

# **Downeast Housing Collaborative Readiness Assessment Report**

## **January, 2024**

### ***Summary of Downeast Housing Collaborative & Readiness Assessment***

This Readiness Assessment (The Assessment) was created and prepared by the Downeast Housing Collaborative (The Collaborative). The Downeast Housing Collaborative, convened by Healthy Acadia, is a broad group of providers, organizational representatives, and community members in Hancock and Washington counties, whose mission is to improve health outcomes for individuals in our communities by focusing on safe and secure housing across the continuum as a primary resource for increasing individual well being. Our purpose is to bring people together from across sectors and to work collaboratively to improve regional systems, reduce housing insecurity, and increase access to housing across the continuum of need throughout Hancock and Washington counties, Maine.

The Assessment examines the state of housing and related Health Related Social Needs (HRSNs) across Washington and Hancock counties, Maine. The assessment lays a foundation of understanding and context in order for the Collaborative to create a plan to tackle challenges related to housing and other HRSNs across the continuum. For this assessment, we gathered four types of data: 1) community voice data from individuals across Washington and Hancock counties, regarding their experiences, needs, and views related to housing and other health related social needs; 2) health systems data, drawn from partners regarding existing housing and other health systems, and strengths, gaps, and needs within systems; 3) existing secondary data related to health status and housing information across Washington and Hancock counties, and 4) data on the strengths and opportunities for improvement within our Collaborative, through a Self-Evaluation.

### ***Summary of Process for creating the Readiness Assessment:***

In order to gather the needed data and create the Assessment, The Downeast Housing Collaborative created two committees: the Community Voice Committee and the Health Status and Systems Data Committee.

The Community Voice Committee focused on gathering the primary data from community members across the two counties. The Committee developed an in-depth written survey and distributed the survey across the region by utilizing our extensive network of community partners. The Committee also coordinated focus groups for a deeper dive into the experiences, strengths, challenges, needs, and visions of community members related to housing and related HRSNs.

The Health Status and Systems Data Committee focused on gathering both health systems and health status data. Health systems data was gathered from partners and other key organizations, through the development of a survey which focused on housing and related health systems; including assets, gaps, and opportunities for improvement within the systems of care. The Committee augmented the survey data with other information gathered to paint a broad picture about the state of our health systems regarding housing and related HRSNs. Community health status data - the state of health among community members regarding housing and related HRSNs - was gathered by collecting and analyzing existing secondary data. Through an extensive literature review, we pulled together relevant data to depict the state of our community related to housing, related HRSNs and overall health.

Finally, the Maine Rural Health Research Center at the University of Southern Maine conducted an independent Self-Evaluation to determine the strengths, challenges, and opportunities for growth within our Collaborative and among our partners. That evaluation is included as an appendix and summarized later in this report.

The following sections provide a summary of the results of each of the four types of data collected, analyzed, and compiled by the Collaborative. Additional data is found in the Appendices. The sections are as follows:

- Section 1: Community Voice Assessment (Page 3)
- Section 2: Health Systems Assessment (Page 14)
- Section 3: Health Status Assessment (Page 24)
- Section 4: Community Partnership Assessment (Page 27)
- Section 5: Conclusion (Page 29)

Appendices:

- Appendix A: Full Charts and data from Community Voice Survey (Page 31)
- Appendix B: Survey questions for Health Systems Assessment (Page 58)
- Appendix C: Washington County Housing & Health Status Report (Page 59)
- Appendix D: Hancock County Housing & Health Status Report (Page 74)
- Appendix E: Full Self-Evaluation Report (Page 94)

## Section 1: Community Voice Assessment

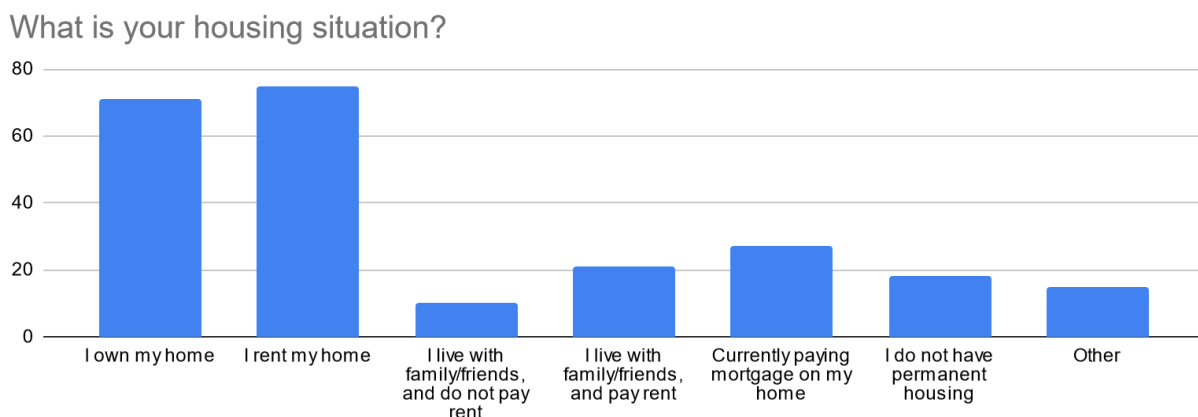
### Written Survey

The Community Voice Committee created a survey to gather direct information from community members across the region regarding their housing and related health situations, challenges, needs, and visions. The survey was made available electronically and through paper form. Partners shared the survey widely to community members, through email, social media, in-person sharing at partner sites, and more. This garnered 236 verified responses from individuals in Washington and Hancock counties. Through our engagement with community members in surveys and focus groups, we reached a total of 258 people (236 through surveys and 22 through focus groups). We aggregated the results and included data highlights below. The full charts and aggregated data can be found in Appendix A..

Three focus groups were also held for the purpose of this assessment. The focus groups were held at Healthy Acadia’s Inspire Recovery Center, located in Ellsworth; the AMHC’s Downeast Recovery Center, located in Machias; and NextStep’s housing shelter, located in Machias. Through these focus groups, valuable information was gathered from community members who shared their experiences.

### Data Highlights

The written survey garnered responses from 104 Washington County and 132 Hancock County residents. The table below shows that less than a third of respondents own their residence. It was found that the number of respondents who own or rent their home is nearly equal (30.0% own their home, and 31.7% rent their home).

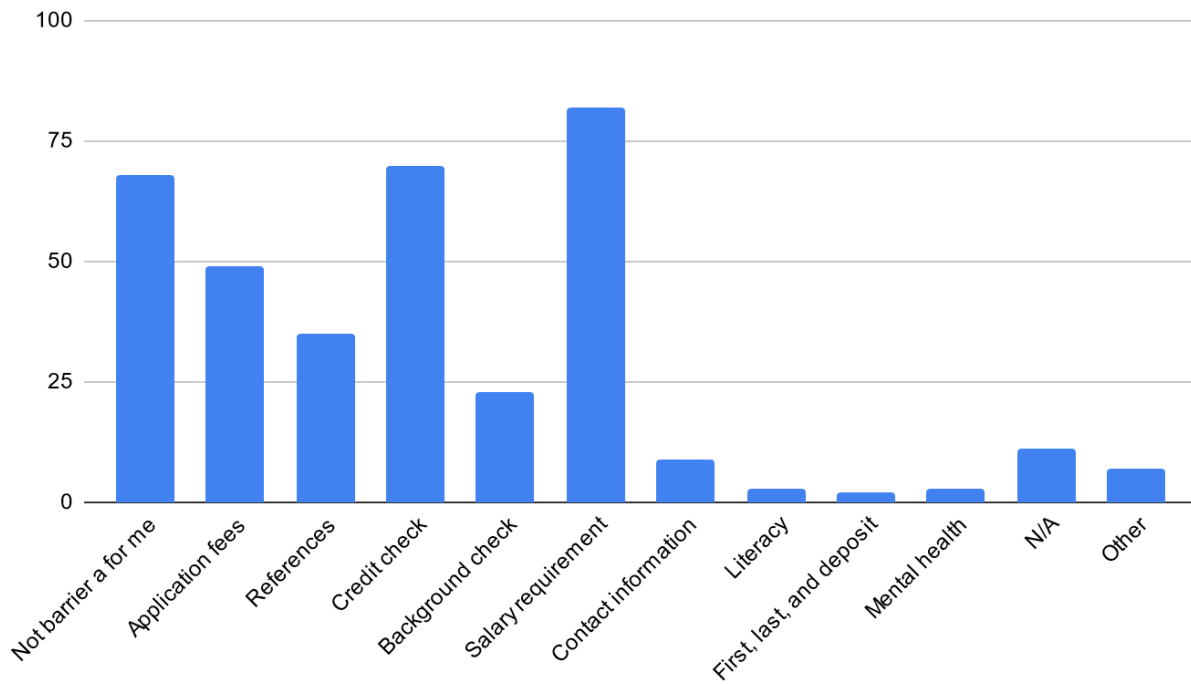


It was also found that less than half (48.3%) of respondents are *satisfied with their current living situation*. Factors that caused people to not be satisfied with their living situation included: needing to downsize, inability to house additional family members, repairs needed, need to make

housing more easily accessible for people who live with a disability, unresponsive landlords, and uncertainty about housing in the near future (may soon be homeless).

From this survey, it was found that the rental application process has posed a barrier for 62.4% of respondents. Below are the *barriers for the application process* (respondents were able to select more than one barrier):

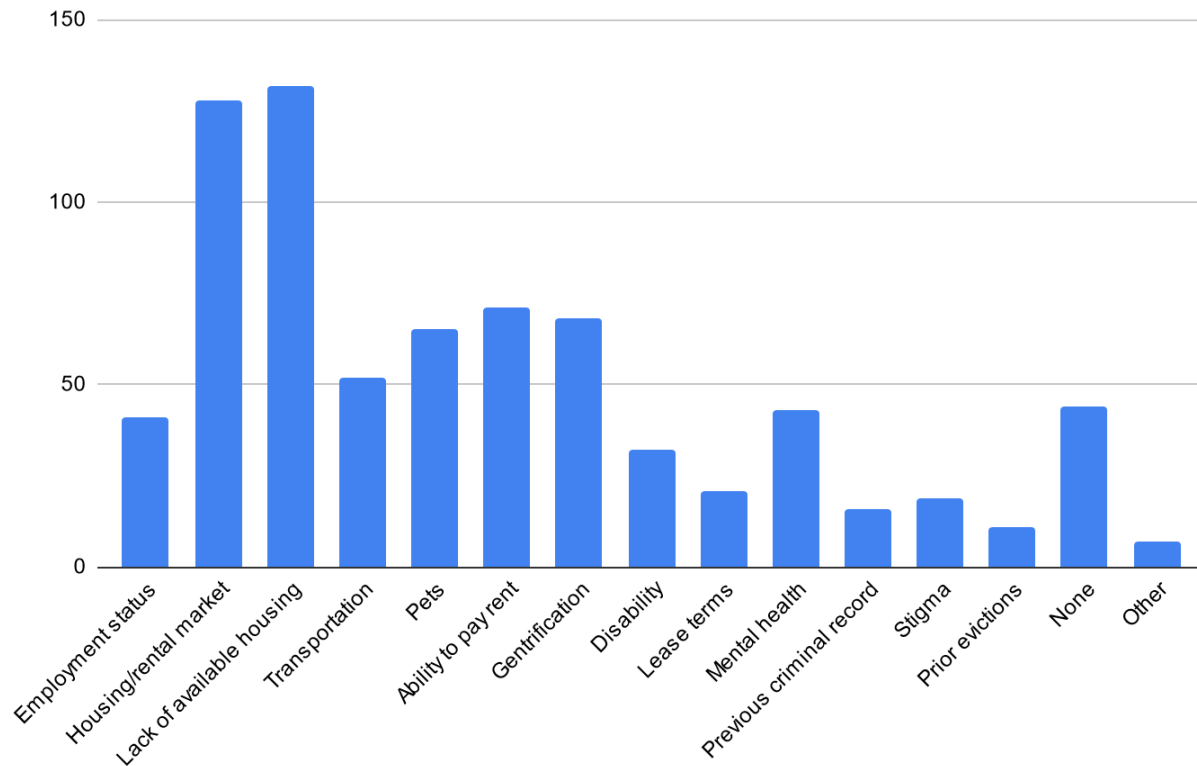
Does the rental application process create a barrier for you? If yes, please check all that apply



It was found that application fees, references, credit checks, salary requirements, and background checks were the largest barriers. Under the “other” option, one respondent stated that their only housing reference has said something untrue and unfavorable about them, and that this causes a barrier to obtaining housing.

When asked about *barriers to secure housing*, the following were found:

### What has created barriers for you with securing housing?



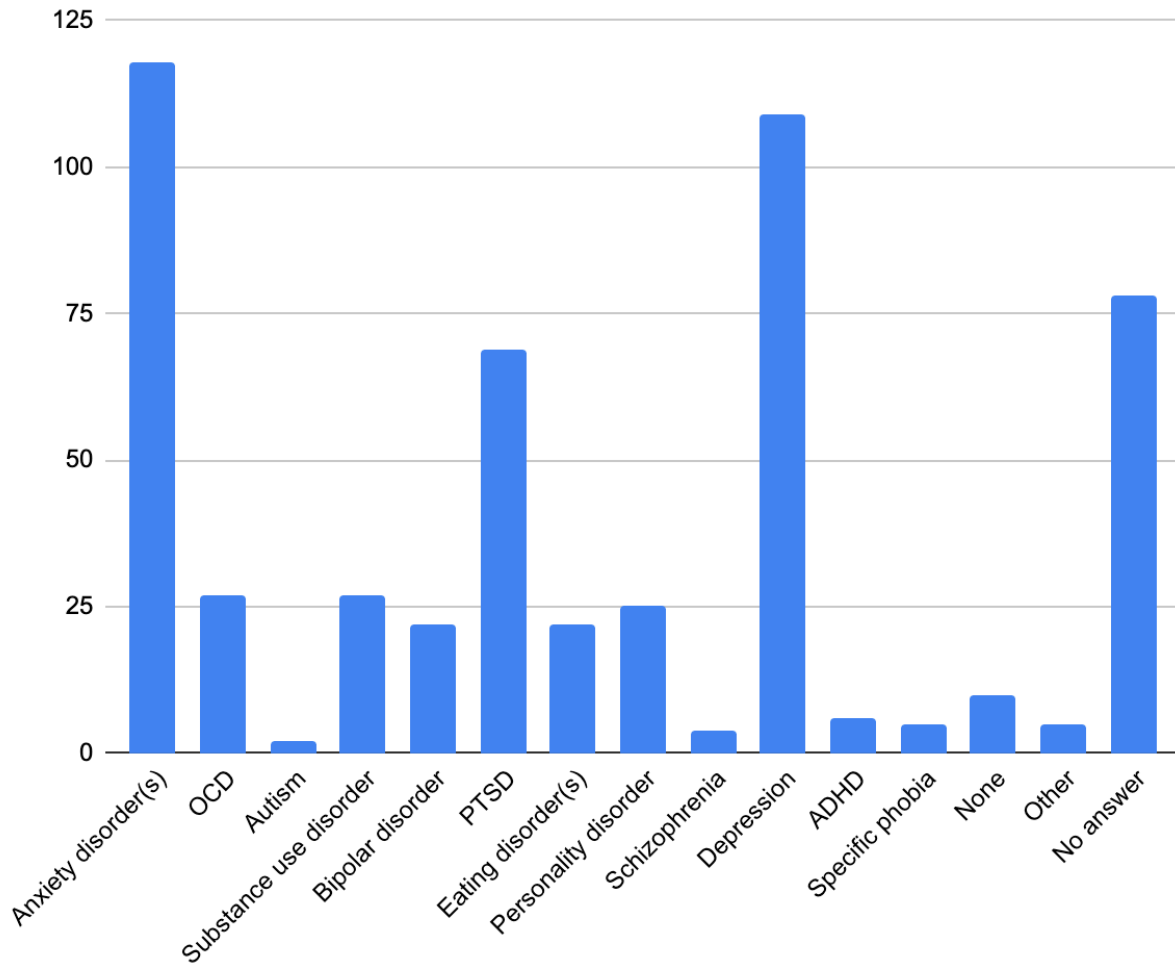
These responses show a large need for housing availability and affordable housing.

Transportation and employment status barriers may go hand-in-hand for some, which may also impact one's ability to pay rent; these were all rated as high barriers to secure housing.

Gentrification, mental health, disability, and pets are also high-rated barriers. Under the "other" option, one respondent stated that due to a lack of childcare, they were jobless, which created a barrier to securing housing.

When asked about current or pre-existing *mental health conditions*, the following was found:

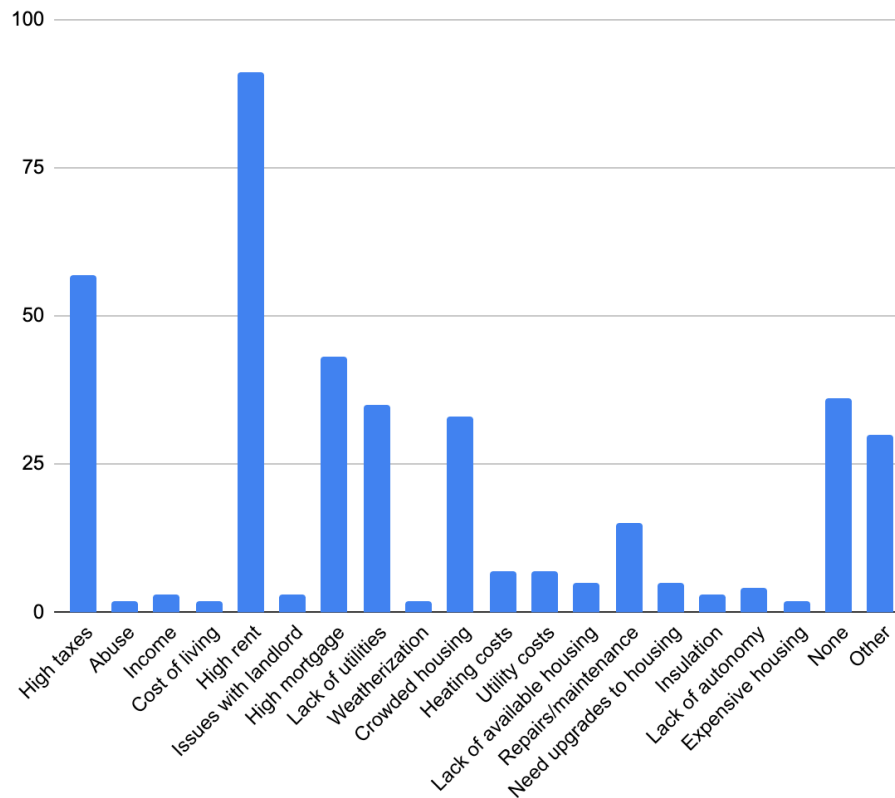
Have you ever been diagnosed with the following? Select all that apply:



It is noteworthy that 62.7% of respondents indicated they had experienced a mental health condition, 4.2% responded that they had no mental health condition, and 33.1% did not answer the question. Of the 158 individuals who answered the question asking if they had ever been diagnosed with a mental health condition, many indicated multiple responses. Anxiety disorder and depression were the most prevalent responses. Mental health can create a barrier for employment and housing. Mental health providers are a key part of meeting this need for Washington and Hancock counties.

When asked about *stressors to a person's housing situation*, the largest stressors were as follows: high rent, high taxes, high mortgage, lack of utilities, and crowded housing. Other stressors are as shown below.

What are the stressors to your housing situation? (check all that apply)

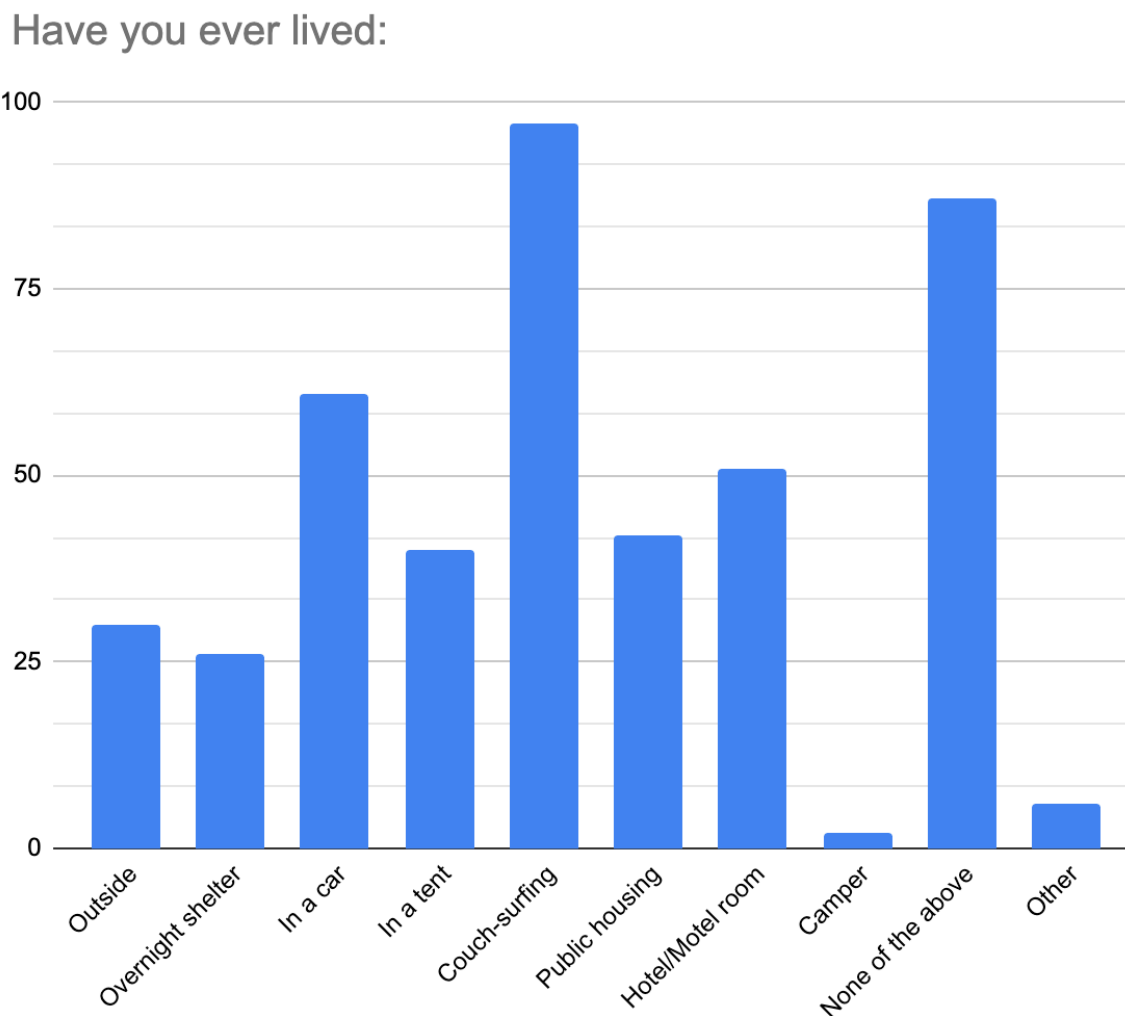


*Barriers to basic needs* were given as the following (respondents could indicate multiple barriers):

Job security	58	Immigration status	11	Access to affordable housing	113	None	21
Food	80	Transportation	79	Access to hygiene basics	23	Other	12
Access to healthcare	69	Challenges with services	60	Cost of living	165		

As the above table shows, access to affordable housing and cost of living were the two highest-rated barriers to basic needs. Food, access to healthcare, job security, transportation, and challenges with services were also rated highly as barriers to be addressed.

Respondents answered to having *lived in the following conditions*:



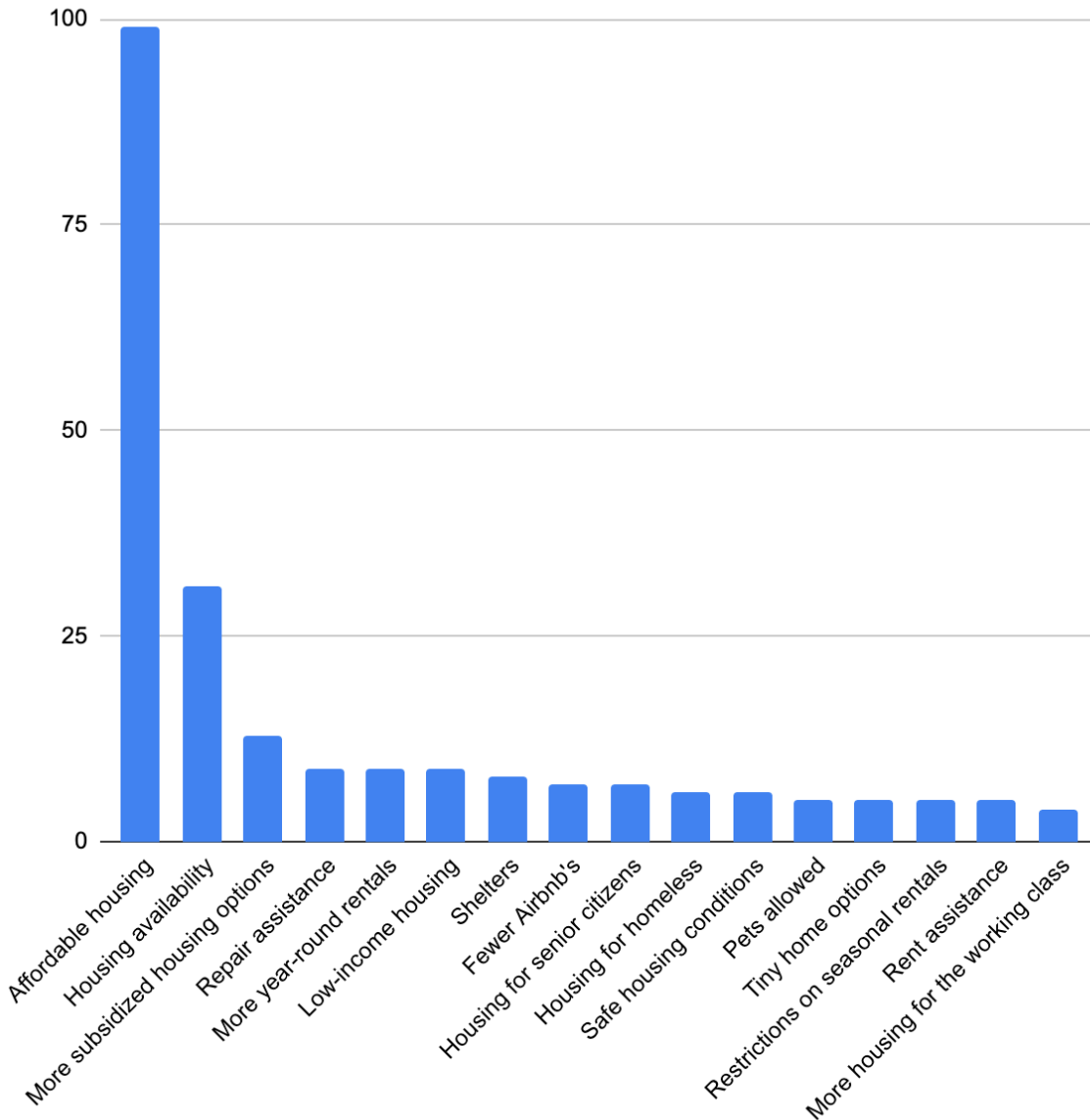
This graph highlights some of the adverse conditions that people in Washington and Hancock counties have lived in. 41.4%% of people surveyed have couch-surfed, meaning that they temporarily stayed in other people’s homes (usually sleeping on couches). 30.9% of respondents have had to sleep outside, in a car, and/or in a tent. These statistics highlight a variety of conditions that the unseen homeless population live in, who may not appear at homeless shelters, but who are still unhoused or housing insecure.

