

FOREWORD

Knoxville/Knox County's Community Action Committee has been compiling needs assessment information and developing plans to address those needs for many years. Regular updates ensure that CAC stays abreast of the changing needs of the people we serve in our community and allow CAC to reconfigure resources accordingly. Community Services Block Grant (CSBG) funding requires the compilation of a Community Action Plan, and CAC supports this approach. Needs assessments and action plans are key elements of any successful planning process.

Assembling the Community Action Plan is a two-step process. First, demographic data is compiled using census data, web site sources, locally compiled data, and the expertise of local experts in areas pertinent to social problems and social services. Surveys are used to gather input from CAC Board members and CAC's clients. Information from two focus groups facilitated by the East Neighborhood Center is also included in this year's plan.

Then, CAC programs develop action plans designed to address identified problem areas. Problems are addressed through CAC services and by partnering with other service providers, developing linkages and fostering new partnerships, and advocating on behalf of clients and their community. Additionally, CAC chooses to include National Performance Indicator Outcome Information in its action plan.

The primary beneficiaries of CAC's annual planning process are the people we serve. They know CAC adjusts resources and programs to focus on the important and significant needs in the community. Other beneficiaries include the staff, the Board, families, and the community at large. They know CAC's services not only meet needs, but are also based on need over priorities.

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“CAC: Helping People. Changing Lives.”

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Needs Assessment

The 2007-2008 Needs Assessment relies on data and input from the 2000 Census, the 2006 American Community Survey, the University of Tennessee in conjunction with the United Way of Greater Knoxville, and CAC's Board and clients. In 2004, the University of Tennessee's College of Social Work Office of Research and Public Service (SWORPS) prepared an extensive report for the Social Services Task Force of Nine Counties. One Vision. The Task Force identified gaps in services, perceived or actual barriers to services, or duplication of services throughout the nine county region. Data was compiled for the region as a whole and for each of the nine counties within the region. (<http://sworps.utk.edu/PDFs/viewbook.pdf>). There were three phases to the needs assessment. In the first phase, SWORPS gathered social indicator data. This phase relied heavily on 2000 Census data and the 2004 American Community Survey (<http://www.census.gov/>). In the second and third phases, SWORPS gathered data from more than 100 different sources. This information is available at www.discoverET.org/nc1v. In the second phase, perceptual data was gathered using a telephone survey. A random sample of people in each of the nine counties, including Knox County, were interviewed by telephone about their household problems, needs, and services. The third phase utilized focus groups from each of the nine counties. These groups brought together a cross section of people having the "big picture." After all phases were completed, SWORPS produced an analytical report. This information was updated in 2007 using social indicators for 2006. The report, Viewbook: Demographic Snapshots of Knox County, was released by the United Way of Greater Knoxville in January 2008, along with the companion document, Demographic Profiles.

We have relied on the needs assessment and planning materials produced by other organizations. These include:

1. "Homelessness in Knoxville/Knox County: A Twenty Year Perspective 1986-2006," prepared by Dr. Roger Nooe, University of Tennessee, Knoxville
2. "Hunger in East Tennessee," a White Paper, Second Harvest Food Bank
3. KIDS COUNT 2008 Data Book Online, an Annie E. Casey Foundation Report
4. "Racial Disparity in School Discipline Task Force Final Report," Presented to Knox County Mayor Mike Ragsdale, Knox County, Tennessee, March 12, 2007
5. "Household Food Security in the United States, 2006", U.S. Dept. of Agriculture, Center on Hunger and Poverty at Brandeis University
6. 2006 American Community Survey
7. A series of six (6) articles published in the Knoxville News Sentinel, February 24-29, 2008.

Additionally, the Community Action Plan includes the results of Board member and client surveys. These and other materials used in the preparation of this plan are not attached, but they are available upon request from the Needs Assessment file maintained at CAC's Central Office.

Social Indicator Data

The 2006 American Community Survey indicated population growth in Knox County and in the City of Knoxville. Knoxville grew from 173,890 in 2000 to 175,027 in 2006. The total Knox County population grew from 382,032 in 2000 to 411,967 in 2006.

