we would be raising healthier kids.

<p>The other aspect of the lack of economic resource is the decrease in time and energy that the parents have to devote to raising the children. The lack of consistent stable homes we are seeing an increase in school anxiety cases, truancy and what is reported as 23% of students being diagnosed with a mental health diagnosis. There is an extensive safety network in our community: mental health providers, Restorative Justice, law enforcement, Waldo County General Hospital. The network is in place, but it is frequently overwhelmed with the increasing need - financial, mental health, family structures.</p>	<p>In regards to substance use/abuse again, we are a reflection of the greater community. Many of our students have open use of substances in their homes. When I talk with the students about substance use I need to be careful not to sound judgmental as it reflects on many of the families choices and will shut down on sharing their stories.</p>			<p>The economic vitality needs to be shared across all of our families if we are going to see a change in the community. The aspirations for our students, but also the adults needs to be raised if we are ever going to stop seeing and feeling that we are a poor area to live in.</p>
#17-Q1	#17-Q2a	#17-Q2b	#17-Q3	#17-Q4
<p>Largest gap between need and resources</p>	<p>Changes in county in few years re: dual language learners, substance abuse</p>	<p>Changes in county in few years re: foster care, homelessness, crime.</p>	<p>Community strengths; how community solves problems.</p>	<p>Invest local resources to impact families with young children</p>
<p>I feel that the age group which is under represented in community funding is de facto and de jure emancipated teenagers. There are a number of 15-17 years old community members who are self-supporting and/or supporting other family members.</p>	<p>I do not see any change in the percentage of non-English speakers.</p>	<p>I believe that more children are in the custodial care of those other than their biological parents. I see more children in shifting family functioning relationships as their parents shift into and out of partner relationships.</p>	<p>It would be nice to talk about solutions and there are some beneficial outcomes. However, we are dealing mostly with management. We are not taming the tiger, but keeping him in the corner.</p>	<p>You must have well financed and accountable educational facilities focusing on sustainable job training. This would not only include job skills and knowledge but a clear understanding of work and business ethics.</p>

	I have seen an increase in youth alcohol and substance dependency and at younger ages. I also feel that more adults are abusing and at a higher level of consumption and potency of product.	I see an increase in both food and shelter insecurity.		You must have welfare to work programs that help those in transition not to lose social benefits because they now have even a part time job.
		I believe the crime rate and severity are increasing as a direct consequence of substance abuse.		You have to have a workable public transportation system for those going to work or school.
				You must have coordinated public and private non-profits sharing their resources without duplication or contradiction of one another.
				You need to have people be willing to move their rear ends more than their mouths.