

United Way of Southwestern Indiana Social Service Provider Collaboration Assessment

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**United Way of Southwestern Indiana
(Vanderburgh, Warrick and Spencer Counties)**

**In partnership with the United Ways of
Gibson and Posey Counties**



**Sponsored by
Alcoa, Bussing-Koch Foundation, Deaconess Hospital,
St. Mary's Healthcare Services, Vectren,
& Welborn Baptist Foundation**

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Table of Contents

Acknowledgements	page ii
Table of Contents	page iv
Executive Summary	page v
Technical Report	
I. Introduction	page 1
II. Methodology	page 5
III. Provider Descriptions.....	page 10
IV. Question 1: Addressing Community Issues	page 15
V. Question 2: Level of Collaboration	page 33
IV. Question 3: Potential Duplication.....	page 58
References	page 63
Appendices	
Appendix A:.....	page 65
Appendix B:	page 76

Executive Summary

The United Way of Southwestern Indiana partnered with United Ways in Posey County and Gibson County to conduct a Comprehensive Community Assessment within five counties in southwestern Indiana: Gibson, Posey, Spencer, Vanderburgh, and Warrick. The purpose was to identify community needs and strengths, as well as the level of collaboration and potential areas of duplication among social service providers. Study sponsors included: Alcoa, Bussing-Koch Foundation, Deaconess Hospital, St. Mary's Healthcare Services, Vectren, and the Welborn Baptist Foundation.

A community assessment model derived from best practice literature was used to examine the study questions, which involved two distinct phases. This report serves as a companion document to the main community assessment report, which detailed the needs and strengths identified by members of the community and secondary data sources that relate to the issues addressed through the community survey process. This document addresses the second study question, *"To what degree are priority needs being met by community organizations in the region, as indicated by existing gaps, collaboration, and potential service duplication?"* Specifically, three study questions associated with phase two were addressed:

1. To what degree are social service providers responding to the needs identified through the community needs assessment?
2. To what degree are social service organizations working collaboratively to address community issues?
3. What potential areas of duplication exist among social service providers?

Needs assessment committees were formed to guide model development and implementation. A Planning Team was created to establish goals for the study and oversee key aspects of the process. Members of the team included: leaders from the United Way of Southwestern Indiana; consultants from Diehl Consulting; representatives from local higher educational institutions, including University of Evansville, University of Southern Indiana, Ivy Tech Community College, and Oakland City University; a representative of social service agencies; and a local researcher. Additionally, an Advisory Committee was formed to generate ideas and provide feedback on selected needs assessment methods. Members of the Advisory Committee were selected from a wide array of community, school, government, and private organizations, and represented a diverse cross-section of demographics. Key findings related to the above questions are summarized below.

1. To what degree are social service providers responding to the needs identified through the community needs assessment survey?

A document review of completed community organization Provider Profiles and information related to other social service organizations gleaned from public information (e.g., websites, annual reports) was conducted to address this question. Specifically, the number of organizations and the types of services provided were matched with the 56 issues from the community needs assessment survey. Additionally, the ten highest priority needs as identified in the 2008 comprehensive community assessment were specifically examined to identify the number of organizations addressing these issues.

It is evident that community organizations in the five-county area are responding to a diversity of issues that impact their community. However, at least three of the highest priority needs identified within the community assessment survey (understanding the cycle of poverty, child and adult obesity, and affordable dental care) may warrant additional focus by community organizations. Key findings included:

- Of those that completed the full provider profile, organizations have provided services in the community from 5 to 150 years, with an average of 38 years and median of 30 years per organization. Organizations serve a total of 755,335 clients across all organizations annually.
- The 188 social service organizations within the five-county area that were examined within this study are addressing 87.5% (49/56) of the issues contained within the community needs assessment.
- The issue with the largest number of organizations targeting it with services and programs is low- to moderate-income individuals not having funds for basic needs (e.g., adequate clothing, food, housing, and legal services). Given that this issue is broad and encompasses a large number of concerns, ones that focus on basic needs for survival, it would be expected that many social service agencies would target this issue.
- Seven issues were identified as not being directly addressed by any of the social service organizations. Of those, the lack of child support payments ranked highest within the priority needs. Three other issues not being directly addressed, yet identified as community strengths, included school violence, violent crime, and race relations.
- Of the 10 highest priority needs identified within the community assessment, two or fewer organizations are directly addressing the following issues: understanding the cycle of poverty that occurs in successive generations, child and adult obesity, affordable dental care for low- to moderate-income individuals, and availability of weekend/evening hours for human services. However, while availability of hours is indicated as not being directly addressed, a review of responses to the Provider Profiles suggests otherwise. For instance, a total of 32 out of 68 (47.1%) organizations specified that they offer services on the weekends, and 48 out of 68 (70.6%) organizations specified that they offer services in the evening.

2. To what degree are social service organizations working collaboratively to address community issues?

This study defined collaboration as “An ongoing process in which individuals willing to embrace change come together to develop trusting relationships among all relevant stakeholders to achieve common goals and desired outcomes for the betterment of the community. This is accomplished by sharing responsibility, resources, accountability, and authority.” A technique called Social Network Analysis was used to examine the degree to which social service organizations are working collaboratively to address community issues. This approach describes the pattern of relationships among organizations within a network. Three aspects were described: (a) a description of the characteristics of the overall network; (b) a description of individual organizations within the network; and (c) a description of sub-groups within the network.

Overall Network Characteristics

The network of social service organizations in the five-county study area is very connected, with very few organizations completely cut off from the overall network. As a result, it should be relatively easy for organizations to communicate and collaborate with one another since they are separated by so few organizations. While the network is quite connected, the number of actual direct connections is quite small, which may be a result of the large size of the network. Key findings include:

- The overall social service network is defined as 188 providers within the five-county study area. There is a high degree of connection within the network. Only 3 (1.5%) of all organizations are completely isolated from the others.
- There are six organizations that serve as cutpoints for the network. If any of these six organizations were removed, a number of other organizations would become isolated from the network. A low number of cutpoints suggests greater stability in the connections in the network.
- To further demonstrate the network’s connectedness, each organization is connected to every other organization by fewer than 2.5 organizations. In other words, if one organization needs to communicate or collaborate with another organization, it would be relatively easy to reach that organization given the small number of organizations that separate them.
- Overall, the network of organizations is not very densely connected. Density is a measure of direct connections between organizations. On average, agencies are only connected to 5% of the organizations with which they could be connected. The low measure of density may be a result of the large number of organizations that comprise the network. The larger the network, the smaller the density.

Individual Organizations Characteristics

Considerable variance exists in the number and strength of collaborative partnerships among community organizations. Although there was a high degree of collaboration among individual organizations, a small amount of these collaborations were actually reciprocated. Further, nine organizations that were determined to provide essential services (e.g., food, clothing, mental health, healthcare, and emergency shelter) were given high collaborative ratings by other organizations, which suggest that the functions served by these organizations are high in importance to the overall network. Key findings include:

- The number of collaborative partnerships in the entire network ranged from 0 to 111, with a mean of 16.29 organizations. In other words, organizations collaborate with an average of just over 16 other organizations. Given that organizations rated the degree of collaborations on a 7-point scale, the overall strength of collaborations may be measured. On average, the strength of collaboration was 3.95, where 1 represents no collaboration and 7 represents high levels of collaboration.
- On average, the largest number of organizations indicated they collaborate with organizations in Domain 7: Violence & Crime. The domains that have the highest average number of collaborations were Domain 2: Alcohol & Drugs and Domain 6: Education & the Workforce. Domain 6 also had the highest strength of collaboration.
- Another aspect of the measurement of collaboration is the reciprocation of collaboration. Although responders reported a fairly high number of collaborative partnerships, 15.9% of these incoming and outgoing collaborations were actually reciprocated (e.g., provider X reports collaborating with provider Y and Y reciprocates the collaboration). When the value of these collaborations was examined (e.g., provider X rates collaboration with provider Y as a 6 and provider Y rates its collaboration with provider X as a 6) only 3.54% were reciprocated. Domain 5: Family Life and Domain 7: Violence and Crime appeared to have the highest reciprocated value of collaborations, and Domain 2: Alcohol and Drugs and Domain 6: Education and the Workforce had the highest reciprocated collaborations.
- Based on collaboration ratings provided by participating organizations, some agencies are more central to the network. A large number of other organizations indicated that they collaborate with these organizations. Nine organizations fell into this category. When each of these nine organizations was examined, it appeared that all provided essential services to clients, such as food, clothing, mental health, healthcare, and emergency shelter. Further, the organizations also have programs and services focusing on individuals in crisis, poverty or limited financial means. The purpose of these organizations appears to be critical with regards to the overall functioning of the network. These functions also provide insight into the issues faced by organizations.

Sub-groups within the Network

To further examine the degree of collaboration among social service organizations, connections among sub-groups, or sub-networks, were examined. Overall, 18 sub-networks were identified based on how they grouped together on collaboration ratings. However, the strength of connections among these sub-groups varied, which indicated that some sub-groups work together more cohesively compared to other sub-groups. A similar finding was identified for within-domain collaboration. Specifically, organizations that fell within the Alcohol & Drugs and Violence & Crime domain had higher degrees of connection compared to the other domains. However, this finding may be influenced by the variance in the number of organizations that fell within the different domains (i.e., domains with few organizations have a greater likelihood of higher connections). Finally, a high degree of cross-domain collaboration emerged within the network. This finding suggests that social service organizations may depend on the functions of other social service organizations, which reinforces the overall importance of interagency collaboration. Key findings include:

- A total of 18 sub-networks were identified based on how they grouped together on collaboration ratings. Two sub-networks were shown to be more cohesive than the others.
 - The first of these highly connected sub-networks had 31 members and was directly connected to 45% of the agencies with which they could possibly be connected within this sub-network. On average, the organizations within this sub-network are connected either directly or indirectly to 64% of the possible organizations with which they could be connected. Despite this high degree of connection, a review of the specific organizations in the sub-network uncovered no common themes among the services they provide or the issues they address. This finding suggests that the issues being faced by social service organizations within this sub-network are diverse, which would reinforce the importance of diverse collaborations.
 - The second of these highly connected sub-networks had 11 members and was directly connected to 36% of the agencies with which they could possibly be connected within this sub-network. On average, the organizations within this sub-network are connected either directly or indirectly to 59% of the possible organizations with which they could be connected. Unlike the sub-network described above, the members of this sub-network may be said to have common interests: most of these organizations deal with youth services in some manner.
- In addition to the analysis that allowed organizations to be grouped solely based on their collaboration ratings, the analysis also assessed the degree of collaboration among organizations within each primary domain. Results of this analysis indicated that Domain 2: Alcohol & Drugs and Domain 7: Violence & Crime are the most densely connected. In other words, these domains have a greater degree of direct connections within their network than do other domains. As mentioned above, this finding may be influenced by

the variance in the number of organizations that fell within the different domains (i.e., domains with few organizations have a greater likelihood of higher connections).

- A large degree of cross-domain collaboration was found within the network. This means that while organizations may be collaborating within their specific domain, a high degree of collaboration also occurs with organizations outside of their primary domain. The largest between-domain connections are from Domain 2: Alcohol & Drugs and Domain 7: Violence & Crime (19% of the total possible connections), and from Domain 7: Violence & Crime to Domain 6: Education & the Workforce (17.5% of the total possible connections).

3. What potential areas of duplication exist among social service providers?

Several approaches were utilized to examine potential areas of duplication. The first approach provided a description of the number of organizations that are addressing specific issues. Next, using the collaborative rating scale completed by social service organizations, a second approach examined the level of collaboration occurring among similar service providers. Finally, a third approach examined the strength of collaboration within organizations by domain classifications. These approaches and key findings are summarized below.

The first approach examined the community issues identified within the needs assessment. Specifically, social service organizations were matched with each of the issues from the needs assessment, and the issues that were being addressed by at least five organizations were examined. The issue with the largest number of organizations targeting it with services and programs was low- to moderate-income individuals not having funds for basic needs (e.g., adequate clothing, food, housing, and legal services). Given that this issue is broad and encompasses a large number of concerns, ones that focus on basic needs for survival, it would be expected that many social service agencies would target this issue.

A second approach defined potential duplication as those organizations that reported collaborating with less than 50% of other organizations that they identified as providing similar services. While the level of collaboration may vary among similar service providers, one could argue that without basic levels of collaboration, the likelihood of duplicating services would increase.

- Using the collaborative rating scale, organizations identified other organizations that provide similar services as them. Out of the 112 organizations completing the collaborative rating scale, a total of 74 organizations identified at least one organization that provided similar services. The average number of organizations providing similar services was 6.14.
- Of the 74 organizations that indicated providing similar services as them, a total of 63.5% (47/74) of organizations reported collaborating with at least 50% of these organizations. While the remaining 27 organizations reported collaborating with less

than half of similar service providers, only 13 (17.57%) of these organizations actually had five or more similar service providers.

- The 27 organizations identified as collaborating with less than 50% of similar service providers were subjected to content analysis to identify common themes. However, no themes emerged. Typically, these organizations included a diversity of small to large-scale agencies and were spread throughout each of the domains. Collectively, this finding suggests that potential duplication of services may be contained within individual organizations versus clustered within broad service areas.

A final approach to examining potential duplication involved identifying groups of agencies that “hang together” in providing similar services. The analysis identified 5 groups and a group of isolates (i.e., a group of agencies indicating no one else provides similar services – note that some of these may have been non-responders). To get a sense of the amount of collaboration within each of these groups, density values for the collaboration ratings were calculated within each similarity group. As described earlier, density represents the degree of direct connections between organizations. Overall, a high degree of collaboration within some of the groups was evident. However, there were no clear patterns with regards to the group structure. This again reinforced the notion that potential duplication of services is likely not contained within broad social service domains, rather it appears to be more community agency specific. Another key finding related to this analysis was the lack of collaboration within other sub-groups. While this does not provide direct evidence specific to duplication, it does highlight the lack of awareness of some organizations in the services provided by other community organizations.

Key Findings and Considerations

1. Social service organizations in the five-county area are responding to a diversity of issues that impact their community. Findings highlight the existence of a mature and critical support network being provided for citizens within the region. Of those that completed the full provider profile, organizations have provided services in the 5-county study area from 5 to 150 years, with an average of 38 years and median of 30 years per organization. Organizations serve a total of 755,335 clients across all organizations each year. Given that these data are limited to only those organizations responding to the full-provider profile, we would expect these numbers to be significantly higher if they included those from the other organizations that did not respond.
2. In Phase One of the Community Assessment, the highest percentage of participants across all stakeholder groups falling in the high in importance and high in being-addressed-well quadrant (represents strengths) was noted for “*Cooperation of community organizations in effectively addressing needs.*” This means that the highest percentage of participants agreed or strongly agreed that this issue is important to the community, and also agreed or strongly agreed that the issue is being addressed well within the community. Phase Two identified a high degree of connection for the overall network, as well as individual sub-networks. In addition, findings suggested that a large degree of cross-domain collaboration exists within the network. Collectively, these findings suggest that social service organizations are collaborating throughout the network,

which serves to validate stakeholders' perception of the level of collaboration within the region.

3. Although a high level of connection was noted among social service organizations, there was a small degree of reciprocation related to collaborative ratings. This may highlight the different perceptions that social service organizations have related to collaborative partnerships or the level of value placed by social service organizations with regards to these partnerships. Alternatively, it is also possible that individuals within organizations may not fully understand the level of collaboration occurring with other agencies. Given the many explanations for this finding, consideration should be given to initiating a dialogue among social service organizations with regards to the nature of collaboration. Given the significant role played by social service organizations, a discourse of this nature would appear to be beneficial in strengthening the connections between organizations and deepening providers' understanding of collaboration.
4. At least three of the highest priority needs identified within the community assessment survey (understanding the cycle of poverty, child and adult obesity, and affordable dental care) may warrant additional focus by community organizations. While it is likely that organizations are addressing these issues indirectly, the high priority related to these issues suggests a need to focus more intentionally in these service areas. In doing so, a review of secondary data sources contained within the first phase of the 2008 Comprehensive Study is encouraged. From this perspective, decisions for determining the extent to which community organizations are adequately addressing these issues should be guided by the overall prevalence of the issue within the community. When making these decisions, consider formulating committees and placing issues within the context of prevalence.
5. While some of the social service organizations in the overall network had few collaborative partnerships with similar service providers, the majority appeared to be working together with most of these providers. Therefore, potential duplication of services may be contained within individual organizations versus clustered within broad service areas. Specifically, while there were organizations in the service network that did not collaborate with other organizations, the impact of this potential service duplication appears minimal. However, further study in relation to duplication is warranted. In doing so, consider focusing on the issues that were identified as being addressed by more than 5 community organizations. This approach should further examine aspects of service provision (e.g., operational hours, client population) and prevalence of the issues being addressed within the region.
6. Thirty-eight social service organizations indicated that no other organization provides a similar service. Further, when similar service providers were examined, the strength of the collaboration varied by sub-networks. These findings may suggest a need for more awareness with regards to the types of services provided by other organizations within the broader service system. This approach would also serve to identify new opportunities for collaboration.

Introduction

The United Way of Southwestern Indiana partnered with United Ways in Posey and Gibson Counties to conduct a Comprehensive Community Assessment within five counties in southwestern Indiana: Gibson, Posey, Spencer, Vanderburgh, and Warrick Counties. The purpose was to identify community needs and strengths, as well as the level of collaboration and potential areas of duplication among social service providers. The following questions were examined:

Question 1: What are the priority needs and strengths within the community?

Question 2: To what degree are these priority needs being met by community organizations in the region, as indicated by existing gaps, collaboration, and potential service duplication?

Given the project scope, findings are presented as separate reports. This document addresses the second study question, *“To what degree are priority needs being met by community organizations in the region, as indicated by existing gaps, collaboration, and potential service duplication?”* Specifically, three study questions were addressed:

1. To what degree are social service providers responding to the needs identified through the community needs assessment?
2. To what degree are social service organizations working collaboratively to address community issues?
3. What potential areas of duplication exist among social service providers?

This report serves as a companion document to the main community assessment report, which detailed the needs and strengths identified by members of the community and secondary data sources that relate to the issues addressed through the community survey process. While the first phase of the needs assessment study involved feedback from the community and secondary data from existing sources, this phase involves feedback from providers of social services that are delivered throughout the community and a document review of public information provided by social service organizations.

Alignment with Best Practice

A review of literature related to community assessments was conducted to ensure that the methodology and analysis were grounded in best practice and a firm analytical foundation. These practices were identified in the main community assessment report. To ensure alignment with the literature, the following core principles as they relate to the second phase of the assessment were adopted to guide the study.

1. Involve Stakeholders in the Process
2. Ensure Transparency
3. Blend Multiple Data Sources

Principle: Involve Stakeholders in the Process

As the first step in the needs assessment process, a Planning Team was formed to guide all aspects of the study. Members of the team included leaders from the United Way of Southwestern Indiana; consultants from Diehl Consulting; representatives from local higher educational institutions, including University of Evansville, University of Southern Indiana, Ivy Tech Community College, and Oakland City University; a representative of social service agencies; and a local researcher. Names of individuals who served on the Planning Team are included in the Acknowledgements section of this document. Beginning in April 2007, members of the Planning Team met approximately two times each month to discuss pertinent details associated with the needs assessment.

In addition to the Planning Team, an Advisory Committee was formed to provide input into the development of survey instruments, feedback regarding communication of survey results, and feedback related to the development and administration of the provider profiles and collaborative rating scales. Members of the Advisory Committee were selected from a wide array of community, school, government, and private organizations, and represented a diverse cross-section of demographics. Names of individuals who served on the Advisory Committee are included in the Acknowledgements section of this document. A total of three Advisory Committee meetings were held—one in June 2007 to discuss the community needs assessment survey, one in October 2007 to discuss the provider profiles, and one in April 2008 to review preliminary survey results.

Principle: Ensure Transparency

A transparent, open communication process was established to ensure individuals in the community were kept apprised of the progress of the study. A communications plan was developed with a goal to keep stakeholders informed about important milestones and dates associated with the study. A key aspect of the communications plan was a brief update that was distributed to United Way partners every one to two months, which detailed accomplishments of the study up to the time of the update.

During the course of the study, Diehl Consulting routinely communicated with Planning Team members via email regarding meetings, reviews of draft documents, and other concerns. Likewise, Advisory Committee members were contacted through email to schedule meetings and, on specified dates, to review documents and encourage feedback.

Finally, the Planning Team members strove to achieve a transparent process not only through distribution of study updates but also through responses to Advisory Committee questions and suggestions. For instance, during the June 2007 meeting of the Advisory Committee, members

were divided into three separate focus groups and encouraged to provide recommendations regarding the specific issues included on the community needs assessment survey. After feedback from Advisory Committee members was collected, the Planning Team reviewed the feedback and provided a response to each individual comment.

Principle: Blending of Multiple Data Sources

Multiple data collection techniques were used and selected based on the type of information being sought and the individuals/groups involved (Butler & Howell, 1996; Carter & Beaulieu, 1992). To collect data for the second phase of the study, the Needs Assessment Planning Team developed a Provider Profile form, which will be described in more detail below. This form was one of several data collection methods used in the needs assessment study, which also included a community survey, secondary data analysis, and feedback from members of the Advisory Committee. Further, the Provider Profile form itself included data collected from multiple sources, primarily the United Way Community Resource Guide and information supplied by members of the Planning Team.

Further, data were collected from a diverse sample of community members (Carter & Beaulieu, 1992; Israel & Ilvento, 1995). The first phase of the study included several stakeholders, such as social service clients, community leaders, and members of the general population. Phase Two extends this best practice by ensuring that data are collected from those organizations that are delivering services to members of the community. Though providers were one of the key stakeholders in the first phase of the study, the information collected through the Provider Profiles provide much more detail about the services offered and clients served.

Finally, this phase of the study involved surveying of providers to collect more detailed information about the services that are being delivered, the populations being served, and the voids that exist in services (2004 City of Denton Community Needs Assessment: A Report on Health, Housing, and Human Services in the City of Denton). Leaders of social service organizations were surveyed and interviewed in an effort to delve deeper into the services and programs they offer to address community issues. Additionally, providers were asked to indicate the organizations with whom they collaborate and the ones that perform services similar to them. This information helped to determine the extent to which services were being duplicated and whether gaps exist in service delivery.

Study Strengths and Limitations

Considerable effort was made to ensure adherence to the core principles described above. A key strength of this study is the inclusion of all social service organizations in the five-county area in the Provider Profile process. Although not all organizations chose to participate, the researchers and planning team provided ample opportunity to contribute by either completing the full provider profile form or, at minimum, the collaboration rating scale. Diehl Consulting sent two letters to each organization and attempted to contact them via email and/or telephone. This aspect of the study follows best practice by ensuring that key stakeholders are included in the assessment and by directly surveying providers to collect additional information about the services they offer.

Another strength is the level of detail included in the provider profile form. Providers were asked to respond to items pertaining to their clients, the specific services and programs they offer, the days and times that the services are offered, and the degree to which they collaborate with other organizations. This information allowed the researchers to develop a comprehensive picture of the social service organizations in the community and best identify what providers are doing to address priority needs.

A final key strength of this phase of the study was the inclusion of a collaboration rating scale in the provider profile form. Responses to this scale allowed for an in-depth assessment of how organizations are working together to address community issues. The results of the Social Network Analysis that is presented later in this document indicate the strength of collaborations among social service organizations and potential areas of service duplication.

While this study has a number of significant strengths, it is important to also acknowledge limitations when interpreting findings. As mentioned in the methodology section, not all organizations that were contacted chose to participate in this phase of the study. While valuable conclusions may be drawn from responses provided by the organizations that did participate, as well as document reviews of public information provided by organizations, a complete understanding of how organizations are addressing community issues would be possible only if every provider gave direct feedback about their services and how they are working with other organizations to address needs.

While significant efforts were made to provide an easily understood definition of collaboration, it is still possible that not all individuals interpreted the term in exactly the same way. Given that the collaboration ratings and resulting Social Network Analysis were dependent upon a common understanding of collaboration, any variability in interpretations may have had an effect on the analysis.

Overview of the Social Service Provider Collaboration Assessment Report

This document contains results from the second phase of the United Way Community Assessment study. As mentioned, results from the first phase are provided in a separate report, which readers are strongly encouraged to review prior to reading this document. The methods for collecting data are first described, followed by a presentation of results.

Methodology

This section describes the methodology associated with the second phase of the community assessment process.

Participants

The participants in Phase Two of the needs assessment study were the Chief Executive Officers (or their designees) of social service organizations in Vanderburgh, Warrick, Gibson, Posey, and Spencer Counties. A total of 188 organizations were identified by United Way as social service providers in the community. All organizations were included in this phase of the study. The form in Appendix A contains a list of the organizations. While the CEOs were the primary contacts, other designees within the organization may have been selected to complete the Provider Profile form.

Provider Profile Form

The primary data collection instrument for Phase Two of the needs assessment study was the Provider Profile form. As a first step in the development of the Provider Profile, the United Way Community Resource Guide was reviewed to ensure that the profiles contained items that would gather data that were consistent with the information contained within the Guide. The purpose of this was twofold. First, United Way could use information supplied by providers to update the Community Resource Guide, and second, the evaluators could use the Guide to prepopulate the Provider Profiles prior to sending them to the social service organizations. In addition to the basic organizational information gleaned from the Community Resource Guide, items were developed that focused on the purpose of the second phase of the needs assessment. Specifically, items addressed the community issues targeted by providers and the services/programs offered to individuals in the community. Additionally, items were included in the form that related to the level of collaboration among social service organizations and the degree to which organizations are duplicating services.

After an initial review by the Planning Team, the first draft of the Provider Profile was presented to the Advisory Committee in October 2007. During this meeting, committee members offered suggestions for modifications to the form, which were taken back to the Planning Team for further discussion. A final Provider Profile form was created in November 2007. To enhance the efficiency and ease of completion, an electronic version with form fields and drop-down selections was created. The final version of the Provider Profile may be viewed in Appendix A. The paragraphs below present a description of the final Provider Profile form, including the key constructs expected to be measured by the items on the form.

The first set of items in the profile (Items 1 through 21) pertained to basic organizational information, such as contact names/telephone numbers, business hours, and data regarding the population being served. Several of these items, such as the number of individuals served annually, eligibility for services, and fees for services, allowed the evaluators to determine the

reach and scope of the organization's services, both in terms of geography and population served.

The second set of items (Items 22 through 28) measured how organizations were addressing community issues. Items were constructed that asked about the primary focus of the organization and the organization's mission statement. Organizations were also asked to review the community needs assessment survey and identify the issues that represent their key focus areas, as well as the specific services designed to address the issues. Further, organizations were asked to provide a list of services/programs they offer, along with the days, times, and locations they were offered and the ages of clients served.

The third set of items (Items 29 and 30) measured how individual organizations were working with other organizations to address community issues. In terms of duplication and collaboration, a scale was constructed for organizations to rate whether they collaborate with other social service organizations and the level of that collaboration. Respondents were also asked to specify the organizations that offer services similar to them. To aid in the rating process, the list of 188 social service organizations was included in the Provider Profile form.

To ensure that respondents had a consistent understanding of the term "collaboration," a definition that had been developed by the United Way of Southwestern Indiana was included. This definition was derived from community meetings of various social service providers as an attempt to identify a common definition of collaboration within the community. The definition is as follows:

An ongoing process in which individuals willing to embrace change come together to develop trusting relationships among all relevant stakeholders to achieve common goals and desired outcomes for the betterment of the community. This is accomplished by sharing responsibility, resources, accountability, and authority.

A 7-point scale was developed from which respondents indicated the degree of collaboration that exists with other organizations. To assist in the selection of an appropriate scale point, anchors, which described levels of collaboration, were provided at each end of the scale. It should be noted that the indication of organizations that perform similar services and those with which collaboration occurred were mutually exclusive. In other words, a respondent may indicate that another organization performs similar services but that they do not collaborate with one another. The reverse of this also may be true.

