# 1. Table of Contents

2. Executive Summary ................................................................. 2
3. Board Authorization .............................................................. 4
4. Agency Description .................................................................. 5
5. Mission Statement .................................................................. 6
6. Vision Statement .................................................................... 6
7. Community Profile .................................................................. 7
8. Community and Internal Assessment Process ......................... 22
9. Key Findings: Community Assessment ................................... 25
10. Key Findings: Internal Assessment ......................................... 44
11. Strategic Three Year Goals ..................................................... 50
12. Plan Monitoring and Reporting .............................................. 70
Bibliography ............................................................................. 71
Appendix 1: Community Needs Survey Instrument ..................... 73
Appendix 2: Community Organizations Survey Instrument ........ 79
Appendix 3: Staff Survey Instrument ........................................... 82
Appendix 4: Board Survey Instrument ........................................ 86
Appendix 5: Focus Group Questions ............................................ 89
Appendix 6: Respondents to Community Organizations Survey by Sector........ 90
2. Executive Summary

The FY 2018-2020 Community Assessment Report & Strategic Plan (CARSP) for the South Middlesex Opportunity Council (SMOC) describes the needs of the communities we serve and the various strategies we plan to employ to deliver the required services over the next three years. As a Community Action Agency, SMOC is mandated by the Community Service Block Grant (CSBG) Act to conduct a comprehensive needs assessment every three years and develop a responsive strategic plan to deliver services. A diverse group of stakeholders was engaged in the process to ensure that all the relevant voices were heard and their input included in the strategic plan. To that end, we conducted a series of surveys with clients, community organizations, SMOC staff and Board of Directors, interviews with key stakeholders and focus groups with participants from a number of our programs.

A Planning Committee comprised of senior management and a board member was created to provide oversight and guidance for the process. A Needs Assessment Sub-Committee was also created to work on the various survey tools. Members were drawn from the key divisions of the agency. Both committees met on a monthly basis and offered constructive criticism, guidance and direction on the process and work at hand.

For the community needs assessment, input was sought through surveys of clients and community partners, interviews with key stakeholders, as well as through a series of focus groups with program participants. SMOC staff and Board were surveyed for the internal needs assessment, staff was also asked to identify additional programs and services they felt are needed for the communities we serve.

Various needs were identified at the three levels of Individual/Family, Agency and Community through the variety of data collection and analysis methods that we employed. Given the complexity of the causes and conditions of poverty, we observed multiple overlaps in needs at the three levels of Individual/Family, Agency and Community. It is noteworthy to mention that these needs are similar to those that have surfaced in previous community needs assessments. To summarize, the key needs are detailed below:

- Affordable Housing
- Childcare
- Transportation
- Job Training/Financial Services
- Food Security
- Substance Abuse/Mental Health Services
- ESL/Immigration Services.

Agency needs identified through the Board and Staff surveys included capacity building through Board and staff training, resource development, outreach and advocacy, and provision of increased programming and services to meet the emerging needs of the growing immigrant population and disabled people, in particular.
The three year Strategic Plan and specific objectives were developed as a direct response to the needs identified in the needs assessment. The Plan provides a clear roadmap for the next three years but will be reviewed and evaluated on an annual basis as it is operationalized. Given the uncertainties of the future, ongoing review and evaluation are critical if we are to remain on track to achieve our outcomes.

Although many challenges abound, we are optimistic for the future and the myriad opportunities ahead to continue to meet our mission. SMOC has an impressive track record in the Commonwealth and we will continue to seek out new partnerships and resources in the years ahead to ensure we are successful in the fight against poverty in the communities we serve.

Bruce Hulme – Board President

Jim Cuddy – Executive Director

June 27, 2017
3. Board Authorization

The Board of Directors of the South Middlesex Opportunity Council reviewed and adopted the 2018-2020 Community Assessment & Strategic Plan at the Board meeting held on June 27, 2017 in Framingham, MA.

Bruce Hulme – Board President

Date: June 27, 2017
4. Agency Description

Founded in 1965 in Framingham, MA, SMOC is a nonprofit corporation with a 501 (C)(3) federal tax designation; a federally designated Community Action Agency (CAA) for the MetroWest and Blackstone Valley regions and, a certified Ch.40H statewide Community Development Corporation (CDC).

SMOC’s mission is to improve the quality of life of low-income and disadvantaged individuals and families by advocating for their needs and rights; providing services; educating the community; building a community of support; participating in coalitions with other advocates and searching for new resources and community development partnerships. Central to our mission is working with individuals and families to maximize self-sufficiency and economic independence, especially for the most vulnerable in our society including those with disabilities and the homeless.

To achieve its goals, SMOC administers over 60 major programs targeted to low-income individuals and families to assist them in their efforts to become self-sufficient and economically independent. These programs include emergency, program enriched and low-income housing, Head Start and Child Care, Fuel Assistance, HEARTWAP, First-time Home Buyer, Rental Assistance, Individual and Family Shelter and Housing, High School Equivalency Diploma (HiSET) (Formerly GED), English as a Second Language (ESL), Workforce Development, Microloan Fund, WIC nutrition services, Behavioral Health, Substance Abuse Treatment, and Domestic Violence services.

SMOC administers its programs through a diverse staff of 700 dedicated human service workers (348 FT and 413 PT) and 115 volunteers and college interns. In FY16, SMOC served nearly 47,000 residents in more than 200 communities across the Commonwealth. Our clients included over 35,000 families, 80% single headed households, of which 32% were female headed and 13,872 children spanning infancy to the age of 18. SMOC’s FY17 projected budget is $93,035,988. Currently, SMOC has service delivery and housing programs in the MetroWest region of the state as well as in the cities of Springfield, Worcester, and Lowell.

SMOC owns 160 buildings, including 1,964 units of affordable housing in more than 29 communities statewide. Included within this housing portfolio are many different emergency shelters, transitional housing for individuals and families, sober housing units and permanent affordable housing rentals. Housing programs are integrated with case management and connections to SMOC wraparound services. Services offered in the housing program are designed to assist residents in their efforts to achieve self-sufficiency and economic independence.
5. Mission Statement

The mission of South Middlesex Opportunity Council, Inc. is to improve the quality of life of low-income and disadvantaged individuals and families by advocating for their needs and rights; providing services; educating the community; building a community of support; participating in coalitions with other advocates and searching for new resources and partnerships.

Reviewed by the SMOC Board of Directors and approved on Tuesday December 20, 2016 in Framingham, MA.

6. Vision Statement

Organizing Resources For Social Change & Economic Independence

SMOC is a comprehensive social service organization working to effect social change to improve the lives of low-income people. Through diverse and experienced staff, SMOC will work to assist our clients to reach their fullest potential by taking advantage of all available opportunities to succeed. SMOC will strive to directly provide or link low-income people to high quality services and to leverage resources that will assist low-income families and individuals to weave more fully into the fabric of the communities in which they live.

To accomplish this aim, we will work to serve as a catalyst for the broadest possible collaboration that has as its main goal fulfilling the right of every person to independent, dignified and fully successful participation in the life of the community.

Reviewed by the SMOC Board of Directors and approved on Tuesday December 20, 2016 in Framingham, MA.
7. Community Profile

South Middlesex Opportunity Council, Inc. (SMOC) is the federally designated community action agency for ten communities in the MetroWest region of the state, an area approximately 20-30 miles west of Boston. The towns in our CSBG service area include Ashland, Bellingham, Framingham, Holliston, Hopkinton, Marlborough, Natick, Northbridge, Southborough and Wayland. Over the years, SMOC became affiliated with the People in Peril Program (now known as the Greater Worcester Housing Connection) in 2004, Open Pantry Community Services in Springfield in 2009 and Lowell Transitional Living Center in 2013 so we now offer a variety of services and programs through these entities. The total population of these towns— including Milford and Waltham where we served a significant number of people as reported in our FY16 IS Survey - was estimated at 783,167 according to the US Census Bureau 2011-2015 American Community Survey Demographic and Housing Estimates (Table 1). The percentage of the total population living in poverty of 16.5% is notably above both the state (11.2%) and national (15.1%) levels. Due to the variety of programs and services we provide, we served residents in approximately 300 communities (FY16 IS Survey).

Southborough showed the sharpest rate-increase in poverty with its percent of population in poverty doubling in this most recent cycle. Southborough was followed by sharp increases in Wayland and Northbridge, then Framingham. While Framingham showed a moderate percentage increase in its share of poor individuals across Massachusetts, the actual number of individuals in poverty rose by more than any other town (1,510). Despite increases in poverty across our service area, most towns boasted increases in median household income. Southborough, which more than doubled its amount of people in poverty, actually boasted a moderate increase in median household income. The same applied to Northbridge. Wayland surprisingly boasted the largest increase in median household income out of any of the towns but the population in poverty still rose by nearly 2%.

Stagnant or declining incomes appear to be related to a slight increase in Framingham’s share of the poverty in Massachusetts. However, this association is not standard for the fluctuations in poverty and income across our service area. The MetroWest Economic Research Center (MERC) at Framingham State University utilized a Cost-Of-Living Index to assess the economic strength of the MetroWest region and observed in their 2016 Economic Update that “[l]iving in MetroWest was approximately 20% more expensive in October 2015 than in April of 2009.” Even more shocking, they note that “[i]n the span of 22 years...the cost of living has almost doubled in MetroWest.” The concerning trends reported by MERC might help to explain the increases in poverty across our area despite the generally rising incomes. All towns showed increases in population, and none showed major or outstanding spikes or drops that were inconsistent with the relative scope and size of each town’s population, nor were they out-of-step with state and national increases. The data in these profiles will be utilized to broaden our examination of community needs, identify agency goals, and further SMOC’s commitment to reducing poverty.
Table 1: Population, Poverty, Female Headed Households in Poverty and Median Household Income in SMOC Service Area and Selected Cities/Towns

<table>
<thead>
<tr>
<th>Town</th>
<th>Total Population</th>
<th>% population in poverty</th>
<th>Total population in poverty</th>
<th>% of all poverty population in 10 towns</th>
<th>% of Female-Headed Households Below Poverty Line</th>
<th>Median Household Income in USS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Framingham</td>
<td>70,433</td>
<td>11.5</td>
<td>7,733</td>
<td>47.5</td>
<td>25.9</td>
<td>68,219</td>
</tr>
<tr>
<td>Marlborough</td>
<td>39,425</td>
<td>7.3</td>
<td>2,837</td>
<td>17.5</td>
<td>18.8</td>
<td>71,790</td>
</tr>
<tr>
<td>Natick</td>
<td>34,892</td>
<td>4.1</td>
<td>1,427</td>
<td>8.8</td>
<td>3.4</td>
<td>100,469</td>
</tr>
<tr>
<td>Northbridge</td>
<td>16,268</td>
<td>7.7</td>
<td>1,219</td>
<td>7.5</td>
<td>13.2</td>
<td>72,550</td>
</tr>
<tr>
<td>Bellingham</td>
<td>16,682</td>
<td>3.0</td>
<td>504</td>
<td>3.1</td>
<td>5.7</td>
<td>88,460</td>
</tr>
<tr>
<td>Holliston</td>
<td>14,197</td>
<td>3.9</td>
<td>548</td>
<td>3.4</td>
<td>2.1</td>
<td>108,869</td>
</tr>
<tr>
<td>Ashland</td>
<td>17,159</td>
<td>3.9</td>
<td>672</td>
<td>4.1</td>
<td>13.8</td>
<td>102,911</td>
</tr>
<tr>
<td>Wayland</td>
<td>13,432</td>
<td>4.6</td>
<td>610</td>
<td>3.8</td>
<td>10.2</td>
<td>145,266</td>
</tr>
<tr>
<td>Hopkinton</td>
<td>15,925</td>
<td>2.3</td>
<td>369</td>
<td>2.3</td>
<td>7.1</td>
<td>138,551</td>
</tr>
<tr>
<td>Southborough</td>
<td>9,909</td>
<td>3.5</td>
<td>346</td>
<td>2.1</td>
<td>12.3</td>
<td>143,916</td>
</tr>
<tr>
<td>Waltham</td>
<td>62,438</td>
<td>10.0</td>
<td>5540</td>
<td>n/a</td>
<td>20.6</td>
<td>75,205</td>
</tr>
<tr>
<td>Milford</td>
<td>25,729</td>
<td>12.1</td>
<td>3088</td>
<td>n/a</td>
<td>21.1</td>
<td>65,163</td>
</tr>
<tr>
<td>Lowell</td>
<td>109,349</td>
<td>19.8</td>
<td>20,776</td>
<td>n/a</td>
<td>31.7</td>
<td>48,002</td>
</tr>
<tr>
<td>Springfield</td>
<td>153,947</td>
<td>30.0</td>
<td>44,599</td>
<td>n/a</td>
<td>43.5</td>
<td>34,728</td>
</tr>
<tr>
<td>Worcester</td>
<td>183,382</td>
<td>22.4</td>
<td>38,653</td>
<td>n/a</td>
<td>34.3</td>
<td>45,472</td>
</tr>
<tr>
<td>Total</td>
<td>783,167</td>
<td>16.5</td>
<td>128,921</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>6,705,586</td>
<td>11.2</td>
<td>748,905</td>
<td>n/a</td>
<td>25.5</td>
<td>68,563</td>
</tr>
<tr>
<td>U.S.</td>
<td>316,515,021</td>
<td>15.1</td>
<td>47,749,043</td>
<td>n/a</td>
<td>30.6</td>
<td>53,889</td>
</tr>
</tbody>
</table>

Sources: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates: Demographic and Housing; Poverty Status In The Past 12 Months; Selected Economic Characteristics

Figure 1 below shows poverty trends from 2012-2015 for our CSBG service area, Massachusetts and the US. Over the five year period, the incidence of poverty has remained relatively unchanged. Poverty in our service area was consistently below the state and national levels.
Figure 1: Percentage of Population in Poverty in SMOC CSBG Service Area, Massachusetts and USA, 2012 to 2015

The incidence of poverty among female-headed households from 2011 to 2015 in the US, Massachusetts and SMOC Service Area is depicted in Figure 2 below. Of note is the spike in our service area in 2014.

Figure 2: Percentage of Female-Headed Households in Poverty in SMOC CSBG Service Area, Massachusetts and USA, 2011 to 2015

The incidence of poverty is higher among women than men as evidenced in Table 2 below. Except for Bellingham, all the towns served as well as the state and nation as a whole showed higher proportions of women with incomes below the poverty level. This substantiates the data in Table 1 regarding female-headed households.
Table 2: Number/Percentage of Population Below Poverty Level By Gender in SMOC Service Area and Selected Cities/Towns

<table>
<thead>
<tr>
<th>Town</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Framingham</td>
<td>3,152 / 9.7</td>
<td>4,581 / 13.1</td>
</tr>
<tr>
<td>Marlborough</td>
<td>1,317 / 6.8</td>
<td>1,520 / 7.8</td>
</tr>
<tr>
<td>Natick</td>
<td>579 / 3.5</td>
<td>848 / 4.7</td>
</tr>
<tr>
<td>Northbridge</td>
<td>470 / 6.4</td>
<td>749 / 8.7</td>
</tr>
<tr>
<td>Bellingham</td>
<td>295 / 3.7</td>
<td>209 / 2.5</td>
</tr>
<tr>
<td>Holliston</td>
<td>231 / 3.4</td>
<td>317 / 4.3</td>
</tr>
<tr>
<td>Ashland</td>
<td>255 / 3.1</td>
<td>417 / 4.7</td>
</tr>
<tr>
<td>Wayland</td>
<td>219 / 3.4</td>
<td>391 / 5.7</td>
</tr>
<tr>
<td>Hopkinton</td>
<td>104 / 1.3</td>
<td>265 / 3.3</td>
</tr>
<tr>
<td>Southborough</td>
<td>86 / 1.8</td>
<td>260 / 5.2</td>
</tr>
<tr>
<td>Waltham</td>
<td>2,179 / 8.0</td>
<td>3,361 / 11.8</td>
</tr>
<tr>
<td>Milford</td>
<td>1,359 / 9.9</td>
<td>1,787 / 12.4</td>
</tr>
<tr>
<td>Lowell</td>
<td>9,898 / 19.2</td>
<td>10,878 / 20.4</td>
</tr>
<tr>
<td>Springfield</td>
<td>19,352 / 27.6</td>
<td>25,247 / 32.2</td>
</tr>
<tr>
<td>Worcester</td>
<td>17,612 / 21.1</td>
<td>21,041 / 23.7</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>322,110 / 10.3</td>
<td>426,795 / 12.8</td>
</tr>
<tr>
<td>U.S.</td>
<td>21,410,511 / 14.2</td>
<td>26,338,532 / 16.7</td>
</tr>
</tbody>
</table>


Table 3 shows the percentage of people below poverty level by age category. Even though the state level data for all the age categories is consistently below the national data, there are wide and glaring disparities across the towns and cities we serve. Of particular concern is the relatively high incidence of childhood poverty.
Table 3: Percentage of Population Below Poverty Level By Age Category in SMOC Service Area and Selected Cities/Towns

<table>
<thead>
<tr>
<th>Town</th>
<th>Under 5 years</th>
<th>5 to 17 years</th>
<th>18 to 34 years</th>
<th>35 to 64 years</th>
<th>65 years and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Framingham</td>
<td>19.9</td>
<td>14.4</td>
<td>13.2</td>
<td>9.0</td>
<td>8.5</td>
</tr>
<tr>
<td>Marlborough</td>
<td>7.3</td>
<td>7.9</td>
<td>8.4</td>
<td>6.6</td>
<td>6.9</td>
</tr>
<tr>
<td>Natick</td>
<td>2.5</td>
<td>4.3</td>
<td>6.3</td>
<td>3.7</td>
<td>3.2</td>
</tr>
<tr>
<td>Northbridge</td>
<td>13.3</td>
<td>9.2</td>
<td>7.5</td>
<td>5.3</td>
<td>10.8</td>
</tr>
<tr>
<td>Bellingham</td>
<td>0.0</td>
<td>5.7</td>
<td>2.5</td>
<td>2.1</td>
<td>5.5</td>
</tr>
<tr>
<td>Holliston</td>
<td>18.6</td>
<td>1.3</td>
<td>6.7</td>
<td>1.8</td>
<td>5.7</td>
</tr>
<tr>
<td>Ashland</td>
<td>8.0</td>
<td>2.4</td>
<td>6.5</td>
<td>2.9</td>
<td>3.5</td>
</tr>
<tr>
<td>Wayland</td>
<td>1.3</td>
<td>4.1</td>
<td>4.2</td>
<td>4.3</td>
<td>6.9</td>
</tr>
<tr>
<td>Hopkinton</td>
<td>0.9</td>
<td>1.8</td>
<td>5.5</td>
<td>2.1</td>
<td>1.7</td>
</tr>
<tr>
<td>Southborough</td>
<td>4.5</td>
<td>2.7</td>
<td>10.8</td>
<td>1.6</td>
<td>4.0</td>
</tr>
<tr>
<td>Waltham</td>
<td>15.9</td>
<td>9.4</td>
<td>12.6</td>
<td>7.8</td>
<td>8.3</td>
</tr>
<tr>
<td>Milford</td>
<td>20.0</td>
<td>16.2</td>
<td>10.5</td>
<td>8.8</td>
<td>8.7</td>
</tr>
<tr>
<td>Lowell</td>
<td>32.0</td>
<td>25.8</td>
<td>20.8</td>
<td>16.1</td>
<td>13.5</td>
</tr>
<tr>
<td>Springfield</td>
<td>48.2</td>
<td>42.3</td>
<td>30.6</td>
<td>24.5</td>
<td>14.0</td>
</tr>
<tr>
<td>Worcester</td>
<td>33.9</td>
<td>30.5</td>
<td>25.2</td>
<td>17.7</td>
<td>14.7</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>17.0</td>
<td>14.5</td>
<td>15.1</td>
<td>8.7</td>
<td>9.2</td>
</tr>
<tr>
<td>U.S.</td>
<td>24.5</td>
<td>20.7</td>
<td>19.5</td>
<td>11.6</td>
<td>9.4</td>
</tr>
</tbody>
</table>


Table 4 shows the percentage of people below poverty level by race and ethnicity. As referenced elsewhere in this document, the incidence of poverty is consistently higher in minority populations compared to people of White/Caucasian origin.
Table 4: Percentage of Population Below Poverty Level By Race/Ethnicity in SMOC Service Area and Selected Cities/Towns

