

**SMOC** SOUTH MIDDLESEX  
OPPORTUNITY COUNCIL, INC.

*Organizing Resources for Social Change and Economic Independence*

COMMUNITY ACTION PLAN  
FY 2006-2008

**SMOC COMMUNITY ACTION PLAN  
FISCAL YEARS 2006-2008**

**TABLE OF CONTENTS**

I. Introduction	p.2
II. Community Action Plan Process	p.3
III. Mission Statement	p.4
IV. Community Profile	p.8
V. Community Needs Assessment and Analysis of Results	p.9
VI. Internal Needs Assessment	p.14
VII. Service Delivery System	p.17
VIII. Three Year Goals and Strategy Development	p.24
IX. Linkages	p.34
X. Funding Strategies	p.44
XI. Vision Statement	p.47
XII. Community Action Plan Evaluation	p.50

**SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC.**

**COMMUNITY SERVICES BLOCK GRANT  
COMMUNITY ACTION PLAN  
FEDERAL FISCAL YEARS 2006-2008**

**I. INTRODUCTION**

South Middlesex Opportunity Council, Inc (SMOC) is a private nonprofit corporation that operates as the Community Action Agency for the greater MetroWest and Blackstone Valley area. Since its inception in 1964, SMOC's goal has been to improve the quality of life for low-income people by working with the community to effect social, individual and family change leading to economic independence. Based on its original mandate as cited in the Federal Economic Opportunity Act of 1964, SMOC's mission is to advocate for resources to meet the needs of low-income people and to empower them to obtain and maintain economic independence.

This advocacy has led to the development and implementation of a wide range of programs that provide a continuum of care and service that addresses the comprehensive needs of low-income families and individuals. Housing, day care and preschool education, adult education, job training and placement, emergency shelter, substance abuse, mental health, domestic violence and sexual assault services, nutrition, emergency energy and financial assistance are among the array of services provided by the agency. In addition, the agency engages in community organizing around increasing access to health care, housing and building cultural competence.

Essential to SMOC's effectiveness is the involvement of a broad cross section of the community in its policy and decision-making process. To ensure this participation, one-third of the SMOC Board is comprised of low-income representatives in the community, another one-third are elected officials of each community or their appointed representatives and the remaining one-third are representatives of the private sector of the community.

**II. COMMUNITY ACTION PLAN PROCESS**

SMOC's Community Action Planning Process began in January, 2005, when SMOC brought together the senior management team, program managers, consumers, staff and board members to form a Community Action Planning Committee. The Executive Director and the

Director of Policy & Planning developed a schedule for completion and review of each section of the plan. The committee was charged with developing the Community Action Plan for FY 2006-2008. Two subcommittees were established: the Community Needs Assessment Subcommittee and the Strategic Development Subcommittee. The Community Needs Assessment Subcommittee was further divided into two parts: Internal Needs Assessment and Consumer Needs Assessment. The committees designed and administered four needs assessment surveys. Consumers, staff, Board members and community organizations constituted the four areas of assessment.

Subsequently, the Committees analyzed and reported the results of these surveys and incorporated knowledge gained from the needs analysis into the plan, undertook a review of the agency's mission, identified goals and strategies for future action in meeting outcome goals utilizing the new ROMA national indicators, assessed linkages, articulated funding strategies and created a vision statement.

The SMOC Board of Directors were oriented to the Community Action Planning process early in the process and their input was formally solicited, received and analyzed at subsequent Board and subcommittee meetings. Senior staff of the agency discussed some aspect of the Community Action Plan at each of its regularly scheduled meetings – usually every two weeks. Senior managers oriented program directors who, in turn, submitted materials on their individual programs with targeted and specific goals and activities for each program.

The Community Action Plan was adopted by a vote of the full Board at its meeting of xxxxxxxxxxxxxxxxxxxx

### **III. MISSION STATEMENT**

The Community Action Plan process for 2006-2008 included an in-depth review of our mission and vision statements and an analysis of whether the statements continue to reflect our main purpose. It was determined that the mission and vision statements do in fact address our current goals and objectives. We also identified that it is important to state concretely that our vision and mission includes empowering individuals and families to reach and maintain economic independence and thus, we have added “economic independence” to our vision statement and our agency logo. It was determined further that the CAP process presented us the opportunity to reengage managers and staff in revisiting the mission and vision statements. From this exercise, SMOC decided to extend our mission and vision statements to include more

precise functions and values descriptions that will enhance our own and our customers' fuller understanding and appreciation of the work we do.

SMOC is a private non-profit corporation committed to mobilizing and utilizing public and private resources to advocate for and improve the quality of life for low-income people in the MetroWest region. SMOC organizes, represents and advocates for low-income people in order to attack and eradicate the causes of poverty. SMOC provides direct services to low-income people designed to improve the conditions in which they live. SMOC fosters community development through housing and economic development programs that seek to integrate low-income individuals more fully into the fabric of community life. Successfully carrying out this mission will empower low-income individuals and families to establish and maintain stable independent living, self-sufficiency and economic independence. In turn, this will enhance the overall well being of the community, as low-income people become stronger stakeholders in the success of the community at large.

As indicated above, after a comprehensive review and analysis of our mission, vision and values, SMOC produced the following restatement of mission and purpose that will help guide us through the Community Action Plan for 2006-2008. The Board, executive officers, senior managers, program directors and the entire staff of the agency were involved in this process and the creation of this restatement.

## **SMOC'S MISSION**

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 partnerships.

As we examined our mission statement, we determined that we would extend it to include a concise summary of our agency functions to provide additional clarity and action planning for staff and consumers.

## **SMOC'S FUNCTION STATEMENTS**

### **Community Resources**

- SMOC organizes, represents and advocates for low-income and disadvantaged people to attack and eradicate the causes of poverty.
- SMOC provides information and referral services that allow people to advocate for themselves, develop problem solving skills and community connections. Through self-advocacy, people obtain needed resources and information to improve the quality of their lives.
- SMOC provides community education, advocacy and outreach for newcomers to Massachusetts to help them meet their basic needs.
- SMOC provides advocacy for social and economic change that will bring quality, accessible health care to all.
- SMOC provides opportunities for community volunteers, interns and donors to make a meaningful difference in the lives of others.
- SMOC empowers individuals and families to become self-sufficient.

### **Family & Nutrition Services**

- SMOC provides Early Education and Childcare Services in the form of Childcare and Head Start to income-eligible and disadvantaged children and their families.
- SMOC provides nutrition education and checks for healthy food to pregnant and parenting mothers, infants and children.
- SMOC operates a mobile clinic that provides nutrition education and checks for healthy food to prenatal and postpartum women, infants and children as well as basic medical services to uninsured and under-insured individuals.
- SMOC provides congregate meals to senior citizens and delivers meals to homebound or frail elders.
- SMOC secures and re-distributes food to people in need through partnerships with restaurants, caterers, farmers, food banks and food pantries.
- SMOC provides a comprehensive set of services, including emergency shelter, to victims of domestic violence and sexual assault.

### **Mental Health and Substance Abuse Services**

- SMOC provides comprehensive services, including clinical, residential, day treatment, employment and community support, to individuals suffering from chronic and severe mental illness and co-occurring disorders.

- SMOC provides treatment for individuals convicted of driving under the influence.
- SMOC provides clinical services to individuals and families who are consumers of the organization's other service programs.
- SMOC provides medication management and support for people with severe mental illness.

### **Housing and Homelessness Services**

- SMOC acquires, develops, rehabilitates, manages and maintains properties used for affordable housing for low and moderate-income individuals and families.
- SMOC provides emergency shelter for homeless individuals in the City of Worcester and MetroWest area.
- SMOC provides emergency shelter for homeless families in the Greater MetroWest area.
- SMOC provides a residential treatment program for homeless families grappling with substance abuse issues.
- SMOC provides a residential treatment program for women struggling with substance abuse issues.
- SMOC operates a Housing Continuum for formerly homeless single adults in recovery in the MetroWest, Worcester County, Hampden County and Hampshire County.
- SMOC provides a residential housing program for individuals suffering from HIV/AIDS.
- SMOC provides housing assistance services to prevent family homelessness.
- SMOC provides housing search services for individuals suffering from HIV/AIDS.
- SMOC operates and administers financial assistance programs aimed at preventing individual and family homelessness.
- SMOC operates a Home Center that provides First Time Homebuyer classes and other services aimed at helping people become homeowners.

### **Energy & Financial Assistance**

- SMOC provides fuel assistance to eligible low-income people to heat their homes in winter months.
- SMOC provides energy and weatherization services to reduce the cost of utilities and to help maintain health and safety.
- SMOC is a regional housing authority, administering Section 8 Rental Subsidy Certificates for income-eligible families and individuals.

### **Economic Development Services**

- SMOC provides housing and employment search services for homeless individuals living in shelters on a statewide basis.

- SMOC provides housing assistance for individuals exiting the criminal justice system who are at risk of homelessness on a statewide basis.
- SMOC provides comprehensive services for women exiting the criminal justice system, primarily from MCI Framingham.
- SMOC provides a loan program for homeowners to make their home physically accessible to disabled family members and/or tenants.
- SMOC provides education classes for young parents to help them attain their high school equivalence degree, post-secondary education and permanent employment.
- SMOC operates a self-directed Career Center open to the general public that offers workshops, career counseling, and access to a computer facility.
- SMOC provides daytime basic education classes to adult clients from other SMOC programs to earn their high school equivalency degrees.