The following are the instructions provided on the Provider Profile for the collaboration rating portion of the form. The actual scale also is provided below.

Step 1: *From the list of organizations provided, please check the ones that provide services that are similar to those that your organization provides. If there are organizations that are not listed, please write them in the spaces provided at the end of the table.*

Step 2: From the entire list of organizations provided and using the definition of collaboration shown above, please check the organizations with which you collaborate. If there are organizations that are not listed, please write them in the spaces provided at the end of the table.

Step 3: For the organizations you checked in Step 2 only, please indicate the level of collaboration with each organization you checked using the following 7-point scale. Anchors for the scale are described below. Please note that you may select any point on the scale that best represents your level of collaboration with each organization you check.

Collaboration Rating Scale						
1 Not at all	2 Very Rarely	3 A little of the time	4 Some of the time	5 A good part of the time	6 Most of the time	7 All of the time
<ul style="list-style-type: none"> ▪ Individuals do <u>not</u> embrace change, develop trusting relationships, and are <u>not</u> interested in achieving common goals ▪ Organizations do <u>not</u> share responsibilities, resources, accountabilities, and authority 						<ul style="list-style-type: none"> ▪ Individuals readily embrace change, develop trusting relationships, and express a strong desire to achieve common goals ▪ Organizations often share responsibilities, resources, accountabilities, and authority

The final two items (Items 31 and 32) asked organizations to provide agency statistics that indicate the impact of their services and the barriers that clients face in accessing services from the organization.

Data Collection Procedures

The sampling process involved a purposeful sample of all social service organizations in Gibson, Posey, Spencer, Vanderburgh, and Warrick Counties. As mentioned, a total of 188 organizations were identified by United Way of Southwestern Indiana. An initial data collection procedure involved the prepopulation of profiles using information from the United Way Community Resource Guide. The survey distribution process is described below.

Distribution of Provider Profiles

Prior to distribution of the Provider Profiles to social service organizations, Diehl Consulting sent social service organizations a letter that described this phase of the study and that indicated that they would be contacted via telephone to schedule an interview to review their individual profile.

The process for completing the Provider Profile form was as follows:

- Social service providers were sent the initial letter.
- Diehl Consulting contacted organizations via telephone to indicate that they would send them the profile through email.
- During the telephone call, a follow-up interview was scheduled to discuss any questions the evaluators may have had about the forms. This also served as an opportunity to validate the information provided in the Provider Profile.
- Organizations completed the forms and sent them back to Diehl Consulting.
- Diehl Consulting reviewed the forms and clarified any necessary areas during the follow-up interview.

Given that some telephone numbers were not up to date, some organizations were contacted by email instead of telephone. Also, a limited number of organizations were unable to complete the profile electronically and filled out and returned a hard copy instead. Several efforts were made to encourage organizations to complete the profiles. The Executive Director of the United Way of Southwestern Indiana also sent emails and spoke directly to various social service agencies. Diehl Consulting made follow-up telephone calls and sent emails to organizations that had not returned the profiles. Additionally, as a last attempt to allow providers to participate, a letter was sent to all non-responding organizations indicating that they were being given a final chance to participate in this aspect of the needs assessment study. For those who were unable to complete the entire Provider Profile, they had the opportunity to fill out the collaboration rating scale only, which was included with the final letter. Organizations also were told that no additional follow-up interviews would be conducted given the expediency with which the process needed to be completed. This effort was successful in gaining participation from an additional thirty organizations. The following numbers indicate the response rates for the Provider Profile process.

- Total number of organizations contacted: **188**
- Total number of organizations that completed full Provider Profile: **75 (40%)**
- Total number of organizations that completed collaboration ratings: **112 (60%)**
- Total number of follow-up interviews conducted: **42 (22%)**

It should be noted that one organization completed the collaboration rating scale only, but since they failed to indicate their organization's name or provide any contact information, they were not included in the return figures above. They also were excluded from the data analysis.

Data Analysis Procedures

As an initial step in analyzing data from the Provider Profiles, information from the first set of items was extracted and placed in a spreadsheet. The purpose of this task was to create an overall profile or summary of the organizations that submitted complete Provider Profile forms. Specifically, the following data were included in the spreadsheet:

- Number of years the organization has provided services in the community
- Number of individuals served annually by the organization
- Number of individuals placed on waiting list each year
- Average amount of time (days) on waiting list
- Number of full-time employees
- Number of part-time employees
- Number of volunteers
- Age range of individuals served by the organization
- The number of organizations that have measures in place for non-English speaking clients
- The number of organizations that have fees for services
- The percentage of individuals who are unable to pay for services

Where appropriate, data were summed and/or averaged for organizations by primary domain and overall. Medians also were calculated for certain variables. The primary domain designation was based on the highest priority need indicated by organizations when they completed the profile. This categorization will be referenced later in this report when discussing additional analyses. Note that none of the organizations that submitted profiles had Cultural Diversity as their primary domain.

Findings are organized by the primary study question they were designed to address. Given the complexity of the analysis used to examine the second study question, methods and analysis are described with these findings.

Social Service Provider Descriptions

A total of 112 out of 188 (60%) social service organizations responded to some aspect of the study. Of those, 75 (40%) completed the full Provider Profile, 112 (60%) completed the collaboration rating scale, and 42 (22%) completed follow-up interviews. The following provides a snapshot of the organizations that completed the full Provider Profile (N=75). Based on responses to the profile, organizations were also classified by primary domain. A more detailed breakdown by primary domain is provided in Table I. Given that these data represent only the 75 organizations completing the profile, it would be expected that the actual numbers would be significantly higher.

- Organizations have provided services in the community from 5 to 150 years, with an average of 38 years and median of 30 years per organization.
- Organizations serve a total of 755,335 clients across all organizations each year, with an average of 10,790 individuals and a median of 2000 individuals per organization.
- A total of 27 of 70 organizations indicated they have wait times for their services. Wait times ranged from 1 day to 365 days.
- There are 1670 total individuals on waiting lists each year, with an average of 24 and median of 0 per organization.
- There are a total of 1677 full-time employees for all organizations, with an average of 23 and a median of 5 per organization.
- There are a total of 1133 part-time employees for all organizations, with an average of 16 and a median of 3 per organization.
- A total of 22,840 volunteers serve across all organizations, with an average of 326 and a median of 50 per organization.
- Of the 70 total organizations that indicated the age range of clients, 2 serve children, 11 serve children and teens, 5 serve teens and adults, 4 serve children to adults, 12 serve adults, and 36 serve all ages.
- Of the 73 organizations who indicated whether they have measures in place to serve non-English speaking individuals, 51 indicated that measures were in place. Organizations primarily indicated partnerships with an interpreter, staff members who speak Spanish, or have written materials printed in Spanish.
- Of the 73 total organizations that indicated whether they have fees for services, 30 have fees for services and 43 do not.
- Of the 56 total organizations that indicated the percentage of clients who are unable to pay for services, 5 indicated 0%, 7 indicated 100%, 10 indicated less than 50%, 15 indicated greater than or equal to 50%, and 19 indicated “not applicable.”

Table 1. Descriptive Information for Social Service Organizations who Completed the Full Provider Profile (N=75)			
Length of Service in Community	Years (Range)	Average Years	Median Years
<i>Social Service Issues (n=1)</i>	8	8	8
<i>Alcohol and Drugs (n=3)</i>	7-20	15	18
<i>Economy and Financial Well Being (n=30)</i>	5-120	40	34
<i>Family Life (n=20)</i>	7-150	75	27
<i>Education and the Workforce (n=8)</i>	10-63	32	36.5
<i>Violence and Crime (n=3)</i>	7-96	43	27
<i>Health (n=7)</i>	19-122	49	35
<i>All Domains (n=72)</i>	5-150	38	30
Individuals Served Annually	Total	Average	Median
<i>Social Service Issues (n=1)</i>	100	100	100
<i>Alcohol and Drugs (n=3)</i>	32,000	10,667	1500
<i>Economy and Financial Well Being (n=28)</i>	217,280	7760	1025
<i>Family Life (n=20)</i>	216,589	20,627	2200
<i>Education and the Workforce (n=9)</i>	107,541	11,949	2600
<i>Violence and Crime (n=3)</i>	23,775	7925	2525
<i>Health (n=6)</i>	158,050	26,342	11,950
<i>All Domains (n=70)</i>	755,335	10,790	2000
Individuals on Waiting List Annually	Total	Average	Median
<i>Social Service Issues (n=1)</i>	0	0	0
<i>Alcohol and Drugs (n=3)</i>	0	0	0
<i>Economy and Financial Well Being (n=30)</i>	1064 (21 organizations have 0 individuals on wait list)	36	0
<i>Family Life (n=20)</i>	341 (16 organizations have 0 individuals on wait list)	33	0
<i>Education and the Workforce (n=9)</i>	253 (7 organizations have 0 individuals on wait list)	28	0
<i>Violence and Crime (n=3)</i>	0	0	0
<i>Health (n=6)</i>	15 (5 organizations have 0 individuals on wait list)	3	0
<i>All Domains (n=72)</i>	1670 (56 of 72 organizations have 0 individuals on wait list)	24	0

Average Amount of Time on Waiting List	Average Days		
<i>Social Service Issues</i>	The 1 organization in this domain had an average of 14 days wait time.		
<i>Alcohol and Drugs</i>	0 of 3 organizations indicated a wait time.		
<i>Economy and Financial Well Being</i>	15 of 29 organizations indicated a wait time. Wait times ranged from a minimum of 1 day to a maximum of 365 days.		
<i>Family Life</i>	4 of 20 organizations indicated a wait time. Wait times ranged from a minimum of 7 days to a maximum of 180 days.		
<i>Education and the Workforce</i>	3 of 9 organizations indicated a wait time. Wait times ranged from a minimum of 14 days to a maximum of 365 days.		
<i>Violence and Crime</i>	No wait times indicated		
<i>Health</i>	4 of 6 organizations indicated a wait time. Wait times ranged from a minimum of 1 day to a maximum of 180 days.		
<i>All Domains</i>	27 of 70 organizations indicated a wait time. Wait times ranged from a minimum of 1 day to a maximum of 365 days.		
Number of Full-time Employees	Total	Average	Median
<i>Social Service Issues (n=1)</i>	1	1	1
<i>Alcohol and Drugs (n=3)</i>	42	14	2
<i>Economy and Financial Well Being (n=30)</i>	943	31	5
<i>Family Life (n=20)</i>	187	18	4.5
<i>Education and the Workforce (n=9)</i>	324	36	5
<i>Violence and Crime (n=3)</i>	34	11	16
<i>Health (n=7)</i>	146	21	9
<i>All Domains (n=73)</i>	1677	23	5
Number of Part-time Employees	Total	Average	Median
<i>Social Service Issues (n=1)</i>	3	3	3
<i>Alcohol and Drugs (n=3)</i>	11	4	4
<i>Economy and Financial Well Being (n=30)</i>	524	18	3
<i>Family Life (n=20)</i>	449	43	3
<i>Education and the Workforce (n=9)</i>	83	9	5
<i>Violence and Crime (n=3)</i>	20	7	3
<i>Health (n=7)</i>	43	6	2
<i>All Domains (n=73)</i>	1133	16	3

Number of Volunteers	Total	Average	Median
<i>Social Service Issues (n=0)</i>	n/a	n/a	n/a
<i>Alcohol and Drugs (n=3)</i>	260	87	120
<i>Economy and Financial Well Being (n=28)</i>	11,484	410	30
<i>Family Life (n=20)</i>	8876	845	100
<i>Education and the Workforce (n=9)</i>	1421	158	25
<i>Violence and Crime (n=3)</i>	245	82	55
<i>Health (n=7)</i>	554	79	20
<i>All Domains (n=70)</i>	22,840	326	50
Age Range Served			
<i>Social Service Issues</i>	The 1 organization in this domain serves teens and adults.		
<i>Alcohol and Drugs</i>	Of the 3 organizations in this domain, 2 serve children and teens and 1 serves children to adults.		
<i>Economy and Financial Well Being</i>	Of the 27 organizations in this domain, 7 serve adults, 1 serves teens and adults, and 19 serve all ages.		
<i>Family Life</i>	Of the 20 organizations in this domain, 2 serve children, 5 serve children and teens, 3 serve teens and adults, 2 serve adults, and 8 serve all ages.		
<i>Education and the Workforce</i>	Of the 9 organizations in this domain, 4 serve children and teens, 2 serve adults, and 3 serve all ages.		
<i>Violence and Crime</i>	Of the 3 organizations in this domain, all serve all ages.		
<i>Health</i>	Of the 7 organizations in this domain, 3 serve children to adults, 1 serves adults, and 3 serve all ages.		
<i>All Domains</i>	Of the 70 total organizations, 2 serve children, 11 serve children and teens, 5 serve teens and adults, 4 serve children to adults, 12 serve adults, and 36 serve all ages.		
Measures to Serve Non-English Speaking Individuals			
<i>Social Service Issues</i>	The 1 organization in this domain does not have measures in place.		
<i>Alcohol and Drugs</i>	3 of 3 organizations in this domain have measures in place.		
<i>Economy and Financial Well Being</i>	21 of 30 organizations in this domain have measures in place.		
<i>Family Life</i>	14 of 20 organizations in this domain have measures in place.		
<i>Education and the Workforce</i>	5 of 9 organizations in this domain have measures in place.		
<i>Violence and Crime</i>	2 of 3 organizations in this domain have measures in place.		
<i>Health</i>	6 of 7 organizations in this domain have measures in place.		
<i>All Domains</i>	51 of 73 organizations have measures in place.		

Fees for Services	
<i>Social Service Issues</i>	The 1 organization in this domain does not have fees for services.
<i>Alcohol and Drugs</i>	Of the 4 organizations in this domain, 1 has fees for services and 3 do not.
<i>Economy and Financial Well Being</i>	Of the 29 organizations in this domain, 13 have fees for services and 16 do not.
<i>Family Life</i>	Of the 20 organizations in this domain, 9 have fees for services and 11 do not.
<i>Education and the Workforce</i>	Of the 9 organizations in this domain, 4 have fees for services and 5 do not.
<i>Violence and Crime</i>	Of the 3 organizations in this domain, none have fees for services.
<i>Health</i>	Of the 7 organizations in this domain, 3 have fees for services and 4 do not.
<i>All Domains</i>	Of the 73 total organizations, 30 have fees for services and 43 do not.
Percentage of Clients Unable to Pay for Services	
<i>Social Service Issues</i>	The 1 organization in this domain indicated "not applicable."
<i>Alcohol and Drugs</i>	Of the 2 organizations in this domain, 1 indicated 0% and 1 indicated "not applicable."
<i>Economy and Financial Well Being</i>	Of the 21 organizations in this domain, 4 indicated 0%, 4 indicated 100%, 4 indicated less than 50%, 5 indicated greater than or equal to 50%, and 4 indicated "not applicable."
<i>Family Life</i>	Of the 18 organizations in this domain, 2 indicated 100%, 4 indicated less than 50%, 6 indicated greater than or equal to 50%, and 6 indicated "not applicable."
<i>Education and the Workforce</i>	Of the 7 organizations in this domain, 1 indicated less than 50%, 2 indicate greater than or equal to 50%, and 4 indicated "not applicable."
<i>Violence and Crime</i>	Of the 2 organizations in this domain, 1 indicated greater than or equal to 50% and 1 indicated "not applicable."
<i>Health</i>	Of the 5 organizations in this domain, 1 indicated 100%, 1 indicated less than 50%, 1 indicated greater than or equal to 50%, and 2 indicated "not applicable."
<i>All Domains</i>	Of the 56 total organizations, 5 indicated 0%, 7 indicated 100%, 10 indicated less than 50%, 15 indicated greater than or equal to 50%, and 19 indicated "not applicable."

Social Service Agencies Responses to Priority Community Needs

Study Question 1: To what degree are social service providers responding to the needs identified through the community needs assessment survey?

The 2007/2008 United Way Comprehensive Community Assessment identified priority needs and strengths within the five-county study area. Priority needs and strengths were based on a ranking of respondents' ratings on importance and being-addressed-well response combinations. All data collection methods, data analysis procedures, and findings are described in detail within the report. A review of these key findings follows.

The priority needs reflected issues that had the highest rank based on the percentage of participants who fell within the high in importance and low in being-addressed-well response combination quadrant. A ranking of all priority needs and strengths is provided in Table 2 for all counties and sub-groups combined. The rankings reflect issues that have the highest rank based on the percentage of participants who fell within a response pattern. For ease of presentation, only the ten highest issues are summarized. While these issues may have the highest rank relative to other issues, priority issues were not limited to the top ten issues, and descending issues should also be considered. Moreover, readers are encouraged to triangulate ranked issues with secondary data sources and focus on key themes within higher ranked items.

Priority Needs: The ten highest percentages of participants across all stakeholder groups falling in the high in importance and low in being-addressed-well quadrant (represents priority needs) were noted for the following community issues:

- Understanding the cycle of poverty that occurs in successive generations
- Families' understanding of finances, budgeting, and tax credits
- Affordable and accessible health care for low- to moderate-income individuals
- Child and adult obesity
- Cost of prescription medicine
- Affordable and available care for mental health issues
- Affordable dental care for low- to moderate-income individuals
- Teenage sex, pregnancy, and parenthood
- Affordable in-home care for the elderly
- Availability of weekend/evening hours for human services

Table 2. All Counties and Subgroups Combined
Note: Issues are sorted by the HL Rank (High in importance and Low in how the issue is being addressed)

Item from Needs Assessment		Importance-Being Addressed Response Patterns							Organizations Targeting each Issue as a Priority Need				Do not know how well issue is being addressed	
		N	HL		HH		LL	LH	Orgs. that completed the Provider Profile (N = 75)		All orgs. that were surveyed (N = 188)			
			Rank	%	Rank	%	%	%	N	%	N	%	N	%
29	Understanding the cycle of poverty that occurs in successive generations	1018	1	61.90	56	27.00	9.10	2.00	2	2.7	2	1.1	489	32.02
15	Families' understanding of finances, budgeting, and tax credits	1072	2	59.00	55	30.40	9.10	1.40	4	5.3	7	3.7	447	28.88
51	Affordable and accessible health care for low- to moderate-income individuals	1212	3	58.30	52	32.30	7.90	1.40	10	13.3	20	10.6	320	20.70
49	Child and adult obesity	1167	4	57.80	51	33.10	6.40	2.70	1	1.3	1	0.5	355	23.04
56	Cost of prescription medicine	1203	5	57.00	50	33.60	7.60	1.80	3	4.0	4	2.1	310	20.17
50	Affordable and available care for mental health issues	1062	6	55.70	48	35.70	7.30	1.20	4	5.3	11	5.9	454	29.56
53	Affordable dental care for low- to moderate-income individuals	1126	7	54.50	49	34.90	8.80	1.80	1	1.3	2	1.1	400	25.94
30	Teenage sex, pregnancy, and parenthood	1134	8	54.10	44	38.70	6.30	0.90	3	4.0	3	1.6	383	24.93
18	Affordable in-home care for the elderly	987	9	52.20	47	37.60	8.50	1.70	2	2.7	5	2.7	522	33.85
4	Availability of weekend/evening hours for human services	747	10	52.10	53	31.90	12.70	3.30	2	2.7	2	1.1	712	48.08
11	Underage use of drugs other than alcohol or tobacco	1174	11	51.50	36	43.40	4.60	0.40	2	2.7	2	1.1	340	22.06
31	Support for care givers of the elderly, mentally ill, or physically disabled	987	12	51.10	44	38.70	8.90	1.30	4	5.3	8	4.3	514	33.86
26	Children with behavioral problems	1087	13	50.70	41	41.80	5.80	1.70	3	4.0	4	2.1	435	28.39
27	Lack of child support payments	924	14	50.60	43	39.80	6.70	2.80	0	0.0	0	0.0	542	36.47

Table 2 (continued)														
Item from Needs Assessment		Importance-Being Addressed Response Patterns							Organizations Targeting each Issue as a Priority Need				Do not know how well issue is being addressed	
		N	HL		HH		LL	LH	Orgs. that completed the Provider Profile (N = 75)		All orgs. that were surveyed (N = 188)			
			Rank	%	Rank	%	%	%	N	%	N	%	N	%
55	Preventative health care	1136	15	48.90	39	42.60	6.80	1.70	3	4.0	7	3.7	384	24.97
3	Transitioning of ex-offenders into community and family	783	16	48.30	54	30.90	17.10	3.70	2	2.7	2	1.1	714	46.73
28	Preparation and support for parenthood	1028	17	48.20	40	42.20	7.80	1.80	4	5.3	6	3.2	487	31.79
8	Adult drug use	1171	18	48.00	32	46.40	4.70	0.90	4	5.3	7	3.7	320	20.96
14	Affordable child care	1117	19	47.00	33	44.80	6.40	1.80	4	5.3	6	3.2	382	24.97
33	Child sexual abuse	1021	20	46.90	28	47.40	4.70	1.00	2	2.7	8	4.3	454	30.29
19	Low- to moderate-income individuals not having funds for basic needs (e.g., adequate clothing, food, housing, and legal services)	1163	20	46.90	37	43.30	7.30	2.60	23	30.7	47	25.0	358	23.14
39	Preparation of the unemployed to enter the workforce	1071	22	46.40	34	44.60	7.30	1.70	0	0.0	0	0.0	450	29.16
10	Underage alcohol use	1173	23	46.30	29	47.20	4.70	1.80	5	6.7	5	2.7	304	20.16
20	Affordable and accessible public transportation	1157	24	45.50	42	41.50	9.80	3.30	6	8.0	10	5.3	298	20.03
35	Lack of safe, constructive opportunities for youth	1146	25	45.10	35	44.20	6.30	4.40	5	6.7	10	5.3	359	23.54
36	Elderly abuse and neglect	883	26	45.00	38	42.90	8.40	3.70	0	0.0	0	0.0	627	41.09
34	Parent involvement in child education	1175	27	44.90	24	50.20	4.10	0.80	3	4.0	3	1.6	341	22.27
24	Child physical/mental abuse and neglect	1140	28	44.20	22	51.00	3.40	1.40	6	8.0	12	6.4	393	25.40
7	Drug and alcohol related crimes	1202	29	43.80	20	51.20	3.60	1.30	1	1.3	1	0.5	315	20.44
16	Affordable and available care for the physically disabled	992	30	43.50	26	48.00	7.40	1.10	4	5.3	11	5.9	520	33.88

Table 2 (continued)														
Item from Needs Assessment		Importance-Being Addressed Response Patterns							Organizations Targeting each Issue as a Priority Need				Do not know how well issue is being addressed	
		N	HL		HH		LL	LH	Orgs. that completed the Provider Profile (N = 75)		All orgs. that were surveyed (N = 188)			
			Rank	%	Rank	%	%	%	N	%	N	%	N	%
52	Proper nutrition	1128	31	42.20	26	48.00	6.90	2.90	3	4.0	4	2.1	369	24.32
5	Adult alcohol abuse	1198	32	41.50	17	52.50	4.10	1.90	2	2.7	4	2.1	328	21.12
42	Preparation of young adults to enter the workforce	1090	33	40.50	16	52.80	4.80	2.00	1	1.3	1	0.5	414	27.02
6	Underage tobacco use	1134	33	40.50	22	51.00	5.10	3.30	4	5.3	5	2.7	333	22.05
47	Youth violence and crime	1050	35	40.10	21	51.10	5.80	3.00	2	2.7	2	1.1	458	29.88
12	Driving under alcohol/drug influence	1209	36	39.70	11	56.20	2.80	1.30	1	1.3	1	0.5	237	16.01
54	Sexually transmitted diseases/infections	928	37	37.50	19	52.00	7.30	3.10	2	2.7	2	1.1	592	38.72
13	Availability of food and shelter for the homeless	1211	38	37.30	14	55.60	4.90	2.20	10	13.3	14	7.4	312	20.17
44	Domestic violence	1100	39	37.20	9	56.70	4.60	1.50	4	5.3	4	2.1	405	26.56
46	Gang activity	910	40	35.50	30	47.10	8.60	8.80	0	0.0	0	0.0	591	38.68
48	Adult sexual victimization	864	41	35.30	15	54.10	5.80	4.90	1	1.3	1	0.5	612	40.64
32	Preparation and support for marriage and marital relations	1035	42	35.00	17	52.50	7.20	5.30	2	2.7	2	1.1	476	31.07
37	Number of skilled workers to fill available jobs	1082	43	34.90	10	56.60	4.90	3.60	0	0.0	3	1.6	435	28.36
9	Adult tobacco use	1146	44	34.20	31	46.90	10.40	8.60	1	1.3	2	1.1	369	23.85
17	Availability of jobs for mentally and physically challenged individuals	1011	45	34.00	13	55.90	7.80	2.30	3	4.0	6	3.2	504	32.60
38	Students completion of high school	1173	46	33.80	8	61.10	3.40	1.70	4	5.3	4	2.1	336	21.96

Table 2 (continued)

Item from Needs Assessment		Importance-Being Addressed Response Patterns							Organizations Targeting each Issue as a Priority Need				Do not know how well issue is being addressed	
		N	HL		HH		LL	LH	Orgs. that completed the Provider Profile (N = 75)		All orgs. that were surveyed (N = 188)			
			Rank	%	Rank	%	%	%	N	%	N	%	N	%
21	Language barriers for non-English speaking individuals	908	47	33.70	46	37.70	12.60	16.1	1	1.3	1	0.5	607	39.42
23	Integration and appreciation of individuals from different cultures	1003	48	32.10	25	48.90	10.00	9.10	1	1.3	2	1.1	510	33.12
25	Children with special mental and physical conditions	1075	49	31.00	7	63.80	3.70	1.50	4	5.3	6	3.2	441	28.84
1	Recruitment & coordination of volunteers	1003	50	29.10	4	66.20	3.30	1.40	1	1.3	1	0.5	517	33.38
45	Violent crime	1142	51	28.90	6	63.90	4.00	3.20	0	0.0	0	0.0	365	23.87
22	Race relations	1029	52	27.10	11	56.20	8.70	8.00	0	0.0	0	0.0	452	30.09
41	Adult literacy	997	53	26.20	5	66.00	5.20	2.60	1	1.3	2	1.1	523	33.92
43	School violence	835	54	25.60	2	66.50	4.10	3.70	0	0.0	0	0.0	239	21.87
40	Children prepared to enter kindergarten	1073	55	24.00	3	66.40	4.50	5.10	4	5.3	5	2.7	436	28.31
2	Cooperation of community organizations in effectively addressing needs	1065	56	23.80	1	66.70	8.60	0.90	2	2.7	2	1.1	444	28.89

Social Service Organizations' Response to Priority Needs

To examine the degree to which social service providers are responding to the priority needs identified within the community assessment, a document review of the Provider Profiles was conducted. Specifically, a protocol for examining each issue was developed that served to organize specific social service organization descriptive information by community issues from the survey that the organization indicated addressing. The protocol is provided in Table 3.

Table 3. Document Review Protocol	
Variable (Column heading)	Definition
Issue	Community issue from the 2007/2008 Comprehensive Community Assessment Survey, listed in the order of priority needs for all counties combined
Organization	The social service organization that targets the issue as one of its primary need areas
Counties Served	The counties served by the organization for all services and programs
Number of Individuals Served Annually	The total number of individuals served each year by the organization with all of its services and programs
Services Provided for Issue	The specific services or programs that are offered to address the issue. This is not a comprehensive list of services offered by the organization.
Days Services Provided	This field indicates whether the organization offers any services on weekdays and/or weekends. This is not specific to individual issues.
Time of Day Services Provided	This field indicates whether the organization offers any services during the day and/or evening. This is not specific to individual issues.

Utilizing the above protocol, social service organizations were linked to each of the 56 issues provided in the community assessment survey. The full description of all issues and organizations is provided in Appendix B. For organizations where full provider information was not available, data retrieved from public data sources was utilized.