<table>
<thead>
<tr>
<th>Town</th>
<th>White alone</th>
<th>Black or African American alone</th>
<th>American Indian and Alaska Native alone</th>
<th>Asian alone</th>
<th>Native Hawaiian and Other Pacific Islander alone</th>
<th>Some other race alone</th>
<th>Two or more races</th>
<th>Hispanic or Latino origin (of any race)</th>
<th>White alone, not Hispanic or Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Framingham</td>
<td>9.1</td>
<td>36.5</td>
<td>12.2</td>
<td>5.0</td>
<td>0.0</td>
<td>18.5</td>
<td>12.7</td>
<td>23.5</td>
<td>8.1</td>
</tr>
<tr>
<td>Marlborough</td>
<td>6.1</td>
<td>10.9</td>
<td>7.7</td>
<td>14.1</td>
<td>-</td>
<td>14.9</td>
<td>9.8</td>
<td>14.6</td>
<td>5.6</td>
</tr>
<tr>
<td>Natick</td>
<td>3.7</td>
<td>12.1</td>
<td>0.0</td>
<td>7.4</td>
<td>-</td>
<td>0.0</td>
<td>0.0</td>
<td>2.9</td>
<td>3.7</td>
</tr>
<tr>
<td>Northbridge</td>
<td>7.9</td>
<td>8.9</td>
<td>-</td>
<td>4.6</td>
<td>-</td>
<td>0.0</td>
<td>0.0</td>
<td>16.6</td>
<td>7.4</td>
</tr>
<tr>
<td>Bellingham</td>
<td>3.1</td>
<td>1.4</td>
<td>-</td>
<td>0.0</td>
<td>-</td>
<td>6.1</td>
<td>0.0</td>
<td>4.1</td>
<td>3.2</td>
</tr>
<tr>
<td>Holliston</td>
<td>3.1</td>
<td>3.4</td>
<td>-</td>
<td>1.1</td>
<td>100.0</td>
<td>3.9</td>
<td>8.0</td>
<td>1.4</td>
<td>3.2</td>
</tr>
<tr>
<td>Ashland</td>
<td>3.6</td>
<td>11.8</td>
<td>-</td>
<td>5.0</td>
<td>-</td>
<td>6.3</td>
<td>3.1</td>
<td>5.9</td>
<td>3.5</td>
</tr>
<tr>
<td>Wayland</td>
<td>4.0</td>
<td>62.5</td>
<td>-</td>
<td>6.2</td>
<td>0.0</td>
<td>40.0</td>
<td>16.3</td>
<td>4.0</td>
<td>4.1</td>
</tr>
<tr>
<td>Hopkinton</td>
<td>2.5</td>
<td>3.0</td>
<td>-</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.8</td>
<td>0.9</td>
<td>2.5</td>
</tr>
<tr>
<td>Southborough</td>
<td>3.4</td>
<td>42.3</td>
<td>-</td>
<td>0.0</td>
<td>-</td>
<td>12.0</td>
<td>0.0</td>
<td>4.5</td>
<td>3.4</td>
</tr>
<tr>
<td>Waltham</td>
<td>7.9</td>
<td>19.0</td>
<td>0.0</td>
<td>19.1</td>
<td>0.0</td>
<td>11.9</td>
<td>11.0</td>
<td>17.0</td>
<td>6.3</td>
</tr>
<tr>
<td>Milford</td>
<td>8.4</td>
<td>24.6</td>
<td>68.9</td>
<td>1.6</td>
<td>169.2</td>
<td>45.0</td>
<td>2.5</td>
<td>35.6</td>
<td>8.0</td>
</tr>
<tr>
<td>Lowell</td>
<td>16.5</td>
<td>22.9</td>
<td>33.4</td>
<td>17.7</td>
<td>55.0</td>
<td>38.8</td>
<td>26.1</td>
<td>36.5</td>
<td>13.9</td>
</tr>
<tr>
<td>Springfield</td>
<td>24.8</td>
<td>24.1</td>
<td>54.7</td>
<td>19.1</td>
<td>21.6</td>
<td>53.8</td>
<td>33.1</td>
<td>45.4</td>
<td>14.5</td>
</tr>
<tr>
<td>Worcester</td>
<td>20.9</td>
<td>23.5</td>
<td>28.2</td>
<td>20.3</td>
<td>5.1</td>
<td>35.1</td>
<td>33.2</td>
<td>38.2</td>
<td>16.6</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>9.0</td>
<td>22.0</td>
<td>22.9</td>
<td>14.6</td>
<td>22.4</td>
<td>31.7</td>
<td>19.5</td>
<td>29.3</td>
<td>7.8</td>
</tr>
<tr>
<td>U.S.</td>
<td>12.7</td>
<td>27.0</td>
<td>28.3</td>
<td>12.6</td>
<td>21.0</td>
<td>26.5</td>
<td>19.9</td>
<td>24.3</td>
<td>10.8</td>
</tr>
</tbody>
</table>


Table 5 shows the breakdown of the population we serve by gender, as well as the fertility rate. The sex ratio for all towns indicate higher female than male populations. This is comparable with the national and state ratios. Framingham and Northbridge displayed the lowest ratios out of all the towns. In the previous Community Action Plan, the ratios for Marlborough and Hopkinton were above 100 but, currently, this is not the case for any of the towns we serve. Northbridge experienced the steepest decline in the sex ratio since the last cycle (94.3 to 85.5). Other notable declines include Holliston (97.1 to 93.1) and Hopkinton (101.1 to 95.7). Ratio increases were only recorded in Ashland (91.3 to 91.6), Wayland (92.6 to 94.7), and Southborough (91.7 to 95.9). The fertility rate in the area varies from 22 in Northbridge to 70 in Hopkinton. Hopkinton boasted the steepest increase in fertility rate (53 to 70) while Northbridge experienced the steepest decrease (63 to 22) since the last cycle. Bellingham also showed a sharp decrease in fertility rate (89 to 63). Other decreases in fertility corresponded with overall decreases in the sex ratio.
Table 5: Percentage Distribution of Gender, Sex Ratio and Fertility Rate in SMOC Service Area and Selected Cities/Towns

<table>
<thead>
<tr>
<th>Town</th>
<th>Male</th>
<th>Female</th>
<th>Sex Ratio (Males per 100 Females)</th>
<th>Fertility Rate per 1,000 women 15-50 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Framingham</td>
<td>47.2</td>
<td>52.8</td>
<td>89.5</td>
<td>62</td>
</tr>
<tr>
<td>Marlborough</td>
<td>49.9</td>
<td>50.1</td>
<td>99.5</td>
<td>65</td>
</tr>
<tr>
<td>Natick</td>
<td>48.2</td>
<td>51.8</td>
<td>92.9</td>
<td>63</td>
</tr>
<tr>
<td>Northbridge</td>
<td>46.1</td>
<td>53.9</td>
<td>85.5</td>
<td>22</td>
</tr>
<tr>
<td>Bellingham</td>
<td>48.3</td>
<td>51.7</td>
<td>93.4</td>
<td>63</td>
</tr>
<tr>
<td>Holliston</td>
<td>48.2</td>
<td>51.8</td>
<td>93.1</td>
<td>32</td>
</tr>
<tr>
<td>Ashland</td>
<td>47.8</td>
<td>52.2</td>
<td>91.6</td>
<td>60</td>
</tr>
<tr>
<td>Wayland</td>
<td>48.6</td>
<td>51.4</td>
<td>94.7</td>
<td>40</td>
</tr>
<tr>
<td>Hopkinton</td>
<td>48.9</td>
<td>51.1</td>
<td>95.7</td>
<td>70</td>
</tr>
<tr>
<td>Southborough</td>
<td>49.0</td>
<td>51.0</td>
<td>95.9</td>
<td>42</td>
</tr>
<tr>
<td>Waltham</td>
<td>48.6</td>
<td>51.4</td>
<td>94.7</td>
<td>44</td>
</tr>
<tr>
<td>Milford</td>
<td>48.7</td>
<td>51.3</td>
<td>94.7</td>
<td>37</td>
</tr>
<tr>
<td>Lowell</td>
<td>49.4</td>
<td>50.6</td>
<td>97.7</td>
<td>60</td>
</tr>
<tr>
<td>Springfield</td>
<td>47.5</td>
<td>52.5</td>
<td>90.4</td>
<td>57</td>
</tr>
<tr>
<td>Worcester</td>
<td>48.5</td>
<td>51.5</td>
<td>94.2</td>
<td>54</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>48.5</td>
<td>51.5</td>
<td>94.1</td>
<td>45</td>
</tr>
<tr>
<td>U.S.</td>
<td>49.2</td>
<td>50.8</td>
<td>96.8</td>
<td>53</td>
</tr>
</tbody>
</table>

Sources: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates: Demographic and Housing Estimates; Age and Sex; Selected Social Characteristics in the United States

The median age for Massachusetts is 39.3 years and comparable to nearly all of the towns listed with the exception of Southborough and Wayland (Table 6). Wayland had the oldest median age at 46.5. Lowell (33.4), Springfield (32.4) and Worcester (33.8) displayed the youngest populations, well below the state median. Despite the young median ages of these cities, only Worcester featured an age dependency ratio above both the state and national average. The age dependency ratio is calculated by dividing the combined under 18 and over 65 populations by the total 18 to 64 population and multiplying by 100. The larger the dependency ratio, the greater the burden on the average adult as this means they have to meet the needs of the dependents. This indicator has implications for poverty and self-sufficiency levels. With the exception of Wayland (79.7), all towns show an age dependency ratio over 50% and near 60%. Framingham, Marlborough, Natick, Holliston, Ashland, and Wayland all showed increases in age dependency among their population. Every town charted increases in under 18 populations by multiple percentage points, while populations aged 18-65 either stayed stagnant or slightly decreased. Senior populations across the area remained largely unchanged. Ashland (10.8 to 12.5) and
Wayland (17.3 to 18.4) showed the largest increases in elderly populations. In the main findings of a 2013 Briefing Paper by the Economic Policy Institute titled "Financial Security of Elderly Americans at Risk," it was reported that "nearby half (48.0 percent) of the elderly population in the United States is 'economically vulnerable,' defined as having an income that is less than two times the supplemental poverty threshold." Growing dependency in our service area, as well as growing vulnerability nationwide, indicates a greater urgency to address and amplify the needs and concerns of elderly or otherwise dependent populations within our community.

Table 6: Percentage Distribution of Age Category, Median Age in Years and Age Dependency Ratio in SMOC Service Area and Selected Cities/Towns

<table>
<thead>
<tr>
<th>Town</th>
<th>Under 18 Years</th>
<th>18-24 Years</th>
<th>25-64 Years</th>
<th>Over 65 Years</th>
<th>Median Age</th>
<th>Age Dependency Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Framingham</td>
<td>21.0</td>
<td>10.1</td>
<td>55.1</td>
<td>13.7</td>
<td>37.7</td>
<td>53.2</td>
</tr>
<tr>
<td>Marlborough</td>
<td>21.0</td>
<td>7.9</td>
<td>58.1</td>
<td>13.0</td>
<td>39.7</td>
<td>51.5</td>
</tr>
<tr>
<td>Natick</td>
<td>24.8</td>
<td>5.3</td>
<td>55.6</td>
<td>14.4</td>
<td>40.5</td>
<td>64.3</td>
</tr>
<tr>
<td>Northbridge</td>
<td>24.4</td>
<td>8.4</td>
<td>53.2</td>
<td>14.0</td>
<td>40.9</td>
<td>62.5</td>
</tr>
<tr>
<td>Bellingham</td>
<td>21.5</td>
<td>7.6</td>
<td>58.3</td>
<td>12.7</td>
<td>41.5</td>
<td>51.9</td>
</tr>
<tr>
<td>Holliston</td>
<td>26.6</td>
<td>6.1</td>
<td>53.1</td>
<td>14.3</td>
<td>41.7</td>
<td>69.1</td>
</tr>
<tr>
<td>Ashland</td>
<td>23.9</td>
<td>6.5</td>
<td>57.0</td>
<td>12.5</td>
<td>41.4</td>
<td>57.4</td>
</tr>
<tr>
<td>Wayland</td>
<td>26.0</td>
<td>5.3</td>
<td>50.4</td>
<td>18.4</td>
<td>46.5</td>
<td>79.7</td>
</tr>
<tr>
<td>Hopkinton</td>
<td>29.8</td>
<td>4.7</td>
<td>56.2</td>
<td>9.3</td>
<td>40.1</td>
<td>64.1</td>
</tr>
<tr>
<td>Southborough</td>
<td>27.4</td>
<td>7.0</td>
<td>52.9</td>
<td>12.8</td>
<td>42.5</td>
<td>67.1</td>
</tr>
<tr>
<td>Waltham</td>
<td>13.7</td>
<td>17.3</td>
<td>49.7</td>
<td>13.2</td>
<td>33.8</td>
<td>36.8</td>
</tr>
<tr>
<td>Milford</td>
<td>24.3</td>
<td>7.2</td>
<td>55.8</td>
<td>12.7</td>
<td>38.3</td>
<td>58.7</td>
</tr>
<tr>
<td>Lowell</td>
<td>22.2</td>
<td>13.2</td>
<td>54.2</td>
<td>10.2</td>
<td>33.4</td>
<td>48.1</td>
</tr>
<tr>
<td>Springfield</td>
<td>26.6</td>
<td>13.3</td>
<td>48.6</td>
<td>11.6</td>
<td>32.4</td>
<td>61.7</td>
</tr>
<tr>
<td>Worcester</td>
<td>20.9</td>
<td>14.9</td>
<td>51.8</td>
<td>12.5</td>
<td>33.8</td>
<td>50.1</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>20.8</td>
<td>10.4</td>
<td>54.1</td>
<td>14.7</td>
<td>39.3</td>
<td>55.1</td>
</tr>
<tr>
<td>U.S.</td>
<td>23.3</td>
<td>9.9</td>
<td>52.7</td>
<td>14.1</td>
<td>37.6</td>
<td>59.7</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates: Age and Sex

The population in the towns served by SMOC is predominantly White/Caucasian. Northbridge, Bellingham, Holliston, and Hopkinton registered the highest percentages (Table 7). These same four towns maintained the highest percentages of Whites/Caucasians since the previous cycle. Southborough and Framingham were the only towns showing an increase in the White/Caucasian percentage of their populations. At 7.4% - a decrease from 8.3% since the last cycle - Framingham has the greatest number of Black/African-American individuals as a percentage of its population. Most other towns showed Black/African-American populations between 1% and 3% of their populations, with the exception of Lowell, Worcester and Springfield which showed
Black/African-American populations above state percentages. Worcester and Springfield’s Black/African-American populations both surpass the national percentage. At 21.5%, Lowell has the largest population of Asian residents. This far out-measures national and state averages.

Table 7: Percentage Distribution of Race and Hispanic or Latino Origin in SMOC Service Area and Selected Cities/Towns

<table>
<thead>
<tr>
<th>Town</th>
<th>White</th>
<th>Black/ African American</th>
<th>American Indian/ Alaska Native</th>
<th>Asian</th>
<th>Native Hawaiian and Other Pacific Islander</th>
<th>Other</th>
<th>Two or More Races</th>
<th>Hispanic or Latino Origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Framingham</td>
<td>74.1</td>
<td>7.4</td>
<td>0.3</td>
<td>8.1</td>
<td>0.0</td>
<td>5.7</td>
<td>4.4</td>
<td>15.5</td>
</tr>
<tr>
<td>Marlborough</td>
<td>78.5</td>
<td>2.3</td>
<td>0.1</td>
<td>10.5</td>
<td>0.0</td>
<td>3.0</td>
<td>11.4</td>
<td>14.2</td>
</tr>
<tr>
<td>Natick</td>
<td>85.7</td>
<td>1.5</td>
<td>0.2</td>
<td>10.3</td>
<td>0.0</td>
<td>0.9</td>
<td>1.5</td>
<td>3.7</td>
</tr>
<tr>
<td>Northbridge</td>
<td>94.3</td>
<td>1.6</td>
<td>0.0</td>
<td>1.8</td>
<td>0.0</td>
<td>0.7</td>
<td>1.7</td>
<td>4.0</td>
</tr>
<tr>
<td>Bellingham</td>
<td>94.2</td>
<td>0.9</td>
<td>0.0</td>
<td>2.6</td>
<td>0.0</td>
<td>1.4</td>
<td>0.9</td>
<td>2.0</td>
</tr>
<tr>
<td>Holliston</td>
<td>92.4</td>
<td>1.0</td>
<td>0.0</td>
<td>3.2</td>
<td>0.7</td>
<td>0.7</td>
<td>2.0</td>
<td>3.5</td>
</tr>
<tr>
<td>Ashland</td>
<td>86.2</td>
<td>2.8</td>
<td>0.0</td>
<td>8.4</td>
<td>0.0</td>
<td>1.1</td>
<td>1.5</td>
<td>4.6</td>
</tr>
<tr>
<td>Wayland</td>
<td>86.2</td>
<td>0.2</td>
<td>0.0</td>
<td>11.8</td>
<td>0.4</td>
<td>0.3</td>
<td>1.1</td>
<td>2.2</td>
</tr>
<tr>
<td>Hopkinton</td>
<td>92.6</td>
<td>1.1</td>
<td>0.0</td>
<td>4.2</td>
<td>0.0</td>
<td>0.5</td>
<td>1.7</td>
<td>1.5</td>
</tr>
<tr>
<td>Southborough</td>
<td>85.0</td>
<td>1.5</td>
<td>0.0</td>
<td>11.3</td>
<td>0.0</td>
<td>0.8</td>
<td>1.4</td>
<td>2.0</td>
</tr>
<tr>
<td>Waltham</td>
<td>75.2</td>
<td>6.0</td>
<td>0.1</td>
<td>11.1</td>
<td>0.0</td>
<td>4.3</td>
<td>3.1</td>
<td>13.3</td>
</tr>
<tr>
<td>Milford</td>
<td>84.6</td>
<td>3.2</td>
<td>0.4</td>
<td>2.4</td>
<td>0.1</td>
<td>6.8</td>
<td>2.5</td>
<td>11.1</td>
</tr>
<tr>
<td>Lowell</td>
<td>57.7</td>
<td>7.2</td>
<td>0.3</td>
<td>21.5</td>
<td>0.0</td>
<td>9.6</td>
<td>3.6</td>
<td>18.1</td>
</tr>
<tr>
<td>Springfield</td>
<td>55.5</td>
<td>21.1</td>
<td>0.5</td>
<td>2.1</td>
<td>0.0</td>
<td>17.0</td>
<td>3.8</td>
<td>42.2</td>
</tr>
<tr>
<td>Worcester</td>
<td>70.7</td>
<td>12.9</td>
<td>0.3</td>
<td>7.2</td>
<td>0.0</td>
<td>4.6</td>
<td>4.3</td>
<td>20.8</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>79.6</td>
<td>7.1</td>
<td>0.2</td>
<td>6.0</td>
<td>0.0</td>
<td>4.2</td>
<td>2.9</td>
<td>10.6</td>
</tr>
<tr>
<td>U.S.</td>
<td>73.6</td>
<td>12.6</td>
<td>0.8</td>
<td>5.1</td>
<td>0.2</td>
<td>4.7</td>
<td>2.3</td>
<td>17.1</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates: Demographic and Housing Estimates

A majority of our towns show significant populations of foreign born residents. Framingham, Marlborough, Waltham, Lowell and Springfield all have between 21% and 26% of their population as being foreign born, well above the state and national averages (Table 8). Natick, Ashland, Wayland, and Southborough are among other towns with significant populations. With the exception of Northbridge, Bellingham, and Hopkinton, all towns showed increases in foreign born population. All towns that showed increases did so at a quicker pace than both Massachusetts and the U.S. overall. Framingham showed the slightest increase at 0.9% while Marlborough showed the biggest jump overall at 5.4%. The U.S. jumped only 0.3% while Massachusetts jumped 0.7%. In *Cultures of Migration: the Global Nature of Contemporary Migration*, Jeffrey H. Cohen and Ibrahim Sirkeci argue that “[a] culture of migration relates to
the strengths and weaknesses of the individual migrants themselves as well as the strengths and weaknesses of their homes, families, and sending and receiving communities, the sending and receiving nations, and the global patterns of social and economic life” (Cohen & Sirkeci, pp. 10 – 11). Furthermore, they add that “moves can remain difficult as the migrant can deal with internal bigotries and internal socioeconomic problems that may arise as he or she moves” (p. 11).