When asked what respondents would like to see in Downeast Maine to address housing issues and to ensure safe, stable housing, one answer significantly stood out above the rest: affordable



housing. Below is a pie chart showing *factors that respondents felt would help Downeast Maine to ensure secure housing*:

### What would you like to see in place to address housing issues and to ensure safe, stable, and secure housing?



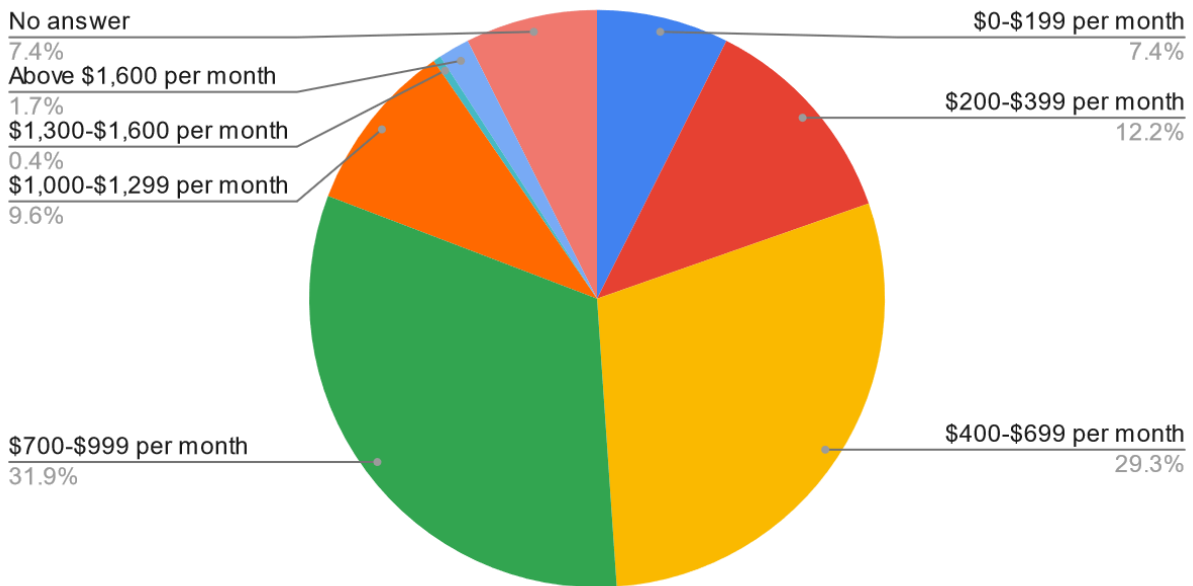
In addition to the above responses, the following garnered 2-3 responses each:

- Warming centers
- Quicker process to secure housing
- Housing for larger families
- Income-based housing

- Limits on summer homes
- Homebuyer assistance
- Heating assistance programs
- Transition housing
- Stable housing
- Ways to build credit
- Reduced rents for working-class
- Long-term rentals
- Seasonal workforce housing
- Ways for people to save.
- Help for locals
- Incentivize long-term leases
- More quality checks on rentals
- Housing that accept vouchers
- More regulations for landlords to abide by.
- Housing for low-income families
- Accessible housing
- Housing assistance programs
- Subsidized housing for seniors
- Repurpose vacant properties

With affordable housing being a large barrier to many people, this brought up the question of: *what is affordable housing?* The following was found:

### What is affordable housing for you?



According to these findings, what most would consider “affordable housing” would be within the \$700-\$999 per month range, with the \$400-\$699 range following just behind. In Hancock County, 2020, the median rent for a 2-bedroom apartment was \$1,379 and for Washington County it was \$701. At that time, it was calculated that 70.4% of households in Hancock County would be unable to afford the rent, and 50.6% of households in Washington County would be unable to afford the rent.<sup>1</sup> Since then, rental prices have continued to increase and housing availability has continued to decrease, creating significantly more challenges for housing.

### Focus Groups

Through the *focus groups*, several factors to the housing crisis were highlighted from community members. 5 people stated that their housing situation has gotten worse over the past 6 months; 3 members said that their situation has improved through the help of shelters and other programs. Community members mentioned the following:

#### **Barriers to securing safe, affordable housing:**

- Landlords not accepting vouchers/prioritizing those without vouchers
- Lack of support for veterans
- Rent increase
- Abuse from landlords
- Too many seasonal rentals/Airbnb’s - “Seasonal housing gets me, they are so worried about having an Airbnb for 6 months. The landlords don’t care if they kick out a winter rental.”
- Stigma
- Application process (application fees, credit checks, background checks, having the right identification)
- Lease agreements (requiring tenants to keep a job - can cause homelessness if you lose a job)
- Lack of available housing
- “Lack of accountability for the people we are seeking housing from. Months go by without contact.”
- Money (rents too high, even for those with multiple jobs; rentals that don’t include utilities; application fees; first, last, and deposit)
- Pregnancy - unable to work due to pregnancy
- Transportation
- Eviction staying on record for years
- Lack of disability-accessible housing

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<sup>1</sup> <https://legislature.maine.gov/doc/6959>

**Barriers to receiving help to secure housing:**

- Not enough sharing of information between agencies for those who need help - people having to fill out the same paperwork several times due to this
- One person stated: “6 times my BRAP application got kicked back because of poor case management.”
- Lack of oversight and accountability
- Lack of pro bono attorneys to work on the issues

**Things that were mentioned to help with housing:**

- NextStep shelter
- A better lease term gave more stability, and caused landlord to be more attentive to the housing unit repairs
- Hotel programs work as a short-term help
- Gas cards - allowed people to drive to the shelter
- New Hope Midcoast (formerly New Hope for Women)

**How housing or lack of housing has impacted focus group members:**

- Sick for 3 months from sleeping outside in the cold
- Physical condition of the home (mold) was overlooked and caused sickness.
- Mental health
- One member shared: “It has impacted everything. Sleeping in the car with physical disabilities. While you're homeless you are supposed to work. How are you supposed to work when you're in pain? That leads to depression. Then you give up and live in a tent.”
- Entire families devastated by homelessness.
- Makes you unsafe at all times
- One member shared: “I feel like once they figured out I was at the shelter they cut me back at work. Night terrors, depression. Staff does not help my night terrors.”
- Sleeping in a car has challenges - finding a place to park, then law enforcement gets called, and it's more challenging in winter.
- With regard to sleeping in a vehicle, someone shared: “We have to move about ten times a night, which means we don't get rest. Someone let all the air out of our tires. It's about 25 to 30 per night for gas.”
- Lost custody of kids due to not having stable housing - others can use living in a shelter as leverage to take custody.
- Not having options for housing has caused some to stay in abusive relationships just to maintain housing.
- One member shared: “People are constantly pulled apart from what they care about most, loved ones, pets.”

**Other information mentioned from focus group members:**

- The feeling that the needs of those who live in reservations goes overlooked because of stigma.
- Lost a job because their boss did not accept their doctor's note, which put them at-risk of losing their housing because their lease required them to keep a job at all times. Another person lost hours due to a doctor's note, which put their ability to pay for housing at risk.
- "They don't enforce the laws that are on the books for the tenants. No enforcement of laws that are supposed to protect people."
- Shelters having a strict "no food" policy - puts those with diabetes and other health conditions at risk: they must decide between having the food they need and sleeping outside, or going without food and having shelter.
- During a snowstorm, 2 people passed away from not having access to the shelter: one was diabetic and needed food, and the other did not have a doctor's note for the shelter.
- People living in shelters are at-risk for having their belongings stolen from other people.
- The feeling that we are going through a second economic depression (everything costs too much).
- The feeling that the state acknowledges the issue, but doesn't do enough to fix it.
- Transitional and shared living arrangements are difficult, and not long-term fixes.
- "With the housing voucher, I won't be able to have my boyfriend live with me."

**How far members have had to relocate for housing:**

- Relocated many times within neighboring towns
- Relocated across the state (Portland to Machias, etc.)
- Across the United States (Michigan to Maine, etc.)
- One member has relocated internationally

Taken together, this Community Voice Assessment illuminates the perspectives of our community members - their lived experiences, challenges, strengths, needs, priorities, and visions for the future. This is critical information to guide our understanding of the landscape of housing across our region, and what we should focus on in our implementation planning phase.

## *Section 2: Health Systems Assessment*

### *Introduction*

The Collaborative's Health Status and Systems Data Committee created a survey to gather input about housing and related health systems; including assets, gaps, and opportunities for improvement. We have augmented the survey responses with our knowledge of the housing and health systems and partners, and pulled the information together here. This input will guide our understanding of current systems and structures in place, as well as the gaps and needs, related to housing and related Health Related Social Needs. The survey questions developed for this assessment can be found in Appendix 2.

### *Data Highlights*

Our Collaborative consists of key partners providing a wealth of services and resources related to Housing and related HRSNs. They, along with additional partners, provide the foundation of the systems of care across our region to address housing, other HRSNs, and overall health. Here we outline our partners and their sectors/roles. We collaborate with all of the following partners in a variety of ways, formally and informally. Formal Downeast Housing Collaborative Partners are signified with an asterisk to the right of their name.

#### Shelter/Warming Center Providers:

- **H.O.M.E. Inc\*** runs the only homeless shelters in Hancock County and can accommodate men, women and children. They run three shelters located in Orland and a fourth in Ellsworth (Emmaus). These shelters provide greatly needed shelter and are often at capacity and with waitlists. H.O.M.E. Inc also runs an overnight warming center in their offices in Orland, serving Orland and Bucksport residents, on an as needed basis. They often house several people each night in the winter. H.O.M.E also provides significant related services, such as a soup kitchen, a food pantry, child care, classes, and more.
- **NextStep Domestic Violence Project\*** provides a free emergency 12-bed shelter in Washington County for individuals fleeing domestic violence and seeking a safe, supportive place to stay. The shelter is open year round to survivors, regardless of gender, sexual orientation, age, race, nationality, religion or economic status, and is available to individuals alone or with their children and pets. The shelter is envisioned to be a short-term solution, but there are no specific time limits for a person's stay. NextStep also provides significant other services to support individuals and their children fleeing domestic violence.
- **Healthy Acadia\*** is in their second year of providing an Overnight Warming Center, based in Ellsworth, for individuals facing homelessness in Hancock and Washington counties. They are providing these services seven nights a week through April 30th, and they provide complementary day time services in the same location through their

INSPIRE Recovery and Community Center. They also provide support for transportation for individuals who need support to reach the Warming Center from across the region. The Overnight Warming Center has a capacity of 20 people, and it is consistently nearing or at capacity. Healthy Acadia also provides significant other community health services, from healthy food access, to substance prevention and recovery services, to physical activity opportunities, to 2-generational supports, to chronic disease prevention and management, and more.

### Long-Term Housing Providers

- **Sunrise Opportunities\*** provides two types of housing in Washington County: 1) Subsidized Housing and 2) Assisted living.
  - The run four subsidized housing opportunities are located in Dennysville (Dennysville Housing), Calais (Eaton Street Apartments), Machias (Sunrise Residence) and Milbridge (Milbridge Harbor Apartments). To be eligible, one must have a documented disability or be elderly and have a low income. Tenancy at Milbridge Harbor Apartments requires documentation of a mental health diagnosis and homelessness. Each unit has a part time on-site property manager, and Sunrise Opportunities is able to provide some individualized services at some sites. Units are often at capacity and fill quickly when available.
  - The four Assisted Living Facilities offer 24-hour care staff to help individuals with daily living skills. Two of the facilities are designed for people with a mental health diagnosis. These are Eastport Residential Care Facility, which has 14 single bedrooms on the waterfront in Eastport, and Milbridge Residence which has six single bedrooms and is located in the heart of Milbridge. Two of the facilities are designed for people with Intellectual Disabilities (the Machias Boarding Home in Machias and the Calais Boarding Home in Calais). Each offers six single bedrooms and a community living area.

Sunrise Opportunities also provides significant other and complementary community services, such as community/work support services, home support services, mental health services, employment services, dental programming for children, childcare programming, youth case management, and more.

- **MDI & Ellsworth Housing Authorities\*** provides housing assistance and related services to individuals and families who face income or other life challenges. They run seven housing complexes for people who are elderly and/or living with disabilities on Mount Desert Island and in Ellsworth, including in Bar Harbor (Malvern Belmont Estates, Rodick Lorraine Apartments, and Prospect & Eden Apartments), Southwest Harbor (Ridge Apartments and Norwood Cove Apartments), Mount Desert (Maple Lane Apartments), Tremont (Birchwood Apartments), and Ellsworth (Union River Estates). They provide resident services at each of the complexes to allow for easier independent living. They also run the Meals on Wheels program for Mount Desert Island.

- **Mano en Mano\*** runs “Welcome Home Downeast” in partnership with **Sunrise County Economic Council,\*** an organization which provides community assistance in Washington County, initiating and facilitating the creation of jobs and prosperity. The project was developed to support families new to the Downeast area rent quality, affordable housing and begin the pathway to home ownership. The goal of “Welcome Home Downeast” is to create 6 or 7 affordable housing options for workers in the agricultural, aquaculture and fishing industries who do not currently live in Downeast Maine but who have a seasonal connection to the area. After 5 years of residency in the rental, tenants are given the option to purchase the home they reside in. “Hand in Hand Apartments” is another housing resource provided by Mano en Mano. Located in Milbridge, these apartments house 6 families wherein one or more members of the household earns most of their income from agriculture or aquaculture.
- **Next Step\*** provides a low-income supportive family housing program to support individuals fleeing domestic violence, their children, and their pets, for up to two years. During an individual’s/family’s residency, Next Step staff will connect them to services, offer emotional support, help set goals, and provide ongoing assistance to secure permanent housing.
- **H.O.M.E. Inc.\*** runs the Sister Barbara Hance House, located in Ellsworth, ME. This is a single-room occupancy housing option which gives priority to those who are experiencing homelessness. This is a shared living environment with 9 rooms for rent. H.O.M.E. Inc. also maintains the Hospitality House, which contains 7 one-bedroom apartments available for individuals who qualify as experiencing low-income.
- **Healthy Acadia\*** provides two long term housing programs: 1) Safe Harbor and 2) Voucher-based housing. Safe Harbor is a recovery home for women and children in Machias, and has 5 units - with the ability to house 5 women and their children. Rent is not required, and no specific time limits are in place for residence, though most women as supported to find independent housing by two years. Significant wrap-around services are available for the residents, helping them meet their needs and goals in their recovery journey and in their life. Healthy Acadia also provides four units of voucher-based housing for families - two units in Washington County, and two units in Hancock county.
- **Covenant Community Land Trust (CCLT)\*** is dedicated to building cooperative community through affordable housing and land conservation. CCLT owns and manages land for 24 families spread over five towns in Hancock County: Sedgwick, Dedham, Orland, Bucksport, and Franklin, and they also hold several buildable lots. Their services and programs are centered around our priorities of community, housing, education and conservation.
- **Island Housing Trust (IHT)** promotes viable, year-round island communities by advancing permanent workforce housing on Mount Desert Island, Maine by supporting efforts to create housing that is affordable to the year-round working population.



- **Families First Families First Community Center**, located in Ellsworth, provides supported transitional housing for six families with at least one child under the age of 18. Families stay from 12 to 24 months, and gain life skills and education to support independence.
- **Downeast Horizons** maintains residential support homes which are available to individuals with developmental disabilities in Hancock, Ellsworth, and Bar Harbor. Each home comes with two to six beds.
- **Arise Addiction Recovery** provides a faith-based residential home in Machias for up to 15 men struggling with addiction. They also provide wrap-around services and recovery supports.
- **YWCA - Mount Desert Island** provides lodging for women and girls through renting rooms in their Bar Harbor location.
- **Local Solutions** provides the Parish House in Bar Harbor, shared housing and services for young adults with disabilities that ensures a stable, long-term healthy environment.

#### Housing Navigation/Assistance Providers:

- **Community Health & Counseling Services (CHCS)\*** provides significant housing navigation services. CHCS runs the Projects for Assisting Transitioning from Homelessness (PATH) program, which works to help those experiencing homelessness to find housing (including with help for mental and behavioral health). CHCS also helps through the Bridging Rental Assistance Program (BRAP), which assists individuals who have Serious Mental Illness to obtain transitional housing. CHCS also holds a contract with Rental Care, who assists with the BRAD program, and works with Shelter Plus Care applications and housing inspections.
- **Next Step\*** provides advocates who help connect individuals and their children fleeing domestic violence to services, including affordable housing resources. They also run a 24/7 Helpline to provide immediate support and assistance.
- **Healthy Acadia\*** provides housing navigation services for individuals as part of their broader community navigation and recovery coaching services in Hancock and Washington counties. Healthy Acadia also works with landlords to support them to accept vouchers and/or other emergency housing funding, such as general assistance.
- **The Community Caring Collaborative\*** provides navigation/connection services for individuals in Washington County, through The Connection Initiative, including linking individuals seeking housing supports with organizations that can help address their needs.

#### Housing Improvements and Support:

- **Downeast Community Partners (DCP)\*** provides a wide variety of housing improvements and supports, including heating assistance, home repair and weatherization, heating system repair and replacement, tank and pipe replacement, utility

bill assistance, and Climate Corps. All these programs help people to remain safely in their homes, reduce financial burdens, and support their health.

- **Maine Seacoast Mission\*** provides housing improvement by coordinating hundreds of volunteers to work in the Downeast region each year to repair homes. Their repairs result in lower energy costs and safer, warmer, healthier and drier homes for families and older adults. They accomplish this work in collaboration with many partners, especially DCP\*.

#### Healthcare Providers:

We have 2 tribal health centers, 5 hospitals, 6 Federally Qualified Health Centers in our region. They provide a wide variety of key medical services (physical health, mental health, dental health, substance use treatment, and more) as well as referrals to and education about community services, including housing. They are as follows:

- **Passamaquoddy Health Center**
- **Pleasant Point Health Center**
- **Northern Light Blue Hill Hospital\***
- **Northern Light Maine Coast Hospital\***
- **Mount Desert Island Hospital\***
- **Calais Community Hospital**
- **Downeast Community Hospital**
- **Eastport Health Center\***
- **Regional Medical Center at Lubec\***
- **Bucksport Regional Health Center\***
- **Harrington Family Health Center**
- **Saint Croix Regional Family Health Center**
- **East Grand Health Center**

#### Mental Health/Substance Use Treatment Providers:

In addition to health center- and hospital-based mental health and substance use treatment, a number of community-based organizations provide critical mental health and substance use treatment programs, including:

- **Aroostook Mental Health Services (AMHC)\***
- **CHCS\***
- **Groups Recover Together**
- **Exline Health**

#### Economic Development/Support Providers:

- **Sunrise County Economic Council (SCEC)\***
- **Machias Savings Bank\***
- **Eastern Maine Development Corporation**
- **Other regional community banks**

In addition to the partners and sectors outlined above, many other local organizations provide important roles in supporting the health of our communities and addressing the challenges our community members face in housing and other Health-Related Social Needs. These include a strong network of food pantries and community meal sites located throughout the 2-county region; local, county, and state law enforcement; municipal and county governments; faith-based organizations; informal local community networks; and more. State-wide partners also provide critical supports, including the Maine Department of Health and Human Services, Maine Center for Disease Control (CDC) and our local Downeast Public Health Council, MaineHousing, Community Housing of Maine, and more. Together all of the organizations, entities and sectors listed above provide critical services, resources, and partnerships, and they create the infrastructure for our health and housing systems in Washington and Hancock Counties, Maine.

### *Survey responses*

In the survey responses filled out by partners, the following collaborations were named as providing important connected and resources related to housing assistance and information:

- Hub Resource provider meetings
- Maine Continuum of Care Group, coordinated by MaineHousing
- Region 3 Homeless Council
- Coordinated Entry
- Statewide Homeless Council
- The Connection Initiative

Respondents were asked about gaps and opportunities they see that relate to housing. The following was found:

### *Gaps in resources that relate to housing:*

- **Lack of housing**
  - Lack of affordable housing
  - Lack of available housing
  - Seasonal/temporary housing creating a shortage of long-term housing
  - Not enough support for keeping elderly population housed long-term
- **Transportation**
  - Transportation
  - Can't access resources without vehicle or license
- **Barriers**
  - Application process
  - Childcare

- Landlords who don't accept vouchers
- Landlords charging higher rents than the fair market housing value, pricing out applicants with vouchers
- Waitlists
- Rental history
- Seasonal rentals displacing local individuals and families, affecting voucher and public housing programs
- Challenges with heating assistance timelines, application process, etc
- **Workforce**
  - Pay is lower than other areas for the same work
  - Workforce shortage
- **Providers**
  - Mental health
  - Medical/personal care
- **Lack of representation**
  - The unhoused population feel “invisible”
  - Washington County lacking current housing data
- **Other**
  - Where there are limited landlord resources there is a hesitancy to share among service providers due to not wanting to burn bridges with landlords.

*Opportunities in work relating to housing:*

- **Working with landlords**
  - Engaging landlords (potential association to provide them with support and information)
  - Incentives for those who are willing to take vouchers
- **Public support**
  - Engage our local representatives in housing conversations, so they can support housing work at the state level and be informed about our current housing needs
  - Progress of organizations getting together, and coming up with solutions
  - Warming centers work
  - More emergency response shelters
  - Reaching out for help from local businesses and individuals
  - This work provides opportunities for advocacy

- Gap and needs assessment will provide an opportunity to petition for increased investment in support for permanent support
- Collaboration and sharing resources
- Increasing formalized partnerships
- **Development**
  - Some municipalities are eager to work with developers
  - Encourage youth and adult learners to enter into the trades
  - The possibility for practical, viable, implementable solutions for new development or rehabilitation of existing structures
  - Development and/or rehab that would increase available housing stock, and decrease homelessness

For funding resources, the following were mentioned: U.S. Department of Housing & Urban Development, MaineHousing, Rural Development, Private funding/financing, Federal Home Loan Bank of Boston, state and federal grants, Genesis Community Loan Fund, MaineCare, Housing Choice Voucher Program, Community Development Block Grants, and Congressionally Delegated Spending (CDS).

Challenges to these funding sources include underfunding, increased cost of utilities that aren't properly funded, the amount of requirements needed to be met to be made eligible for funding, funding streams are not always directed to rural environments or small footprint units, foundations could change their strategic place-based priorities in Washington County, grant limitations (what you can or can not bill for, and time-frame limitations), and a limit on how much money can be "asked for" from a grant.

Funding opportunities include: gathering data to advocate for more funding for housing needs, Permanent Supportive Housing to provide more resources and investment for organizations to help tenants navigate housing, rural affordable housing grants that could provide an opportunity for housing development support, and opportunity to work with local, even small-scale, developers to help them access state or federal funding.

*Workforce challenges* in addressing housing and related social needs:

- **Pay**
  - Would like to raise worker's wages
- **Workforce shortage**
  - Workforce impacted from the pandemic
  - The work is difficult and there is a lack of staffing, which can cause burnout
  - Lack of trained, professional workers to employ

- **Mental health**
  - Vicarious trauma and burnout from this work
- **Barriers**
  - Lack of available housing
  - Lack of housing that accepts vouchers
  - Limited funding equals limited ability to build housing solutions
  - Some construction companies are booked out for 2 years or more
  - Housing for the workforce
  - Transportation
  - Staff safety

*Additional gaps, barriers, and opportunities for improvement:*

- **Opportunities**
  - The conversation around housing is starting to pick up, which allows more people to come up with solutions
  - Improve PIT count (number of unhoused people in a region on a given day) to reflect the community's needs, and communicate this with funders for more support
  - Continuing to work on overcoming stigma and labels
  - Providing opportunities for people to work through the trauma and needs that are woven into their housing situation
  - Food pantry and produce days at warming centers and recovery centers
  - Flex funds
  - Creating more resources
  - Opportunities and education can help break generational cycles of poverty
  - Investing in its people is one way, and a very viable way, to move Maine forward
- **Gaps and Barriers**
  - Need for an improved communication about resources
  - More development or rehab/renovation
  - Implementation of enforceable, stringent limitations on seasonal rentals, so that local Mainers can stay, live, and work in Maine.
  - An increase in social services and the availability thereof, especially in rural areas
  - Housing is one piece of the solution for alleviating the myriad problems associated with why people become homelessness
  - Improve the quality of life within vulnerable populations, with readily available services

Together, this Health Systems Assessment outlines the entities, infrastructure, and resources that exist to support the systems of care in the Downeast region, as well as the challenges and opportunities related to resources, funding, workforce, and more.

## *Section 3: Health Status Assessment*

### *Introduction*

Information regarding community health status related to housing and other HRSNs was gathered through multiple sources. Examples include: the Community Action Partnership's *Housing Report* and *Community Needs Assessment*, the Maine CDC's *Maine Shared Community Health Needs Assessment Report 2022* for Washington and Hancock counties, and the Maine State Housing Authority's *Housing Facts and Affordability Index* for Washington County. This information highlights the state of health across our region and illuminates many Health Related Social Needs for Washington and Hancock counties. It was found that access to care, mental health, social determinants of health, and alcohol and substance use were the largest concerns for both counties. The leading causes of death in both counties are cancer, heart disease, chronic lower respiratory disease, unintentional injury, and stroke.

### *Data Highlights*

The Health Status Overviews for Washington and Hancock counties (see Appendices C and D ) reference information that was previously gathered on these regions. Within these reports, there are two focus areas: housing and general health of the population. Housing information highlights burdens to housing, affordability, overall structure of households, households with children, evictions, cost of rentals, homelessness for children and youth, and other related topics. Health information highlights leading causes of death, health priorities, major health concerns, and other related topics. Available resources and gaps in resources are listed.

The Washington County report suggests that the median price of a 2-bedroom rent is higher than what is affordable at the median household income (Washington County Housing & Health Status Report, 2023). It was found that 26.33% of households spend 30% or more of their income on housing, creating a cost burden. Roughly one in four households also contain at least one substandard condition, including a lack of complete plumbing facilities, a lack of complete kitchen facilities, having 1 or more occupants per room, having a monthly housing cost as a percentage of household income greater than 30%, and having a gross rent as a percentage of household income greater than 30%. This suggests that at least one in four people experience cost burdens and at least one substandard condition with their housing in Washington County.

In Washington County, the leading causes of death are rated from highest to lowest as: Cancer, Heart Disease, Unintentional Injury, Chronic Lower Respiratory Disease, and Stroke (Washington County Housing & Health Status Report, 2023). Access to Care and Mental Health were each rated as the two top health priorities, receiving 54% and 51% of votes, respectively. This could be attributed to the size of Washington County, where many residents do not reside in a town with available medical resources. Social Determinants of Health and Substance and Alcohol Use each received 38% of votes as the third and fourth top health priorities. This means



that access to care, mental health, social determinants of health, and alcohol and substance use are the biggest concerns identified by community members in Washington County.