Table 2 displays the number of organizations addressing each of the issues within the community assessment. The issue with the largest number of organizations targeting it with services and programs is low- to moderate-income individuals not having funds for basic needs (e.g., adequate clothing, food, housing, and legal services). This result is influenced by the fairly large number of food and clothing banks, soup kitchens, and other services for basic necessities that exist in the community. Further, given that this issue encompasses a large number of concerns, ones that focus on basic needs for survival, it would be expected that many social service agencies would target this issue. A summary of the ten highest ranked priority issues follows. Next, community issues that are not being addressed directly are provided.

There is variability in service coverage by organizations for the top priority needs identified through the needs assessment survey. To indicate the organizations that are targeting each of the top ten needs with their programs and services, a series of individual tables for each issue is presented. Following each table, information regarding service coverage is synthesized with

available secondary data to provide some indication of the degree to which issues are being addressed.

Priority Issue Ranked 1

As indicated in Table 4.1, two organizations identified understanding the cycle of poverty that occurs in successive generations as a priority need being targeted with their services. These organizations offer two different types of services: health care and legal services. While the needs assessment report does not provide secondary data specific to this issue, it did indicate that poverty rates have increased for all five counties in the study (US Census, 2000, 2005) and that there was an increase in the number of food stamp recipients for all counties between 2003 and 2007 (Indiana FSSA, Division of Family Resources, 2007). Health care costs have also shown an increase in the nation and Indiana, as well as the amount individuals must pay for health insurance premiums (The Kaiser Family Foundation and Health Research and Educational Trust, Employer Health Benefits, 2007 Annual Survey). These secondary data help to show that due to rising costs, individuals may find it difficult to rise above poverty levels, impacting the likelihood that later generations also will experience poverty status.

Table 4.1. Priority Issue Rank 1: Understanding the cycle of poverty that occurs in successive generations					
Organization	Counties Served	Number of Individuals Served Annually	Services Provided for Issue	Days Services Provided	Time of Day Services Provided
ECHO Community Health Care	Gibson, Posey, Vanderburgh, & Warrick	11,950	Division Street clinic, ECHO Community Health Center, Sue Woodson Memorial Clinic, Homeless Health Team, Medical Outreach Team	Weekdays & Weekends	Daytime & Evening
Legal Aid Society	Vanderburgh	800	Participate in Bridges Out of Poverty and other collaborations	Weekdays	Daytime

Priority Issue Ranked 2

As indicated in Table 4.2, four organizations identified families’ understanding of finances, budgeting, and tax credits as a priority need that they target with their services. Three additional organizations that did not complete the full Provider Profile offer services that directly relate to this issue. The types of services provided are somewhat varied, including credit counseling, providing assistance to small businesses, counseling in housing issues, or actually providing cash resources to families. While the needs assessment report did not provide secondary data specific to this issue, data presented under the top priority need relate to this issue as well. Increased poverty, more difficult financial situations, and rising costs of goods and services indicate the need for families to understand how to manage finances and understand complex tax laws.

Table 4.2. Priority Issue Rank 2: Families' understanding of finances, budgeting, and tax credits					
Organization	Counties Served	Number of Individuals Served Annually	Services Provided for Issue	Days Services Provided	Time of Day Services Provided
Community Emergency Assistance Board	Posey	312 adults; 283 children	Provides up to \$150 per calendar year	Weekdays	Daytime & Evening
Legal Aid Society	Vanderburgh	800	Participate in Partners in Caring and self-sufficiency coalition	Weekdays	Daytime
Habitat for Humanity Evansville	Vanderburgh	25 families	Home ownership workshops for families in the program	Weekdays & Weekends	Daytime
Catholic Charities	Daviess, Dubois, Greene, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	25,250	NTN/EAP/Medical Travel/Christian Sharing Fund/Food, Clothing, furniture referrals to SVDP	Weekdays	Daytime & Evening
<i>3 additional organizations provide services related to this issue.</i>					

Priority Issue Ranked 3

As indicated in Table 4.3, ten organizations identified affordable and accessible health care for low- to moderate-income individuals as a priority need that they target with their services. Ten additional organizations that did not complete the full Provider Profile offer services that directly relate to this issue. While some organizations actually provide direct health care services, some primarily provide information regarding services and assistance with Medicaid issues. Secondary data show that health care costs have increased over the last several years and that individuals are paying more for health insurance premiums (The Kaiser Family Foundation and Health Research and Educational Trust, Employer Health Benefits, 2007 Annual Survey). Further, approximately 15-17% of individuals in Indiana and the United States do not have health insurance coverage (US Census, Current Population Survey, 2006; CDC, Health, United States, 2007), which places a burden on family and individual incomes.

Table 4.3. Priority Issue Rank 3: Affordable and accessible health care for low- to moderate-income individuals					
Organization	Counties Served	Number of Individuals Served Annually	Services Provided for Issue	Days Services Provided	Time of Day Services Provided
American Cancer Society Great Lakes Division	Gibson, Perry, Pike, Posey, Spencer, & Vanderburgh	40,000	Patient Resource Center/Resources Database	Weekdays	Daytime & Evening
Community Emergency Assistance Board	Posey	312 adults; 283 children	Provide up to \$150 per calendar year	Weekdays	Daytime & Evening
ECHO Community Health	Gibson, Posey, Warrick, & Vanderburgh	11,950	Primary care in various locations	Weekdays & Weekends	Daytime & Evening
Mental Health America of Vanderburgh County	Gibson, Posey, Vanderburgh, & Warrick	2000 - 2200	Advocacy, information, and referral	Weekdays	Daytime & Evenings
Easter Seals	Daviess, Dubois, Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	5000	Therapies; clinics	Weekdays & Weekends	Daytime & Evenings
Division of Family Resources Warrick	Warrick	12,156 plus Medicaid recipients	Medicaid	Weekdays	Daytime
Division of Family Resources Posey	Posey	2000	Medicaid	Weekdays	Daytime
Indiana Legal Services	Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	1700 applications & 500 cases	Legal services in Medicaid and public benefit appeals	Weekdays	Daytime
Visiting Nurse Association	Daviess, Dubois, Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, and Warrick; also 7 counties in Illinois and 3 counties in Kentucky	2914 not including immunizations	Home health care; hospice; rehab services; immunizations	Weekdays & Weekends	Daytime & Evening
Birthright	Daviess, Dubois, Gibson, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	1300	Referrals for Medicaid	Weekdays	Daytime
<i>10 additional organizations provide services related to this issue.</i>					

Priority Issue Ranked 4

As indicated in Table 4.4, one organization identified child and adult obesity as a priority need that they target with their services. This is primarily addressed through community/support programs and health fairs. Recent surveys have shown increases in child and adult obesity rates, as well as slight decreases in the amount of vigorous activity experienced by children. Specifically, as reported by the CDC (2007), approximately 26% of adults in the United States and approximately 27% in Indiana were classified as obese in 2007. This represents an increase of 7.5% since 2004. Further, the percentage of students in Indiana who were overweight increased from 2003 to 2005. The percentage of youth who reported engaging in vigorous physical activity also decreased between 2003 and 2005.

Organization	Counties Served	Number of Individuals Served Annually	Services Provided for Issue	Days Services Provided	Time of Day Services Provided
American Cancer Society Great Lakes Division	Gibson, Perry, Pike, Posey, Spencer, & Vanderburgh	40,000	Community programs; health fairs; support programs	Weekdays	Daytime & Evening

Priority Issue Ranked 5

As indicated in Table 4.5, three organizations identified cost of prescription medicine as a priority need that they target with their services. One additional organization that did not complete the full Provider Profile offers services that directly relate to this issue. These organizations either provide monetary assistance with prescription costs or other types of resources to free up finances that may be devoted to prescriptions. Based on information provided by the US Department of Health and Human Services in the Medical Expenditure Panel Survey (2005), lower income individuals are particularly affected by prescription costs, often paying as much as middle income individuals. Fortunately, the state of Indiana does provide assistance with prescription costs through such programs as HoosierRx or Rx for Indiana (Indiana FSSA, 2008).

Organization	Counties Served	Number of Individuals Served Annually	Services Provided for Issue	Days Services Provided	Time of Day Services Provided
Mental Health America of Vanderburgh County	Gibson, Posey, Vanderburgh, & Warrick	2000 – 2200	Funding emergency psychiatric medication for uninsured	Weekdays	Daytime & Evenings
Christian Resource Center	Spencer	not indicated	Pay for prescriptions	Weekdays	Daytime
Meals on Wheels	Vanderburgh (Evansville city limits)	300 – 325	Provide low cost meals in an effort to free up income for prescription medications	Weekdays	Daytime

1 additional organization provides services related to this issue.

Priority Issue Ranked 6

As indicated in Table 4.6, four organizations identified affordable and available care for mental health issues as a priority need that they target with their services. Seven additional organizations that did not complete the full Provider Profile offer services that directly relate to this issue. Organizations provide direct care through counseling and social work services or may offer programs that are designed to positively impact mental health. Secondary data regarding mental health issues are somewhat mixed. While there has been an increase in the amount of money spent on mental health treatment in the United States, there has been a decrease in the number of mental health organizations and beds for 24-hour and residential treatment (Substance Abuse and Mental Health Services Administration, 2004). Further, a study published in the American Journal of Public Health in 2002 indicated that approximately 15% of individuals in the United States with a serious mental illness receive minimally adequate treatment and that 60% did not receive treatment at all. These figures highlight the need for affordable and available care for mental health issues.

Organization	Counties Served	Number of Individuals Served Annually	Services Provided for Issue	Days Services Provided	Time of Day Services Provided
ECHO Community Health Care	Gibson, Posey, Warrick, & Vanderburgh	11,950	Primary care in various locations	Weekdays & Weekends	Daytime & Evening
Youth First	Gibson, Posey, Vanderburgh, & Warrick	30,000	School Social Work; Reconnecting Youth; Adventure Based Challenge	Weekdays	Daytime & Evening
Lampion Center	Posey, Vanderburgh, & Warrick	not indicated	Outpatient counseling; family group program; teen group	Weekdays	Daytime & Evening
Veteran's Readjustment Counseling	Gibson, Knox, Posey, Spencer, Vanderburgh, & Warrick	1500	Active outreach	Weekdays & Weekends	Daytime & Evening

7 additional organizations provide services related to this issue.

Priority Issue Ranked 7

As indicated in Table 4.7, one organization identified affordable dental care for low- to moderate-income individuals as a priority need that they target with their services. One additional organization that did not complete the full Provider Profile offers services that directly relate to this issue. Both organizations provide direct dental care for lower-income individuals. As indicated by secondary data, the annual mean dental service expense for persons with a dental expense was \$579 in 2005. Approximately half the cost in the U.S. and Indiana is paid out of pocket. While the actual dental costs paid by lower-income individuals is lower than those with higher incomes, the payments that are made still provide a burden to those in poverty or near poverty (US Department of Health and Human Services, Medical Expenditure Panel Survey, 2005). Further, approximately 68% of adults in Indiana have annual dental appointments, which indicates that many individuals may not have the resources to obtain the services (CDC, 2006).

Organization	Counties Served	Number of Individuals Served Annually	Services Provided for Issue	Days Services Provided	Time of Day Services Provided
Department of Health Vanderburgh	Vanderburgh	100,000+	Dental clinic	Weekdays	Daytime & Evening

1 additional organization provides services related to this issue.

Priority Issue Ranked 8

As indicated in Table 4.8, three organizations identified teenage sex, pregnancy, and parenthood as a priority need that they target with their services. These organizations offer various programs that address the issue, such as afterschool, mentoring, and family education programs. Overall, secondary data show positive trends in the area of teenage sex and pregnancy. Between 2001 and 2005, the number of babies born to single mothers under the age of 20 without a diploma in Indiana decreased. These numbers also decreased in Posey, Vanderburgh, and Warrick Counties. Further, the teen birth rate per 1000 females in Indiana decreased by almost 9%. All counties except Spencer have shown a decrease in teen birth rates. Between 1997 and 2005, the percentage of 9th through 12th grade students in the United States who had ever had sexual intercourse decreased by 3.3%. The Indiana rate decreased from 2003 and 2005.

Organization	Counties Served	Number of Individuals Served Annually	Services Provided for Issue	Days Services Provided	Time of Day Services Provided
YWCA	Daviess, Gibson, Knox, Pike, Posey, Spencer, Vanderburgh, & Warrick	2525	Afterschool and mentoring	Weekdays & Weekends	Daytime & Evening
Life Choices	Daviess, Dubois, Gibson, Knox, Martin, Pike, Perry, Posey, Spencer, Vanderburgh, & Warrick	40	Residential program	Weekdays & Weekends	Daytime & Evening
Catholic Charities	Daviess, Dubois, Greene, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	25,250	Family Life education and PEERS	Weekdays	Daytime & Evening

Priority Issue Ranked 9

As indicated in Table 4.9, two organizations identified affordable in-home care for the elderly as a priority need that they target with their services. Three additional organizations that did not complete the full Provider Profile offers services that directly relate to this issue. Most of the organizations provide some type of in-home assistance such as home keeping, making home modifications, or providing companionship.

Organization	Counties Served	Number of Individuals Served Annually	Services Provided for Issue	Days Services Provided	Time of Day Services Provided
Council on Aging Spencer	Spencer	2849	Homemaker	Weekdays	Daytime & Evening
Council on Aging Vanderburgh	Vanderburgh	350	Building wheelchair ramps and doing home modifications	Weekdays	Daytime
<i>3 additional organizations provide services related to this issue.</i>					

Priority Issue Ranked 10

As indicated in Table 4.10, two organizations identified availability of weekend/evening hours for human services as a priority need that they target with their services. One organization attempts to have member agencies that keep evening hours that are convenient for their clients. The other organization actually provides certain services during evening hours. As indicated by responses to the Provider Profiles, a total of 32 out of 68 (47.1%) organizations specified that they offer services on the weekends, and 48 out of 68 (70.6%) organizations specified that they offer services in the evening.

Organization	Counties Served	Number of Individuals Served Annually	Services Provided for Issue	Days Services Provided	Time of Day Services Provided
Tri-state Food Bank	Daviess, Dubois, Gibson, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick; also 17 counties in Illinois and Kentucky	86,500 (44,500 in Indiana)	Strive to have member agencies with evening hours	Weekdays	Daytime
Catholic Charities	Daviess, Dubois, Greene, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	25,250	Counseling Outreach to Safe House, Support of CEO, Hispanic Counselor trained for DUI Counseling	Weekdays	Daytime & Evening

Community Issues Not Directly Addressed

As illustrated by Table 2 and in Appendix B, most of the community issues from the needs assessment survey are being addressed by at least one organization. However, there were seven issues that were not identified as target areas by any organization included in this study. These issues are presented in Table 5.

Needs Assessment Issue	Priority Issues		Strengths	
	High Importance/Low in Being Addressed		High Importance/High in Being Addressed	
	Rank	Percent	Rank	Percent
Lack of child support payments	14	50.60	43	39.80
Preparation of the unemployed to enter the workforce	22	46.40	34	44.60
Elderly abuse and neglect	26	45.00	38	42.90
Gang activity	40	35.50	30	47.10
Violent crime	51	28.90	6	63.90
Race relations	52	27.10	11	56.20
School violence	54	25.60	2	66.50

As noted above, the highest ranked priority need that is not identified as a priority focus of any organization is lack of child support payments. It should be noted that this is based on the information that was provided by responding organizations or compiled through secondary sources. While there may be organizations that deal with this issue, there is no specific evidence that indicates that a particular organization views the issue as one of their top priorities. This is true of all issues listed in the table above.

Based on the ranking, it is apparent that many members of the community view lack of child support payments as a need. In fact, approximately half of survey respondents indicated that the issue is important and not being addressed well in the community. Secondary data help to shed light on the actual prevalence of need in this area. As indicated by the Indiana Department of Child Services (2005), there have been gains in the amount of child support collected throughout the state. Between 1996 and 2005, the disbursement amount increased from \$209 million to \$482 million. While such increases are positive, the state percentage of child support collected still lags behind the United States rate. In September of 2005, 53% of child support was collected in Indiana, compared to 59% in the United States. Some area counties performed somewhat better. Spencer County had the highest rate of 62.3%, followed by Gibson County at 59.9%, Posey County at 57.6%, and Warrick County at 57.5%. Vanderburgh County was significantly lower, with only 42.5% of child support collected. Therefore, while some advances have been made in the last several years, some child support performance measures lend support to the community's concern regarding child support payments, particularly in Vanderburgh County.

Three issues in Table 5 stand out as strengths identified by members of the community. These include school violence (2nd highest strength), violent crime (6th highest strength), and race relations (11th highest strength). In terms of school violence, data related to suspensions and expulsions are available through the Indiana Department of Education (2008). While these figures are not the only indicator of school violence, they do provide one aspect of the levels of disruption in schools. Depending on the particular school corporation, data are somewhat mixed. In 2006/2007, Vanderburgh County public schools had the highest incident rate of suspensions and expulsions at 22.7 per 100 students. This is compared to state average of 16.2. All other area school corporations were below the state average, with North Spencer having the lowest rate at 3.3 incidents per 100 students. It should be noted that suspensions in all counties decreased between 2003 and 2006. Expulsions, however, increased in Gibson, Spencer, and Warrick Counties.

A review of violent crime rates for the United States, Indiana, and the city of Evansville indicates that compared to 1990, overall violent crime indices have been lower in the 2000s. However, this rate had been slowly increasing in the city of Evansville since hitting a low of 387.6 incidents per 100,000 population in 2004. The most recent data reported by Uniform Crime Report statistics indicate somewhat of a positive sign related to violent crime. In the first part of 2008, violent crime actually showed a decrease when compared to the same time period in 2007. Full-year statistics will need to be examined to determine whether these findings actually show a decrease in violent crime. Further, forcible rape has increased in Evansville. While trends such as the ones noted are useful in determining the degree of violence that is occurring in a community, it should be understood that crime rates may fluctuate significantly from one time

period to the next. Therefore, to draw the most accurate conclusions regarding violent crime, the reader should seek the most recent violent crime statistics for the particular community under investigation.

The third issue that is identified as a strength but does not have specific organizations targeting it as a priority need is race relations. Overall, 56.2% of the community indicated that the issue is important and is being addressed well. Given the nature of this issue, it is very difficult to locate objective, quantitative data regarding race relations. Therefore, no secondary data are provided that shed light on the actual state of race relations in the community. The reader should attempt to gather resources, likely qualitative in nature, to help determine the prevalence of this issue as either truly a strength of the community or a priority need.

Community Issues being Directly Addressed by One Organization

Within the issues being addressed by organizations, there is variability in terms of how many organizations are focusing on the issues. The issues shown in Table 6 are a focus area of one organization surveyed within this study.

Table 6. Community issues being targeted by one organization				
Needs Assessment Issue	Priority Issues		Strengths	
	High Importance/Low in Being Addressed		High Importance/High in Being Addressed	
	Rank	Percent	Rank	Percent
Child and adult obesity	4	57.80	51	33.10
Preparation of young adults to enter the workforce	22	46.40	34	44.60
Drug and alcohol related crimes	29	43.80	20	51.20
Driving under alcohol/drug influence	36	39.70	11	56.20
Adult sexual victimization	41	35.30	15	54.10
Language barriers for non-English speaking individuals	47	33.70	46	37.70
Recruitment and coordination of volunteers	50	29.10	4	66.20

As indicated in Table 6, child and adult obesity was ranked as one of the highest priority needs by members of the community. This finding is supported by secondary data sources and was discussed in detail above. One issue in Table 6 stands out as a particular strength of the community - recruitment and coordination of volunteers. While the percentage of Indiana adults only ranks in the middle of all states in the nation, the amount of time that Indiana residents volunteer and the retention of those rates is fairly high. In 2006, Indiana adults volunteered 44.2 hours annually, which ranked 13th nationally. Additionally, 73% of individuals who volunteered in 2005 also volunteered in 2006. This retention rate represents a national rank of 5th.

Summary of Key Findings and Recommendations

To what degree are social service providers responding to the needs identified through the community needs assessment survey? To address this question, a document review of completed community organization Provider Profiles and information related to other social service organizations gleaned from public information (e.g., websites, annual reports) was conducted. Specifically, the number of organizations and the types of services provided were matched with the 56 issues from the community needs assessment survey. Key findings included:

- The 188 social service organizations within the five-county area and examined within this study are addressing 87.5% (49/56) of the issues contained within the community needs assessment. At least one organization is addressing each issue. The issue with the largest number of organizations targeting it with services and programs is low- to moderate-income individuals not having funds for basic needs (e.g., adequate clothing, food, housing, and legal services). Given that this issue encompasses a large number of concerns, ones that focus on basic needs for survival, it would be expected that many social service agencies would target this issue.
- Of the 7 issues that were not being directly addressed by any social service organization, lack of child support payments ranked highest within the priority needs. Three other issues not being directly addressed, yet identified as community strengths, included school violence, violent crime, and race relations.
- Of the 10 highest priority needs identified within the community assessment, two or fewer organizations are directly addressing the following issues: understanding the cycle of poverty that occurs in successive generations, child and adult obesity, affordable dental care for low to moderate income individuals, and availability of weekend/evening hours for human services. However, while available hours is indicated as not being directly addressed, as indicated by responses to the Provider Profiles, a total of 32 out of 68 (47.1%) organizations specified that they offer services on the weekends, and 48 out of 68 (70.6%) organizations specified that they offer services in the evening.

It is evident that community organizations in the five-county area are responding to the diversity of issues that impact their community. However, at least three of the highest priority needs identified within the community assessment survey (understanding cycle of poverty, child and adult obesity, and affordable dental care) may warrant additional focus by community organizations. In doing so, consider formulating committees and placing issues within the context of prevalence. From this perspective, decisions for determining the extent to which the necessary number of community organizations are addressing issues should be guided by the overall prevalence of the issue within the community.

Collaboration in Addressing Community Issues

Study Question 2: To what degree are social service organizations working collaboratively to address community issues?

A total of 112 (60%) social service agencies completed a collaborative rating scale from the Provider Profile. Using the scale, each agency rated the extent of collaboration (1 to 7 point scale) with which the agency collaborated with each of the other providers in the population. To examine the degree to which social service organizations are working collaboratively to address community issues, a social network analysis of the collaborative ratings was conducted among the agencies.

Although all provider agencies did not complete a profile, if an organization indicated that their organization collaborates with another organization, the non-responding organization was included in the analysis. In the Provider Profile, permission was received by organizations to identify the organization for purposes of this study. Since permission to use names of the non-responding organizations was not obtained, these organizations were coded and presented as a non-responder. This allowed information describing the network to be used, but also protected the confidentiality of non-responders. Further, the names of organizations for which permission was given were only used in instances that illustrated study findings. In these cases, this involved a favorable use of the organization. In other instances, only codes were used.

Social Network Analysis (SNA) is a set of statistical techniques for describing the pattern of relationships among actors in a network. In this case, each agency is considered an actor or node in the network of the entire population of agencies and these nodes may be connected by lines that signify the network. These lines indicate a tie between the two nodes, which are created from the agencies' responses to the scale. In any SNA there are three levels of description:

- 1) A description of the characteristics of the entire network.
- 2) A description of sub-groups within the network.
- 3) A description of individual actors within the network.

To examine the study question, characteristics of the entire network of agencies and the characteristics of the individual actors within that network are described. Next, analyses of sub-

groups within the network are provided. The first sub-group analysis is driven by the agencies' responses themselves. The second sub-group analysis is driven by an a priori categorization of agencies into provider domains. A summary of key findings from these analyses concludes this section. To aid in understanding the various terms used within the social network analysis, a summary is provided in Table 7.

Table 7. Description of Social Network Analysis Terms	
Name	Description
Network	A connection of actors or nodes (individual organizations)
Actor or Node	An individual organization or provider agency within the network
Sociogram	Visual display of a social network
Isolate	Organization that is not connected to the network
Cutpoint	Cutpoints indicate nodes in the network that if removed, would result in isolating part of the network or fragmenting the network.
Ties	Represents relationships among nodes
Sub-group	Subset of actors and all the ties among them

I. Examining Characteristics of Entire Network

Figure I depicts a sociogram of the entire network. Each provider agency is a node in the network. If an agency indicated collaborating with another node (agency) in the network, a tie was created between the two agencies, which is depicted as a directional line in the network. These ties are *valued* because each agency used a 7-point Likert type scale to rate the level of collaboration with other agencies rather than just indicating collaboration or not. The values of the ties, however, are not depicted in this sociogram. Instead, the strength of association is depicted by the distance between nodes, as described below.

In Figure I, the strength of the relationship between agencies is depicted as the distance between the nodes (and length of lines). The strength of the relationship is determined by both direct connections between nodes and indirect connections between nodes via intermediary nodes. Shorter distances are indicative of a stronger relationship. For example, if organizations provided higher collaborative ratings with other organizations, then the line connecting these organizations would be shorter.

Three measures are useful in describing characteristics of the entire network, including:

- **Isolates:** Isolates are defined as nodes (organizations) that are not connected to any other organization. For purposes of this study, organizations that are not connected to the overall network indicate a lack of collaboration.
- **Cutpoints:** Cutpoints indicate nodes in the network that, if removed, would result in isolating part of the network or fragmenting the network. For purposes of this study, cutpoints represent organizations that play critical collaborative roles within the overall network of providers. However, a large number of cutpoints would signify fragility in the overall network because it would increase the chances of isolation if an organization would be removed.

- Cohesion:** Cohesion represents the degree of connection among nodes within a network or sub-groups within the network. There are two ways of measuring the cohesiveness of a network: density and distance. *Density* reflects the average percent of direct connections among organizations, while *distance* reflects the number of lines in the shortest path between each pair of nodes. While the density measure is based only on direct connections among nodes, distance measures take into account both direct and indirect connections among nodes.

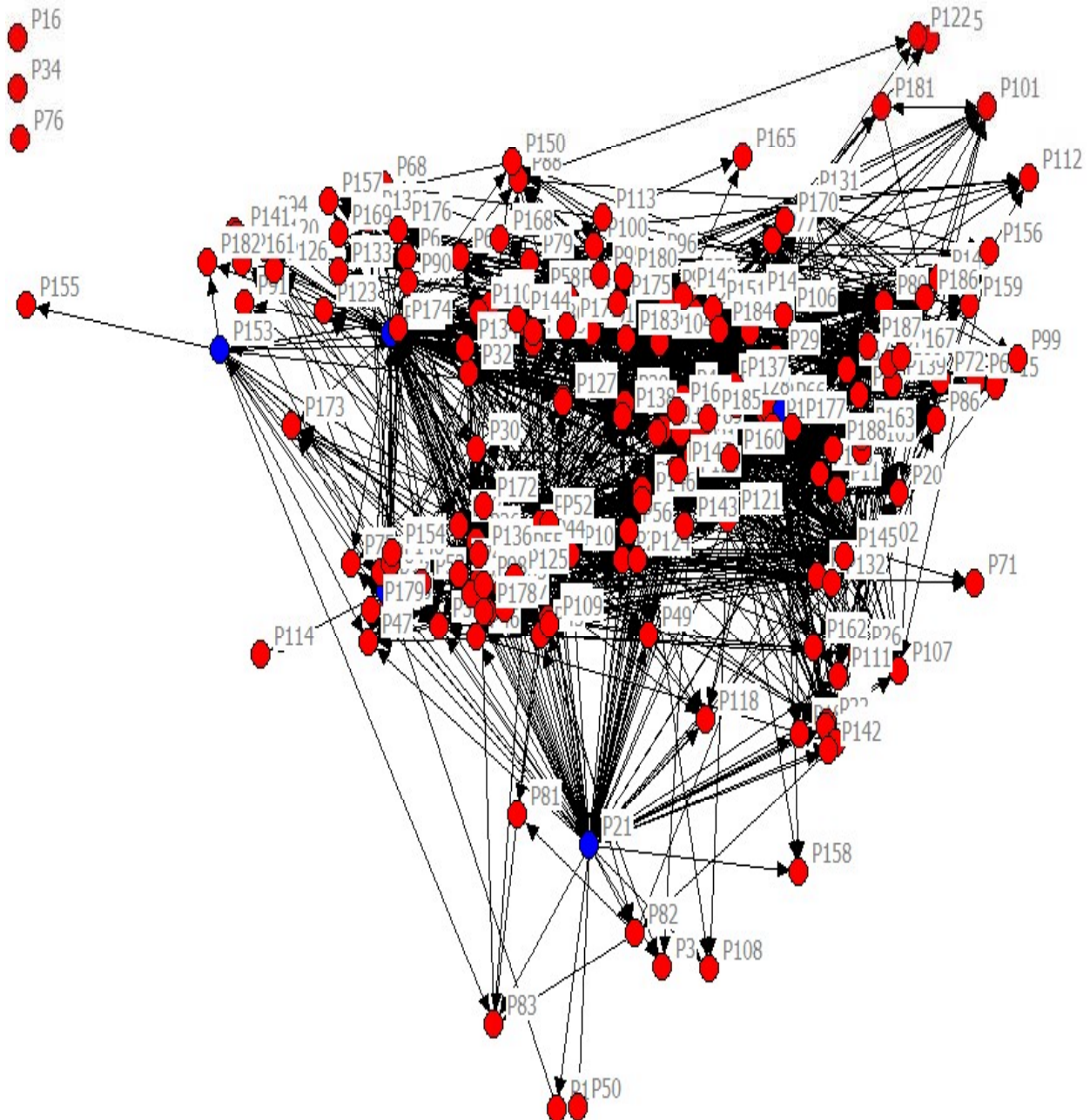


Figure 1: Gower scaling of overall network with cutpoints indicated in blue. Agency names corresponding to the node labels are coded to protect confidentiality.