2006 American Community Survey data states that as the total population in Knox County has increased, the percent of the population of individuals in poverty has also increased from 12.6% in 2000 to 14% in 2006, or 55,839 individuals. The Knox County poverty rate is less than the statewide rate of 15.5% and higher than the nationwide rate of 13.3%. Overall, the nation's poverty rate rose to 13.3% in 2006, up from 12.7% in 2004. This marks the fifth straight increase in the government's annual poverty measure, with the last decline in overall poverty occurring in 2000. Second Harvest reports the percentage of Knox County's population living in poverty to be 14.41% between 2006 and 2007, an increase of 6% of people living with hunger in a single year.

According to 2006 American Community Survey figures, the percentage of children under 18 years of age in Knox County in poverty increased from 14.5% in 2000 to 14.6% in 2006. In Knox County, while 9.5% of families are below the poverty level, 34% of families with a female head of household with no husband present live below the poverty level. 41.5% of these families include children under age 18, and 61.9% include children under age five. Nationally, the percentage of children in poverty had risen to 19.1% by the end of 2006. Many parts of the south, including Knox County, experience poverty rates higher than the rest of the nation. According to Second Harvest, there were 15,640 youth living below the poverty line in Knox County between 2006 and 2007.

An analysis of individual census tracts in 2000 shows the significant impact of poverty on some portions of the Knoxville community. In the 19 inner city census tracts that make up the Empowerment Zone, poverty rates for all ages range from 30% to 67% compared to a Knox County rate of 12.6%. With one or two exceptions, poverty rates for all groups (under 18, over 65, and families) exceed the county rates by very wide margins. See Charts I and II.

2006 American Community Survey figures indicate the racial profile of Knox County is 87.5% white, 8.8% black, 1.5% Asian, and 2% Hispanic. There are 36,226 African Americans comprising 8.8% of the Knox County population. While accounting for a relatively small number of the total poverty population, poverty and poverty-related issues are significant for the African American community. Blacks made up 21.8% of the poverty population in the 2000 Census. This meant that 10,187 black persons, or 32.3%, were below the poverty level. See Chart III.

According to the 2006 American Community Survey, the black population of Knox County grew to a total of 36,226 with 27,065 living within the city limits. Outside the city limits, the black population increased from 4,816 in 2000 to 9,161 in 2006. Of interest is that area in the county where growth of the black population has been most notable, including Farragut, Karns, Ball Camp, and Powell. Whether the increase in the

minority population in the county outside the city represents upward mobility has not been determined.

Census figures indicate the Hispanic population grew from 2,067 in 1990 to 4,803 in 2000, and increased again to 8,227 in 2006. Hispanics comprised 2% of the total county population in 2006. This rate might be even higher if undocumented persons were included. For social service providers, the increase in this population is significant because the system is not well equipped to deal with large numbers of people who either do not speak English or do not speak English well.

The percent of the population aged 65 and older remained about the same between 2000 (12.6%) and 2006 (12.7%). The 2006 American Community Survey identified 52,285 individuals aged 65 and older. There was an increase in the percentage of senior citizens below poverty, reflecting a national trend. In 2000, 9.7% of those over 65 were below poverty. That rate rose to 10.9% in 2006.

As the first baby boomers turn 65, they signal the dramatic increase in the elderly population that Knox County, along with the rest of the country, will experience in the future. The large increase in the elderly population has serious implications for service providers at the local level around issues related to independent living, in-home services, and transportation.

According to the 2006 American Community Survey, there are 173,393 households (families) in Knox County. Of this number, 108,945 are composed of more than one family member, 64,448 represent non-family units where the household member lives alone. 48,960 of the households include individuals less than 18 years of age, and 37,495 are households with individuals 65 years and over. The average household size is 2.29 and the average family size is 2.87.

According to the 2000 Census, 97% of the population lived in households. Just 3% lived in group quarters, including both institutionalized and non-institutionalized persons. 88% of those living in households lived in families composed of some combination of householder/spouse/children. 4% lived in households with other relatives, and 5% lived in households with non-relatives.

In 2006, Knox County had 173,393 occupied housing units compared to 171,439 in 2000. Home ownership increased slightly during this time from 67% to 67.5%. Rental occupancy held steady during this period at 32.5%, with 35.9% of renters spending more than 35% of household income on housing in 2005.

