



Community Action Partnership for Madison County

COMMUNITY NEEDS ASSESSMENT

April 3, 2018

(Updated to include September, 2016 CNA findings)

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EXECUTIVE SUMMARY

Community Action Partnership (CAP) for Madison County has been serving low-income families since 1983. Although its main focus has been to serve residents of Madison County NY, CAP expanded through its WIC program to serve Oneida and Herkimer counties. Currently, CAP annually serves over 3000 clients through its seven offices. CAP has grown and changed significantly in the past three years, this has led the agency to require an update to its 2016 Community Needs Assessment that will be a solid foundation for the strategic planning process it will undergo in 2018.

The present document is the result of in-depth revision of all secondary sources (surveys, workshops, meetings) gathered in 2015-2017 and a deeper dive into primary sources that provide data at the community, family and individual level. The present document seeks to provide a broad view of Madison County, its assets, challenges, and key issues.

The first part of the document provides a description of CAP and its history, to inform the reader of where are the agency's main strengths and experience in serving clients. It is followed by the assessment methodology used to prepare the current document, CAP's service area and target population.

The document continues with a profile of Madison County from a community, family, and individual demographics perspective. Located in the heart of Central New York, Madison County is predominantly rural. The 72,427 residents of Madison County live in one of 26 municipalities or on the Oneida Indian Nation reservation. In the past 30 years, more than 80% of the population has been concentrated in rural areas, although jobs and services are concentrated in the city of Oneida and the villages of Wampsville, Chittenango, and Canastota. Madison County's population is mostly white (93.9%) and is aging rapidly.

Although the median household income is \$54,145, the poverty rate in 2015 was 12.9% which increased from the 2010 rate of 10.8%. Poverty is concentrated to the north and south-east corners of the county where 20% or more of the population are living under the federal poverty line (FPL). Of the 7,014 families with children under 18 that live in the county, poverty rates are high for families with children under 5 (26.7%), and especially high for families with a female head of household with children under 5 years old (49.9%). The south-east region is where there are the most low-income households with children are located.

The Community Needs Assessment provides more information regarding Madison County's economy and connectedness, education, health and human services indicators that provide input on the areas assets and challenges. It then continues with the key issues identified, these are:

- **Main barriers for employment: transportation, childcare and job skills/employment training.** These are structural barriers that significantly impact the ability of low-income families to gain and retain employment.
- **Housing and homelessness.** The cost of renting or owning a property are high for low-income families and many live in housing that is substandard. There are limited options for families facing homelessness and there is no emergency shelter in the county.
- **The opioid epidemic** is increasing rapidly in the county and already impacting families.
- **Mental health services are a challenge,** the county received a Heath Professional Shortage Area designation in this area.
- **From our client's perspective: The effects of scarcity and the benefits cliff.** In this section we looked into the challenges our clients have reported feeling.

- **From an agency perspective: Uncertainty regarding potential funding cuts.** As other federal agencies mentioned, there are signs that funding cuts will be affecting Federal and State grants and the new tax bill will impact non-profits.

We suggest that CAP's Board, management team and staff use this document as a trampoline for the following questions to be discussed during CAP's planning process:

- How do the community needs, key issues and services align with CAP's services?
- What is CAP's role in the future of Madison County? How does it fit in with the other agencies providing services throughout the county?
- What are the Agency's options and priorities based on the information we have gathered?
- Should we consider new approaches? How do these new approaches align with CAP's staff's abilities, expertise and experience?
- What should CAP consider to ensure that it is well-positioned to continue serving the Madison County community for many years to come?

AGENCY DESCRIPTION & HISTORY

Community Action Program for Madison County, Inc. (CAP) is a community based not-for-profit that has been serving low income and vulnerable families in Madison County for 35 years. Since 1983, the mission of the agency has been to lift people out of poverty. We work closely with a large number of community partners such as local churches, schools, community foundations, other non-profit agencies as well as local, state, and federal agencies to provide comprehensive services to low-income families. A timeline of CAP's milestones is detailed below:

- 1983 Our founder, Irene Brown, and a small team started serving local families through advocacy services with the objective of creating a safe place for people to find refuge, with a sympathetic and respectful presence. These advocacy services were expanded in 1990 to work with homeless individuals and families. Currently, these services are encompassed within our Casework and Housing programs.
- 1986 Community Action Program for Madison County Inc. was officially established, afterwards with the Madison County Board of Supervisors' support, CAP obtained CSBG funding.
- 1990 The Food Pantry started operating and was formalized when CAP moved to the 3 East Main Street building in Morrisville. CAP also helped expand access to food in the county by supporting the local Department of Social Services (LDSS) when they decided to establish an informal pantry in their basement. CAP's Food Pantry was transferred to Morrisville Community Church in December, 2015.
- 1992 CAP obtained funding through the NYS Homeless Housing Assistance Program (NYS HHAP) to purchase a building on 3 E. Main Street in Morrisville containing downstairs office space and two 2-bedroom apartments upstairs to be used as transitional housing for homeless families. The agreement required that we maintain housing for homeless families until 2013. CAP met these requirements, but continues to provide housing for homeless families.
- 1993 CAP obtained funding for an innovative First Time Homebuyers Program to work with income eligible families and individuals to help them purchase a home through CDBG funding (a Small Cities Grant through Madison County Department of Planning). The program ended in 2017, during the 24 years of the program, CAP helped over 375 families obtain a home.
- 1995 CAP obtained a grant through the NYS Office of Children & Family Services to fund a pilot project that provided home visiting services to parents of infants with the purpose of developing parenting skills and preventing child abuse (one of six in New York State). The Healthy Families program's

success, doubled our workforce and increased demands on our workspace and infrastructure. Over the next 15 years, the program tripled in size, requiring additional office space in Canastota, NY.

- 2000 LDSS approached CAP to fund our Housing Stabilization and Transportation Programs through TANF Block Grant funding that they had recently obtained. This was our first experience in obtaining funding through our county.
- 2002 CAP obtained a federal grant through USDA, this was a Food Stamp Research Grants Program to improve access through the use of new technology and partnerships. The program greatly increased our visibility in the community and country as well as solidified our relationships with Colgate University and LDSS. We were the first in New York State to develop a website for individuals to access and determine if they were eligible for food stamps and an on-line application for food stamps. Even though this grant ended, throughout the years we have continued to improve access to food stamps through the NOEP program.
- 2003 CAP was awarded funding from NYS Department of Labor to fund a “Wheels to Work” project that was based on our original “CAP CAR” program, developed in 1998 using seed money from a local foundation. Wheels to Work was a very successful program, but funding for it was eliminated by New York State in 2008.
- 2003 CAP received a grant from the Office of Children & Family for a home visiting program that prevented out-of-home placement of children called Family Action. Eventually, the Family Action team was involved with training at Cornell for the popular Family Development Credential (FDC). CAP was contacted to be one of the first agencies to be involved in the FDC program. After a successful initial five year period, this program continued with LDSS funding.
- 2005 CAP received Early Head Start funding, expanding the number of Family Support Workers that served families with infants and young children. This home visiting program focuses on school readiness for low income children and continues to be a part of the services offered by CAP.
- 2009 CAP was awarded federal stimulus funding through the American Recovery and Reinvestment Act, increasing the agency's budget almost immediately by one million dollars. The agency was successfully able to incorporate the additional funding, expand its current programming, and implement new programming to support employment and housing needs.
- 2010 CAP was approached by a local funder and physician to partner with them in the development of a free clinic for the uninsured in Madison County and surrounding areas. Utilizing our 501(c)(3) status as well as our expertise in working with clients who are not able to access medical support due to

lack of insurance. CAP was charged with administrating the Mary Rose Clinic that offers free medical health for the uninsured until 2015 when the Goreman Foundation took on this responsibility.

- 2013 CAP obtained the HHAP grant for the building of transitional housing for families. In 2016 we opened the doors of the Larson-Dale Apartment Complex for families that consists of four fully furnished apartments (two of the apartments follow the ADA guidelines).
- 2015 CAP obtained the WIC grant which has expanded our footprint to Oneida County in October 2015 and Herkimer County in July 2016. WIC expanded the size of the agency and its scope.
- 2016 Building on the experience of CAP's grandparents group and the identified demand for services supporting next of kin that are raising a child or youth that is not their own, CAP obtained the Kinship grant.