Isolates in Network

The figure reveals that there are three isolates in the overall network: P16, P34, P76. As described above, a tie represents relationships between two organizations in the network. An isolate is a agency with no connections going into other agencies and no connections received from other agencies. Only one of these three isolates was a non-responder. No other agencies indicated that they collaborate with P34 non-responder, but we do not know whether this agency would have indicated collaborating with other agencies. Two of the three isolates were, however, responders. These agencies indicated that they did not collaborate with anyone else and no other agency indicated collaborating with them.

When the three isolates were examined, most were determined to be small organizations and located in one of the smaller counties within the study area. Given that only 1.5% (3/188) of organizations were not connected to any other organization in the network, there appears to be a high level of connection among organizations within the entire network.

Cutpoints in Network

Cutpoints indicate agencies in the network that, if removed, would result in isolating part of the network or fragmenting the network. Given the positive impact of a cutpoint to the overall network, the names of these organizations were retained for illustrative purposes. The blue nodes in Figure I indicate cutpoints in the network. For example, in Figure I, it is easy to see that P153 (Spencer County ARC) is the only node that is connecting P155 to the rest of the network. If P153 were missing, then P155 would become isolated from the rest of the agencies. Thus, P153 (Spencer County ARC) is identified as a “cutpoint.” Six cutpoints were identified, including:

- P21: Bread of Life Ministry
- P37: Council on Aging Posey County
- P66: Evansville Christian Life Center
- P131: Patchwork Central
- P152: Southwestern Indiana Regional Council on Aging
- P153: Spencer County ARC

As stated above, for purposes of this study, cutpoints represent organizations that play critical collaborative roles within the overall network of providers. However, a large number of cutpoints would signify fragility in the overall network, because it would increase the chances of isolation if an organization would be removed. For this network, only 3% (6/188) of organizations represent cutpoints. While there is no accepted criteria of cutpoints that may indicate instability within the network, it is reasonable to suggest that with only 3% of organizations in this network determined to be cutpoints, this network of community organizations appears to be relatively stable in its connections. In other words, the stability of the network is spread out among organizations and not determined by a substantial number of organizations. Further, if an organization is removed, it is less likely the network will collapse.

Cohesion of Overall Network

Cohesion represents the degree of connection among organizations within a network or subgroups within the network. There are two ways of measuring the cohesiveness of a network: density and distance.

Density is a measure of *direct connections* among members of the network and is calculated as the number of ties (connections) divided by the total possible number of connections. Its value ranges from 0 to 1, with higher values indicating a network with more dense direct connections among members. Direct connections exist when an organization indicates they collaborate with another organization. This is contrasted with indirect connections, which exist when organizations are connected through another organization, or intermediary. When interpreting density measures, it is important to note that density will decrease as group size increases because as group size increases, the number of possible connections increases exponentially. This network of 188 agencies is large and it has an average density of 0.05 (SD = .22). This means that, on average, agencies are connected to 5% of the agencies that they could possibly be connected to. This is not a very densely connected network, but it is a large network, which is expected to be more sparsely connected than a smaller network. Furthermore, because 76 organizations were non-responders, this limited the number of ties that could be identified. While including these organizations allowed for connections from responders to non-responders to be identified, it was not possible to identify the number of the connections between non-responders and responders. In fact, if these connections were identified, it would be expected that the density statistic would increase (e.g., Density for the entire network was also calculated with non-responders factored out resulting in density of 8.9%).

Distance measures of cohesion are based on the number of lines in the shortest path between each pair of nodes. While the density measure is based only on direct connections among nodes, distance measures take into account both direct and indirect connections among nodes. The average distance between reachable pairs in the overall network is 2.34 lines. The distance-based cohesion of the network (compactness) is 0.23, which means that of the possible connections among nodes, 23% are connected to each other either directly or indirectly. The distance-based cohesion measure ranges from 0 to 1 with larger values indicating more compactness in the network. Given the large number of organizations that comprise this network, a relatively small number of direct and indirect connections separate organizations.

Summary of Overall Network Characteristics

The overall social service network is defined as 188 providers within the five-county study area. Within this network, only 1.5% of organizations are isolated from other community organizations, which suggests a high degree of connection within the network of community organizations. Further, six organizations serve as cutpoints, representing organizations that play critical collaborative roles within the overall network of providers. If these organizations were removed, other organizations within the network would be disconnected. While there is no accepted criteria of cutpoints that may indicate instability within the network, it is reasonable to suggest that with only 3% of organizations in this network determined to be cutpoints, this network of community organizations appears to be relatively stable in its connections.

Given the large number of organizations that comprise this network, a relatively small number of direct and indirect connections separate organizations. Specifically, the average distance within this network is 2.34 lines, thus aspects of collaboration (e.g., communication, information and resource sharing) have to go through an average of fewer than two and a half organizations to get to another community organization. Although this indicates an opportunity for further connections within the network, given the network's size, this seems to add further evidence to the connectedness within the network.

Although the network has few isolates, a reasonable number of cutpoints, and a relatively small number of direct and indirect connections separating organizations, the entire network is not very densely connected. Density is a measure of the direct connections between organizations (e.g., organization A indicates collaborating with organization B). On average, agencies are connected to 5% of the agencies that they could possibly be connected to. However, it is difficult to say what would be “good” density values for this network, as there are no accepted standards for “good” density values in Social Network Analysis. Whether or not a value is good depends on the expectations with regards to the nature of the network. Further, as noted above, density will decrease as group size increases because as group size increases, the number of possible ties increases exponentially. Given that the overall network is comprised of 188 diverse agencies across five counties, it is unreasonable to expect it to be 100% connected. In fact, such complete connection could even be considered an anomaly. To further examine the extent of this collaboration, sub-networks within the broader network were examined. Specifically, when we discuss some of the sub-groups or smaller networks within a given service domain, we may indeed expect a higher level of density.

II. Examining Characteristics of Individual Organizations within the Overall Network

The characteristics of individual organizations within the network were examined to better understand the relationships among organizations that comprise the network. A core aspect of Social Network Analysis is the identification of the centrality of organizations and sub-groups within the network. These measures give us insight into the various roles and groupings within a network. Three primary measures of centrality for individual actors were examined within the network: in-degree, out-degree, and betweenness.

In-degree refers to the number of ties (connections) directed to that organization. Organizations that are more central to the network and are more popular should have a high in-degree centrality. **Out-degree** refers to the number of ties (connections) emanating from that organization. **Betweenness** is the probability that the organization will be involved in the collaboration between two other organizations; that is, the extent to which aspects of collaboration (e.g., communication, information and resource sharing) flow through an organization on its way to other organizations. A high betweenness score signifies that an organization occupies a broker role within the network and can mitigate contacts between other organizations.

Examining In-Degree

In-degree refers to the number of connections directed to an organization. Organizations that are more central to the network should have a high in-degree centrality. A two-standard deviation band was calculated to identify organizations that had significantly higher in-degree scores compared to other organizations. Specifically, the mean in-degree rating was calculated for all organizations. Next, the standard deviation was multiplied by two and added to the mean rating. This approach established a criterion score of 9.4. All organizations that had an in-degree score higher than this value were determined to have a significantly higher in-degree score compared to other organizations.

As shown in Table 8, there were 9 organizations that had significantly higher in-degree scores compared to other organizations in the network. For example, ECHO Community Health Care (ECHO) had the highest in-degree centrality, which means that a large number of other organizations indicated collaborating with ECHO. When each of the nine organizations were examined, it appeared that all of these organizations provided essential services to clients, such as food, clothing, mental health, healthcare, and emergency shelter. Further, the organizations also have programs and services focusing on individuals in crisis, poverty or limited financial means.

Social Service Organizations	In-degree (normalized)
ECHO Community Health Care, Inc.	14.67
Tri State Food Bank	12.76
Aurora	11.99
Southwestern Indiana Mental Health Center	11.99
P42	10.85
Albion Fellows Bacon Center	10.85
YWCA	10.47
P54	10.16
Department of Health Vanderburgh County	9.63

*Significance determined by 2 standard deviations above the in-degree normalization mean (>9.4).

Using the organizations' domain classifications, in-degree and out-degree means were calculated. Organizations that were providing services primarily under Domain 7: Violence and Crime were shown to have the highest in-degree and out-degree scores. This means that a large number of other organizations indicated collaborating with organizations within the violence and crime domain, while organizations within this domain reciprocated these collaborations. Results are presented in Table 9.

Domain	In-degree (normalized)		Out-degree (normalized)	
	Mean	n	Mean	n
Domain 1: Social Service Issues	2.22	1	3.36	1
Domain 2: Alcohol and Drugs	3.58	7	5.56	4
Domain 3: Economy and Financial Well-Being	3.58	81	5.87	45
Domain 4: Cultural Diversity	1.83	1	0.00	0
Domain 5: Family Life	3.53	43	5.97	32
Domain 6: Education and the Workforce	3.46	19	6.09	11
Domain 7: Violence and Crime	7.74	3	8.15	3
Domain 8: Health	3.10	33	5.63	16
Total	3.52	188	5.91	112

Number, Degree, and Reciprocation of Collaborations

Other measures of the degree of collaboration among social service organizations are the number of collaborations an organization identifies and the degree to which an organization reciprocates a collaborative rating. These are reviewed below.

Number and degree of collaboration. Based on the number of organizations that indicated collaborating with another organization, the number of collaborative partnerships reported by community organizations ranged from 0 to 111, with a mean of 16.29 (SD = 18.8). Therefore, on average, each of the 112 organizations has 16.29 connections to other organizations. Further, on average, the strength of collaboration was 3.95 (SD = 2.1), where 1 represents no collaboration (Do not embrace change, develop trusting relationships, and are not interested in achieving common goals, and do not share responsibilities, resources, accountabilities, and authority), and 7 represents high levels of collaboration (e.g., Readily embrace change, develop trusting relationships, and express a strong desire to achieve common goals, and organizations often share responsibilities, resources, accountabilities, and authority). Generally, the domains that have the highest average number of collaborative ratings were Domain 2: Alcohol and Drugs and Domain 6: Education and the Workforce. Domain 6 also had the highest strength of collaboration. Table 10 depicts the average number of collaborations by domain (for responders only). In addition, the table indicates the average strength of collaboration within each domain (for responders only).

Reciprocation of collaboration. The degree of collaborative reciprocity among organizations aids further understanding of collaboration within the network. For example, although an organization may have indicated collaborating with a specific organization, the selected organization may not have reciprocated this collaboration. In doing so, symmetry scores were calculated. The symmetry score for actual values represented the proportion of ties (based on actual values) for that organization that were reciprocated (i.e., agency X rated the collaboration with agency Y as a 6 and agency Y also rated agency X as a 6). The symmetry score for collaborative partnerships represented the proportion of ties (based on collaboration or not) for that organization that were reciprocated (i.e., agency X indicates collaborating with agency Y and Y also indicates collaborating with agency X). Mean symmetric scores were first

computed for all organizations combined and also by each of the social service domains described in the needs assessment.

As shown in Table 10, 15.9% of the incoming and outgoing collaborations were reciprocated. When the value of these collaborations was examined, only 3.54% were reciprocated. Domain 5: Family Life and Domain 7: Violence and Crime appeared to have the highest reciprocated value of collaborations, and Domain 2: Alcohol and Drugs and Domain 6: Education and the Workforce had the highest reciprocated collaborations. Collectively, these findings suggest that while social service organizations indicate collaborating with other organizations, on average, only 3.54% are actually reciprocated at the same level and 15.9% actually reciprocate a collaboration at all.

Domains	Average Strength of Collaboration		Average Number of Collaborations		Percent of Collaborative Values Reciprocated	Percent of Collaborations Reciprocated
	Mean	n	Mean	n	Percent	Percent
Domain 1: Social Service Issues	3.14	1	14.00	1	0.0%	17.6%
Domain 2: Alcohol and Drugs	3.93	4	21.00	4	3.3%	24.3%
Domain 3: Economy and Financial Well-Being	4.00	44	15.98	44	3.1%	14.5%
Domain 4: Cultural Diversity	0.00	0	0.00	0	0.0%	16.9%
Domain 5: Family Life	3.88	31	16.50	31	5.0%	13.2%
Domain 6: Education and the Workforce	3.99	11	15.73	11	1.5%	24.6%
Domain 7: Violence and Crime	4.39	3	24.67	3	4.5%	16.0%
Domain 8: Health	4.23	16	17.38	16	3.5%	17.6%
Total	4.00	112	16.70	112	3.5%	15.9%

Network Centralization

Centralization measures taken over the entire network were calculated for in-degree centrality, out-degree centrality, and betweenness centrality. These group centralization measures indicate the degree to which a small number of organizations in the network are central (i.e., the primary actors). The centralization score is a percentage ranging from 0 (every organization is connected to every other organization) to 100 (all organizations are connected to only 1 organization), and indicates the degree of disparity of network connections. Higher percentages indicate more disparity or that some organizations have many more connections than others. Specifically, a high in-degree centrality percentage would suggest that a small number of organizations have collaborations going into them, while high out-degree centrality indicates that a small number of organizations have collaborations emanating from their organizations. The out-degree centralization for the network was 34.63% and the in-degree centralization was

11.21%. What this means is that the ties (connections) emanating from organizations tend to come from a smaller group of agencies than the ties going into organizations, which are more evenly dispersed throughout the network. The out-degree measure is likely more centralized than the in-degree measures because 76 of the 188 nodes in the network were non-responders and as a result have an out-degree of zero. The in-degree centralization of 11.21% is fairly low and indicates that the various agencies in the network have a similar number of connections going into them.

Betweenness centralization examines the extent to which the organizations serve as an intermediary or connector between two other organizations. It is defined as the probability that the organization will be involved in the collaboration between two other organizations; that is, the extent to which aspects of collaboration (e.g., communication, information and resource sharing) flow through an organization on its way to other organizations. A high betweenness score signifies that an organization occupies a broker role within the network and can mitigate contacts between other organizations. Betweenness for the entire network was 6.23%, which adds further evidence that the organizations within the entire network are somewhat equally acting as intermediaries or go-betweens. However, when betweenness scores were ranked for individual organizations, several organizations were identified as having higher scores and may be serving as brokers within the network. These organizations include: Southwestern Indiana Regional Council in Aging, Tri State Food Bank, Inc., Catholic Charities, Kool Smiles, Evansville Christian Life Center, Southwestern Indiana Mental Health Center, Bread of Life Ministry, Inc., Aurora, and Department of Health Vanderburgh County.

Summary of Individual Organizations within the Network

Organizations that are more central to the network or more popular should have a high in-degree centrality. Nine organizations were shown to have significantly higher in-degree scores compared to other organizations in the network. When each of the nine organizations were examined, it appeared that all provided essential services to clients, such as food, clothing, mental health, healthcare, and emergency shelter. Further, the organizations also have programs and services focusing on individuals in crisis, poverty or limited financial means. The purpose of these organizations appears to be critical with regards to the overall functioning of the network. These functions also provide insight into the issues faced by organizations.

When domain classifications were reviewed, organizations providing services primarily under Domain 7: Violence and Crime were shown, on average, to have the highest in-degree and out-degree scores. This means that a large number of other organizations indicated collaborating with organizations within the violence and crime domain, while these same organizations reciprocated these collaborations. This finding may also illuminate the issues being faced mostly by social service organizations within the network.

The number of collaborative partnerships reported by community organizations ranged from 0 to 111, with a mean of 16.29 (SD = 18.8). On average, the strength of collaboration was 3.95 (SD = 2.1), where 1 represents no collaboration (Do not embrace change, develop trusting relationships, and are not interested in achieving common goals, and do not share responsibilities, resources, accountabilities, and authority), and 7 represents high levels of

collaboration (e.g., Readily embrace change, develop trusting relationships, and express a strong desire to achieve common goals, and organizations often share responsibilities, resources, accountabilities, and authority). Generally, the domains that have the highest average number of collaborative ratings were Domain 2: Alcohol and Drugs and Domain 6: Education and the workforce. Domain 6 also had the highest strength of collaboration.

Although responders reported a high level of collaborative partnerships, 15.9% of the incoming and outgoing collaborations were reciprocated. When the value of these collaborations was examined, only 3.54% were reciprocated. Domain 5: Family Life and Domain 7: Violence and Crime appeared to have the highest reciprocated value of collaborations, and Domain 2: Alcohol and Drugs and Domain 6: Education and the Workforce had the highest reciprocated collaborations. Collectively, these findings suggest that while social service organizations indicate collaborating with other organizations, on average, only 3.54% are actually reciprocated at the same level and 15.9% actually reciprocate a collaboration at all.

Centralization measures taken over the entire network were calculated for in-degree centrality, out-degree centrality, and betweenness centrality. The out-degree measure was more centralized than the in-degree measure, which indicated that the connections between organizations emanated from a smaller group of community organizations. The fairly low in-degree centralization indicates that the various agencies in the network have a similar number of connections going into them.

Betweenness centralization examines the extent to which the organizations serve as an intermediary or connector between two other organizations. It is defined as the probability that the organization will be involved in the collaboration between two other organizations; that is, the extent to which aspects of collaboration (e.g., communication, information and resource sharing) flow through an organization on its way to other organizations. A high betweenness score signifies that an organization occupies a broker role within the network, and can mitigate contacts between other organizations. Betweenness for the entire network was 6.23%, which adds further evidence that the organizations within the entire network are somewhat equally acting as intermediaries or go-betweens. However, when betweenness scores were ranked for individual organizations, several organizations were identified as having higher scores and may be serving as brokers within the network.

III. Examining Sub-groups Within Network

The above analyses examined both overall features and characteristics of individual organizations within the network. To further examine the degree of collaboration among social service organizations, connections among sub-groups or sub-networks were also examined.

A number of Social Network Analysis (SNA) methods exist for identifying sub-groups or sub-networks within a larger network. The method used to identify sub-groups for the current network was a K-core analysis, which creates sub-groups based on the similarity among the organizations' connections. In short, the K-core analysis parcels the entire network into sub-groups of organizations that are most similar to each other and most dissimilar from other

organizations. Similarity is defined in three ways: 1) the organizations are directly connected, 2) the organizations are indirectly connected via an intermediary organization, and 3) the organizations connect to organizations in a common sub-group. These characteristics are treated with decreasing importance in the K-core analysis. That is, direct connections are given the most weight when deciding sub-groups and so forth.

The K-core analysis identified 18 sub-networks and a 19th group of the three isolates. Although 18 sub-networks were identified, these networks varied widely in their density, which indicates that some truly are cohesive sub-networks, while others are not cohesive sub-networks. The sociogram for the entire network is reproduced in Figure 2, with organizations grouped based on their K-core membership. Each K-core is identified via a unique pattern of color, shape and size. In Figure 2 each node is labeled with its provider number. This graph is reproduced in Figure 3 with each node labeled with its K-core. The membership of each of these cores/sub-networks and their density are discussed below.

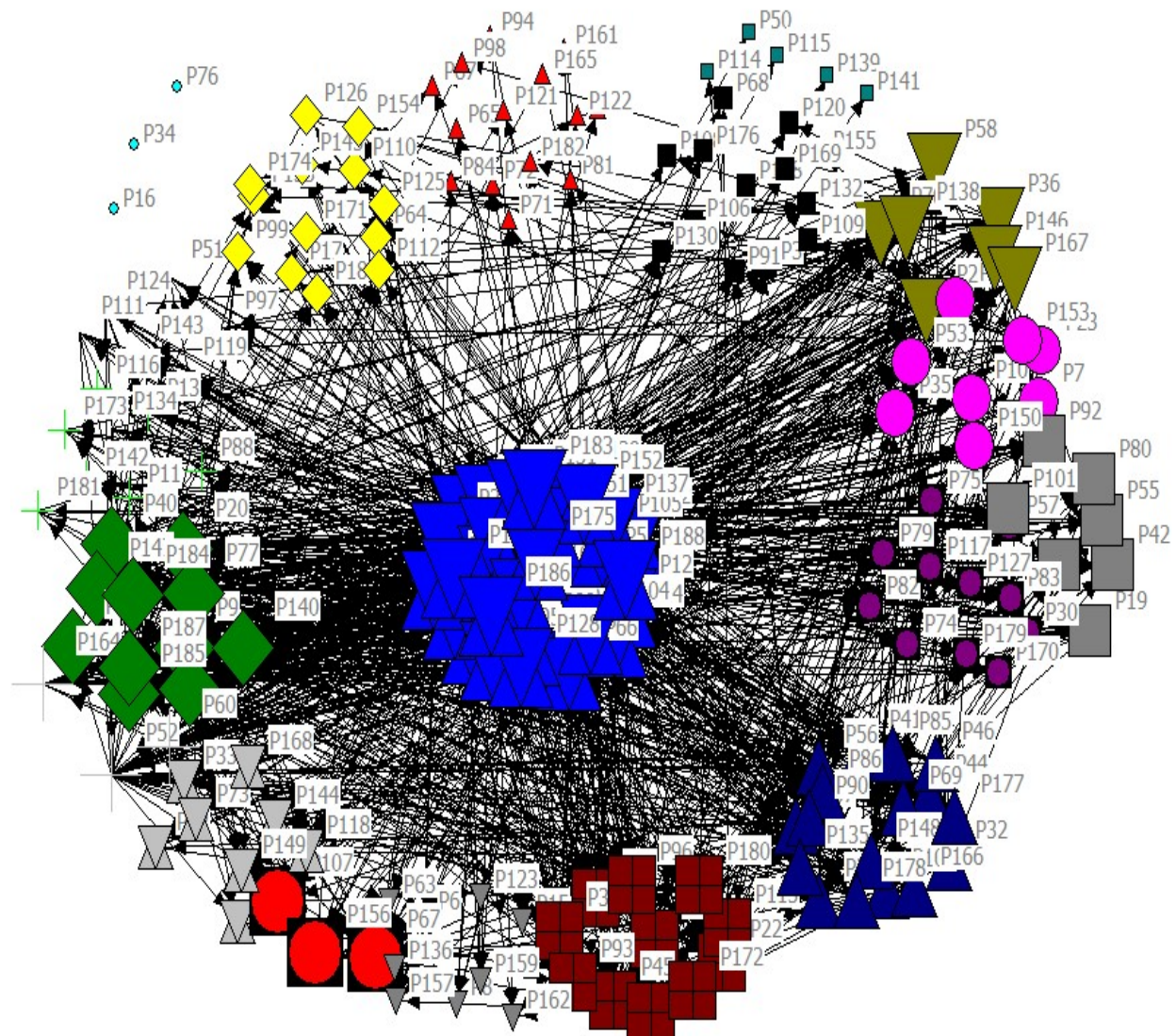


Figure 2. Organizations of overall network grouped by K-core and labeled with provider number.

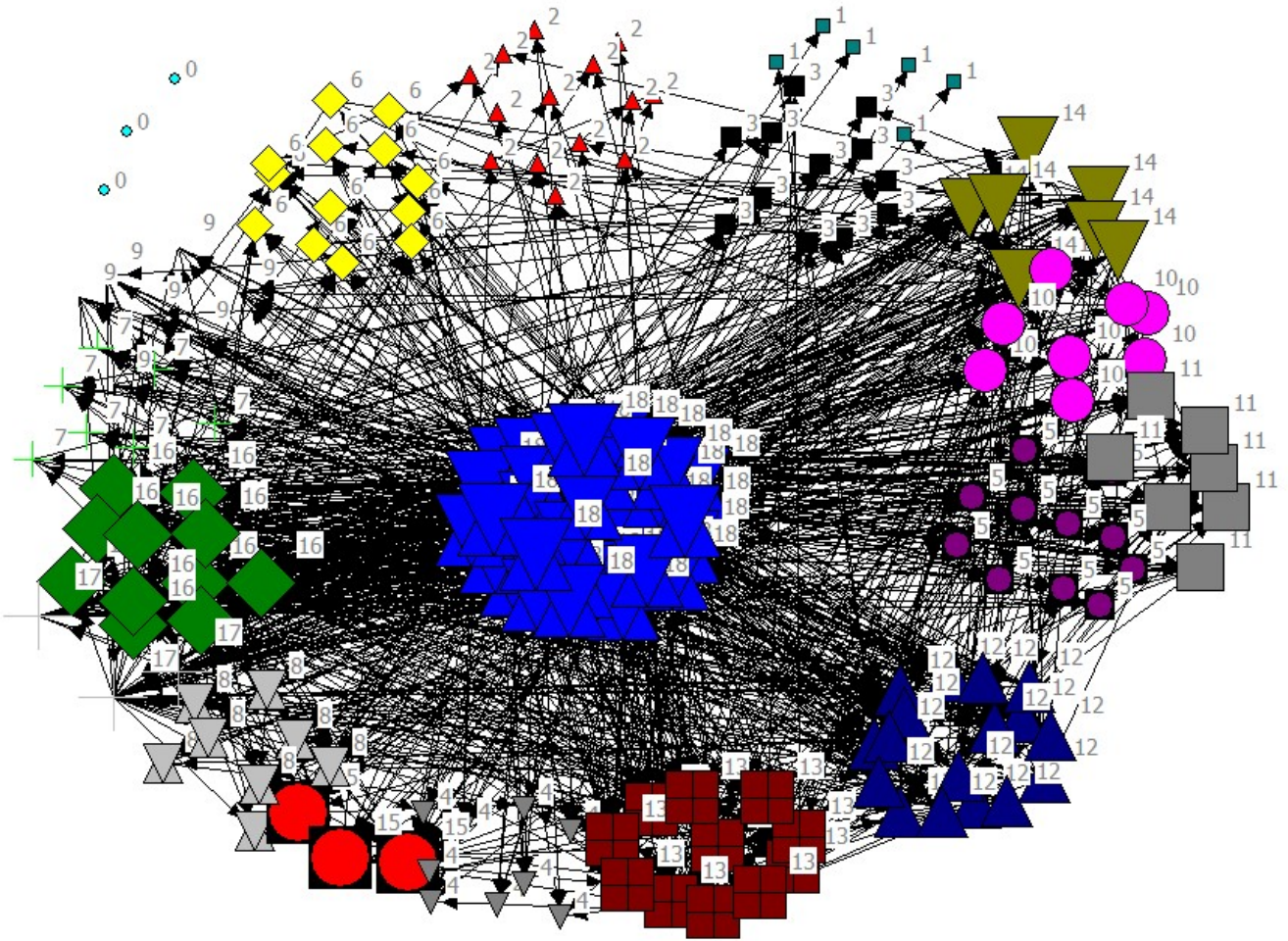
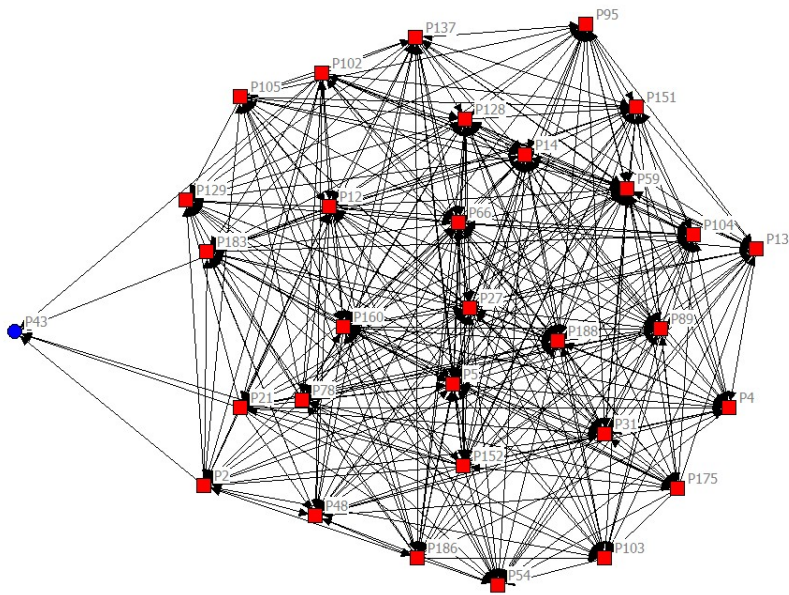


Figure 3. Organizations of the network grouped by K-core labeled with K-core number. K-cores 16 and 18 are the most cohesive sub-networks.