#### **Administration & Finance**

- SMOC administration and finance provides professional services in accordance with governmental, accounting and non-profit standards in support of SMOC's mission and to ensure effective and efficient operation of SMOC's programs.

#### **IV. COMMUNITY PROFILE**

The 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: Ashland, Bellingham, Framingham, Holliston, Hopkinton, Marlborough, Natick, Northbridge, Southborough and Wayland. The total land area of the ten towns is approximately 160 square miles and the population is about 240,000 people.

Framingham and Marlborough are the largest of the communities in the service area with a combined population of over 100,000 and have many of the characteristics of small cities. An indicator of the growing needs of low-income families in the area, taken from the 2000 federal census, is that the number of families living below the federal poverty line increased since 1990 in Framingham from 4.2% to 6.0% and in Marlborough from 4.3% to 4.7%. In Holliston, the number grew from 0.7% to 2.5%. In Wayland, the number grew from 1.0% to 2.1%. In Ashland, Natick, Southborough and Hopkinton, the number declined or remained the same.

We continue to rely upon the demographic data contained in the United States 2000 Census. Demographic profile tables are a rich resource for helping to assess the needs of the population of our

catchment area. In terms of income, educational attainment, housing status and many other variables, the census data will provide great assistance to community planning activities.

For example, the table below presents a quick overview of various population characteristics drawn from the census that are excellent indicators of need in a number of categories and will greatly assist needs analysis. We found these data useful in preparing our 2003–2005 Plan and have revisited it for 2006 – 2008. A full four page demographic profile for each of the ten communities is available on-line.

	%Household income < \$25,000	%Families headed by single mothers	% Over age 25 less than high school degree	% of housing available for rental	% speaking English less than “very well”	% paying 30% or more of income for rent
Framingham	15.0	5.8	12.8	44.5	14.2	38.1
Hopkinton	4.4	5.0	4.0	26.5	2.0	14.6
Ashland	7.0	4.1	5.2	20.3	4.3	39.1
Southboro	3.0	3.0	3.6	12.1	1.1	38.3
Natick	5.6	3.9	6.0	28.9	3.5	28.0
Marlboro	10.3	4.9	12.7	39.0	9.4	33.7
Northbridge	21.7	6.2	15.4	33.8	4.4	30.6
Holliston	5.6	4.2	3.1	13.7	2.0	35.1
Wayland	4.7	3.5	3.5	8.3	2.1	41.1
Bellingham	13.4	5.0	11.1	17.3	1.4	30.6

Data that has become available since the 2000 Census provides some indication that the needs of low-income populations are on the rise in Massachusetts. The Economics and Statistics Administration of the United States Department of Commerce, United States Census Bureau states in its report: Income, Poverty and Health Insurance in the United States: 2003, that Massachusetts is one of nine states with a decrease in median household income. Between 2000 and 2003, the decrease was 3.2%. There was also an increase in the percentage of people living in poverty (.07%), bringing the state rate to 10.1%. On the health care front, the number of people who are uninsured grew by 1.2% to an estimated total of 10.3 % of our state’s population. Clearly, this data has implications in our MetroWest area and will be a part of our overall assessment of community need.

**V. COMMUNITY NEEDS ASSESSMENT AND ANALYSIS OF RESULTS**

**A. CONSUMER SURVEY**

The SMOC Community Needs Assessment committee designed the consumer needs survey with input from program managers and staff representing all SMOC programs. The survey was comprised of 38 questions concerning demographics, housing, health care, employment, financial issues, safety, childcare, and satisfaction level. Survey questions elicited a comprehensive array of information on population characteristics and need. The survey was designed to focus in particular upon the special needs of low-income individuals and families. Surveys were distributed to over 2500 consumers throughout the agency representing a 10% sample of each program.

426 surveys were completed and returned to SMOC to yield a return rate of approximately 17%. Highlights of the survey are displayed below, while the comprehensive spreadsheet displaying all data follows.

### **CONSUMER SURVEY HIGHLIGHTS**

**36% reported they were disabled**

**15% did not have a high school diploma or GED**

**60% of respondents were white, 15% Hispanic, 7% African American, 6% Brazilian, 4% other, 2% Asian American, 1% Native American, 5% no response**

**34% were receiving SSI/SSDI, 10% SS retirement**

**17% did not have health insurance**

**43% of families needed full time day care**

**30% had substance abuse in household**

**71% did not have access to affordable childcare**

**38% used a food pantry every month (11%) to sometimes (27%)**

**40% had been homeless in the past year**

**60% spent more than half of their income on rent/mortgage**

**Problems that Kept Consumers From Working: Physical/Mental Health: 27%; Transportation: 17%; Child Care: 10%; Child under 6: 8%; Lack of Education/Job Skills: 7%**

**47% had to borrow money at least once in the last 6 months**

**17% experienced physical/emotional abuse in the past year. 63% of that abuse occurred in a relationship.**

### **CONSUMER SURVEY CONCLUSION**

The results of the consumer survey identify needs among low income individuals and families in program categories that, to a large degree, parallel the continuum of care and service that is provided by the SMOC family of programs. SMOC is appropriately targeting services and should continue its work along this continuum to eradicate or ameliorate the conditions that give rise to poverty and its resultant ill effects on individuals, families and communities. It appears that survey return results were significantly higher from homeless and formerly homeless individuals and families and this has had heavier influence on our findings.

The needs assessment shows that there is a continuing need among low-income people in the areas of housing, health, education, child care, employment and training, economic development, community services, energy and financial assistance, emergency shelter services, nutrition, behavioral health services, and women's protective services.

The survey provides SMOC with useful data that will help the agency with the design, implementation and revision of our programs.

The consumer survey also serves to highlight the growing need in a number of areas that will demand the agency's attention over the next three years. Some areas of need will require renewed or special emphasis. The results of the 2005 survey indicate three specific areas to which the SMOC will devote additional attention: employment (also affecting income), the borrowing of money, and a need for affordable childcare. Otherwise, the data displays a surprisingly common 67% to 33% ratio concerning favorable to unfavorable conditions (see homelessness, prescription drugs, emergency room health care, alcohol and drug abuse, and domestic mental health problems) and overall positive percentages in most other areas of concern. As to consumer satisfaction with services, 50% said they were "always" satisfied with SMOC's services. 30% reported "most of the time," and only 8% said "sometimes." 12% did not respond to the question.

In other areas, survey finding indicate need for increasing emergency supportive housing for both individuals and families with particular emphasis on chronically homeless individuals; creating and maintaining housing for low-income individuals and families; increasing

access to health care for low-income and immigrant communities; increasing child care service and, the need to target mental health and substance abuse services for chronically homeless individuals.

SMOC will work with state agencies, other community organizations, businesses, faith-based organizations, foundations, town officials and others who are also working to address these issues in both categorical and systemic terms. Both this data and our program experience have led us to develop some ideas about new ways to assist moving people to self-sufficiency. With particular reference to substance abuse and mental health issues impeding people's access to housing where rehabilitation and support can lead to independence, SMOC is undertaking the establishment of innovative supported housing programs to target chronically homeless individuals. SMOC is expanding its employment and housing search programs to work more intensively with individuals recently discharged from the correctional system. SMOC is moving forward to establish a behavioral health services program targeting the chronically homeless.

Survey results also support our previously stated intention to concentrate on the restoration of a couple of critical state programs that were lost due to state budget cuts, particularly the Individual Self Sufficiency Program (ISSI) for housing services to homeless individuals and the Detox facility in the MetroWest region.

## **B. COMMUNITY ORGANIZATION SURVEY**

148 surveys were sent to community organizations including government agencies, non-profit administrators, health care organizations, foundations, religious organizations, senior centers, etc. Respondents were asked to rank 38 areas of need within 7 areas (housing, health care, financial/economic, childcare, nutrition, domestic violence and transportation). In addition, the organizations were asked to identify other needs they observed that were not included in this survey.

There were 43 responses, a return rate of 29%. The survey asked respondents to rank various areas of community need as high - 1, moderate - 2, low - 3, none - 4 or not applicable - 5. Average rankings were calculated excluding all entries marked with #5. It is important to note that respondents were informed that we were assessing the needs of low-income people.

Respondents ranked the areas of need based upon their own experiences in providing services to our target populations. For the sake of illustration, we have listed the eight areas of highest need. The table

shows the highest level of need categories along with the percentage of respondents who assigned it to that category.

Finding Affordable Housing	71%
Good Paying Job	57%
Paying for prescription drugs	57%
Lack of Health Insurance	55%
Affordable Childcare	51%
Transportation	50%
Job Training	46%
Assistance with cost for Health Ins.	46%

It is interesting to note a couple of similarities and differences from the 2003-2005 CAP. Finding affordable housing remains by far the most pressing need. Finding a good paying job moved into second place in this most recent survey where it was 11<sup>th</sup> in the last survey. Its companion, job training, also made this cut while it was much lower in the 2003 survey. Lack of adequate health care coverage, need for assistance with the cost of health insurance, paying for prescription drugs, affordable childcare and transportation were similarly ranked in both surveys.