CAP has come a long way from its humble beginnings and today employs over 80 people in seven offices now including the Tri-County WIC offices in Oneida, Rome, Utica, and Herkimer. Our clients work with us in many different aspects of their lives from finding housing, to raising a family. Our clients trust us, and reach out to us to get the support they need to get back to work when crisis occur. We partner with our clients providing information, assistance, and support so they can gain the knowledge, skills and motivation necessary to reach their full potential. Currently, CAP annually serves over 3,000 clients through the following programs:

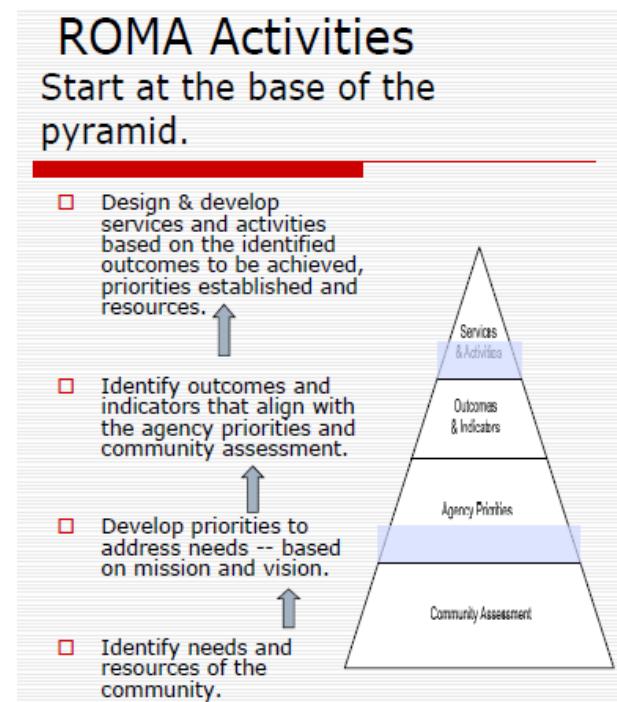
- Healthy Families: Free home visiting services for expectant and new parents facing challenges and stressors, helping them have healthy pregnancies and develop a loving bond with their babies.
- Early Head Start: Voluntary home visiting services to expectant and new parents with children under age three to help improve school readiness skills.
- Mentoring: Caring adults (volunteer and professional mentors) meet regularly with youth (ages 8 to 18) to provide a supportive and trusting relationship, help children gain new experiences, and lay the ground work for social and academic success.
- Housing: Assisting families who are homeless or at high-risk of becoming homeless with temporary rental and utility payments, finding suitable housing, financial counseling, and home visiting case management.
- Kinship Care: Home visiting services for grandparents, other relatives, and even family friends who are caring for children. The goal is to help caregivers find the support necessary to make a successful transition for children into their home and family.

- [Nutrition Outreach and Education Program \(NOEP\)](#): Free, confidential, one-on-one services that help hungry New Yorkers get nutrition assistance by helping them with their SNAP application.
- [Family Action](#): Voluntary home visiting program for DSS-referred families to keep children safe and healthy, to reduce or eliminate the risks of out-of-home placement for children.
- [Office Based Services](#): Assistance for families in need with a wide variety of services including utility, heat and rent, budgeting, employment, transportation, smoking cessation, and referral to community and government services.
- [Special Supplemental Nutrition Program for Women, Infants and Children \(WIC\)](#): Nutrition education, breastfeeding support, referrals and a variety of nutritious foods to low-income pregnant, breastfeeding or postpartum women, infants and children up to age five to promote and support good health.

ASSESSMENT METHODOLOGY

The ROMA Framework

CAP is one of the many Community Action agencies nationwide, created out of President Johnson's War on Poverty in the 1960's and funded by the Community Services Block Grant (CSBG). CSBG provides a fiscal backbone for CAP, and affords us tremendous flexibility in responding to local needs as they change. It also provides us with resources such as the Results Oriented Management framework (ROMA) that guides our strategic planning and provides oversight on compliance of CSBG organizational capacity standards. CAP is required by regulation to complete a Community Assessment every three years as part of funding through Community Services Block Grant (CSBG), results of this assessment inform the Agency's vision, mission and strategic plan.



Source: NACSP.org

The Process Of Preparing the Community Needs Assessment

As can be seen in the timeline above, CAP underwent significant changes that made the necessity of updating our Community Needs Assessment evident. The purpose of the Community Needs Assessment was to review and analyze our current service area to determine if there are changes, trends, unmet needs, or service gaps in the community. This Community Needs Assessment is the result of a two-phase process, the timeline and details of the process can be seen in (Appendix 1).

- **Phase 1 (December- September, 2016):** The first planning team was composed of CAP Program Managers, with the Early Head Start Program Manager and the agency's Operations Director leading the team. Individual CAP agency staff supported with surveys. CAP's Board of Directors provided insight on their views of our programs, community demographics, and timeline. All were provided with information related to the need and requirement of completing the Community Needs Assessment for CSBG as well as understanding of timeline.
- **Phase 2 (April 2017 – February 2018):** New York State Community Action Association (NYSCAA) representatives contributed to this process to ensure that it aligns with ROMA principles. The process was led by the Community Services Director with the support and input of CAP's management team, the Executive Director, and other community agencies. In April 2017, CAP's management team and NYSCAA assessed the current community needs and the alignment of CAP's programs with those needs. During the summer, a SWOT analysis was developed with the management team and NYSCAA input. As a result of this process an interim strategic plan 2017-2018 was prepared and approved by the Board in August 2017. In December of 2017 an additional round of Community Needs surveys were shared with agency partners and data from secondary sources of the 2016 Community Needs Assessment was revisited. Additional primary data was collected, all indicators and data were updated, more indicators and primary information was collected to ensure it aligns with the needs and issues that emerged from the combined results of both preparation phases of the Community Needs Assessment.

Sources of Information

Primary information was gained through service area reports, annual reports, census data, health department and education department data. The References section at the end of this document provide a comprehensive list of the sources of information used in preparation for the Community Needs Assessment.

Secondary information was obtained from community partners, community residents, staff, and families using our services. Results, opinions and feedback were received through formal surveys, both paper and electronic, as well team focus groups, committee meetings, staff surveys, and interviews both in person and via phone. Neither translators/interpreters nor private consultants were used for the Community Assessment process. The surveys distributed to clients, partners, staff and board members were developed by NYSCAA for all New York State Community Action Agencies based on their guidance on the data collection process (For complete list of community partners view Appendix 2).

- **Team brainstorm of Community Assets and Needs:** CAP's Program staff discussed community needs and services during a team focus group that concentrated on the specific needs, resources, referrals and supports of our EHS clientele. The meeting lasted one hour guided by focus questions that included:
 - What do you see as needs in the community we serve/Madison County as a whole?
 - Do you see gaps in services for the families we work with?
 - Any unusual trends in the community?
 - What are some obstacles for families to receive needed services?The meeting was an in-depth conversation regarding child care, transportation, mental health, education, and drug trends in the Madison County community specific to CAP families. This was an opportunity for home visiting staff members to share anecdotal information they observed while working with families in their homes.
- **Board/Staff/Volunteer Survey:** The Board/Staff/Volunteer survey developed by NYSCAA was presented to all current CAP employees, board members and CAP volunteers electronically through agency e-mail, with an option to print and complete as well. They were given one month to complete the survey.

- **Client Satisfaction Surveys:** Families currently served by some CAP programs completed Family Satisfaction Surveys. Like the staff survey, this was intended primarily for Self-Assessment, the information helped to guide community needs, barriers and challenges clients we serve face, as well as client identified areas of growth. Families were provided paper surveys by CAP staff during regularly scheduled home visits or office appointments. One survey was provided per family and they were given just over two weeks to complete the survey. Families were given the option to return completed surveys with their worker or to mail directly to their program.
- **Community Member Needs Survey:** NYSCAA's Community Member Needs Surveys were presented to all current CAP clientele and community residents, as well as individuals who work within Madison County. This survey was provided electronically but also via paper submission, data was compiled by a CAP that entered the responses into an online survey database for compilation of results. Surveys were sent electronically to current and past CAP clients via e-mail, when applicable, as well as to agencies and community residents that were identified by CAP staff. Paper surveys were provided to all current CAP clients upon intake of services; i.e., scheduled and walk-in appointments, home visits, group activities and related CAP and/or EHS activities. Survey completion was encouraged over the course of one month.
- **Workshops & Meetings:** The first exercise during the NYSCAA workshop was to validate the needs identified in the Community Needs Assessment 2016, the discussion led to the identification of emerging trends in the county and an assessment of the services provided by CAP through its programs. It continued with an analysis of the alignment of CAP services with the identified needs. Further meetings that took place to prepare the SWOT analysis and the Strategic Plan update 2017-2018 identified topics that were not deeply analyzed in the 2016 needs assessment but that should be considered in the updated version such as: Opioid epidemic, mental health issues, benefits cliff, population for which there are service gaps and future funding sources to fill those gaps.
- **Community Partner Surveys:** Two rounds of Community Partner Surveys were distributed to a variety of Madison County's supporting resources including, mental health, churches, food pantries, veteran services, health care, housing programs, education, child care providers, disability services, libraries, economic development, and other community

supports. Surveys were disseminated to the agency partners through current Community Action professional partnerships (i.e., relationships from boards and committees, working partnerships, professional contacts) by phone interview, meeting agenda items, mail, and e-mail distribution as well as drop-in appointments. In total, 61 agency partners provided responses on the two part survey during the first phase and 45 agency partners responded to the surveys collected during the second phase. Community Partners were given a timeline of just over one full month to complete and return to CAP.

The information gathered from secondary sources informed the identification of key issues and the data required for the primary information sources for the current document.

CAP's Service Area & Target Population

All Community Action Agencies (CAAs) have a “designated CSBG service area” in which they are responsible for providing leadership, advocacy, community development, and services that offer people with low incomes the opportunity to improve their lives. Every county in the U.S. has a Community Action Agency within it, although some towns within those counties may not be part of any officially designated CSBG service area. CAAs are also able to provide services outside their designated area as long as CSBG funds are not used to fund those services.

CAP's current designated CSBG service area is Madison County, most activities are focused in this priority area with exception to Herkimer and Oneida County through the tri-county WIC program. Given that the services in Herkimer and Oneida County are specific to WIC, the Community Needs Assessment will focus on CAP's designated CSBG Area of Madison County covered by all our programs.