As shown in Table 11, the most cohesive K-core sub-networks (based on average density and cohesion values) are 18 and 16. Note that some of these cores have densities and cohesion values of 0, yet they are lumped together in a common core. This happens because of the third criteria for grouping organizations together in the K-core analysis, which is their common connections to members of other cores. For example, K-core 1 has a density and cohesion of zero (i.e., there are no connections, either direct or indirect among the members of the core), but the members of K-core 1 all receive connections from members of K-core 18. Given that K-core 18 and 16 are the most cohesive sub-networks, organizations that make-up these networks will be described in detail below.

Table 11. Density and Cohesion Statistics for All K-core Subgroups			
K-core Subgroup	Number of Members	Density	Cohesion
K-core 1	6	0%	0%
K-core 2	14	0.5%	0.5%
K-core 3	12	0%	0%
K-core 4	9	0%	0%
K-core 5	11	2.8%	3.6%
K-core 6	13	0.6%	0.6%
K-core 7	7	2.4%	2.4%
K-core 8	8	1.8%	1.8%
K-core 9	7	0%	0%
K-core 10	8	8.9%	8.9%
K-core 11	7	2.4%	2.4%
K-core 12	17	10.7%	14.1%
K-core 13	11	11.8%	20.2%
K-core 14	7	11.9%	11.9%
K-core 15	3	33%	33.3%
K-core 16	11	36%	59%
K-core 17	3	16.7%	16.7%
K-core 18	31	45%	64%



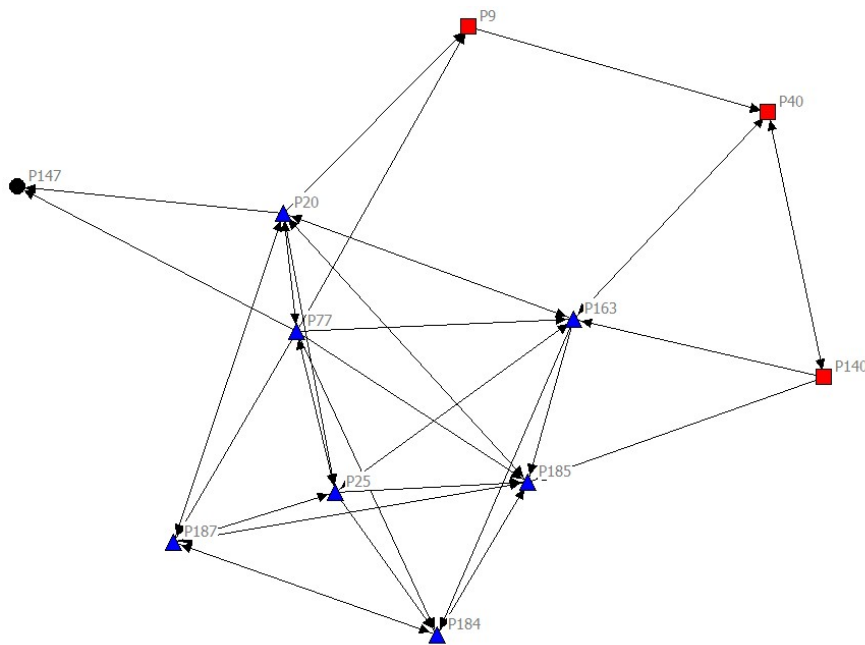
K-core 18

K-core 18 has 31 members and an average density of 0.45 (SD = .49), which indicates that, on average, the agencies are connected to 45% of the agencies that they could possibly be connected to within this sub-network. Distance-based cohesion of the network was 0.64, which means that, on average, the nodes are connected either directly or indirectly to 64% of the possible nodes that they could be connected to.

Figure 4. K-core 18 sub-network.

The members of K-core 18 are listed in Table 12 below. The within-network connections of this sub-group are removed from the overall network of Figure 2 and enlarged in Figure 4. Additional K-core analysis on this sub-group revealed two sub-groups: one large interconnected network and an individual agency (depicted in blue). The large density value of 0.45 is confirmed by the density of connections seen in Figure 4.

Table 12. Members of K-core 18 (density = 45%; distance based cohesion = 64%)
4C of Southern Indiana Inc
AIDS Resource Group
Albion Fellows Bacon Center
Ark Crisis Child Care Center
Aurora
Bread of Life Ministry Inc
Catholic Charities
Community Action Program of Evansville
P42: Non-responder
Department of Health Vanderburgh County
P54: Non-responder
ECHO Community Health Care Inc
Evansville Christian Life Center
Goodwill Industries Inc Evansville
House of Bread and Peace Inc.
Indiana Legal Services
Kool Smiles
Lampion Center
Legal Aid Society of Evansville Inc
Life Choices Maternity and Youth Home
Outreach Ministries
P129: Non-responder
Patchwork Central
Potters Wheel
Southwestern Indiana Mental Health Center
Southwestern Indiana Regional Council on Aging
Tri State Food Bank Inc
Vocational Rehabilitation Services
P183: Non-responder
Youth Resources of Southwestern Indiana
YWCA



K-core 16

K-core 16 has 11 members and an average density of 0.36 (SD = .48), meaning, on average, agencies are directly connected to 36% of the other agencies. Distance-based cohesion was 0.59, which means that, on average, agencies are connected either directly or indirectly to 59% of the agencies in the network.

Figure 5. K-core 16 sub-network.

The members of K-core 16 are listed in Table 13 below. The within-network connections of K-core 16 are removed from the overall network of Figure 2 and enlarged in Figure 5. The depiction of ties in the figure is commensurate with the density of 0.36. This network is well-connected, but not as densely connected as K-core 18. K-core analysis on this sub-network reveals 3 additional subgroups (indicated by different symbols in Figure 5). The distance-based cohesion of K-core 16 was .59. Unlike K-core 18, the members of K-core 16 may be said to have common interests: most of these organizations deal with youth services in some manner.

Table 13. Members of K-core 16 (density = 36%; distance based cohesion = 59%)
American Red Cross Southwestern Indiana
Boys and Girls Club of Evansville Inc
Carver Community Organization
P40: Non-responder
Girl Scouts of Raintree Council Inc
Regional Youth Services
P147: Non-responder
Twenty First Century Scholars Program
YMCA of Southwestern IN Inc
Youth First Inc
Youth Service Bureau

Sub-groups Within Network as Identified Via A Priori Domains

To examine the collaboration between the organizations grouped by identified primary domains (a priori), Social Network Analysis was conducted on the primary domains. Figures 6 and 7 depict sociograms of the entire network, this time grouped by the a priori provider domains. As is apparent in the figures, there are strong between-domain ties.

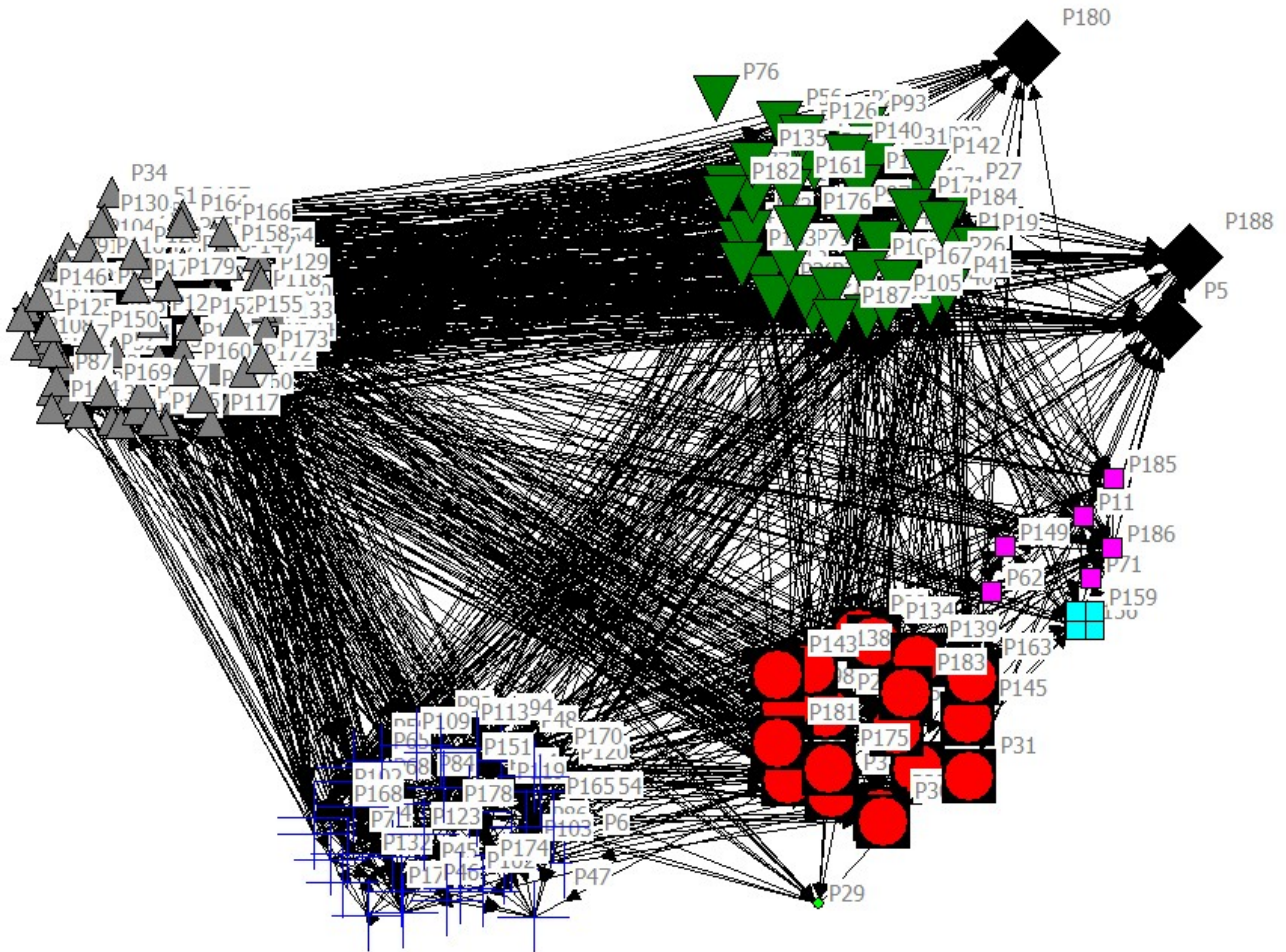


Figure 6. Organizations grouped by a priori domains labeled with provider number.

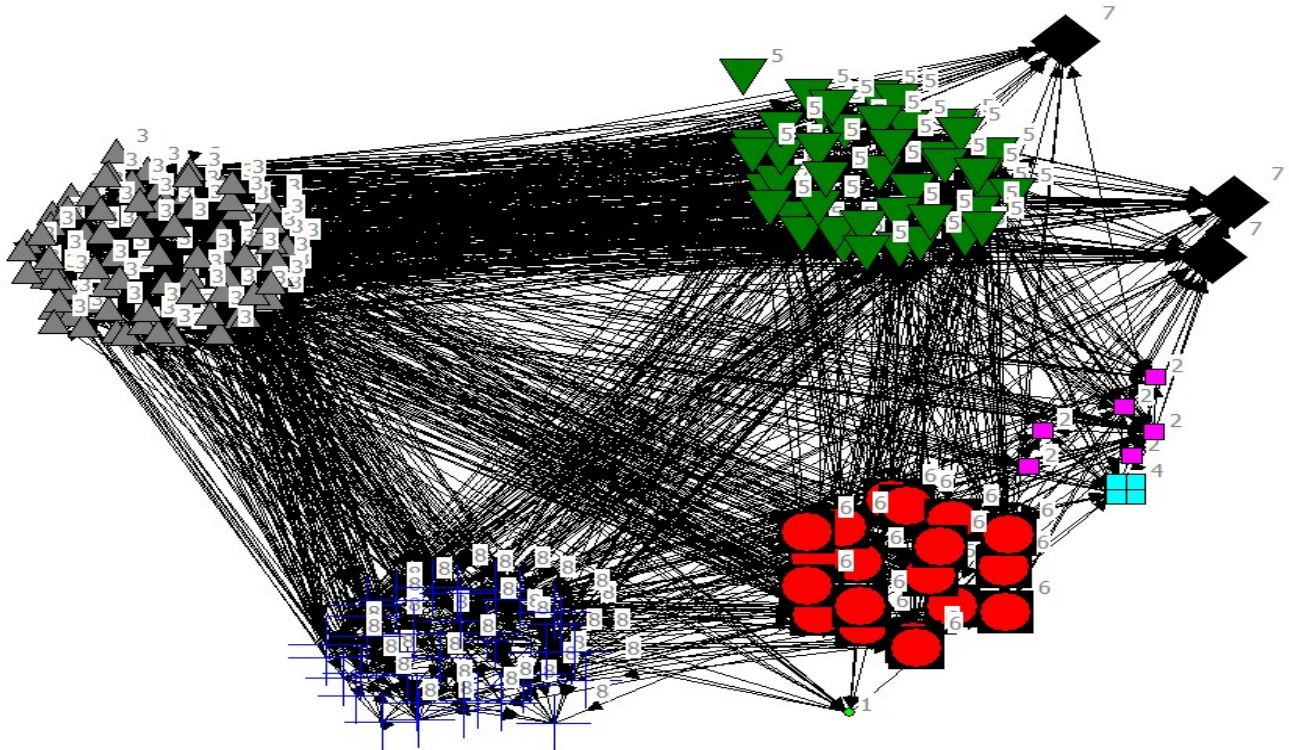


Figure 7. Organizations grouped by a priori domains and labeled with domain numbers.

To further explore the degree of cross-domain collaboration, density statistics were calculated for the connections between each of the domains. These directional densities are depicted below in Table 14. For example, there are 14.3% of the total possible direct connections going from Domain 1 to Domain 2, but there are no connections going from Domain 2 to Domain 1. Density values along the diagonal indicate the within-domain density that matches the density values described below. The largest between-domain connections are from Domain 2 to Domain 7 (19%) and from Domain 7 to Domain 6 (17.5%). It should be noted, however, that it is much easier to get larger densities with a smaller network, and Domain 7 happens to have a smaller number of providers.

Table 14. Density of connections between primary domains								
From Domain	To Domain							
	1	2	3	4	5	6	7	8
1		14.30%	8.60%	0.00%	7.00%	0.00%	0.00%	9.10%
2	0.00%		3.90%	14.30%	10.60%	4.50%	19.00%	6.10%
3	3.70%	2.10%		1.20%	3.80%	4.30%	9.10%	4.00%
4	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.00%
5	7.00%	11.30%	6.00%	2.30%		6.10%	14.70%	4.70%
6	0.00%	6.80%	4.20%	0.00%	5.00%		10.50%	4.50%
7	0.00%	9.50%	14.80%	0.00%	11.60%	17.50%		9.10%
8	0.00%	5.20%	3.50%	3.00%	4.40%	4.60%	10.10%	

In the remaining analyses, each of the eight domains was treated as its own network. Density and K-core analyses were performed on these sub-networks. Domain 7 and Domain 2 had the highest density scores. Results are presented in Table 15, and a summary of each domain follows.

Table 15. Density of Networks Based on Primary Domain		
Primary Domain	Number of Organizations	Density Value
Domain 1: Social Service Issues	1	0.00%
Domain 2: Alcohol and Drugs	7	12.00%
Domain 3: Economy and Financial Well-Being	81	5.80%
Domain 4: Cultural Diversity	0	0.00%
Domain 5: Family Life	43	8.00%
Domain 6: Education and the Workforce	19	7.00%
Domain 7: Violence and Crime	3	33.30%
Domain 8: Health	33	6.63%

Domain 1: Social Service Issues

Domain 1 has only one member and therefore is not a network.

Domain 2: Alcohol and Drugs

Domain 2 has 7 members and an average density = 12% (SD = 32%); cohesion = 13.1%.

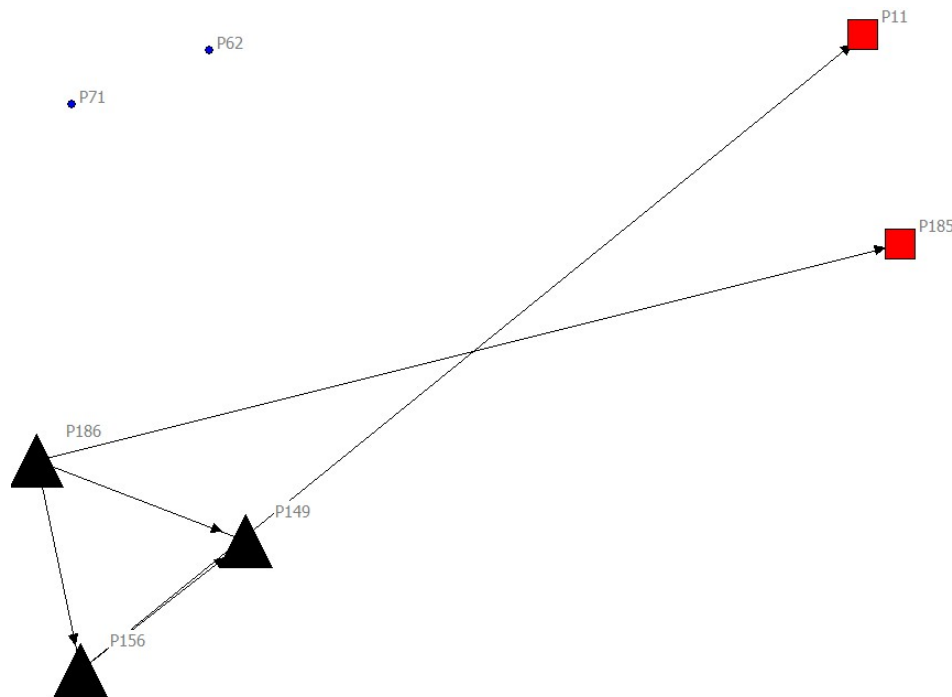


Figure 8. K-core subgroups for Domain 2 with provider label.

Domain 3: Economic & Financial Well-Being

Domain 3 has 81 members and an average density = 5.8% (SD = 23%); cohesion = 19.7%. K-core analysis identified 8 sub-groups and a set of isolates.

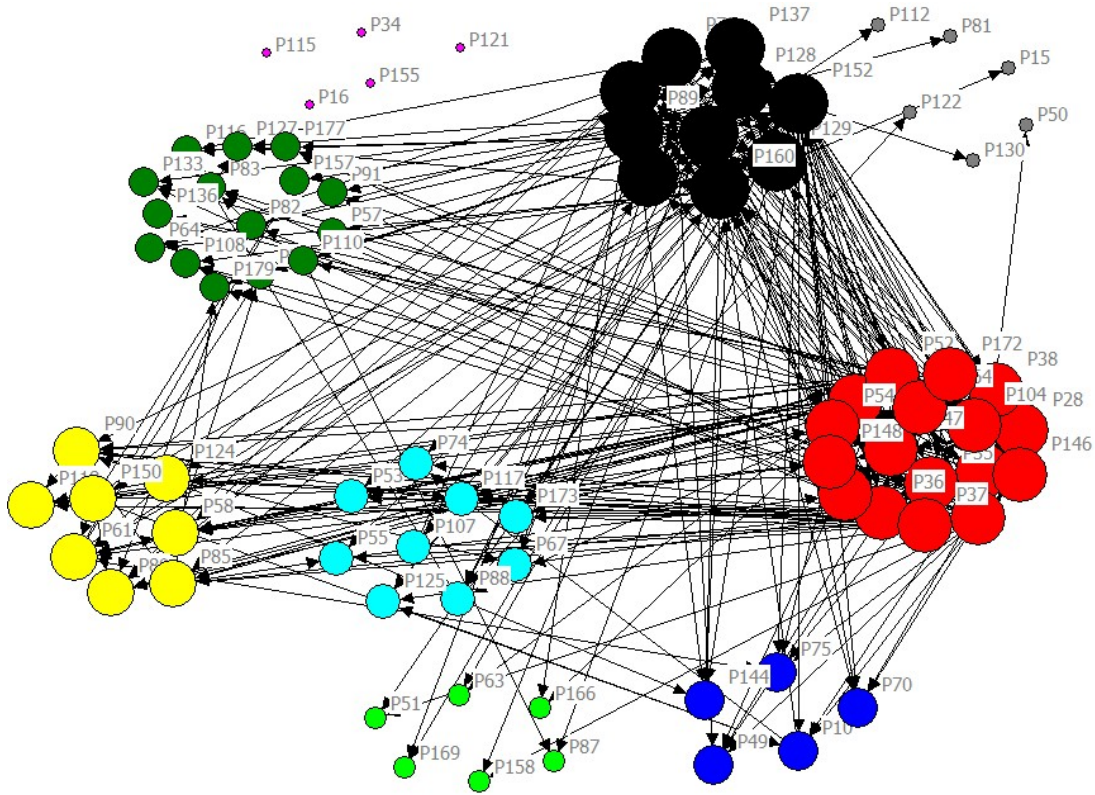


Figure 9. K-core sub-groups for Domain 3 with provider label.

Domain 5: Family Life

Domain 5 has 43 members and an average density = 8% (SD = 27%); cohesion = 19%.

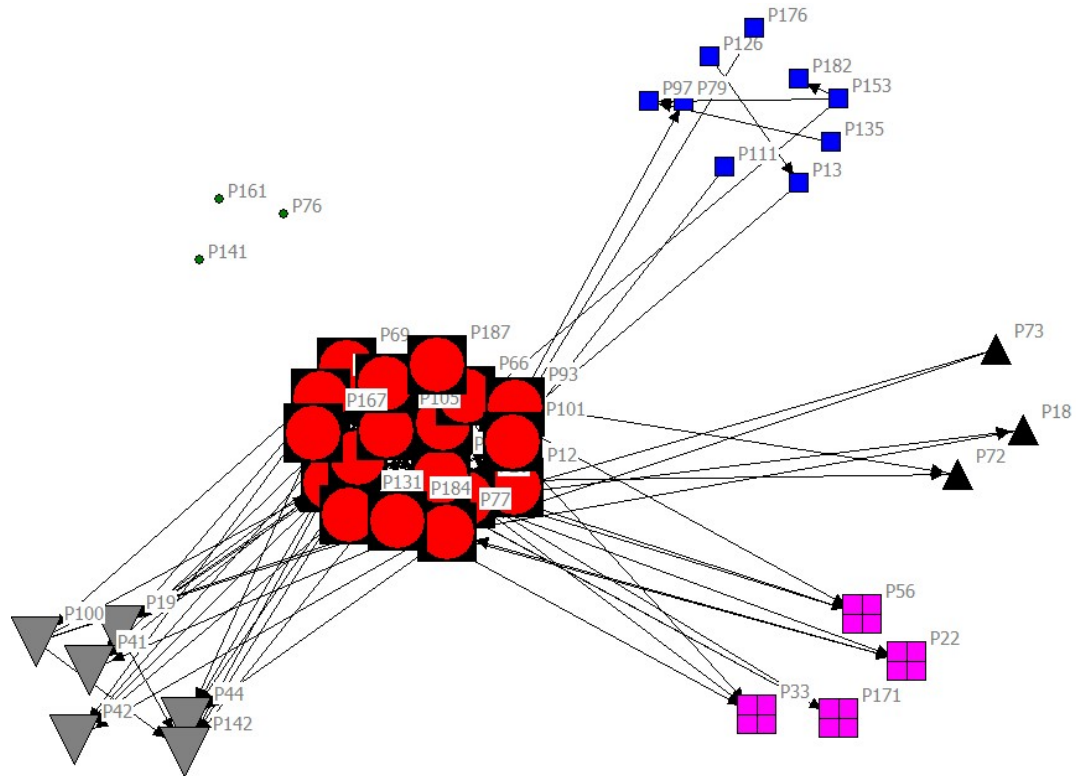


Figure 10. Domain 5 K-core sub-groups with provider labels.

Domain 6: Education & Workforce

Domain 6 has 19 members and an average density = 7% (SD = 26%); cohesion = 13.2%.

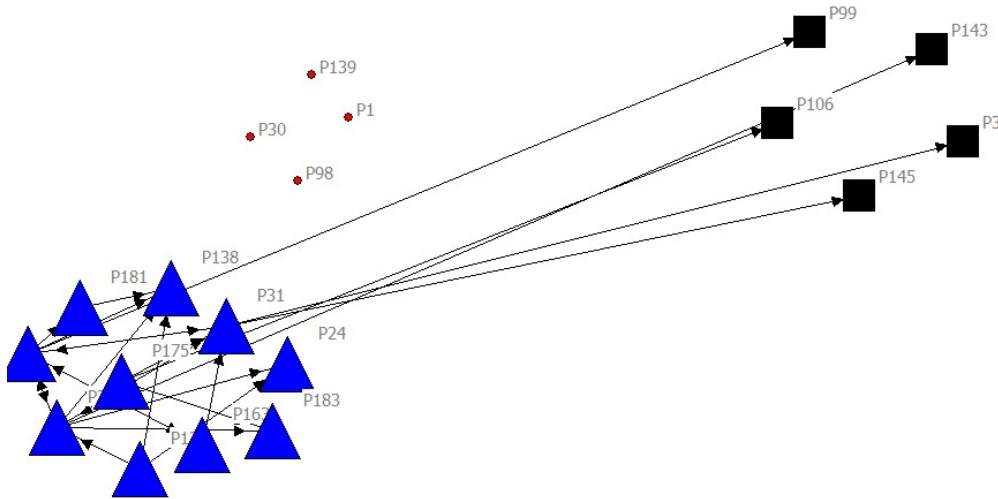


Figure 11. Domain 6 K-core sub-groups with provider labels.

Domain 7: Violence & Crime

Domain 7 has 3 members with an average density = 33.3% (SD = 47%); cohesion = 33.3%. Because a network is defined as a minimum of 3 nodes and Domain 7 had only 3 nodes, no sub-group analyses were performed.

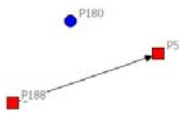


Figure 12. Domain 7 depicted in Gower scaling.