The unemployment rate in Knox County has been declining since January 2005, and remains below the state and national averages. For example, in December 2006, the Knox County unemployment rate was 3.1% compared to 4.7% for the State of Tennessee and 4.5% for the United States. In July 2008, Knox County's unemployment rate was 5.5%, compared to 6.9% in Tennessee and 5.7% across the United States.

The 2005 per capita income for Knox County (\$20,249) was below the state average (\$22,090) and below the national average (\$25,035). Census data from 2000 showed the 19 inner city census tracts that comprise the Empowerment Zone had an average unemployment rate of 14% with individual census tract rates ranging from 5.5% to 43%. It is important to note the per capita incomes in the Empowerment Zone census tracts ranged from \$6,952 to \$14,712. See Chart IV.

The University of Tennessee Center for Business and Economic Research has used census data to study the relationship between education levels and earnings. The accompanying chart at the end of this document (Chart V) shows clearly that earnings increase with each increase in educational credentials. The only exception is the PhD level. The relationship between education and unemployment was also studied. The attached chart at the end of this document (Chart VI) shows that persons with lower formal education levels are much more likely to be unemployed. This analysis holds true when the educational levels, unemployment rates, and median income levels of the Empowerment Zone census tracts are compared to countywide rates.

Telephone Survey

SWORPS conducted telephone surveys in the nine counties region. Responses were tabulated for the region as a whole and for each county. Knox County residents from all socio-economic groups were randomly sampled. The responses provide a snapshot of perceptions and beliefs held by Knox Countians. Four hundred thirty-one (431) surveys were completed for Knox County. The survey did not ask respondents if they had used local services or knew of persons who had used them. The survey assessed respondents' perceptions of the availability of social services to household members, the degree of satisfaction with existing services, issues or problems encountered by household members in the past year, and real and perceived barriers that prevented household members from using existing social services.

84% of survey respondents reported living in neighborhoods described as "good" or "excellent." 57% felt they had the opportunity to affect how things happen in their neighborhood.

One question asked respondents to select the household problem they regard as most important using a select list of 23 issues. The 10 top issues selected are:

1. Not being able to pay for or get medical insurance
2. Not being able to get emergency help (police, ambulance, fire, etc.) when needed
3. Having a lot of anxiety, stress, or depression
4. Not able to afford help with care for an elderly person or someone with a disability or serious illness
5. Not enough money to pay for prescription medicines
6. Not able to find work
7. Not enough money to buy food
8. Children or teenagers experiencing behavior or emotional problems at home or school

9. Not enough money to pay for housing
10. Experiencing an alcohol and/or drug problem

Thirty-one percent of respondents sought help for the issues they identified for their household, and 52% of the 31% reported difficulty in getting that help. The top 5 difficulties are:

1. Ineligible for the help
2. Lacked information on available services
3. Unable to afford
4. Had to wait too long to get the help
5. Couldn't get a person at the agency to help

SWORPS conducted focus groups with community leaders and social service providers in Knox County. Five Most Critical Problems are identified as:

1. People living in or near poverty
2. Shortage of good-paying jobs & Unemployment among African-Americans
3. People unable to afford health care
4. Needs of the growing elderly population
5. Needs of the growing Latino and immigrant populations

The 6 Major Service Gaps are identified as:

1. Affordable, quality child care
2. Drug and alcohol treatment
3. Mental health services
4. Transportation
5. Transitional & independent services for teens & Leaving foster care
6. Safe, affordable housing

Results of CAC Board Surveys and Client Surveys

CAC Board Surveys

CAC Board members were surveyed in May 2008. From a list of services, Board members were asked to rank the services 1-10, with 1 being the most important service, and 10 being the least important service in meeting community needs. They were also asked to identify other needs that should be studied and considered for future planning. The results of the ranking are summarized in the following table. The Priority Ranking considers the combined number of times a service was ranked either first or second.