Over a third of households in Framingham, Marlborough, Waltham, Lowell, Springfield and Worcester do not speak English as their primary language at home. The same applies to a fifth of households in Ashland, and is also notable in Natick, Wayland and Southborough. This mirrors the data on the foreign born analyzed above and clearly points to the need to address the challenges faced by the rich networks of immigrants as they settle into their adopted communities and become productive, contributing members. If the strengths and potential of those communities are to ever be fully tapped, language and cultural barriers must be addressed with culturally competent programs and services.

Table 8: Percentage Distribution of Foreign Born and Language Spoken at Home in SMOC Service Area and Selected Cities/Towns

<table>
<thead>
<tr>
<th>Town</th>
<th>% Foreign Born</th>
<th>% Language Other Than English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Framingham</td>
<td>26.5</td>
<td>37.1</td>
</tr>
<tr>
<td>Marlborough</td>
<td>24.3</td>
<td>32.1</td>
</tr>
<tr>
<td>Natick</td>
<td>14.1</td>
<td>16.9</td>
</tr>
<tr>
<td>Northbridge</td>
<td>4.2</td>
<td>8.3</td>
</tr>
<tr>
<td>Bellingham</td>
<td>5.9</td>
<td>8.9</td>
</tr>
<tr>
<td>Holliston</td>
<td>7.6</td>
<td>8.3</td>
</tr>
<tr>
<td>Ashland</td>
<td>16.2</td>
<td>21.3</td>
</tr>
<tr>
<td>Wayland</td>
<td>17.0</td>
<td>18.5</td>
</tr>
<tr>
<td>Hopkinton</td>
<td>7.0</td>
<td>6.3</td>
</tr>
<tr>
<td>Waltham</td>
<td>26.2</td>
<td>31.9</td>
</tr>
<tr>
<td>Milford</td>
<td>6.9</td>
<td>27.2</td>
</tr>
<tr>
<td>Southborough</td>
<td>16.4</td>
<td>16.6</td>
</tr>
<tr>
<td>Lowell</td>
<td>25.8</td>
<td>43.7</td>
</tr>
<tr>
<td>Springfield</td>
<td>10.3</td>
<td>38.8</td>
</tr>
<tr>
<td>Worcester</td>
<td>21.9</td>
<td>35.8</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>15.5</td>
<td>22.5</td>
</tr>
<tr>
<td>U.S.</td>
<td>13.2</td>
<td>21.0</td>
</tr>
</tbody>
</table>

Table 9 provides a picture of educational attainment by level for the population in SMOC’s service area. Overall, a majority of our towns showed increases in attainment of levels of higher-education (Associates, Bachelor’s, and Graduate Degrees). Excluding Bellingham, all our towns showed a drop in their percentage of residents whose highest level of education was at the High School/GED level. Despite Massachusetts’ “enviable track record” when it comes to educating its population, the U.S. Department of Education noted in a 2014 article that “Massachusetts continues to see gaps in achievement and college- and career-readiness based on students’ race, ethnicity, native language, and family poverty level”. Our data seems to affirm this sad reality in some cases: towns such as Lowell, Worcester, and Springfield with traditionally high populations of non-White/Caucasian residents (Table 7) and high rates of poverty also show median household incomes well-below state and national levels and very high percentages of Female-Headed Households living in poverty (Table 1). Towns such as Wayland, Southborough, and Natick have a high percentage of graduate-level-or-above attainment that far out-measures state and national figures (Table 9). This is perhaps explicable in terms of the median ages of those towns which are also above state and national averages (Table 6). Conversely, population hubs relatively lagging in educational attainment like Lowell, Worcester, and Springfield show much younger populations in terms of their median ages (Table 6). Southborough had the highest number of residents with Bachelor’s degrees outpacing Hopkinton since the last cycle. Hopkinton, Holliston, Natick, and Wayland also showed rates above 30%. Framingham and Bellingham showed comparable attainment at the Bachelor’s Degree level.
Table 9: Percentage Distribution of Educational Attainment by Level in SMOC Service Area and Selected Cities/Towns

<table>
<thead>
<tr>
<th>Town</th>
<th>High School Diplomas/GED</th>
<th>Associate's Degrees</th>
<th>Bachelor's Degrees</th>
<th>Graduate Degrees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Framingham</td>
<td>23.5</td>
<td>5.1</td>
<td>28.3</td>
<td>18.7</td>
</tr>
<tr>
<td>Marlborough</td>
<td>29.0</td>
<td>7.5</td>
<td>22.4</td>
<td>15.6</td>
</tr>
<tr>
<td>Natick</td>
<td>13.2</td>
<td>4.3</td>
<td>35.6</td>
<td>33.3</td>
</tr>
<tr>
<td>Northbridge</td>
<td>31.0</td>
<td>9.4</td>
<td>20.8</td>
<td>12.4</td>
</tr>
<tr>
<td>Bellingham</td>
<td>34.3</td>
<td>10.1</td>
<td>28.2</td>
<td>9.5</td>
</tr>
<tr>
<td>Holliston</td>
<td>13.2</td>
<td>7.6</td>
<td>35.9</td>
<td>24.1</td>
</tr>
<tr>
<td>Ashland</td>
<td>17.5</td>
<td>7.8</td>
<td>31.9</td>
<td>27.3</td>
</tr>
<tr>
<td>Wayland</td>
<td>5.8</td>
<td>2.7</td>
<td>35.0</td>
<td>47.3</td>
</tr>
<tr>
<td>Hopkinton</td>
<td>13.5</td>
<td>7.3</td>
<td>37.0</td>
<td>28.6</td>
</tr>
<tr>
<td>Southborough</td>
<td>12.8</td>
<td>4.2</td>
<td>38.9</td>
<td>31.4</td>
</tr>
<tr>
<td>Waltham</td>
<td>23.1</td>
<td>5.7</td>
<td>27.2</td>
<td>21.5</td>
</tr>
<tr>
<td>Milford</td>
<td>29.0</td>
<td>9.6</td>
<td>21.6</td>
<td>11.8</td>
</tr>
<tr>
<td>Lowell</td>
<td>33.1</td>
<td>7.2</td>
<td>13.6</td>
<td>8.3</td>
</tr>
<tr>
<td>Springfield</td>
<td>31.5</td>
<td>7.9</td>
<td>10.7</td>
<td>6.8</td>
</tr>
<tr>
<td>Worcester</td>
<td>29.7</td>
<td>8.1</td>
<td>18.5</td>
<td>11.1</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>25.4</td>
<td>7.7</td>
<td>22.8</td>
<td>17.7</td>
</tr>
<tr>
<td>U.S.</td>
<td>27.8</td>
<td>8.1</td>
<td>18.5</td>
<td>11.2</td>
</tr>
</tbody>
</table>


Home ownership varies considerably across the service area (Table 10). Towns with more ethnically diverse populations, lower median incomes, lower educational-attainment levels, and lower median ages such as Framingham, Marlborough, Lowell, Worcester, and Springfield have higher percentages of housing units that are renter-occupied. Since the last cycle, every town has shown increases in the number of units that are renter-occupied except Southborough which has shown neutral change. The percentage of households that are rent-burdened in each town (rent as a percentage of income exceeds 35%) has changed variably across our service area. Southborough has charted the largest percentage-point increase in rent-burdened households up from 24% last cycle to 46.9% this cycle. Oddly, Southborough also charted the second-largest increase in median household income ($7,593 USD, Table 1). In the article “The High Cost of Being Poor” located under the Coalition for Human Needs website, it is noted that “[t]he Census data show that 59 percent of American households with incomes less than $20,000 a year spend more than half their income on rent alone” and also that “among families with incomes up to $35,000, 45 percent are paying half or more of their income on rent.” In Southborough, 27.8% of renter-occupied households making less than $20,000 USD a year are spending more than 30% of their income on rent.
In Southborough and other towns, the rise in the percent of households that are rent-burdened could be attributed to rising rents as well as inadequate subsidization for low-income families. The same article from **Coalition for Human Needs** noted that “since 2004, the number of families with children receiving rental vouchers dropped by 250,000 (a 13 percent decline)” and also mentioned that “those in deep poverty... are especially prone to late fees for unpaid rent and eventual evictions, leading to frequent moves... Tenants with an eviction on their record can also be banned from affordable housing programs...” The rising burden of rent on families throughout our area (Table 10, column 3) indicates a greater need for access to rental-assistance services. Regardless of steep declines in some areas, housing is an essential rung on the ladder leading individuals out of chronic and cyclical poverty.

**Table 10: Percentage Distribution of Housing Units by Tenure and Rent Burdened Population in SMOC Service Area and Selected Cities/Towns**

<table>
<thead>
<tr>
<th>Town</th>
<th>Owner-Occupied</th>
<th>Renter-Occupied</th>
<th>Rent Burdened &gt;= 35%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Framingham</td>
<td>54.7</td>
<td>45.3</td>
<td>42.8</td>
</tr>
<tr>
<td>Marlborough</td>
<td>56.8</td>
<td>43.2</td>
<td>30.9</td>
</tr>
<tr>
<td>Natick</td>
<td>71.9</td>
<td>28.1</td>
<td>31.5</td>
</tr>
<tr>
<td>Northbridge</td>
<td>67.2</td>
<td>32.8</td>
<td>29.9</td>
</tr>
<tr>
<td>Bellingham</td>
<td>79.6</td>
<td>20.4</td>
<td>36.0</td>
</tr>
<tr>
<td>Holliston</td>
<td>84.2</td>
<td>15.8</td>
<td>36.2</td>
</tr>
<tr>
<td>Ashland</td>
<td>79.8</td>
<td>20.2</td>
<td>22.7</td>
</tr>
<tr>
<td>Wayland</td>
<td>87.6</td>
<td>12.4</td>
<td>32.6</td>
</tr>
<tr>
<td>Hopkinton</td>
<td>87.0</td>
<td>13.0</td>
<td>28.7</td>
</tr>
<tr>
<td>Waltham</td>
<td>50.3</td>
<td>49.7</td>
<td>33.4</td>
</tr>
<tr>
<td>Milford</td>
<td>63.3</td>
<td>36.7</td>
<td>37.5</td>
</tr>
<tr>
<td>Southborough</td>
<td>89.9</td>
<td>10.1</td>
<td>46.9</td>
</tr>
<tr>
<td>Lowell</td>
<td>43.2</td>
<td>56.8</td>
<td>44.3</td>
</tr>
<tr>
<td>Springfield</td>
<td>47.8</td>
<td>52.2</td>
<td>54.3</td>
</tr>
<tr>
<td>Worcester</td>
<td>43.0</td>
<td>57.0</td>
<td>43.7</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>62.1</td>
<td>37.9</td>
<td>40.5</td>
</tr>
<tr>
<td>U.S.</td>
<td>63.9</td>
<td>36.1</td>
<td>42.7</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates: Selected Housing Characteristics

Data from the MA Executive Office of Labor and Workforce Development for February 2017 in Table 11 below shows five of the communities we serve had unemployment rates above the state average. Northbridge has the highest unemployment rate (4.4) of the towns in our CSBG service area but below Milford, Lowell and Springfield. Overall, the unemployment rate in our service
area, as well as the state, has declined since 2014. That notwithstanding, it is well documented that employment is a pathway out of poverty so there is a need to create opportunities for people to work for themselves or others, whether part- or full-time.

Table 11: Labor Force and Unemployment Data, March 2017, Not Seasonally Adjusted in SMOC Service Area and Selected Cities/Towns

<table>
<thead>
<tr>
<th>Town</th>
<th>Labor Force</th>
<th>Employed</th>
<th>Unemployed</th>
<th>Area Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashland</td>
<td>10,673</td>
<td>10,372</td>
<td>301</td>
<td>2.8</td>
</tr>
<tr>
<td>Bellingham</td>
<td>10,158</td>
<td>9,741</td>
<td>417</td>
<td>4.1</td>
</tr>
<tr>
<td>Framingham</td>
<td>40,083</td>
<td>38,884</td>
<td>1,199</td>
<td>3</td>
</tr>
<tr>
<td>Holliston</td>
<td>7,562</td>
<td>7,322</td>
<td>240</td>
<td>3.2</td>
</tr>
<tr>
<td>Hopkinton</td>
<td>8,375</td>
<td>8,104</td>
<td>271</td>
<td>3.2</td>
</tr>
<tr>
<td>Marlborough</td>
<td>23,657</td>
<td>22,888</td>
<td>769</td>
<td>3.3</td>
</tr>
<tr>
<td>Natick</td>
<td>20,631</td>
<td>20,079</td>
<td>552</td>
<td>2.7</td>
</tr>
<tr>
<td>Northbridge</td>
<td>9,230</td>
<td>8,824</td>
<td>406</td>
<td>4.4</td>
</tr>
<tr>
<td>Waltham</td>
<td>38,220</td>
<td>37,083</td>
<td>1,137</td>
<td>3</td>
</tr>
<tr>
<td>Milford</td>
<td>15,607</td>
<td>14,951</td>
<td>656</td>
<td>4.2</td>
</tr>
<tr>
<td>Southborough</td>
<td>5,452</td>
<td>5,285</td>
<td>167</td>
<td>3.1</td>
</tr>
<tr>
<td>Wayland</td>
<td>7,020</td>
<td>6,833</td>
<td>187</td>
<td>2.7</td>
</tr>
<tr>
<td>Lowell</td>
<td>55,783</td>
<td>53,147</td>
<td>2,636</td>
<td>4.7</td>
</tr>
<tr>
<td>Springfield</td>
<td>64,174</td>
<td>59,819</td>
<td>4,355</td>
<td>6.8</td>
</tr>
<tr>
<td>Worcester</td>
<td>92,463</td>
<td>88,442</td>
<td>4,021</td>
<td>4.3</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>3,670,800</td>
<td>3,528,100</td>
<td>142,700</td>
<td>3.9</td>
</tr>
</tbody>
</table>

Source: MA Executive Office of Labor and Workforce Development (EOLWD)

As the economy emerged from the Great Recession, the unemployment rate has been on the decline since 2011 as observed in Figure 3.
Figure 3: Unemployment Rate in SMOC CSBG Service Area, Massachusetts and USA, 2011 to 2015

Sources: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates: Unemployment Rate
8. Community and Internal Assessment Process

A 13-member Planning Committee comprised of the Executive Team, Senior Management, the Policy, Planning and Community Relations Component staff and one Board member was established and charged with steering, overseeing and coordinating the CARSP process in its entirety. An internal kickoff meeting was held in July 2016 to establish the framework and officially begin the community needs assessment and strategic planning process. The Planning Guide developed by DHCD was reviewed in this initial meeting. Prior to this meeting, a number of staff had attended the DHCD Kick-off meeting in May organized for all the community action agencies. The Planning Committee met on a monthly basis to review progress and the various deliverables.

We also set up a Needs Assessment Sub-Committee comprised of component and program staff to review and update the various survey tools for the community and internal needs assessment. The sub-committee made the decision to include a qualitative data component by conducting a number of focus groups following the quantitative surveys. The group also met on a monthly basis to review progress.

We were successful in recruiting an intern from Framingham State University to work with Planning staff on the CARSP. The University administers a program known as the CHOICE program which pairs students with agencies for a paid, credit-earning internship. The intern worked on a variety of tasks including updating contact lists and the needs assessment surveys, data entry and analysis, secondary data research and analysis and development of service area profiles.

Low-income individuals were the target of the Community Needs Survey and the focus groups. Program staff distributed the surveys to clients within their programs in Framingham, Ashland, Waltham, Marlborough, Hudson, Whitinsville, Northbridge, Lowell, Worcester and Springfield. The majority of surveys were self-administered but those clients needing assistance were assisted by program staff. We also reached out to a number of partner agencies which serve low-income populations. These included Wayside Tempo Young Adult Resource Center in Framingham, Natick Service Council, Employment Options in Marlborough, Spectrum Recovery Connection in Marlborough A Place To Turn Food Pantry in Natick, Advocates Inc.in Framingham and Out MetroWest in Framingham. The Community Needs survey included a number of questions on customer satisfaction and customer input by asking about any SMOC services people had used in the past year, their level of satisfaction with the services received, the helpfulness of staff, other services they or their families need the most and suggestions on how the agency could improve the services offered.

In order to have a 95% confidence level, we proposed to take a sample of 385 from our service area. We anticipated a response rate of 60%. A total of 914 surveys were distributed between January and March 2017. 522 completed surveys were returned, yielding a response rate of 57.1%. About 21% of the surveys were completed by people receiving services from area providers who may or may not have received any services from SMOC in the past year.
The Community Survey questionnaire collected information about demographics, housing, health care, employment, transportation, income, debt, safety, child care, social media and SMOC services – see Appendix 1 for the survey instrument. It was based on the 2012-2014 survey with additional questions about documented disability, Brazilian nationality, immigration status, sexual orientation, social media, food security, and opioid use, among others. It was translated into Spanish and Portuguese by staff from our domestic violence program to reflect the language diversity present in our service area and to ensure that these populations have an opportunity to participate in the CARSP development process. The surveys were manually entered into Survey Monkey and analyzed.

To supplement the data from the quantitative surveys, we conducted three focus groups in April with clients in a women’s shelter in Ashland, a family congregate shelter in Framingham and participants in our WIC program. The groups were held in English, Spanish and Portuguese and facilitated by program staff. Participants signed consent forms which allowed the discussions to be recorded. Training was provided by a senior staff person with experience conducting focus groups. The discussion revolved around food, housing, employment/education, and transportation – issues which had surfaced from the community surveys – and community strengths/assets/resources – see Appendix 4 for the complete list of questions. Members of the Needs Assessment sub-committee analyzed and reported the findings from the groups.

We also held three key stakeholder interviews with the Framingham Chief of Police, the Executive Director of United Way of Tri-County and the Executive Director of Employment Options in Marlborough in April and May 2017. We solicited information about key needs in their respective communities, community-level resources to address these needs and ideas for interagency collaboration, partnerships and service integration.

The Community Organizations Survey was administered online through SurveyMonkey between January and March 2017. We successfully emailed 102 entities explaining the context and background to the CARSP as well as the link to the online survey. These included community and faith-based organizations, state and local government agencies, financial institutions, educational institutions, legislators, police departments, and health entities among others. Overall, 47 out of the 102 entities contacted completed the online survey for a response rate of 46.1%. While this response rate is lower than that of the last cycle (54.5%), many more organizations responded and were reached than in the last cycle for which only 33 organizations responded. Organizations were requested to describe the populations they serve, identify their geographic service area and classify the nature of the services provided. In terms of community needs, they were asked to rank the need in various sectors such as housing, healthcare, financial and economic concerns, child care, nutrition, domestic violence and transportation – see Appendix 2 for the survey instrument. Ranking ranged from 1-High to 5-Not Applicable. They were also required to identify other community needs and suggest strategies to avoid duplication and enhance collaboration with SMOC.

The Staff Survey was designed and administered in SurveyMonkey between January and March 2017. Our Human Resources Director emailed staff explaining the context and purpose of the survey as well as the link to access the survey. Staff were asked to identify the regions where they work, describe their role, rate various aspects of their specific program environment and
general work environment, identify additional programs and services that they felt were needed, comment on areas they rated as “Disagree” or “Strongly Disagree” and offer suggestions to improve the work environment at SMOC – see Appendix 3 for the survey instrument.

The Board survey was also designed in SurveyMonkey and members were mailed the link so they could complete it between January and March 2017. Board members were asked about how long they had served on the Board, the sector they represent, rate various aspects of the agency and its operations, comment on areas they rated as “Disagree” or “Strongly Disagree”, describe three strengths of the agency and describe three areas where they would like to see improvements within the agency – see Appendix 4 for the survey instrument.
9. Key Findings: Community Assessment

9.1 Community Needs Survey
Of the 522 completed surveys that were returned, 413 were from people currently receiving services from SMOC and 109 from people served by partner agencies – the latter may or may not have received SMOC services in the past year. The majority of survey respondents lived in Framingham, followed by Marlborough, Springfield, Natick and Worcester. Over half of them were aged between 24 and 44 years, one in five between 45 and 54, 14.1% 55 to 69 and 1.4% 70 and over. Young adults aged 18 to 23 comprised 8.8% of the sample. About 3% of the people surveyed revealed that they were veterans – this is comparable to data from our FY16 IS Survey.

Almost two thirds of the respondents were women, one third men and the rest identified as transgender women (2.9%) or transgender men (0.6%). This year, we included a question about sexual orientation as a way of determining if this was a substantial portion of our client population. The vast majority of respondents (93.2%) identified as straight, 2.4% as gay/same gender loving, 3.5% as bisexual and 0.9% as questioning/unsure. Sixty-five people skipped the question.