Domain 8: Health

Domain 8 has 33 members and an average density = 6.63% (SD = 24%); cohesion = 14%.

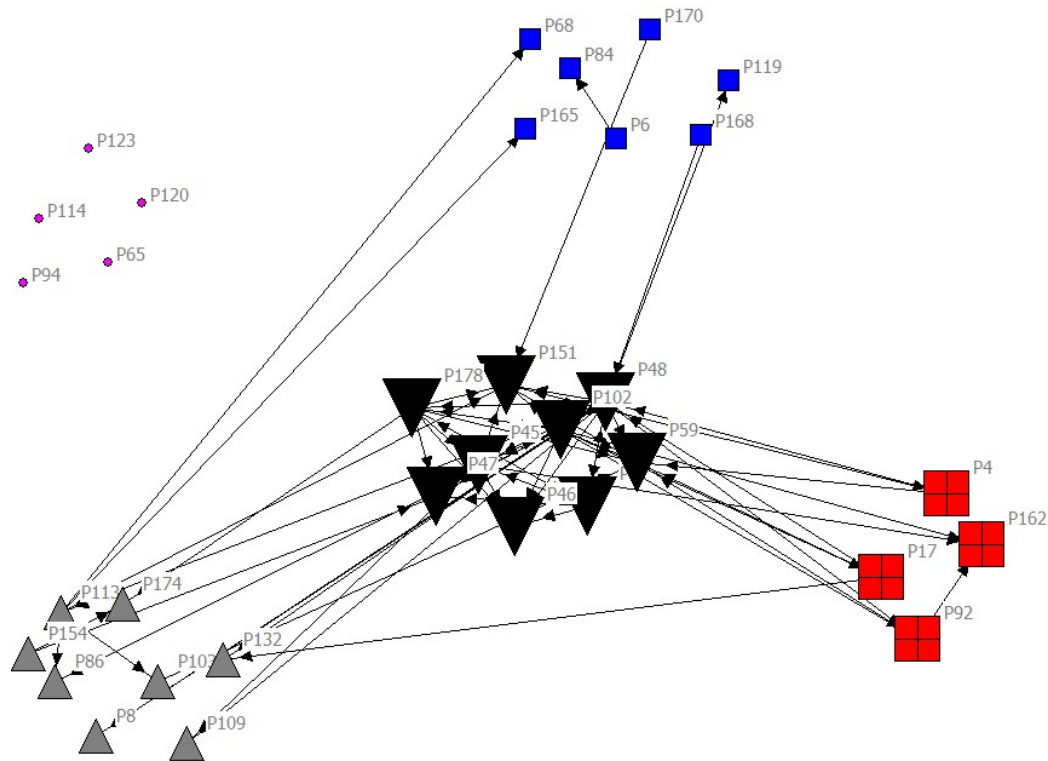


Figure 13. Domain 8 K-core sub-groups with provider labels.

Densities of Secondary Domains

The density of the networks when grouped on the basis of their secondary domains is provided in Table 16. As shown in the table, Domain 3: Economy and Financial Well-Being has the highest density scores in relation to other secondary domains.

Table 16. Density of Networks Based on Secondary Domains	
Secondary Domain	Density Value
Domain 1: Social Service Issues	0.00%
Domain 2: Alcohol and Drugs	10.00%
Domain 3: Economy and Financial Well-Being	35.00%
Domain 4: Cultural Diversity	10.60%
Domain 5: Family Life	0.00%
Domain 6: Education and the Workforce	13.00%
Domain 7: Violence and Crime	2.20%
Domain 8: Health	13.50%

Summary of Sub-group Collaborations within the Network

To further examine the degree of collaboration among social service organizations, connections among subgroups or sub-networks were examined. This approach identified 18 sub-networks and a 19th group of the three isolates. Each sub-network was coded from 1 to 18. Although 18 sub-networks were identified, these networks varied widely in their density, which indicates that some truly are cohesive sub-networks, while others are not. The most cohesive sub-networks (based on average density and cohesion values) were 18 and 16.

Sub-network 18 has 31 members and was connected to 45% of the agencies that they could possibly be connected to within this sub-network. On average, the organizations within this sub-network are connected either directly or indirectly to 64% of the possible organizations that they could be connected to. Sub-network 16 has 11 members and was connected to 36% of the agencies that they could possibly be connected to within this sub-network. On average, the organizations within this sub-network are connected either directly or indirectly to 59% of the possible organizations that they could be connected to. Unlike sub-network 18, the members of sub-network 16 may be said to have common interests: most of these organizations deal with youth services in some manner.

Collaborations between organizations grouped by primary domains were also examined. Domains with the highest density scores included Domain 2: Alcohol and Drugs and Domain 7: Violence and Crime. When grouped on the basis of their secondary domain, Domain 3: Economy and Financial Well-being had the highest density scores in relation to other secondary domains.

There were also strong between-domain connections noted for organizations. To further explore the degree of cross-domain collaboration, density statistics were calculated for the connections between each of the domains. The largest between-domain connections are from Domain 2: Alcohol and Drugs and Domain 7: Violence and Crime (19% of the total possible connections), and from Domain 7: Violence and Crime to Domain 6: Education and the Workforce (17.5% of the total possible connections). To assist in understanding how these variables represent organizations, this section concludes with a case study.

Collaboration Case Study: Aurora

Aurora's primary domain is Domain 3: Economy and Financial Well-Being. This is their secondary domain as well. Of the K-cores based on the collaboration data, Aurora belongs to K-core 18, the most well-connected and cohesive of the K-cores. Aurora's Out-Degree is 128 and their In-Degree is 157. This means that Aurora has 128 out-going connections and 157 in-coming connections. What these measures indicate is that Aurora has more in-coming connections than out-going connections. However, Aurora has a large number of both. Aurora has a betweenness of 711 and a normalized betweenness of 2.04. This is a very large betweenness value, which indicates that Aurora acts as a go-between or intermediary for a large number of other agencies in the network.

Potential Areas of Duplication

Study Question 3: What potential areas of duplication exist among social service providers?

The degree of collaboration among similar service providers was examined to identify potential areas of duplication. Several approaches were utilized to examine potential areas of duplication. The first approach provided a description of the number of organizations that are addressing specific issues. Next, using the collaborative rating scale completed by social service organizations, a second approach examined the level of collaboration occurring among similar service providers. Finally, a third approach examined the strength of collaboration within organizations by domain classifications. These approaches and key findings are summarized below.

Examining Issues being Addressed by Five or More Organizations

To shed light on potential duplication of services related to the community issues identified within the needs assessment, the issues that are being addressed by at least five organizations are presented in Table 17 below. With these issues, the likelihood of duplication may be greater given that a larger number of organizations are targeting them as priority needs. As shown in the table, the number of organizations that completed the Provider Profile and indicated addressing each issue are noted. Additionally, all organizations that were surveyed and matched to each issue also are included.

As shown in this table, the issue with the largest number of organizations targeting it with services and programs is low- to moderate-income individuals not having funds for basic needs (e.g., adequate clothing, food, housing, and legal services). As stated earlier, given that this issue is broad and encompasses a large number of concerns, ones that focus on basic needs for survival, it would be expected that many social service agencies would target this issue.

Table 17. Issues in the Needs Assessment that five or more organizations are addressing*					
Issue for Needs Assessment		Orgs. Completing Provider Profile (N = 75)		All orgs. surveyed (N = 188)	
		N	%	N	%
19	Low- to moderate-income individuals not having funds for basic needs (e.g., adequate clothing, food, housing, and legal services)	23	30.7	47	25.0
51	Affordable and accessible health care for low- to moderate-income individuals	10	13.3	17	9.0
13	Availability of food and shelter for the homeless	10	13.3	14	7.4
24	Child physical/mental abuse and neglect	6	8.0	12	6.4
50	Affordable and available care for mental health issues	4	5.3	11	5.9
16	Affordable and available care for the physically disabled	4	5.3	11	5.9
20	Affordable and accessible public transportation	6	8.0	10	5.3
35	Lack of safe, constructive opportunities for youth	5	6.7	10	5.3
31	Support for care givers of the elderly, mentally ill, or physically disabled	4	5.3	8	4.3
33	Child sexual abuse	2	2.7	8	4.3
15	Families' understanding of finances, budgeting, and tax credits	4	5.3	7	3.7
55	Preventative health care	3	4.0	7	3.7
8	Adult drug use	4	5.3	7	3.7
25	Children with special mental and physical conditions	4	5.3	6	3.2
28	Preparation and support for parenthood	4	5.3	6	3.2
14	Affordable child care	4	5.3	6	3.2
17	Availability of jobs for mentally and physically challenged individuals	3	4.0	6	3.2
40	Children prepared to enter kindergarten	4	5.3	5	2.7
18	Affordable in-home care for the elderly	2	2.7	5	2.7
10	Underage alcohol use	5	6.7	5	2.7
6	Underage tobacco use	4	5.3	5	2.7

***Note:** This table describes the number of organizations directly addressing specific issues. However, the table does not describe the prevalence of issues within the community, which is a key factor that should be considered when determining duplication.

Degree of Collaboration between Similar Service Providers

A second approach involved examining collaboration among similar service providers. This approach defined potential duplication as those organizations that reported collaborating with less than 50% of other organizations that they identified as providing similar services. While the level of collaboration may vary among similar service providers, one could argue that without basic levels of collaboration, the likelihood of duplicating services would increase. Using the collaborative rating scale, respondents identified the number of organizations that provided similar services. Because the similar service information was only provided by organizations that completed the collaborative rating scale, findings are limited to those organizations (N=112). Discrepancies between the number of similar services and the collaborative overlap were examined. For example, Provider 27 indicated the largest number of agencies providing similar services, but Provider 27 also collaborates with most of these similar agencies (> 50%). However, the same is not true for Provider 146, which has a large number of similar agencies, but does not collaborate with many of them (< 50%).

From the 112 organizations that responded to the collaborative rating scale, organizations, on average, reported providing similar services as 4.05 other organizations. Thirty-eight organizations indicated that no other organization provided similar services. These organizations were removed from the analysis resulting in 74 organizations who indicated that at least one other organization provided a similar service. Of these organizations (n=74), they indicated providing similar services to an average of 6.14 other organizations. On average, the 74 community organizations that identified similar service providers reported collaborating with 3.69 of these organizations.

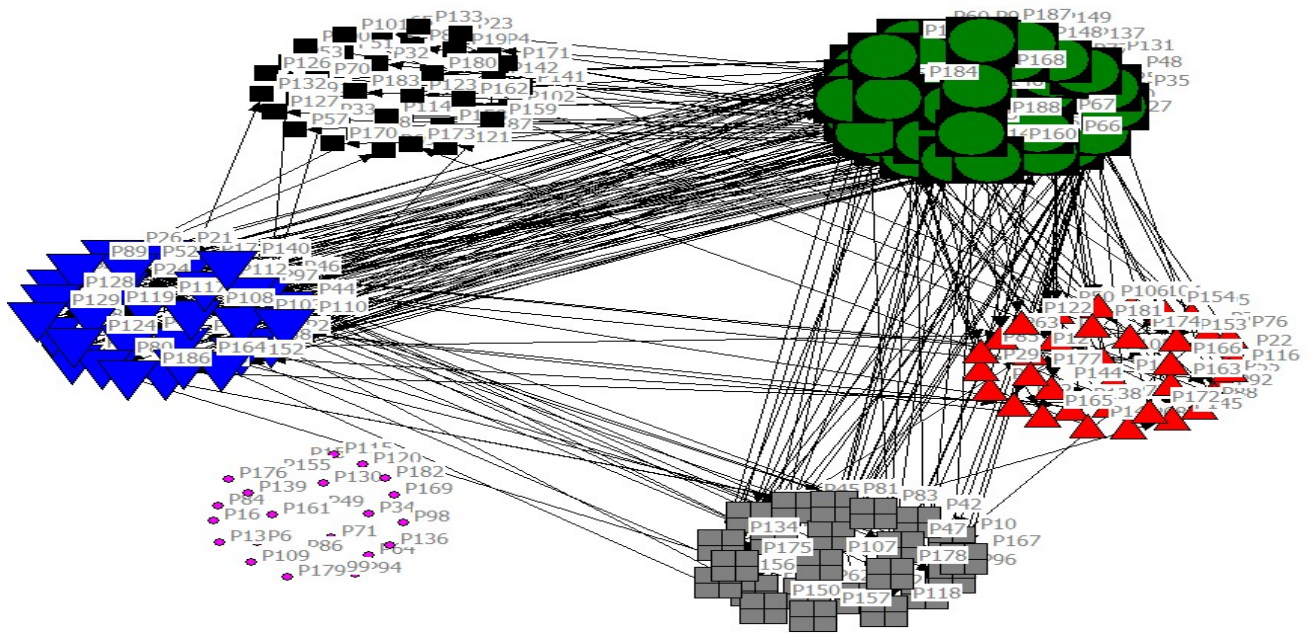
As shown in Table 18, overall, organizations reported collaborating with 60.13% of the organizations they identified as providing similar services. A total of 63.51% (47/74) of all organizations that indicated providing similar services reported collaborating with more than half of the similar service providers. While 27 organizations reported collaborating with less than half of similar service providers, only 13 (17.57%) of these organizations actually had five or more similar service providers.

Category of similar services range	Number of organizations providing similar services	Number of similar services	Number of collaborations with similar services	Percent of organizations collaborating with similar service providers
No organizations provide similar services	38	0	0	NA
1 to 5 organizations provide similar services	47	127	80	62.99%
6 to 10 organizations provide similar services	14	103	61	59.22%
11 or more organizations provide similar services	13	224	132	58.93%
Total	112	454	273	60.13%

The 27 organizations identified as collaborating with less than 50% of similar service providers were subjected to content analysis to identify common themes. However, no themes emerged. Typically, these organizations included a diversity of small to large-scale agencies and were spread throughout each of the domains. Collectively, this finding suggests that potential duplication of services may be contained within individual organizations versus clustered within broad service areas.

Examining Density of Similar Service Providers

A final approach involved conducting a K-core analysis to identify groups of agencies that “hang together” in providing similar services. The analysis identified 5 K-cores and one group of isolates (i.e., a group of agencies indicating no one else provides similar services – note that some of these may be non-responders). The K-core groups are depicted in the figure below.



To get a sense of the amount of collaboration within each of these groups, density values for the collaboration ratings were calculated within each K-core similarity group. These appear in the table below. Overall, the data indicate a high degree of collaboration within some of the K-core groups, especially groups 4 and 5.

Table 19. Number of Similar Service Providers by Collaboration	
Group	Density Values
0 (isolates)	0.00%
1	2.10%
2	2.10%
3	6.30%
4	10.60%
5	18.80%

Summary of Potential Areas of Duplication

Several approaches were utilized to examine potential areas of duplication. First, to shed light on potential duplication of services related to the community issues identified within the needs assessment, the issues that are being addressed by at least five organizations were examined. The issue with the largest number of organizations targeting it with services and programs was low- to moderate-income individuals not having funds for basic needs (e.g., adequate clothing, food, housing, and legal services). As stated earlier, given that this issue is broad and encompasses a large number of concerns, ones that focus on basic needs for survival, it would be expected that many social service agencies would target this issue.

A second approach involved examining collaboration among similar service providers. Potential duplication was defined as those organizations that reported collaborating with less than 50% of other organizations that they identified as providing similar services. While the level of collaboration may vary among similar service providers, one could argue that without basic levels of collaboration, the likelihood of duplicating services would increase. Using the collaborative rating scale, respondents identified the number of organizations that provided similar services. From the 74 organizations that responded to the collaborative rating scale, organizations identified an average of 6.14 organizations with which they provide similar services. These organizations also indicated collaborating with approximately 60% of these organizations. A total of 63.51% (47/74) of all organizations that indicated providing similar services reported collaborating with more than half of the similar service providers (>50%). While 27 organizations reported collaborating with less than half of similar service providers, only 13 (17.57%) of these organizations actually had five or more similar service providers.

The 27 organizations identified as collaborating with less than 50% of similar service providers were subjected to content analysis to identify common themes. However, no themes emerged. Typically, these organizations included a diversity of small to large-scale agencies and were spread throughout each of the domains. Collectively, this finding suggests that potential duplication of services may be contained within individual organizations versus clustered within broad service areas.

A final approach to examining potential duplication involved conducting an analysis to identify groups of agencies that “hang together” in providing similar services. The analysis identified 5 groups and a group of isolates (i.e., a group of agencies indicating no one else provides similar services – note that some of these may be non-responders). To get a sense of the amount of collaboration within each of these groups, density values for the collaboration ratings were calculated within each similarity group. Overall, the data indicate a high degree of collaboration within some of the groups, especially groups 4 and 5. However, there were no clear patterns with regards to the group structure. This again reinforced the notion that potential duplication of services is likely not contained within broad social service domains, rather it appears to be more community agency specific. Another key finding related to this analysis was the lack of collaboration within other sub-groups. While this does not provide direct evidence specific to duplication, it does highlight the lack of awareness of some organizations in the services provided by other community organizations.

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**Appendix A:
Provider Profile**

**Provider Profile
2007 United Way Needs Assessment**

1. Organization name:			
2a. Name of Chief Executive Officer:			
2b. Our organization gives permission to the United Way to publish information from the Provider Profile for the 2007/2008 Needs Assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No			
3a. Name of person completing this form:		3b. Title:	
4. Mailing Address:			
5. Phone:	6. Fax:	7. Email:	8. Website:
9. Type of organization: <input type="checkbox"/> Non profit <input type="checkbox"/> For profit <input type="checkbox"/> Government <input type="checkbox"/> Not incorporated			
10. Business hours:			
11. Names of counties in primary service area:			
12. Number of years organization has provided services in the community:			
13. Number of individuals served annually by your organization:			
14a. Typically, how many (number) individuals who seek services at your organization are placed on a waiting list (annually):			
14b. Average amount of time individuals must wait to receive services:			
15. Age range of individuals served by your organization:			
16. Who is eligible to receive services from your organization?			
17. Do you have measures in place to serve non-English speaking individuals? <input type="checkbox"/> Yes (Please explain:) <input type="checkbox"/> No (Please explain:)			
18. Are there fees for your services? <input type="checkbox"/> Yes <input type="checkbox"/> No If there are fees for your services, how are they paid? <input type="checkbox"/> Insurance <input type="checkbox"/> Sliding scale <input type="checkbox"/> \$ amount (please specify:) <input type="checkbox"/> Mixed methods (please specify:) <input type="checkbox"/> Other:			
19. What percent of your clients are not able to pay for services? %			
20. Current staffing levels: Total no. employees: Full time: Part time:			
21. Number of volunteers in your organization (includes Board members):			

22. Organization's mission statement:

23. What is the primary focus of your organization?

24. Please briefly describe your admission process.

25. What critical needs in the community does your organization target, and what services does your organization offer that address those needs?

To answer these questions, please follow Steps 1 and 2 below.

Step 1: Using the attached 2007 United Way Survey, please select the issues that your organization addresses as its top three priority needs in the community. Please write the number corresponding to the need in the spaces under the heading "Needs." If the top needs addressed by your organization do not appear in the survey, please write them in the spaces below.

Step 2: For each priority need that you identified in Step 1, please indicate under the heading "Services/Programs" the services and/or programs that your organization provides to address the needs.

Priority Level	Needs	Services/Programs
Highest priority need		
2 nd highest priority need		
3 rd highest priority need		

26. Prevalence of needs in the community: To help us better understand the prevalence of the needs you listed in item #25, please provide data to which you have access that highlight such prevalence (e.g., % of youth who use drugs and alcohol or number of families in transitional housing). If possible, please provide sources for the data or attach any related materials.

27. How is your organization uniquely addressing the needs you identified in item #25?

28. For the services or programs listed in item #25, please indicate the days, hours, actual location(s) of the services/programs, and who you are serving with each.

Service/program name and brief description (e.g., afterschool program)	Days	Time of day provided	Location(s)	Ages directly served by the service or program?
	<input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun <input type="checkbox"/> Thu	<input type="checkbox"/> Daytime <input type="checkbox"/> Evening		<input type="checkbox"/> birth to 5 <input type="checkbox"/> 6 to 14 <input type="checkbox"/> 15 to 17 <input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizens
	<input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun <input type="checkbox"/> Thu	<input type="checkbox"/> Daytime <input type="checkbox"/> Evening		<input type="checkbox"/> birth to 5 <input type="checkbox"/> 6 to 14 <input type="checkbox"/> 15 to 17 <input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizens
	<input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun <input type="checkbox"/> Thu	<input type="checkbox"/> Daytime <input type="checkbox"/> Evening		<input type="checkbox"/> birth to 5 <input type="checkbox"/> 6 to 14 <input type="checkbox"/> 15 to 17 <input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizens
	<input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun <input type="checkbox"/> Thu	<input type="checkbox"/> Daytime <input type="checkbox"/> Evening		<input type="checkbox"/> birth to 5 <input type="checkbox"/> 6 to 14 <input type="checkbox"/> 15 to 17 <input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizens
	<input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun <input type="checkbox"/> Thu	<input type="checkbox"/> Daytime <input type="checkbox"/> Evening		<input type="checkbox"/> birth to 5 <input type="checkbox"/> 6 to 14 <input type="checkbox"/> 15 to 17 <input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizens
	<input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun <input type="checkbox"/> Thu	<input type="checkbox"/> Daytime <input type="checkbox"/> Evening		<input type="checkbox"/> birth to 5 <input type="checkbox"/> 6 to 14 <input type="checkbox"/> 15 to 17 <input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizens
	<input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun <input type="checkbox"/> Thu	<input type="checkbox"/> Daytime <input type="checkbox"/> Evening		<input type="checkbox"/> birth to 5 <input type="checkbox"/> 6 to 14 <input type="checkbox"/> 15 to 17 <input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizens
	<input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun <input type="checkbox"/> Thu	<input type="checkbox"/> Daytime <input type="checkbox"/> Evening		<input type="checkbox"/> birth to 5 <input type="checkbox"/> 6 to 14 <input type="checkbox"/> 15 to 17 <input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizens
	<input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun <input type="checkbox"/> Thu	<input type="checkbox"/> Daytime <input type="checkbox"/> Evening		<input type="checkbox"/> birth to 5 <input type="checkbox"/> 6 to 14 <input type="checkbox"/> 15 to 17 <input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizens

29. Collaboration with Other Social Service Organizations

For the purposes of this profile, collaboration is defined as:

An ongoing process in which individuals willing to embrace change come together to develop trusting relationships among all relevant stakeholders to achieve common goals and desired outcomes for the betterment of the community. This is accomplished by sharing responsibility, resources, accountability, and authority.

Please use this definition when answering this question and follow Steps 1, 2, and 3 below.

Step 1: *From the list of organizations provided, please check the ones that provide services that are similar to those that your organization provides. If there are organizations that are not listed, please write them in the spaces provided at the end of the table.*

Step 2: *From the entire list of organizations provided and using the definition of collaboration shown above, please check the organizations with which you collaborate. If there are organizations that are not listed, please write them in the spaces provided at the end of the table.*

Step 3: *For the organizations you checked in Step 2 only, please indicate the level of collaboration with each organization you checked using the following 7-point scale. Anchors for the scale are described below. Please note that you may select any point on the scale that best represents your level of collaboration with each organization you check.*

Collaboration Rating Scale						
1 Not at all	2 Very Rarely	3 A little of the time	4 Some of the time	5 A good part of the time	6 Most of the time	7 All of the time
<ul style="list-style-type: none"> ▪ Individuals do <u>not</u> embrace change, develop trusting relationships, and are <u>not</u> interested in achieving common goals ▪ Organizations do <u>not</u> share responsibilities, resources, accountabilities, and authority 						<ul style="list-style-type: none"> ▪ Individuals readily embrace change, develop trusting relationships, and express a strong desire to achieve common goals ▪ Organizations often share responsibilities, resources, accountabilities, and authority

Step 1: This organization provides services that are similar to those that we provide.	Social Service Organization Name <i>Note: This list only includes other social service organizations</i>	Step 2: We collaborate with this organization. (If yes, select box)	Step 3: Collaboration Rating (click on field and select response from 1 to 7)
<input type="checkbox"/>	32 DEGREE MASONIC LEARNING CENTERS FOR CHILDREN	<input type="checkbox"/>	N/A
<input type="checkbox"/>	4 C OF SOUTHERN INDIANA INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	ADULT LITERACY PROGRAM OF GIBSON COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	AIDS RESOURCE GROUP	<input type="checkbox"/>	N/A
<input type="checkbox"/>	ALBION FELLOWS BACON CENTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	ALZHEIMER ASSOCIATION	<input type="checkbox"/>	N/A
<input type="checkbox"/>	AMERICAN CANCER SOCIETY GREAT LAKES DIVISION	<input type="checkbox"/>	N/A
<input type="checkbox"/>	AMERICAN DIABETES ASSOCIATION	<input type="checkbox"/>	N/A
<input type="checkbox"/>	AMERICAN RED CROSS SOUTHWESTERN INDIANA	<input type="checkbox"/>	N/A
<input type="checkbox"/>	AMERICAN RED CROSS WARRICK	<input type="checkbox"/>	N/A
<input type="checkbox"/>	AMETHYST ADDICTION SERVICES INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	ARK CRISIS CHILD CARE CENTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	ARTHRITIS FOUNDATION	<input type="checkbox"/>	N/A
<input type="checkbox"/>	AURORA	<input type="checkbox"/>	N/A
<input type="checkbox"/>	AUTO MISSION OF EVANSVILLE INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	AUTO MISSION OF GIBSON COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	BELL TOWER HEALTH CENTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	BIG BROTHERS BIG SISTERS OF THE OHIO VALLEY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	BIRTHRIGHT OF EVANSVILLE	<input type="checkbox"/>	N/A
<input type="checkbox"/>	BOYS AND GIRLS CLUB OF EVANSVILLE INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	BREAD OF LIFE MINISTRY INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	BUFFALO TRACE COUNCIL BOY SCOUTS OF AMERICA	<input type="checkbox"/>	N/A
<input type="checkbox"/>	BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES	<input type="checkbox"/>	N/A
<input type="checkbox"/>	CAREER CHOICES INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	CARVER COMMUNITY ORGANIZATION	<input type="checkbox"/>	N/A
<input type="checkbox"/>	CASA GIBSON COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	CATHOLIC CHARITIES	<input type="checkbox"/>	N/A
<input type="checkbox"/>	CHRISTIAN RESOURCE CENTER INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	CHURCHES EMBRACING OFFENDERS	<input type="checkbox"/>	N/A
<input type="checkbox"/>	COMMUNITY ACTION PROGRAM NORTH SPENCER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	COMMUNITY ACTION PROGRAM OF EVANSVILLE	<input type="checkbox"/>	N/A
<input type="checkbox"/>	COMMUNITY EMERGENCY ASSISTANCE BOARD	<input type="checkbox"/>	N/A
<input type="checkbox"/>	COMMUNITY MARRIAGE BUILDERS	<input type="checkbox"/>	N/A
<input type="checkbox"/>	COOPERATIVE ACTION FOR COMMUNITY DEVELOPMENT	<input type="checkbox"/>	N/A
<input type="checkbox"/>	COUNCIL ON AGING SPENCER COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	COUNCIL ON AGING GIBSON COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	COUNCIL ON AGING POSEY COUNTY	<input type="checkbox"/>	N/A