SMOC's continuing emphasis on the development of housing opportunities for low-income people is supported by these community organization surveys. This need repeatedly presents itself to our community provider colleagues and shows no signs of abating. In the area of employment, the surveys have caused us to examine our career center and other employment resources. We have recently expanded the scope of this work as it relates to people exiting criminal justice facilities and will use this experience to look at its ability to impact on increasing the numbers of people obtaining and sustaining employment. On the health care front, it is evident based on this feedback from community organizations, in addition to recent federal census data mentioned in the demographic profile, that lack of adequate health coverage and lack of ability to pay for the costs of health insurance are growing more critical. In this regard, we are continuing our work as part of both local and statewide health coalitions that are seeking the expansion of the availability of health services and insurance. We will increase our role on the community action front to assist these efforts.

As to areas of need in categories not included in this survey, community organizations identified a few that we are incorporating into our plan for 2006-2008 in terms of either providing or collaborating with other providers: health services, particularly for elders, services for young adults 18-24, immigrant health and rights, coordination of behavioral

health with physical health, culturally competent health care and legal assistance for low-income people.

## **VI. INTERNAL NEEDS 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.

### **Staff Survey Results**

All levels of staff were asked to evaluate SMOC's current programs and movement of clients along the continuum of services and to identify what factors contributed to or impeded a customer's progress. SMOC employees were asked to identify specific areas where SMOC programs were unable to meet community needs. Employees were asked to provide input on the work environment including issues such as staff communication, employee relations and opportunities for training, skill building and career advancement. Of 510 surveys distributed, 115 (24%) were completed and returned.

As was the case in the consumer surveys, affordable housing, job training and placement, health care costs and childcare were identified as areas of need that continue to demand our attention. In areas outside of SMOC's continuum of service, staff pointed to needs in the areas of detox, interpreter services, more intensive financial literacy programs, immigration advocacy, more available and less costly English As a Second Language (ESL) programs, transportation and youth services.

Many staff members offered suggestions for addressing specific needs within existing programs and these were forwarded to program directors for further review.

Given the diversity and broad scope of programming within the SMOC family of programs, it was not surprising that a recurring theme of staff commentary was the challenge of improved communication and coordination within the agency and between programs. Ways in which this issue has been and will continue to be addressed are a continuing focus of the senior management team here at SMOC. SMOC has expanded its human resources capacity substantially in the last couple of years and is focusing on ways in which to enhance internal communication. Input from the CAP survey will be included as a continuing agenda item for senior staff and program managers meetings.

Senior managers will focus on a number of possible improvements to current practice to respond to the survey data identification of improving internal communication as an important objective.

In some specific areas, we will review and refine the centralization of processes and procedures around central intake, data collection and analysis and program monitoring and review.

We will examine the strengths and challenges of the weekly housing continuum meetings and reinforce the more frequent participation of the various program elements that may have not traditionally participated in this forum.

We will review current in-service educational and training opportunities across the agency to ensure that we include better awareness among program staff about the comprehensive nature of the mission, values and service delivery system of the agency. As indicated earlier, the CAP process presented the opportunity for a thorough review and restatement of the agency's mission and vision.

More specifically, we will enhance linkages among the housing continuum, substance abuse prevention and treatment programs and community reintegration, physical health and rehabilitation services.

We will review the existing internal communications and recommend ideas for improvements or redesign to further educate and engage staff in understanding our vision and carrying out our mission.

Another issue identified in the staff survey was the desire for more opportunities for professional development. The suggestions were as varied as are our programs and included subjects such as tuition reimbursement, business and grant writing classes, case management training, crisis intervention, computer training, data entry and analysis, personnel issues, and protecting confidentiality. As a result, SMOC senior staff and the Human Resources department will review these recommendations for inclusion in future management meetings and discussions.

### **Board of Directors Survey Results**

The survey instrument was distributed to SMOC's current 25 Board Members. Board members were surveyed on the agency's performance in 11 categories. 13 members returned the surveys for a completion rate of 52%. The Board Survey results indicate the Board is pleased with the agency's overall performance. The Board views the work of the agency to be "excellent" in the areas of financial management,

programs and client services delivery, overall management, decision making and staff communication. The Board ranked governance, workplace climate, fundraising and public relations between “excellent” and “good”. Workplace conditions were ranked as “good”. Plant and equipment were ranked least favorably as “fair” to “poor”.

Board comments in the category of agency programs uniformly praised the appropriateness of programs in meeting the unmet needs of the community. Comments expressed awareness of high standards and good program design.

Board comments in the category of client services indicated that the Board believes that the agency’s array of services is well targeted to community need. Comments did identify the loss that the community experienced when certain services were lost due to state funding cuts and expressed that SMOC should continue to seek their reinstatement. As part of our strategic plan, SMOC agrees that it will pursue the reestablishment of these critical services, particularly the Detox program and the Individual Self-Sufficiency Initiative.

Board comments in the category of agency management and decision making indicated deep support for the strong team approach that the agency utilizes to carry out its mission and an appreciation of the professionalism, camaraderie and cooperation among managers.

Board comments in the category of public relations and fundraising focused on the need for more intensive fundraising. Relative to public relations, the Board is more than pleased with Board directed efforts to produce and air a number of public service video presentations on various SMOC programs. These videos will air on local cable television stations in the MetroWest area. In response to the Board’s expressed desires in these areas, we will look at the question of additional development and fundraising and will step up efforts to produce additional segments for the coming year. Also, SMOC will expand its community outreach and education contacts, particularly in the area of local media.

Board comments on financial management of the agency were particularly praiseworthy of the work done in this area of the agency with a strong Chief Financial Officer and highly professional staff.

Board comments on the Governance process were uniformly supportive of the current construction and process while there were suggestions for Board member involvement with programs at the program level. In response, the agency will work with the Board to

encourage enhanced opportunities for members to work more closely with specific programs.

Board comments on plant and facilities reflect the fair to poor conditions in the building that currently serves as our main headquarters. SMOC leases this building and has had a number of issues with the building related to maintenance, structural concerns, parking, utilities, etc. Board members believe that these conditions have a negative impact overall on the quality of life of employees who work at this site. In response, SMOC senior management and representatives of the Board are working to relocate headquarters and have identified a site for the possible construction of a new facility.

Board comments on working conditions and workplace climate also reflected concerns that plant and building concerns were negatively affecting staff morale. As indicated above, the agency is working to relocate. As to workplace climate, the Board felt that morale was good and that employees believe they are valued by the agency. The Board did observe that salary levels for many workers are low and that this often results in higher than desired employee turnover. In reference to this point, SMOC is part of many statewide coalitions that are working to increase state and federal support of agencies' ability to provide more adequate salaries. One example is the recent success of the FY 06 state budget increase of the human service workers' salary reserve.

Board comments on staff communication and cooperation graded this area as "excellent". The Board observed a positive tone among staff, great collegiality, high spirit and good peer support.

## **VII. SERVICE DELIVERY SYSTEM**

A 25-member Board of Directors governs SMOC. One-third of the members represent low-income populations in the service area. Another third are elected officials from each of the communities in the area or their appointed representatives. The remaining third are representatives of selected private community based organizations in the service area such as the NAACP, the Chamber of Commerce and Clergy Associations. The Board of Directors holds ten meetings a year. A seven-member Executive/Finance Committee appointed by the Board meets regularly between scheduled monthly Board meetings.

The Administration of SMOC is headed by an Executive Director who, along with the Board of Directors and other staff members, creates and implements a vision designed to carry out SMOC's mission of advocating for and improving the quality of life for low-income people in

the MetroWest region by assisting them to move to economic independence. Other senior managers include the Chief Financial Officer and the overseers of the divisions of Housing, Community Development, Behavioral Health Services, Policy and Planning, Family and Nutrition Services, and Energy and Financial Assistance Services.

SMOC fulfills its mission through a Service Delivery System which consists of four components with multiple programs within each entity and the South Middlesex Non-Profit Housing Corporation, a subsidiary created by SMOC to address the need for affordable housing for low and moderate income people. The four components are Community Development, Behavioral Health, Family and Nutrition Programs, and Energy & Financial Assistance. Division directors, the Executive Director, the Chief Financial Officer and the Director of Planning meet as a senior management team twice a month or more frequently.

Directors who supervise the work of the program managers and staff of the various programs within the specific programs administer the divisions and the Housing Corporation. The division directors meet frequently with the Executive Director on an individual basis. The directors also meet weekly with the managers of the programs within the components they direct. All agency managers come together on a quarterly basis.

Directors and managers of programs that provide housing services to individuals and families meet regularly in what is referred to as the “housing continuum” to discuss client issues and progress, agency referrals and to identify areas for improvement in the continuum of care individual and family systems. This matrix management structure strengthens and enhances the coordination of the array of services. Managers and staff of the various programs have sufficient managerial discretion to respond creatively to the unique needs of their clients. Their performance goals include an emphasis on coordinating and integrating their work with other programs in the agency and with external collaborations.

A brief description of the programs within the various components follows.