We also included two questions about disability in the community survey. The first asked if the respondent had a disability while the second asked if it was a documented disability, meaning that it had been verified by a professional and they were receiving disability benefits. Thirty six percent said they had a disability which is comparable to the third who stated they had a documented disability. This is an increase from the quarter who said they were disabled in the last needs assessment. A new question in this year’s survey asked about the use of assistive technologies – 9.6% of the respondents responded in the affirmative.

English emerged as the most common language spoken by respondents (76.4%) at home. About a third (32.9) of them spoke Spanish while 9.2% spoke Portuguese. Other languages included Russian, Arabic, Haitian Creole, French, Farsi, Italian, Khmer, Punjabi, Quechua and American Sign Language. It is interesting to note that a little over a quarter of the people surveyed skipped the question about race. Among those who did respond, almost three quarters (72.1%) identified as Caucasian or White. African American or Black respondents accounted for 15.1% of the total while 7.8% identified themselves as Multi-racial.

People of Hispanic ethnicity comprised slightly more than a third (35.9%) of the respondents surveyed. This is below the 44.7% reported in our FY16 IS Survey but comparable to the percentage in our last community needs assessment. This year, we wanted to get an estimate of the number of Brazilians within our service area, given their growing population and influence, particularly in Framingham and environs. Nine percent of respondents indicated that they were Brazilian, almost double the 4.8% reported for Framingham according to ePodunk, a website dedicated to tracking international communities in the United States.

We added a new question about immigration status this year in light of the current political situation. Only 23 people skipped the question with the vast majority (70.7%) of respondents stating they were US born citizens while 10.8% revealed that that they were undocumented. Naturalized citizens comprised 8.8% and permanent residents 7.4% of the total respondents.
Only eleven people revealed that they were either refugees or seeking asylum at the time of the survey.

Of the 37.8% of respondents who identified as single parents, only 4.7% were male while 33.1% were female (Figure 4). An identical percentage of respondents identified as single persons as did identify as single female parents. A peer-reviewed study conducted by the Institute for Research on Poverty at the University of Wisconsin-Madison analyzes the challenges faced by many “disconnected” single mothers receiving welfare benefits across the United States. They define “‘disconnected’ single mothers as those who are not in school, have annual earnings of less than $1,000, and an annual Supplemental Security Income (SSI) receipt of less than $1,000.” Their study of “disconnected” single mothers revealed that “[l]ow-income single mothers tend to be very disadvantaged. Over half are poor, and nearly two-thirds have only a high school diploma or less.” The report also noted that “about one-quarter of all children and more than two-thirds of extremely poor children lived in a single-mother family in 2005.” The tenuous circumstances of single mothers in poverty have surely not eased since this report’s publication, and no doubt still stand to be addressed.

Figure 4: Household Composition

According to the US Census Bureau, the Supplemental Poverty Measure (SPM) “extends the official poverty measure by taking account of many of the government programs designed to assist low-income families and individuals that are not included in the current official poverty measure.” These include counter-cyclical/anti-poverty programs such as SNAP, Social Security
payments, Temporary Assistance for Needy Families, and the Earned Income Tax Credit, among others. It is well documented that these programs are critical in lifting people out of poverty and should be sustained and expanded. Given the relatively low earning capacity of our respondents, it is not surprising to see that close to half (49.7%) of the respondents receive SNAP benefits. About a quarter (23.4%) also receive WIC benefits. It is noteworthy that the proportion of people receiving both types of benefits has risen since our last needs assessment. The same holds true for SSI benefits. One in five claimed they were not in receipt of any of the benefits listed compared to 32.7% in the last survey.

The responses for the 2018-2020 cycle clearly indicate falling incomes amongst our respondents and an increased reliance on mainstream benefits to maintain a basic level of living. The widest margin of people reported monthly incomes of between $1 and $999 followed by 29.9% of people who reported between $1,000 and $1,999 per month (Figure 5). All in all, incomes in the lower brackets surged while individuals in the upper-level income ranges halted or dwindled since the last cycle. Around one-fifth of respondents reported a monthly income of “Zero”, almost double what was reported in the last survey.

Figure 5: Monthly Household Income

The results showed noticeable variation in levels of academic achievement among the survey respondents. At 31.5%, the largest margin peaked at a High School diploma or GED-equivalency level. Second were those who listed “Some College” as their highest level of attainment at 19.6% followed by Certificate-level attainment at 15.4%. People with less than an 8th grade
education amounted to 8.5% of those surveyed while 9.1% had Bachelor’s Degrees. As made clear in reports such as the University of Wisconsin publication, different sets of the population (such as single-mothers, disabled, mentally ill, etc.) face differing and unique challenges to getting an education that are perhaps not totally reflected in the data for this question. However, an overall decrease in the percentage of respondents with high school and college attainment was observed since the last survey. Conversely, there was an increase in the percentage of people with Bachelor’s or Graduate Degrees. During their 2017 annual Management and Leadership Training Conference, the Community Action Partnership noted that “education and access to education is the key to moving out of poverty” but also pointed out that, unfortunately, “poorer schools are located in low-income neighborhoods.”

In order to assess food security issues, we asked about two food-related issues. The first question asked respondents to select the statement that best described the current food situation of their family. Figure 6 below reveals that slightly more than one third of respondents stated that they were able to obtain adequate food without relying on soup kitchens, community meals, food pantries, friends and relatives. About 30% had more than one week's food available while one in five (20.9%) had little to no food and most of their food was sourced from soup kitchens, community meals, food pantries, friends and relatives. 13.4% of the respondents stated that they had less than one week's food available.

**Figure 6: Current Food Situation**

We were also interested in knowing how often respondents depended on food pantries, soup kitchens, community meals and the like to meet their food needs in the past year. Less than half (43.3%) of the people surveyed reported that they had not used any of these programs in the past year (Figure 7). About a quarter (24.7%) confirmed using these programs between one and four
times in the past year. Eight percent said they had used them between 5-8 times and 6.5% responded 9-12 times. Almost 18% revealed that they had used such programs more than 12 times in the past year, which averages to once a month.

Figure 7: Use of Food Pantries, Soup Kitchens, Community Meals, etc. in the Past Year

The Community Commons website, which reports data from the American Census Bureau, reveals “Food Deserts” (areas where 33% of an area’s population or at least 500 people have limited access to a supermarket or large grocery store) throughout our service area. Namely, areas of southern and eastern Framingham, southern Marlborough, southern and central Worcester, and throughout much of Lowell and Springfield fall under the Census Bureau’s categorization of a Food Desert. A 2015 study by United Way of Tri-County looks at Food Deserts in the downtown Framingham area, an area which is also associated with high and increasing rates of poverty. After analyzing the affordability of and accessibility to supermarkets, grocery stores, food pantries, restaurants, etc., the report concluded that “[h]igher levels of poverty, unemployment, and homelessness appear to be related to overall decreased access to food.” They also discern that “the most limiting factor in accessibility to fresh produce and food variety was transportation” and that the “walkability” of downtown Framingham is currently diminished due to multiple construction projects currently aimed at revitalizing the downtown area.

While access to food is being addressed through Framingham’s revitalization, issues of food affordability and variety arise throughout other communities in our service area and demand attention. In the article “Building a Healthier MetroWest” published by the MetroWest Health Foundation in 2016, it was found that “[a]pproximately 10% of students attending public school
in MetroWest are considered ‘economically disadvantaged’ by the Massachusetts Department of Elementary and Secondary Education.” This provides a picture of hunger that extends beyond concentrated urban and rural pockets into every socio-economic region of our community. A key factor driving this lack of food access in our region is that “the high cost of living in the region means that many families earn too much to qualify for benefits but not enough to pay for housing, utilities and food each month” as also reported by the MetroWest Health Foundation. In other words, combating hunger requires a multi-dimensional approach that requires more than just providing families and individuals with fresh and affordable food, but also must involve alleviating the high costs of housing, childcare and other expenses to ensure sustained quality food access.

The MetroWest Health Foundation conducted a series of focus groups to assess health needs for their 2016 MetroWest Community Health Assessment. Some participants identified the lack of healthy food options (“most food pantries have dry goods/not perishable items”) and access to health food in general as one of the most pressing health concerns in the community and MetroWest region as a whole. Recommendations to resolve the issue of food insecurity included more self-sustainable food pantries where they have gardens, food drives for respondents in the various programs and cooking classes (“how to make healthy/easy/quick/cheap meals with limited resources/income”).

A substantial proportion (42.4%) of the survey respondents revealed that they had been homeless, stayed in a shelter, or had to stay with family or friends during the past year. This marks an increase from 30% which was reported in our last needs assessment three years ago. According to the 2016 Annual Homeless Assessment Report (AHAR) published by the U.S Department of Housing & Urban Development, there were 19,608 homeless people in Massachusetts. According to the report, this was one of the largest absolute decreases in the homeless population of any state between 2015 and 2016. As was the case in 2015, more than half (53%) of all homeless people in families with children were in five states – New York (26%), California (11%), Massachusetts (7%), Florida (5%), and Texas (4%) or 7,163 people. It is a well-known fact that Massachusetts has struggled with the continuing rise in homelessness among families despite the various programs that have been implemented. The 2016 AHAR has noted that since the unveiling of the Obama administration’s “Opening Doors” policy in 2010, “homelessness has declined by 14 percent (or 87,000 people), and unsheltered homelessness has declined by 25 percent (or 57,000 people).” However, the more than a half-million homeless people that the report identified as homeless in January 2016 reveal that a tremendous amount of improvement is needed in anti-homelessness initiatives.

The percentage of renters and homeless respondents increased this cycle indicating greater need for affordable housing amongst our service population (Figure 8). Most respondents (62.9%) were renting at the time of the needs assessment. One in four (25.4%) was homeless and 7.7% were living with friends and/or family. Our homeless respondents also exhibited a high level of vulnerability to other harsh or burdensome circumstances. For example, of the 125 respondents who identified as homeless, 45 (36% of homeless respondents) were single mothers, 31 (24.8%) had misused opiates in the past year, 72 (57.6%) were mentally ill, and 85 were unemployed.
Renters composed the largest segment of respondents. A little over a quarter of renters reported that they received a housing subsidy. Around one-fifth of renters reported staying in a homeless shelter or with friends/family within the past year. One third reported that more than half of their income is spent on rent/mortgage, suggesting some level of rent burden. Home ownership was low at only 4.1% and about half of what was reported in our last needs assessment.

**Figure 8: Housing Status**

The vast majority of respondents have health insurance which is not unexpected given that Massachusetts has instituted universal health insurance for a number of years now. For those people with children 26 years and under, more than half (58.6%) reported that their children also have health insurance. The majority of respondents have primary care providers, which is comparable to our 2014 findings. One third of respondents reported that they had not used the emergency room in the past year. The average number of visits for those who had visited was 3.2 when visits over 15 were included in the calculation and 2.9 when they weren't. Five people gave responses of 15, 20, 24 and 26 times, well above the average. Two thirds had their last physical/check-up within the last year, a quarter 1-2 years ago and 8.2% more than 2 years ago.

One in five respondents reported that either they or a family member experienced problems with alcohol or drug use in the past year. Mental illness appears to be on the rise among the population we serve. In 2014, 37.5% reported that they or a household member had experienced problems with mental illness compared to 42% this year. Access to opioid addiction treatment is of clear concern given the data for this question. While 14.8% of respondents reported recent
opioid use/abuse, two thirds of them disclosed that they would not know where to find treatment. This indicates a great deal of risk for people who may be at risk for substance abuse/addiction, or those who may already be substance users. Substance abuse is a pervasive problem across the country.

Unemployment among respondents has gone up from 43.2% in 2014 to 59.1% in 2017 (Figure 9). Around 56% of female respondents were unemployed compared to 61% of male respondents. The percentage of respondents with full- and part-time employment has also decreased since the last cycle. For those survey respondents who are employed, wages have shown a steady increase with 25.5% making between $10 and $14.99. Almost 48% of respondents make $10 an hour or more. Physical/mental health concerns, lack of transportation, and lack of childcare are still the reigning challenges facing individuals and inhibiting their consistent employment. The Community Action Partnership pointed to non-living wages of those who are employed, a decline of labor’s share of national income, rising inequality, lack of education, poor health that leads to loss of income, and lack of mobility as key barriers to economic success and mobility. The rise of automation and outsourcing along with stagnating wages is also a ruinous combination for the occupationally vulnerable and begs to be addressed by community action agencies with job training, skills training, micro-finance and other employment-generating services and programs.

Figure 9: Employment Status

Allen Stansbury, Senior Associate at the Center for Community Futures, points to repeated Congressional actions taken against low-income and middle-class over the past years. He cites
recent ‘right-to-work’ legislation, slights to the Affordable Care Act, rollbacks in the reach and authority of the Consumer Financial Protection Bureau, and efforts to eliminate net-neutrality as contributing broadly to overall inequality and economically unsustainable concentrations of wealth and mobility. Policies which continue to support the interests of a privileged few are not in our interests as an organization which aims to serve the interests of the most vulnerable.

About three quarters of respondents reported having to borrow money for basic needs in the last six months. This marks a steep increase in the percentage of individuals since the 2014 surveys in which 39.5% of individuals reported borrowing. Equally troubling is the revelation that about 16% of respondents had their utilities shut off due to non-payment. Friends and/or family were the major source of loans for those borrowing money (Figure 10). About a third selected “Other” as a source but upon closer inspection of the data, most of them actually responded “No”. A third skipped the question suggesting that it may be intrusive. The percentage of respondents who reported the use of credit cards was high at 16.1% and is troubling given their notoriously high interest rates. Pay day loans were used by less than 3% of respondents but should still be noted as they are infamous for their predatory lending practices, particularly in minority, low-income, and disadvantaged neighborhoods. Rollbacks in the power of the Consumer Financial Protection Bureau, as noted by Allen Stansbury, also include rollbacks on oversight of predatory lending companies.

Figure 10: Sources of Loans for Basic Needs
Debt is a chronic cycle often difficult to break, and expenses often only increase over time. About 64% of respondents reported debt in this survey compared to 49% of respondents in the 2014 survey (Figure 11). Debt incurred to cover basic living expenses is especially troubling and points to the acute need to provide jobs that pay living wages, at the minimum.

Figure 11: Percentage of Survey Respondents with Debt

Survey respondents reporting recent interaction with law enforcement rose to 20% in this cycle from 12.8% in the last cycle. About three quarters of those who reported recent help from police declined to identify the nature of their emergency. There has been an increase in reported emotional/sexual abuses by respondents in this survey (18.5%) compared to the last cycle (12%). Mostly, the abusers were identified as either spouses or boyfriends/girlfriends. In a study published in the American Journal of Public Health titled “Interpersonal Violence Among Women Seeking Welfare: Unraveling Lives,” it is noted that domestic violence is experienced by women on welfare at a frequency roughly “2 to 3 times higher than in the general population” according to the sample data and citations of this report. Furthermore, “ongoing exposure to violence can limit women’s capacity to achieve economic independence — a central goal of welfare reform.” Importantly, the study “suggests that poor women without children are the most vulnerable to experiencing victimization and that violence in the lives of those seeking aid does not always unfold within the family context.”
The percent of respondents using WIC rose from 22.3% in the last survey to 26.1% in this survey. While more people reported that they currently have childcare, more people also reported a need for affordable and year-round childcare than in the last cycle. Meanwhile, the percent of respondents using Head Start, childcare, or afterschool care dropped significantly from 33.2% to 8.9%. Head Start provides a variety of services to an incredibly diverse population across our service area. In their 2014 Needs Assessment, it is noted that “[t]he percentage of ethnic minority groups in the low-income populations in many of these communities are... much higher.” A recorded 55% of Head Start families were Latino while 11% were Brazilian. A 1999 study by the National Coalition for the Education of Homeless Children and Youth and the National Coalition for the Homeless found that: “homeless children have four times the rate of delayed development and twice the number of learning disabilities as their peers; have high rates of acute and chronic illness; and have increased emotional behavioral problems. They are also at high risk for school failure, and twice as likely to repeat a grade (21% repeat a grade compared to 5% of other children).”

In an article published on Community Commons titled “Seven Things You Should Know About Childhood Poverty,” it was shockingly noted that “[c]hild poverty costs an estimated $500 billion per year when you add up expenses like lost productivity, crime and poor health - substantially higher than the estimated $77 billion per year it would take to lift 60 percent of children out of poverty.” In other words, it is never too soon to reach out, especially when doing so ensures the success and well-being of future generations. These sobering statistics and facts only bolster the notion that poverty is a cycle to be broken early on, not a mindset to be chastised or criminalized. Investment and outreach can therefore be the only economically feasible and morally acceptable approaches. It should also be noted that the vulnerability of the poor and needy families that Head Start and other programs aim to address is only compounded by the distinct vulnerability associated with being an immigrant. Cultural and linguistic barriers pose a unique challenge to immigrant and cultural minority families and children trying to advance themselves compared to White/Caucasian or cultural majority individuals and families.

For this survey, we added a series of questions about technology and access to social media. Around 96% of the respondents reported they have access to a cell phone while 71.5% reported access to a computer or tablet. About a third (35.7%) reported using a public computer most of the time. With 88.9% of people reporting the use of a cell phone to communicate with service providers, it was by far the most regular means of communication, followed by Email at 45.3%, Text at 41.5%, and Mail at 28.3%. About a quarter (26.4%) of respondents reported that they would like to rely more on social media to communicate with SMOG service providers while only one fifth had concerns around privacy and confidentiality.

Homeless services were the most commonly used services in the last year by the survey respondents at 29.3%, followed by WIC at 26.1% and SMOG housing at 19.5% (Figure 12). Counseling and Fuel/Weatherization services were used by 17.5% and 15.9% of respondents respectively. People who reported using none of SMOG’s services totaled 12.5%. Of the 58 respondents who listed an alternative service to those provided in the surveys, 34 listed some form of Open Pantry Community Services (OPCS).
In terms of customer satisfaction, around 63% of respondents reported that they were always satisfied with the services they received at SMOC, while 25.6% were satisfied Most of the Time. Only 2.4% reported they were Hardly Ever satisfied. These numbers are largely comparable to the numbers from the last cycle. Childcare, housing, fuel assistance, transportation and jobs were again highlighted as top needs. Suggestions to improve our services included more staff training, improved communication between providers and clients, review of program policies and procedures, among others.

9.2 Focus Groups
We held three focus groups with clients in our women’s shelter in Ashland, one of our family congregate shelters in Framingham and participants in our WIC program. Below is a summary of the key findings from the groups.

- Food Access
  - The majority of participants receives food stamps but indicated that the benefits were not sufficient to last the whole month prompting the use of food pantries and soup kitchens.
  - Participants in the Spanish speaking group noted that one reason for running out of food stamps is that Latin Americans prepare multiple heavy meals a day.
  - One participant of the English Speaking group cited her diabetic condition as a major reason for her running out of food stamps - she has to make appropriate food choices and sometimes the food she can purchase is expensive.
  - They need more information about food pantries such as requirements, how to access them, locations.
  - They noted that food pantries lack variety in the foods that are available as well as fresh food choices.
- Some would like to access food pantries, but are unable due to lack of transportation.
- They pointed out that it is difficult to carry groceries on public transportation.

- **Housing**
  - The majority believe area rents are too expensive, making it difficult to find affordable housing.
  - They reported that a majority of their income goes to rent/utilities.
  - The majority indicate they have had to sacrifice paying utility bills to make rent payments.
  - Those who received housing vouchers cited barriers to finding units such as landlords who refuse to rent to people with vouchers, deadlines to find housing and suitable locations with access to transportation and services.

- **Employment/Education**
  - Reported primary barriers for employment are childcare, transportation, education credentials (Hi-set) and language.
  - Other barriers include mental health issues, legal documentation and information about potential employment opportunities.
  - They would like to see more HiSET/ESL programs.
  - They believe social media would be an effective way to provide information around employment/education.

- **Transportation**
  - The majority do not have their own car.
  - Primary means of transportation include bus, train, taxi, Uber or walking.
  - Public transportation issues include lack of consistency, not enough buses, schedules don’t meet needs, bus stations are not close to home.
  - They would all like to see a more reliable and accessible public transportation system.

- **Community Strengths/Resources**
  - Participants were able to identify supports in the community such as hospitals, SMOC, and Department of Transitional Assistance but noted there are many more services in Boston.
  - All would like more information on services available in the area.