For Washington County, gaps in resources for mental health include, but are not limited to: a lack of services and providers; barriers, such as the level of education required to become certified as a mental health specialist; a lack of availability for mental health services; waitlists; isolation; and stigma (Washington County Housing & Health Status Report, 2023). Some gaps in access to care include gaps in available services, barriers such as the misuse of the emergency department, the pandemic's impact on available services, a lack of providers, a high cost of care, insurance issues, and lack of transportation. Some gaps in resources for determinants of health include a high poverty rate, lack of transportation, the need for affordable and safe housing, stigma, coordination between providers, and a need for education and action on social determinants of health to be had by providers. Some gaps in resources for substance use include a lack of treatment programs, lack of affordable treatment, stigma, the need for prevention methods (such as education), and a need for peer-based and family support.

The Hancock County report shows that 25.10% of households are cost-burdened, spending at least 30% of total household income on housing (Hancock County Housing & Health Status Report, 2023). This closely resembles Washington County's 26.33% of cost-burdened households, which both closely resemble Maine's total of 26.57% cost-burdened households. Roughly one-in-four households also experience at least one substandard housing conditions, which is also true for Washington County and the state of Maine (26.01% for Hancock County; 26.91% for Washington County; 26.80% for Maine). In Hancock County, 16.96% of housing units are available at 50% of the area's median income. It was also found that 53.54% of housing units are affordable at 100% of the area's median income. This means that if you make the median salary for Hancock county, you'll be able to afford roughly half of the housing units available. That said, there is an overall shortage of units across the price range throughout the region, so housing units are highly insufficient even at median salary - and across price ranges - for those seeking housing.

In Hancock County, the leading causes of death are rated from highest to lowest as: Cancer, Heart Disease, Chronic Lower Respiratory Disease, Unintentional Injury, and Stroke (Hancock County Housing & Health Status Report, 2023). This means that members of Hancock county are more likely to pass due to Chronic Lower Respiratory Disease, and less likely due to Unintentional Injury, than members of Washington County are. Mental Health and Access to Care were the two highest-rated health priorities, receiving 51% and 46% of votes, respectively. This shows that, unlike Washington County, where Access to Care is the top-rated priority, Mental Health is the largest priority in Hancock County. In Washington County, Access to Care received 54% of votes, where Hancock County rated it at 46%; this highlights an almost 10% higher need for Access to Care in Washington County. Like Washington County, Social

Determinants of Health and Substance and Alcohol Use ranked third and fourth for top health priorities, receiving 34% and 28% of votes, respectively.

For Hancock County, gaps in resources for mental health include, but are not limited to: barriers to care, such as stigma, a need for more inpatient and outpatient care and beds for patients, and transportation; a lack of providers; a need for youth mental health services; community cohesion; a lack of funding; and a need for social workers in law enforcement (Hancock County Housing & Health Status Report, 2023). Gaps in resources for access to care include, but are not limited to: barriers, such as long wait times, transportation, and stigma; the cost of care; lack of providers; missing services, such as specialty care; coordinated care; funding and resources; and structural racism. Some gaps in resources for social determinants of health include a lack of housing and homeless shelters, poverty, lack of transportation, and a lack of access to services. Some gaps in resources for substance and alcohol use include a shortage of recovery programs and funding, transportation, stigma, and a provider shortage.

## Section 4: Partnership Assessment

### *Introduction:*

The Maine Rural Health Research Center at the University of Southern Maine conducted an independent Self-Evaluation to determine the strengths, challenges, and opportunities for growth within our Collaborative and among our partners. That evaluation is included as Appendix E. The evaluation was conducted through an online survey, to assess how well the collaboration is doing, based on research-tested success factors covering a range of topics such as mutual respect, understanding, and trust, ability to compromise, development of clear roles, open and frequent communication, shared vision, and skilled leadership.

The scoring of the Self-Evaluation responses were as follows:

**Strengths:** questions with an average score of 4.0-5.0, do not require special attention.

**Borderline:** questions with an average score of 3-3.99, deserve discussion.

**Concerns:** questions with an average score of 1.0-2.99, should be addressed as soon as possible.

Additionally, partner organizations were asked to provide general feedback about the Downeast Housing Collaborative through an open-ended question as well as answer questions that assessed their technical assistance needs. These questions were not scored, but a summary of the responses is provided in the full report.

### *Self-Evaluation Results*

The following is an excerpt from the Self-Evaluation Report, summarizing the results:

Findings from the self-evaluation show that the Downeast Housing Collaborative has many important strengths to build upon. Members trust and respect one another and view the partnership as representing a cross section of community organizations who have a stake in what the collaborative is trying to accomplish. Members view the collaborative as operating in their organization's self-interest. They feel confident that partners can find common ground or compromise on important aspects of the project if needed and that all the members want the project to succeed. Members see that there is a clear process for decision making and find that partners are flexible when decisions are made and are open to discussing different options or approaches. Members think the collaborative has been diligent about developing a timeline, coordinating organizations and activities, and staying on track. Members view data sharing as an important part of cross-sector alignment and are confident in other members' willingness to invest in improving each other's capacities for data sharing. Members communicate openly with one another and feel they are well informed about what is happening within the collaborative. Finally, the members view the leaders as possessing the necessary skills to work collaboratively with people and organizations.

The findings also show that although there are no immediate concerns, there is room for improvement in specific areas. For example, some members are unsure that those who participate in decision making for the collaborative can speak for the entire organization they represent. Some also see the need for the collaborative to strengthen their system to monitor and report their activities, services, and outcomes and use this information to improve the collaborative’s work. Some members expressed uncertainty of their roles and responsibilities and some question if the level of commitment among members is high enough and are concerned that there may not be enough staff, materials, or time needed. Additionally, some members are uncertain if the collaborative has established realistic goals or if the members understand the goals. Although most members think the partners are dedicated to the shared vision and mission, not as many think their ideas about what they hope to accomplish with the collaborative is the same as the ideas of others. Lastly, there may be a need for more opportunities to encourage formal and informal communication among partners and engagement with stakeholders outside of the collaborative.

Table 1: The Downeast Housing Collaborative’s Strengths and Areas in Need of Improvement

<b>Strength</b>	<ul style="list-style-type: none"> <li>• Mutual respect, understanding, and trust -4.5</li> <li>• Appropriate cross-section of members -4.2</li> <li>• Members see the collaborative as operating in the member’s self-interest -4.4</li> <li>• Ability to compromise/find middle ground -4.2</li> <li>• Members share a stake in both process and outcome -4.0</li> <li>• Flexibility -4.5</li> <li>• Development of clear roles and policy guidelines -4.0</li> <li>• Appropriate pace of project -4.2</li> <li>• Data and data sharing -4.1</li> <li>• Open and frequent communication -4.3</li> <li>• Established informal relationships and communication links -4.0</li> <li>• Shared mission and vision -4.1</li> <li>• Skilled leadership -4.4</li> </ul>
<b>Borderline</b>	<ul style="list-style-type: none"> <li>• Multiple layers of participation -3.9</li> <li>• Internal evaluation and continuous learning -3.9</li> <li>• Concrete, attainable goals and objectives -3.9</li> <li>• Sufficient staff, materials, and time -3.7</li> <li>• Engaged Stakeholders -3.8</li> </ul>
<b>Concerns</b>	<ul style="list-style-type: none"> <li>• None noted</li> </ul>

As a Collaborative, we will learn from this partnership assessment to build on the strengths we have, and learn from the concerns and opportunities for growth. Through continuing to strengthen the Collaborative, we will be able to best accomplish our goals to address housing and other HRSNs across the Downeast District.

## **Section 5: Conclusion**

Through this Downeast Housing Collaborative's Community Readiness Assessment, we have identified the strengths, gaps, challenges, and opportunities related to housing and other Health Related Social Needs throughout Washington and Hancock counties. With the four components, The Community Voice Assessment, the Health Systems Assessment, the Health Status Assessment, and the Partnership Assessment, we have significant information to guide our work moving forward. We know how community members are experiencing the challenges and opportunities, we know the key partners at the table and the strengths they bring, we hear what community members and partners would like to see, we understand the underlying health status of our population, and we know the strengths and opportunities for growth within our Collaborative.

As the Downeast Housing Collaborative seeks to improve regional systems of health equity, access to care, and improved health outcomes. The Collaborative will continue to focus on the health-related social needs of housing of the community. Housing, mental health, and transportation are major themes presented through our multiple assessments. Particular challenges the Collaborative will consider include lack of available housing, lack of affordable housing, lack of supportive housing, housing barriers -including lack of housing for those with disabilities, availability of mental health and treatment resources, workforce shortages, and transportation needs, among other barriers created by unmet health related social needs. Addressing these challenges and reaching our goal of addressing the housing crisis across the continuum, require multifaceted solutions, as many health related social needs impact each other (housing, employment status, transportation, mental health support, etc.), and as they are impacted by other health factors, such as mental and physical health challenges, as well as substance use challenges. We know clearly that we must tackle solutions across the continuum, from the need for more safe emergency housing, to low-income housing, to supportive housing, to workforce and median-income housing, and more. The Collaborative is eager to move into the planning and implementation phases of this project.

### **Next Steps**

The assessment uncovered a wide variety of challenges, as well as potential solutions, drawn from the visions of community members and collaborative partners. The Downeast Housing Collaborative commits to utilizing this Readiness Assessment, and the wealth of data herein, to develop a robust implementation plan to address housing and other health related social needs across the continuum, and across Washington and Hancock counties, through collaboration, commitment, and creativity.

*Appendices:*

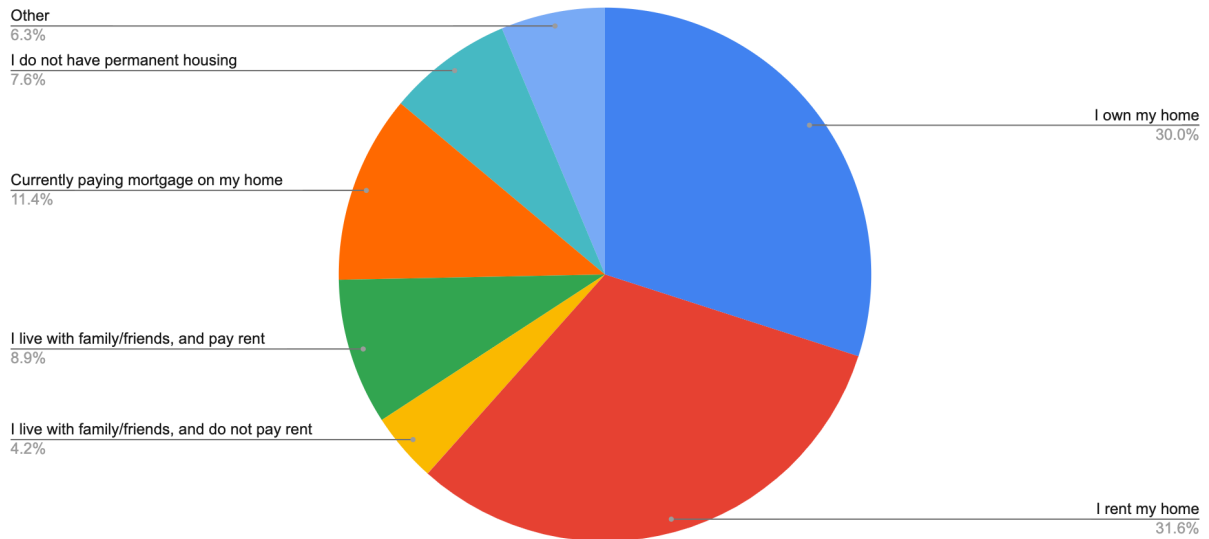
- Appendix A: Full Charts and data from Community Voice Survey
- Appendix B: Partner survey questions for Health Systems Assessment
- Appendix C: Washington County Health Status Data Report
- Appendix D: Hancock County Health Status Data Report
- Appendix E: Full Self-Evaluation Report

## APPENDIX A: Housing & Wellbeing Survey ~ Questions and Responses

The Downeast Housing Collaborative works to improve regional systems of health equity, access to care, and improved health outcomes. The Collaborative maintains a focus on the health-related social needs of housing, and hopes to learn directly from our community members' experiences through this survey. We appreciate your time in helping to create a full understanding of the housing landscape in our community, including barriers to stable, safe, and affordable housing. We do ask some questions around health, mental health, and finances that may feel personal, please understand that you can opt out of these questions and all responses are confidential.

### 1. What is your housing situation?

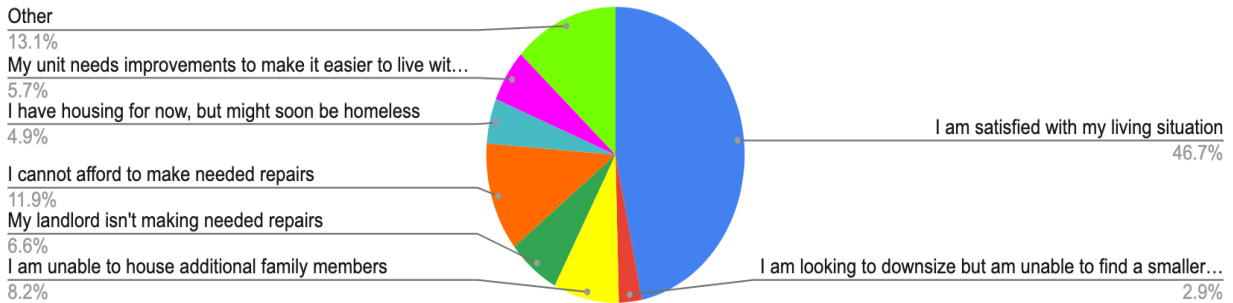
<input type="checkbox"/> I rent my home	<input type="checkbox"/> I live with family/friends, and do not pay rent	<input type="checkbox"/> I live with family/friends, and pay rent	<input type="checkbox"/> Other:
<input type="checkbox"/> I own my home	<input type="checkbox"/> I do not have permanent housing	<input type="checkbox"/> Currently paying mortgage on my home	



2. How is your current living situation? Check all that apply:

- I am satisfied with my living situation
- I'm looking to downsize but am unable to find a smaller unit
- I am unable to house additional family members
- My unit is substandard or in bad condition and I need my landlord to respond
- My unit is in bad condition, and I cannot afford to make needed repairs
- I have housing for now, but will need to relocate soon, and have not found a suitable option for my needs / ability to pay
- My unit needs improvements to make it easier to live with a disability
- Other (please specify):

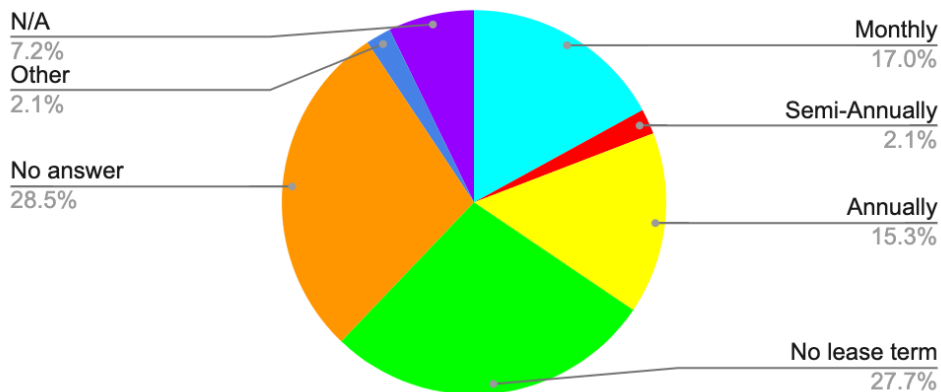
### How is your current living situation?



3. If you are currently renting, what is your lease term?

__ Monthly	__ Semi-Annually	__ Annually	__ Other:	__ No lease term
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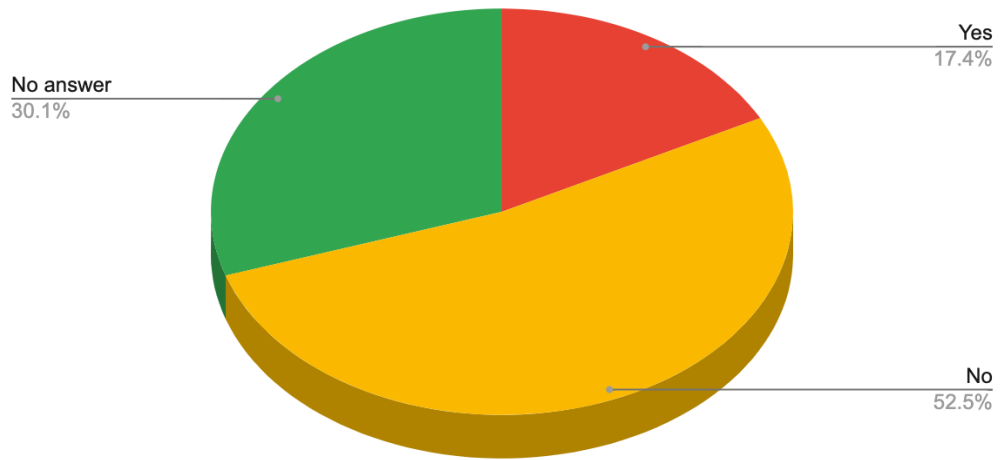
### If you are currently renting, what is your lease term?





4. Does your lease term create challenges for maintaining secure housing?

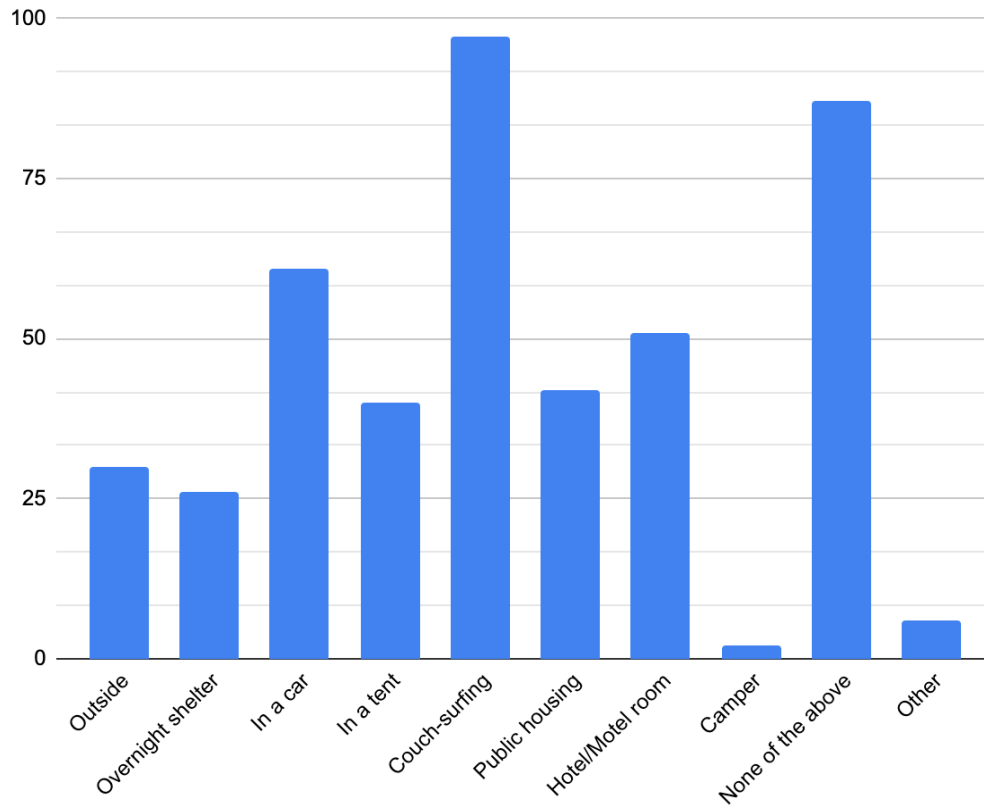
<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. Have you ever lived: (check all that apply)

<input type="checkbox"/> Outside	<input type="checkbox"/> In a car	<input type="checkbox"/> Couch-surfing (someone else's home)	
<input type="checkbox"/> Overnight shelter	<input type="checkbox"/> In a tent	<input type="checkbox"/> Public housing	<input type="checkbox"/> Other:

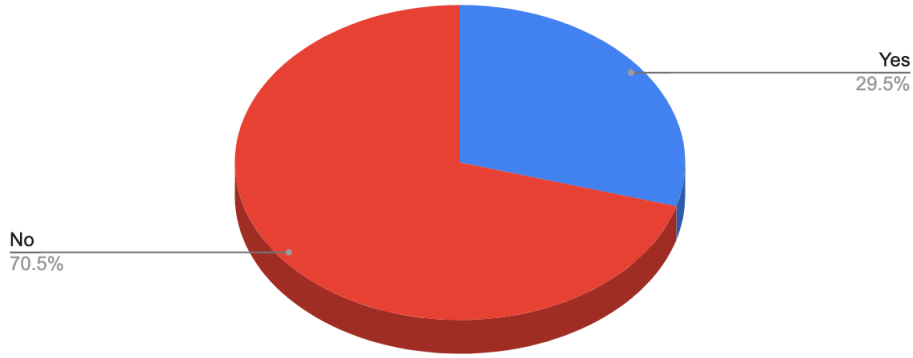
Have you ever lived:



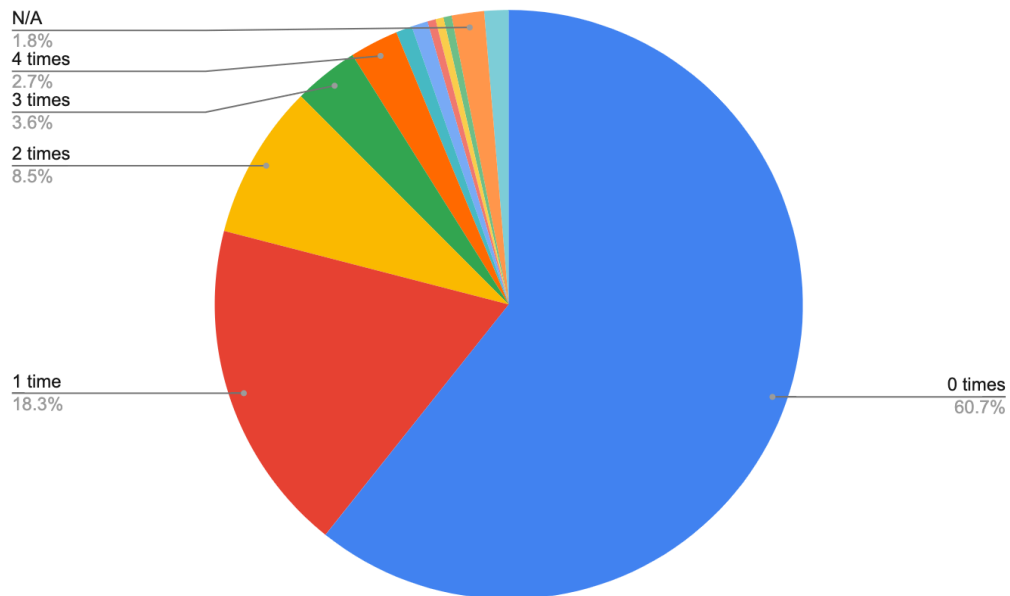
6. Have you ever, and/or or do you currently live in subsidized housing?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you ever, and/or or do you currently live in subsidized housing?

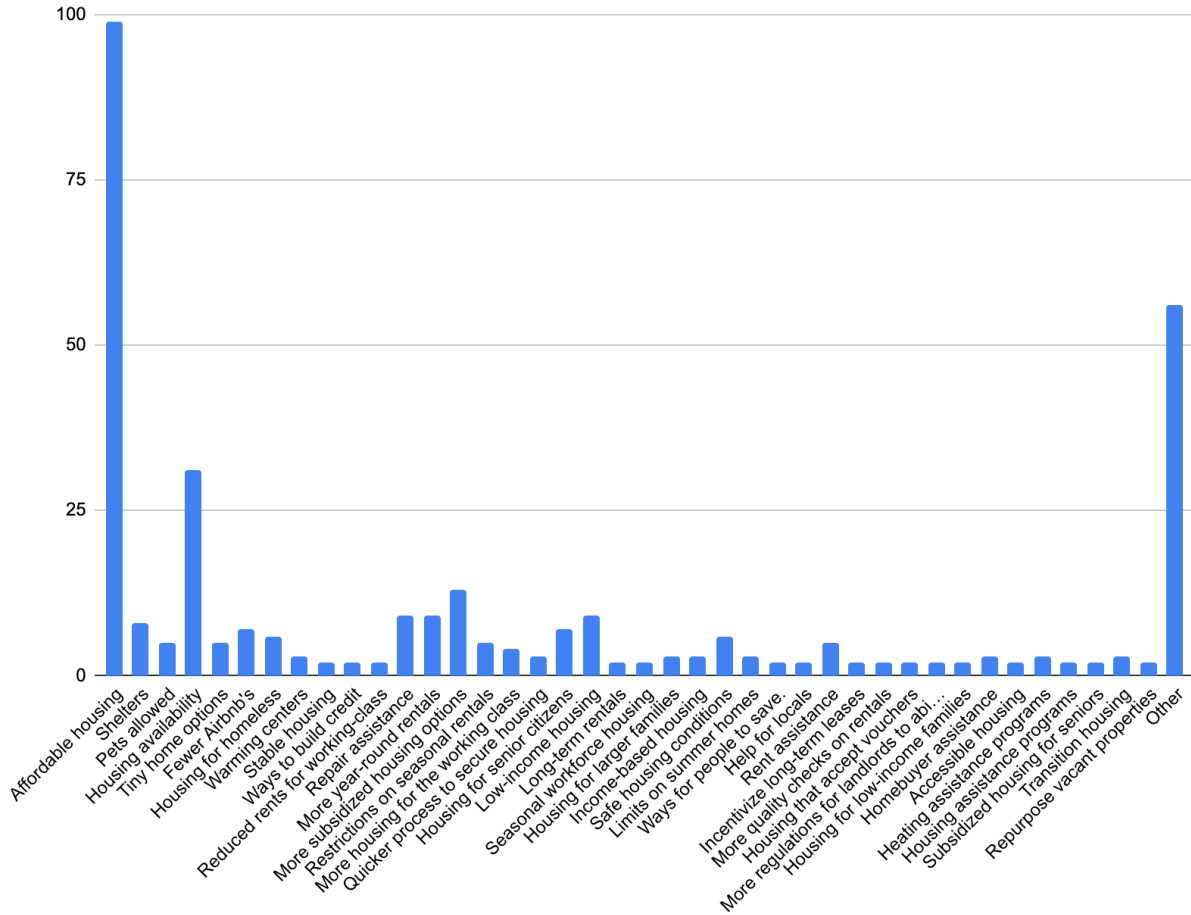


7. In the last 12 months, how many times have you and/or your family moved from one residence to another?



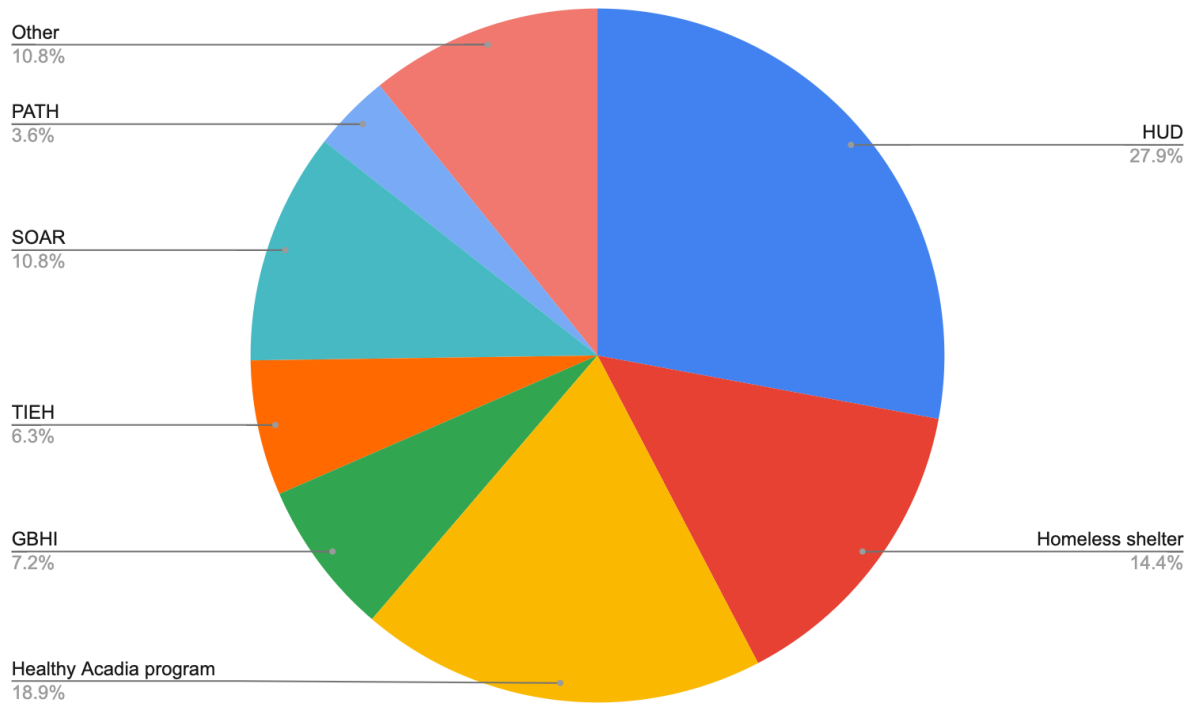
8. What would you like to see in place for your community / our downeast region to address housing issues and to ensure safe, stable, and secure housing?