## **BEHAVIORAL HEALTH**

### **MENTAL HEALTH**

**OUTPATIENT SERVICES:** With clinics in Framingham and Marlboro providing individual treatment, group treatment, medication management and consultation services. Community Support Services are

also provided to chronically mentally ill persons to support their continued independent living.

**MENTAL HEALTH RESIDENTIAL SERVICES:** With five residential programs and a number of supported apartments, SMOC provides chronically mentally ill persons with the support they need to live successfully in the community. Individual Service Plans are developed with each resident that take into account the unique needs of each individual. All referrals to the program come from the Department of Mental Health.

**SERVICES FOR EDUCATION AND EMPLOYMENT (SEE):** The SEE Program provides individualized client centered services to assist persons with severe mental disabilities obtain and maintain competitive employment by emphasizing client choice, rapid job-finding where appropriate, competitive jobs, integrated work settings, and follow-along support. The SEE staff are part of a multidisciplinary treatment team, where treatment and rehabilitation are integrated and coordinated.

**FAMILY STABILIZATION SERVICES:** The family stabilization program operates under contract with the MA Department of Social Services and provides treatment, counseling, family reunification and family stabilization support for at-risk families.

**COMMUNITY REHABILITATIVE SERVICES (CRS):** This program operates under contract with the MA Department of Mental Health and provides support to chronically mentally ill individuals. Caseworkers provide support of the activities of daily living so that these individuals will be able to maintain independent living.

## **SUBSTANCE ABUSE**

**COMMON GROUND OVERFLOW EMERGENCY SHELTER:** This emergency overnight shelter provides a safe, decent emergency shelter situation for homeless individuals with current substance abuse and/or mental health issues or other situations of homelessness. Program participants are linked to treatment, counseling, sober housing and other supportive programs while they transition to eventual independent living.

**OUTPATIENT:** An outpatient clinic program that provides evaluation, individual and group counseling, and community education services.

**DRIVER ALCOHOL EDUCATION (DAE):** Part of the regional court-ordered program for first offenders for driving under the influence and second offenders following a 14-day inpatient program, SMOC DAE is a

six-month program providing individual and group counseling, education, and evaluation that seeks to prevent recidivism.

**SAGE HOUSE:** Congregate family setting providing intensive, six to nine month residential, substance abuse treatment for homeless families struggling with addiction. Capacity is eleven to fifteen families.

**SERENITY HOUSE:** A six-month residential substance abuse program for women 18 and older. Vocational training and placement, parenting and adult education components are also included. Capacity is 35, including capacity for 5 women with infants.

**MEADOWS:** A transitional supportive housing program for women leaving MCI/Framingham and other correctional facilities throughout the state. The program provides transitional housing, substance abuse treatment, educational, and vocational training.

**NEW BEGINNINGS:** A supportive housing program for formerly 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.

**RECOVERY HOUSING:** In conjunction with the Housing Corporation, Behavioral Health Services operates housing for single adults who are in the process of recovery. A structured program provides a supportive environment for tenants, thereby enhancing their opportunities for continued recovery.

**YOUNG ADULT SUPPORTED CASE MANAGEMENT PROGRAM:** This program, funded through a contract with the Massachusetts Department of Public Health provides recovery housing and supportive programming such as counseling, adult education, job training, search, and placement and eventual housing search and placement for young adults between the ages of 18-24.

## **Family and Nutrition Programs**

**HEAD START:** SMOC Head Start is a comprehensive community based program for three and four year olds and their families. This pre-school program is unique because it provides supportive services in education, health, dental, nutrition and social services. Transportation is also provided. Recruitment of the 418 Head Start slots is conducted in the towns of Ashland, Framingham, Holliston, Hudson, Marlboro, Milford, Natick, and Northbridge. Priority is given to low-income and special needs children. The main center is located in Framingham.

**DAY CARE:** SMOC Child Care serves over 600 children, ages 1 month to 12 years, with two centers in Framingham and one in Marlboro, and a system of supervised Family Child Care Homes. The programs are available to children whose parents need full-time care to pursue employment or training opportunities. The child-care programs provide healthy, safe, and loving environments conducive to learning and personal growth. Programs emphasize the individuality of each child, a positive self-image, and the strengthening of family relationships. A sliding fee scale is available for income eligible families. Child-care is also provided for families who are referred by the Department of Social Services.

**Voices Against Violence (VAV - formerly WPS):** a Framingham-based program provides counseling and advocacy to battered women and sexual assault survivors. These services include a 24-hour emergency hotline, crisis intervention and short term counseling, legal advocacy, support groups, assistance with hospital and police procedures, a battered women's shelter, and information and referral. These services are confidential and provided free of charge. In addition, VAV conducts community education and a biannual volunteer training program. VAV is funded by the Department of Public Health, the Department of Social Services and the United Way.

**WIC PROGRAM:** Women, Infants and Children (WIC) provides free food and nutrition information to help keep pregnant women, infants and children under five healthy and strong. Participants in the program receive nutrition counseling, referrals to other services and financial support to purchase food staples and infant formula. The program serves over 1200 households in the MetroWest area.

**ELDERLY NUTRITION:** The Elderly Nutrition Program serves over 2600 people providing over 150,000 home delivered meals (Meals on Wheels) per year in 14 towns of the South Middlesex area: Ashland, Dover, Framingham, Holliston, Hopkinton, Marlboro, Natick, Northboro, Sherborn, Southboro, Sudbury, Wayland and Westboro. Group or congregate meals are served in most of these localities. Spanish and kosher meals are served at sites in Framingham.

**METROWEST HARVEST:** The MetroWest Harvest Project encompasses several efforts that are designed to bring more food resources into the MetroWest area to assist over 1500 hundred low-income individuals and families. These include: perishable food rescued from local restaurants, caterers, etc., to shelters and human service providers; operation as a SHARE site; operation of a food pantry in Framingham; and, provision of

a drop site for the Boston Food Bank. The project relies extensively on volunteer assistance.

## **Community Development**

**FRAMINGHAM RESOURCE CENTER:** A multi-service center that provides emergency and general information and referral services to the people of the MetroWest area.

**HOUSING AND CONSUMER EDUCATION CENTER (HCEC):** An information center that provides housing consumers and providers information and skills-enhancement to help them make better choices and solve their own housing problems.

**HOUSING ASSISTANCE PROGRAM (HAP):** An assistance program for families who are at risk of homelessness. Housing specialists work closely with families referred from the Department of Transitional Assistance (and other sources) to secure and/or maintain permanent affordable housing.

**HOUSING OPPORTUNITY FOR PEOPLE WITH AIDS (HOPWA):** HOPWA assists individuals living with AIDS in the MetroWest community with housing and housing-related matters. Individuals are referred from community agencies, or are self-referred, and work closely with housing specialists to identify appropriate housing opportunities throughout the community that will support their needs.

**MARLBORO RESOURCE CENTER:** The Resource Center provides information, referral, and advocacy to residents of Marlboro, Hudson, and surrounding communities. Landlord/tenant and affordable housing information is provided here also.

**METROWEST HELPLINE:** A general information and referral service. An information specialist is available Monday through Friday, 9:00 a.m. - 5:00 p.m. The Helpline has listings for over 450 social service resources. There are no income or geographical limits.

**METROWEST CAREER CENTER:** The MetroWest Career Center represents the employment arm of this initiative, providing a broad range of career and employment services, plus public access to the Computer Resource Room.

**MOBILE RESOURCE TEAMS:** The Mobile Resource Teams are designed to provide extensive and specialized housing and employment search

assistance to homeless individuals throughout the state. Individuals referred to the Mobile Outreach Teams can receive services on the South Shore/Cape, the MetroWest, Central and Western Regions of the state.

**PATHWAYS FAMILY PROGRAM:** A 14-family congregate shelter for homeless families primarily referred by the Department of Transitional Assistance. Staff assist families in acquiring permanent, affordable housing, as well as medical, education, vocational, and social services.

**SCATTERED SITE FAMILY PROGRAM:** A program that places 27 homeless families in apartment units throughout the Framingham area. Families receive housing search and other support services.

**TURNING POINT SINGLE ADULT PROGRAM:** Turning Point Shelter is a single adult shelter located in Framingham that provides emergency shelter for up to 18 individuals. In addition to safe shelter, meals, and clothing, individual service plans are provided.

**MARLBORO COMMUNITY PROGRAM:** The Marlboro Shelter is located in downtown Marlboro and provides temporary shelter for up to 18 homeless men and women. The shelter also provides meals and individual case management.

**SHADOWS (Shelter, Hope and Dignity of Women Searching):**

The Shadows program is a 10-bed emergency housing serving single women. Women in the program receive safe housing and individual support services.

## **Energy & Financial Assistance**

**FUEL ASSISTANCE (LIHEAP):** The program serves over 4,000 households in 37 communities who receive assistance paid directly to their heating vendor. The program is designed to help low-income people afford the cost of heat in the winter months.

**WEATHERIZATION ASSISTANCE:** Provides energy conservation services to low-income households, including insulation of attics, sidewalls, storm windows, weather-stripping and caulking. Heating system repairs and burner replacement services are also provided.

**RENTAL ASSISTANCE PROGRAM:** Provides rental subsidies to income-eligible families in 36 communities. Each month designated payments on behalf of tenants are made directly to landlords. Each rental unit is inspected annually for compliance to HUD quality standards and Department of Housing and Community Development requirements.