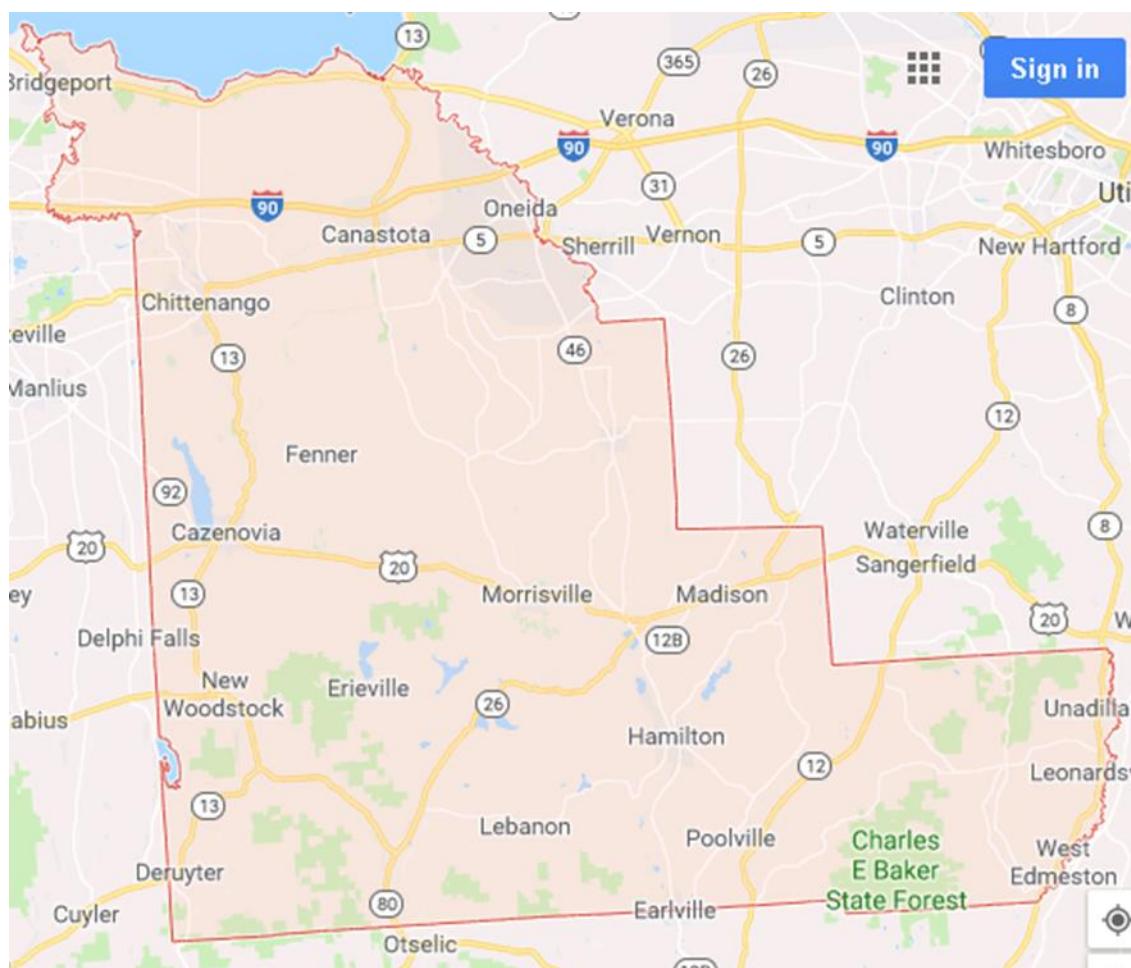
We would like to note that Oneida Indian Nation is located in Madison and Oneida County. Residents of Oneida Indian Nation are served directly through Oneida Nation's programs and services. Therefore, the present community needs assessment does not focus specifically on Oneida Indian Nation residents.

CAP's target population are for the most part low-income families of Madison County, eligibility for services depend on the limitations determined within the grants that fund our programs. Many of our programs serve families that are under the 200% Federal Poverty Level, others serve families under the 100% FPL and for other programs that focus on preventing child abuse and neglect, eligibility is not income based but the families we serve tend to be under the 200% FPL nonetheless.

COMMUNITY PROFILE

Madison County is located in Central New York State, bordering six other counties: Onondaga, Oswego, Oneida, Chenango, Cortland, and Otsego. The county has a total land area of 662 square miles, of which 6 square miles are water. The county is predominantly rural with a population density of 110 persons per land square mile compared to an upstate New York State average (excluding New York City) of 240 people per land square mile (Madison County DOH, 2015). Oneida, the only city in the county, is located at the northern end of the county.

Madison County Map



Source: Googlemaps.com

Madison County has a population of 72,427 (US Census Bureau, 2011-2015). County residents live in one of 26 municipalities or on the Oneida Indian Nation reservation. The 26 municipalities include one small

city, 15 towns, and 10 villages¹. Five of Madison County's villages and one of its towns have fewer than 1,000 residents, while the city of Oneida and the town of Sullivan are both home to over 10,000 people. (EPA, 2015)

Towns/Villages located in Madison County, NY					
Towns:	Brookfield	Cazenovia	DeRuyter	Eaton	Fenner
	Georgetown	Hamilton	Lebanon	Lenox	Lincoln
	Madison	Nelson	Smithfield	Stockbridge	Sullivan
Villages:	Canastota	Cazenovia	Chittenango	DeRuyter	Earlville
	Hamilton	Morrisville	Munnsville	Wampsville	

Although population and jobs are concentrated in the two largest villages, Chittenango and Canastota, and the city of Oneida, most of the county's new development has been outside the historical population centers. Population growth has moved away from the historical population centers, in the past 30 years more than 80 percent of Madison County's population has been in rural areas, which lack services, amenities and infrastructure (EPA, 2015). Services are concentrated near the city of Oneida, the largest villages and Wampsville where the County's offices are located, making access to physicians, dentists, mental health support, childcare, and social services difficult to access for those living in remote, rural areas of the county.

Population by age and gender

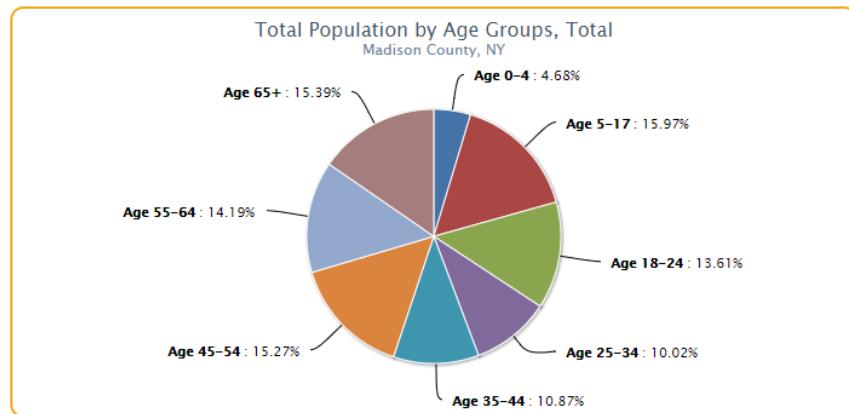
The median age of county residents is 39.8 years old (City-data.com, 2017). Madison County's population is aging faster than the national rate. Like many rural communities, the loss of young adults partly explains the increasing median age. People 65 and older are increasing as a share of the county's population, they made up about 14% of the population in 2010 compared to 12.5% in 2000 and 15.39% in 2015. As a result, the county is looking for strategies that will allow people to age in place, while also attracting and retaining young adults (EPA, 2015).

Of the total population, 50.78% are female and 49.22% are male (US Census Bureau, 2011-2015). Children up to age 4 are 4.68% of the population, children ages 5 to 17 are 15.97% and the population ages 18 to 34 years old are 23.63%. The distribution of the population by age groups can be seen in the chart below:

¹ The distinction between villages and towns is important. Villages are smaller municipalities within towns that often have their own governments.

Population by age categories

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Madison County, NY	3,390	11,568	9,857	7,254	7,874	11,063	10,278	11,143
New York	1,176,432	3,075,342	1,985,605	2,803,612	2,528,797	2,819,175	2,463,776	2,820,435
United States	19,912,018	53,771,807	31,368,674	42,881,649	40,651,910	43,895,858	39,417,628	44,615,477



Source: Communitycommons.org

Population by race and ethnicity

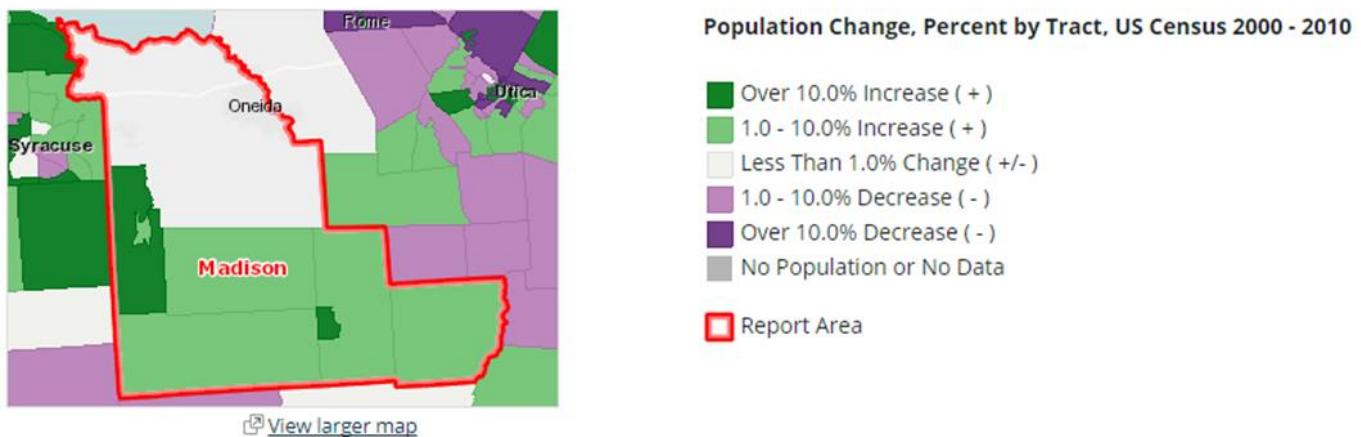
Of the total population in the county, 93.9% is White (not Hispanic or Latino), 2% are Black 0.7% are Native American, 0.90% Asian and 1.4% identify as bi-racial or multi-racial, and 2.1% are Hispanic or Latino. The majority of residents speak English. Only 3.6% of the population age five and older speak a language other than English at home (US Census, 2015).