One of the focus groups in the 2016 MetroWest Health Foundation’s health assessment was held with a group of single adults at our Drop In Center in Framingham in June 2016. Below is a summary of the responses regarding Community Assets/Strengths:

- Easy to get around by public transit (buses/trains).
- Resources such as DTA, SSA, SMOC, SMOC Behavioral Health Services, hospitals, Drop In Center, and food pantries are close.
- Lots of employment opportunities.
- Walkable.
• Centralized location (in between Worcester/Boston).
• Restaurants along Route 9.
• Nicely centralized.
• Public parks.
• No gangs (there were gangs in the past).
• Brazilian community makes community safer, nicer, and more collectivistic.
• Downtown has improved but could be better.

9.3 Key Stakeholder Interviews
We reached out to four key stakeholders but were successful in interviewing only two – the Framingham Chief of Police and the President & CEO of United Way of Tri-County. Below is a summary of the key findings from the interviews.

• Top 3 needs/gaps in their community/service area.
  • The Opioid Crisis – gaps in early intervention, prevention, early education, professionals to follow up with people who are sent to the hospital for overdoses.
  • Food Security – lack of sustainable community funding around food security, shelters, and childcare. The fluctuation in private & state funds forces agencies to spend valuable time locating resources, and thus taking away from the actual work.
  • Access to health care – there are long wait lists at the Edward M. Kennedy Health Center for appointments and primary care providers.
  • Immigrant Community – becoming fearful about accessing police, health care, and other needed services in light of the anti-immigrant policies and practices of the current administration.
  • “Tale of 2 Cities” – lack of community awareness – some are aware of the needs of the low-income population, the other half do not think problems exist.
  • Lack of Vibrant Community Foundations in MetroWest, many have a narrow scope.
  • Insufficient services for individuals and families living with mental illness, even fewer services for both the young adult and elder populations. Because of their disability, they have difficulty accessing services and/or following through in obtaining services. This is further exacerbated by the lack of affordable housing and transportation.

• Community-level resources available to address these needs.
  • Framingham CARES (Compassionate Addiction Recovery Education Service) is an initiative whose primary goal is to reduce the number and frequency of opioid overdose deaths in the Framingham community. The program works with staff from Advocates and SMOC’s Peer Recovery Coach program to connect professional service providers with people who are sent to hospitals and other treatment centers.
  • Robert Wood Johnson Foundation grant to address food security issues in Framingham, working with Foodie Café, a local restaurant which also provides free meals to the hungry.
- MW Hunger Relief Network.
- Development of Community Partnerships.
- Community Outreach Events.
- Agencies often work with one another to address these needs for their individuals on a case by case basis. However, there is a need for more housing opportunities, transportation as well as support for the individual to become and maintain self-sufficiency.

- Ideas for collaboration/partnerships/service integration/etc.
  - Interagency collaboration on common goals where it makes sense.
  - Mergers and strategic partnerships between smaller non-profits to improve quality of service and strengthen agencies as a whole. This will allow for agencies to spend less time on fundraising.
  - Creation of additional housing opportunities, transportation access, support for individuals to become self-sufficient and maintain self-sufficiency.

- Other Observations
  - Residents recently voted to make Framingham a city so there are many unknowns and changed associated with that transformation.
  - Agencies often work with one another to address their clients’ service needs on a case by case basis but an integrated approach would be more effective.

---

9.4 Key Findings from Worcester Community Action Council, Springfield Partners for Community Action and Community Teamwork

Worcester Community Action Council (WCAC), Springfield Partners for Community Action (SPCA) and Community Teamwork (CTI) conducted Community Needs Assessments for Worcester, Springfield and the Greater Lowell region respectively. SMOC operates a number of programs and services in these three regions of the state and reached out to these sister organizations to share their results as a way of identifying the top needs and areas of possible collaboration and increased partnership.

WCAC, in their Community Assessment derived from surveys and focus groups, reported top needs for clients ranging from job training, transportation, and post-secondary education prep for youth to family/childcare services, financial literacy, and bi-lingual services. They also identified broader community needs for things such as an Anti-Poverty Commission, youth jobs, and collaborative service models.

In the Executive Summary for their Community Assessment, SPCA reported that affordable housing, crime, and job opportunities were among the top needs for their 396 survey respondents. They also identified a growing need to offer more services in Spanish and concerns regarding discrimination which indicates a widespread need to greater attend to barriers of language and cultural difference.
Community Teamwork reported in their “Qualitative Data Analysis – Primary Source” document that “Housing and Homelessness emerged at the top of the list of unmet needs in our community, (selected by 43.30%) with Substance Abuse Resources identified as the second greatest unmet needs, (selected by 39.29%) and Jobs the third greatest need, (selected by 25.45%). CTI cited high rents and low incomes as an obdurate obstacle to housing affordability within the Greater Lowell area. Substance abuse was of top priority to be addressed in the Greater Lowell community. Mental Health emerged as the fourth greatest need, (selected by 23.66%) and Food/Nutrition and Transportation tied as the fifth greatest need facing residents of Greater Lowell, (both issues were selected by 22.77%).” CTI used a combination of community surveys, client surveys, staff surveys, board surveys, focus groups, key informant interviews and a SWOT analysis for their community and internal needs assessments.

The needs of communities supported by SMOC’s sister community action agencies are closely related to the needs of those identified in SMOC’s service region. Their results greatly supported our analysis and interpretation of the findings in our Needs Assessment.

9.5 Community Organizations Survey
The majority of community organizations in our survey serve multiple, diverse populations, including children and families, young adults, veterans, senior citizens, people with disabilities, people with mental health and/or substance abuse issues, undocumented people, refugees, LGBT/Q individuals, homeless and single adults. They were asked to check all that apply and the highest percentage of organizations (72%) indicated that they serve senior citizens. People with disabilities were served by the second-highest number of the organizations surveyed (70%) followed by people with mental health issues (66%) and young adults (64%). More than 50% of the organizations we contacted also indicated service to populations of children (53%), families (53%), veterans (60%), and people with substance abuse issues (53%), homeless individuals (51%), single adults (55%), and refugees (51%).

Number of organizations offering service to the various population groups decreased across the board. This is, however, quite attributable to the larger number of community organizations contacted during this report cycle, and the higher response rate to our Community Organizations Survey. It is not indicative of a decline in the overall ability of surveyed organizations to provide adequate services. Immigrants, Refugees, and LBGQ/T individuals were three populations included in the 2018-2020 survey that were not included in the 2015-2017 survey. Ever-burgeoning awareness, as well as controversy, surrounding these groups of people perhaps make them the most vulnerable populations in need of services. Whether the amount of organizations servicing those groups has increased or decreased since the last cycle is, therefore, unknown.

The geographical areas serviced by the Community Organizations (CO’s) largely coincide with the service area for SMOC. Of the ten towns in our Metro-West service area, 6 were also reportedly serviced by a majority of other Community Organizations. At 45% and 49% respectively, Southborough and Wayland were serviced by nearly a majority of those Community Organizations. Bellingham (38%) and Northbridge (21%) were serviced the least by other Organizations. The CO’s also reported a wide range of other cities, counties, and states
under their respective umbrellas of service. For instance, some organizations listed towns throughout Norfolk and Worcester County as well as areas in Connecticut and Rhode Island.

In terms of services provided, 40% of the organizations identified education/training followed by transportation at 31%. About 25% of the organizations indicated that they provide housing, transportation, nutritional services, workforce development, financial aid, and behavioral health services. Government benefits were offered and/or administered by 19% of the organizations while 17% of them offer medical and legal aid. Only two organizations provide language services, while just 3 offer public safety services. Many organizations offer multiple services to community members given the complexity and diversity of needs, so there is undoubtedly some overlap, only augmenting the need to expand inter-organizational outreach and communication.

About 51% of community organizations reported that their clients have incomes between 75% and 100% of the household area median incomes of Middlesex County ($90,267) and Worcester County ($65,753). The data for the 2018-2020 cycle in this category is consistent with reported rises in median income from the Census bureau and American Fact Finder data.

With 86% of community organizations ranking the level of need among clients as High, affordable housing topped the list. Rental assistance followed close behind with 70% of organizations identifying a High level of need along with transportation at 62%. Fifty-four percent of organizations identified mental health services and financial/economic needs like good-paying jobs as top concerns. Needs that were ranked High by 40% of organizations included childcare, afterschool services, substance abuse services, and food/nutrition supplementation. The following needs have decreased in terms of the percent of organizations that listed them as top needs since the 2015-2017 cycle, but have increased in terms of the actual number of organizations listing them as top needs: finding affordable housing, substance abuse services, mental health services, transportation, affordable childcare, parenting skills and support, after school/summer child care, pre-school/Head Start, food pantry resources, domestic violence/sexual assault service needs, & domestic violence services for children. Given our broader and more-extensive outreach to a larger number of community organizations in this survey cycle, the level of need can be shown to have increased since the last cycle based upon the larger number of organizations reporting a wider variety of needs they meet. Thus, while some services declined in terms of the percent of organizations offering those services, the responses given by community organizations do reflect an uptick of activity in the efforts of those organizations towards combating the complex variety and wide scope of needs throughout our area of service.

More effort is needed given the recent rises in human need reported in our Community Profile section (Section 7). In their study “Multi-Dimensional Poverty in America: U.S. in Global Context,” Dr. Anupama Jacob, Dr. Luke Shaefer, and Dr. Kristin Anderson Moore identify employment and housing as key indicators of poverty beyond “absolute income poverty” and other “uni-dimensional measures” of poverty in America. The needs identified by community organizations reflect several of the key social and economic indicators identified by Jacob, Shaefer, and Moore as essential in adopting a multi-dimensional approach to viewing, assessing, and easing the conditions of individual-, community-, state-, and nation-level poverty.
Given the rising costs of groceries, rent, health care, and overall cost of living as identified in the MetroWest Economic Research Center’s Economic Update for 2016, it is important that Community Organizations within and around SMOC’s service area are equipped to meet the needs of those whose ability to support themselves and their families may be dwindling in the face of these rising economic burdens. To help relieve the stress of individuals, families, and community organizations, the Coalition for Human Needs, in a September 2016 article titled “The High Cost of Being Poor in the U.S.,” pointed to several basic but key first-step actions towards tackling poverty nationally such as expansion of the Earned Income Tax Credit to include low-income workers not raising children, ending the predatory pay-day loan system, expanding SNAP and the Children’s Tax Credit to cover more low-income individuals and families. With whatever means necessary, it is urgent that the needs of low-income communities and the organizations that service them be addressed and heard in productive ways.

Hunger is a growing need throughout our area specifically addressed in the “Environmental Scan: Food Access in Downtown Framingham, MA” conducted by Wellesley college. For Framingham, an area of such concentrated poverty in our service area, the report concluded that “[h]igher levels of poverty, unemployment, and homelessness appear to be related to overall decreased access to food.” Furthermore, they note that “the most limiting factor in accessibility to fresh produce and food variety was transportation.” The report also addresses “Spending Tradeoffs” such as Medical Care, Utilities, Housing, and other essentials that detract from individuals’ and families’ abilities to dedicate money to high quality food. This contributes to the overall cyclical nature of poverty as the higher consumption of low-quality, less nutritious fast food results in more health problems, higher medical bills over time, and even less money for high-quality food, etc. For our area, food insecurity is a need of growing if not top priority given that Framingham, despite high concentrations of poverty and human need within the MetroWest area, “receives less public assistance than the aggregates for Boston-Worcester, Massachusetts, and the United States” according to the “Environmental Scan.” The need to address such cyclical factors as food insecurity is essential in applying the multi-dimensional approach identified by Jacob.

Other needs consistently identified in organizations’ responses to the open-ended question “How could SMOC help meet [your organization’s] needs?” included small business loans, home visits for seniors, disability, behavioral health services, mental health services, substance abuse services, expanded homeless shelters, expanded job training, financial aid and literacy for individuals and families, and increased access and affordability of housing. The higher response rate to this section than in the last survey cycle has greatly helped towards SMOC’s ability to understand the cooperative capabilities of SMOC and sister Community Action Agencies throughout the area. This enhanced visibility and communication amongst organizations will need to be fostered to ensure a multi-lateral, inter-regional effort aimed at combating systemic and cyclical poverty in Massachusetts.

Summary of Key Community Needs:
Affordable Housing – The number of SMOC clients who are either renting or homeless is going up. An increase in rental subsidies and greater access to affordable housing are among top priorities. Without consistent stable housing, there is little prospect for employment and almost
no hope for social mobility. Community Organizations predominantly rated housing and rental assistance with the highest level of need among the communities served.

**Childcare** – Single mothers are among the most vulnerable of SMOC clients. Ensuring the safety, well-being, and education of their young children is essential for women and families seeking to dedicate more time to work and providing steady income. Attentive care for children of needy families was a major need identified by survey respondents, staff, focus group participants, key stakeholders and community organizations.

**Transportation** – Transportation was identified as a top need by 80% of the community organizations surveyed. Lack of transportation as a key barrier to employment was identified by a third of respondents in the community survey. Expanded transportation services will also greatly benefit our chronically homeless and physically disabled clients seeking steady employment. Quicker and safer navigation through busy streets will also benefit mentally ill clients by reducing their day-to-day stress as they strive to overcome their challenges.

**Job Training/Financial Services** – Reported increases in both debt and unemployment pose a dangerous economic risk for our client body which is already struggling to make ends meet. The majority of community organizations reported that between 75% and 100% of their clients have incomes below 100% of the poverty line. Equipping clients for the workplace and for occupational advancement is essential for fostering wage and income growth which will lead to better overall economic standing for clients.

**Food Security** – While about half (49.7%) of our clients receive SNAP benefits, more people relying on SMOC reported using food pantries to meet nutritional needs. Basic nutrition leads to more focus and energy throughout the day, and is essential for adults seeking employment and families seeking to feed and educate their growing children.

**Substance Abuse/Mental Health Services** – As stresses compound for our clients, so too does their risk for substance abuse and psychological instability. In their 2016 Community Health Assessment, the MetroWest Health Foundation observed that mental health concerns emerged as the top need, compared to 2013 when it was ranked fifth. Whether clients reported being directly affected by substance abuse or not, a majority reported not knowing where to find drug-addiction treatment services. The growing opioid epidemic is surely to hit the most economically vulnerable populations hardest. We need to have stronger preventative and responsive measures overall to mitigate the devastation caused by substance abuse.

**ESL/Immigration Services** – The growing immigrant and non-English-speaking client population within our service area comprises a much larger percent of people than immigrants and non-English speakers state- and nation-wide. The tremendous challenges posed to immigrants such as xenophobia, language-deficiency, and lack of documentation among others will no doubt exacerbate in coming years. It is essential that SMOC be at ready to provide the necessary services and programs.
10. Key Findings: Internal Assessment

SMOC performed its organizational self-analysis using staff and Board surveys to evaluate the ability and effectiveness of existing programs and infrastructure in meeting the needs of low-income people. The surveys were administered using Survey Monkey.

10.1 Staff Survey
SMOC believes staff input is critical to understanding how the agency is meeting community needs as well as the needs of all staff. The feedback is very important to the ongoing success of SMOC and its mission. We asked each staff member to take the survey and rate or comment on SMOC’s current programs and assess the work environment, a total of 329 surveys were completed for a response rate of approximately 47%. Each individual survey was confidential.

We asked the region of the state that most accurately reflects employee’s location. – Table 10 below.

Table 10: Percentage of Employees by Region

<table>
<thead>
<tr>
<th>Which region of the Commonwealth do you work out of?</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MetroWest (Framingham area)</td>
<td>77.2%</td>
</tr>
<tr>
<td>Worcester Area and North Central</td>
<td>10.6%</td>
</tr>
<tr>
<td>Springfield and West Central</td>
<td>5.2%</td>
</tr>
<tr>
<td>Lowell Area</td>
<td>3.0%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

SMOC’s current programs focus upon improving the quality of life and wellbeing of low-income and disadvantaged populations. The questions we asked included if employees felt that:

- Our range of services meets all of our clients’ needs.
- Within my program /department, I feel our clients are successful in improving the conditions of their lives.
- Within the agency, I feel our clients are successful in improving the conditions of their lives.
- I feel I can positively impact service delivery at SMOC.
- I can communicate concerns regarding clients.
- They feel that SMOC succeeds at our mission

It was encouraging to report that 86% of our staff feels that our range of services does meet all of our client’s needs and that 84% of employees feel that our clients are successful in improving the conditions of their lives. 90% of our employees feel that they positively impact service delivery and 88% feel that we succeed at our mission.
We asked employees who felt that we weren’t succeeding at the above to let us know why they thought that. Consequently key areas in which employees felt that we could improve centered on immigration issues, housing for disabled people, childcare and transportation.

We asked if our employees felt as if we should add services or if there was a gap in our current services. Most responded that because we cover mental health, nutrition, childcare, enrichment, housing and employment we are well covered. However more programs for the disabled may be beneficial. As well, some asked for employment services for refugees and immigration support.

We asked employees to talk about our work environment by answering a series of questions and received the responses displayed in Table 11. The majority of employees strongly agree, agree or are neutral with just a very small population of employees disagreeing with the questions. However we strive to make our work environment one where employees are attracted to SMOC, retained by SMOC and successful while at SMOC. The nature of the millennial population has millennials changing jobs 6 times in 10 years on average. Our millennial populations are committed to the human services work we do and feel that giving back is just as important as fringe benefits such as vacation and health care, therefore staying longer than average in their positions. We will continue to review current management trainings and continue to offer more communication practices and program orientations to ensure that all of our employees are the best qualified, are able to balance work and life, while still being able to achieve success and career goals.
Table 11: Percentage Distribution of Staff Responses to Work Environment Questions

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>You feel that your manager is approachable and accessible and offers help when needed</td>
<td>53.2</td>
<td>34.2</td>
<td>8.3</td>
<td>3.1</td>
<td>1.0</td>
<td>0.3</td>
</tr>
<tr>
<td>You feel that SMOC effectively communicates with its employees</td>
<td>22.4</td>
<td>46.9</td>
<td>17.8</td>
<td>10.7</td>
<td>2.1</td>
<td>0</td>
</tr>
<tr>
<td>Think about your benefits (vacation, sick, holidays, dental &amp; health insurance, 403b) you feel that the benefits are good</td>
<td>34.9</td>
<td>41.9</td>
<td>15.6</td>
<td>3.1</td>
<td>2.4</td>
<td>2.1</td>
</tr>
<tr>
<td>You feel that there is a strong feeling of teamwork and cooperation in SMOC</td>
<td>26.7</td>
<td>46.0</td>
<td>18.4</td>
<td>7.4</td>
<td>1.2</td>
<td>0.3</td>
</tr>
<tr>
<td>You feel that your work is valued by SMOC</td>
<td>24.5</td>
<td>46.3</td>
<td>20.2</td>
<td>5.9</td>
<td>2.5</td>
<td>0.6</td>
</tr>
<tr>
<td>You get positive praise or recognition from your manager</td>
<td>34.9</td>
<td>44.2</td>
<td>13.4</td>
<td>5.6</td>
<td>1.6</td>
<td>0.3</td>
</tr>
<tr>
<td>You feel safe at work</td>
<td>31.5</td>
<td>46.6</td>
<td>15.7</td>
<td>4.6</td>
<td>1.2</td>
<td>0.3</td>
</tr>
<tr>
<td>You have the tools needed to assist clients or get your job done</td>
<td>24.5</td>
<td>51.7</td>
<td>16.4</td>
<td>6.2</td>
<td>0.9</td>
<td>0.3</td>
</tr>
<tr>
<td>You have a good understanding of SMOC’s mission</td>
<td>52.6</td>
<td>43.4</td>
<td>3.4</td>
<td>0.3</td>
<td>0.3</td>
<td>0</td>
</tr>
</tbody>
</table>

10.2 Board of Directors Survey
The Board was informed about the 2018-2020 CARSP process at the September 2016 meeting by staff of the Planning Unit. At the December meeting, the Board reviewed and adopted the agency’s Mission and Vision Statements. Twenty two members completed the survey either
online or filling out paper copies which were then entered into SurveyMonkey. Almost half (45.5%) of the members have served on the Board 10 years or longer so there is considerable longevity and institutional memory within the group. Only one person has served for less than a year while the rest have been on the Board between 1 and 9 years.