When necessary, the program acts as mediator and liaison between tenants and landlords.

**FAMILY SELF-SUFFICIENCY PROGRAM:** Provides families with access to supportive programming to enhance their self-sufficiency. It is designed to provide support and advocacy around employment opportunities, childcare, parenting, and budgeting skills.

## **Housing Corporation**

### **SOUTH MIDDLESEX NON-PROFIT HOUSING CORPORATION:**

In 1986, SMOC created a subsidiary, the South Middlesex Non-Profit Housing Corporation, to address the need for safe, affordable, and decent housing for low-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.

SMOC's Housing Corporation has demonstrated an imaginative approach to regional housing needs by integrating human services with rental units serving individuals and families while providing decent, safe, and affordable housing. The primary goals of the Housing Corporation are as follows: to own, develop, and manage the agency's real estate portfolio; to expand the supply of affordable units for individuals and families; to provide tenants with education and training for home ownership and job placement assisting them in achieving economic and personal self-sufficiency; and, to promote community economic development initiatives and neighborhood revitalization.

SMOC's housing continuum contains over 500 housing units providing many choices for area residents ranging from emergency shelters, special needs housing, recovery housing, transitional housing for individuals and families, affordable single and family rentals, and first time home ownership opportunities.

## **VIII. THREE YEAR GOALS AND STRATEGY DEVELOPMENT AND EVALUATION OF CSBG NATIONAL GOALS AND OUTCOME MEASURES**

The following is a description of the issues that SMOC will work on over the next three years and the strategies (programs, services, actions, policies, resource allocations, etc.) to produce the desired changes and goals measured by outcomes selected from CSBG's National Goals.

### **Strategic Issue #1: SELF-SUFFICIENCY**

**Issue Statement:** Low-income households have training, education and housing needs to assist their obtaining and maintaining employment that pays living wages.

**Strategy Statement:** Vocational, housing and employment support programs will provide households with the resources that will enable them to pursue and obtain employment at living wages.

Provide housing and employment services to households to sustain self-sufficiency. (Family Sufficiency)	Goal 1: Low-income people become more self-sufficient. Measure (1.2H) Households will maintain employment to housing and employment to reduce barriers to self-sufficiency.
Provide housing and employment services to households to sustain self-sufficiency. (joblink)	Goal 1: Low-income people become more self-sufficient. Measure (1.2H) Households will maintain employment to housing and employment to reduce barriers to self-sufficiency.
Provide rental assistance to households to enable them to sustain housing and employment. (Rental Assistance to Families Program)	Goal 1: Low-income people become more self-sufficient. Measure (1.2H) Households will receive financial assistance to sustain housing and employment.

**Strategic Issue #2: EMPLOYMENT**

**Issue Statement:** Low-income and disadvantaged individuals seeking employment are disadvantaged due to lack of appropriate skills, education and training.

**Strategy Statement:** Adult basic education, focused employment supports for the mentally ill and social and housing supports for the newly employed will increase the employability of program participants.

<b>Activities</b>	<b>National Goal/Outcome Measure</b>
Provide individualized GED preparation to enhance employment opportunity. (Adult Learning Center)	Goal 2: The conditions in which low-income people live are improved. Measure (1.2B) Individuals will

	receive GED certificates.
Provide employment resources and career workshops to low-income people. (Career Center)	Goal 2: The conditions in which low-income people live are improved. Measure (1.2A) Individuals will obtain pre-employment skills and competencies required for employment and receive a certificate or diploma.
Provide job and housing search and placement for individuals. (Mobile Resource Team)	Goal 2: The conditions in which low-income people live are improved. Measure (1.1A), (1.2H) Unemployed individuals will obtain employment and/or obtain housing in support of employment.
Provide employment and placement services for chronically mentally ill individuals to enable self-sufficiency (SEE Program)	Goal 2: The conditions in which low-income people live are improved. Measure (1.1C) People will obtain living wage employment and benefits.
Provide employment and reentry services to women released from correctional facilities. (Women's Transitional Program)	Goal 2: The conditions in which low-income people live are improved. Measure (1.1A), (1.2H) Unemployed individuals will obtain employment and/or obtain housing in support of employment.
Provide GED, training and employment services to young parents to eliminate barriers to employment. (Young Parents Program)	Goal 2: The conditions in which low-income people live are improved. Measure (1.2B) Individuals will complete training and/or education and receive a certificate and/or diploma.

**Strategic Issue #3: ECONOMIC DEVELOPMENT**

**Issue Statement:** Many low-income individuals and families do not have a sense of having a stake or a meaningful role in the wellbeing of their respective programs.

**Strategy Statement:** Through encouraging and involving low-income people in taking an active role in community action and development, low-income people will become more engaged in the life of the community and experience the positive reinforcement that comes from contributing to improving the overall quality of life of the community.

Volunteer will provide 1900 hours of volunteer hours to support community action.	Goal 3: Low-income people own a stake in their community. Measure (3.1) Volunteers will make a civic investment in their communities.
---	--

**Strategic Issue #5: HOUSING ASSISTANCE**

**Issue Statement:** The shortage of safe, affordable housing causes low-income people to become homeless or to be at risk of homelessness, or to live in substandard, unhealthy conditions.

**Strategy Statement:** Housing subsidies, housing search and stabilization programs and rental assistance will provide safe, clean and affordable housing situations, both temporary and permanent, for low-income families in MetroWest.

<b>Activities</b>	<b>National Goal/Outcome Measure</b>
Develop and maintain housing for formerly homeless veterans (Hardwick Veteran’s Housing)	Goal 2: The conditions in which low-income people live are improved. Measure (2.1B) Individuals will have access to safe and affordable housing.
Provide housing counseling and home ownership services to low-income households to prepare for and/or obtain home ownership. (Housing Consumer Education Center)	Goal 1: Low-income people become more self-sufficient. Measure (1.2C) Households will complete education and receive a certificate.
Provide habitative modifications to property to enable disable households to maintain independent living. (Home	Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other

Modification Program)	supportive systems. Measure (6.1B) Individuals will maintain independent living.
Provide housing services to households with HIV/AIDS to maintain independent living. (Housing for People With AIDS)	Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems. Measure (6.1B) Individuals will maintain independent living.
Provide search and stabilization services to households to increase housing opportunities for low-income people. (Housing Assistance Program)	Goal 2: The conditions in which low-income people live are improved. Measure (2.1B) Households will access safe and affordable housing.
Provide supportive housing to formerly homeless individuals with substance abuse histories. (Individual Supported Housing)	Goal 2: The conditions in which low-income people live are improved. Measure (2.1B) Individuals will access safe and affordable housing.
Provide housing and vocational services to women released from correctional facilities. (Meadow's Women's Program)	Goal 1: Low-income people become more self-sufficient. Measure (1.2H) Individuals will obtain housing in support of employment stability.
Provide supportive housing to formerly addicted people with AIDS to enable them to sustain independent living. (New Beginnings Program).	Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems. Measure (6.1B) Individuals will maintain independent living.
Provide housing and stabilization services to individuals released from correctional facilities to support their obtaining and sustaining employment. (Reentry Housing Program)	Goal 1: Low-income people become more self-sufficient. Measure (1.2H) Individuals will obtain housing in support of employment stability.
Provide supportive housing services to individuals to enable them to sustain employment. (Post Detox)	Goal 1: Low-income people become more self-sufficient. Measure (1.2H) Individuals will obtain housing in support of

	employment stability.
Provide rental assistance to low-income households to enable them to sustain employment. (RAP)	Goal 1: Low-income people become more self-sufficient. Measure (1.2H) Individuals will obtain housing in support of employment stability.

**Strategic Issue #6: NUTRITION**

**Issue Statement:** Hunger afflicts low-income people who are without economic and other resources to obtain adequate nutrition. Inadequate nutrition leads to bad health and threatens the overall well being of individuals and families.

**Strategy Statement:** Family nutrition, food recovery and food pantry programs will bring good nutrition and improve the quality of people’s lives.

<b>Activities</b>	<b>National Goal/Outcome Measure</b>
Provide food resources for low-income households. (MetroWest Harvest)	Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems. Measure (6.2A) Households will obtain food resources to meet emergency needs.
Provide food and other nutritional support for low-income households to enhance child and family development. (Women, Infant and Children’s Program – WIC)	Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems. Measure (6.3A2) Households will receive food resources to enhance development.
Provide food and other nutritional support for low-income households to enhance child and family development. (WIC on Wheels)	Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems. Measure (6.3A2) Households will receive food resources to enhance development.

**Strategic Issue #7: HEALTH**

**Issue Statement:** Substance Abuse and Mental Health are under-addressed service needs among low-income populations. This results in poor health status, loss of or inability to obtain and sustain employment and housing and family instability.

**Strategy Statement:** Sober living, supported residential mental health and substance abuse programs and mental health and substance abuse outpatient programs will ensure recovery, greater employment and better housing and family stability.