Although the county is taking small steps in terms of increasing its diversity, the majority of population growth in Madison County has been White (2734 individuals). In the past decade the increase of 47.38% Black (434 individuals), 46.37% American Indian and Alaska Natives (166 individuals), 50.56% Asian (196 individuals), 65.17% Multiple race (378 individuals), 70% Native Hawaiian and Pacific Islander (7 individuals), and 46.74% Other (86 individuals). In terms of ethnicity, the Hispanic population grew 79.29% (582 individuals) (US Census, 2010).

Population growth trends

Population growth has been 5.76% between from 2000 – 2010. As can be seen in the map below, this growth has been highly concentrated to some regions of the county which do not include the city of Oneida.

Population growth in Madison County



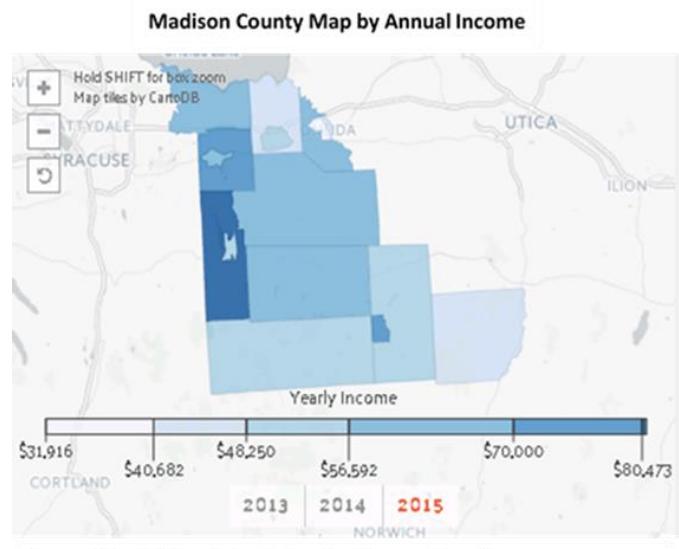
Source: Communitycommons.org

Family Demographics

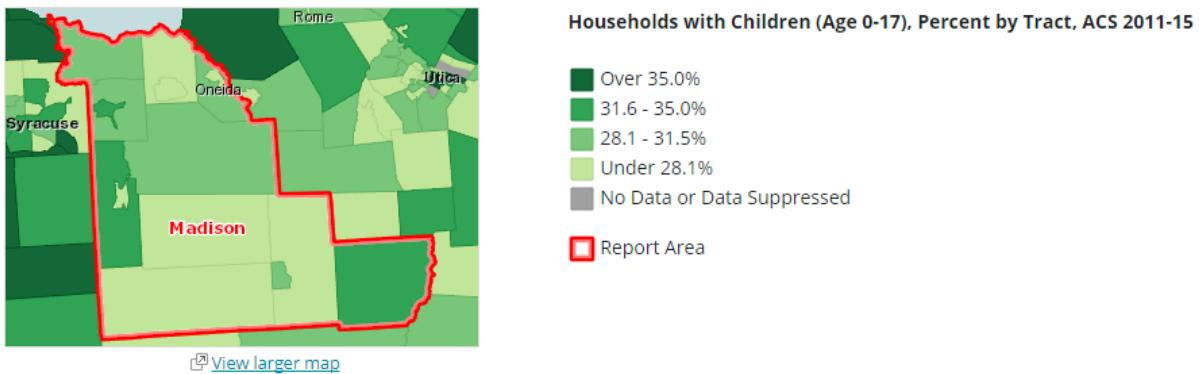
The Median household income is \$54,145, but given that 43.49% of families make an income of \$75,000 the median income camouflages the impact of poverty in the county and the increasing income inequality.

Poverty in Madison County is geographically concentrated to the north and south-east corners of the county, where 20% or more of the population are living under the poverty line (US Census Bureau, 2011-2015).

Families with children are highly concentrated in the south east and west of the county. The south east region is where there are the most low-income households with children.



Source: <https://datausa.io/profile/geo/madison-county-ny/#economy>



The 17,252 families in Madison County are composed of 80.16% married couples, 6.9% are single-parent male head of households, and 12.9% are single-parent female head of households. Of the 7,014 families that have children under 18, 20.3% have children under 6 years of age. Additionally, it is estimated that the % of grandparents responsible for grandchildren is 10.1% (US Census Community Survey, 2015).

Families with Children in Madison County	All families		Married couples		Female Heads of Household	
	Number	% Below poverty level	Number	% Below the poverty level	Number	% Below the poverty level
Families with children under 18 under 18 years old	7513	14.10%	5,151	6%	1,622	38.20%
With Children under 5 years old	1471	26.70%	636	0%	559	49.90%
With children under 5 years old and 5-17 years old	1212	11.80%	1,028	10.70%	184	17.90%
With Children 5 to 17 years old	4830	10.90%	3,487	5.80%	879	35.00%

Source: 2015 Community Survey US Census

It is estimated that 7.4% of Madison County families are living under poverty, but the poverty rate of families with children is higher (14.10%). Poverty rates are higher for families with children under five years old (26.7%) and are especially high for families with a female head of household with children under five years old (49.9%) (US Census, 2015).

The percentage of households with public assistance income in Madison County is 2.19%, and the percentage of households where housing costs exceed 30% of income is 26.35% (US Census Bureau, 2011-2015). In 2016, 3,416 families had received Food Stamp/SNAP benefits in the past 12 months. Of the 8,872 families that collected social security, the mean income in dollars was \$18,680. 1,116 received supplemental security income with a mean supplemental income of \$9,570. There were 628 families receiving public cash assistance, the mean cash public assistance income was \$3,811 (Department of Housing Human Development, 2016).

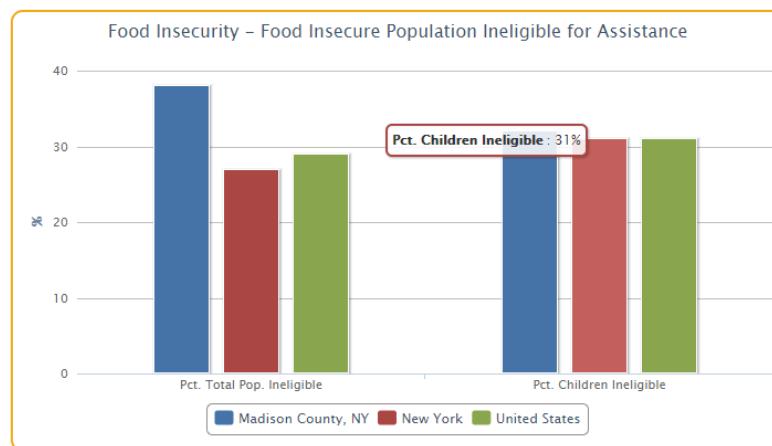
Demographics of Low-Income Individuals

The poverty rate for the total population is 12.9% (US Census, 2015). This is an increase from the 2008-2010 rate of 10.8% (Madison County DOH, 2016-2018).

Another measure of vulnerable populations is the number of students with free or reduced price lunch, this population is more likely to have multiple health access, health status, and social support needs. Of the 9,673 public school students, 40.68% (3,952 students) are eligible for Free/Reduced Price lunch. In the past year, 3,450 children that experienced food insecurity at some point during the report year were ineligible for State or Federal nutrition assistance. This is due to the fact that assistance eligibility is determined based on household income of the food insecure households relative to the maximum income-to-poverty ratio for assistance programs (SNAP, WIC, school meals, CSFP and TEFAP).

Food insecurity in Madison County

Report Area	Food Insecure Population, Total	Percentage of Food Insecure Population Ineligible for Assistance	Food Insecure Children, Total	Percentage of Food Insecure Children Ineligible for Assistance
Madison County, NY	8,590	38%	3,450	32%
New York	2,739,920	27%	938,610	31%
United States	48,770,990	29%	17,284,530	31%



Source: Communitycommons.org

In 2016, approximately 600 individuals received temporary assistance benefits in Madison County. That year, the county's unit provided SNAP benefits valued at \$10,884,146 to over 7,800 residents of Madison County. (LDSS, 2016).

ECONOMY AND CONNECTEDNESS

Madison County is geographically located in the Syracuse and Utica-Rome interstate corridor. It is located within 500 miles of the major population centers of New York City, New Jersey, Boston, Detroit, Philadelphia, Toronto, and Montreal. Madison County is close to a class 1 railroad, several major airports, and the Port of Oswego (Madison County IDA, 2017).

Madison County has a very diverse employment base with over 25,000 jobs distributed across a broad spectrum of industry classifications, with an annual payroll of over \$703 million and an average wage of \$33,586. The top ten employers in the County employ over 18,841 people in manufacturing, education, and health care² (Madison County, 2012).