<input type="checkbox"/>	COUNCIL ON AGING VANDERBURGH COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	COUNCIL ON AGING WARRICK COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	DEPARTMENT OF CHILD SERVICES GIBSON	<input type="checkbox"/>	N/A
<input type="checkbox"/>	DEPARTMENT OF CHILD SERVICES POSEY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	DEPARTMENT OF CHILD SERVICES SPENCER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	DEPARTMENT OF CHILD SERVICES VANDERBURGH	<input type="checkbox"/>	N/A
<input type="checkbox"/>	DEPARTMENT OF CHILD SERVICES WARRICK	<input type="checkbox"/>	N/A
<input type="checkbox"/>	DEPARTMENT OF HEALTH GIBSON COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	DEPARTMENT OF HEALTH POSEY COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	DEPARTMENT OF HEALTH SPENCER COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	DEPARTMENT OF HEALTH VANDERBURGH COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	DEPARTMENT OF VETERANS AFFAIRS	<input type="checkbox"/>	N/A
<input type="checkbox"/>	DIAPER MINISTRY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	DIVISION OF FAMILY RESOURCES GIBSON	<input type="checkbox"/>	N/A
<input type="checkbox"/>	DIVISION OF FAMILY RESOURCES POSEY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	DIVISION OF FAMILY RESOURCES SPENCER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	DIVISION OF FAMILY RESOURCES VANDERBURGH	<input type="checkbox"/>	N/A
<input type="checkbox"/>	DIVISION OF FAMILY RESOURCES WARRICK	<input type="checkbox"/>	N/A
<input type="checkbox"/>	DOULOS FAMILY SERVICES	<input type="checkbox"/>	N/A
<input type="checkbox"/>	EAST GIBSON FOOD PANTRY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	EASTER SEALS REHABILITATION CENTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	ECHO COMMUNITY HEALTH CARE INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	ECHO HOUSING CORPORATION	<input type="checkbox"/>	N/A
<input type="checkbox"/>	EVANSVILLE ARC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	EVANSVILLE AREA COMMUNITY OF CHURCHES	<input type="checkbox"/>	N/A
<input type="checkbox"/>	EVANSVILLE ASSOCIATION FOR THE BLIND	<input type="checkbox"/>	N/A
<input type="checkbox"/>	EVANSVILLE BLACK COALITION INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	EVANSVILLE CENTER FOR WOMEN'S MINISTRIES	<input type="checkbox"/>	N/A
<input type="checkbox"/>	EVANSVILLE CHRISTIAN LIFE CENTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	EVANSVILLE HOUSING AUTHORITY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	EVANSVILLE LUTHERAN FAMILY COUNSELING INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	EVANSVILLE PSYCHIATRIC CHILDREN'S CENTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	EVANSVILLE RESCUE MISSION INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	EVANSVILLE TREATMENT CENTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	FAMILIES THRU INTERNATIONAL ADOPTION INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	G E M MINISTRIES INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	GIBSON COUNTY AMERICAN RED CROSS CHAPTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	GIBSON COUNTY AREA REHABILITATION CENTERS	<input type="checkbox"/>	N/A
<input type="checkbox"/>	GIBSON COUNTY YOUTH CENTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	GIRL SCOUTS OF RAINTREE COUNCIL INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	GOODWILL INDUSTRIES INCEVANSVILLE	<input type="checkbox"/>	N/A
<input type="checkbox"/>	GREATER ST JAMES	<input type="checkbox"/>	N/A
<input type="checkbox"/>	HABITAT FOR HUMANITY OF EVANSVILLE	<input type="checkbox"/>	N/A
<input type="checkbox"/>	HABITAT FOR HUMANITY OF GIBSON COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	HABITAT FOR HUMANITY OF WARRICK COUNTY INC	<input type="checkbox"/>	N/A

<input type="checkbox"/>	HABITAT FOR HUMANITY SPENCER COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	HADI SHRINE TEMPLE	<input type="checkbox"/>	N/A
<input type="checkbox"/>	HELPING HANDS	<input type="checkbox"/>	N/A
<input type="checkbox"/>	HILLCREST WASHINGTON YOUTH HOME	<input type="checkbox"/>	N/A
<input type="checkbox"/>	HOME INSTEAD SENIOR CARE	<input type="checkbox"/>	N/A
<input type="checkbox"/>	HOPE OF EVANSVILLE INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	HOUSE OF BREAD PEACE INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	HOUSING AUTHORITY POSEY COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	HOUSING AUTHORITY SPENCER COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	IMPACT CHRISTIAN HEALTH CENTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	IMPACT MINISTRIES	<input type="checkbox"/>	N/A
<input type="checkbox"/>	INDIANA EPILEPSY SERVICES	<input type="checkbox"/>	N/A
<input type="checkbox"/>	INDIANA LEGAL SERVICES	<input type="checkbox"/>	N/A
<input type="checkbox"/>	IRELAND HOME BASED SERVICES LLC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	JACOB S VILLAGE	<input type="checkbox"/>	N/A
<input type="checkbox"/>	JOHN H EMHUFF OPPORTUNITY CENTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	JUNIOR ACHIEVEMENT OF SOUTHWESTERN INDIANA	<input type="checkbox"/>	N/A
<input type="checkbox"/>	JUNIOR MENTAL HEALTH ASSOCIATION	<input type="checkbox"/>	N/A
<input type="checkbox"/>	KEEP EVANSVILLE BEAUTIFUL	<input type="checkbox"/>	N/A
<input type="checkbox"/>	KOOL SMILES	<input type="checkbox"/>	N/A
<input type="checkbox"/>	LAMPION CENTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	LEGAL AID SOCIETY OF EVANSVILLE INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	LIFE CHOICES MATERNITY AND YOUTH HOME	<input type="checkbox"/>	N/A
<input type="checkbox"/>	LITERACY CENTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	LITTLE LAMBS	<input type="checkbox"/>	N/A
<input type="checkbox"/>	LORDS PANTRY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	MARCH OF DIMES BIRTH DEFECTS FOUNDATION	<input type="checkbox"/>	N/A
<input type="checkbox"/>	MEALS ON WHEELS OF EVANSVILLE	<input type="checkbox"/>	N/A
<input type="checkbox"/>	MEDIA MINISTRIES INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	MEMORIAL COMMUNITY DEVELOPMENT CORPORATION	<input type="checkbox"/>	N/A
<input type="checkbox"/>	MENTAL HEALTH AMERICA OF VANDERBURGH COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	MENTAL HEALTH ASSOCIATION OF SPENCER COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	METRO SMALL BUSINESS ASSISTANCE CORPORATION	<input type="checkbox"/>	N/A
<input type="checkbox"/>	MOMENTIVE CONSUMER CREDIT COUNSELING SERVICE	<input type="checkbox"/>	N/A
<input type="checkbox"/>	MT VERNON HOMELESS SHELTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	MT VERNON MINISTERIAL ASSOCIATION	<input type="checkbox"/>	N/A
<input type="checkbox"/>	MULBERRY CENTER INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	MUSCULAR DYSTROPHY ASSOCIATION INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	N E E D S NEIGHBORHOOD EDUCATIONAL ENRICHMENT	<input type="checkbox"/>	N/A
<input type="checkbox"/>	NEIGHBORHOOD ECONOMIC DEVELOPMENT CENTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	NEW HARMONY HEALTHCARE	<input type="checkbox"/>	N/A
<input type="checkbox"/>	NEW HARMONY MINISTRY ASSOCIATION	<input type="checkbox"/>	N/A
<input type="checkbox"/>	NEWBURGH AREA FOOD PANTRY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	NEWBURGH SENIOR CITIZENS	<input type="checkbox"/>	N/A
<input type="checkbox"/>	NORTH SPENCER COMMUNITY ACTION CENTER	<input type="checkbox"/>	N/A

<input type="checkbox"/>	OUTREACH MINISTRIES	<input type="checkbox"/>	N/A
<input type="checkbox"/>	OZANAM FAMILY SHELTERS	<input type="checkbox"/>	N/A
<input type="checkbox"/>	P A S T PERSONAL ASSISTANT SERVICES TRANS.	<input type="checkbox"/>	N/A
<input type="checkbox"/>	PATCHWORK CENTRAL	<input type="checkbox"/>	N/A
<input type="checkbox"/>	PLANNED PARENTHOOD OF INDIANA	<input type="checkbox"/>	N/A
<input type="checkbox"/>	POSEY COUNTY ARC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	POSEY COUNTY CHILDREN'S LEARNING CENTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	POSEY COUNTY REHABILITATION SERVICES INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	POSEY COUNTY THRIFT SHOP	<input type="checkbox"/>	N/A
<input type="checkbox"/>	POTTERS WHEEL	<input type="checkbox"/>	N/A
<input type="checkbox"/>	PURDUE UNIVERSITY COOPERATIVE EXTENSION	<input type="checkbox"/>	N/A
<input type="checkbox"/>	READING CARREL INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	REGIONAL YOUTH SERVICES	<input type="checkbox"/>	N/A
<input type="checkbox"/>	RELIABLE CARE ADULT DAY CARE INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	RIGHT TO LIFE OF VANDERBURGH COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	S.I.N.E SOUTHWEST INDIANA NETWORK FOR EDUCATION	<input type="checkbox"/>	N/A
<input type="checkbox"/>	SAINT ANTHONY CENTER FOR FAMILY LIFE	<input type="checkbox"/>	N/A
<input type="checkbox"/>	SAINT VINCENT DAY CARE CENTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	SAINT VINCENT DEPAUL SOCIETY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	SALVATION ARMY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	SIRS SOUTHERN INDIANA RESOURCE SOLUTIONS	<input type="checkbox"/>	N/A
<input type="checkbox"/>	SMOKEFREE COMMUNITIES	<input type="checkbox"/>	N/A
<input type="checkbox"/>	SOUTHWEST INDIANA DISASTER RESISTANT COMMUNIT	<input type="checkbox"/>	N/A
<input type="checkbox"/>	SOUTHWESTERN INDIANA MENTAL HEALTH CENTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	SOUTHWESTERN INDIANA REGIONAL COUNCIL ON AGING	<input type="checkbox"/>	N/A
<input type="checkbox"/>	SPENCER COUNTY ARC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	SPENCER COUNTY HOSPICE INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	STIR N UP HOPE INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	SUBSTANCE ABUSE COUNCIL OF VANDERBURGH COUNTY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	SYCAMORE SERVICES	<input type="checkbox"/>	N/A
<input type="checkbox"/>	THE RIVER AT EVANSVILLE	<input type="checkbox"/>	N/A
<input type="checkbox"/>	TRI STATE ALLIANCE INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	TRI STATE FOOD BANK INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	TRI STATE MULTIPLE SCLEROSIS ASSN INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	TULIP TREE FAMILY HEALTH CENTER	<input type="checkbox"/>	N/A
<input type="checkbox"/>	TWENTY FIRST CENTURY SCHOLARS PROGRAM	<input type="checkbox"/>	N/A
<input type="checkbox"/>	UNITED CARING SHELTERS INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	UNITED FAMILY COUNSELING SERVICES	<input type="checkbox"/>	N/A
<input type="checkbox"/>	UNITED METHODIST YOUTH HOME INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	VANDERBURGH COUNTY CASA COURT APPT. SPEC. ADV.	<input type="checkbox"/>	N/A
<input type="checkbox"/>	VANDERBURGH COUNTY MINORITY HEALTH COALITION	<input type="checkbox"/>	N/A
<input type="checkbox"/>	VANDERBURGH COUNTY VETERANS SERVICES	<input type="checkbox"/>	N/A
<input type="checkbox"/>	VETERAN S READJUSTMENT COUNSELING SERVICE	<input type="checkbox"/>	N/A
<input type="checkbox"/>	VILLAGES OF SOUTHERN INDIANA	<input type="checkbox"/>	N/A
<input type="checkbox"/>	VISITING NURSE ASSOCIATION OF SOUTHWESTERN INDIANA	<input type="checkbox"/>	N/A

<input type="checkbox"/>	VISITING NURSE PLUS INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	VISTACARE	<input type="checkbox"/>	N/A
<input type="checkbox"/>	VOCATIONAL REHABILITATION SERVICES	<input type="checkbox"/>	N/A
<input type="checkbox"/>	VOICES INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	VOLUNTEER LAWYER PROGRAM SOUTHWESTERN INDIANA	<input type="checkbox"/>	N/A
<input type="checkbox"/>	WARRICK COUNTY HEALTH DEPT	<input type="checkbox"/>	N/A
<input type="checkbox"/>	WARRICK COUNTY VETERANS AFFAIRS	<input type="checkbox"/>	N/A
<input type="checkbox"/>	WEED AND SEED	<input type="checkbox"/>	N/A
<input type="checkbox"/>	WESSELMAN NATURE SOCIETY	<input type="checkbox"/>	N/A
<input type="checkbox"/>	WISH UPON A STAR INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	WORKONE EVANSVILLE	<input type="checkbox"/>	N/A
<input type="checkbox"/>	YMCA OF SOUTHWESTERN IN INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	YOUTH FIRST INC	<input type="checkbox"/>	N/A
<input type="checkbox"/>	YOUTH RESOURCES OF SOUTHWESTERN INDIANA	<input type="checkbox"/>	N/A
<input type="checkbox"/>	YOUTH SERVICE BUREAU	<input type="checkbox"/>	N/A
<input type="checkbox"/>	YWCA	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Other:	<input type="checkbox"/>	N/A

30. Please check the coalitions or collaborations in which your organization participates.

We participate in this coalition/collaboration.	Name of coalition/collaboration	We participate in this coalition/collaboration.	Name of coalition/collaboration
<input type="checkbox"/>	Council of United Way Agencies	<input type="checkbox"/>	School Community Council
<input type="checkbox"/>	Financial Stability Partnership	<input type="checkbox"/>	Partners in Caring
<input type="checkbox"/>	Early Childhood Development Coalition	<input type="checkbox"/>	Coalition of Concerned Outreach Agencies
<input type="checkbox"/>	Bridges out of Poverty Advisory Group	<input type="checkbox"/>	Workforce Investment Act Partners
<input type="checkbox"/>	Policy and Planning Council for Homeless Services	<input type="checkbox"/>	Fatherhood Coalition
<input type="checkbox"/>	Evansville Youth Coalition	<input type="checkbox"/>	Drug Taskforce
<input type="checkbox"/>	Meth Taskforce	<input type="checkbox"/>	Mayor's Education Roundtable

31. Agency statistics

Do you track outcomes of your services and programs? Yes No

If you do track outcomes, please provide any statistics that indicate the impact of your services and programs. If you would like to attach any documents that relate to outcomes, please return those with this form.

32. In general, what barriers do your organization's clients face in accessing services within your organization?

**Appendix B:
Table with Community Issues
Linked to Social Service Organizations**

As shown in the table beginning on the next page, the issues are listed in the order of priority needs identified for all counties combined in the community assessment report. For organizations where full provider information was not available, data retrieved from public data sources was provided. The following table serves as a guide for interpreting the information that follows.

Interpretation Guide	
Variable (Column heading)	Definition
Issue	Community issue from the 2007/2008 Comprehensive Community Assessment Survey, listed in the order of priority needs for all counties combined
Organization	The social service organization that targets the issue as one of its primary need areas
Counties Served	The counties served by the organization for all services and programs
Number of Individuals Served Annually	The total number of individuals served each year by the organization with all of its services and programs
Services Provided for Issue	The specific services or programs that are offered to address the issue. This is not a comprehensive list of services offered by the organization.
Days Services Provided	This field indicates whether the organization offers any services on weekdays and/or weekends. This is not specific to individual issues.
Time of Day Services Provided	This field indicates whether the organization offers any services during the day and/or evening. This is not specific to individual issues.

Issue	Organization	Counties Served	Number of Individuals Served Annually	Services Provided for Issue	Days Services Provided	Time of Day Services Provided
Understanding the cycle of poverty that occurs in successive generations	ECHO Community Health Care	Gibson, Posey, Vanderburgh, & Warrick	11,950	Division Street clinic, ECHO Community Health Center, Sue Woodson Memorial Clinic, Homeless Health Team, Medical Outreach Team	Weekdays & Weekends	Daytime & Evening
	Legal Aid Society	Vanderburgh	800	Participate in Bridges Out of Poverty and other collaborations	Weekdays	Daytime
Families' understanding of finances, budgeting, and tax credits	Community Emergency Assistance Board	Posey	312 adults; 283 children	Provides up to \$150 per calendar year	Weekdays	Daytime & Evening
	Legal Aid Society	Vanderburgh	800	Participate in Partners in Caring and self-sufficiency coalition	Weekdays	Daytime
	Habitat for Humanity Evansville	Vanderburgh	25 families	Home ownership workshops for families in the program	Weekdays & Weekends	Daytime
	Catholic Charities	Daviess, Dubois, Greene, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	25,250	NTN/EAP/Medical Travel/Christian Sharing Fund/Food, Clothing, furniture referrals to SVDP	Weekdays	Daytime & Evening
	<i>3 additional organizations provide services related to this issue.</i>					
Affordable and accessible health care for low- to moderate-income individuals	American Cancer Society Great Lakes Division	Gibson, Perry, Pike, Posey, Spencer, & Vanderburgh	40,000	Patient Resource Center/Resources Database	Weekdays	Daytime & Evening

	Community Emergency Assistance Board	Posey	312 adults; 283 children	Provide up to \$150 per calendar year	Weekdays	Daytime & Evening
	ECHO Community Health	Gibson, Posey, Warrick, & Vanderburgh	11,950	Primary care in various locations	Weekdays & Weekends	Daytime & Evening
	Mental Health America of Vanderburgh County	Gibson, Posey, Vanderburgh, & Warrick	2000 - 2200	Advocacy, information, and referral	Weekdays	Daytime & Evenings
	Easter Seals	Daviess, Dubois, Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	5000	Therapies; clinics	Weekdays & Weekends	Daytime & Evenings
	Division of Family Resources Warrick	Warrick	12,156 plus Medicaid recipients	Medicaid	Weekdays	Daytime
	Division of Family Resources Posey	Posey	2000	Medicaid	Weekdays	Daytime
	Indiana Legal Services	Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	1700 applications & 500 cases	Legal services in Medicaid and public benefit appeals	Weekdays	Daytime

	Visiting Nurse Association	Daviess, Dubois, Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, and Warrick; also 7 counties in Illinois and 3 counties in Kentucky	2914 not including immunizations	Home health care; hospice; rehab services; immunizations	Weekdays & Weekends	Daytime & Evening
	Birthright	Daviess, Dubois, Gibson, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	1300	Referrals for Medicaid	Weekdays	Daytime
<i>7 additional organizations provide services related to this issue.</i>						

Child and adult obesity	American Cancer Society Great Lakes Division	Gibson, Perry, Pike, Posey, Spencer, & Vanderburgh	40,000	Community programs; health fairs; support programs	Weekdays	Daytime & Evening
Cost of prescription medicine	Mental Health America of Vanderburgh County	Gibson, Posey, Vanderburgh, & Warrick	2000 - 2200	Funding emergency psychiatric medication for uninsured	Weekdays	Daytime & Evenings
	Christian Resource Center	Spencer	not indicated	Pay for prescriptions	Weekdays	Daytime
	Meals on Wheels	Vanderburgh (Evansville city limits)	300 - 325	Provide low cost meals in an effort to free up income for prescription medications	Weekdays	Daytime
	<i>1 additional organization provides services related to this issue.</i>					
Affordable and available care for mental health issues	ECHO Community Health Care	Gibson, Posey, Warrick, & Vanderburgh	11,950	Primary care in various locations	Weekdays & Weekends	Daytime & Evening
	Youth First	Gibson, Posey, Vanderburgh, & Warrick	30,000	School Social Work; Reconnecting Youth; Adventure Based Challenge	Weekdays	Daytime & Evening
	Lampion Center	Posey, Vanderburgh, & Warrick	not indicated	Outpatient counseling; family group program; teen group	Weekdays	Daytime & Evening
	Veteran's Readjustment Counseling	Gibson, Knox, Posey, Spencer, Vanderburgh, & Warrick	1500	Active outreach	Weekdays & Weekends	Daytime & Evening
	<i>7 additional organizations provide services related to this issue.</i>					
Affordable dental care for low- to moderate-income individuals	Department of Health Vanderburgh	Vanderburgh	100,000+	Dental clinic	Weekdays	Daytime & Evening
	<i>1 additional organization provides services related to this issue.</i>					

Teenage sex, pregnancy, and parenthood	YWCA	Daviess, Gibson, Knox, Pike, Posey, Spencer, Vanderburgh, & Warrick	2525	Afterschool and mentoring	Weekdays & Weekends	Daytime & Evening
	Life Choices	Daviess, Dubois, Gibson, Knox, Martin, Pike, Perry, Posey, Spencer, Vanderburgh, & Warrick	40	Residential program	Weekdays & Weekends	Daytime & Evening
	Catholic Charities	Daviess, Dubois, Greene, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	25,250	Family Life education and PEERS	Weekdays	Daytime & Evening
Affordable in-home care for the elderly	Council on Aging Spencer	Spencer	2849	Homemaker	Weekdays	Daytime & Evening
	Council on Aging Vanderburgh	Vanderburgh	350	Building wheelchair ramps and doing home modifications	Weekdays	Daytime
	<i>3 additional organizations provide services related to this issue.</i>					
Availability of weekend/evening hours for human services	Tri-state Food Bank	Daviess, Dubois, Gibson, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick; also 17 counties in Illinois and Kentucky	86,500 (44,500 in Indiana)	Strive to have member agencies with evening hours	Weekdays	Daytime

	Catholic Charities	Daviess, Dubois, Greene, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	25,250	Counseling Outreach to Safe House, Support of CEO, Hispanic Counselor trained for DUI Counseling	Weekdays	Daytime & Evening
Underage use of drugs other than alcohol or tobacco	Youth Service Bureau	Dubois, Gibson, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	5500	Afternoons ROCK	Weekdays & Weekends	Daytime & Evening
	Youth First	Gibson, Posey, Vanderburgh, & Warrick	30,000	School Social Work; Most of Us; Strengthening Families; Reconnecting Youth; Adventure Based Challenge	Weekdays	Daytime & Evening
Support for care givers of the elderly, mentally ill, or physically disabled	Catholic Charities	Daviess, Dubois, Greene, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	25,250	Comprehensive Counseling & School Counseling, Family Life Education, Marriage Preparation, & PEERS Project	Weekdays	Daytime & Evening

	Visiting Nurse Association	Daviess, Dubois, Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, and Warrick; also 7 counties in Illinois and 3 counties in Kentucky	2914 not including immunizations	Home health care; hospice; rehab services; spec. program	Weekdays & Weekends	Daytime & Evening
	Tri-state Multiple Sclerosis Association	Daviess, Dubois, Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick; also counties in Illinois and Kentucky	1250	Support for caregivers (and for those with MS)	Weekdays & Weekends	Daytime & Evening
	Wish Upon a Star	Daviess, Gibson, Knox, Pike, Posey, Spencer, Vanderburgh, & Warrick	50+	Support to caregivers/family of child	Weekdays & Weekends	Daytime & Evening
	<i>4 additional organizations provide services related to this issue.</i>					
Children with behavioral problems	Youth First	Gibson, Posey, Vanderburgh, & Warrick	30,000	School Social Work; Reconnecting Youth; Adventure Based Challenge	Weekdays	Daytime & Evening
	Children's Learning Center of Posey County	Posey	200	Teachers trained in teaching all young children	Weekdays	Daytime & Evening

	Catholic Charities	Daviess, Dubois, Greene, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	25,250	Comprehensive counseling and school counseling	Weekdays	Daytime & Evening
<i>1 additional organization provides services related to this issue.</i>						
Lack of child support payments						
Preventive health care	Youth Service Bureau	Dubois, Gibson, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	5500	Healthy Families	Weekdays & Weekends	Daytime & Evening
	American Cancer Society Great Lakes Division	Gibson, Perry, Pike, Posey, Spencer, & Vanderburgh	40,000	Community programs; health fairs; support programs	Weekdays	Daytime & Evening
	Department of Health Vanderburgh	Vanderburgh	100,000+	WIC; MCH clinics; TB clinics; flu clinics	Weekdays	Daytime & Evening
	<i>4 additional organizations provide services related to this issue.</i>					
Transitioning of ex-offenders into community and family	Churches Embracing Offenders	Posey, Vanderburgh, & Warrick	100	CEO Program (breaking cycle of imprisonment)	Weekdays	Daytime
	Catholic Charities	Daviess, Dubois, Greene, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	25,250	Counseling Outreach to Safe House, Support of CEO, Hispanic Counselor trained for DUI Counseling	Weekdays	Daytime & Evening

Preparation and support for parenthood	Youth Service Bureau	Dubois, Gibson, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	5500	Healthy Families	Weekdays & Weekends	Daytime & Evening
	4C of Southern Indiana	Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick; also Henderson County in Kentucky	3000	Child care referrals; 1234 Parents; Parents as Teachers	Weekdays & Weekends	Daytime & Evening
	Life Choices	Daviess, Dubois, Gibson, Knox, Martin, Pike, Perry, Posey, Spencer, Vanderburgh, & Warrick	40	Residential program	Weekdays & Weekends	Daytime & Evening
	Catholic Charities	Daviess, Dubois, Greene, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	25,250	Family Life education	Weekdays	Daytime & Evening
	<i>2 additional organizations provide services related to this issue.</i>					

Adult drug use	YWCA	Daviess, Gibson, Knox, Pike, Posey, Spencer, Vanderburgh, & Warrick	2525	Transition housing substance abuse recovery program	Weekdays & Weekends	Daytime & Evening
	Substance Abuse Council Vanderburgh	Vanderburgh	500	Referrals to treatment; information pamphlets	not indicated	not indicated
	Vanderburgh County CASA	Vanderburgh	500+	Advocate for the children	Weekdays & Weekends	Daytime & Evening
	AIDS Resource Group	Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	2500+	Substance abuse counselor for HIV individuals	Weekdays	Daytime & Evening
	<i>3 additional organizations provide services related to this issue.</i>					
Affordable child care	4C of Southern Indiana	Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick; also Henderson County in Kentucky	3000	Child Care Referrals; Paths to Quality	Weekdays & Weekends	Daytime & Evening
	Ark Crisis Child Care	Daviess, Gibson, Knox, Pike, Posey, Spencer, Vanderburgh, & Warrick	2200	Free temporary child care	Weekday	Daytime & Evening

	Division of Family Resources Posey	Posey	2000	Child care subsidy	Weekdays	Daytime
	Division of Family Resources Warrick	Warrick	12,156 plus Medicaid recipients	Child care subsidy	Weekdays	Daytime
<i>2 additional organizations provide services related to this issue.</i>						
Child sexual abuse	Evansville Psychiatric Children's Center	All Indiana counties	35	Treatment for abuse issues	Weekdays & Weekends	Daytime & Evening
	Catholic Charities	Daviess, Dubois, Greene, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	25,250	Counseling; Family Life Education	Weekdays	Daytime & Evening
<i>6 additional organizations provide services related to this issue.</i>						
Low- to moderate-income individuals not having funds for basic needs (e.g., adequate clothing, food, housing, and legal services)	Community Emergency Assistance Board	Posey	312 adults; 283 children	Provide up to \$150 per calendar year	Weekdays	Daytime & Evening
	Legal Aid Society	Vanderburgh	800	Free legal advice and representation for low-income persons	Weekdays	Daytime
	Potter's Wheel	Vanderburgh	44,300	The Diner and food pantry	Weekdays & Weekends	Daytime & Evening

	Tri-state Food Bank	Daviess, Dubois, Gibson, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick; also 17 counties in Illinois and Kentucky	86,500 (44,500 in Indiana)	Provides food and other grocery products	Weekdays	Daytime
	Housing Authority of Mt. Vernon	Posey	400	Section 8	Weekdays	Daytime
	Media Ministries	Vanderburgh (parts of Evansville)	500	Dream Center; feeding programs	Weekdays & Weekends	Daytime & Evening
	The Center for Family Life	Vanderburgh	3500	Soup kitchen	Weekdays & Weekends	Daytime & Evening
	Bread of Life	Dubois, Gibson, Knox, Spencer, & Vanderburgh	5700 (served directly through Bread of Life)	Food and clothing distribution; holiday assistance	Weekdays	Daytime & Evening
	East Gibson Food Pantry	Gibson (eastern part)	815	Food pantry	not indicated	not indicated
	Habitat for Humanity Gibson	Gibson	not indicated	Home building; home ownership program	not indicated	not indicated
	Habitat for Humanity Evansville	Vanderburgh	25 families	Home building; home ownership program	Weekdays & Weekends	Daytime
	Goodwill	Gibson, Pike, Posey, Vanderburgh, & Warrick; also 8 counties in Kentucky	720	Goodwill retail stores	Weekdays & Weekends	Daytime & Evening