<b>Activities</b>	<b>National Goal/Outcome Measure</b>
Provide community reintegration services to chronically mentally ill individuals to support their ability to sustain independent living. (Community Rehabilitation Services – CRS)	Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems. Measure (6.1B) Individuals will receive services to assist them to maintain independent living.
Provide counseling and education services to individuals to prevent driving under the influence recidivism. (Driver Adult Education – DAE)	Goal 2: The conditions in which low-income people live are improved. Measure (2.1D) Individuals will obtain health services to enhance community integration.
Provide counseling and stabilization services to households to enhance child and family development. (Family Stabilization Program)	Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems. Measure (6.3C2) Households will learn parenting and coping skills to enhance family development.
Provide mental health outpatient services to individuals to help them to sustain independent living. (Mental Health Outpatient)	Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems. Measure (6.1B) Individuals will obtain counseling and medical support to sustain independent living.

Provide Mental Health Residential Services to individuals to help them to sustain independent living. (Mental Health Residential)	Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems. Measure (6.1B) Individuals will obtain supported housing to assist their independent living.
Provide substance abuse supportive housing to households to enable them to reach self-sufficiency. (Sage House Family Recovery Program)	Goal 1: Low-income people become more self-sufficient. Measure (1.2G) Individuals will receive supports to enable self-sufficiency.
Provide Residential substance abuse services to individual women to enable them to obtain housing and employment. (Serenity House Recovery for Women)	Goal 1: Low-income people become more self-sufficient. Measure (1.2G) Individuals will receive supports to enable self-sufficiency.
Provide outpatient substance abuse services to individuals to enable them to sustain employment and housing. (Substance Abuse Outpatient Counseling)	Goal 2: The conditions in which low-income people live are improved. Measure (2.1D) Individuals will obtain health services to enhance community integration.
Provide health care and housing supports to individuals to establish and maintain employment stability. (Young Adult Supportive Case Management Program)	Goal 1: Low-income people become more self-sufficient. Measure (1.2G) Individuals will obtain health care services in support of employment stability.

**Strategic Issue #8: EMERGENCY ASSISTANCE**

**Issue Statement:** The unavailability of affordable housing displaces individuals and families and the lack of financial and other resources leaves these people homeless.

**Strategy Statement:** Providing emergency individual and family shelter for people suffering domestic violence, homelessness and family dislocation will stabilize families and individuals and help end homelessness.

Activities	National Goal/Outcome Measure
Provide emergency overnight shelter to homeless individuals. (Common Ground Overflow Shelter)	Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems. Measure (6.2C) Individuals will obtain emergency shelter.
Provide emergency shelter to households. (Family Emergency Shelter Pathways, Medway, Scattered Sites)	Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems. Measure (6.2C) Households will obtain emergency shelter.
Provide emergency shelter for households experiencing domestic violence. (Voices Against Violence)	Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems. Measure (6.2C) Households will obtain emergency shelter.

**Strategic Issue #9: ENERGY ASSISTANCE**

**Issue Statement:** Low-income households often lack the resources to purchase energy services resulting in possible damage to housing stock, substandard habitability and homelessness.

**Strategy Statement:** Providing fuel assistance and weatherization services to low-income households will result in their being able to maintain appropriate housing and avoid homelessness.

Activities	National Goal/Outcome Measure
Provide fuel assistance to low-income households. (Fuel Assistance)	Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems. Measure (6.2B) Low-income households will obtain fuel assistance.
Provide weatherization and insulation services to households	Goal 1: Low-income people become more self-sufficient.

to enable households to enhance their financial assets to support self-sufficiency.	Measure (1.3A3) Households will receive energy services.
Provide heating system upgrades and education to households to enable them to sustain affordable housing. (Heartwrap)	Goal 2: The conditions in which low-income people live are improved. Measure (2.1C) Households will receive system upgrades and maintenance education.

**Strategic Issue #10: YOUTH AND FAMILY DEVELOPMENT**

**Issue Statement:** Low-income children and their families lack adequate child development services. Low-income and working families cannot afford childcare services.

**Strategy Statement:** Day care and Head Start services will provide quality, safe, affordable child-care to low-income families to enhance child and family development.

<b>Activities</b>	<b>National Goal/Outcome Measure</b>
Provide year round child-care services to households to enhance child development and parent’s ability to sustain employment. (Day Care)	Goal 1: Low-income people become more self-sufficient. Measure (1.2E) Households will obtain day care services and parents will maintain employment.
Provide services to individuals to enhance education and development. (Head Start)	Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems. Measure (6.3A4) Individuals will receive educational services and experience developmental growth.

**Strategic Issue #11: LINKAGES & COORDINATION**

**Issue Statement:** Low-Income people often lack the information and resources needed to avoid crises in their lives.

**Strategy Statement:** Information and referral to appropriate services will encourage people to develop self-advocacy, problem solving and community organizing skills. Through self-advocacy, people will obtain

needed resources and information to improve the quality of their lives.

<p>Provide information and referral services to low-income households to increase opportunities for accessing community resources. (Framingham and Marlborough Resource Centers)</p>	<p>Goal 2: The conditions in which low-income people live are improved. Measure (2.1 A-H) Households will receive information and referral to community resources and increase their access to essential services.</p>
--	--

**Strategic Issue # 14: SENIOR PROGRAMS**

**Issue Statement:** Low-income elders face the risk of ill health, substandard quality of life and eventual morbidity and possible loss of independent living due to inadequate nutrition.

**Strategy Statement:** Elder nutrition sites and Meals on Wheels will provide proper nutrition to low-income elders to enable them to maintain healthy, independent and dignified living.

<p>Provide nutrition education and meals to elder households to enhance independent living. (Meals on Wheels &amp; Centers)</p>	<p>Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems. Measure (6.1A) Households will receive food preparation and/or delivery to assist them to maintain independent living.</p>
---	---

**IX. LINKAGES**

SMOC Component Directors and Program Managers were requested to identify resources outside of their own programs and outside of SMOC’s continuum of services that are available and with whom we have developed relationships to reach each strategic issue. Specifically, they were asked to list coalitions, task forces, religious organizations, state agencies with local staff, businesses, labor, neighborhood-based organizations, professional groups, citizens and other community groups with which they have linkages, collaborations and partnerships.

SMOC’s services and internal resources are listed in the Service Delivery System Section of the Community Action Plan. Each program is internally linked with every other SMOC program.

The following other organizations are linked to most, if not all, SMOC programs or the agency as a whole:

Baypath Elder Services	MA Department of Education	MetroWest Latin American Center
Catholic Charities	MA Department of Housing and Community Development	MetroWest Medical Center
Community Health Network (DPH)	MA Department of Mental Health	MetroWest Outreach Connection
Greater Boston Food Bank	MA Department of Public Health	Police, Fire and School Departments
Housing Authorities	MA Department of Social Services	SERVE New England
MA Behavioral Health Partnership (MBHP)	MA Department of Transitional Assistance	South Middlesex Legal Services
MA Department of Corrections	Metrowest Chamber of Commerce	United Way of Tri-County
MA Department of Elder Affairs	MetroWest Interfaith Clergy Association	

Excluding state and federal government agencies, key linkages, affiliations and partnerships of SMOC’s programs follow:

**HEALTH**

SMOC operates a continuum of mental health and substance abuse services through its Behavioral Health Services division. Linkages to physical health are primarily with the MetroWest Medical Center in Framingham and the recently established Framingham Community Health Center. Unfortunately, since the last CAP, SMOC lost its Detox to state funding cuts. In its place, SMOC has developed extensive collaborations with Spectrum and Community Health Link detoxes in Westborough and Worcester. Emergency psychiatric services, not available at SMOC are provided in collaboration with Advocates

Psychiatric Emergency Services (PES). Specialized health services such as HIV/AIDS, elder health, child health, etc. are provided in collaboration with Other Resources, listed below.

**Other Health Resources**

Acton Medical Center	Framingham Community Partners	Metrowest Medical Center
Advocates' Psychiatric Emergency Services	Genesis Substance Abuse Counseling	MetroWest Mental Health and Substance Abuse Task Force
AIDS Action Committee	Health Awareness HIV/AIDS Services	Metrowest VNA
Alcoholics/Narcotics Anonymous	Health Care For All	Mt Auburn Hospital
Alliance for Mentally Ill	Health Law Advocates	Potter Place Clubhouse
Baypath Elder Services	Justice Resource Institute (JRI)	Prescription Plus Program
Cambridge Hospital	Lahey Clinic	Recovery Home Collaborative
Community Health Link	Marlboro Hospital	SHINE (Serving Health Information Needs of Elders)
Edinburgh Center	MA League of Community Health Centers	Sisters of St. Joseph
Eliot Community Services Inc.	MA Psychiatric Rehabilitation Association	South Middlesex Legal Services
Elmbrooke Place Clubhouse	McLean Hospital	Spectrum Health Services
Early Childhood Intervention	Mental Health and Substance Abuse Corporations of Mass	Sterling Hospital
Framingham Community Health Center	MetroWest Community Health Care Coalition	Temple Beth El Health Clinic
SPRA (United States Psychiatric	Wayside Community Counseling Inc.	Westboro State Hospital

Rehabilitation Association)		
-----------------------------	--	--

**HEAD START/CHILD CARE**

SMOC Head Start and Day Care deliver programs and services to low-income children and their families in collaboration with a variety of local service providers. In addition, the programs rely upon the Parent’s Policy Council for input in program design, delivery and evaluation. Important community linkages are listed below.