According to (Madison County, 2012), there are over 1,400 other business establishments in the County, of which a large majority employ fewer than 50 people. Over 89% of Madison County's establishments are micro-businesses, employing four or fewer individuals and the non-employer/sole proprietorships outnumber wage-paying employers by almost 3:1. From an industry perspective, major contributors to economic growth and employment are:

- **Manufacturing:** There are 65 manufacturing establishments with a payroll of \$107 million.
- **Tourism** is estimated to bring \$70 million in visitor spending, employing over 1,600 and generating \$4.5 million in sales tax revenue to the County.
- **Retail:** There are new retail business opportunities as retail spending has been moving to neighboring counties. Annually, the estimated loss in sales is \$43 million in sales and \$1.7 million in sales tax revenue.
- **Public Sector:** Excluding local school districts, public employment over the last ten years has declined at the local level.
- **Agriculture:** Although farms employ less than 2.5% of the county workforce, they are a visible image of the county, given its rural nature. The value of products sold by farming establishments is \$86 million (72% were dairy products).

Many of the county's manufacturing jobs, such as dairy processing, relate to agriculture. There are 838 farms the median farm size is 105 acres where dairy and livestock represent 75% of agricultural product sales. 45% of the county's land area is devoted to agriculture (Cornell Cooperative Extension, 2012). In 2012, the age of the average farmer in the county was 55.5 years old which combined with an increase in

² Major employers include Colgate University (855), Oneida Health Care (786), Morrisville State College (450), Ferris Industries (410), Esco Turbine Technology (370), Community Memorial (305), Marquardt Switches (294), Dielectric Laboratories (223), ARC (210), and GHD (150).

the number of farms and farm sales, make attracting and training the next generation of farmers a critical need (EPA, 2015). Finally, the county also has a growing renewable energy sector. Madison County is home to New York's first commercial-scale wind farm and Morrisville State College has a Renewable Energy Training Center. (EPA, 2015)

EDUCATION

There are 10 public school districts located within Madison County although district lines cross borders with surrounding counties. Madison County School Districts are relatively small, in total they have 27 schools. Brookfield school district is the smallest with an enrollment of 229 students, the largest is Oneida with 2,292 children enrolled. In total, these public schools, including elementary, middle schools and high schools within the district serve 10,166 students (NCES, 2017). Additionally, there are three private schools in the county: Holy Cross Academy, New Life Christian, St. Patrick's Elementary (Madison County, 2018).

Public School Districts in Madison County		
District Name	Students	Schools
Brookfield Central School District	229	1
Canastota Central School District	1429	4
Cazenovia Central School District	1499	3
Chittenango Central School District	1993	5
Deruyter Central School District	436	2
Hamilton Central School District	579	2
Madison Central School District	508	1
Morrisville-Eaton Central School District	751	2
Oneida City School District	2292	6
Stockbridge Valley Central School District	450	1

Source: (NCES, 2017)

There are an additional 3 districts that serve Madison County children that are located outside of the county lines: Mount Markham Central School, Unadilla Valley Central School District, and Sherburne-Earlville Central School District (Madison County, 2018) & (OSC, 2017).

This makes providing extra services that could benefit families in need, financially impossible and not affordable for school districts. Social workers and school counselors are spread thin, sometimes sharing one worker between two or three small districts. None of the Madison County school districts provide before or after school care³.

³ See Appendix 6: Survey results from 2015-2016 Needs Assessment: Before and After School Child Care in Madison County.

Graduation rates in 2014-2015 were 83.6%, lower than the New York State and National averages which are around 85%. The percentage of people age 25 and older that have a high school diploma is 90.4% and 26.2% hold a bachelor's degree or higher (US Census, 2015).

Cazenovia, Chittenango and DeRuyter School Districts are part of the 23 district members of the Onondaga-Cortland-Madison BOCES (OCM BOCES) that have been collaborating with the 23 districts they serve for over 60 years. OCM BOCES provides a wide array of services for local school districts including career and technical education, special education, alternative education and workforce preparation for adults. (OCM BOCES, 2018)

Colgate University, Cazenovia College, and Morrisville State College contribute to the county's reputation as a hub of higher education. Colgate is the county's largest employer, Morrisville State College is third, and Cazenovia College is sixth. (EPA, 2015) This higher education institutions in total serve about 6,878 students:

- Colgate University offers 55 major areas of study and serves 2,922 students (Colgate University, 2018)
- Morrisville State College: Over 75 programs of study to its 3,063 students (Morrisville State College, n.d.)
- Cazenovia College offers over 35 academic programs to its 893 undergraduate students (Cazenovia College, 2018)

HEALTH & HUMAN SERVICES

Life expectancy in Madison County is higher than the US average, for females it was 81.7 years and for males it was 78.2 years. As of November 2017, access to health insurance was 94.1% for adults 18-64 years old, higher than the national average of 88.8%. Children with health insurance in the county were 97.2% in 2016, higher than the US value of 95.5%. The age-adjusted rate of adults who visited a dentist was 77.1% (the national average was 65.3%). The age-adjusted rate of preventable hospitalizations was 98.4 per 10,000 population which is lower than the state value excluding New York City of 107.3. (HealtheCNY, 2018)

In 2017, among the 62 counties of New York State, Madison County ranked 8th in morbidity and 14th in mortality, 13th in clinical care, and 19th in health behaviors (HealtheCNY, 2018). The leading causes of death in 2016 were cancer, heart disease, chronic lower respiratory disease, unintentional injury and stroke (Madison County DOH, 2015).

Madison County's values are lower than NY State and/or US values on several fronts such as HIV, asthma, influenza and pneumonia, coronary heart disease, hypertension, diabetes, breast cancer and prostate cancer as can be seen marked in green in the chart, Health Indicators, in Appendix 3.

Despite these positive health indicators, there are areas for improvement. Based on the physician to population ratio, Madison County is a designated Heath Professional Shortage Area (HPSA) for Mental Health (Mohawk Valley PPS, 2014). Madison County has a shortage of dentists in the area, there are 35 dentist per 100,000 population in contrast with the state value of 78 (Conduent Healthy Communities Institute, 2015), our clients have challenges in finding dentists that are receiving new clients and even when they do, many do not accept Medicaid.

The Prevention Agenda Priorities were identified in the county's 2016 Community Health Assessment and a subsequent Community Health Improvement Plan was prepared by a steering committee composed of the Madison County Department of Health, the two local hospitals, the Rural Health Council of Madison County and the regional Public Health Improvement Plan (PHIP)/Regional Heath Information Organization (RHIO) (HealtheConnections). The priorities determined by (Madison County DOH, 2016-2018) were:

Focus Area 1: Prevent Chronic Disease - Reduce Obesity in Children and Adults by expanding the role of public and private employers in obesity prevention. The goal is to decrease the rate of obese adults by 1% from 31.5% to 30.5% by the end of 2018. Obesity rates of adults are higher than the NYS average of 27%.

Focus Area 2: Prevent Chronic Disease - Increase access to high quality Chronic Disease Preventive Care and Management in both Clinical and Community Settings, specifically it seeks to improve the percentage of adults ages 50-75 who receive colorectal cancer screenings from 64.5% to 80%. Colorectal cancer mortality rate in Madison County is higher than the state average.

The plan highlights the need to shift the focus of future health improvement efforts towards the working-aged adult population; specifically in the areas of healthy weight and colorectal cancer screening. In 2017, a Worksite Wellness Coalition was formed by the Rural Health Council of Madison County to address worker health and safety by bringing together employers to share ideas, best practices, policies, and identify opportunities to collaborate. The initial focus of the Coalition will be to address obesity and cancer screening among the working population. Evidence based interventions and programs shown to have an impact on these priority areas will be introduced to employers so they can implement and share with their employees. As the Coalition progresses, further work-related health and safety issues, as identified by coalition members and available data, will be addressed (Madison County DOH, 2017).

Additionally, through its Medical Assistance Unit, the LDSS serves the health insurance needs of county residents by processing applications for a variety of public health insurance programs such as: Child Health

Plus, Chronic Care/Nursing Home Care, Family Planning Benefit Program, Home Care Programs, Medicaid (Transitional and Provisional), Medicare Buy-in for Working People with Disabilities (MBI-WPD), Medicare Savings Program, Prenatal Care, Supplemental Security Income (SSI), Waiver Services, Care At Home Services, Disabled Adult Child Waiver (DAC), Home and Community Based Services, Nursing Home Transition and Diversion Waiver (NHTD), and Traumatic Brain Injury Program.

In 2016, LDSS reported 4,451 medical assistance cases, comprised of 5,819 individuals on medical assistance which represents 8% of Madison County's population. The county reported 2,587 community Medicaid cases, 1,418 supplemental security income Medicaid cases, 230 nursing home case, 1,267 Medicaid applications registered, 26 disability reviews referred and processed (LDSS, 2016).

Maternal – Child Health

In Madison County, infant mortality is much higher than the national average of 5.5, reaching 7.7 per 1,000 live births and 7.1% live births were with a low birthweight of less than 2500 grams and 66.4% infants were exclusively breastfed during their time in the hospital. There have been improvements in the percentage of mothers who received late or no prenatal care (3.8%) (HealtheCNY, 2018). The percentage of births with adequate prenatal care is 80.9%, higher than the 70.2% in New York State excluding New York City. The percentage of births to teens aged 15-17 years old is close to the state average (1.1%), for those ages 15-19 years old the rate is 6.2%, almost two percentage points higher than the state's rate (NYSDOH, 2018). An emerging concern is the increase in newborn drug-related diagnosis, the rate per 10,000 newborn discharges has increased to 177.7 (NYSDOH, 2018).

The percentage of houses built prior to 1950 in the county is 38.8%, the percentage of children born in 2012 with at least two lead screenings by 36 months was 38.7%. The incidence of confirmed high blood lead level was 3.3 per 1000 children tested under the age of 72 months.