We used a standard rating scale to evaluate Board members on the issues pertinent to the agency. Table 12 below provides a picture of their responses. In general, Board members understand SMOC’s mission and goals, know what is expected of them as a Board member and believe that SMOC is successful in meeting its mission. About a third of them are Neutral regarding whether or not SMOC does a good job with fundraising and public relations. It would be interesting to explore this further as the agency should be effective in fundraising and building good relations with the community at large and the Board should be an integral part of these processes. In the same vein, four members are Neutral about the statement that staff communication with the Board is satisfactory while one strongly disagreed stating that “The board receives no support and all communications between staff and board are completely filtered by upper management.”
<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have a strong understanding of SMOCS mission and goals</td>
<td>50.0</td>
<td>50.0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I understand what is expected of me as a Board member</td>
<td>41.0</td>
<td>54.5</td>
<td>4.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The Board is adequately trained and supported to meet the agency’s mission</td>
<td>41.0</td>
<td>50.0</td>
<td>4.5</td>
<td>4.5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SMOCS is successful at meeting its mission</td>
<td>72.7</td>
<td>22.7</td>
<td>4.6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SMOCS has a strong understanding of community needs</td>
<td>72.7</td>
<td>27.3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SMOCs programs and services meet client needs</td>
<td>41.0</td>
<td>54.5</td>
<td>4.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SMOCs programs and services meet community needs</td>
<td>38.1</td>
<td>57.1</td>
<td>4.8</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SMOCS programs and services meet agency needs</td>
<td>50.0</td>
<td>45.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4.5</td>
</tr>
<tr>
<td>SMOCs management and decision making is sound</td>
<td>41.0</td>
<td>54.5</td>
<td>4.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SMOCs does a good job with fundraising and public relations</td>
<td>13.6</td>
<td>54.6</td>
<td>31.8</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SMOCS implements sound financial management practices</td>
<td>52.3</td>
<td>38.1</td>
<td>9.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SMOCs staff are adequately trained and supported to meet the agency’s mission</td>
<td>31.8</td>
<td>50.0</td>
<td>13.6</td>
<td>0</td>
<td>0</td>
<td>4.6</td>
</tr>
<tr>
<td>SMOCs workplace conditions and workplace climate are positive</td>
<td>50.0</td>
<td>41.0</td>
<td>4.5</td>
<td>0</td>
<td>0</td>
<td>4.5</td>
</tr>
<tr>
<td>Staff communication with the Board is satisfactory</td>
<td>50.0</td>
<td>27.3</td>
<td>18.2</td>
<td>0</td>
<td>4.5</td>
<td>0</td>
</tr>
</tbody>
</table>

Board members were also asked to describe three strengths of the agency. SMOCS staff was highlighted by the majority of members as a key strength. They were described as caring,
respectful, welcoming, dedicated, skilled, competent, compassionate, an important voice for the disadvantaged and very approachable. Board members also opined that the agency’s mission is relevant, clear and meets community needs and initiatives such as the fight to end homelessness serve as a model for other communities. The leadership and senior management were described as forward-thinking, responsive, strong, sound, and innovative.

Training for both Board and staff was highlighted as an area of improvement. Some members also articulated the need to increase interaction between Board members as well as between the Board and all program staff. It was also recommended that minutes be provided in a more timely manner to allow members to review them. Community relations, fundraising, technology, increased oversight and transparency, clearer vision of future growth, flexibility in scheduling of events to increase members’ participation, real estate improvements, financial reporting, compensation, tuition assistance, succession plan, housing management and cross training for staff were all areas that members felt needed improvement within the agency.

As mentioned earlier, the Board reviewed the Agency’s Mission Statement at the December 2016 meeting – the consensus was that the Mission Statement remains relevant and central to our goals and objectives so it was unanimously approved.

Summary of Key Internal Agency Needs from Board and Staff Survey:
- Employees felt that we could improve services centered on immigration issues, housing for disabled people, childcare and transportation.
- Increased and enhanced external and in-service training for staff and Board.
- Fundraising drives to fund agency programs and services.
- Public education around programmatic initiatives such as homelessness, the opioid epidemic, behavioral health, etc.
11. Strategic Three Year Goals

11.1 Strategic Goals
We convened a series of meetings with the Executive, Senior Management team and Board representative to review the community and internal needs assessment. During the process, we prioritized and identified the agency’s strategic three year goals as detailed below.

Community Level Strategic Goals:

1. Need: Food Security
Strategic Goal: SMOC will work with other providers to improve collaboration and coordination around food access and security.

Specific Objectives:
- FY2018
  - Facilitate and direct implementation of the MetroWest Moves Community Food survey.
  - Assess the community need, identify food resources and research additional successful food network models.
  - The Family Continuum Nutritionist & WIC staff will participate in and provide expertise to the Greater Framingham Hunger Network and other community food security initiatives and programs.

- FY2019
  - Monitor and assess implementation and outcomes of the various food programs in our MetroWest service area.
  - Expand availability of nutritious and healthy food into food desert areas.
  - WIC will continue to assess the food security situation of participating households and make appropriate referrals.

- FY2020
  - Establish information and referral policies to broader social networks throughout the MetroWest Community.
  - Research potential grant opportunities with a focus on food security programs, healthy food initiatives and community education.
  - Re-administer food survey to evaluate program performance.

Funding Strategy: Our Development Team manages fundraising events, appeals, major giving and grant-writing efforts throughout the agency. One of the long term goals of the network is to eventually partner on group grants for funding.
Service Delivery: The mission of the Greater Framingham Hunger Network is to bring together community agencies working to increase access to food to those in need within the town of Framingham. Chaired by SMOC, the network will identify gaps in service including location and hours, identify and develop plans to address these gaps, share best practices among agency members, communicate and coordinate effectively between community agencies around the distribution of bulk food, establish a calendar of resources, and improve existing distribution plans.

Linkages/Service Gaps: We will work with a number of partners, including those listed below, to improve collaboration and coordination around food access and security within the communities we serve.

- United Way of Tri-County
- Lovin’ Spoonfuls Food Rescue
- A Place to Turn Food Pantry
- John Snow, Inc.
- MetroWest Health Foundation
- Daniel’s Table
- Greater Framingham Community Church
- Salvation Army
- Greater Boston Food Bank
- Hudson Health Department
- Edward Kennedy Community Health Center
- Jewish Family Services
- St Bridget’s Food Pantry

2. Need: ESL/Immigration Services

Strategic Goal: SMOC, in partnership with community agencies, will compile community-wide inventories of services available to immigrant communities for the purposes of information and referral.

Specific Objectives:

- FY2018
  - Identify gaps in services available to immigrant communities in the cities and towns and cities where we operate programs.
  - Compile a community inventory of services for immigrants.
  - Identify new funding sources for the Joan Brack Adult Learning Center (JBALC) ESL Program and continue leveraging the Brack Family Foundation and the Community Investment Tax Credit Program.

- FY2019
  - Implement strategies to eliminate barriers, including language and legal, and link people to services.
- Orient Board and staff members about available services and resources for immigrant communities.

- FY2020
  - Conduct outreach to immigrant populations to engage them in services.
  - Continue outreach to partner agencies that work with immigrant populations to identify best practices.

Funding Strategy: Our Development Team manages fundraising events, appeals, major giving and grant-writing efforts throughout the agency.

Service Delivery: We propose to adopt an Information and Referral service delivery system to address the needs of immigrant populations in the communities we serve. We will work with our community partners to compile an inventory of resources available to immigrant communities for dissemination.

Linkages/Service Gaps: We will work with a number of partners, including those listed below, to identify community resources to respond to emerging immigrant needs within the communities we serve.
- Framingham Adult ESL Plus
- MetroWest Latin American Center
- Brazilian-American Center (BRACE)
- MetroWest Legal Services
- Jewish Family Services
- Advocates
- Justice Resource Center
- Wayside Youth and Family

Individual/Family Strategic Goals:

1. Need: Affordable Housing

Strategic Goal: SMOC will continue to expand and grow a variety of housing programs which provide decent, affordable housing situations, both supportive and permanent, for low-income people in the communities we serve. At the same time, we will continue to advocate for more affordable housing stock with key stakeholders including legislative delegations, community organizations, businesses, etc.

Specific Objectives:
- FY2018
  - Increase the volume of successful housing placements in our family and individual continuums of care and services.
  - Preservation of existing affordable housing resources and properties.
- FY2019
  - Engage in the production of more affordable housing opportunities through various mechanisms including the Housing Bond Bill.
  - Marshalling and advocacy at the state, local and federal levels for increases in the housing supply for low income individuals.

- FY2020
  - Update current inventory of affordable housing within our service area, housing authorities, towns and other non-profit agencies.
  - Identify sustainable affordable housing models that are more efficient and less expensive than current models.

Funding Strategy: Our Development Team manages fundraising events, appeals, major giving and grant-writing efforts throughout the agency. The team also works closely with our Real Estate Development Team to identify and secure additional funding.

Service Delivery: The South Middlesex Non-Profit Housing Corporation (SMNPHC) owns, develops and manages the agency’s housing portfolio including residential, program and commercial properties. Community development activities focus on efforts to expand economic opportunity, redevelop substandard and distressed properties, enhance participation in community stabilization and partnerships, and identify opportunities to enhance neighborhoods. SMNPHC addresses the need for decent, safe, affordable housing for low-and-moderate income families, individuals, and disabled adults. The chief mission of the Housing Corporation is to preserve and improve existing affordable housing and to develop new housing choices for low- and-moderate income residents. SMNPHC demonstrates a comprehensive and creative approach to regional housing needs by integrating human services within the housing units for individuals and families.

Linkages/Service Gaps: We will work with a number of partners, including those listed below, to advocate for the expansion of and investment in affordable housing units within the communities we serve.

- Massachusetts Association of Community Action Programs – (MASSCAP)
- Regional Housing Network (RHN)
- Citizens Housing & Planning Association (CHAPA)
- Massachusetts Association of Community Development Corporations (MACDC)
- MA Department of Housing & Community Development
- Massachusetts Housing & Shelter Alliance (MHSA)
- Local Housing Authorities (LHA’s)
- Municipal (City and Town) planners
- Municipal appointed and elected executive officials
- Homes for Families
- Legislative Delegations
- Metropolitan Boston Housing Partnership
2. Need: Job Training/Financial Services

Strategic Goal: SMOC will address barriers to employment including education, skills training, childcare, and transportation, among others.

Specific Objectives:
- **FY2018**
  - Develop and implement strategies for the transition of the Ready, Willing and Able (RWA) program to a system that serves as a portal for single adults and heads of households to remove the barriers to obtaining and sustaining employment.
  - Expand the number of Competitive Integrated Employment Services (CIES) and Secure Jobs funding job slots and place more people into living wage jobs.
  - Continue to expand the use of our MassBay Community College Partnership, relative to the use of technology to improve coursework interaction, test preparation, digital literacy and ultimately student outcomes.
  - Identify and secure new resources to create education and employment programs to meet the need.

- **FY2019**
  - Establish and strengthen existing partnerships with MetroWest Regional Transit Authority, Framingham State University, MassBay Community College, Advocates, and other community partners.
  - Expand on current workforce development model including the Green Jobs Academy’s (GJA) skills training platform and new ”On Line Learning” curriculum to increase our reach into the broader marketplace.
  - Identify gaps in needs around transportation, childcare, community education and skills training.

- **FY2020**
  - Implement workforce development strategies and platform.
  - Evaluate the sustainability of the regional workforce development model.

Funding Strategy: Our Development Team manages fundraising events, appeals, major giving and grant-writing efforts throughout the agency. Possible funding sources include the Brack Family Foundation and the Community Investment Tax Credit Program.

Service Delivery: We will continue to operate the following employment and education programs across the agency - RWA, CIES, Secure Jobs, GJA, Summer Jobs for Youth, JBALC, MetroWest Career Center and MassBay Community College Partnership. Services provided by these programs include temporary and permanent job placement and support, skills training, education, soft skills training through workshops, job coaching, among others.
Linkages/Service Gaps: We will work with a number of partners, including those listed below, to address the various barriers to employment for clients within the communities we serve.

- MassBay Community College
- Framingham State University
- MetroWest Regional Transit Authority
- Wayside Young Adult Resource Center - Tempo
- Career Connections for Young Adults
- Local Workforce Investment Boards

3. Need: Behavioral Healthcare Services

Strategic Goal: SMOC will initiate more widespread integration of substance use and mental health outreach services throughout its single adult and family system to more quickly link clients to these services when they first enter these systems of care, disseminate information on recovery programs in the community and expand current peer recovery coach intervention opportunities for opioid users.

Specific Objectives:

- FY2018
  - Establish process for “front door” throughout the single adult and family system for SMOC Behavioral Healthcare (SBH) clinicians to triage and engage in case consultations with new clients in need of Behavioral Healthcare.
  - Provide staff with training on substance use and mental health treatment referral resources in the MetroWest area that includes handouts and materials to provide to clients who may need care.
  - Intensify outreach and expand agency’s current peer recovery system from a focus on opioid survivors to other types of substance users in order to expand the number of participants.

- FY2019
  - Use agency HMIS/Data system to establish baseline and set referral goals in order to track the number of clients referred from various SMOC programs to Behavioral Healthcare.
  - Expand peer recovery coach system from a target of single adults to include families.
  - Pursue new SAMHSA grant opportunities once current grant expires that continues to identify care coordination approaches with mental health and substance use clinicians for single adults and families.

- FY2020
○ Reevaluate effectiveness of efforts, identify gaps and use data to more fully integrate behavioral health services in order to reach a larger number of households.
○ Introduce evaluation tool to survey individuals and families in order to determine if outreach and information efforts have been successful in improving knowledge of available mental health and substance use resources.

Funding Strategy: SBH substance use and mental health services are funded through third party insurance. Our Development Team will assist with identifying funding opportunities to fill service gaps including SAMHSA grants.

Service Delivery: SMOC Behavioral Healthcare (SBH) operates two outpatient clinics and delivers mental health and substance use outpatient services to 1500 individuals, children and families a year. In addition to individual and group counseling the clinics provide outpatient and in-home services to families, adult mental health services, 1st and 2nd offender classes along with a staff of clinical nurse practitioners supported by a psychiatric medical director. The clinic’s director of addition service and director of child and family services work with case managers from both SMOC’s single adult and family to facilitate referrals and services. SBH also operates three residential recovery programs, and HIV/AIDS medical case management residential programs. The third component to the division is SMOC’s Voices Against Violence, sexual and domestic violence provider. SBH also operates a peer recovery coach program focused on opioid overdose survivors, a behavioral health and housing initiative staffed with clinical care coordinators serving chronically homeless individuals. SBH is also collaborating with regional substance use and mental health providers in a major initiative that establishes a single point of entry for external health providers.

Linkages/Service Gaps: We will continue to work with a number of partners, including those listed below to make referrals, expand and advocate for behavioral health services that meet the needs of single adults and families within our system of care.

- MA Department of Public Health (DPH)
- MA Bureau of Substance Abuse Services (BSAS)
- Massachusetts Rehabilitation Commission (MRC)
- Massachusetts Department of Mental Health (DMH)
- MDPH-Bureau of Infectious Diseases- Office of HIV/AIDS
- Association for Behavioral Health (ABH)
- National Council for Behavioral Health (NCBH)
- Massachusetts Housing & Shelter Alliance (MHSA)
- Municipal appointed and elected executive officials
- Legislative Delegations
- Department of Transitional Assistance (DTA)
- Department of Housing and Community Development (DHCD)
- Department of Children and Families (DCF)
- Local Housing Authorities
- Local Police Departments
- Women, Infants and Children (WIC)
- Housing Consumer Education Center (HCEC)
- Common Ground Resource Center (CGRC)
- Massachusetts Behavioral Health Partnership

**Agency Level Strategic Goal:**

**Need: Communication within the Board and between the Board and staff.**

Strategic Goal: SMOC will work to enhance and improve Board/Staff and internal Board communication relative to governance, programming, fundraising, training, internal processes, and community and public relations.

**Specific Objectives:**

- **FY2018**
  - The Long Range Planning Committee of the Board will identify strategies to enhance Board/Staff communication relative to governance, programming, fund development and community relations.
  - All Board members will attend the Annual Board Development & Planning Retreat.

- **FY2019**
  - Continue education around Board member responsibilities and governance.
  - Convene Board & Resource Development staff retreat with a focus on fund development.
  - Board develops a long term fund development plan for the agency.

- **FY2020**
  - Organize on site program visits for Board members to increase awareness, knowledge and engagement.
  - Convene Board and Senior staff retreat with a focus on the community and public relations.

**Funding Strategy:** Our Development Team manages fundraising events, appeals, major giving and grant-writing efforts throughout the agency.

**Service Delivery:** N/A.

**Linkages/Service Gaps:** We will work with a number of partners, including those listed below, to enhance Board/Staff and internal Board communication relative to programs, fundraising, community and public relations.

- Massachusetts Association of Community Action Programs – (MASSCAP)
- Department of Housing & Community Development
- Framingham State University
• Boards of Selectmen

11.2 Funding Strategies
Funding limits continue to challenge us to be creative to maximize all of our opportunities to provide high quality services to people in the community. Our CSBG funding remains our core funding that allows our Executive Director and other senior staff to lead the organization. We are currently seeking more private dollars than we have in the past to fill gaps in funding. We are able to leverage the funds we receive from CSBG to help us raise private dollars and envision that any new funds will be directed to the implementation of the strategies outlined in this Plan.

The Agency’s Resource Development team includes a Director of Resource Development and a Development Manager. Together they manage fundraising events, appeals, major giving and grant-writing efforts throughout the agency. We have a growing list of approximately 50 private corporate and foundation donors thanks to an increased and more targeted effort to apply for grants. We are continually researching new sources, as well. In addition, several departments throughout the agency hold annual fundraising events including a golf tournament, walkathons and a variety of other events.

For FY17 we are on track to raise approximately $1.7M: $900,000 in revenue from private corporations and foundations, $500,000 in revenue from individuals, and $300,000 in revenue from fundraising events. These funds are raised by leveraging existing funding to appeal to the philanthropic community to fill the funding gaps that we inevitably encounter. This ranges from capital projects, such as new roofs for our housing stock, to programmatic funds, such as funding for the Joan Brack Adult Learning Center’s Adult Basic Education and English as a Second Language classes to hiring a nutritionist to work with our families residing in emergency shelter. In addition, as a CDC, SMOC has applied for and been awarded $150,000 per year in State tax credits for the past three years by the Commonwealth. We are able to disperse these tax credits to donors that make a gift of $1,000 or more, by providing a 50% tax credit or refund for the calendar year in which they made the gift. This allows the donor to double the impact of their giving while providing much needed support to areas of the agency that need it most.

The Resource Development department also manages an internal donor database to record and track all donations to the agency in order to better retain individual and institutional donors. A gift acknowledgement policy has been enacted to ensure timely and appropriate acknowledgements are sent out to all donors.

11.3 Service Delivery System
Our mission to improve the quality of life of low-income and disadvantaged people is pursued through the implementation of a variety of programs that are multidimensional and multi-sectoral. Integration and coordination of services and programs continue to be emphasized in order to enhance the effectiveness and impact of our work.

The core needs identified in the Community Needs Assessment continue to be the same as observed in previous years and include the following:

• Affordable Housing
- Childcare
- Transportation
- Job Training/Financial Services
- Food Security
- Substance Abuse/Mental Health Services
- ESL/Immigration emerged in this year’s assessment.

Over the next three years, we intend to address these needs with a comprehensive array of programs and services as outlined below.

CHILD CARE: SMOC Child Care serves children ages 1 month to 12 years, with centers located in Framingham, Marlborough and Hudson and a system of supervised Family Child care Homes located in the Framingham/Marlboro area. The programs provide healthy, safe, and nurturing environments that are conducive to learning and personal growth.

COMMON GROUND RESOURCE CENTER: This is the “hub” for services for homeless and, at-risk of becoming homeless, in the MetroWest region. Co-located at the CGRC are case managers, housing coordinators, housing specialists, employment specialists, mental health and substance abuse clinicians, outreach workers, domestic violence specialists, and more.

COMMUNITY SUPPORT PROGRAM (CSP): Community Support Specialists provide intensive case management services to individuals considered to be “at-risk” to reduce hospitalizations within the community. Clients who have been in an acute level of psychiatric or substance abuse care, had a catastrophic event which places the client at risk for multiple hospitalizations, have been newly diagnosed with major mental illness, or are pregnant and actively abusing substances qualify for services. Services are covered by MBHP, Network Health and Beacon Insurance.

DRIVER ALCOHOL EDUCATION/DRIVING UNDER INFLUENCE (DAE/DUI): Part of the regional court-ordered program for first offenders for driving under the influence and second offenders following a 14-day inpatient program.

EMERGENCY SINGLE ADULT SHELTER & EMERGENCY SINGLE ADULT SOBER SHELTER PROGRAMS: SMOC maintains several emergency housing programs for unaccompanied adult men and women in the MetroWest region. The programs provide safe shelter, some meals and individualized assessment and case management services while focused on permanent housing and self-sufficiency.