What would you like to see in place for your community and/or our downeast region to address housing issues and to ensure safe, stable, and secure housing?



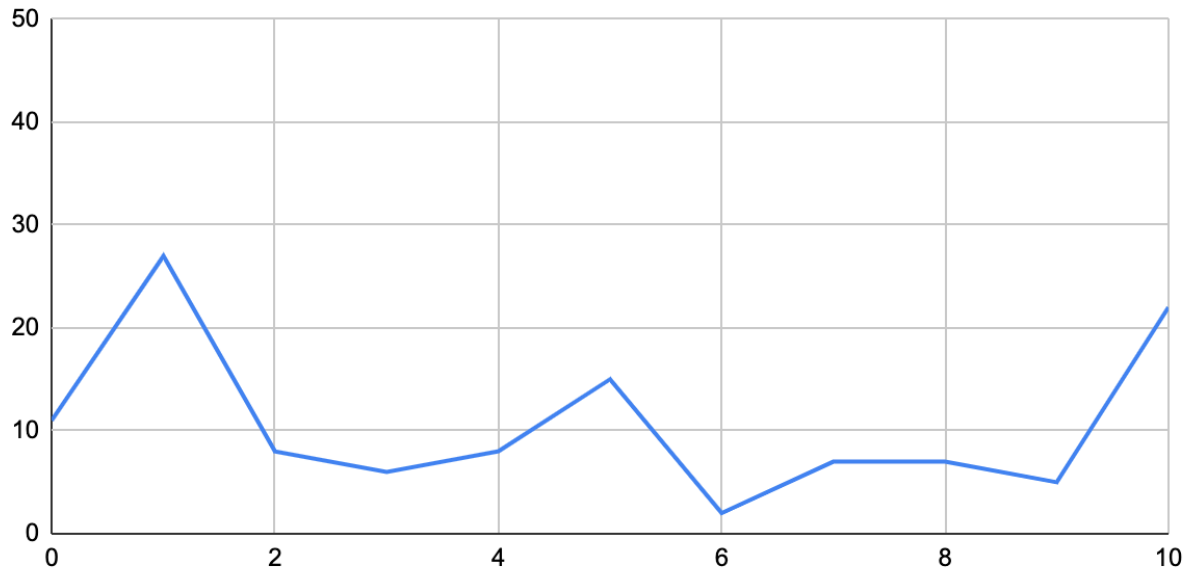
9. What has worked well for you in terms of securing housing (opportunities, services, supports, programs, etc.)? Select all that apply

<input type="checkbox"/> U.S. Department of Housing and Urban Development (HUD)	<input type="checkbox"/> Homeless shelter	<input type="checkbox"/> Healthy Acadia program:	<input type="checkbox"/> Grants for the Benefit of Homeless Individuals (GBHI)
<input type="checkbox"/> Treatment for Individuals Experiencing Homelessness (TIEH)	<input type="checkbox"/> SSI/SSDI Outreach, Access, and Recovery (SOAR)	<input type="checkbox"/> Projects for Assistance in Transition from Homelessness (PATH)	<input type="checkbox"/> Other:



10. If applicable, how helpful have services been for you with securing housing, on a scale of 1-10?

### How helpful have services been with securing housing? (1-10)

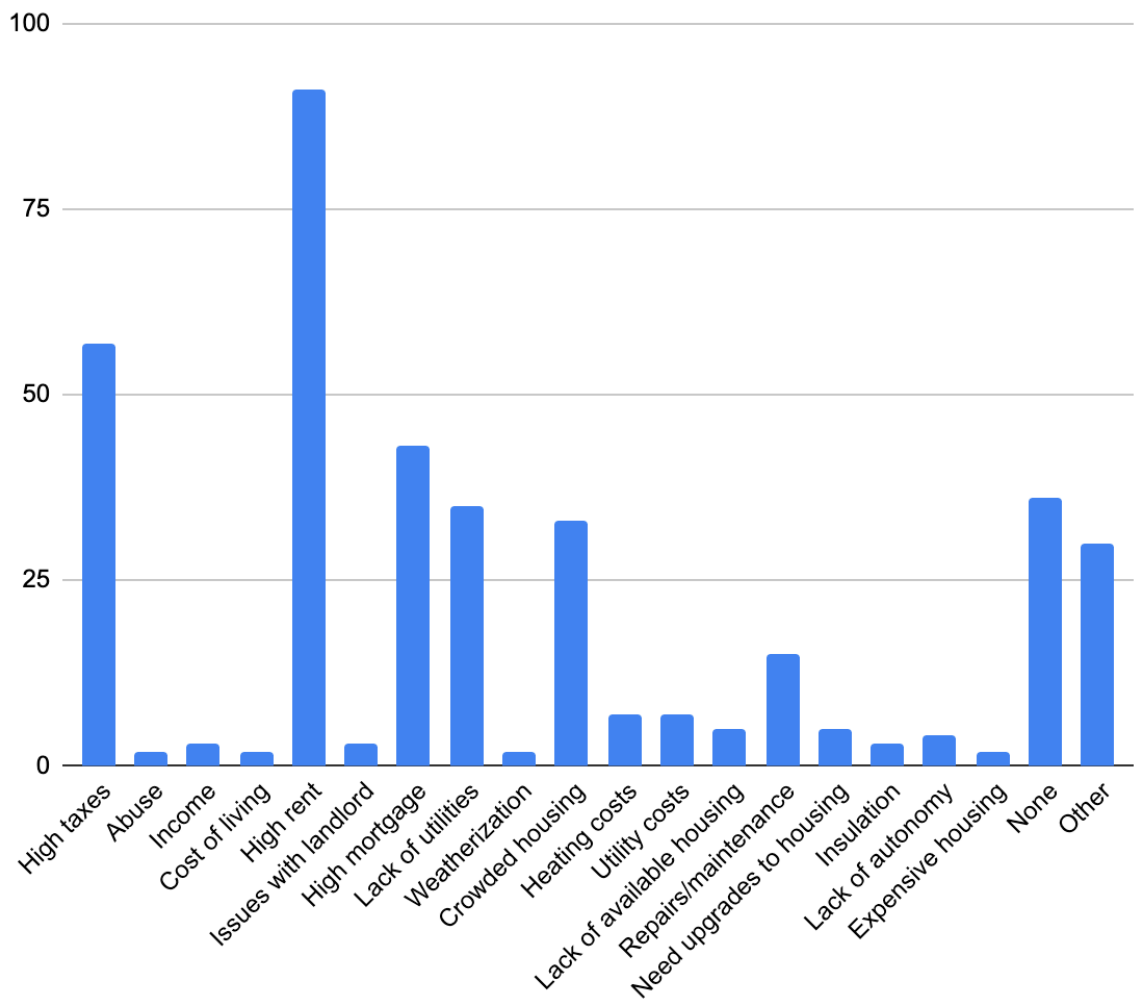


If applicable, how helpful have services been for you with securing housing, on a scale of 1-10?

11. What are the stressors to your housing situation? (check all that apply)

<input type="checkbox"/> High taxes	<input type="checkbox"/> High rent	<input type="checkbox"/> High mortgage	<input type="checkbox"/> Lack of utilities
<input type="checkbox"/> Crowded housing	<input type="checkbox"/> None	<input type="checkbox"/> Other:	

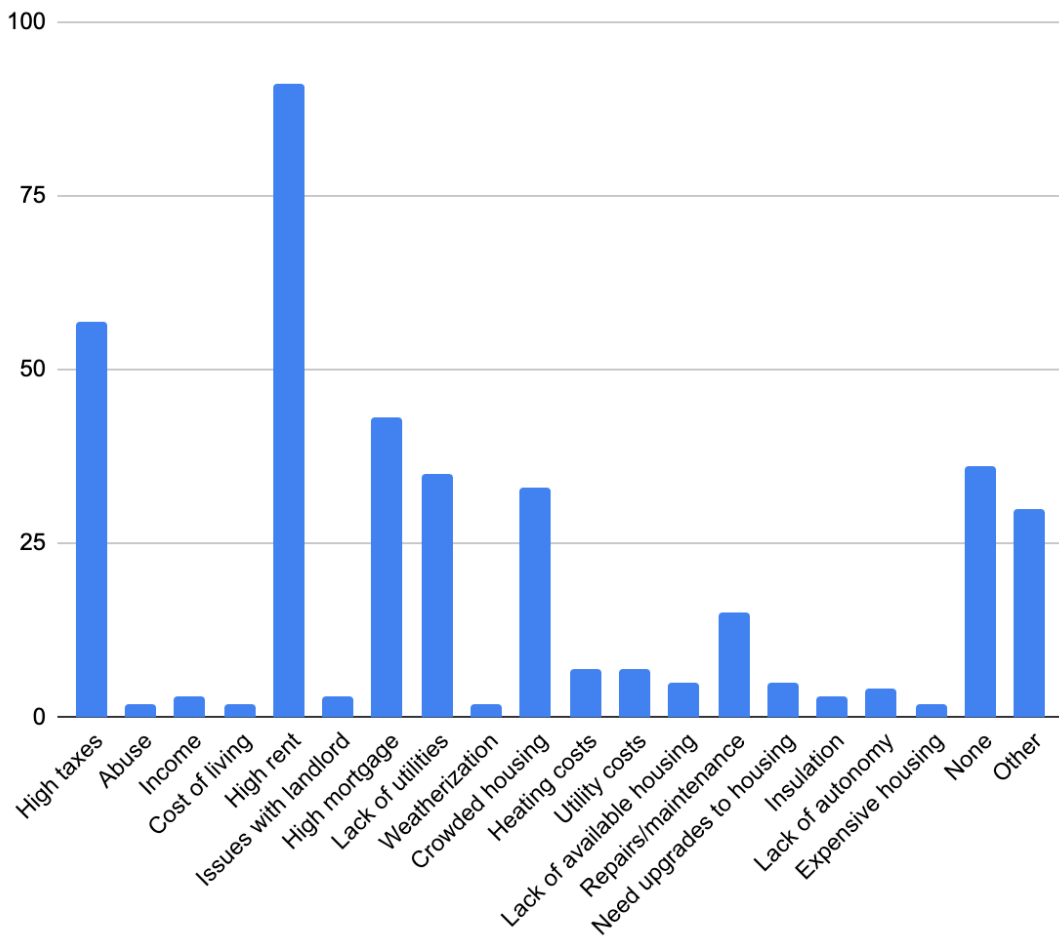
What are the stressors to your housing situation? (check all that apply)



12. Please select the following issues that have created barriers for you/family. Check all that apply:

<input type="checkbox"/> Job security	<input type="checkbox"/> Food	<input type="checkbox"/> Access to healthcare	<input type="checkbox"/> Immigration status
<input type="checkbox"/> Transportation	<input type="checkbox"/> Challenges with services	<input type="checkbox"/> Access to affordable housing	<input type="checkbox"/> Access to hygiene basics
<input type="checkbox"/> Cost of living	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

What are the stressors to your housing situation? (check all that apply)



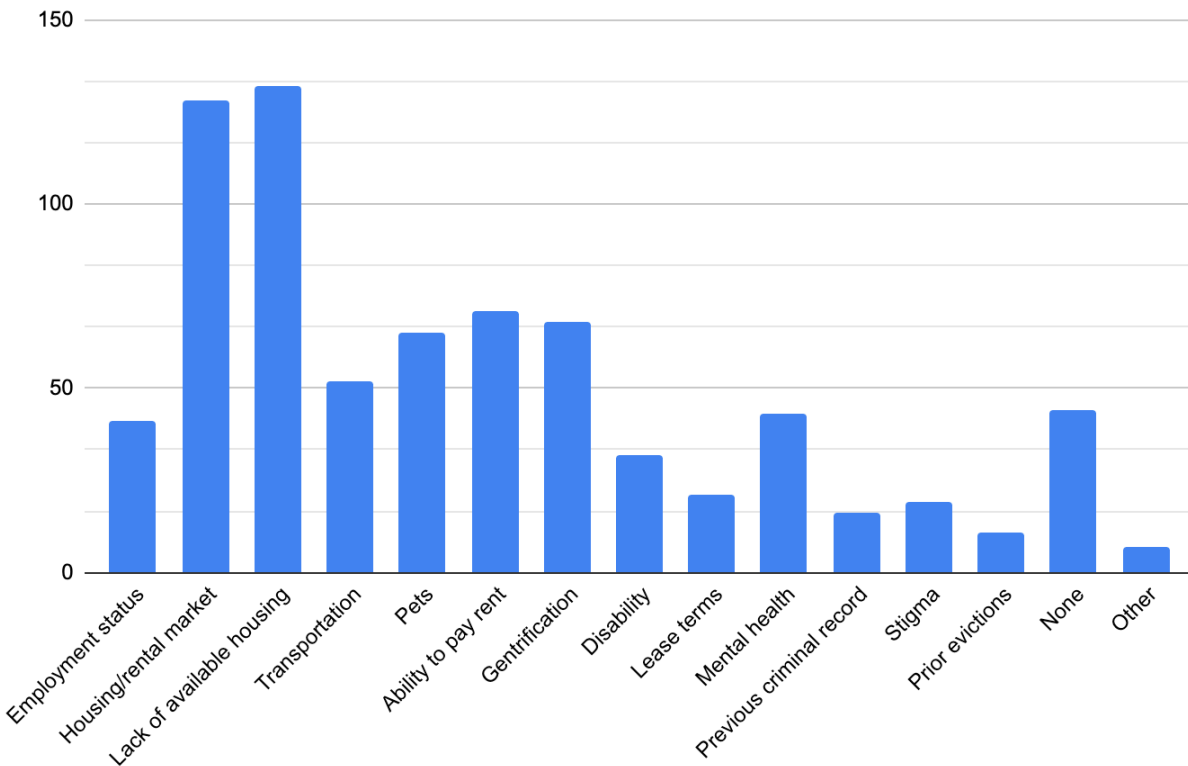


13. Please select the following issues that have created barriers for you to find stable/secure housing. Please check all that apply:

<input type="checkbox"/> Employment status	<input type="checkbox"/> Housing/rental market	<input type="checkbox"/> Lack of available housing
<input type="checkbox"/> Transportation	<input type="checkbox"/> Pets	<input type="checkbox"/> Ability to pay rent
<input type="checkbox"/> Gentrification*	<input type="checkbox"/> Disability	<input type="checkbox"/> Lease terms
<input type="checkbox"/> Mental health	<input type="checkbox"/> Previous criminal record	<input type="checkbox"/> Stigma
<input type="checkbox"/> Prior evictions	<input type="checkbox"/> Other:	

- **Gentrification\*** is when residents of a low-income area are replaced by wealthier people buying property, thus increasing the property value in a town to a point where locals can no longer afford to stay.

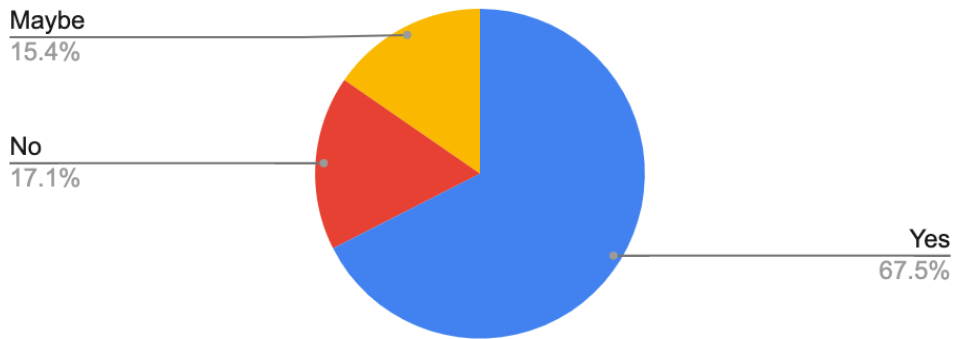
What has created barriers for you with securing housing?



14. Do you have reliable transportation year-round?

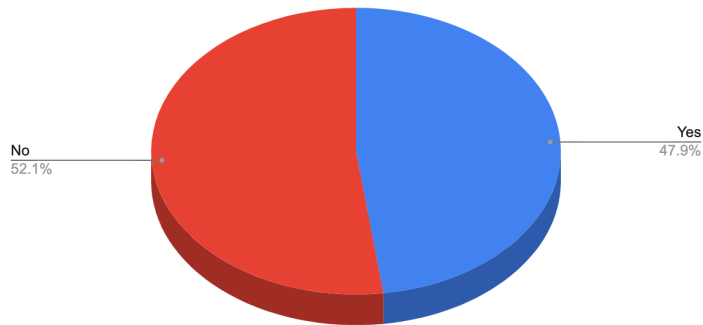
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
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Do you have reliable transportation year-round?



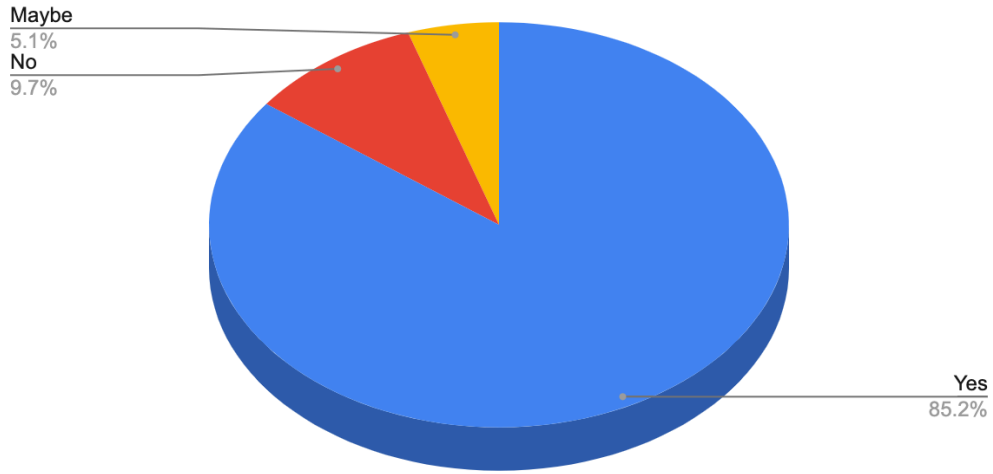
15. Do road conditions where you live make maintaining employment or fulfilling appointments difficult during winter months?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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16. Do you have transportation in general?

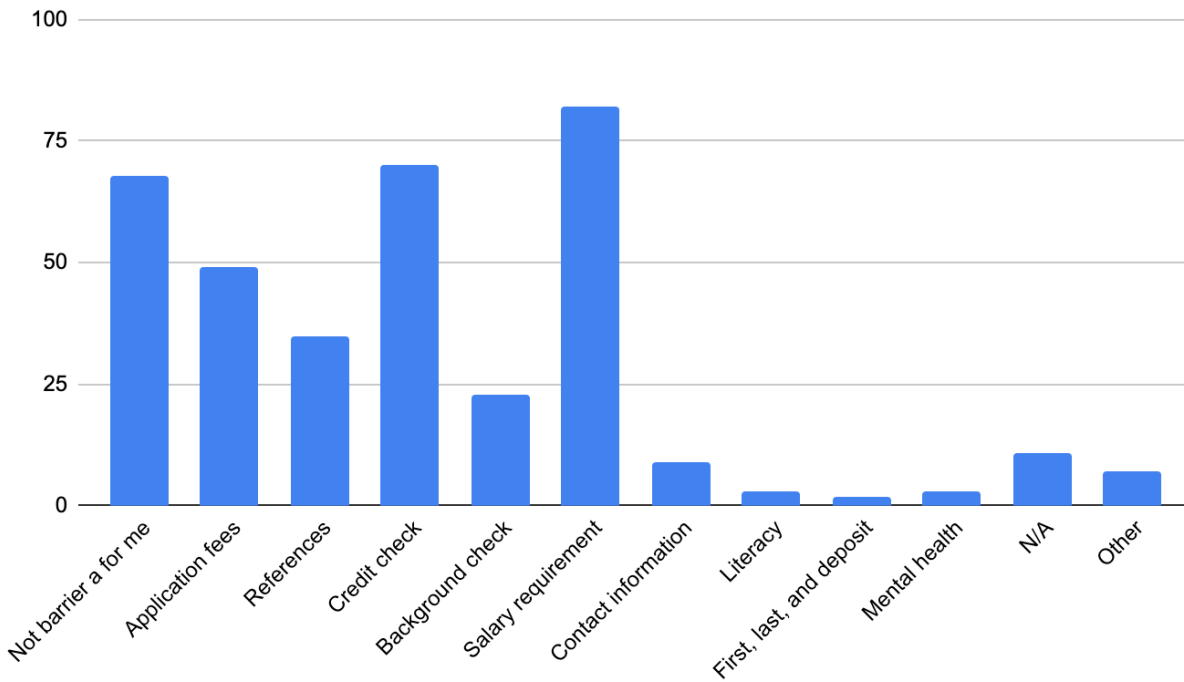
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
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17. Does the rental application process create a barrier for you? If yes, please check all that apply.