Overview of CAC Board Member Survey Results

Priority Rank (Rated as 1 st or 2 nd choice)	Description of Service
1 st	Helping people become more self sufficient by getting and keeping a job
2 nd	Helping people access needed services such as medical, mental health and other treatments, social services, grocery shopping, and other needed services through transportation
3 rd	Helping the working poor people qualify for and get better paying jobs
4 th	Helping people become more self sufficient through education by increasing literacy, getting a GED, obtaining job training, or post secondary education, <u>tied with</u> Helping people in crisis avoid utility shut-off, eviction, or other emergencies
5 th	Helping elderly people to live independently in their homes and prevent the high costs of institutionalization

Board members selected the same five services as most important in both last year’s survey and the survey completed in May 2008, except for one. “Helping low-income families move out of poverty by providing comprehensive case management services” made the top five in 2007, but dropped in ranking in 2008 to 6th place. The order of services in the top five was rearranged this year. Board members are consistent in their assessment of what services they feel are necessary to address individual and community needs and problems.

The other services listed for selection were also chosen a number of times. Because the total number of surveys was small, the difference at this level is not significant. The other services listed for selection ranked as follows:

Priority Rank	Description of Service
6 th	Insuring access to emergency food pantries by providing staff support to Emergency Food Helpers, <u>tied with</u> Helping low-income families move out of poverty by providing comprehensive case management services
7 th	Helping low-income people meet their food needs by community gardening, <u>tied with</u> Providing financial education programs

Helping people become more self-sufficient by getting and keeping a job moved up from last year’s 2nd place to be ranked first by the Board this year. Helping people access needed services such as medical, mental health and other treatments, social services, grocery shopping, and other needed services through transportation moved up from last year’s third place to second place this year, partially reflecting the Board’s concern for people having problems with the high cost of gasoline. Helping the working poor people qualify for and get better paying jobs moved into third place this year. Helping people become more self-sufficient through education by increasing literacy, getting a GED, obtaining job training, or post secondary education moved down from first place in 2007 to fourth place this year. Helping people in crisis avoid utility shut-off, eviction, or other emergencies moved down from third place in 2007 to a tie for fourth in 2008. The conclusion drawn for this year’s and last year’s surveys is that the Board demonstrated consistency in the Priority Ranking of the top five most important services.

When asked to identify other needs that should be studied and considered for future planning, the Board suggested hiring a Community Organizer to communicate directly to citizens, organizing leadership development for teens, pushing for a living wage for all workers, getting information to people newly found in need, supplying help for ex-convicts re-entering society, helping foster children when they reach 18, and providing more case managers to help with multiple barriers.

Client Surveys

CAC clients were surveyed in May 2008. From a specific list of Needs/Problems, clients were asked to check those that applied to them or any member of the family. Clients were also asked to give their opinions about problems in the community. Again using a specific list, clients were asked to check the five (5) most serious problems in their community. Each CSBG funded component was asked to distribute 20-25 surveys. One hundred and thirty (130) client surveys were returned for a return rate of 93%. The survey results are tabulated in the following table.

Client Survey: Individual and Family Level

Rank	Needs/Problems	Of 130, Number Selecting Problem	Of 130, Percent Selecting Problem
1	Can't pay utility bill	94	72%
2	Money for Food	75	58%
3	Money for rent or house payment	71	55%
4	Transportation	67	52%
5	Finding a job	64	49%
6	Health Problem	61	47%
7	House needs repair	41	32%
8	Drug or alcohol problem	23	18%
9	Day care for children	22	17%
9	Care for elderly family member	22	17%
10	After school care for children	21	16%
10	Using check cashing services, title pawn, or rent to own, or tax preparation with high fees	21	16%
11	Other: problems listed below	11	8.5%

Clients also identified other needs and problems for individuals and families. These are medical costs, inadequate housing size, gas expenses, child care costs, services for disabled, inadequate salary, dental costs, lack of money for clothing and shoes for employment, unable to work due to medicine side effects, unable to pay off credit cards, lack of baby supplies, child support payments while unemployed, and lack of health care.

Comparing this survey to the previous client survey shows the needs and problems of our client population changed somewhat. Clients ranked a slightly different set of top five problems in 2008 compared to 2007, but Can't Pay Utility Bill was ranked first in both surveys. Money for food moved up to number two in the top five this year. Lack of money is a possible contributing factor in most of the top five problems.