	Outreach Ministries	Posey, Vanderburgh, & Warrick	13,000	Financial assistance for rent, utilities	Weekdays	Daytime
	Catholic Charities	Daviess, Dubois, Greene, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	25,250	NTN/EAP/Medical Travel/Christian Sharing Fund/Food, Clothing, furniture referrals to SVDP	Weekdays	Daytime & Evening
	Patchwork Central	Vanderburgh	600	Food pantry	Weekdays	Daytime
	AIDS Resource Group	Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	2500+	ARG provides financial assistance to clients	Weekdays	Daytime & Evening
	Community Action Program of Evansville	Gibson, Posey, & Vanderburgh	48,000	IDA Savings Program; Down Pay Assistance; Financial Literacy	Weekdays	Daytime
	Aurora	Vanderburgh	300 individuals; 700 households	Outreach team and community collaborative efforts	Weekdays & Weekends	Daytime & Evening
	Division of Family Resources Warrick	Warrick	12,156 plus Medicaid recipients	Food stamps; TANF	Weekdays	Daytime
	Division of Family Resources Posey	Posey	2000	Food stamps; TANF	Weekdays	Daytime

	Indiana Legal Services	Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	1700 applications & 500 cases	Legal services in eviction, foreclosures, admission	Weekdays	Daytime
	Meals on Wheels	Vanderburgh (Evansville city limits)	300 - 325	Deliver low-cost meals to clients	Weekdays	Daytime
	Council on Aging Vanderburgh	Vanderburgh	350	Emergency repairs to low-income elderly persons' homes	Weekdays	Daytime
<i>24 additional organizations provide services related to this issue.</i>						
Preparation of the unemployed to enter the workforce						
Underage alcohol use	Youth Service Bureau	Dubois, Gibson, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	5500	Afternoons ROCK	Weekdays & Weekends	Daytime & Evening
	Boys and Girls Club	Vanderburgh	6000	Smart Moves	Weekdays	Daytime & Evening
	Youth Resources	Vanderburgh & Warrick	1500	TEENPOWER; Teen Advisory Council; Make a Difference Grants; Teen Court	Weekdays & Weekends	Daytime & Evening
	Youth First	Gibson, Posey, Vanderburgh, & Warrick	30,000	School Social Work; Most of Us; Strengthening Families; Reconnecting Youth; Adventure Based Challenge	Weekdays	Daytime & Evening
	Evansville Area Community of Churches	Vanderburgh	not indicated	Christian education	not indicated	not indicated

Affordable and accessible public transportation	Legal Aid Society	Vanderburgh	800	Participate in Partners in Caring and self-sufficiency coalition	Weekdays	Daytime
	Auto Mission Evansville	Vanderburgh	15	Refurbish/sell vehicles	not indicated	not indicated
	<i>Auto Mission Gibson</i>			<i>Refurbish/sell vehicles</i>		
	Council on Aging Warrick	Warrick	1000	Wheelchair and walk on transport	Weekdays	Daytime
	Council on Aging Spencer	Spencer	2849	Transportation	Weekdays	Daytime & Evening
	SIRS	Dubois, Perry, Spencer, Vanderburgh, & Warrick	300	SIRS Link-N-Go (partnership with Ride Solution to bring rural public transit funding and services to Warrick and Dubois Counties)	Weekdays & Weekends	Daytime & Evening
	Aurora	Vanderburgh	300 individuals; 700 households	Outreach team and community collaborative efforts	Weekdays & Weekends	Daytimes & Evenings
	<i>3 additional organizations provide services related to this issue.</i>					
Lack of safe, constructive opportunities for youth	Youth Service Bureau	Dubois, Gibson, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	5500	Afternoons ROCK	Weekdays & Weekends	Daytime & Evening
	Impact Ministries	Vanderburgh	180	Afterschool tutoring; life skills class	Weekdays	Daytime & Evening
	Buffalo Council Boy Scouts of America	Dubois, Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick; also 6 counties in Illinois	16,000	Scoutreach; High Risk programs	Weekdays & Weekends	Daytime & Evening

	YMCA	Daviess, Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	25,830	Community Outreach branch; youth programs/activities	Weekdays & Weekends	Daytime & Evening
	Girl Scouts of Raintree Council Inc.	Daviess, Dubois, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	16,000	Girl Scouts Troop Program	Weekdays & Weekends	Daytime & Evening
<i>5 additional organizations provide services related to this issue.</i>						
Elderly abuse and neglect						
Parent involvement in child's education	Impact Ministries	Vanderburgh	180	Afterschool tutoring; life skills class	Weekdays	Daytime & Evening
	Children's Learning Center of Posey County	Posey	200	Ongoing parent education	Weekdays	Daytime & Evening
	Catholic Charities	Daviess, Dubois, Greene, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	25,250	Family Life education	Weekdays & Weekends	Daytime & Evening
Child physical/mental abuse and neglect	Youth Service Bureau	Dubois, Gibson, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	5500	Healthy Families	Weekdays & Weekends	Daytime & Evenings

	Life Choices	Daviess, Dubois, Gibson, Knox, Martin, Pike, Perry, Posey, Spencer, Vanderburgh, & Warrick	40	Residential program	Weekdays & Weekends	Daytime & Evening
	Evansville Psychiatric Children's Center	All counties in Indiana	35	Treatment for abuse issues	Weekdays & Weekends	Daytime & Evening
	Vanderburgh County CASA	Vanderburgh	500+	Volunteers to advocate for children	Weekdays & Weekends	Daytime & Evening
	Lampion Center	Posey, Vanderburgh, & Warrick	not indicated	Outpatient counseling; family group program; teen group	Weekdays	Daytime & Evening
	Ark Crisis Child Care	Daviess, Gibson, Knox, Pike, Posey, Spencer, Vanderburgh, & Warrick	2200	Child care	Weekdays	Daytime & Evening
	<i>6 additional organizations provide services related to this issue.</i>					
Drug and alcohol related crimes	Youth Resources	Vanderburgh & Warrick	1500	TEENPOWER; Teen Advisory Council; Make a Difference Grants; Teen Court	Weekdays & Weekends	Daytime & Evening
Affordable and available care for the physically disabled	Easter Seals	Daviess, Dubois, Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	5000	Rehab therapies; medical clinics	Weekdays & Weekends	Daytime & Evening
	SIRS	Dubois, Perry, Spencer, Vanderburgh, & Warrick	300	SIRS residential services; SIRS day services	Weekdays & Weekends	Daytime & Evening

	Visiting Nurse Association	Daviess, Dubois, Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick; 7 counties in Illinois and 3 counties in Kentucky	2914 not including immunizations	Home health care; hospice; rehab services	Weekdays & Weekends	Daytime & Evening
	Tri-state Multiple Sclerosis Association	Daviess, Dubois, Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick; also counties in Illinois and Kentucky	1250	CARE Program (home-based assistance for those with MS and their care partners)	Weekdays & Weekends	Daytime & Evening
<i>7 additional organizations provide services related to this issue.</i>						
Proper nutrition	American Cancer Society Great Lakes Division	Gibson, Perry, Pike, Posey, Spencer, & Vanderburgh	40,000	Community programs; health fairs; support programs	Weekdays	Daytime & Evening
	Outreach Ministries	Posey, Vanderburgh, & Warrick	13,000	Referrals to food pantries	Weekdays	Daytime
	Meals on Wheels	Vanderburgh (Evansville city limits)	300 - 325	Nutritious meals delivered to home-bound clients	Weekdays	Daytime
	<i>1 additional organization provides services related to this issue.</i>					
Adult alcohol abuse	YWCA	Daviess, Gibson, Knox, Pike, Posey, Spencer, Vanderburgh, & Warrick	2525	Transition housing substance abuse recovery program	Weekdays & Weekends	Daytime & Evening

	Substance Abuse Council Vanderburgh	Vanderburgh	500	Referrals to treatment; information pamphlets	not indicated	not indicated
<i>2 additional organizations provide services related to this issue.</i>						
Preparation of young adults to enter the workforce	Buffalo Trace Council Boy Scouts of America	Dubois, Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick; also 6 counties in Illinois	16,000	Learning for Life; Exploring	Weekdays & Weekends	Daytime & Evening
Underage tobacco use	Boys and Girls Club	Vanderburgh	6000	Smart Moves	Weekdays	Daytime & Evening
	American Cancer Society Great Lakes Division	Gibson, Perry, Pike, Posey, Spencer, & Vanderburgh	40,000	Support Programs/Resources Database; Community Programs; Health Fairs	Weekdays	Daytime & Evening
	Youth First	Gibson, Posey, Vanderburgh, & Warrick	30,000	School Social Work; Most of Us; Strengthening Families; Reconnecting Youth; Adventure Based Challenge	Weekdays	Daytime & Evening
	Evansville Area Community of Churches	Vanderburgh	not indicated	Christian education	not indicated	not indicated
<i>1 additional organization provides services related to this issue.</i>						
Youth violence and crime	Youth Service Bureau	Dubois, Gibson, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	5500	Afternoons ROCK; Court Services	Weekdays & Weekends	Daytime & Evening
	Boys and Girls Club	Vanderburgh	6000	Availability of general Club programs	Weekdays	Daytime & Evening
Driving under alcohol/drug influence	Youth Resources	Vanderburgh & Warrick	1500	TEENPOWER; Teen Advisory Council; Make a Difference Grants; Teen Court	Weekdays & Weekends	Daytime & Evening

Sexually transmitted diseases/infections	AIDS Resource Group	Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	2500+	HIV/STI prevention education and testing	Weekdays	Daytime & Evening
	Department of Health Vanderburgh	Vanderburgh	100,000+	STD clinic and services	Weekdays	Daytime & Evening
Availability of food and shelter for the homeless	Tri-state Food Bank	Daviess, Dubois, Gibson, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick; also 17 counties in Illinois and Kentucky	86,500 (44,500 in Indiana)	Provides food and other groceries	Weekdays	Daytime
	Habitat for Humanity Evansville	Vanderburgh	25 families	Home ownership program	Weekdays & Weekends	Daytime
	House of Bread and Peace	Gibson, Posey, Vanderburgh, & Warrick	100	Emergency shelter	Weekdays & Weekends	Daytime & Evening
	Goodwill	Gibson, Pike, Posey, Vanderburgh, & Warrick; also 8 counties in Kentucky	720	Goodwill Family Center	Weekdays & Weekends	Daytime & Evening
	Outreach Ministries	Posey, Vanderburgh, & Warrick	13,000	Financial assistance for rent; referrals to shelters	Weekdays	Daytime

	Catholic Charities	Daviess, Dubois, Greene, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	25,250	NTN/EAP/Medical Travel/Christian Sharing Fund/Food, Clothing, furniture referrals to SVDP	Weekdays & Weekends	Daytime & Evening
	Albion Fellows Bacon	Crawford, Dubois, Gibson, Harrison, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	20,000	Domestic violence shelter, crisis line, advocacy; information and referrals; emergency financial assistance	Weekdays & Weekends	Daytime & Evening
	Veteran's Readjustment Counseling	Gibson, Knox, Posey, Spencer, Vanderburgh, & Warrick	1500	Bike to work; clothing bank; food bank	Weekdays & Weekends	Daytime & Evening
	Aurora	Vanderburgh	300 individuals; 700 households	Street outreach and community collaborative efforts	Weekdays & Weekends	Daytime & Evening
	Christian Resource Center	Spencer	not indicated	Homeless shelter	Weekdays	Daytime
	<i>4 additional organizations provide services related to this issue.</i>					
Domestic violence	YWCA	Daviess, Gibson, Knox, Pike, Posey, Spencer, Vanderburgh, & Warrick	2525	Domestic violence services and shelter	Weekdays & Weekends	Daytime & Evening
	Lampion Center	Posey, Vanderburgh, & Warrick	not indicated	Outpatient counseling; family group program; teen group	Weekdays	Daytime & Evening

	Albion Fellows Bacon	Crawford, Dubois, Gibson, Harrison, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	20,000	Domestic Violence Outreach; DV shelter; legal advocacy	Weekdays & Weekends	Daytime & Evening
	Indiana Legal Services	Daviess, Dubois, Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	1700 applications & 500 cases	Legal services in divorces	Weekdays	Daytime
Gang activity						
Adult sexual victimization	Albion Fellows Bacon	Crawford, Dubois, Gibson, Harrison, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	20,000	Sexual Assault Program; Crisis Line; Support Group	Weekdays & Weekends	Daytime & Evening
Preparation and support for marriage and marital relations	Community Marriage Builders	Gibson, Posey, Vanderburgh, & Warrick	5000	Marriage help and prep	Weekdays & Weekends	Daytime & Evening
	Catholic Charities	Daviess, Dubois, Greene, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	25,250	Marriage preparation	Weekdays & Weekends	Daytime & Evening
Number of skilled workers to fill available jobs	<i>3 non-responding organizations provide services related to this issue.</i>					

Adult tobacco use	American Cancer Society Great Lakes Division	Gibson, Perry, Pike, Posey, Spencer, & Vanderburgh	40,000	Support Programs/Resources Database; Community Programs; Health Fairs	Weekdays	Daytime & Evening
	<i>1 additional organization provides services related to this issue.</i>					
Availability of jobs for mentally and physically challenged individuals	Evansville ARC	Dubois, Gibson, Perry, Posey, Spencer, Vanderburgh, & Warrick	750	ARC Industries; Adult Habilitation; Connections for Life; Community Job Link; Successful Transitions; Behavior Support Services	Weekdays & Weekends	Daytime & Evening
	Goodwill	Gibson, Pike, Posey, Vanderburgh, & Warrick	720	Work Solutions/employment services	Weekdays & Weekends	Daytime & Evening
	SIRS	Dubois, Perry, Spencer, Vanderburgh, & Warrick	300	SIRS Jobs +; SIRS Community Connections; SIRS Link-N-Go	Weekdays & Weekends	Daytime & Evening
	<i>3 additional organizations provide services related to this issue.</i>					
Students' completion of high school	John H. Emhuff	Posey	130 - 140	Mt. Vernon Adult Education Program	Weekdays	Evening
	Youth Service Bureau	Dubois, Gibson, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	5500	Court services	Weekdays & Weekends	Daytime & Evening
	YWCA	Daviess, Gibson, Knox, Pike, Posey, Spencer, Vanderburgh, & Warrick	2525	Afterschool and mentoring	Weekdays & Weekends	Daytime & Evening
	Impact Ministries	Vanderburgh	180	Afterschool tutoring and life skills class	Weekdays	Daytime & Evening
Language barriers for non-English speaking individuals	Adult Literacy Program Gibson County	Gibson	30	ESL classes	Weekdays	Daytime & Evening

Integration and appreciation of individuals from different cultures	Evansville Area Community of Churches	Vanderburgh	not indicated	Christian education	not indicated	not indicated
	<i>1 additional organization provides services related to this issue.</i>					
Children with special mental and physical conditions	Mental Health America of Vanderburgh	Gibson, Posey, Vanderburgh, & Warrick	2000 - 2200	Growing Through Loss program for grieving teens	Weekdays	Daytime & Evening
	Easter Seals	Daviess, Dubois, Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	5000	Preschool; inclusive day care	Weekdays & Weekends	Daytime & Evening
	Evansville Psychiatric Children's Center	All counties in Indiana	35	Inpatient care for SED	Weekdays & Weekends	Daytime & Evening
	Evansville ARC	Dubois, Gibson, Perry, Posey, Spencer, Vanderburgh, & Warrick	750	Child Life Center; Successful Transitions	Weekdays & Weekends	Daytime & Evening
	<i>2 additional organizations provide services related to this issue.</i>					
Recruitment & coordination of volunteers	Vanderburgh County CASA	Vanderburgh	500+	Always recruiting for additional volunteers	Weekdays & Weekends	Daytime & Evening
Violent crime						
Race relations						
Adult literacy	Adult Literacy Program of Gibson County	Gibson	30	Volunteer tutors	Weekdays	Daytime & Evening
	<i>1 additional organization provides services related to this issue.</i>					
School violence						

Children prepared to enter kindergarten	4C of Southern Indiana	Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick; also Henderson County in Kentucky	3000	Child Care Provider Training; Child Care Referrals; Parenting Classes/1, 2, 3, 4, Parents!; Parents as Teachers; Paths to Quality	Weekdays & Weekends	Daytime & Evening
	Carver	Vanderburgh	600	Carver Childcare Program	Weekdays	Daytime & Evening
	Children's Learning Center of Posey County	Posey	200	Preschool curriculum	Weekdays	Daytime & Evening
	Community Action Program of Evansville	Gibson, Posey, and Vanderburgh	48,000	Head Start/Early Head Start	Weekdays	Daytime
	<i>1 additional organization provides services related to this issue.</i>					
Cooperation of community organizations in effectively addressing needs	The Center for Family Life	Vanderburgh	3500	Office space for non-profits—no rent-share utilities	Weekdays & Weekends	Daytime & Evening
	Catholic Charities	Daviess, Dubois, Greene, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	25,250	Counseling Outreach to Safe House, Support of CEO, Hispanic Counselor trained for DUI Counseling	Weekdays & Weekends	Daytime & Evening

In addition to the community issues listed on the needs assessment survey, some organizations provided additional issues that they address with their services. The following table presents those issues, along with the services provided.

Issue	Organization	Counties Served	Number of Individuals Served Annually	Services Provided for Issue	Days Services Provided	Time of Day Services Provided
Values and character	Buffalo Trace Council Boy Scouts of America	Dubois, Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick; also 6 counties in Illinois	16,000	All Scouting programs	Weekdays & Weekends	Daytime & Evening
Helping families stay together	Community Marriage Builders	Gibson, Posey, Vanderburgh, & Warrick	5000	Marriage help programs	Weekdays & Weekends	Daytime & Evening
Free enterprise education	Junior Achievement	Daviess, Gibson, Knox, Pike, Posey, Vanderburgh, & Warrick	13,376	K-12 Junior Achievement classes	Weekdays	Daytime
Academic preparation	21 st Century Scholar's Program	Gibson, Posey, Vanderburgh, & Warrick	2200	Tutoring, workshops, summer camps, parent conference	not indicated	not indicated
Prevention/education	Substance Abuse Council	Vanderburgh	500	Information at health fairs and events (also hosting events)	not indicated	not indicated
Fathers	Substance Abuse Council	Vanderburgh	500	24/7 Dad, Inside Out Dad, Fathers Matter Coalition	not indicated	not indicated
Early childhood development (also under children prepared to enter kindergarten)	Carver	Vanderburgh	600	Carver Childcare Program	Weekdays	Daytime & Evening
Helping school age youth	Carver	Vanderburgh	600	After School Programming	Weekdays	Daytime & Evening
Fulfilling basic needs	Carver	Vanderburgh	600	Carver Senior Services	Weekdays	Daytime & Evening
Appreciation of nature	Wesselman Nature Preserve	Vanderburgh & surrounding counties	40,000	18+ programs meeting state	Weekdays &	Daytime & Evening

				science standards	Weekends	
Wildlife corridor appreciation	Wesselman Nature Preserve	Vanderburgh & surrounding counties	40,000	4 programs making it possible for the public to experience the preserve	Weekdays & Weekends	Daytime & Evening
Understanding wetlands	Wesselman Nature Preserve	Vanderburgh & surrounding counties	40,000	8+ programs meeting state science standards	Weekdays & Weekends	Daytime & Evening
Youth	Potter's Wheel	Vanderburgh	44,300	After school programs	Weekdays & Weekends	Daytime & Evening
Housing for elderly	Housing Authority of Mt. Vernon	Posey	400	Cloverleaf	Weekdays	Daytime
Housing for disabled	Housing Authority of Mt. Vernon	Posey	400	Cloverleaf and Section 8	Weekdays	Daytime
Core values	Media Ministries	Vanderburgh (parts of Evansville)	500	Dream Center; feeding and faith-based enrichment programs	Weekdays & Weekends	Daytime & Evening
Homework help/tutoring	Media Ministries	Vanderburgh (parts of Evansville)	500	Dream Center; feeding and faith-based enrichment programs	Weekdays & Weekends	Daytime & Evening
Highly trained workers	Adult Literacy Program of Gibson	Gibson	30	Adult literacy program	Weekdays	Daytime & Evening
Dysfunctional family system	Churches Embracing Offenders	Posey, Vanderburgh, & Warrick	100	Strengthening Families Program	Weekdays	Daytime
Cycle of substance abuse	Churches Embracing Offenders	Posey, Vanderburgh, & Warrick	100	Strengthening Families Program	Weekdays	Daytime
Problem solving, choices/behaviors leading to	Churches Embracing	Posey, Vanderburgh, & Warrick	100	Cognitive Behavior	Weekdays	Daytime

anti-social behavior	Offenders			Program		
Cleaner neighborhoods	Weed and Seed	Vanderburgh	1250	Clean ups	Weekdays & Weekends	Daytime & Evening
Kids	Patchwork Central	Vanderburgh	600	Children's After School & Summer Programs	Weekdays	Daytime
Neighborhood	Patchwork Central	Vanderburgh	600	Offer a warm place of hospitality	Weekdays	Daytime
Emergency Customer Service	Community Action Program of Evansville	Gibson, Posey, & Vanderburgh	48,000	Energy Assistance Program, Food referrals, Weatherization	Weekdays	Daytime
Home cleaning	Council on Aging Warrick	Warrick	1000	Homechore services	Weekdays	Daytime
Social activities	Council on Aging Warrick	Warrick	1000	Dinners, dances, crafts, cards, talks, etc.	Weekdays	Daytime
Economic development	Keep Evansville Beautiful	Vanderburgh	25,000	Adopt-A-Spot, Great American Cleanup, INDOT planting	Weekdays	Daytime
Elderly/disabled independence	VOICES	Vanderburgh	1354	Ombudsman services	Weekdays & Weekends	Daytime & Evening
Eliminate abortion	Birthright	Daviess, Dubois, Gibson, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	1300	Referral for adoption, doctors, visiting nurse, WIC	Weekdays	Daytime
Care for babies born	Birthright	Daviess, Dubois, Gibson, Knox, Martin, Pike, Posey, Spencer, Sullivan, Vanderburgh, & Warrick	1300	Provide layettes for newborns	Weekdays	Daytime
Health information	Tri-state Multiple Sclerosis	Daviess, Dubois, Gibson, Knox, Perry,	1250	Offer education, counseling,	Weekdays &	Daytime & Evening

	Association	Pike, Posey, Spencer, Vanderburgh, & Warrick; also counties in Illinois and Kentucky		medical and financial assistance	Weekends	
Safe home environments for seniors	Council on Aging Vanderburgh	Vanderburgh	350	Install grab bars in bathrooms, hand rails, smoke alarm, carbon monoxide detectors	Weekdays	Daytime
Disaster relief	American Red Cross Warrick	Warrick	6000	Provide services to those who need them after a disaster	Weekdays & Weekends	Daytime & Evening
	American Red Cross Southwestern Indiana	Dubois, Perry, Spencer, & Vanderburgh	30,000+	Various services for those who need them after a disaster, including shelter, food, counseling vouchers, new beds	Weekdays & Weekends	Daytime & Evening
	<i>2 additional organizations provide services related to this issue.</i>					
Preparation for disaster	American Red Cross Warrick	Warrick	6000	Training and presentation	Weekdays & Weekends	Daytime & Evening
	American Red Cross Southwestern Indiana	Dubois, Perry, Spencer, & Vanderburgh	30,000+	Disaster services training	Weekdays & Weekends	Daytime & Evening
	Southwest Indiana Disaster Resistant Community	Gibson, Posey, Spencer, Vanderburgh, & Warrick	100s	Preparedness info for any type of disruptive event, Community Emergency Response Team (CERT) training	Weekdays	Daytime & Evening

Life saving	American Red Cross Warrick	Warrick	6000	CPR/AED/First Aid/Life guarding/Blood Borne Pathogens	Weekdays & Weekends	Daytime & Evening
	American Red Cross Southwestern Indiana	Dubois, Perry, Spencer, & Vanderburgh	30,000+	Basic Aid Training, CPR classes	Weekdays & Weekends	Daytime & Evening
Blood donation	American Red Cross Southwestern Indiana	Dubois, Perry, Spencer, & Vanderburgh	30,000+	Blood donation programs	Weekdays & Weekends	Daytime & Evening
<i>1 additional organization provides services related to this issue.</i>						

In addition to specific community issues, some organizations listed domain areas from the needs assessment survey as targets of their services and programs. Those are listed in the table below.

Domain	Organization	Counties Served	Number of Individuals Served Annually	Services Provided	Days Services Provided	Time of Day Services Provided
Family Life	Evansville Christian Life Center	Daviess, Dubois, Gibson, Greene, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick; also some counties in Kentucky	90,000+ (duplicated)	Parenting Rewards; Pregnancy Resource Center	Weekdays & Weekends	Daytime & Evening
	Youth First	Gibson, Posey, Vanderburgh, & Warrick	30,000	Strengthening Families	Weekdays	Daytime & Evening
	Keep Evansville Beautiful	Vanderburgh	25,000	Great American Cleanup; Adopt-a-Spot; awareness	Weekdays	Daytime
	<i>14 additional organizations provide services related to this domain.</i>					
Alcohol & Drugs	Evansville Christian Life Center	Daviess, Dubois, Gibson, Greene, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick; also some counties in Kentucky	90,000+ (duplicated)	Accent on Christ	Weekdays & Weekends	Daytime & Evening
Economy & Financial Well Being	Evansville Christian Life Center	Daviess, Dubois, Gibson, Greene, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick; also some counties in Kentucky	90,000+ (duplicated)	Financial assistance; food pantry; hot meals; clothing	Weekdays & Weekends	Daytime & Evening
	<i>8 additional organizations provide services related to this domain.</i>					
Education & the Workforce	Potter's Wheel	Vanderburgh	44,300	GED and tutoring	Weekdays & Weekends	Daytime & Evening

	Ark Crisis Child Care	Daviess, Gibson, Knox, Pike, Posey, Spencer, Vanderburgh, & Warrick	2200	Provide child care while parents are seeking employment or waiting for first check	Weekdays	Daytime & Evening
	Keep Evansville Beautiful	Vanderburgh	25,000	7 school programs emphasizing civics/beautifying	Weekdays	Daytime
<i>4 additional organizations provide services related to this domain.</i>						
Violence & Crime	Weed and Seed	Vanderburgh	1250	Extra police on the streets	Weekdays & Weekends	Daytime & Evening
	Council on Aging Posey	Posey	1050	Programs to inform seniors of scams; how to protect	Weekdays	Daytime
Social Service Issues	YMCA	Daviess, Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	25,830	Financial assistance; volunteers; community support campaigns	Weekdays & Weekends	Daytime & Evening
	Council on Aging Posey	Posey	1050	Prepare grants for vehicles, programs, etc.	Weekdays	Daytime
	Wish Upon a Star	Daviess, Gibson, Knox, Pike, Posey, Spencer, Vanderburgh, & Warrick	50+	Outlet for volunteers in the community	Weekdays & Weekends	Daytime & Evening
Health	YMCA	Daviess, Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, & Warrick	25,830	Wellness/fitness classes; programs/equipment for youth	Weekdays & Weekends	Daytime & Evening
	Council on Aging Posey	Posey	1050	Provide centers (wellness); provide transportation	Weekdays	Daytime
	Wish Upon a Star	Daviess, Gibson, Knox, Pike, Posey, Spencer, Vanderburgh, & Warrick	50+	Ease of mind/activity for family and child suffering	Weekdays & Weekends	Daytime & Evening
<i>12 additional organizations provide services related to this domain.</i>						