Oral health has been shown to impact overall health and well-being. The prevalence of tooth decay in 3rd grade children is 74.4%, of which 24.6% were untreated (NYSDOH, 2018).

Child Protective Services & Foster Care

In 2016, the Madison County Department of Social Services received 1,634 reports of child abuse or neglect from the Central Registry (CPS) hotline. An overwhelming majority of these calls were for the townships of Lenox and Oneida which include the City of Oneida, and the towns of Canastota and Wampsville; both townships are located in the northernmost area of Madison County. In addition, Madison County placed 20 children into foster homes in 2016 (LDSS, 2016). The American Community Survey report also showed

that 996 grandparents live with their grandchildren and, of those, 31% have financial responsibility; these may or may not be formal foster care arrangements (American Community Survey, 2016).

KEY ISSUES

CAP reached out to partner institutions in December 2017 to gather their input on the top most pressing needs of the low-income population and we also asked about the most notable service gaps in Madison County. The top five issues/service gaps identified by the 45 respondents were:

Most Pressing Need	Most Notable Service Gap
Transportation (66.67% of responses)	Transportation (65.12% of responses)
Safe Affordable Housing (57.78% of responses)	Safe, Affordable Housing (37.21% of responses)
Substance Abuse Assistance (37.78% of responses)	Substance Abuse Assistance (34.88% of responses)
Mental Health Services (37.78% of responses)	Mental Health Services (32.56% of responses)
Job Skills & Employment Training (37.78% of responses)	Child Care (30.23% of responses)

When asked about what they expect to be the three most challenging community issues that low-income households in Madison County will face in the next three years, respondents prioritized the following:

In next 3 years most challenging issues for low income families in Madison County
Transportation (66.67% of responses)
Safe Affordable Housing (57.78% of responses)
Substance Abuse Assistance (37.78% of responses)
Mental Health Services (37.78% of responses)
Job Skills & Employment Training (37.78% of responses)

Responses from the partner survey brought to light the uncertainty regarding potential funding cuts to programs that serve low income people and their effects on agencies like CAP that serve this population. The above responses have led to a more in-depth analysis that are developed below.

Additionally, responses from CAP staff and clients have highlighted the importance of topics such as: barriers to employment (transportation, child care), the difficulty of navigating services, the benefits cliff and stress they confront in their daily lives. These topics have also been developed more deeply in the following section.

Main barriers for employment

The unemployment rate in Madison County is 5.2% in contrast to 4.7% nationwide (US Department of Labor, 2016). The main barriers for employment are:

- a) **Transportation** is one of the main barriers for people to get to work, the average commute is 30 minutes. Only 0.37% of workers use the public transit system to work and 6.34% of households (1667 households) do not have a motor vehicle (US Census Bureau, 2011-2015). The lack of a reliable and diverse public transportation option in Madison County is a problem prioritized by many of our clients, partner agencies and staff as a barrier for access to employment, services and opportunities. CAP's "wheels to work" program continues to be remembered and mentioned in the county although it was discontinued due to lack of funding in 2008.

The only form of public transportation is the Madison Transit System (MTS). MTS is overseen by the Madison County Planning Department and operated by Birnie Bus. MTS operates the following four routes that can deviate up to ¾-mile for customers who cannot access a scheduled stop with 24 hour notice (KFH Group, 2017):

Bus One - Serves Oneida, Wampsville, Bouckville, Route 5 and Route 46.

Bus Two - Serves Wampsville, Chittenango, Canastota, and Bridgeport.

Bus Three - Serves Hamilton, Cazenovia, New Woodstock, and Morrisville.

Bus Four - Serves Oneida, Wampsville, and Bouckville, and Route 5 and Route 46.

Due to budget cuts and changes in the Medicaid system, the transit system implemented significant changes in 2013. A dial-a-ride service was eliminated and a more limited route system was implemented. Additional options are provided throughout the county through a coordinated effort with Heritage Farm that provides local match monies so that while routes are open to the public, the primary transfer hub is at the Heritage Farm location along Route 46 in Bouckville. Among the issues identified by the Mobility Management Committee, is that the public needs to be informed that all routes serve Heritage Farm are open to everyone - not just specific agencies or population groups (KFH Group, 2017).

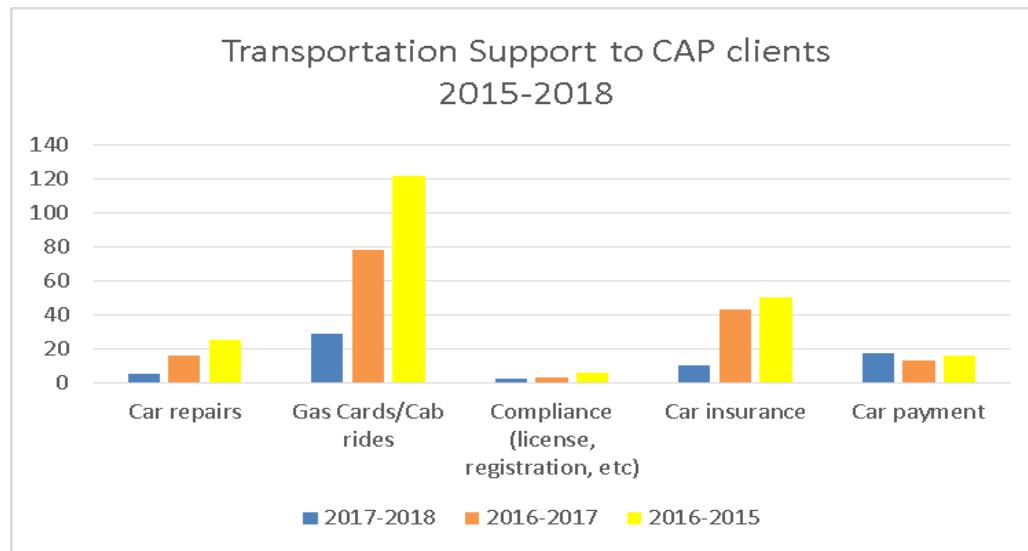
A recent mobility management study identified that transportation to the county's community colleges is limited. Public transit is not conducive to employment needs, especially for those without a vehicle or experiencing frequent breakdowns. Furthermore, employment and daycare needs together make transit use difficult or impossible (KFH Group, 2017).

The most common mode of transportation for employment needs throughout Madison County is individual's driving themselves solely at 81.3% (US Census, 2016). All other sources accounted for less than 10% each; carpooling, walking, other means, working at home (no need for transportation) and public transportation as can be seen in the chart below:

COMMUTING TO WORK			
	Workers 16 years and over	32,625	+/-686 32,625
Car, truck, or van -- drove alone	26,535	+/-718	81.3%
Car, truck, or van -- carpooled	2,126	+/-312	6.5%
Public transportation (excluding taxicab)	150	+/-101	0.5%
Walked	2,007	+/-260	6.2%
Other means	437	+/-111	1.3%
Worked at home	1,370	+/-250	4.2%

Source: Factfinder.census.gov, 2016

Madison County has fluctuating weather including harsh winters of snow and ice. Salt/brine mixtures are used on roads from November to April which increase wear and repair needs for personal vehicles. Due to weather and related conditions, vehicle maintenance and upkeep is costly to individuals and families. The lack of affordable and reliable transportation make owning a vehicle impossible for lower income and poverty affected families. CAP offers transportation support to eligible families in the county, based on data of support provided to families in the last 3.5 years, the demand for transportation related services were mostly gas cards, car insurance and car payments.



Source: CAP FFST grant reports

Furthermore, transportation is a major factor for low-income individuals to access the services they need. One of the main reasons our clients report that they were unable to attend services is due to lack of transportation.

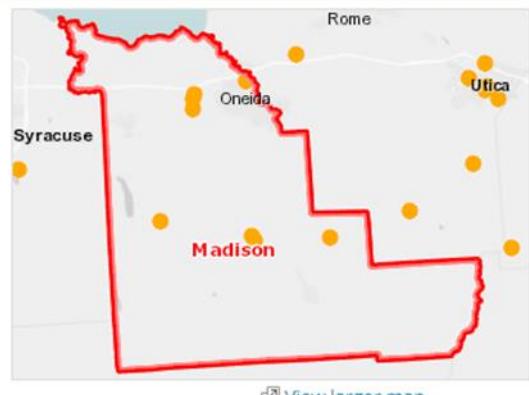
- b) **Childcare:** The other main barrier to employment is childcare, not only are there very few childcare options in the county for low-income families (there are only three Head Start Centers and a Home visiting program), but the services do not adjust to the needs of working families. The Head Start Centers are located in Morrisville, Canastota and the City of Oneida. Only one of these is located in the southwest areas of the county where the majority of low-income children in need are live. (US Department of Health & Human Services, 2014)

New York State is sixth in the top ten least-affordable child care states for 2016 as per information from the US Census Bureau, the average cost of childcare for a median income two-parent family is 15.7% of their household income (Statista, 2016).

According to the (Child Care Council, 2013), the average cost of all childcare options for infants and toddlers is \$156/week in Madison County, which is higher than in the two neighboring counties, Herkimer and Oneida, and “higher than the market rates for the area”. Childcare options in Madison County range from in-home and exempt providers to certified day care settings. Only 1/3 of the child care centers in Madison County are licensed for infant care which is the most expensive form of care due to staffing ratios and regulations.