<input type="checkbox"/> Application fees	<input type="checkbox"/> References	<input type="checkbox"/> Credit check	<input type="checkbox"/> Literacy	<input type="checkbox"/> No barriers
<input type="checkbox"/> Contact information (working cell phone, email, etc.)	<input type="checkbox"/> Salary requirement (3 times the rent, etc.)	<input type="checkbox"/> Background check	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

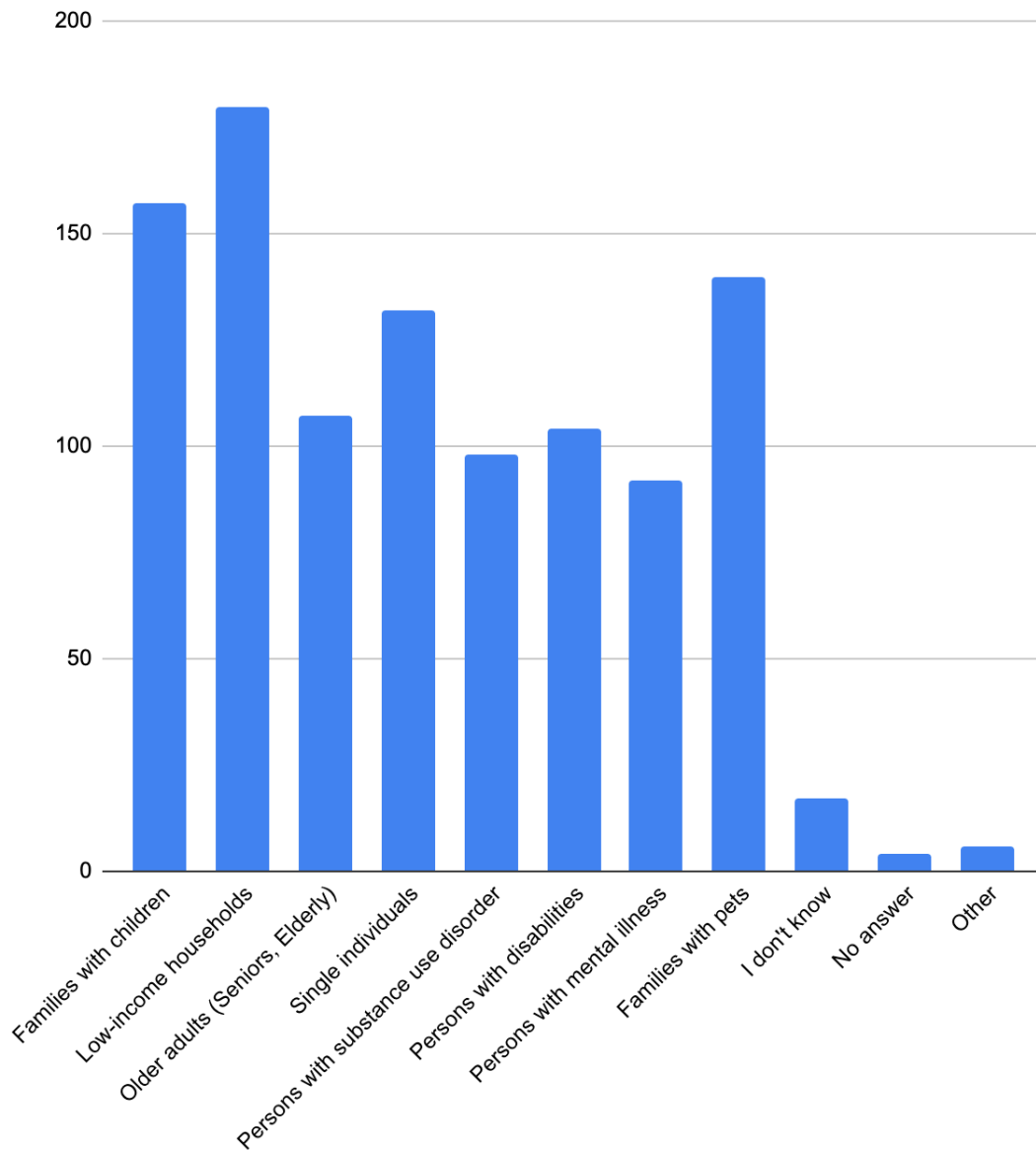
Does the rental application process create a barrier for you? If yes, please check all that apply



18. I see insufficient housing in my community for: (please select all that apply)

__ Families with children	__ Low-income households	__ Older adults (Seniors, Elderly)	__ Single individuals	__ Persons with substance use disorder
__ Persons with disabilities	__ Persons with mental illness	__ Families with pets	__ I don't know	__ Other:

I see insufficient housing in my community for:

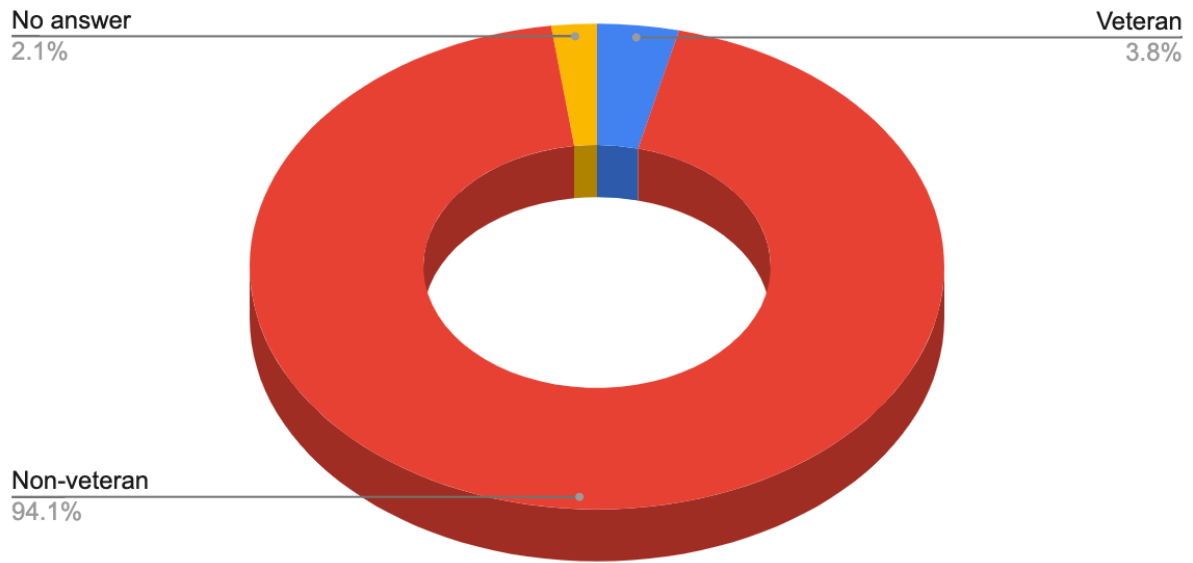


19. Where do you currently live? (zip code)



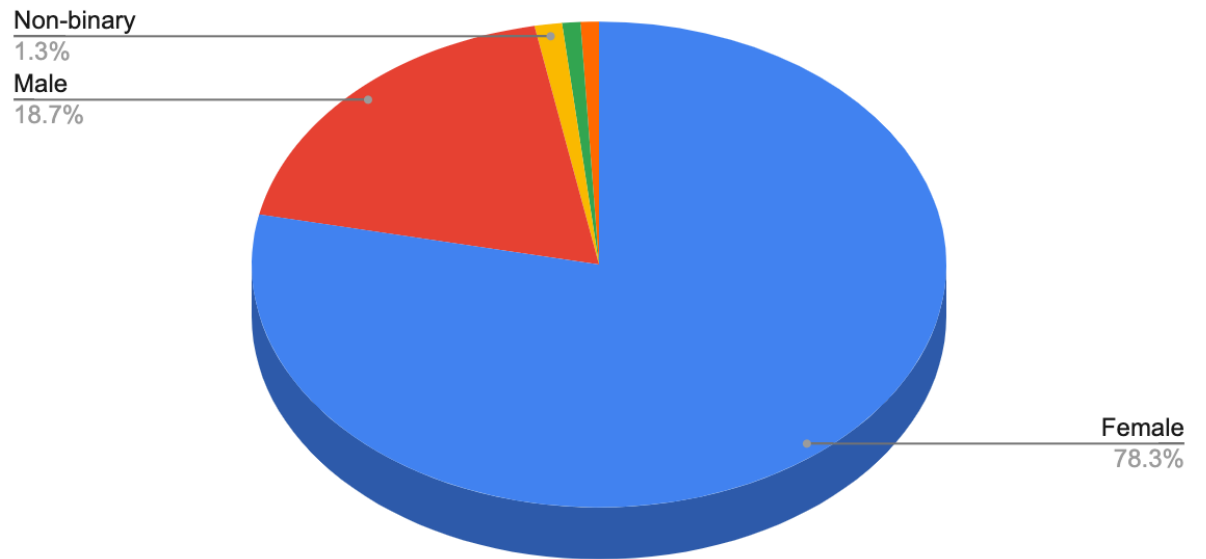
20. Veteran status

<input type="checkbox"/> Veteran	<input type="checkbox"/> Not a veteran
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21. Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> None of these
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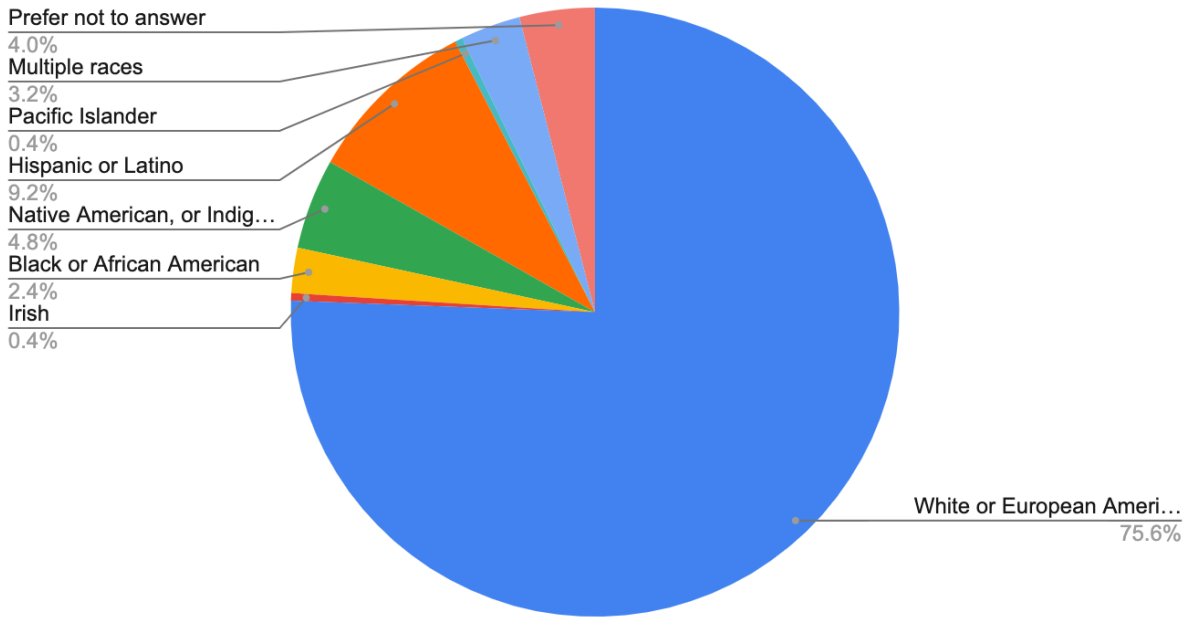
22. Race and Hispanic Origin:

<input type="checkbox"/> White or European American	<input type="checkbox"/> Native American, or Indigenous
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian or Asian American



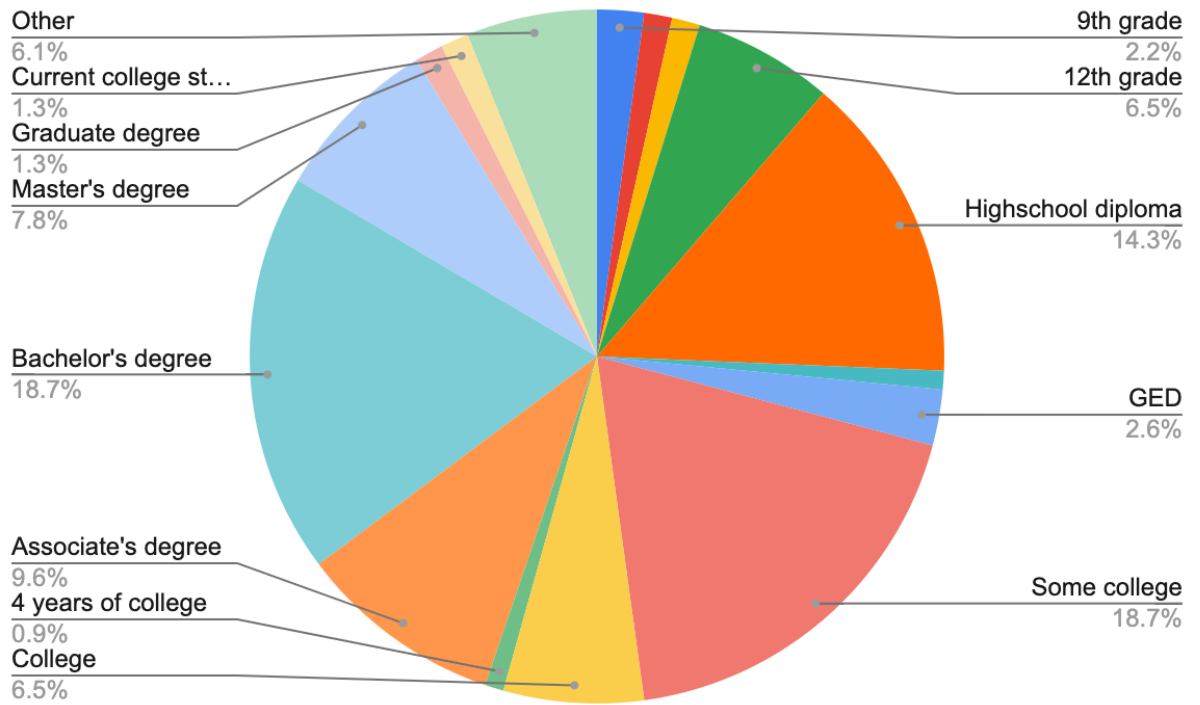
__ Hispanic or Latino	__ Pacific Islander
__ Multiple races	__ I prefer not to say
__ Other	__ I prefer to self-identify:

**Race and Hispanic Origin:**



23. Highest level of education achieved:

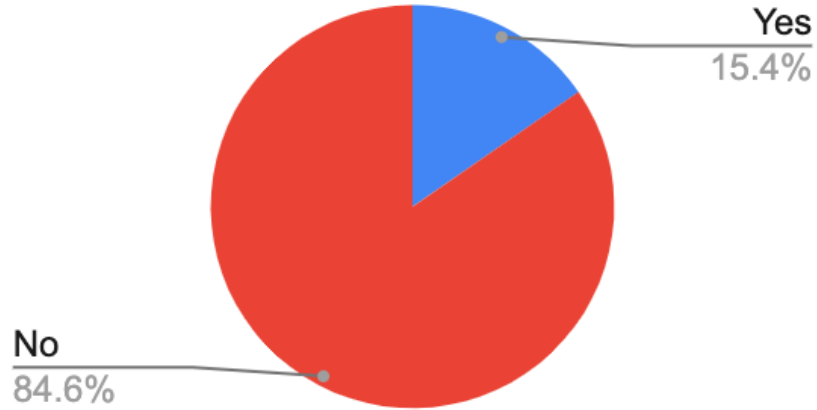
__ Grade 1-11, specify:	__ 12th grade - no diploma	__ High school diploma	__ GED or alternative credential
__ Some college credit, but less than 1 year of college credit	__ 1 or more years of college credit, no degree	__ Associate's degree	__ Bachelor's degree
__ Master's degree	__ Professional degree beyond a bachelor's degree	__ Doctorate degree	__ Other:



24. Are you a current student?

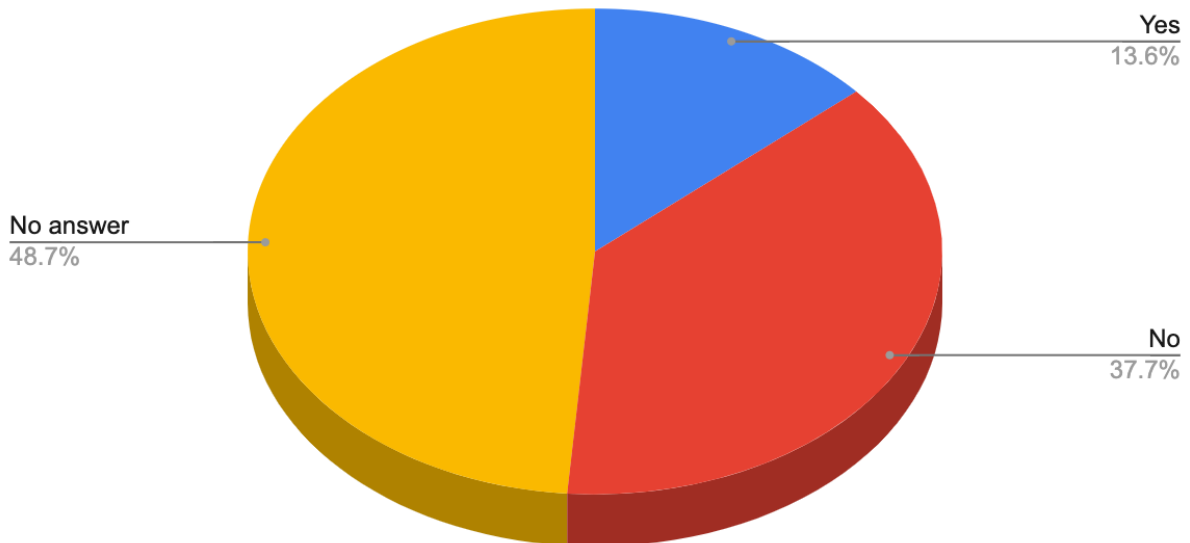
<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## Are you a current student?



If yes, is school currently in session for you?

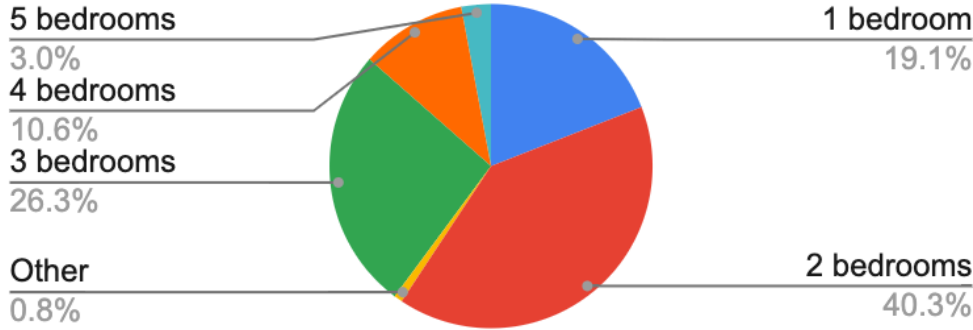
<input type="checkbox"/> Yes	<input type="checkbox"/> No
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25. How many bedrooms do you require for your living situation?

__ 1 bedroom	__ 2 bedrooms	__ 3 bedrooms	__ 4 bedrooms	__ More than 4:
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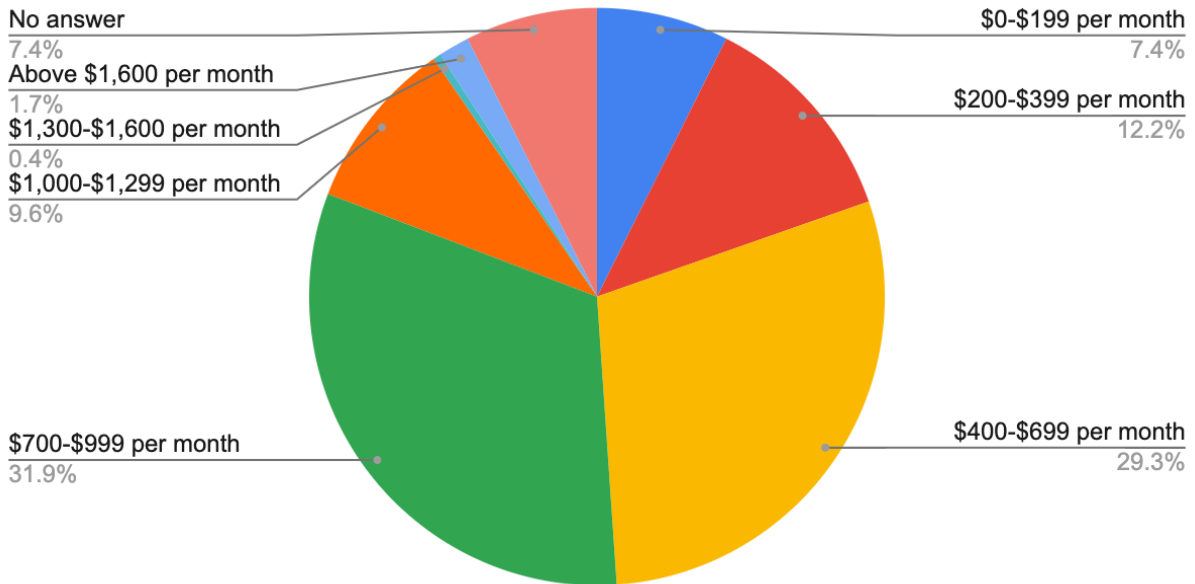
### How many bedrooms do you require?



26. What is affordable housing for you?

__ \$0-\$199 per month	__ \$200-\$399 per month	__ \$400-\$699 per month	__ \$700-\$999 per month
__ \$1,000-\$1,299 per month	__ \$1,300-\$1,600 per month	__ Above \$1,600 per month	__ Other:

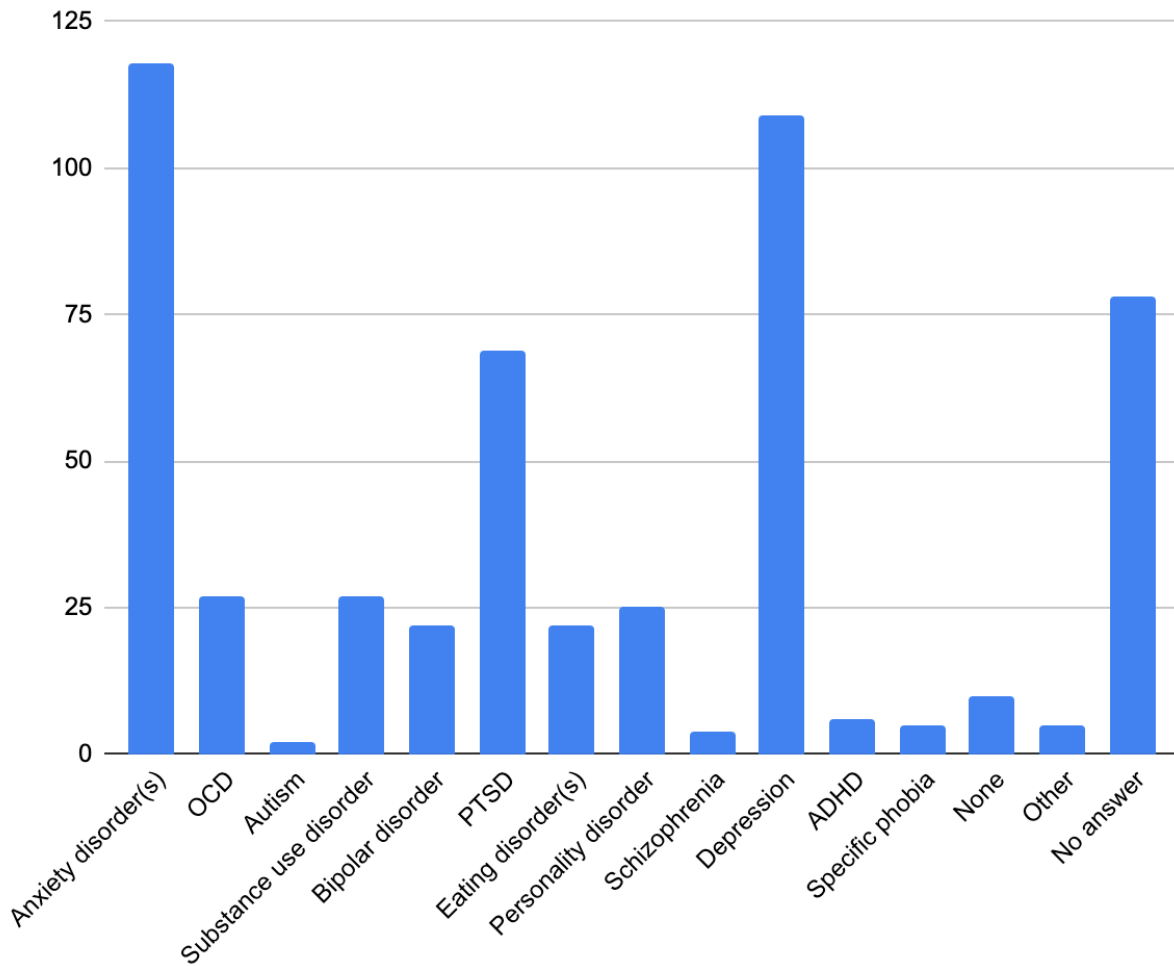
### What is affordable housing for you?



27. Have you ever been diagnosed with the following? Select all that apply:

<input type="checkbox"/> Anxiety disorder(s)	<input type="checkbox"/> Obsessive compulsive disorder	<input type="checkbox"/> Substance use disorder
<input type="checkbox"/> Bipolar disorder	<input type="checkbox"/> Post-traumatic stress disorder	<input type="checkbox"/> Eating disorder(s)
<input type="checkbox"/> Personality disorder	<input type="checkbox"/> Depression	<input type="checkbox"/> Specific phobia
<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Other:	<input type="checkbox"/> Prefer not to answer

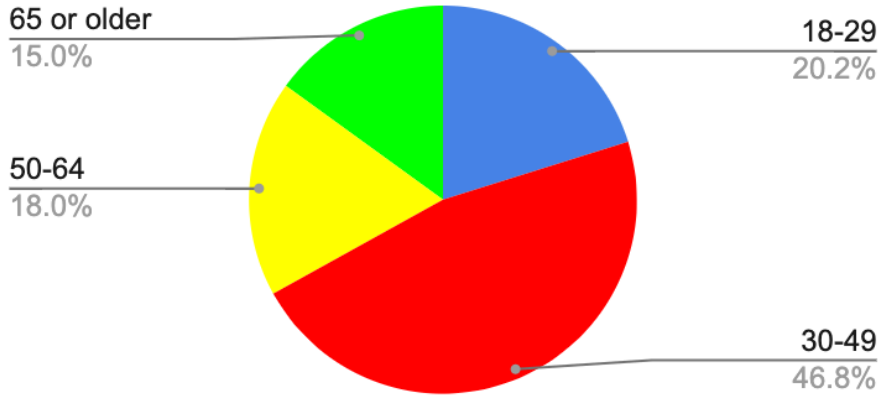
Have you ever been diagnosed with the following? Select all that apply:



28. Age:

__ 17 or under	__ 18-29	__ 30-49	__ 50-64	__ 65 or older
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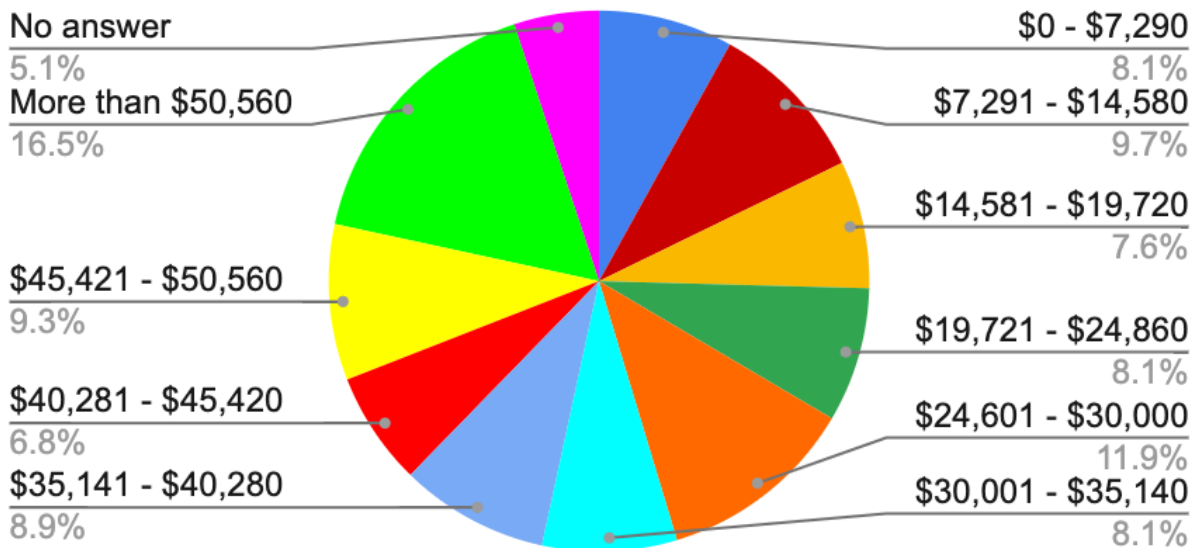
## Age



29. Yearly income (if you know it):

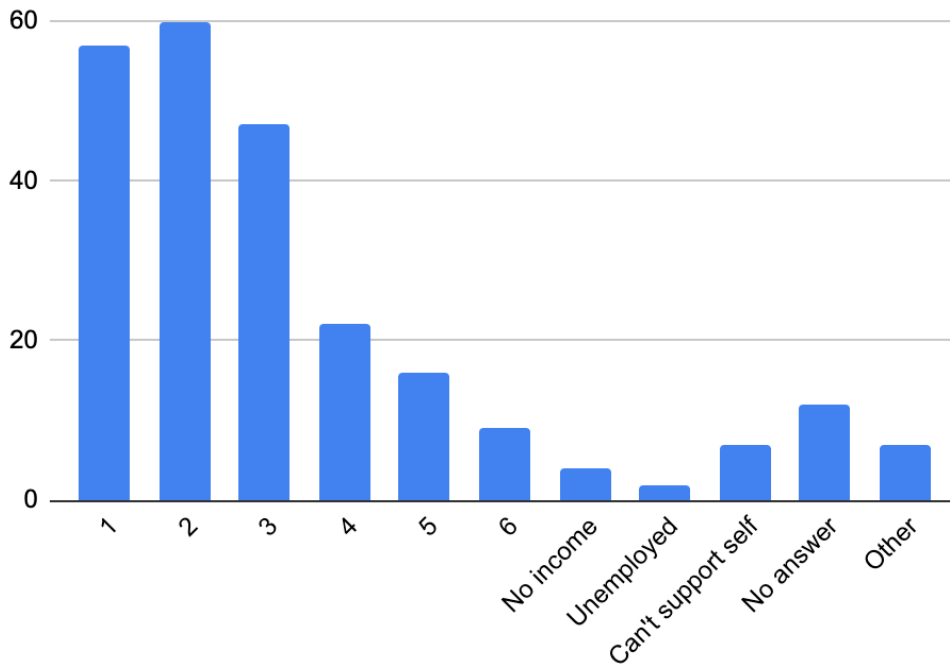
__ \$0 - \$7,290	__ \$7,291 - \$14,580	__ \$14,581 - \$19,720	__ \$19,721 - \$24,860	__ \$24,601 - \$30,000
__ \$30,001 - \$35,140	__ \$35,141 - \$40,280	__ \$40,281 - \$45,420	__ \$45,421 - \$50,560	__ More than \$50,560

## Yearly income



30. How many people does your income support?

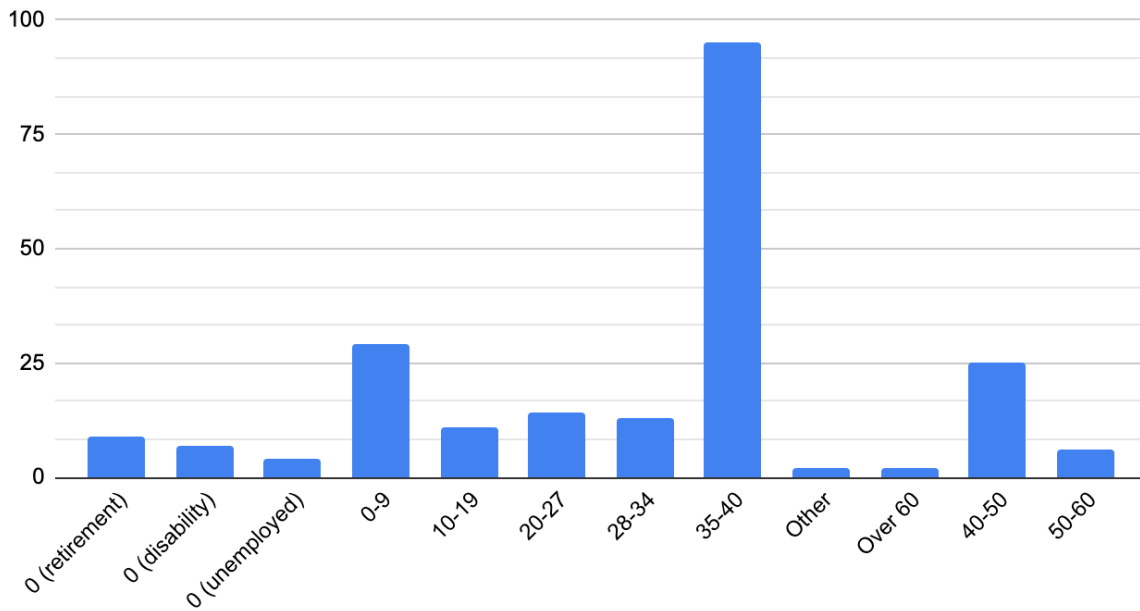
How many people does your income support?