**Other Head Start/Child Care Resources**

Advocates Community Counseling	Friends in Partnership	National Association for the Education of Young Children
Boston University School of Dental Medicine	Kid’s Net	New England Head Start Association
Child Care Affiliates	Massachusetts Association of Day Care Administrators	PNC Grow Up Great
Child Care Resources	MA Bay Community College	Retired and Senior Volunteer Program (RSVP)
Child Care Search	MA Family Network	Tufts University School of Dental Medicine
Community Partnerships for Children	MA Head Start Association	
Early Intervention	MSPCC	

**COMMUNITY SERVICES/ORGANIZING**

The Framingham and Marlboro Community Resource Centers provide a “gateway” to area resources, social services, advocacy organizations and other community supports that assist low-income people to thrive in our communities. Key contacts and collaborations are listed below.

**Other Community Services Resources**

Brazilian American	Framingham ESL	Mass Law Reform
--------------------	----------------	-----------------

Association	Program	Institute
Carlisle Foundation	Framingham Interfaith Clergy Association	Metropolitan Boston Housing Partnership
Farmer's Market	Greater Framingham Community Church	MetroWest Latin American Center
Federation for Children with Special Needs	Jewish Family Services	MetroWest Substance Abuse and Mental Health Task Force
FEMA	Health Care for the Homeless	
Framingham Court Mediation Services	Mass Immigrant & Refugee Advocacy Coalition	

### **CRISIS INTERVENTION**

Voices Against Violence provides a comprehensive preventive educational program and crisis intervention program for people who are victims of domestic violence or sexual abuse. Key community collaborations are listed below.

#### **Other Crisis Intervention Resources**

Advocates, Inc.	Framingham Victim Advocacy Program/Framingham Police Department	MA Department of Transitional Services – Domestic Violence Unit
Catholic Charities Refugee and Immigrant Services	Jane Doe, Inc, The MA Coalition Against Sexual Assault and Domestic Violence	Safelink
Framingham Community Health Center	Marlboro Domestic Violence Roundtable Marlboro Police Department	South Middlesex Legal Services Wayland-Sudbury Domestic Violence Roundtable
Framingham Violence Prevention Roundtable	Marlboro Supervised Visitation Center	Wayside Community Counseling, Batterer's Intervention Program
Framingham Police Department	Mass Battered Women's Service Group	
Framingham Public Schools	Mass Coalition Against Sexual Assault	

## **ECONOMIC DEVELOPMENT**

SMOC's economic development programs provide a comprehensive array of adult education, training, job search and placement opportunities for low-income people. To assist and complement these programs, SMOC collaborates with the entities listed below.

### **Other Economic Development Resources**

Career Counselors Consortium	Massachusetts SEE Coalition	Salvation Army
Center For Mental Health	MetroSouth/West Employment & Training	Supported Education Coalition
Consumer Credit Counseling	Metrowest Chamber of Commerce	U Mass – Lowell
Dismas House, Worcester	Middlesex Community College	United Parcel Services
Framingham District Court	Middlesex Human Service Agency, Waltham	University of Massachusetts, Amherst
Framingham Public Library	Mount Ida College	Volunteer Tutors, Speakers and Administrative Assistants
Framingham State College	Natick Crowne Plaza	Wayside Youth & Family Support/Esperanza
Housing Discrimination Project	New England Farmworkers, Springfield	Wesley United Methodist Church
Jewish Family & Vocational Services	Path Program, Tri City Mental Health Services, Everett	
JobNet, Boston	Pine Manor College Pine Street Inn, Boston	
Lesley College	Quinsigamund Community College	
Mass Bay Community College Mass Coalition for Adult Education	Regional Employment Board	
Mass Rehab Commission	Retired Senior Volunteers Program (RSVP)	

## **EMERGENCY SHELTER**

SMOC operates an emergency shelter system that provides housing and supportive services to individuals and families who are experiencing homelessness. Listed below are community resources that assist these programs.

### **Other Emergency Shelter Resources**

A & S Delivery Service	Federated Church of Ashland	Keefe Technical High School
A Place to Turn	Fidelity Investments	Marlborough Emergency Services
Advocates Counseling Services	First Baptist Church of Marlboro	Massachusetts Housing & Shelter Alliance
American Red Cross	First Congregational Church of Marlboro	Medway High School
Ashland Youth Advisory	First Federated Church of Hudson	Radisson Hotel
Assabet Valley Health Resources	Framingham Board of Health	Royal Plaza Hotel
Beacon Management	Framingham Public Schools	Sudbury Methodist Church
Bethany Hill School	Halfway Houses	Tasty Home Caterers
Congregation Beth El	Homes for Families	Visiting Nurse Association
Detoxes	Hope For Kids Food Pantry	VWR Scientific Products
Early Intervention Program	Hudson Women's Club	YMCA
Edwards Church, Framingham	Jewish Family Services	

## **ENERGY & FINANCIAL ASSISTANCE**

SMOC provides emergency financial assistance to low-income families and individuals to assist them to sustain independent living. SMOC partners with the following groups to support these efforts.

### **Other Energy and Financial Assistance Resources**

Catholic Charities	Metro South/West Regional Employment	Public Housing Authorities
--------------------	--------------------------------------	----------------------------

	Board	
Citizens Housing & Planning Association of MA	Mass CAP Directors Association/Energy Committee	Community Development Corporations
NSTAR Gas	Mass Electric	Utility Business Associations
NSTAR Electric	Mass Energy Directors Association	WATCH
Community Teamwork, Inc.	Mass Non Profit Housing Association	
Councils on Aging	Massachusetts Community Action Agencies	
Eastern Utilities	Metro West Medical Center	
Employment Options, Inc.	Natick Service Center	
Habitat For Humanity	National Fuel Funds Network	
Homes for Families	Northborough Family Services	

## **NUTRITION**

SMOC provides meals on wheels, congregate meals to elders and a food pantry, all targeted to low-income individuals and families. The many community agencies and organizations listed below assist us in these efforts.

### **Other Nutrition Resources**

A Place to Turn Food Pantry	Healthy Start	Pelham Apartments
Baypath Elder Services	Hope for Kids Food Pantry	Project Bread
Boys & Girls Club	MCI Framingham	Framingham Community Health Center
Framingham Early Intervention Program	Metrowest Medical Center	Westboro Connection
37 Councils on Aging & Senior Centers	Natick Food Service Council	
Framingham State College	National Association of Elderly Nutrition	

	Programs	
Framingham Visiting Nurse Association	National Association of Meal Providers	
Healthy Families, Ashland	National Association of WIC Directors	

**HOUSING**

SMOC provides a comprehensive range of housing and housing assistance programs in the MetroWest area. Community supports for these services are provided by the organizations listed below.

**Other Housing Resources**

Action for Boston Community Development	Genesis Counseling	Massachusetts Housing & Shelter Alliance
Advocates	Greater Boston Legal Services	Public Housing Authorities
Catholic Charities	Jewish Vocational Services	Salvation Army
Citizens Housing and Planning Association Family to Family Program	Justice Resource Institute (Health)	Wayside Youth & Family Support

**GAP AREAS- RESOURCES**

SMOC will work to insure that referrals to other resources and services continue to be made for consumers in need of the following types of services that were identified in the surveys as gaps:

**TRANSPORTATION**

**Resources**

- LIFT Public Transportation-Framingham/Marlborough
- MBTA
- Metropolitan Area Planning Council (MAPC)

MetroWest Community Health Care Foundation  
 MetroWest Medical Center transportation voucher program

**DENTAL CARE**

Community Health Centers in Worcester and Boston with Dental Clinics  
 Framingham Community Health Center  
 Mass Dental Society- Dentistry for All Access Program  
 MetroWest Community Health Care Foundation Children’s Dental Project

**ENGLISH AS A SECOND LANGUAGE**

Assabet Valley ESL	Jewish Family Services, ESL for Russians	Mass Adult Literacy Hotline
Framingham Adult ESL Program	Keefe Tech Continuing Education, ESL	Mass Bay Community College
Framingham Public Library/Literacy Unlimited	LVA –Literacy Unlimited	Metro South/West Employment & Training Administration
Framingham State College ESL	Marlborough Cultural Network	The Literacy Connection

**PARENTING SKILLS**

Early Intervention	HIRS-Teen Parent GED program	MSPCC-Good Start
Framingham Family Learning Center	Jewish Family Services	The Family Place

**ELDER CARE**

Adult Day Center	Blackstone Valley Adult Respite/Day Health Center	Visiting Nurse Association of MetroWest
Baypath Home and Community Services	Jewish Family Services of MetroWest	

**CHILDREN/TEEN SERVICES**

Advocates	Framingham Civic League	Wayside Youth & Family Support Network
Ashland Youth Advisory	Girl Scouts	
Big Brothers/Big Sisters	Mass Society for the Prevention of Cruelty to Children	
Boy Scouts of America	Metrowest Latin American Center	
Bridge Over Troubled Water	Metrowest YMCA	
Children's Supervised Visitations	Middlesex Child Development Center	
Community Partnerships/Friends in Partnerships	The Bridge of Central Massachusetts	