The potential number of children under the age of 6 years needing child care was estimated at 2,827 in September 2013, and available slots from above total 1,436, leaving a gap in services for 1,391 children. Infant and Toddler care availability is much lower at only 290 openings. It was further reported that in New York, utilization of child care options is much lower than the national averages in 2011, showing the disparity between potential need, availability, and barriers to accessing care. Families self-reported to the Child Care Council that they didn't find care for a variety of reasons: lack of openings (41%), monetary (18%), dissatisfaction with programs (15%), unable to meet

Head Start Locations



Source: Communitycommons.org citing (US Census, 2010)

special needs (15%), and 11% reported location. It has also been identified that there has been a decrease in formal child care options from 2007 to 2013 in the county; excluding school age programs and exempt providers, there were 64 provider programs in 2007, this was reduced to 49 by 2013 (Child Care Council, 2013).

Madison County Child Care Opportunities	
Day Care Centers (including Head Start)	12 centers
	672 child slots, 194 for infants & toddlers
School Age	5 programs
	358 child slots
Group Family Child Care	10 providers
	144 child slots, 40 for age 6 weeks to 2 years
Family Child Care	28 providers
	224 child slots, 56 for age 6 weeks to 2 years
Legally Exempt Care	38 providers paid through Madison County DSS subsidy

Source: Child Care Council, 2013

CAP's clients have mentioned that a barrier for mothers to work is that subsidized daycare requires they get a job to apply for child care subsidies, they struggle to get employment when they are unsure if they are able to get care for the hours needed and how much will the subsidies reduce the cost of day care. Even if a family has access to childcare and can afford to pay it, they often find the barrier that childcare schedules do not adjust to work hours (for example evenings or weekends). This has been noted by CAP families as an issue they encounter.

c) **Job Skills/Employment Training:**

Madison County is experiencing a notable demographic shift in its workforce. Many people are starting to retire and aging out of the workforce, there is also a loss of younger people who leave the area to attend college and never return. The sectors in-demand for labor are advanced manufacturing, distribution centers, and healthcare. Emerging in-demand sectors include agribusiness, farm-to-table enterprises and related industries such as yogurt and beverages (craft brewing, distilling, wineries) (Working Solutions, 2017).The data of civilian employed population per industry in 2016 can be seen below:

Civilian Employed Population in Madison County by Industry

INDUSTRY	
Civilian employed population 16 years and over	33,289
Agriculture, forestry, fishing and hunting, and mining	1,009
Construction	2,026
Manufacturing	3,519
Wholesale trade	829
Retail trade	3,658
Transportation and warehousing, and utilities	1,460
Information	633
Finance and insurance, and real estate and rental and leasing	1,555
Professional, scientific, and management, and administrative and waste management services	2,735
Educational services, and health care and social assistance	9,619
Arts, entertainment, and recreation, and accommodation and food services	3,392
Other services, except public administration	1,514
Public administration	1,340

Source: (factfinder.census.gov, 2016)

According to (Working Solutions, 2017), the main unsatisfied need across all sectors of employers is a quality talent pool for open positions followed by resources to re-train the current workforce to meet the modern demands of a technology-based industry. Most positions require a high school diploma and some computer skills.

Educational attainment levels in Madison County are as follows:

Population 18 to 24 years:	For population 25 years and over:	For the population 25 years and over for whom poverty status is determined by educational attainment level
Less than high school graduate 7.8%		Less than high school graduate 23.5%
High school graduate 26.8%	High school graduate or higher is 90.4%	High school graduate 12.3%
Some college or associate's degree 59.8%		Some college or associate's degree 8.1%
Bachelor's degree or higher 5.6%.	Bachelor's degree or higher is 26.7%	Bachelor's degree or higher is 2.8%

Source: (Working Solutions, 2017).

Additionally, most positions require “soft skills” such as workplace communication, ability to work in teams and independently, punctuality and attendance. The current workforce is not ready and trained to fill these positions (Working Solutions, 2017). The “soft skills” required in the workforce are based on social norms of interaction and cognitive strategies of the middle class. Individuals who have lived in poverty for two generations or more operate under a different set of rules and norms. To achieve upward mobility they will have to develop new relationships and a support system to help them navigate these “hidden rules” that are salient unspoken understandings of the

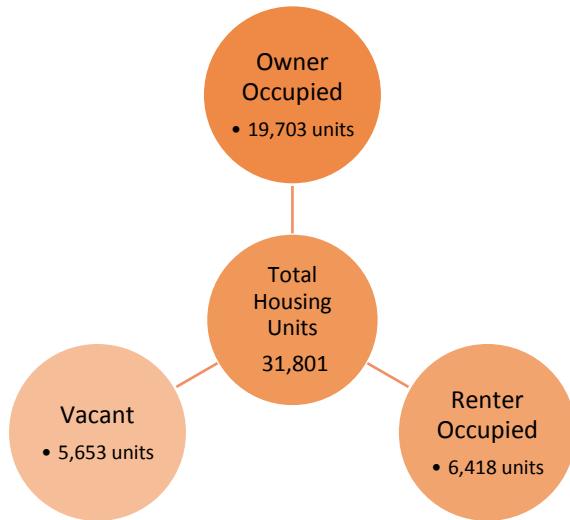
middle class (Payne, 2001). Given its experience in working with individuals coming from a generational poverty background, CAP could be a contributor to helping develop the “soft skills” training required to support the path to employment for its clients.

Madison County HMO workforce’s strength is in promoting training programs, based on in-demand occupations in the region, it ensures that it is devoting its resources to provide training that will prepare job seekers for those in-demand occupations of area employers. The local colleges and BOCES programs are well-positioned to provide the education required by employers. The primary weakness is the need for a "critical mass" of trainees to make the customization of training programs profitable for the training providers, but the Workforce Development Institute is a strong partner in providing funding for many of these customized training programs and the Working Solutions career centers offer comprehensive services to job seekers, including: assessment, career counseling, skills training, job placement, follow-up services, and more (Working Solutions, 2017).

Housing and Homelessness

In 2016, there were 31,801 housing units in Madison County, of which 26,121 were occupied (US Census Quickfacts, 2016). According to (US Census Bureau, 2011-2015), 27.12% of all units were occupied by families with one or more children under the age of 18. The percentage of households where housing costs exceed 30% of income is 26.35%. The median gross rent from 2012-2016 was \$728, but the majority of rents are between \$500 and \$999, as can be seen below.

Housing options in Madison County



Source: United States Census 2016

Gross rent paid by Madison County Residents in 2016

GROSS RENT			
Occupied units paying rent	5,851	+/-385	5,851
Less than \$500	1,069	+/-222	18.3%
\$500 to \$999	3,785	+/-372	64.7%
\$1,000 to \$1,499	880	+/-150	15.0%
\$1,500 to \$1,999	72	+/-37	1.2%
\$2,000 to \$2,499	3	+/-4	0.1%
\$2,500 to \$2,999	31	+/-39	0.5%
\$3,000 or more	11	+/-18	0.2%
Median (dollars)	728	+/-32	(X)
No rent paid	567	+/-131	(X)

Source: Factfinder.census.gov, 2016

Most Madison County families live in houses that have been in the family for generations. The owner-occupied housing unit rate was 75.4% of all occupied housing units. Nonetheless, the median selected monthly owner costs without a mortgage is \$502, with a mortgage it goes up to \$1,269 2016 (US Census Quickfacts, 2016). Families that own their property but their housing costs are above 30% of their income are 14% (for those that do not pay a mortgage) and 25.6% (for those who do pay a mortgage) (Factfinder Census, 2016).

The conditions of the housing that is available to low-income families is substandard. There are 6,873 (26.15%) of housing units with one or more substandard conditions (Factfinder Census, 2016). There were 875 HUD-assisted housing units in Madison County in 2015 including but not limited to Vouchers, Section 8 and public housing authority options (Department of Housing Human Development, 2016).

There are limited options for housing families and individuals that need emergency shelter, especially when the temperature drops in the winter. In Madison County there is no homeless shelter and CAP manages only four Transitional Housing units. Despite these challenges, in 2016 Madison County DSS attended 156 individuals presenting as homeless, approximately 60 were placed in temporary housing at local motels, hotels and efficiency apartments (LDSS, 2016).

The Opioid Epidemic

Opioid abuse is a cause for growing concern in Central New York, especially in Madison County. The county is second in terms of increase in hospitalization rates due to opioids, there has been a 33% increase from 2013 to 2014. Admission rates are highest for patients ages 25-34, followed by ages 18-24. The biggest concern is the rate of expansion of opioids in Madison County. Comparing 2014 to 2010 data, opioid related diagnoses increased 61% and there was a 123% increase in average annual visits to ERs due to opioid misuse (Madison County, 2016).

Age-adjusted death rate due to opioid pain relievers was 8.2 per 100,000 from 2013-2015, a sharp increase from the prior value of 5.3 (Madison County DOH, 2016-2018). The newborn drug-related diagnosis rate per 10,000 newborn discharges has increased to 177.7 (NYSDOH, 2018). Approximately a third of the over 1,600 Child Protective reports received in 2016 included concerns related to opiate and/or heroin addiction and the impact it has on the safety of children. The number of court petitions has doubled since 2014 and the number of children involved in those petitions during that period went from 29 to 60. (LDSS, 2016) The Opioid Task Force was formed in Madison County to discuss the opioid overdose epidemic and how to address it and to develop strategies to address as a cohesive group (Madison County, 2016).

Access to Mental Health Services

From 20102 to 2014, the age-adjusted ER Rate due to mental health has reduced from 95.6 to 85.4 ER visits per 10,000 population 18years and older. The age-adjusted ER rate due to Pediatric Mental Health has also declined from 54.6 to 45.3 ER visits per 10,000 population under 18 years old. The age-adjusted hospitalization rate due to Mental Health is currently 31.2 hospitalizations per 10,000 population 18 years and older. The age-adjusted hospitalization rate due to pediatric mental health has increased from 4.3 to 4.9 hospitalizations per 10,000 population under 18 years old (HealtheCNY, 2018).