31. Hours worked per week:

__ 0-9	__ 10-19	__ 20-27	__ 28-34	__ 35-40	__ More than 40:
--------	----------	----------	----------	----------	------------------

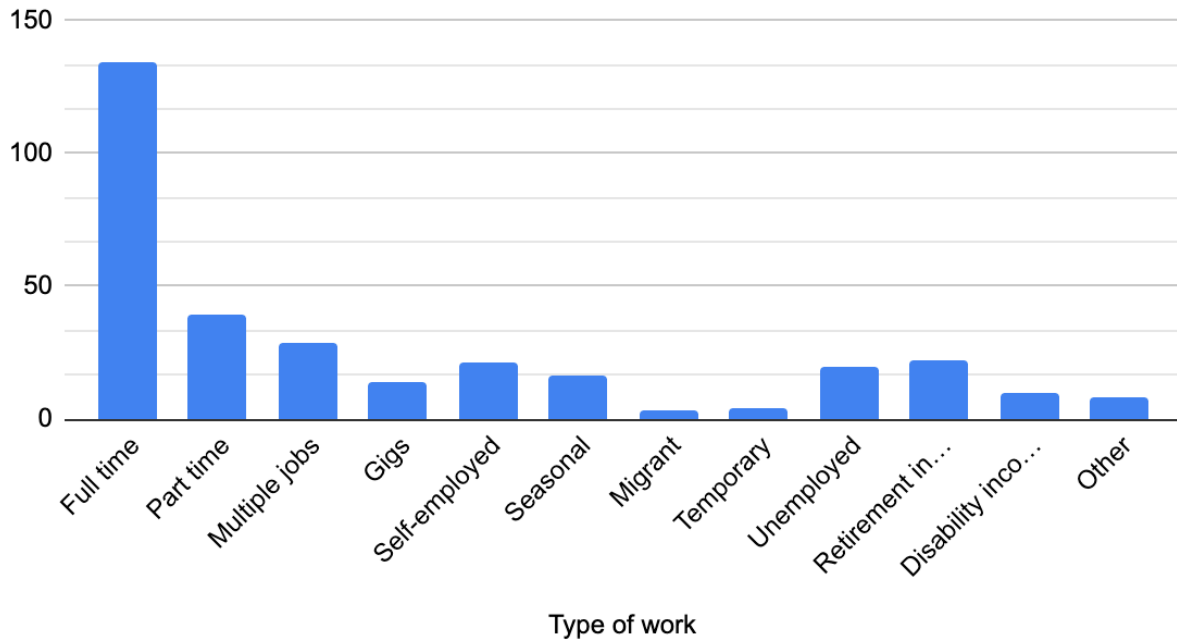
Hours worked per week:



32. Type of work: (check all that apply)

<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Multiple jobs	<input type="checkbox"/> Gigs
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Migrant	<input type="checkbox"/> Temporary
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retirement income	<input type="checkbox"/> Other:	<input type="checkbox"/> Other

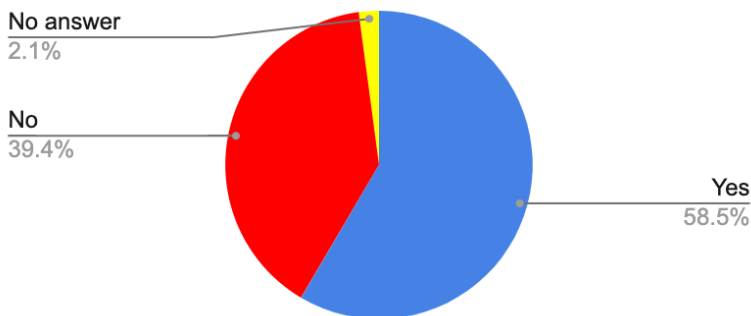
### Type of work



33. Can you generally meet your monthly living expenses?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

### Can you generally meet your monthly liv...

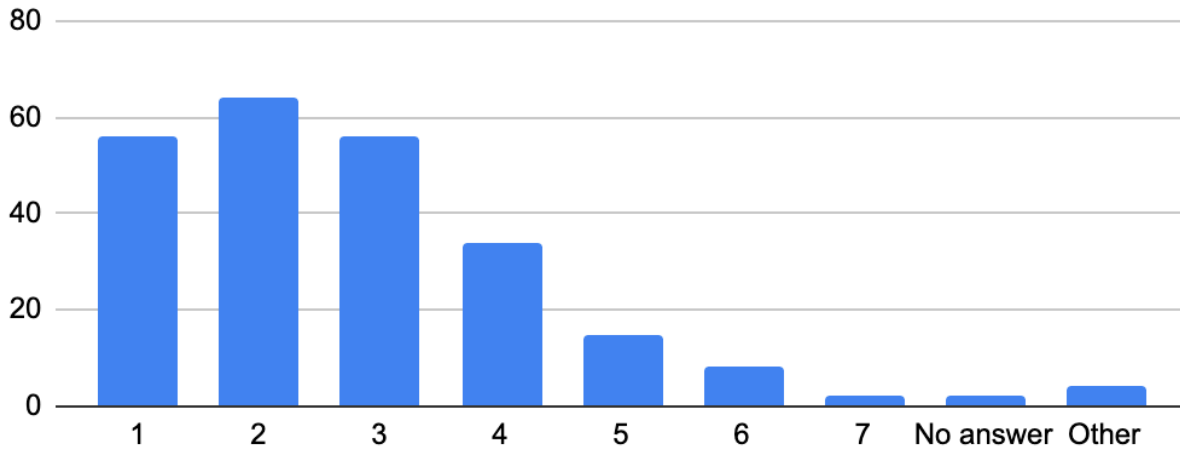




34. Household size:

__ 1	__ 2	__ 3	__ 4	__ 5	__ More than 5:
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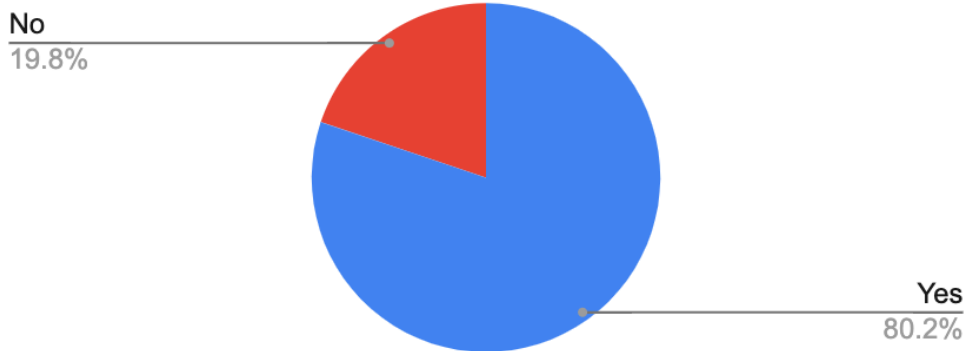
## Household size



35. Do you have adequate health insurance?

__ Yes	__ No
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## Do you have adequate health insurance?



## APPENDIX B: Health Status and Systems Data Committee Survey

The Downeast Housing Collaborative seeks to improve regional systems of health equity, access to care, and improved health outcomes. The Collaborative maintains a focus on the health-related social needs of housing. We appreciate your time in helping to create a full understanding of the housing landscape in our community, including barriers to stable, safe, and affordable housing. We hope you can take a few minutes to fill out this survey to guide our assessment of current systems and structures in place related to housing and other health related social needs (HRSNs), as well as to help identify gaps, barriers, and opportunities for improvement.

1. Name:
2. Organization:
3. Position:
4. Please summarize your work in relation to housing and connected services (such as transportation).
5. Please describe any existing regional and community collaborations related to housing that you are aware of (if not already described above).
6. Please discuss gaps and challenges you see in your work related to housing:
7. Please describe opportunities you see in this work.
8. Can you share what types of funding support the work you are doing?
9. What are the opportunities and challenges associated with the funding?
10. What are your workforce challenges, if any, in addressing housing and related social needs?
11. What additional gaps, barriers, and opportunities for improvement do you see?

APPENDIX C: Washington County Housing and Health Status Report

## Washington County - Housing & Health Status Report

Family Households with Children

	<b>Total Households</b>	<b>Total Family Households</b>	<b>Families with Children (Age 0-17)</b>	<b>Families with Children (Age 0-17), Percent of Total Households</b>
Washington County	13,258	8,196	3,225	24.32%
Maine	571,064	348,606	139,072	24.35%

Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

Households by Composition and Relationship to Householder

	<b>Total Households</b>	<b>Married Family Households</b>	<b>Single Male Family Households</b>	<b>Single Female Family Households</b>	<b>Non-Family Households</b>
Washington County	13,258	6,167	697	1,332	5,062
Maine	571,064	275,284	22,996	50,326	222,458

Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

Households with Children by Composition and Relationship to Householder, Total and Percent

	<b>All Household Types</b>	<b>Married Family Households</b>	<b>Single-Male Family Households</b>	<b>Single-Female Family Households</b>	<b>Non-Family Households</b>
Washington County	3,275, 24.70%	1,858, 14.01%	430, 3.24%	937, 7.07%	50, 0.38%
Maine	141,348, 24.75%	93,422, 16.36%	13,809, 2.42%	31,841, 5.58%	2,276, 0.40%

Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

Housing Costs - Cost Burden (30% or more of total household income)

	<b>Total Households</b>	<b>Cost-Burdened Households</b>	<b>Cost-Burdened Households, Percent</b>
Washington County	13,258	3,491	26.33%
Maine	571,064	151,718	26.57%

Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

Housing Costs - Cost Burden, Severe (50% or more of total household income)

	<b>Total Households</b>	<b>Severely Cost-Burdened Households</b>	<b>Severely Cost-Burdened Households, Percent</b>
Washington County	13,258	1,459	11.00%
Maine	571,064	62,373	10.92%

Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

Severely Cost-Burdened Households by Tenure, Percent of Severely Burdened Households

	<b>Severely Burdened Households</b>	<b>Rental Households, Percent</b>	<b>Owner-Occupied Households with Mortgage, Percent</b>	<b>Owner-Occupied Households without Mortgage, Percent</b>
Washington County	1,459	32.63%	45.24%	22.14%
Maine	62,373	44.71%	39.41%	15.88%

Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

Housing Quality - Substandard Housing

Housing units with at least one of these conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.

	<b>Total Occupied Housing Units</b>	<b>Occupied Housing Units with One or More Substandard Conditions</b>	<b>Occupied Housing Units with One or More Substandard Conditions, Percent</b>
Washington	13,258	3,568	26.91%

County			
Maine	571,064	153,033	26.80%

Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

Number of Substandard Conditions Present, Percentage of Total Occupied Housing Units

	<b>No Conditions</b>	<b>One Condition</b>	<b>Two or Three Conditions</b>	<b>Four Conditions</b>
Washington County	73.09%	25.55%	1.36%	0.00%
Maine	73.20%	25.79%	1.00%	0.00%

Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

Substandard Conditions: Selected Conditions

	<b>Housing Units Lacking Complete Kitchen Facilities, Percent</b>	<b>Housing Units Lacking Telephone Service, Percent</b>	<b>Housing Units Without Plumbing, Percent, 2021</b>
Washington County	10.00%	1.43%	1.18%
Maine	3.24%	1.11%	0.56%

Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

Evictions

	<b>Eviction Filings</b>	<b>Evictions</b>	<b>Eviction Filing Rate</b>	<b>Eviction Rate</b>
Washington County	50	46	1.25%	1.15%
Maine	4,381	4,113	2.41%	2.26%

Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

Homeless Children & Youth

	<b>Homeless Students</b>	<b>Homeless Students, Percent</b>	<b>Districts Reporting</b>	<b>Students in Reported Districts</b>
Washington County	3	0.20%	40.00%	59.00%

Maine	2,328	1.69%	74.77%	89.69%
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Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

High housing cost burden by households

Housing Status	Number	Percent
Owner	3,865	20.7%
Renter	2,184	47.4%
Total	6,049	26.0%

Information provided by: [Kids Count Data Center](#)

Households (Rentals) Unable to Afford Median 2 BR Rent, 2020

	Median 2 BR Rent (utilities included)	Renter Median Household Income	Income Required for Median 2 BR Rent	2 BR Rent That is Affordable to Median Income
Washington County	\$701	\$27,629	\$28,040	\$691

Information provided by: [Housing Facts and Affordability Index](#)

\*Editor’s Note: The above information is based on data gathered for 2020. The average cost of rent in Washington County has increased since this information was reported. According to the [Washington County Fair Market Rent](#) data, a “fair” price for a 2-bedroom rental in Washington County (for year 2023) is \$889. This rent data also reports that this reflects an 5.71% increase in rent since 2022.

# Washington County

## Health Overview

### Leading Causes of Death

Rank	Maine	Washington County
1	Cancer	Cancer
2	Heart Disease	Heart Disease
3	Unintentional Injury	Unintentional Injury
4	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease
5	Stroke	Stroke

Information provided by: [Washington County MSCHNA Report 2022](#)

### Top Rated Health Priorities

Priorities	% of Votes
Access to Care	54%
Mental Health	51%
Social Determinants of Health	38%
Substance and Alcohol Use	38%

Information provided by: [Washington County MSCHNA Report 2022](#)

### Selected Demographics

	Population numbers	Median household income	Unemployment rate	Individuals living in poverty	Children living in poverty
Washington County	31,491	\$41,347	6.2%	18.9%	24.6%
Maine	1.34M	\$57,918	5.4%	11.8%	13.8%

Information provided by: [Washington County MSCHNA Report 2022](#)

Selected Demographics Continued

	<b>65+ living alone</b>	<b>Associate's degree or higher (age 25+)</b>	<b>Gay, lesbian, and bisexual (adults)</b>	<b>Persons with a disability</b>	<b>Veterans</b>
Washington County	30.8%	31.2%	2.9%	22.5%	11.8%
Maine	29.0%	41.9%	3.5%	16.0%	9.6%

Information provided by: [Washington County MSCHNA Report 2022](#)

Major Health Concerns for Mental Health

Outpatient mental health treatment decreased from 19.2% in 2012-2014, to 16.9% in 2015-2017. The state's rate stands at 18.0%.

<b>Indicator</b>	<b>Washington county</b>	<b>Maine</b>
Mental health emergency department rate per 10,000 population (2016-2018).	195.5	181.5
Depression, current symptoms (adults) (2015-2017)	10.2%	9.5%
Depression, lifetime (2015-2017)	23.7%	23.7%
Anxiety, lifetime (2015-2017)	21.0%	21.4%
Sad/hopeless for two weeks in a row (high school students) (2019)	31.4%	32.1%
Sad/hopeless for two weeks in a row (middle school students) (2019)	35.2%	24.8%
Seriously considered suicide (high school students) (2019)	14.2%	16.4%
Seriously considered suicide (middle school students) (2019)	22.6%	19.8%
Chronic disease among persons with depression (2011-2017)	34.1%	30.8%
Ratio of population to psychiatrists (2019)	60,664.0	12,985.0
Currently receiving outpatient mental health treatment (adults) (2015-2017)	16.9%	18.0%

Information provided by: [Washington County MSCHNA Report 2022](#)



## Community-Wide Resources for Mental Health

### **Available resources:**

#### **Community Cohesion**

- Community-based network of services (4)
- Community Caring Collaborative
- Downeast Community Partners

#### **Treatment**

- Aroostook Mental Health Center (9)
- Community Health and Counseling Services (4)
- Coordination with Northern Light Acadia Hospital for Telehealth (2)
- Adult crisis unit in Calais
- Professionals providing high-quality care
- American Rescue Plan funds to support mental health services

#### **Youth**

- Strong programs for youth in & out of schools (4)
- Access to services for youth (Blue Devil Health Center) (2)
- School counselors (2)
- Early Childhood Consultation and Prevention Services
- Interventions for At-Risk Youth

#### **Other Services**

- Sunrise Opportunities (3)
- Maine Seacoast Mission
- Maine Department of Health and Human Services
- 211 Maine

### **Gaps in resources:**

#### **Inadequate Services**

- Lack of continuity of care for people coming back after mental health treatment
- Not enough providers, specialists, facilities (22)
- Lack of access to mental health crisis and psychiatry beds (5)
- Level of expertise/programs/resources in schools (15)
- Waitlists for counseling (2)
- Resources for older adults

#### **Barriers to Treatment**

- Addressing issues related to COVID
- Loneliness/isolation
- Stigma
- Cannot access a real person

Information provided by: [Washington County MSCHNA Report 2022](#)

## Major Concerns for Access to Care

<b>Indicator</b>	<b>Washington County</b>	<b>Maine</b>
Uninsured (2015-2019)	12.1%	7.9%
MaineCare enrollment (all ages) (2020)	42.9%	29.1%
MaineCare enrollment (ages 0-19) (2020)	62.6%	43.8%
Ratio of population to primary care physicians (2019)	2,672.0	1,332.0
Usual primary care provider (adults) (2015-2017)	82.4%	87.9%
Primary care visit to any primary care provider in the past year (2015-2017)	67.5%	72.0%
Cost barriers to health care (2015-2017)	13.0%	10.6%
Primary care visits that were more than 30 miles from the patient's home (2019)	31.9%	20.0%

Information provided by: [Washington County MSCHNA Report 2022](#)

## Community-Wide Resources for Access to Care

### **Available resources:**

#### **Community Cohesion**

- Statewide Cancer Coalition
- Downeast Community Partners/collaboration

#### **Community Organizations**

- Five Federally Qualified Health Centers (20)
- Local feel/relationship in providers
- Hospital services (3)
- Dedicated providers (2)
- Tribal jurisdictions have 2 health centers

#### **Technology**

- Telehealth/telemedicine (6)
- 211 Maine
- National Digital Equity Center training for seniors

#### **Access alternatives**

- Alternative approaches (e.g., syringes via mail)
- Strong navigator programs/community health workers (7)
- Creative work by many providers to provide high-quality care (2)
- Community care partnership of Maine

- Accountable Care Organization and Health Innovation
- Program models for data sharing

### **Workforce Development**

- Work among the business community to offer good jobs with benefits (2)
- Marketing to professionals to keep them in the area

### **Gaps in resources:**

#### **Gaps in services**

- Lack of urgent care/walk-in clinics (7)
- Lack of diagnostic services (7)
- Lack of community/home-based palliative and end of life care (6)
- Hospitals lack specific services (cancer care, neonatal substance use disorder) (4)
- Lack of school-based health centers (4)
- No nursing programs

#### **Barriers to Care**

- Misuse of Emergency Department (3)
- Impacts of the pandemic on the ability to access health services

#### **Providers**

- Lack of Primary Care Providers (6)
- Medical staff keep leaving (2)
- Lack of licensed professionals
- Lack of home health services/staffing (6)

#### **Cost**

- Cost of care (2)
- Insurance issues (5)
- Poor reimbursement (2)
- MaineCare policies do not cover needs

#### **Transportation**

- Lack of transportation to services (13)
- Distance to care (5)
- Need low barrier/mobile health access models

Information provided by: [Washington County MSCHNA Report 2022](#)

## Major Concerns for Social Determinants to Health

<b>Indicator</b>	<b>Washington County</b>	<b>Maine</b>
Individuals living in poverty (2015-2019)	18.9%	11.8%
Children living in poverty (2019)	24.6%	13.8%
Children eligible for free or reduced lunch (2021)	56.3%	38.2%
Median household income (2015-2019)	\$41,347	\$57,918
Unemployment (2020)	6.2%	5.4%
High school student graduation (2020)	84.4%	87.4%
People living in rural areas (2019)	100.0%	66.2%
Access to broadband (2017)	76.3%	88.6%
No vehicle for the household (2015-2019)	2.0%	2.1%
Persons 65 years and older living alone (2015-2019)	30.8%	29.0%
Households that spend more than 50% of income toward housing (2015-2019)	12.2%	12.0%
Housing insecure (high school students) (2019)	3.2%	3.3%
Adverse childhood experiences (high school students) (2019)	18.8%	21.3%
Associate's degree or higher among those age 25 and older (2015-2019)	31.2%	41.9%
Commute of greater than 30 minutes driving alone (2015-2019)	26.3%	32.9%

Information provided by: [Washington County MSCHNA Report 2022](#)

## Community-Wide Resources for Social Determinants to Health

### **Available resources:**

#### **Community Cohesion**

- Healthy Acadia (4)
- Strong partnerships among Washington County organizations (4)
- Creative local solutions (2)
- Community Caring Collaborative (2)
- Sunrise County Economic Council (2)

- Downeast (UMaine) Rural Health Collaborative Institute
- 211 Line
- Organizations supporting basic needs and prevention

#### **Food**

- Federally Qualified Health Centers partner w/ Good
- Shepherd Food Bank
- Food program for kids to take food home (4)
- Women, Infant, Child (WIC) Programs at Farmers Market (3)

#### **Physical Activity**

- Nature, clean air, and water - ability to be outside

#### **Family support**

- Child tax credit
- Family Futures Downeast (2)

#### **Health Services**

- Maine Mobile Health Program Community Health Worker Model of Care (2)

### **Gaps in resources:**

#### **Poverty**

- High poverty

#### **Transportation**

- Lack of access to transportation (8)

#### **Housing**

- Affordable safe housing (7)
- Access to home heating resources (2)

#### **Food**

- Ability to access fresh, nutritious, diverse foods in (6)

#### **Barriers to Services**

- Isolation/limitations due to COVID (2)
- Need to work to reduce stigma (3)

#### **Coordination**

- Better communication/coordination across providers

#### **Workforce/systems**

- Education/awareness around Social Determinants of Health
- Use of Social Determinants of Health data in clinical/social services
- Navigators in Emergency Department to address Social Determinants of Health issues (6)

Information provided by: [Washington County MSCHNA Report 2022](#)

## Major Concerns for Substance and Alcohol Use

Indicator	Washington County	Maine
Overdose deaths per 100,000 population (2020)	63.5	37.3
Drug-induced deaths per 100,000 population (2015-2019)	50.8	29.5
Alcohol-induced deaths per 100,000 population (2015-2019)	14.7	11.6
Alcohol-impaired driving deaths per 100,000 population (2019)	6.4	3.8
Drug-affected infant reports per 1,000 births (2018-2019)	139.2	73.7
Chronic heavy drinking (adults) (2015-2017)	8.4%	8.5%
Binge drinking (adults) (2015-2017)	18.0%	17.9%
Past-30-day marijuana use (adults) (2017)	15.3%	16.3%
Past-30-day misuse of prescription drugs (adult) (2013-2017)	0.9%*	1.0%
Past-30-day alcohol use (high school students) (2019)	23.9%	22.9%
Past-30-day alcohol use (middle school students) (2019)	4.9%	4.0%
Binge drinking (high school students) (2019)	11.4%	8.2%
Binge drinking (middle school students) (2019)	No information	1.3%
Past-30-day marijuana use (high school students) (2019)	20.9%	22.1%
Past-30-day marijuana use (middle school students) (2019)	4.6%	4.1%
Past-30-day misuse of prescription drugs (high school students) (2019)	5.8%	5.0%
Past-30-day misuse of prescription drugs (middle school students) (2019)	3.0%	3.0%
Narcotic doses dispensed per capita by retail pharmacies (2020)	17.7	12.1
Overdose emergency medical service responses per 10,000 population (2020)	71.2	76.7
Opiate poisoning emergency department rate per 10,000 population (2016-2018)	15.5	9.9
Opiate poisoning hospitalizations per 10,000 population (2016-2018)	1.5*	1.4

(\* means results may be unreliable due to small numbers.)