## **X. FUNDING STRATEGIES**

### CURRENT FUNDING STRUCTURE

SMOC has a successful and diversified funding base and the agency's fiscal health is fundamentally sound. SMOC's operating revenue has grown from \$28.4 million in 1998 to \$49.5 million in 2005. Also, we anticipate an increase in funding due to the restoration of some state funding that had been eliminated in prior years due to state funding cuts. We expect increases in a number of critical areas such as family and individual emergency shelter, substance abuse residential and outpatient programs and transitional housing for homeless individuals. Elements of SMOC's funding base in FY '06 include the following sources:

Federal Resources	46 %
State Resources	48%
Local Resources	2%
Private Sector Resources	4%

### HOW CSBG FUNDS ARE LEVERAGED AND UTILIZED

SMOC receives **\$290,935** in CSBG funds, representing **.01%** of the total budget of the agency. CSBG funds are a significant portion of funding for planning & coordination, training, community organizing and advocacy as these areas are seldom supported in most federal, state and private funding sources. These dollars enable the agency to integrate planning throughout the agency and this, in turn, assists us to develop, implement and monitor results oriented management and accountability systems. The establishment, maintenance and utilization of uniform outcome goals and measures assist us to better execute our goals and objectives. As managers better understand the need for clear outcome goals, the better our consumers will be served and the sooner they will be ready to move to self-sufficiency. These funds are an especially valuable tool to the planning and community development operations of the agency in as far as these critical functions perform the major part of our research and development work. Without this resource, the infrastructure of this agency would be unable to sustain the agency's successful efforts in seeking new grants and contracts. CSBG support of this critical function provides the resources necessary to enable the agency to attract many thousands of dollars in additional resources each year from a variety of governmental and private sources.

#### FUTURE FUNDING GOALS AND INITIATIVES

While there has been some relaxation of the state budget crisis that had led to the diminution of programs and services, a number of critical services were identified and highlighted in our needs assessments as being continuing critical needs. Specifically, the need for the reestablishment of a detoxification facility in MetroWest, the need for housing subsidies for homeless individuals and the need for supported residential programs for people with substance abuse and mental health histories are highest priorities in our plans for the 2006-2008 period. We will be pursuing these goals vigorously through a combination of efforts to identify and obtain the resources to fund these important programs. Working with state government, the Legislature and local funders, we are optimistic that we will secure the funds to operate these services.

Our funding goals for fiscal years 2006 – 2008 are to rely upon the good working relationships we have established with our various funding sources. These relationships are based on the credibility and trust we have built up with funders due to successful operation of our many programs. With an already established excellent track record of proven accomplishment with an array of successful outcomes, we expect to sustain our current resources and to attract additional dollars for the expansion of existing programs. Also, SMOC holds membership in a number of statewide organizations that advocate on behalf of state and federal funding of programs targeted to low-income people. The MA

Housing and Shelter Alliance (MHSA) works to increase resources for homeless individuals. Homes for Families advocates for housing opportunities for homeless families. The Mental Health and Substance Abuse Corporations (MHSACM) advocates for additional resources for people with substance abuse and/or mental health needs. Also Mass CAP, the association of CAP agencies works to increase resources targeted to low-income populations. The Citizen's Housing and Planning Association (CHAPA) advocates for additional resources to meet the housing needs of low-income people. The MA Non-Profit Housing Association advocates for increased housing resources for low-income families and individuals. We will develop specific funding strategies and work in concert with these organizations and agencies to help put these needed programs in place.

In respect to our reliance upon existing partners, we will focus on ways in which to aggressively pursue increases in federal funding in the areas of Health and Human Services (HHS), Housing and Urban Development (HUD) and Department of Energy (DOE). At the state level, we will seek the restoration of state programs and dollars lost in the last few years, particularly in the areas of Substance Abuse detox and housing subsidy for extremely low-income homeless individuals. As the state fiscal situation improves, we will seek further expansion of these programs and others that will assist our mission to eradicate or reduce the ill effects of poverty in our communities. We will take every opportunity to respond to state Request for Responses (RFR) and grant proposals. We will focus primarily on those state agencies with which we have working partnerships in place. These agencies include the various agencies within the Executive Office of Health and Human Services (EOHHS), the Department of Housing and Community Development (DHCD), the Department of Corrections and the Executive Office of Elder Affairs (EOEA).

SMOC will explore funding resources in appropriate service categories from foundations and corporations. We will especially focus on the United Way, the MetroWest Community Health Care Foundation and the Carlisle Foundation as they target the Framingham/MetroWest area for special initiatives. We will continue to participate and lead area efforts to secure funding from Housing and Urban Development (HUD) through the Supernofa and other processes.

Fundraising constitutes a significant part of our community outreach efforts to increase participation by corporate, organizational and private donors in furthering the mission of the agency. We will continue our annual three or four special event fundraisers (Annual Golf Tournament, Marlboro Evening of Giving, Voices Against Violence Annual Dinner) in addition to the usual targeted fundraising conducted by the

agency. The Executive Director, in conjunction with Senior Management staff, develop, coordinate and implement short and long range fundraising plans yearly in conjunction with the Executive Committee of the Board of Directors. The Executive Committee acts as the Finance Committee and oversees all funding strategies in addition to developing ideas for funding.

## **XI. VISION STATEMENT**

### **SMOC'S VISION**

#### **Organizing Resources For Social Change And Economic Independence**

As indicated in Part III, Mission Statement, SMOC used the 2006-2008 Community Action Planning process to undertake a comprehensive review of both our mission and vision statements. Under the leadership of Executive Director Jim Cuddy, Board members, agency managers and staff all participated in a series of meetings and workgroups that resulted in the restatement of the vision and mission statements of SMOC, including the development of concise statements of values and functions that were spelled out in the CAP's Mission Statement.

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 consumers 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 the goal fulfilling the right of every person to independent, dignified and fully successful participation in the life of the community.

As we examined our vision statement, we determined that we would extend it to include a concise summary of our agency values to provide additional clarity for staff and consumers.

## SMOC'S VALUES

SMOC's employees, volunteers and Board members work to effect social and economic change according to the following principles:

- **Respect for the dignity & value of every individual.**

*SMOC respects the dignity and inherent value in all individuals. We relate to each other, to community partners, and to clients with respect, kindness, sincerity, and compassion.*

- **Appreciation for the value of diversity and an end to racism and discrimination.**

*SMOC embraces and values diversity. We strive to reflect the diversity of our clients and the communities we serve by providing employment, board, and volunteer opportunities. SMOC recognizes that racism is a critical barrier to social change and economic justice.*

- **Freedom from violence including domestic violence and sexual assault.**

*SMOC believes every person has a right to be free from violence, including domestic violence and sexual assault, and is entitled to safety in their own homes and neighborhoods.*

- **The right to housing and the abolishment of homelessness.**

*SMOC believes housing is a right, not a privilege and that homelessness should be abolished. Every person has a fundamental right to a decent, safe, healthy and stable home. We also believe that any person without a permanent, habitable housing situation is homeless.*

- **The right to health care.**

*SMOC believes health care is a right and not a privilege. Every person has a fundamental right to quality, affordable and accessible health care.*

- **Freedom from hunger.**

*SMOC believes that hunger is an early warning signal of poverty and when food is so plentiful in the United States, everyone should have enough nutritious food to eat.*

- **The elimination of poverty.**

*SMOC believes every person has a right to be free from poverty. SMOC believes that poverty reflects the declining number of jobs paying decent living wages, an increasingly inequitable distribution of wealth, continuing racial divisions and the absence of low-income people from the political resolution of the problem.*

- **The right to work for a living wage.**

*SMOC supports the right of all people to work, be employed and earn a living wage.*

- **Easy access to social supports through co-location of social services.**

*SMOC believes low-income and disadvantaged people are best served when services they rely on to meet complex human needs are integrated, concentrated, and co-located in their communities.*

- **SMOC's Employees are its greatest strength.**

*SMOC recognizes its employees are its most valuable asset and values their contribution to the success of its mission. We also help and encourage our employees to realize their potential, individually and as a team, and recognize that each and every one can and does make a difference.*

## **XII. COMMUNITY ACTION PLAN EVALUATION**

In order to ensure that the implementation of the Plan is on target in terms of meeting current need, the Executive Planning Committee under the direction of the Executive Director and the Director of Planning will undertake an annual review that will involve both staff and Board members. The annual review will assess the ongoing success of the plan in meeting its goals and objectives. At a minimum, the annual review shall include an examination of the following elements of the CAP.

1. The mission statement and its current application

2. Current programs ability to meet the needs that were identified in the community needs assessment process
3. The agency response to needs identified in the Internal Needs Assessment
4. The ability of the identified service delivery system to meet current needs
5. The current application of National Indicators and CSBG National Goals and Outcome Measures to our Workplan
6. The current application of the three year goals and strategies
7. Current linkage needs and experiences
8. Current application of funding strategies
9. Current application of agency vision statement

At the conclusion of these reviews, staff and Board input will be analyzed and forwarded to the Executive Planning Committee. The Planning Committee will recommend the restatement, revision or clarification of any part of the CAP that may need to be changed to reflect new priorities, developments or circumstances relative to the identified needs of low-income people.