FAMILY AND CHILD BEHAVIORAL HEALTHCARE SERVICES: Provides specialized counseling services for families in the community.

FAMILY SELF-SUFFICIENCY PROGRAM: Provides Section 8 families with access to supportive programming to enhance their self-sufficiency. It is designed to provide support and advocacy around employment opportunities, child care, parenting, and budgeting skills.
FAMILY SHELTER PROGRAM: SMOC maintains six congregate family shelters as well as a scattered site shelter for homeless families, referred from the Department of Housing and Community Development. Staff assists families in acquiring permanent, affordable housing, as well as medical, education, vocational, and social services.

FIRST STEP SUPPORTIVE HOUSING: First-step housing provides enriched services in a residential setting for recently homeless individuals. This includes both low-threshold housing and highly structured programs that can be tailored based on individual needs. Crossroads I, Crossroads II, Tides and Housing First are some of the programs in this category.

FUEL ASSISTANCE (LIHEAP): Eligible households in 37 communities receive cash assistance paid directly to their heating vendor. The program helps low-income people afford the cost of heat in the winter months. Emergency and non-emergency assistance is available.

GREATER WORCESTER HOUSING CONNECTION – EMERGENCY SHELTER AND HOUSING STABILIZATION: This program, located in downtown Worcester, provides shelter, some meals, case management, health services, housing search, employment search and other supportive services to homeless single adults in the Worcester region.

GREEN JOBS ACADEMY: The GJA offers training, support and job placement services for weatherization installers and crew chiefs. Located in its own specially designed and equipped lab, the program provides opportunities for entry level employment in a growing industry.

HEAD START: SMOC Head Start is a comprehensive community based program for three and four year olds and their families. This pre-school program provides services in early education, health and dental care, mental health, nutrition and social services. Transportation is provided in some communities. Head Start services are provided in the towns of Ashland, Framingham, Grafton, Hudson, Marlboro, Medway, Milford, Natick, and Northbridge. Low-income eligibility with priority given for special needs children. The main center is located in Framingham.

HOME MODIFICATION LOAN PROGRAM: A loan program that provides low-interest loans to homeowners for access modifications to primary residences of elders, adults with disabilities and families with children with disabilities within 153 communities.

HOUSING CONSUMER EDUCATION CENTER/HOUSING SERVICES CENTER: The HCEC program provides information about purchasing a home, renting an apartment or managing a rental property. It provides landlord education, renter education, homebuyer education, homeownership support, prevention and financial assistance and counseling.

HOUSING OPPORTUNITY FOR PEOPLE WITH AIDS (HOPWA): HOPWA assists individuals living with AIDS in the MetroWest community with housing and housing-related matters.

INDIVIDUAL PLACEMENT AND SUPPORT: The IPS program provides employment placement and support to individuals that are eligible for services from the Department of Mental Health.
JOAN BRACK ADULT LEARNING CENTER (JBALC): The JBALC offers individuals English for Speakers of Other Languages (ESOL/ESL), General Equivalency Diploma (GED) and Adult Basic Education for the Workplace. Classes are offered in a supportive community that is individualized around the learning style of each student.

LOWELL TRANSITIONAL LIVING CENTER – COMMUNITY MEALS: This program, located in downtown Lowell, provides meals to people in LTLC programs, those living on the streets, and low income people who are not homeless. The program provides opportunities for food security for anyone in need.

LOWELL TRANSITIONAL LIVING CENTER – EMERGENCY SHELTER: This program, located in downtown Lowell, provides shelter, some meals, case management, health services, housing search, employment search and other supportive services to homeless single adults in the Greater Lowell region.

MARLBORO RESOURCE CENTER: The Resource Center provides information, referral, and advocacy to residents of Marlboro, Hudson, and surrounding communities. The Center also serves as the contact for the Salvation Army for Marlboro.

METROWEST CAREER CENTER: The MetroWest Career Center provides a broad range of career and employment services, public access to the Computer Resource Room, job ready and job search workshops, job postings and other employment search related resources.

MOBILE STABILIZATION PROGRAM: This housing stabilization program in the MetroWest area serves formerly homeless individuals who have been placed into permanent housing. Staff provides ongoing support that aims to keep individuals in permanent housing.

NEW BEGINNINGS: A supportive housing program for homeless individuals living with HIV/AIDS, New Beginnings provides case management, advocacy and supportive services that allow individuals with HIV/AIDS to continue living independently and with dignity.

OPEN PANTRY COMMUNITY SERVICES EMERGENCY FOOD PANTRY: The Emergency Food Pantry provides perishable and non-perishable food for households in the Springfield area.

OPEN PANTRY COMMUNITY SERVICES LOAVES AND FISHES: Based in Springfield, this program provides hot meals every day to people in the Springfield area.

OPEN PANTRY COMMUNITY SERVICES: Based in Springfield, OPCS became affiliated with SMOC in May 2009. The agency operates a number of community based programs including the Emergency Food Pantry, Loaves and Fishes Community Kitchen and Holiday Meals, Open Door Social Services, People’s Center (a clothing and household items distribution center), Teen Living Program (a residential program for teenage mothers with children and/or pregnant) and two supportive housing programs for single women – Rutledge and Tranquility Houses.
OUTPATIENT BEHAVIORAL HEALTHCARE SERVICES: Outpatient clinics operate in Framingham and Marlboro and provide evaluation, individual treatment, group treatment, medication management and consultation services to persons with mental health and substance abuse needs.

PERMANENT AFFORDABLE HOUSING/ SOUTH MIDDLESEX NON-PROFIT HOUSING CORPORATION (SMNPHC): The Housing Corporation owns, develops and manages the agency's housing portfolio including residential, program and commercial properties. Community development activities focus on efforts to expand economic opportunity, redevelop substandard and distressed properties, enhance participation in community stabilization and partnerships, and identify opportunities to enhance neighborhoods. SMNPHC addresses the need for decent, safe, affordable housing for low-and-moderate income families, individuals, and disabled adults. The chief mission of the Housing Corporation is to preserve and improve existing affordable housing and to develop new housing choices for low-and-moderate income residents. SMNPHC demonstrates a comprehensive and creative approach to regional housing needs by integrating human services within the housing units for individuals and families.

READY, WILLING AND ABLE: Ready, Willing and Able (RWA) is a temporary labor program with the goal of moving temporary employees into permanent employment. As RWA is fully integrated with SMOCS's shelter, housing and behavioral health programs, it is often a "first step" employment program that allows people the opportunity to engage (or re-engage) with the workplace.

RECOVERY-BASED HOUSING: SMOCS operates a variety of service-enriched housing programs to support tenants including many properties that are structured to support adults who are in the process of recovery. The peer model, house meetings and staff presence provide a supportive environment for tenants, thereby enhancing their possibility of continued recovery and increased self-sufficiency.

RENTAL ASSISTANCE PROGRAMS: Provides rental subsidies to low income families who meet selection requirements in 37 communities. Rental payments are made directly to landlords monthly on behalf of tenants.

RHODES STREET HOUSE: This program provides a six-month residential substance abuse treatment and counseling program women. Vocational training and placement, parenting, and eating disorder components are also included.

SAGE HOUSE: This congregate family setting provides intensive, six to nine month residential treatment, and counseling for homeless families facing the challenges of living in recovery.

SECURE JOBS PROGRAM: This program targets homeless or formerly homeless heads of household to receive skills training and support that will result in living wage jobs. The program can help participants obtain child care, enroll in training and prepare to obtain a better paying job.
SERENITY HOUSE: This program provides a six-month residential substance abuse treatment and counseling program women. Services are also available to pregnant and post-partum women. Vocational training and placement, parenting, and eating disorder components are also included.

SERENITY VOCATIONAL/MASS REHABILITATION COMMISSION PROGRAM: This program provides individualized assessment and vocational support to women that are in SMOC’s Serenity House residential recovery program, in collaboration with the Massachusetts Rehabilitation Commission.

SMOC FINANCIAL SERVICES: SMOC Financial Services provides one-on-one counseling to help start, stabilize and grow businesses, group workshops on business topics and microloans of up to $25,000 to help entrepreneurs in the MetroWest and Worcester areas.

SUMMER YOUTH PROGRAM: The Summer Youth program targets youth ages 18-24 who meet the Workforce Investment Act income eligibility guidelines. The program offers workplace skills, career readiness, résumé writing, job search and job placement. The objective is for each participant to learn basic work skills as well as job specific skills.

TRANSITIONAL HOUSING PROGRAM FOR YOUNG ADULTS: This supported housing program serves young adults ages 18 to 25 that are homeless or at risk of homelessness and facing the challenges of recovery. Housing is supported with intensive case management and clinical support.

VOICES AGAINST VIOLENCE (VAV): Voices provides counseling and advocacy to battered individuals, sexual assault survivors, and their families. These services include a 24-hour hotline, crisis intervention and short term counseling, legal advocacy, support groups, assistance with hospital and police procedures, confidential domestic violence shelter services, supervised visitation, information and referral.

VOLUNTEER INCOME TAX ASSISTANCE (VITA): The Volunteer Income Tax Assistance (VITA) program offers free tax help to people who generally make $52,000 or less, persons with disabilities, the elderly and limited English speaking taxpayers who need assistance in preparing their own tax returns. IRS-certified volunteers provide free basic income tax return preparation with electronic filing to qualified individuals.

WEATHERIZATION & HEATING SYSTEM ASSISTANCE: This program provides energy conservation services to low-income households, including energy audits, insulation, weather-stripping, storm windows and caulking. Expanded services available through utility companies’ funding include client education, appliance replacement, and lighting efficiency.

WOMEN, INFANTS AND CHILDREN: WIC provides free food and nutrition education to help keep pregnant women, infants and children under five healthy. Participants in the program receive nutrition counseling, referrals to other services and WIC checks to purchase nutritious foods and infant formula. SMOC has WIC sites in Framingham, Marlboro, Maynard and Waltham.
11.4 Linkages
SMOC is cognizant of the value and importance of building effective partnerships and collaborations with a variety of organizations and entities in order to meet our mission. In the face of diminishing resources, it is critical that we maximize the impact of our services and programs aimed at eradicating poverty. As has been the case in previous years, we will continue to expand and strengthen existing partnerships and seek out new opportunities for collaboration in the various regions where we have a presence. Below is a list of the key partners by sector that our programs will continue to work with in FY 2018-2020.

- **Non-Profit**
  - A Place to Turn
  - Abby’s House
  - Advocates, Inc.
  - AIDS Action Committee
  - AIDS Project Worcester
  - Alcoholics/Narcotics Anonymous
  - Amazing Things Arts Center
  - Babies R Us
  - Boys & Girls Club
  - Bridge House
  - Career Connections for Young Adults
  - Central Mass Housing Alliance
  - Central Mass Workforce Investment Board
  - Citizens Housing & Planning Association of MA
  - Commonwealth Corporation
  - Community Economic Development Assistance Corporation
  - Community Teamwork Inc. – CTI partners with LTLC on the Merrimack Valley Homeless Consortium and the Youth Consortium for Homeless Youth
  - Criterion Childhood Enrichment – Early Intervention
  - Daniel’s Table
  - Dismas House
  - Elliot Community Human Services
  - Employment Options, Inc.
  - Employment Training and Resources
  - Family Service Coalition
  - Foodie Café
  - Framingham Access TV
  - Framingham Adult ESL Plus
  - Framingham Coalition and Community Connections
  - Framingham Family Learning Center
  - Framingham Public Library
  - Genesis Counseling
  - Greater Boston Food Bank
  - Horizons for Homeless Children
  - Lovin’ Spoonfuls Food Rescue
  - LUK
Marlborough Boys and Girls Club
Mass Society for the Prevention of Cruelty to Children
Metro Suburban Recovery Learning Center
Metropolitan Boston Housing Partnership
MetroWest Center for Independent Living
MetroWest Health Foundation
MetroWest Latin American Center
MetroWest Outreach Connection
MetroWest YMCA
Middlesex Child Development Center
Middlesex Savings Charitable Foundation
Mifflin Memorial Foundation
New Horizon
One Family Inc.
Parent Child Home Program
Partnership for a Skilled Workforce
Project Bread
Project Rise
Salvation Army
Self Help Inc.
Share Our Strength
Sj4 Services
SkillWorks
Snap Chef
South Bay Community Services
South Bay Early Childhood
Springfield Partners CAA - Financial literacy classes at OPCS’s Emergency Food Pantry eight times a year
The Second Step
United Way of Tri-County
Veterans’ Inc.
Wayside Youth and Family Support Network, TEMPO
Worcester Community Action Council – Fuel Assistance for GWHC clients
Workforce Central Career Center
Y.O.U. Inc.

- Faith-Based
  Area Churches
  Bethany Hill Place
  Sisters of St. Joseph, Bethany Hill School
  United Church of Christ

- Local/State/Federal Government
  Framingham Housing Authority
  Framingham Police Department
  Local Veterans Agents
MA Department of Children & Families Area Board, Framingham
MA Department of Corrections
MA Department of Energy
MA Department of Housing & Community Development
MA Department of Public Health
MA Department of Transitional Assistance
Massachusetts Department of Education and Secondary Education
Middlesex District Attorney's Office
Natick Police Department
Parole Board
Public Housing Authorities
State Agencies in Massachusetts, New Hampshire and Rhode Island
US Department of Agriculture (USDA)
US Department of Housing and Urban Development (HUD)

- **For-Profit Business/Corporation**
  AAA Appliance
  Aaron's Furniture
  Advantage Solutions
  American Girl
  Appliance, Weatherization and Heating Assistance Vendors in Massachusetts, New Hampshire and Rhode Island
  Area Insulation Contractors (Green Jobs Academy)
  Broadview Staffing Services
  Clinical Science Laboratories
  Crane Appliances
  Cumberland Farms
  Enterprise Rent-A-Car
  Hampton Inn
  Jane Doe, Inc./The MA Coalition Against Sexual Assault and Domestic Violence
  Jewish Family Services
  Joe's American Grill
  Ken's Foods
  Massachusetts Housing and Shelter Alliance
  Massachusetts Rehabilitation Commission
  MetroWest Chamber of Commerce
  MetroWest Regional Transit Authority
  National Grid
  Nordstrom
  Northeast Solution Projections
  Percy's Appliances
  Rotmans Furniture and Carpet Store
  Sears Appliances
  Securitas
  Staples
  Staples
Stop & Shop
TJ Maxx
Utility Companies of Massachusetts, Rhode Island, and New Hampshire
Walmart
Weston Nurseries
Worcester Chamber of Commerce

- **Consortiums/Collaboration**
  MetroWest Regional Consortium

- **Housing Consortium/Collaboration**
  Homeownership Action Network
  Homes for Families

- **School Districts**
  Ashland Public Schools
  Early Childhood Alliance
  Framingham Public Schools
  Lowell High School
  Marlborough Public Schools
  Medway Public Schools
  Natick Public Schools
  Northbridge Public Schools

- **Institutions of Post-Secondary Education/Training**
  Boston University School of Dentistry
  Framingham State University
  Mass Bay Community College/Mass Coalition for Adult Education
  Northeastern University
  UMass Donahue Institute

- **Financial/Banking Institutions**
  Avidia Bank
  Cambridge Trust
  Charles River Bank
  Commerce Bank
  Community Economic Development Assistance (CEDAC)
  Country Bank for Savings
  Eastern Bank
  Federal Home Loan Bank of Boston (FHLBB)
  Massachusetts Housing Partnership (MHP)
  Middlesex Saving Bank
  Mutual One Bank
  Needham Trust
North Brookfield Savings
Peoples United Bank
Rockland Trust
Southbridge Savings Bank
The Life Initiative
United Bank

• Health Service Institutions
  AdCare Hospital
  Arbor Fuller Hospital
  Community Health Link
  Community Health Network Area (CHNA) 7 and 18
  Edward Kennedy Community Health Center
  Family Health Center
  Harrington Hospital
  Health Foundation of Central MA
  Healthy Families
  High Point Treatment Center
  Home Instead
  Institute for Health and Recovery
  Justice Resource Institute
  Lawrence Community Health Center
  Leonard Morse Hospital
  Lowell Community Health Center
  Lowell General Hospital
  Marlborough Hospital
  Massachusetts Behavioral Health Partnership
  Massachusetts Organization for Addiction Recovery
  MetroWest Emotional Health and Substance Use Task Force
  MetroWest Medical Center
  MetroWest Mental Health and Substance Abuse Taskforce
  Natick Visiting Nurse Association
  Passages
  Pembroke Hospital
  Psychiatric Emergency Services
  Smiles Program Dental Clinic
  Somerville at Farm Pond
  Southbay Mental Health
  Spectrum Health Systems
  St Patrick’s Manor
  Trilogy Testing
  Tufts School of Dentistry
  UMASS Extension Nutrition Education Program
  Visiting Nurses Associations
• Statewide Associations/Collaborations
  Association for Behavioral Health
  Mass Affordable Housing Network
  Massachusetts and National Associations of WIC Directors
  Massachusetts Association of Day Care Administrators
  Massachusetts Clean Energy Council
  Massachusetts Head Start Association
  Mental Health and Substance Abuse Corporations of Massachusetts
  National Association of WIC Directors
  National Head Start Association
  New England Head Start Association

11.5 Service Gaps
SMOC has an extensive network of linkages and collaborative partners that we use to fill identified gaps in services for our clients. Information and referral is a cornerstone of all of our case management programs and often includes case consultation with collateral agencies. Beyond connecting clients to all needed and available resources, we work with these partners to educate the community about service gaps and unmet needs and to collectively advocate for new funding and resources. As we move into our next three-year planning and implementation cycle, we will strive to enhance existing partnerships and build new coalitions and collaborations to ensure that we continue to meet the needs of our clients as well as our overall mission. Below are two examples of such collaboration and partnerships.

Founded by SMOC in 2015, the Framingham Business Resource Alliance (FBRA) seeks to expand and sustain Micro Business/Small Business Development services in the Town of Framingham. The Alliance is organized to create an entrepreneurial ecosystem of diverse community partners to boost the start-up and growth of low- or moderate-income businesses in Framingham Town, with a focus on South Framingham and the Downtown. SMOC coordinates and administers a grant program to support initiatives of the FBRA under the auspices of its Micro Business Development program, SMOC Financial Services (SFS).

The FBRA meets monthly to discuss what is happening at member organizations and collaborate on projects. The group has hosted a number of workshops supported by members. Current members include the Brazilian- New England Chamber of Commerce, Framingham Downtown Renaissance, Framingham State University, MassBay Community College, MetroWest Chamber of Commerce, MetroWest Legal Services, Middlesex Savings Bank, MutualOne Bank, SMOC, and the Town of Framingham, Division of Community and Economic Development.

In April 2016, the Executive Office of Health and Human Services (EOHHS) announced a funding award of $865,000 to create eight regional consortiums to provide crisis intervention services to families and individuals facing acute housing stability. We coordinate the MetroWest Regional Consortium which includes quarterly meetings of over 40 agency and community partners who also identify gaps and share new and existing resources. In Lowell, we partner with CTI as it relates to the Merrimack Valley Homeless Consortium and the Youth Consortium for Homeless Youth. Funding availability for various subsidy programs is discussed and strategies to end homelessness on both a micro and macro level are regularly reviewed during meetings.
12. Plan Monitoring and Reporting

Primary responsibility for monitoring and evaluating implementation of the 2018-2020 CARSP will lie with Divisional Directors and Program Directors/Managers working closely with the Planning Unit of the agency. The Planning Committee that was formed to provide oversight and guidance for the CARSP process will continue to convene periodically to monitor implementation of the Strategic Plan. The full Board will be provided with annual updates regarding the plan’s implementation.