Information provided by: [Washington County MSCHNA Report 2022](#)

## Community-Wide Resources To Address Substance & Alcohol Use

### **Available resources:**

#### **Collaboration**

- Strong collaboration/community of providers (5)
- 211 Line

#### **Recovery**

- Calais program Downeast Recovery Support Center (6)
- Healthy Acadia Recovery Coach Program/Safe House (10)

#### **Treatment**

- Expansion of Medication-Assisted Treatment services
- St. Croix Regional Family Health Center providers (3)

#### **Funding**

- Lots of money for services

#### **Youth**

- Downeast Teen Leadership Camp (2)

### **Gaps in resources:**

#### **Treatment**

- Lack of affordable treatment
- Lack of inpatient detox/recovery programs (6)
- Emergency Department quick to discharge patients
- Need more Medication-Assisted Treatment (3)

#### **Prevention**

- Prevention education (2)
- Harm Reduction
- Lack of access to Narcan in all health facilities

#### **Stigma**

- Stigma (2)

#### **Youth/families**

- Lack of peer-based/school-based programs (5)
- Support for families

Information provided by: [Washington County MSCHNA Report 2022](#)

### Other Identified Needs:

<b>Priorities</b>	<b># of Votes</b>	<b>% of Participants</b>
Access to Care	38	54%
Mental Health	36	51%
Social Determinants of Health	27	38%
Substance and Alcohol Use	27	38%
Cancer	14	20%
Health Care Quality	13	18%
Older Adult Health	11	15%
Physical Activity, Nutrition, and Weight	8	11%
Cardiovascular Disease	7	10%
Unintentional Injury	7	10%
Diabetes	6	8%
Environmental Health	6	8%
Oral Health	5	7%
Infectious Disease	4	6%
Intentional Injury	4	6%
Children with Special Needs	3	4%
Respiratory Diseases	2	3%
Tobacco	2	3%
Other	2	3%
Pregnancy and Birth Outcomes	1	1%

Information provided by: [Washington County MSCHNA Report 2022](#)



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**APPENDIX D: Hancock County Housing and Health Status Report**

**Hancock County - Housing & Health Status Report**

Family Households with Children

	<b>Total Households</b>	<b>Total Family Households</b>	<b>Families with Children (Age 0-17)</b>	<b>Families with Children (Age 0-17), Percent of Total Households</b>
Hancock County	24,103	14,308	5,298	21.98%
Maine	571,064	348,606	139,072	24.35%

Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

Households by Composition and Relationship to Householder

	<b>Total Households</b>	<b>Married Family Households</b>	<b>Single Male Family Households</b>	<b>Single Female Family Households</b>	<b>Non-Family Households</b>
Hancock County	24,103	11,798	1,430	3,109	14,857
Maine	571,064	275,284	22,996	50,326	222,458

Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

Households with Children by Composition and Relationship to Householder, Total

	<b>All Household Types</b>	<b>Married Family Households</b>	<b>Single-Male Family Households</b>	<b>Single-Female Family Households</b>	<b>Non-Family Households</b>
Hancock County	5,379, 22.32%	3,565, 14.79%	459, 1.90%	1,274, 5.29%	81, 0.34%
Maine	141,348, 24.75%	93,422, 16.36%	13,809, 2.42%	31,841, 5.58%	2,276, 0.40%

Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

Housing Costs - Cost Burden (30% or more of total household income)

	<b>Total Households</b>	<b>Cost-Burdened Households</b>	<b>Cost-Burdened Households, Percent</b>
Hancock County	24,103	6,049	25.10%
Maine	571,064	151,718	26.57%

Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

Housing Costs - Cost Burden, Severe (50% or more of total household income)

	<b>Total Households</b>	<b>Severely Cost-Burdened Households</b>	<b>Severely Cost-Burdened Households, Percent</b>
Hancock County	13,258	2,423	10.05%
Maine	571,064	62,373	10.92%

Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

Severely Cost-Burdened Households by Tenure, Percent of Severely Burdened Households

	<b>Severely Burdened Households</b>	<b>Rental Households, Percent</b>	<b>Owner-Occupied Households w/ Mortgage, Percent</b>	<b>Owner-Occupied Households w/o Mortgage, Percent</b>
Hancock County	2,423	37.23%	43.87%	18.90%
Maine	62,373	44.71%	39.41%	15.88%

Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

Housing Quality - Substandard Housing

	<b>Total Occupied Housing Units</b>	<b>Occupied Housing Units with One or More Substandard Conditions</b>	<b>Occupied Housing Units with One or More Substandard Conditions, Percent</b>
Hancock County	24,103	6,270	26.01%
Maine	571,064	153,033	26.80%

Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

Number of HUD-funded assisted housing units available, and the unit rate (per 10,000 total households), for the year 2022

	<b>Total Housing Units (2022)</b>	<b>Total HUD-Assisted Housing Units</b>	<b>HUD-Assisted Units, Rate per 10,000 Housing Units</b>
Hancock County	24,116	838	347.49
Maine	569,551	27,119	476.15

Information provided by: [Hancock County Housing Data](#)

Number of Assisted Housing Units by Assistance Programs (HUD Programs)

	<b>Housing Choice Voucher Units</b>	<b>Project-Based Section 8 Units</b>	<b>Section 236 Units (Federal Housing Authority Projects)</b>	<b>Public Housing Authority Units</b>	<b>Section 202 Units (Supportive Housing for the Elderly)</b>	<b>Section 811 Units (Supportive Housing for Persons with Disabilities)</b>	<b>Other Multi-Family Program Units (RAP, SUP, Moderate Rehab, Etc.)</b>
Hancock County	451.00	109.00	0.00	255.00	26.00	0.00	6.00
Maine	14,390.00	8,066.00	0.00	3,548.00	761.00	171.00	247.00

Information provided by: [Hancock County Housing Data](#)

Number of Owner-Occupied Homes, years 2000 and 2021

	<b>Total Housing Units 2000</b>	<b>Owner Occupied Homes 2000</b>	<b>Owner Occupied Homes 2000</b>	<b>Total Housing Units 2021</b>	<b>Owner Occupied Homes 2021</b>	<b>Owner Occupied Homes 2021</b>
Hancock County	21,864	16,550	75.70%	40,197	18,803	46.78%
Maine	518,200	370,905	71.58%	139,647,020	80,152,161	57.40%

Information provided by: [Hancock County Housing Data](#)

Housing Cost Burden for Renters

	<b>Total Housing Units</b>	<b>Occupied Units Paying Rent</b>	<b>30 Percent or More of Income Paying Rent</b>	<b>Percent of Renters Spending 30 Percent or More of Income with Rent</b>
Hancock County	24,103	5,300	2,184	41.21%
Maine	571,064	152,040	63,564	41.81%

Information provided by: [Hancock County Housing Data](#)

Overcrowded Housing in 2016 and 2021

	<b>Occupied Housing Units 2016</b>	<b>Overcrowded Housing Units 2016</b>	<b>Percent Overcrowded 2016</b>	<b>Occupied Housing Units 2021</b>	<b>Overcrowded Housing Units 2021</b>	<b>Percent Overcrowded 2021</b>
Hancock County	23,150	421	1.82%	23,110	385	1.67%
Maine	531,287	7,992	1.50%	542,325	7,449	1.37%

Information provided by: [Hancock County Housing Data](#)

Rates of Vacant Addresses

	<b>Residential Addresses</b>	<b>Vacant Residential Addresses</b>	<b>Residential Vacancy Rate</b>	<b>Business Addresses</b>	<b>Vacant Business Addresses</b>	<b>Business Vacancy Rate</b>
Hancock County	31,915	211	0.7%	2,283	112	4.9%
Maine	729,434	13,735	1.9%	55,013	4,189	7.6%

Information provided by: [Hancock County Housing Data](#)

Affordable Housing, According to AMI

	<b>Units Affordable at 15% AMI</b>	<b>Units Affordable at 30% AMI</b>	<b>Units Affordable at 40% AMI</b>	<b>Units Affordable at 50% AMI</b>	<b>Units Affordable at 60% AMI</b>	<b>Units Affordable at 80% AMI</b>	<b>Units Affordable at 100% AMI</b>	<b>Units Affordable at 125% AMI</b>
Hancock County	2.36%	7.18%	11.07%	16.96%	26.71%	41.35%	53.54%	64.09%
Maine	3.94%	10.68%	16.69%	24.25%	32.93%	48.49%	60.68%	70.55%

Information provided by: [Hancock County Housing Data](#)

### Evictions

	<b>Renter Occupied Households</b>	<b>Eviction Filings</b>	<b>Evictions</b>	<b>Eviction Filing Rate</b>	<b>Eviction Rate</b>
Hancock County	7,117	88	81	1.24%	1.14%
Maine	181,713	4,381	4,113	2.41%	2.26%

Information provided by: [Hancock County Housing Data](#)

### Housing Cost: Owner Cost

	<b>Total Owner-Occupied Housing Units</b>	<b>Average Monthly Owner Costs</b>	<b>Median Monthly Owner Costs</b>
Hancock County	18,803	\$1,122	\$989
Maine	419,024	\$1,230	\$1,047

Information provided by: [Hancock County Housing Data](#)

### Tenure: Owner-Occupied Housing

	<b>Total Occupied Housing Units</b>	<b>Owner-Occupied Housing Units</b>	<b>Percent Owner-Occupied Housing Units</b>
Hancock County	24,103	18,803	78.01%
Maine	571,064	419,024	73.38%

Information provided by: [Hancock County Housing Data](#)

### Owner-Occupied Households by Householder's Race, Percent

	<b>White</b>	<b>Black</b>	<b>Asian</b>	<b>Native American or Alaska Native</b>	<b>Other Race</b>	<b>Multiple Races</b>
Hancock County	79.00%	22.87%	52.42%	51.55%	13.04%	82.53%
Maine	74.35%	26.42%	50.81%	56.02%	62.77%	64.93%

Information provided by: [Hancock County Housing Data](#)

Owner-Occupied Households by Householder's Age Group, Percent

	<b>Age 15-24</b>	<b>Age 25-34</b>	<b>Age 35-44</b>	<b>Age 45-54</b>	<b>Age 55-64</b>	<b>Age 65-74</b>	<b>Age 75-84</b>	<b>Age 85+</b>
Hancock County	26.72%	59.03%	74.07%	77.31%	87.08%	85.53%	82.12%	64.51%
Maine	23.28%	51.97%	70.54%	77.99%	80.88%	83.67%	76.86%	66.51%

Information provided by: [Hancock County Housing Data](#)

Tenure: Renter-Occupied Housing

	<b>Total Occupied Housing Units</b>	<b>Renter-Occupied Housing Units</b>	<b>Percent Renter-Occupied Housing Units</b>
Hancock County	24,103	5,300	21.99%
Maine	571,064	152,040	26.62%

Information provided by: [Hancock County Housing Data](#)

Renter-Occupied Households by Race, Percent

	<b>White</b>	<b>Black</b>	<b>Asian</b>	<b>Native American or Alaska Native</b>	<b>Other Race</b>	<b>Multiple Races</b>
Hancock County	21.00%	77.13%	47.58%	48.45%	86.96%	17.47%
Maine	25.65%	73.58%	49.19%	43.98%	37.23%	35.07%

Information provided by: [Hancock County Housing Data](#)

Severe Housing Problems

Housing units with at least one of these issues: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.51 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 50%, and 5) gross rent as a percentage of household income greater than 50%.

	<b>Occupied Households</b>	<b>Percentage of Households with One or More Severe Problems</b>
Hancock County	24,370	17.50%

Maine	553,285	15.74%
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Information provided by: [Hancock County Housing Data](#)

Substandard Housing

Housing units with at least one of these issues: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.

	<b>Total Occupied Housing Units</b>	<b>Occupied Housing Units with One or More Substandard Conditions</b>	<b>Occupied Housing Units with One or More Substandard Conditions, Percent</b>
Hancock County	24,103	6,270	26.01%
Maine	571,064	153,033	26.80%

Information provided by: [Hancock County Housing Data](#)

Substandard Housing: Number of Conditions per Unit, Percentage

	<b>No Conditions</b>	<b>One Condition</b>	<b>Two or Three Conditions</b>	<b>Four Conditions</b>
Hancock County	73.99%	25.29%	0.72%	0.00%
Maine	73.20%	25.79%	1.00%	0.00%

Information provided by: [Hancock County Housing Data](#)

Households Lacking Complete Kitchen Facilities

	<b>Occupied Housing Units</b>	<b>Housing Units Lacking Complete Kitchen Facilities</b>	<b>Housing Units Lacking Complete Kitchen Facilities, Percent</b>
Hancock County	40,197	1,726	4.29%
Maine	737,782	23,898	3.24%

Information provided by: [Hancock County Housing Data](#)

Households Lacking Telephone Service

	<b>Housing Units Lacking Telephone</b>	<b>Housing Units Lacking Telephone</b>	<b>Owner-Occupied Units Lacking</b>	<b>Owner-Occupied Units Lacking</b>	<b>Renter-Occupied Units Lacking</b>	<b>Renter-Occupied Units Lacking</b>



	<b>Service</b>	<b>Service</b>	<b>Telephone Service</b>	<b>Telephone Service</b>	<b>Telephone Service</b>	<b>Telephone Service</b>
Hancock County	181	0.75%	144	0.77%	37	0.70%
Maine	6,317	1.11%	3,486	0.83%	2,831	1.86%

Information provided by: [Hancock County Housing Data](#)

Households Lacking Complete Plumbing Facilities

	<b>Occupied Housing Units</b>	<b>Housing Units Lacking Complete Plumbing Facilities</b>	<b>Housing Units Lacking Complete Plumbing Facilities, Percent</b>
Hancock County	24,103	118	0.49%
Maine	571,064	3,214	0.56%

Information provided by: [Hancock County Housing Data](#)

Homeless Children & Youth

	<b>Homeless Students</b>	<b>Homeless Students, Percent</b>	<b>Districts Reporting</b>	<b>Students in Reported Districts</b>
Hancock County	56	2.10%	50.00%	80.50%
Maine	2,328	1.69%	74.77%	89.69%

Information provided by: [Community Needs Assessment, Both Counties, 2-15-23](#)

High housing cost burden by households

<b>Housing Status</b>	<b>Number</b>	<b>Percent</b>
Owner	3,865	20.7%
Renter	2,184	47.4%
Total	6,049	26.0%

Information provided by: [Kidscount Data Center](#)

# Hancock County

## Health Overview

### Leading Causes of Death

Rank	Maine	Hancock County
1	Cancer	Cancer
2	Heart Disease	Heart Disease
3	Unintentional Injury	Chronic Lower Respiratory Disease
4	Chronic Lower Respiratory Disease	Unintentional Injury
5	Stroke	Stroke

Information provided by: [Hancock County MSCHNA Report 2022](#)

### Top Rated Health Priorities

Mental health provider availability was mentioned as the largest determinant for mental health in Hancock County. Lack of providers and long waitlists leave some to seek mental health services from the emergency department (116.7 people per 10,000 population).

Priorities	% of Votes
Mental Health	51%
Access to Care	46%
Social Determinants of Health	34%
Substance and Alcohol Use	28%

Information provided by: [Hancock County MSCHNA Report 2022](#)

### Selected Demographics

	Population numbers	Median household income	Unemployment rate	Individuals living in poverty	Children living in poverty
Hancock County	54,601	\$57,178	5.7%	10.8%	14.2%
Maine	1.34M	\$57,918	5.4%	11.8%	13.8%

Information provided by: [Hancock County MSCHNA Report 2022](#)

Selected Demographics Continued

	<b>65+ living alone</b>	<b>Associate's degree or higher (age 25+)</b>	<b>Gay, lesbian, and bisexual (adults)</b>	<b>Persons with a disability</b>	<b>Veterans</b>
Hancock County	27.3%	43.2%	3.0%	14.6%	10.1%
Maine	29.0%	41.9%	3.5%	16.0%	9.6%

Information provided by: [Hancock County MSCHNA Report 2022](#)

Major Health Concerns for Mental Health

Outpatient mental health treatment decreased from 15.3% in 2012-2014, to 13.1% in 2015-2017. The state's rate stands at 18.0%.

<b>Indicator</b>	<b>Hancock county</b>	<b>Maine</b>
Mental health emergency department rate per 10,000 population (2016-2018).	116.7	181.5
Depression, current symptoms (adults) (2015-2017)	7.6%	9.5%
Depression, lifetime (2015-2017)	21.9%	23.7%
Anxiety, lifetime (2015-2017)	16.2%	21.4%
Sad/hopeless for two weeks in a row (high school students) (2019)	31.7%	32.1%
Sad/hopeless for two weeks in a row (middle school students) (2019)	23.0%	24.8%
Seriously considered suicide (high school students) (2019)	17.1%	16.4%
Seriously considered suicide (middle school students) (2019)	18.6%	19.8%
Chronic disease among persons with depression (2011-2017)	31.0%	30.8%
Ratio of population to psychiatrists (2019)	9,144.0	12,985.0
Currently receiving outpatient mental health treatment (adults) (2015-2017)	13.1%	18.0%

Information provided by: [Hancock County MSCHNA Report 2022](#)

Community-Wide Resources for Mental Health

## **Available resources:**

### **Collaboration**

- Healthy Acadia programs (3)
- Collaborative providers (4)
- Low competition

### **Treatment**

- Telehealth (10)
- Healthy Acadia Emergency Room

### **Awareness/stigma**

- Northern Light Acadia Hospital's CARES (Child-Adolescent Resource and Educational Series) (3)
- Yellow Tulip project

### **Law Enforcement**

- Better public safety/law enforcement training

## **Gaps in resources:**

### **Barriers to Care**

- Navigating system of care (4)
- Structural racism (3)
- Distance to treatment (3)
- Screenings are vague/ineffective (2)
- Need more inpatient care (7)
- Not enough beds for patients (6)
- Need more outpatient care (4)
- Support groups (3)
- Stigma (12)
- Transportation (3)
- Distrust caused by political strife/media (2)
- Lack of health literacy (2)

### **Providers/workforce**

- Lack of providers (19)
- Provider burnout (2)
- Students don't enroll in mental health professions (4)
- Provider recruitment (3)

### **Youth**

- Youth lacking resources (2)
- Alarming needs among youth (4)
- Not enough youth counselors (3)

### **Community Cohesion**

- Lack of family support systems

**Funding**

- Lack of funding

**Law Enforcement**

- Police need social workers for mental health calls (2)

Information provided by: [Hancock County MSCHNA Report 2022](#)

**Major Concerns for Access to Care**

<b>Indicator</b>	<b>Hancock County</b>	<b>Maine</b>
Uninsured (2015-2019)	10.2%	7.9%
MaineCare enrollment (all ages) (2020)	26.2%	29.1%
MaineCare enrollment (ages 0-19) (2020)	43.9%	43.8%
Ratio of population to primary care physicians (2019)	1,820.0	1,332.0
Usual primary care provider (adults) (2015-2017)	85.0%	87.9%
Primary care visit to any primary care provider in the past year (2015-2017)	70.3%	72.0%
Cost barriers to health care (2015-2017)	11.1%	10.6%
Primary care visits that were more than 30 miles from the patient's home (2019)	37.6%	20.0%

Information provided by: [Hancock County MSCHNA Report 2022](#)

**Community-Wide Resources for Access to Care****Available resources:****Community Cohesion**

- Strong collaboration (3)
- Good communication with schools (2)
- Resources for diverse populations (2)
- Many nonprofits working to improve access (2)

**Community Organizations**

- Three hospitals (6)
- Services at Togus Veterans Administration Medical Center
- Peninsula Free Health

**Technology**

- Telehealth

### **Access alternatives**

- Hospitals provide palliative care/hospital (3)
- Home health agencies (2)
- Long term care facilities (2)
- MaineCare
- Growth of primary care practices

### **Gaps in resources:**

#### **Barriers to Care**

- Long wait times (9)
- COVID added new barriers (5)
- Emergency Department utilization for preventive care (3)
- Transportation to services (16)
- Lack of health literacy (2)
- Stigma (8)
- Lack of knowledge about resources (2)

#### **Cost of Care**

- Need access to insurance (8)
- Cost of care (8)
- Financial support is hard to find (2)
- Gaps in Accountable Care Act coverage
- Lack of affordable health insurance (3)

#### **Providers/workforce**

- Healthcare workforce (7)
- Need better Provider recruitment/retention (6)

#### **Missing Services**

- Oral health (2)
- Vision care (2)
- Specialty care
- Need advancements in heart/stroke care (2)

#### **Coordination**

- Centralized referral process (2)

#### **Funding/resources**

- More funding for navigators (3)
- Funding/resources for palliative/hospice care
- More telehealth resources for rural populations

## Racism

- Structural racism (3)

Information provided by: [Hancock County MSCHNA Report 2022](#)

## Major Concerns for Social Determinants to Health

Indicator	Hancock County	Maine
Individuals living in poverty (2015-2019)	10.8%	11.8%
Children living in poverty (2019)	14.2%	13.8%
Children eligible for free or reduced lunch (2021)	32.8%	38.2%
Median household income (2015-2019)	\$57,178	\$57,918
Unemployment (2020)	5.7%	5.4%
High school student graduation (2020)	89.0%	87.4%
People living in rural areas (2019)	100.0%	66.2%
Access to broadband (2017)	79.6%	88.6%
No vehicle for the household (2015-2019)	1.8%	2.1%
Persons 65 years and older living alone (2015-2019)	27.3%	29.0%
Households that spend more than 50% of income toward housing (2015-2019)	11.9%	12.0%
Housing insecure (high school students) (2019)	3.8%	3.3%
Adverse childhood experiences (high school students) (2019)	19.3%	21.3%
Associate's degree or higher among those age 25 and older (2015-2019)	43.2%	41.9%
Commute of greater than 30 minutes driving alone (2015-2019)	35.4%	32.9%

Information provided by: [Hancock County MSCHNA Report 2022](#)

## Community-Wide Resources for Social Determinants to Health

### **Available resources:**

#### **Community Cohesion**

- Strong collaboration (6)
- Island Connections (3)
- Friends in Action (3)
- Nonprofits offering free programs/resources
- Decrease in poverty

#### **Food**

- Food access programs (11)
- Locally grown food/farm programs (4)

#### **Housing**

- Safe and affordable low-income housing
- Island Workforce Housing Project (2)

#### **Transportation**

- Western Maine Transportation
- Transportation agencies/resources (3)
- Telehealth

#### **Child Development/schools**

- School Administration and Staff
- Early childhood consultants

#### **Jobs**

- A plethora of job opportunities

### **Gaps in resources:**

#### **Housing**

- Not enough affordable housing (18)
- Lack of homeless shelters (3)

#### **Poverty**

- Percent living in poverty (3)
- Increase in cost of living (2)
- Low wages (3)
- Disparities in income - seasonal affluence (3)

#### **Transportation**

- Transportation (14)
- Lack of health literacy (2)

#### **Isolation**

- Lack of community engagement



**Equity**

- Structural racism (3)

**Food**

- Food insecurity

**Access to Services**

- No financial support for follow up (2)
- Lack of broadband (6)
- Closed-loop referrals

**Youth**

- Lack of support for young children (2)

**Workforce**

- Education around Social Determinants of Health (2)

Information provided by: [Hancock County MSCHNA Report 2022](#)

**Major Concerns for Substance and Alcohol Use**

<b>Indicator</b>	<b>Hancock County</b>	<b>Maine</b>
Overdose deaths per 100,000 population (2020)	23.6	37.3
Drug-induced deaths per 100,000 population (2015-2019)	21.4	29.5
Alcohol-induced deaths per 100,000 population (2015-2019)	12.3	11.6
Alcohol-impaired driving deaths per 100,000 population (2019)	10.9	3.8
Drug-affected infant reports per 1,000 births (2018-2019)	59.8	73.7
Chronic heavy drinking (adults) (2015-2017)	10.2%	8.5%
Binge drinking (adults) (2015-2017)	17.5%	17.9%
Past-30-day marijuana use (adults) (2017)	17.8%	16.3%
Past-30-day misuse of prescription drugs (adult) (2013-2017)	0.5%*	1.0%
Past-30-day alcohol use (high school students) (2019)	26.0%	22.9%
Past-30-day alcohol use (middle school students) (2019)	4.1%	4.0%
Binge drinking (high school students) (2019)	8.8%	8.2%
Binge drinking (middle school students) (2019)	0.6%	1.3%
Past-30-day marijuana use (high school students) (2019)	21.5%	22.1%
Past-30-day marijuana use (middle school students) (2019)	2.4%	4.1%

Past-30-day misuse of prescription drugs (high school students) (2019)	6.1%	5.0%
Past-30-day misuse of prescription drugs (middle school students) (2019)	2.5%	3.0%
Narcotic doses dispensed per capita by retail pharmacies (2020)	12.2	12.1
Overdose emergency medical service responses per 10,000 population (2020)	51.4	76.7
Opiate poisoning emergency department rate per 10,000 population (2016-2018)	6.7	9.9
Opiate poisoning hospitalizations per 10,000 population (2016-2018)	1.2	1.4

(\* means results may be unreliable due to small numbers.)

Information provided by: [Hancock County MSCHNA Report 2022](#)

### Community-Wide Resources To Address Substance & Alcohol Use

#### **Available resources:**

##### **Collaboration**

- Good track record for service providers working together, especially nonprofits (3)

##### **Prevention**

- Healthy Acadia Prevention programs (3)

##### **Recovery**

- Healthy Acadia coaches (3)
- Alcoholics Anonymous meeting helpful for alcohol
- New Recovery Center in Ellsworth
- Recovery centers
- New recovery resources are being created in the County

##### **Treatment**

- Project Hope (Heroin Opiate Prevention Effort)
- Downeast Treatment Center (2)
- New treatment resources being created in the County
- No wrong door at local hospitals to gain access to treatment
- Ongoing training for Medication-Assisted Treatment
- (MAT) programs for providers (3)
- New emergency medical services protocols allow for starting treatment at home with medication without the need for transport or hospitalization

##### **Harm Reduction**

- Availability of Naloxone

## **Youth**

- Can partner with school administration staff to improve communication about youth substance use (2)
- Resources for middle school students

## **Gaps in resources:**

### **Stigma**

- Stigma (6)

### **Ease of Access/attitudes**

- Increasing access/acceptance of marijuana
- Resistance in reaching out for help (2)
- Availability of prescription drugs (2)

### **Treatment**

- Outpatient detox (2)
- More access to Medication-Assisted Treatment (3)
- Not enough Primary Care Providers for screening (3)

### **Recovery**

- Shortage of recovery programs/funding

### **Youth**

- Increase in youth use (3)
- Lack of residential youth beds (2)
- Resources for middle schoolers (2)

### **Other Services**

- Transportation (3)

### **Workforce**

- Provider recruitment (2)

### **Other Barriers**

- Lack of health literacy (2)

### **Equity**

- Structural racism (3)

Information provided by: [Hancock County MSCHNA Report 2022](#)

### Other Identified Needs:

<b>Priorities</b>	<b># of Votes</b>	<b>% of Participants</b>
Mental Health	34	51%
Access to Care	31	46%
Social Determinants of Health	23	34%
Substance and Alcohol Use	19	28%
Cancer	14	21%
Physical Activity, Nutrition, and Weight	11	16%
Older Adult Health	7	10%
Intentional Injury	5	7%
Health Care Quality	4	6%
Unintentional Injury	4	6%
Oral Health	4	6%
Cardiovascular Disease	3	4%
Diabetes	3	4%
Environmental Health	3	4%
Children with Special Needs	2	3%
Immunizations	2	3%
Pregnancy and Birth Outcomes	2	3%
Tobacco	2	3%
Infectious Disease	1	1%

Information provided by: [Hancock County MSCHNA Report 2022](#)

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# The Downeast Housing Collaborative Self-Evaluation Report

December 22, 2023



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## Introduction

The sustainability of a partnership depends in part on the quality of the partnership. The more partners work together effectively, the more shared trust and commitment they will have, and the more likely it is that the partnership will last. By frequently utilizing the process of self-evaluation, partnerships can reflect upon the quality of their partnership and take steps to strengthen collaboration. Therefore, evaluation is a great tool for helping ensure the sustainability of partnerships.