Survey results of clients ranking the Needs/Problems in their communities are presented in the following table. Clients also identified other needs and problems for communities different from the list of needs given. These are the high cost of rent and utility bills when on a fixed income, stray animals, not working together to stop crime, and lack of bus services.

The Lack of Good Paying Jobs remained unchanged from last year as the highest ranked community need. Lack of affordable housing moved up from third to second place. Inadequate Health Care moved up from fifth place to third place this year. Unemployment moved down from second place to tie for third place. Crime remained at fourth place, and Inadequate Transportation moved up from seventh place to fifth place.

Client Survey: Neighborhood & Community Level

Rank	Needs/Problems	Of 130, Number Selecting Problem	Of 130, Percent Selecting Problem
1	Lack of good paying jobs	69	53%
2	Lack of affordable housing	62	48%
3	Inadequate health care	61	47%
3	Unemployment	61	47%
4	Crime	42	32%
5	Inadequate Transportation	40	31%
6	Lack of job training	39	30%
7	Drug abuse	37	28%
8	Lack of programs to help elderly	28	22%
9	Lack of recreation programs	21	16%
9	Hunger	21	16%
10	Illiteracy	19	15%
11	Homelessness	17	13%
12	Mental Illness	14	11%
13	Teen Pregnancy	9	6.9%
14	Other: See Above	3	2.3%

Focus Group Meetings

The East Neighborhood Center held two focus group meetings to gather information for the agency needs assessment. A diverse group of people who are each stakeholders in the East Knoxville community participated. Twenty-four (24) interested citizens from the faith-based, educational, business, government and private sectors along with volunteers, retirees and students gathered to discuss their most pressing neighborhood and social issue concerns. The focus group was structured by using a moderator who asked open-ended questions and listened to their responses. All of the group’s needs and concerns were listed, and then the group prioritized their most compelling needs.

Members of both focus groups indicated that their number one concern was crime and its resulting problems. Many spoke of the fear and despair they feel from the constant crime and destruction of personal property in their neighborhoods. The second concern of Focus Group 1 was absentee landlords and the lack of affordable housing. Focus Group 2’s second concern was an overall concern for the youth in their area, including their

need for employment, and the lack of good paying jobs. Both groups also gave attention to the need for better communication and coordination with law enforcement.

Food Needs

Food insecurity is defined as “the state of being unable to obtain or denied access to a consistent supply of food.” Food insecurity describes the condition of those who are literally unsure where their next meal is coming from. In November 2007, the U.S. Department of Agriculture released a report “Household Food Security in the United States, 2006”, an analysis of hunger and food insecurity completed by the Center on Hunger and Poverty at Brandeis University. 12.6 million households of Americans suffer directly from hunger and food insecurity. Just over half of all food-insecure households participated in one or more federal food assistance programs during the month prior to the survey. About 21% of food-insecure households obtained emergency food from a food pantry at some time during the year.

There were 41.2% of Knox County school children eligible for free or reduced meals for the 2007-08 school year, a 10.2% increase of economically disadvantaged children since 2003. 21,268 out of 52,915 school-aged children ate school lunches at either no cost or a reduced rate on average each day in the 2007-08 school year. The percent of children eligible for free or reduced meals increased almost every year since 2003, indicating an increase in the number of families struggling financially. See the table below.

School Year	Total Enrollment	Number of Economically Disadvantaged Children	Percent eligible for free or reduced meals
2007	52,915	21,268	41.2%
2006	53,050	20,116	39.8%
2005	53,130	20,420	40.7%
2004	52,637	18,690	36.8%
2003	56,935	17,639	31%

The relationship between poverty and school discipline problems is illustrated in recent studies done in Knox County. According to the 2007 Report Card issued by the State of Tennessee’s Department of Education, almost 28.9% (more than one in four) of black students in Knox County were suspended, compared with 8.6% (fewer than one in ten) of white students. Black students were suspended more than three times as frequently as white students in Knox County. However, recent data on school suspensions from Knox County Mayor Mike Ragsdale’s 11-member task force (“Racial Disparity in School Discipline Task Force Final Report 2006-07”) and a statistical research project from the University of Tennessee’s College of Social Work shows that poverty is a more significant indicator of disciplinary incidents than race. For example, 43% of middle and high school students in the study sample ate free and reduced lunches, and the majority of disciplinary problems came from that sector of students. The study also showed that children disciplined early in their academic careers are those who need to be watched the most to prevent discipline problems later. Poverty seems to be the driving factor. Members of the Task Force state: “When you are different, and you are hungry, and you may not have a coat or a book bag, and when home is unsafe or unstable, it is hard to concentrate.”