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Persons Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 27, 2017</td>
<td>Present FY2018-2020 CARSP to Board for review and approval.</td>
<td>Jerry Desilets; Rohey Wadda</td>
</tr>
<tr>
<td>July 10, 2017</td>
<td>Submit Board-approved FY2018-2020 CARSP to DHCD.</td>
<td>Jerry Desilets; Rohey Wadda</td>
</tr>
<tr>
<td>August–October 2017</td>
<td>1. Present FY17 Annual Program Progress Report to Board for review and approval and submit to DHCD.</td>
<td>Planning Staff; Division Directors; Component Managers</td>
</tr>
<tr>
<td></td>
<td>2. Develop and submit FY18 Community Action Plan (CAP) to DHCD.</td>
<td></td>
</tr>
<tr>
<td>August–October 2018</td>
<td>1. Present FY18 CAP Annual Progress Report to Board for review and approval and submit to DHCD.</td>
<td>Planning Staff; Division Directors; Component Managers</td>
</tr>
<tr>
<td></td>
<td>2. Develop and submit FY19 Community Action Plan (CAP) to DHCD.</td>
<td></td>
</tr>
<tr>
<td>August–October 2019</td>
<td>1. Present FY19 CAP Annual Progress Report to Board for review and approval and submit to DHCD.</td>
<td>Planning Staff; Division Directors; Component Managers</td>
</tr>
<tr>
<td></td>
<td>2. Develop and submit FY20 Community Action Plan (CAP) to DHCD.</td>
<td></td>
</tr>
<tr>
<td>August–October 2020</td>
<td>Present FY20 CAP Annual Progress Report to Board for review and approval and submit to DHCD</td>
<td>Planning Staff; Division Directors; Component Managers</td>
</tr>
</tbody>
</table>
Bibliography


Worcester Community Action Council. WCAC Key Needs for SMOC, 2017
Appendix 1: Community Needs Survey Instrument

South Middlesex Opportunity Council
Community Needs Assessment & Strategic Plan 2018-2020
COMMUNITY NEEDS SURVEY

The South Middlesex Opportunity Council (SMOC) works to improve the quality of life for people in the MetroWest area. Please help us plan for the future by answering the questions on this survey. It should take about 5 minutes. Your answers are confidential and will be completely anonymous.

SMOC PROGRAM (if applicable)

SECTION 1 - BASIC QUESTIONS ABOUT YOU

1. What town do you live in? ________________________

2. How old are you? ______

3. What is your gender? □ Man □ Woman □ Transgender Woman □ Transgender Man

4. What is your sexual orientation? □ Straight □ Gay/Same Gender Loving □ Bisexual □ Questioning/Unsure

5. Are you a veteran? □ Yes □ No

6. Do you have a disability? □ Yes □ No

7. Do you have a documented disability? □ Yes □ No

8. Do you use Assistive Technologies? □ Yes □ No

9. What languages do you speak at home? Check all that apply:
   □ English □ Spanish □ Portuguese □ Russian □ Other, specify__________________________

10. What is your racial group? □ American Indian or Alaskan Native □ Asian
    □ African American or Black □ Hawaiian or Pacific Islander □ Caucasian or White
    □ Multiracial □ Other, specify______________________________

11. Are you Hispanic? □ Yes □ No

12. Are you Brazilian? □ Yes □ No

14. What is the composition of your household? □ Single Parent/Female □ Single Parent/Male □ Two Parent Household with Children Living at Home □ Single Person □ Two Adults/ No Children □ Other, specify__________________________

15. Please check ALL the benefits your household receives: □ TAFDC □ SSI/SSDI □ Unemployment □ EAEDC □ Social Security Retirement □ WIC □ SNAP (Food Stamps) □ Veteran’s Benefits □ None of these

16. What is your monthly household income after taxes? Please check one: □ Zero □ $1 - $999 □ $1,000 - $1,999 □ $2,000 - $2,999 □ Over $3,000

17. What is the highest grade you completed in school? □ Less than 8th grade □ Some high school □ High school diploma or GED/HiSet □ Some college □ Certificate □ Associate’s degree □ Bachelor’s degree □ Graduate degree □ Vocational/trade school diploma

18. Please select which of the following best describes your family’s current food situation: □ Has little to no food and most food is provided through soup kitchens, community meals, food pantries, friends and relatives □ Has less than one week’s food available □ Has more than one week’s food available □ Able to obtain adequate food without relying on soup kitchens, community meals, food pantries, friends and relatives

19. How many times in the past year did you use a food pantry, soup kitchen, community meal, etc? □ None □ 1-4 □ 5-8 □ 9-12 □ More than 12 times

SECTION 2 - SOME QUESTIONS ABOUT YOUR HOUSING

1. What is your housing status? □ Own □ Rent □ Homeless □ Living with friends or family

2. If you rent, do you have a housing subsidy? □ Yes □ No □ N/A

3. Have you been homeless, stayed in a shelter, or had to stay with family or friends during the past year? □ Yes □ No
4. Do you spend more than half of your income on rent/mortgage? □ Yes □ No □ N/A

SECTION 3 - SOME QUESTIONS ABOUT YOUR HEALTH CARE

1. Do you have health insurance for yourself? □ Yes □ No

2. Do your children (age 26 or under) have health insurance? □ Yes □ No □ N/A

3. Do you have a Primary Care Provider (Doctor, Nurse Practitioner, etc.)? □ Yes □ No

4. How many times have you used the Emergency Room in the past year? ______________

5. When was your last physical/check-up?
   □ Within the last year □ 1-2 years ago □ More than 2 years ago

6. Have you seen a dentist in the last year? □ Yes □ No

7. In the past year, have you or anyone in your household experienced problems with alcohol or drug use? □ Yes □ No

8. In the past year, have you or anyone in your household, been diagnosed with depression or another mental illness, and/or experienced difficulties relating to a mental illness during the last year? □ Yes □ No

9. In the past year have you or someone you know misused opiates? □ Yes □ No

10. If you or someone you know need treatment for opiate misuse, would you know where to get support? □ Yes □ No

SECTION 4 - SOME QUESTIONS ABOUT WORKING

1. Are you currently employed? □ No □ Yes/full-time □ Yes/part-time □ Yes/self-employed
   □ Temporary □ Seasonal □ Volunteer

2. What is your hourly wage? □ $1.00 - 9.99 □ $10.00 - 14.99 □ $15.00 - 19.99 □ $20.00 or more □ N/A

3. If you are not employed, what are the problems that keep you from being employed? Check all that apply:
   □ Lack of transportation □ Lack of child care □ Elder Care □ Language
   □ Physical/mental health concern □ Lack of education/job skills □ Child with disabilities
   □ Other family member with disabilities □ Immigration status □ Other, specify ________________________________
4. Do you own a car? □ Yes □ No 5. Do you have a valid driver’s license? □ Yes □ No

SECTION 5 - SOME QUESTIONS ABOUT MONEY

1. In the last six months, have you had to borrow money from any of the following sources to purchase basic needs – such as groceries, rent, transportation, utilities, medical or day care. Please check all that apply:
   □ Friends and/or Family □ Credit Cards □ Pay Day Loans □ Other, specify ________________

2. In the last six months, have you had your lights, telephone, gas, water, electric, or heat shut off because you could not pay the bill? □ Yes □ No

3. Do you have any debts? □ No If yes, please check the most appropriate box,
   □ Less than $500 □ Between $500 and $1,000 □ Between $1,000 and $5,000
   □ Between $5,000 and $10,000 □ More than $10,000

4. Do you have a bank account? □ No If Yes, please specify type: □ Checking Account
   □ Savings Account □ Both

5. Do you have a monthly budget? □ Yes □ No

SECTION 6 - SOME QUESTIONS ABOUT YOUR SAFETY

1. Have you or someone in your household suffered physical or emotional abuse, or sexual assault, during the past year?
   □ Yes □ No

2. If yes, who abused you (check all that apply)? □ A stranger □ Boyfriend/ Girlfriend
   □ Your spouse □ Your child □ Your parent(s) □ Other relative □ Friend
   □ Roommate □ Other (please specify) ________________

3. Have you needed help from the police during the past year? □ Yes □ No
   If yes, what was the reason? □ Personal safety □ Other emergency □ To stop the
   nuisance of a neighbor □ Help with something personal (such as lost/stolen item, car
   accident, etc.)

4. Do you feel comfortable asking the police for help? □ Yes □ No
   If no, why ________________

SECTION 7 - SOME QUESTIONS ABOUT CHILDCARE

1. Do you need full day, year-round child-care? □ Yes □ No □ N/A

2. Are you able to find affordable childcare? □ Yes □ No □ N/A
3. Do you have childcare when school is closed? ☐ Yes ☐ No ☐ N/A

SECTION 8 - SOME QUESTIONS ABOUT USING SOCIAL MEDIA TO COMMUNICATE WITH SERVICE PROVIDERS

1. Do you have access to a cell phone? ☐ Yes ☐ No

2. Do you have access to a computer or tablet? ☐ Yes ☐ No

3. Do you use a public computer most of the time? ☐ Yes ☐ No

4. Do you use a private computer most of the time? ☐ Yes ☐ No

5. Do you use your cell phone to send and receive text messages? ☐ Yes ☐ No

6. Do you use any of the following to communicate with service providers (i.e. case managers, health care providers, government offices, etc.)? Check all that apply:

☐ Cell Phone ☐ Email ☐ Text ☐ Twitter ☐ Facebook ☐ SMOC Website ☐ Fax ☐ Mail
☐ Other, specify ___________________________________________________________________

7. Would you like to rely more on social media to communicate with SMOC service providers? ☐ Yes ☐ No

8. If yes, what kind? ______________________________________________________________________

9. Do you have any concerns about privacy and confidentiality? ☐ Yes ☐ No

10. If yes, what are you concerned? __________________________________________________________________

SECTION 9 - SMOC SERVICES

1. Which SMOC services did you use during the past year? Check all that apply: ☐ NONE
   ☐ Fuel Assistance / Weatherization ☐ Head Start/ Child Care / Afterschool
   ☐ Rental Assistance/ Section 8 ☐ Counseling ☐ WIC
   ☐ Domestic Violence Services ☐ Rape Crisis/ Sexual Assault Services ☐ SMOC
   Housing
   ☐ Homeless Services ☐ Career Center/Education ☐ Tax Prep/VITA
☐ Something Else: (If so, please feel free to explain what service you used)

2. Have you been satisfied with the services you received at SMOC?
☐ Always ☐ Most of the Time ☐ Sometimes ☐ Hardly ever

3. Has the staff been: ☐ Very helpful ☐ Somewhat helpful ☐ Not very helpful

4. What other services do you, and your family, need the most?

5. Is there anything else that you want to tell us that may help improve our services?

THANK YOU FOR YOUR TIME IN ANSWERING THESE QUESTIONS!!!
Appendix 2: Community Organizations Survey Instrument

South Middlesex Opportunity Council
Community Needs Assessment & Strategic Plan 2018-2020
COMMUNITY ORGANIZATIONS SURVEY

Organization Name:  

Your name:  

Title/Position:  

Address:  

Tel:  

E-mail:  

1. Please briefly describe the population(s) served by your organization (check all that apply):
   - Children (17 & Under)
   - Families
   - Young Adults (18-24)
   - Veterans
   - Immigrants
   - Elders (60+)
   - People w. Disabilities
   - People w. Mental Health issues
   - People w. Substance Abuse issues
   - Refugees
   - Undocumented
   - Homeless
   - Single Adults
   - LGBQ/T
   - Other Special Populations: (describe)  

2. Cities and towns in your agency’s service area:
   - Ashland
   - Bellingham
   - Framingham
   - Holliston
   - Hopkinton
   - Marlborough
   - Natick
   - Northbridge
   - Southborough
   - Wayland
   - Other, please specify  

3. Nature of service you provide (please check all that apply):
   - Housing
   - Financial
   - Childcare
   - Transportation
   - Behavioral Health
   - Medical
   - Government Benefits
   - Training
   - Workforce development
   - Philanthropy
   - Public Benefits
   - Education
   - Legal
   - Language
   - Nutrition
   - Other (please specify)  

4. What is the estimated % of your clients with incomes below the area median income?
   - Less than 25%
   - 25% - 49%
   - 50% - 74%
   - 75% - 100%
5. Using your own knowledge and experience in working with the population of the area, please rate what you believe to be the level of need in the greater MetroWest community:

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>High</th>
<th>Moderate</th>
<th>Low</th>
<th>None</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOUSING NEEDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home ownership opportunity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finding affordable housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HEALTH CARE NEEDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance with applying for and/or maintaining health insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance with cost of health insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance in paying for prescription drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Translation services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute care services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary health care services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Culturally sensitive health care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FINANCIAL/ WORKFORCE NEEDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good paying job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elder Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibility for Transitional Assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money for basic needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Literacy/Budgeting Classes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debt management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Education/GED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer skills training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English as a second language</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Energy/Fuel Assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rep Payee services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHILD CARE NEEDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affordable child care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOPIC</td>
<td>High</td>
<td>Moderate</td>
<td>Low</td>
<td>None</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>------</td>
<td>----------</td>
<td>-----</td>
<td>------</td>
<td>----------------</td>
</tr>
<tr>
<td>Parenting skills and support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After-school / summer child care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-school/ Head Start</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voucher application assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NUTRITION NEEDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition assistance programs (SNAP, WIC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food pantry resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to affordable healthy food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DOMESTIC VIOLENCE/ SEXUAL ASSAULT SERVICE NEEDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic violence services for women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic violence services for men</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic violence services for children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment of offenders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need for prevention/education services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neighborhood crime/safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workplace safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent crime victim services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TRANSPORTATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to public transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affordability of public transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car ownership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. How could you help SMOC/How could SMOC help you meet these needs?

7. What overlap / duplication of services do you identify?

8. What other needs would you identify?

Thank you again for taking the time to complete this survey.
Appendix 3: Staff Survey Instrument

South Middlesex Opportunity Council
Community Needs Assessment & Strategic Plan 2018-2020

STAFF SURVEY

Thank you for participating in the SMOC staff survey. As an agency we feel it’s important that you, our employees, help to identify what factors contribute to or impede a client’s progress. We believe that staff input is critical to understanding how SMOC is meeting the needs of the community and their mission. All surveys are completely confidential.

1) Which Region of the Commonwealth do you work out of?
   a. Metro West (Framingham area)
   b. Worcester Area and N. Central
   c. Springfield and W. Central
   d. Lowell area
   e. Other ____________________________

2) Please circle the letter that best describes your role in SMOC:

   A Direct Care Staff- This may include Case Managers, Case Management Supervisors, Teachers/Child Care, Housing Stabilization, Program Advocates, Triage Workers, Counselors, Employment Specialists, Fuel Assistance Specialists, and Medical Team

   B Administration Staff- This may include Accountants, Analysts, Office Workers, Receptionist, Assistants, and Financial Services

   C Support and Property Staff- This may include Intake Specialists, Maintenance Technicians, Property Managers, Program Coordinators, Warehouse, Food Pantry, Drivers, Program Representatives or Inspectors, Energy Auditors

   D RWA- This may include Relief, Admin and Labor

   E Management Level- This may include Program Directors, Program Managers, Component Directors, Senior Staff

3) Please rate the following as it pertains to your program environment:
<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel the range of SMOC services meets most if not all of our client needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within my program/department, after working with SMOC, I feel our clients achieve success in improving the conditions of their lives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within SMOC, I feel our clients are successful in improving the conditions of their lives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel that I can positively impact service delivery at SMOC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can communicate concerns regarding clients to management and the issues are resolved</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel that SMOC succeeds at our mission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4) Please comment on why you rated something as disagree or strongly disagree ___________________________
5) Do you feel there are client needs we are not addressing, if so please list.

6) Are there any services that you would like to see added? Yes/No

7) If yes, please list.

8) Let's talk about the work environment- please rate

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>You feel that your manager is approachable and accessible and offers help when needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You feel that SMOCC effectively communicates with its employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Think about your benefits (vacation, sick, holidays, dental &amp; health insurance, 403b) you feel that the benefits are good</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You feel that there is a strong feeling of teamwork and cooperation in SMOCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>Don’t know</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>----------------</td>
<td>-------</td>
<td>---------</td>
<td>----------</td>
<td>-------------------</td>
<td>------------</td>
</tr>
<tr>
<td>You feel that your work is valued by SMOC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You get positive praise or recognition from your manager</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You feel safe at work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You have the tools needed to assist clients or get your job done</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You have a good understanding of SMOC’s mission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9) Please comment on why you rated something as disagree or strongly disagree:______________________________

10) What could SMOC do to improve your work experience?__________________________________________
Appendix 4: Board Survey Instrument

South Middlesex Opportunity Council
Community Needs Assessment & Strategic Plan 2018-2020
BOARD OF DIRECTORS SURVEY

1. How long have you served on the SMO Council?
   □ Less than 1 year □ 1 to 4 years □ 5 to 9 years □ 10 years or longer

2. What sector do you represent on the Board?
   □ Public □ Low-Income Individuals and Families/Consumers □ Private
   □ I’m not sure

3. Please rate the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have a strong understanding of SMO Council’s mission and goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand what is expected of me as a Board member</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMO Council’s Board of directors is effective in meeting its mandate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Board is adequately trained and supported to meet the agency’s mission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMO Council is successful at meeting its</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>mission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMOCC has a strong understanding of community needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMOCC’s programs and services meet client needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMOCC’s programs and services meet community needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMOCC’s programs and services meet agency needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMOCC’s management and decision making is sound</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMOCC does a good job with fundraising and public relations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMOCC implements sound financial management practices</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMOCC staff are adequately trained and supported to meet the agency’s mission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMOCC workplace conditions and workplace climate are positive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Please comment on why you rated something as Disagree or Strongly Disagree
Disagree

5. Please describe 3 strengths of the agency

6. Please describe 3 areas where you would like to see improvement within the agency

Thank you for your time!
Appendix 5: Focus Group Questions

I. **Food**
   Do you receive food stamps and/or WIC? Do they last the entire month?
   What happens when you run out of food stamps? What do you do to eat?
   Do you use food pantries or soup kitchens when you run out of food stamps or do you utilize them all the time? (Emergency situations?)
   What would help you better access the foods you need?” (i.e. more grocery stores accepting SNAP, more fruits and vegetables at convenience stores, etc.)
   What types of food do you purchase? – (Food Selection)
   What influences your food choices? (messaging, and what are they?)
   What prevents you from getting to food pantries / soup kitchens?

II. **Housing**
   Would you consider your housing affordable?
   Do you hold a housing subsidy?
   Do you have to make choices about what bills you pay due to housing costs?
   Are you not paying for _____ to pay for _____
   Do you need additional services to pay utilities after housing costs are paid?
   FEMA – LIHEAP – Good Neighbor

III. **Employment / Education**
   Are you employed?
   How do you feel about your job? What do you like/what do you dislike? Pay/hours/travel time, etc.
   What is your dream job? What is preventing from obtaining that job?
   What types of educational services would assist you in achieving your dream job?
   How many jobs have you had in the past year? If you have had more than one job, why?
   If you’re not employed, what is the reason?

IV. **Transportation**
   Do you have transportation?
   Is it reliable?
   What is your primary mode of transportation?
   How do you access resources?
   Walk, public transportation, car, friend’s car, Uber, etc.?

V. **Community Strengths/ Assets/ Resources**
   Are resources accessible in your neighborhood?
Appendix 6: Respondents to Community Organizations Survey by Sector

Non-Profit

- A Place To Turn Food Pantry
- BayPath Elder Services, Inc.
- Bellingham COA Senior Center
- Boys & Girls Clubs of MetroWest
- Callahan Senior Center
- Career Connections
- Framingham Adult ESL Plus
- JRI Health / Program RISE
- Justice Resource Institute
- MetroWest Center for Independent Living, Inc.
- MetroWest Health Foundation
- Natick Service Council, Inc.
- Programs For People, Inc.
- Wayside Youth & Family Support Network
- MetroWest Legal Services
- Partnerships for a Skilled Workforce
- Springwell Protective Services Department

Faith Based

- Bethany Hill Place
- Greater Framingham Community Church
- New England Aftercare Ministries/Bridge House Program

Local Government

- Community Services Department, Town of Natick
- Framingham Housing Authority
- Framingham Police Department
- Holliston Senior Center
- Hopkinton MA Council on Aging
- Hopkinton Senior Center
- Marlborough Council on Aging & Senior Center
- Town of Ashland Elder Services/Recreation/Youth and Family Services
- Milford Senior Center
- Natick Veteran Services
- Northbridge Council on Aging/Senior Center

State Government
- Department of Children and Families
- Department of Mental Health
- Department of Transitional Assistance

For-Profit Business or Corporation
- MetroWest Regional Transit Authority
- Suburban Child

Consortiums/Collaboration
- Framingham Coalition

School Districts
- South Middlesex Regional Vocational School District

Institutions of post-secondary education/training
- Framingham State University

Financial/Banking Institutions
- MetroWest Chamber of Commerce
- Middlesex Savings Bank
- Southbridge Savings Bank

Health Service Institutions
- Ashland Board of Health
- Edward M. Kennedy Community Health Center
- Natick Health Department
- Natick Visiting Nurse Association, Inc.