MCD Global Health, the Technical Assistance Hub (TA Hub) for the three Rural Community Health Improvement Partnership (R-CHIP) sites, recommended that each site utilize a self-evaluation tool to assess their readiness to collaboratively implement the RCHIP project. In September 2023, MCD administered the evaluation to the Somerset and Kennebec County Community Partnership (SKCCP) and created a summary report based on the findings.

MCD Global Health has since subcontracted with the University of Southern Maine (USM) to serve as an independent evaluator for Phase 1 of the RCHIP project. To maintain consistency among the demonstration sites, the USM evaluators duplicated the TA Hub's evaluation efforts with the remaining two sites, which includes the Downeast Housing Collaborative. Additional questions have been added to assess the demonstration site's technical assistance needs.

This report provides an overview of the evaluation tool, the scoring of the responses, and a summary of the results. The objective of this report is to provide useful insight into your partnership's internal strengths and challenges and technical assistance needs. Please note that any time this report refers to "*Downeast Housing Collaborative members*" it is referring to the partners that completed this survey.





## The Self-Evaluation Tool

The content for the self-evaluation was adapted from the [Wilder Collaboration Factors Inventory](#), an evaluation tool developed by Paul Mattessich and Kirsten Johnson from the Amherst H. Wilder Foundation. This tool was created to assess how well a collaboration is doing based on twenty-two research-tested success factors covering a range of topics such as mutual respect, understanding, and trust, ability to compromise, development of clear roles, open and frequent communication, shared vision, skilled leadership, etc. Eighteen of the twenty-two success factors from the Wilder Collaboration Factors Inventory were included in the R-CHIP demonstration sites' self-evaluation tool. The questions were slightly modified to fit the goals and expectations of the first six months of the R-CHIP project.

To field the Downeast Housing Collaborative self-evaluation, the USM evaluators used Qualtrics, an online survey platform. A survey link was e-mailed to the nineteen partners identified by the director of the demonstration site. The survey was fielded from November 10 through December 15, 2023, and included six email reminders. By close of the survey, thirteen of the nineteen organizations responded for a 68% response rate.

## Scoring of the Self-Evaluation Responses

Thirty-seven questions in the self-evaluation tool contained Likert scale responses to measure the degree partner organizations agreed with a statement about how the Downeast Housing Collaborative was performing on the eighteen success factors. Answers that contained “strongly agree” were assigned 5 points, “agree” were assigned 4 points, “neutral” were assigned 3 points, “disagree” were assigned 2 points, and “strongly disagree” were assigned 1 point. The USM evaluation team exported the results from Qualtrics and averaged the scores for each Likert survey question. The average scores were interpreted as follows:

**Strengths:** questions with an average score of 4.0-5.0, do not require special attention

**Borderline:** questions with an average score of 3-3.99, deserve discussion

**Concerns:** questions with an average score of 1.0-2.99, should be addressed as soon as possible

Additionally, partner organizations were asked to provide general feedback about the Downeast Housing Collaborative through an open-ended question as well as answer questions that assessed their technical assistance needs. These questions were not scored, but a summary of the responses will also be provided in this report.

## Self-Evaluation Results

Findings from the self-evaluation show that the Downeast Housing Collaborative has many important strengths to build upon. Members trust and respect one another and view the partnership as representing a cross section of community organizations who have a stake in what the collaborative is trying to accomplish. Members view the collaborative as operating in their organization's self-interest.

They feel confident that partners can find common ground or compromise on important aspects of the project if needed and that all the members want the project to succeed. Members see that there is a clear process for decision making and find that partners are flexible when decisions are made and are open to discussing different options or approaches. Members think the collaborative has been diligent about developing a timeline, coordinating organizations and activities, and staying on track. Members view data sharing as an important part of cross-sector alignment and are confident in other members' willingness to invest in improving each other's capacities for data sharing. Members communicate openly with one another and feel they are well informed about what is happening within the collaborative. Finally, the members view the leaders as possessing the necessary skills to work collaboratively with people and organizations.

The findings also show that although there are no immediate concerns, there is room for improvement in specific areas. For example, some members are unsure that those who participate in decision making for the collaborative can speak for the entire organization they represent. Some also see the need for the collaborative to strengthen their system to monitor and report their activities, services, and outcomes and use this information to improve the collaborative's work. Some members expressed uncertainty of their roles and responsibilities and some question if the level of commitment among members is high enough and are concerned that there may not be enough staff, materials, or time needed. Additionally, some members are uncertain if the collaborative has established realistic goals or if the members understand the goals. Although most members think the partners are dedicated to the shared vision and mission, not as many think their ideas about what they hope to accomplish with the collaborative is the same as the ideas of others. Lastly, there may be a need for more opportunities to encourage formal and informal communication among partners and engagement with stakeholders outside of the collaborative.

Table 1: The Downeast Housing Collaborative's Strengths and Areas in Need of Improvement

<b>Strength</b>	<ul style="list-style-type: none"> <li>• Mutual respect, understanding, and trust -4.5</li> <li>• Appropriate cross-section of members -4.2</li> <li>• Members see the collaborative as operating in the member's self-interest -4.4</li> <li>• Ability to compromise/find middle ground -4.2</li> <li>• Members share a stake in both process and outcome -4.0</li> <li>• Flexibility -4.5</li> <li>• Development of clear roles and policy guidelines -4.0</li> <li>• Appropriate pace of project -4.2</li> <li>• Data and data sharing -4.1</li> <li>• Open and frequent communication -4.3</li> <li>• Established informal relationships and communication links -4.0</li> <li>• Shared mission and vision -4.1</li> <li>• Skilled leadership -4.4</li> </ul>
<b>Borderline</b>	<ul style="list-style-type: none"> <li>• Multiple layers of participation -3.9</li> <li>• Internal evaluation and continuous learning -3.9</li> <li>• Concrete, attainable goals and objectives -3.9</li> <li>• Sufficient staff, materials, and time -3.7</li> </ul>

	• Engaged Stakeholders -3.8
Concerns	• None noted

## Factor Breakdown

This following section provides the overall weighted score for each of the eighteen success factors and the breakdown of how the Downeast Housing Collaborative members responded to each of the thirtyseven statements that evaluated each factor. Refer to Appendix A for a copy of the the Downeast Housing Collaborative self-evaluation tool.



### Factor # 1: Mutual respect, understanding, and trust

**Score: 4.5 – Strength**

Key findings:

- 100% of members either agreed (61.5%) or strongly agreed (38.5%) that members involved in the partnership trust one another.
- 100% of members either agreed (46.2%) or strongly agreed (53.8%) that they have a lot of respect for the other members.

### Factor #2: Appropriate cross section of members

**Score: 4.2 – Strength**

Key findings:

- 92.3% of members either agreed or strongly agreed that the people involved in the partnership represent a cross section of those who have a stake in what the Downeast Housing Collaborative is trying to accomplish while 7.7% were neutral regarding this statement.
- 76.9% of members either agreed or strongly agreed that all community partners needed for Phase 1 of the project have been identified and kept up to date on project progress while 23.1% of members were neutral regarding this statement.

### Factor #3: Members see the Downeast Housing Collaborative as being in their selfinterest

Score: 4.4 - Strength

Key findings:

- 100% of members either agreed (69.2%) or strongly agreed (30.8%) that their organization will benefit from being involved in the Downeast Housing Collaborative.
- 100% of members either agreed (46.2%) or strongly agreed (53.8%) that the partnership will provide their organization opportunities to collaborate with existing or new organizations in the future.

### Factor # 4: Ability to find middle ground

Score: 4.2- Strength

Key findings:

- 84.6% of members either agreed or strongly agreed that members were willing to compromise or find middle ground on important aspects of the project while 15.4% were neutral regarding this statement.

### Factor #5: Members share a stake in both process and outcome

Score: 4.0 - Strength

Key findings:

- 61.5% of members agreed that members invest the right amount of time in the collaborative effort while 30.8% were neutral and 7.7% disagreed with this statement.
- 100% of members either agreed (69.2%) or strongly agreed (30.8%) that everyone who is a member of the partnership want the project to succeed.
- 61.5% of members agreed that the level of commitment among the members is high while 38.5% were neutral regarding this statement.

### Factor #6: Multiple layers of participation

Score: 3.9 - Borderline

Key findings:

- 53.8% of members either agreed or strongly agreed that everyone who participates in decision making for the partnership can speak for the entire organization they represent, and not just a part while 30.8% were neutral and 15.4% disagreed with this statement.
- 69.2% of members either agreed or strongly agreed that when the partnership makes major decisions, there is always enough time for members to take information back to their organizations to confer with executive leadership about what the decision should be while 30.8% were neutral regarding this statement.

## Factor #7: Flexibility

Score: 4.5 - Strength

Key findings:

- 100% of members either agreed (46.2%) or strongly agreed (53.8%) that there is a lot of flexibility when decisions are made within the Downeast Housing Collaborative and that people are open to discussing different options.
- 92.3% of members either agreed or strongly agreed that members are open to different approaches on how the partnership does its work while 7.7% were neutral regarding this statement.

## Factor #8: Development of clear roles and policy guidelines

Score: 4.0 - Strength

Key findings:

- 53.8% of members agreed or strongly agreed that members have a clear sense of their roles and responsibilities while 46.2% were neutral regarding this statement.
- 92.3% of members agreed that there is a clear process for making decisions among the members while 7.7% were neutral regarding this statement.

## Factor #9: Appropriate pace of project

Score: 4.2 - Strength

Key findings:

- 92.3% of members agreed or strongly agreed that the Downeast Housing Collaborative has been diligent about developing a timeline and staying on track, while 7.7% were neutral regarding this statement.
- 61.5% of members agreed or strongly agreed that the Downeast Housing Collaborative is currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to the project while 38.5% were neutral regarding this statement.

## Factor #10: Internal evaluation and continuous learning

Score: 3.9 - Borderline

Key findings:

- 61.5% of members agreed or strongly agreed that a system exists to monitor and report the activities and/or services and outcomes of the Downeast Housing Collaborative while 38.5% were neutral regarding this statement.
- 76.9% of members agreed or strongly agreed that information about the partnership's activities, services, and outcomes are used by members to improve the Downeast Housing Collaborative's work while 23.1% were neutral regarding this statement.

## Factor #11: Data and data sharing

Score: 4.1- Strength

Key findings:

- 84.6% of members agreed or strongly agreed that formal data sharing across partner organizations is an important part of cross-sector alignment while 15.4% were neutral regarding this statement.
- 69.2% of members agreed or strongly agreed that having a comprehensive data sharing agreement is important to the partners while 30.8% were neutral regarding this statement.
- 76.9% of members agreed or strongly agreed that members are willing to invest in improving each other's capacities for sharing data while 23.1% were neutral regarding this statement.

## Factor #12: Open and frequent communication

Score: 4.3 -Strength

Key findings:

- 92.3% of members agreed or strongly agreed that partners communicate openly with one another while 7.7% were neutral regarding this statement.
- 84.6% of members agreed or strongly agreed that they are informed as often as they should be about what is going on within the Downeast Housing Collaborative while 15.4% were neutral regarding this statement.
- Similarly, 84.6% of members agreed or strongly agreed that the leaders of the Downeast Housing Collaborative communicate well with members while 15.4% were neutral regarding this statement.

## Factor #13: Established informal relationships and communication links

Score: 4.0 -Strength

Key findings:

- 84.6% of members agreed or strongly agreed that communication among the the Downeast Housing Collaborative members happens both at formal meetings and in informal ways while 15.4% were neutral regarding this statement.
- 61.5% of members agreed or strongly agreed that they personally have informal conversations about R-CHIP with other Downeast Housing Collaborative members while 15.4% were neutral and 23.1% either disagreed or strongly disagreed with this statement.

#### Factor #14: Shared mission and vision

Score: 4.1 -Strength

Key findings:

- 84.6% of members agreed or strongly agreed that members are dedicated to the Downeast Housing Collaborative 's shared vision and mission while 15.4% were neutral regarding this statement.
- 69.2% of members agreed or strongly agreed that their ideas about what they want to accomplish with the Downeast Housing Collaborative seem to be the same as the ideas of others while 30.8 % were neutral regarding this statement.

#### Factor #15: Concrete, attainable goals and objectives

Score: 3.9 - Borderline

Key findings:

- 76.9% of members agreed or strongly agreed that they have a clear understanding of what the Downeast Housing Collaborative is trying to accomplish while 15.4% were neutral and 7.7% disagreed with this statement.
- 61.5% of members agreed or strongly agreed that the Downeast Housing Collaborative has established realistic goals while 38.5% were neutral regarding this statement.
- 61.5% of members agreed or strongly agreed that members know and understand the Downeast Housing Collaborative 's goals while 38.5% were neutral regarding this statement.

#### Factor #16: Sufficient staff, materials, and time

Score: 3.7 - Borderline

Key findings:

- 69.2% of members agreed or strongly agreed that the Downeast Housing Collaborative has adequate "people power" to do what it wants to accomplish while 23.1% were neutral and 7.7% disagreed with this statement.

#### Factor #17: Skilled leadership

Score: 4.4 - Strength

Key findings:

- 92.3% of members agreed or strongly agreed that the people in leadership positions for the Downeast Housing Collaborative have good skills for working collaboratively with other people and organizations while 7.7% were neutral regarding this statement.

## Factor #18: Engaged stakeholders

Score: 3.8 - Borderline

Key findings:

- 61.5% of members agreed or strongly agreed that the Downeast Housing Collaborative engages other stakeholders outside the group as much as they should while 30.8% were neutral and 7.7% disagreed with this statement.
- 69.2% of members agreed or strongly agreed that they personally have informal conversations about R-CHIP with stakeholders not formally involved in the Downeast Housing Collaborative while 15.4% were neutral and 15.4% disagreed with this statement.

## Open Response Feedback

The final question in the self-evaluation was an open response question which gave respondents an opportunity to provide general feedback about the Downeast Housing Collaborative. This feedback was not included in the scoring. Twelve of the thirteen respondents provided feedback. The evaluators analyzed the open-ended responses and found they aligned under six themes; the number of respondents per theme are noted within ( ).

- Satisfaction with how the Downeast Housing Collaborative is developing (6) ○ “We enjoy being a part of this Collaborative.”
  - “The Collaborative is working well together and eager to move into the planning and visioning stage of the project.”
  - “The process so far has been productive and timely.”
  - “This is an important collaboration to address the social needs of our residents.” ○ “Very well organized, focused meetings, collaborative participation.” ○ “Great work happening in Washington and Hancock Counties.”
- Direction of the Downeast Housing Collaborative (1) ○ “There is a tendency to focus on shelter and warming center activities, as they are understandably urgent. These conversations get into the weeds at the expense of broader goals, however. Appreciate housing specificity, but not sure how other HRSN will be incorporated into planning or if they need to be.”
- Community needs assessment (2)
  - “My initial findings with the survey are that patients and clients see how many pages the survey is and decide not to partake due to its length, even with an explanation of the



"check box" format." ○ "It is good that there are discussions and an assessment occurring across the two counties."

- Acknowledgement that the Downeast Housing Collaborative is in the beginning stages (1) ○ "Just getting started."
- Member participation (1) ○ "My attendance and participation have been sporadic, due to other agency competing priorities; thus, it has impaired my contributions accordingly."
- Self-evaluation tool (1) ○ "Assessing collaboration at this planning stage is difficult. Many of these questions will be more relevant to the implementation stage."

It is anticipated that the Downeast Housing Collaborative will include this open-response feedback in their conversation regarding the self-evaluation, as the responses align well with the results from the previous quantitative section. The neutral responses in the Likert scale questions are likely due to the fact that the collaborative is still in the early stages of development.



## Technical Assistance Feedback

All thirteen of the Downeast Housing Collaborative respondents were asked if they had received technical assistance (TA) from the RCHIP TA Hub (MCD Global Health). If they had received TA, they were then asked what their most significant TA needs were and how well those TA needs were met. Only three of the thirteen organizations received TA for the following reasons: information and training on community health workers, help relaying important messaging from the "Department" to their organization, and to gain additional perspective and resources. Using a five scale Likert response, the three members said their TA needs were met very well or extremely well.

All thirteen respondents were then asked if they had unmet TA needs. Only one organization responded that they would appreciate technical assistance to assess the impact that seasonal and short-term rental use of homes has on the housing market and how that affects year-round residents.

## Recommendations

We recommend the Downeast Housing Collaborative use the results from the self-evaluation to guide internal conversations about how to leverage your strengths and work on factors that need improvement. It may be beneficial to use a neutral facilitator in these discussions. The following are some suggested questions for the Downeast Housing Collaborative to consider:

- Are there any community organizations that are not involved in the collaborative that should be?
- What is the collaborative's short-term and long-term goals? How can the collaborative ensure all members are aware of these goals? Are these goals in alignment with what all the members want to achieve through the collaborative? Are these goals realistic?
- For those organizations who have representatives that are unable to speak for their entire organization, should they consider including upper-level staff in the collaborative? If needed, can the timeline for major decisions be lengthened for representatives to take information back to their organizations to confer with executive leadership about what the decision should be?
- At this stage of development, is there a need for members to increase their level of commitment or time invested in the collaborative activities?
- What are the roles and responsibilities of the members? How do members know what is expected of them?
- How can the collaborative work more efficiently to keep up with the work necessary to coordinate all the people, organizations, and activities related to the project? Is there a way to increase "people power" by enlisting high-school and college students or faith based and other community volunteers?
- How can the collaborative strengthen their system to monitor and report the activities and/or services and outcomes and then use that information to improve its work?
- How can the collaborative provide more opportunities for informal communication/conversation both internally and externally?
- How can the collaborative best utilize the RCHIP TA Hub?

The TA Hub recommends that the Downeast Housing Collaborative discuss the results of the self-evaluation during the planning phase (Phase 1) of the R-CHIP project so that steps can be taken to prioritize areas that the partnership identifies as important to improve. In doing so, it is anticipated that the effectiveness of the Downeast Housing Collaborative will improve, allowing the partnership to focus your attention on planning, organization, and implementation and therefore improve health outcomes for individuals residing in the Downeast.

## Appendix A

### Self-Evaluation of the Downeast Housing Collaborative

The purpose of this survey is to evaluate the Downeast Housing Collaborative 's progress during the first half of the project based on the scope of work outlined in the RFP (request for proposal). All member organizations will individually answer the following set of questions based on research-tested success factors adapted from the Wilder Collaboration Factors Inventory. Please answer the questions from the perspective of your organization and remember that there are no right or wrong answers. Completing the survey should take about ten (10-15) minutes.

Once all partner organizations have responded, the USM evaluation team will deidentify the data and compile the results into a report that includes an "average" score for each question. Then, USM will share the summary report with all members for further discussion.

The average scores will be interpreted as follows:

1.0-2.9: concerns that should be addressed

3-3.9: borderline, deserves discussion

4.0-5.0: strengths, don't need special attention

Towards the end of the survey you will be also asked about your technical assistance needs and how well they have been met.

*Note: please respond to the following questions from your own perspective as a member.*

Factor	Statement	Strongly Disagree	Disagree	Neutral, No Opinion	Agree	Strongly Agree
1. Mutual respect, understanding, and trust  Score: 4.5— Strength	1. Members involved in this community partnership trust one another.	1	2	3	4	5
	2. I have a lot of respect for the other members involved in this community partnership.	1	2	3	4	5

2. Appropriate cross section of members	3. The people involved in this community partnership represent a cross section of those who have a	1	2	3	4	5
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<p>Score: 4.2 - Strength</p>	<p>stake in what we are trying to accomplish.</p> <p>4. All community partnership members needed for Phase 1 of the project have been identified and kept up to date on project progress.</p>	1	2	3	4	5
<p>3. Members see the Downeast Housing Collaborative as being in their self-interest</p> <p>Score: 4.4 - Strength</p>	<p>5. The organization(s) I represent will benefit from being involved in this community partnership.</p> <p>6. This community partnership provides an opportunity for my organization(s) to further collaborate with new or more organizations now or in the future.</p>	1	2	3	4	5
<p>4. Ability to find middle ground</p> <p>Score: 4.2 - Strength</p>	<p>7. The members are willing to find middle ground on important aspects of our project.</p>	1	2	3	4	5

<p>5. Members share a stake in both process and outcome</p> <p>Score: 4.0 - Strength</p>	<p>8. The members invest the right amount of time in our collaborative efforts.</p>	1	2	3	4	5
	<p>9. Everyone who is a member of this community partnership wants this project to succeed.</p>	1	2	3	4	5
	<p>10. The level of commitment among the members is high.</p>	1	2	3	4	5
<p>6. Multiple layers of participation</p>	<p>11. Everyone who participates in</p>	1	2	3	4	5

<p>Score: 3.9 Borderline</p>	<p>decision making for this community partnership can speak for the entire organization they represent, not just a part.</p>					
	<p>12 When this community partnership makes major decisions, there is always enough time for members to take information back to their organizations to confer with executive leadership about what the decision should be.</p>	1	2	3	4	5

<p>7. Flexibility</p> <p>Score: 4.5 - Strength</p>	<p>13. There is a lot of flexibility when decisions are made; people are open to discussing different options.</p> <p>14. The members are open to different approaches to how we do our work.</p> <p>15. The members are willing to consider new approaches to how we do our work.</p>	1	2	3	4	5
<p>8. Development of clear roles and policy guidelines</p> <p>Score: 4.0 - Strength</p>	<p>16. The members have a clear sense of their roles and responsibilities.</p> <p>17. There is a clear process for making decisions among the members.</p>	1	2	3	4	5
<p>9. Appropriate pace of project</p>	<p>18. The Downeast Housing Collaborative has been diligent</p>	1	2	3	4	5

<p>Score: 4.2 - Strength</p>	<p>about developing a timeline and staying on track.</p> <p>19. The Downeast Housing Collaborative is currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.</p>	1	2	3	4	5
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<p>10. Internal evaluation and continuous learning</p> <p>Score: 3.9 Borderline</p>	<p>20. A system exists to monitor and report the activities and/or services and outcomes of the Downeast Housing Collaborative</p> <p>21. Information about our activities, services, and outcomes are used by the Downeast Housing Collaborative members to improve our work.</p>	<p>1</p> <p>1</p>	<p>2</p> <p>2</p>	<p>3</p> <p>3</p>	<p>4</p> <p>4</p>	<p>5</p> <p>5</p>
<p>11. Data and data sharing</p> <p>Score: 4.1 - Strength</p>	<p>22. The Downeast Housing Collaborative members view formal data sharing across organizations as an important part of cross-sector alignment.</p> <p>23. Having a comprehensive data sharing agreement is important to the Downeast Housing Collaborative members.</p>	<p>1</p> <p>1</p> <p>1</p>	<p>2</p> <p>2</p> <p>2</p>	<p>3</p> <p>3</p> <p>3</p>	<p>4</p> <p>4</p> <p>4</p>	<p>5</p> <p>5</p> <p>5</p>

	<p>24. the Downeast Housing Collaborative members are willing to invest in improving each other's capacities for sharing data.</p>					
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<p>12. Open and frequent communication</p> <p>Score: 4.3 - Strength</p>	<p>25. People in the Downeast Housing Collaborative communicate openly with one another.</p> <p>26. I am informed as often as I should be about what is going on within the Downeast Housing Collaborative.</p> <p>27. The people who lead the Downeast Housing Collaborative communicate well with members.</p>	<p>1</p> <p>1</p> <p>1</p>	<p>2</p> <p>2</p> <p>2</p>	<p>3</p> <p>3</p> <p>3</p>	<p>4</p> <p>4</p> <p>4</p>	<p>5</p> <p>5</p> <p>5</p>
<p>13. Established informal relationships and communication links</p> <p>Score: 4.0 - Strength</p>	<p>28. Communication among the the Downeast Housing Collaborative members happens both at formal meetings and in informal ways.</p> <p>29. I personally have informal conversations about R-CHIP with other the Downeast Housing Collaborative members.</p>	<p>1</p> <p>1</p>	<p>2</p> <p>2</p>	<p>3</p> <p>3</p>	<p>4</p> <p>4</p>	<p>5</p> <p>5</p>
<p>14. Shared mission and vision</p> <p>Score: 4.1 - Strength</p>	<p>30. the Downeast Housing Collaborative members are dedicated to our shared vision and mission.</p>	<p>1</p> <p>1</p>	<p>2</p> <p>2</p>	<p>3</p> <p>3</p>	<p>4</p> <p>4</p>	<p>5</p> <p>5</p>



	31. My ideas about what we want to accomplish with the Downeast Housing Collaborative seem to be the same as the ideas of others.					
15. Concrete, attainable goals and objectives  Score: 3.9- Borderline	32. I have a clear understanding of what the Downeast Housing Collaborative is trying to accomplish.  33. The Downeast Housing Collaborative has established realistic goals.  34. The Downeast Housing Collaborative members know and understand our goals.	1  1  1	2  2  2	3  3  3	4  4  4	5  5  5
16. Sufficient staff, materials, and time  Score: 3.7 Borderline	35. The Downeast Housing Collaborative has adequate “people power” to do what it wants to accomplish.	1	2	3	4	5
17. Skilled leadership  Score: 4.4 - Strength	36. The people in leadership positions for the Downeast Housing Collaborative have good skills for working collaboratively with other people and organizations.	1	2	3	4	5

<p>18. Engaged stakeholders</p> <p>Score: 3.8 Borderline</p>	<p>37. The Downeast Housing Collaborative engages other stakeholders outside the group as much as we should.</p> <p>38. I personally have informal</p>	<p>1</p> <p>1</p>	<p>2</p> <p>2</p>	<p>3</p> <p>3</p>	<p>4</p> <p>4</p>	<p>5</p> <p>5</p>
	<p>conversations about R-CHIP with stakeholders not formally involved in the Downeast Housing Collaborative.</p>					

39. General feedback about the Downeast Housing Collaborative (this will not be included in scoring):

This last section contains questions to assess your satisfaction with the technical assistance (TA) provided by the RCHIP TA Hub (the MCD Global Health team). These questions will not be included in scoring.

40. Has your organization received technical assistance (TA) from the RCHIP TA HUB (MCD Global Health)?

- Yes, we have received TA
- No, we have not received TA – skips to question 43

41. What were your most significant TA needs that you received help for?

42. How well were your TA needs met?

- Not well
- Slightly well
- Moderately well
- Very well
- Extremely well

43. Do you have unmet technical assistance needs?

Yes

No – skip to end of survey

44. Please describe your unmet technical assistance needs?