The county has seen an increasing need for mental health service providers, especially for 0-5 year olds that was previously covered by Consumer Services. The loss of mental health services for children and preschool programs for children with disabilities has had a huge impact on the families and children in our county. At a time in their lives that intervention can have the greatest impact, the children in our county cannot access care and support.

As mentioned previously, the demand for mental health services surpasses the local supply of providers, therefore Madison County received a Heath Professional Shortage Area (HPSA) designation for Mental Health (Mohawk Valley PPS, 2014).

On a positive note, the Health and Recovery Plan (HARP) expanded behavioral health services for adults 21 and over, benefitted a total of 158 individuals with serious mental illness (SMI) and substance use disorders (SUD) through Madison County DSS. Through the School Services Program, Madison County DSS also referred 89 school aged children to Mental Health Services in 2016 (LDSS, 2016).

Madison County will soon have a few more resources available with the introduction of a mobile crises van to be operated by Liberty Resources and a Regional Response Center that will cover Madison County and be run by Syracuse Behavioral Health.

Client perspective: The Effects of Scarcity and the Benefits Cliff

People living in poverty have complicated financial lives, their income is irregular and unpredictable (Collins, Morduch, Rutherford, & Ruthven, 2009). Some of the obstacles reported by CAP clients to receive needed services are:

- Too many workers (too many services involved)
- Lack of transportation
- Too many appointments (forgetting, double booking, confusion)
- Getting documentation for needed services is a struggle
- Forgetfulness and impulsiveness
- Priorities for the family (appointment is not as important as something that comes up last minute)

Only recently have studies brought to light the effects of scarcity to the way humans behave. The anxiety generated by the realization that there are more needs than resources to satisfy them has proven to reduce cognitive performance even more than being severely sleep deprived (Mullainathan & Shafir, 2014) (Mullainathan & Shafir, 2013). Key features of life in poverty interact with human psychology in ways that make it difficult to make decisions, solve problems, and exert self-control, and therefore lead to greater impulsivity. Any person experiencing scarcity will tend to react with the abovementioned qualities. Furthermore, scarcity can generate a 13-point drop in IQ, which is enough to move a person from an “average” to a “borderline deficient” cognitive level (Daminger, Hayes, Barrows, & Wright, 2015).

Compounding the effects of scarcity on their cognitive abilities, families dependent on public assistance have to navigate barriers in order to cover an unexpected shock or non-discretionary activity. SNAP can only be used for food, WIC is good only for very specific foods, and HEAP can only be applied to home energy costs. Additionally, in order to access these benefits they need to fill in applications and recertification processes with multiple organizations. Many times, supports begin too late and end too early. They also need to look out for the “benefits cliff,” where landing a job can result in a net loss of income, as the decrease in public assistance benefits surpasses the increase in earnings level (Daminger, Hayes, Barrows, & Wright, 2015).

The benefits cliff is a serious concern for CAP. The recent enactment of a higher minimum wage legislation in New York State may push many families to a situation where the higher wages will not offset the loss of subsidies that currently support household incomes for many of our clients. Appendix 5 provides more information on income eligibility for different safety-net programs, the document is only for reference, please note that there are additional factors that determine eligibility to many of these programs.

Most of CAP's programs provide support to families that are under 200% of the Federal Poverty Level. Currently in Madison County this is a total of 19,971 individuals (29.75% of the population), of which 5,769 are children (39.23% of the population under the age of 18). The benefits cliff would expand the number of clients that do not qualify for services from most of our programs.

Currently CAP has small funds that are more flexible and partners with other agencies such as The Salvation Army and St James to support clients who are non-TANF eligible (individuals with adult children or who do not have any children), or that are adults that under 60 years old and therefore do not qualify for services for Office of the Aging. It has proven difficult to fundraise resources for non-TANF eligible families or those families that are just over the 200% Federal Poverty Level and therefore do not qualify for larger programs. Most of the funding comes from the United Way and Community Chests, but the resources they are able to fundraise continue to decline. As the population ages and families are moved over the benefits cliff, there may be an increased demand from individuals that have very few options to overcome shocks such as losing a job or having a prolonged illness.

Agency perspective: Uncertainty regarding potential funding cuts

Responses from the partner survey brought to light the uncertainty regarding potential funding cuts to programs that serve low income people and their effects on agencies like CAP that serve this population.

Some of the responses related to funding cuts were:

- Not sure how Healthcare and the proposed GOP tax cuts will affect Madison County.
- Funding to Food Banks, SNAP, children's lunches and summer food programs is being voted on to cut funding substantially.
- Medicaid and Medicare reimbursement. Increase in high deductible health insurance plans has created access issues for patients who cannot pay their deductibles.
- We are totally grant driven and the competition gets stiffer every year.
- Lack of identified grant or matching grant opportunities, presumably budget cuts (rental or purchase assistance). Don't know if there are cuts or changes.
- The federal budget proposed for the coming year includes a number of cuts that will have a negative impact on the local community, if passed as is.
- Many proposed funding cuts. Unsure which ones will get passed, but any will surely have a negative impact.
- Cuts to SNAP
- Proposed cuts/changes to health insurance.
- I am unsure of the cuts, but I always like to see continued funding for non-profits. The County has done a nice job of supporting us over the years.
- Federal government with changes/cuts to healthcare, low income programs and overall loss of partnership.

It is expected that the funding cuts that will come with the 2018 budget and in future years will negatively impact low-income families in a substantial way. Non-profits are already seeing that the competition is increasing for State and Federal grants, the requirements are more burdensome and resources more limited but at the same time, these are the main source of income for local non-profits. There is a trend towards regionalization and population based formulas for the distribution of State and Federal grants that are based on population growth, resulting in the reduction of funding for low-growth rural areas such as central New York.

Private charitable giving has historically been an important source of resources for non-profits. It allowed them to meet match or in-kind requirements from Federal and State grants, cover financial costs of paying for program operations until the reimbursements are received and covering costs of doing business that are not funded by government grants. Private funds allow certain flexibility to ensure that non-profits could cover unmet client needs and offer the opportunity to test out innovative new services. However, in recent years the main sources for this type of funds have seen the contributions they receive decline e.g. United Way, and this is a trend we expect will continue in the future given that the new tax policy.

“Although technically the charitable giving deduction itself remains unchanged, the tax reform bill will have a significant negative impact on charitable giving. The deduction is only available for households that itemize on their tax returns. People who take the standard deduction cannot deduct their charitable gifts, and because the standard deduction would double under each bill, it would make the charitable deduction unavailable to approximately 95% of taxpayers. Studies from the Lilly School of Philanthropy and others suggest that this change could cost charities \$13 billion or more each year in lost giving. Provisions sought by a broad coalition of non-profit advocates to extend a charitable giving incentive to non-itemizers were not included in the bill”.

Comment: *Charities are already straining under the weight of skyrocketing demand for services and funding that has not kept pace. The reductions in giving that will result from this bill will be devastating to the charities and the people, communities and causes that depend on them for critical programs and services”.* (Center for Non-Profits, 2017)

Private foundations are another source of funding, but each has its priority focus and the non-profit’s needs must align with this focus in order to be considered for funding. Increasingly, it would seem that the survival of non-profits will depend on their ability to identify revenue generating businesses that can provide the base of funding needed to ensure operations.

Some of the expected impact to services due to the funding cuts that were mentioned by our partners are:

- Access to services is difficult because there is not enough of them.
- Need of service to deal with higher JD age More middle class families will be struggling with healthcare costs and lack of sufficient services
- Most likely more folks will be in need of services.
- The more costly they make it to receive food or food grants, the less our agencies can do to help those in need. Hungry people do not learn as well and are less productive. Home health services being reduced puts a burden on the elderly and disabled that can't afford private duty nurses and aids.
- If reimbursement does not keep up with the cost of services the healthcare system will in Madison County will need to reduce the number of services provided.
- If children and families can't receive the type of service they require when they need it (due to wait lists) the service will likely not be intense enough when a spot finally opens up for them.
- Any cuts will drastically affect our needy population negatively.
- Obvious elimination of programs/services.
- Without federal dollars for community block grants and heating aid, local families will be negatively impacted for sure.
- The above would have an impact on the providers who may not have the ability to take on patients with no ability to pay for services, hence making access for those patients difficult.
- Children and families without health insurance resulting in a lack of medical care and increase in ER visits
- Reduced funds for non-profits, they struggle to operate and provide vital services to the community.
- Loss of access and shaming of people who need them.

CONCLUSIONS

As CAP begins its strategic planning process, the present Community Needs Assessment can help provide a base on which conversations regarding the agency's future strategic planning can commence. The needs in our community are increasing although the access to funding streams for non-profits will be changing in the future. To reduce redundancy, improve services, and increase access to resources, Madison County can

Opportunities Training Access Partnership
CAP Low Income Needs Food
Programs County Community Love Youth

tap into its biggest asset: The coordination among different agencies. Madison County continues to be a county where agencies work together to help each other meet the challenges facing the County. Collectively, we can improve our ability to connect clients with the services available in the community. The word cloud below summarizes the responses from partner institutions (Appendix 4) on the areas for potential synergies with CAP:

It is important to increase knowledge and information about partners so we reduce the stress on clients and coordinated experience for them. Local agencies would like to work together in identifying and developing services that respond to the needs in the community are developed and new resources attracted. The areas described in the Key Issues segment in this document can be a good starting point for future conversations.

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