“Hunger in East Tennessee” is a *White Paper* publication of Second Harvest Food Bank of East Tennessee. This annual report provides general population statistics, opportunities for hunger elimination, and program results. The publication defines hunger as “a circumstance in which an individual unwillingly goes without food for an intermittent or extended period of time.” External forces that limit the individual’s resources or ability to obtain sufficient food can cause hunger. Hunger may result in detrimental physical, psychological, and social consequences. A strong emergency food system means people can get the food they need and use their limited funds for rent, utilities, and other critical family expenses.

Second Harvest reported 15.33% of Tennessee residents as food insecure between 2006 and 2007. That percentage rose from 14.92% between 2005 and 2006. While that may seem like a small percentage of the total population, it represents more than 224,000 hungry Tennesseans. More than 167,000 people live in poverty in East Tennessee, and 1 in 5 youth and 1 in 7 seniors are at risk of going hungry. From June 2006 to July 2008, Second Harvest distributed 11.2 million pounds of food to its 18 county region. More than 8,000,000 meals were provided to hungry people, but Second Harvest estimates this meets just one-fourth of the total need to eliminate hunger in East Tennessee.

The 61,000 residents or 14.41% of Knox County’s population who live below the poverty level have sought emergency food assistance either on a short-term or long-term basis. In 2007-2008, Second Harvest delivered more than 700,000 meals a month through 450 food provider agencies to more than 120,000 children, adults, and senior adults in the 18 counties of East Tennessee, including Knox County. Many are first-time, middle-income families who previously donated to food banks and are scared and embarrassed to be requesting food.

Emergency Food Helpers, a coalition of churches and pantries in Knox County, provides people with emergency food. In 2007, there was an 8% increase in the number of pantries applying for the Federal Emergency Food and Shelter program food portion. In 2008, the number of pantries applying rose by another 8%. The need in the community is also evident given the increase in total calls to pantries in Knox County, a 17% increase from last year. In addition, the pantries are commenting about their difficulty in keeping their shelves stocked. The distribution of emergency food is a significant factor in decreasing and preventing the risk of homelessness, since many people have to choose between buying food and paying other expenses. A strong emergency food system supports low-income working families in getting the food they need and using their limited funds for rent, utilities, or other critical family expenses.

The cost of food is a significant issue for low-income families. In a 2008 survey of community gardeners, 57% of the respondents said they gardened because it saved them money on food; 63% of the gardeners selected “cheaper food” as the most important factor in buying food, much more important than where the store was located (14%) or how they would get to it (12%).

Food stamp usage has increased substantially in the State and in Knox County over the past 5 years, reversing a trend started by welfare reform and contradicting the census data that showed a decline in poverty from 1990 to 2000.

Year	Knox County Households receiving Food Stamps
2007	19,842
2006	19,593
2005	19,821
2004	18,783
2003	17,193

Statewide figures indicate a 29% increase in Food Stamp participation from Fiscal Years 2002 to 2007, from 284,291 to 400,715. The increase in Knox County has been almost the same (28.3%) as the statewide increase. It seems reasonable to assume that economic downturns drive more families to seek food assistance from the government, as well as increasing their dependence on private charities.

Needs of Children and Families

According to the 2006 American Community Survey, 108,945 families reside in Knox County. 9.5% (or 10,350) of these families live in poverty. 25.3% (or 27,563) of these families live in poverty and have children less than 5 years of age. Knox County's under 5 population is 25,276 (6.1%), and the estimated number of low-income children under age 5 in poverty in Knox County is 6,319 (about 25% of the total number of children under age 5).

Head Start Centers serve children and parents from low-income families in Knoxville and Knox County. CAC's Head Start Program processed approximately 1,499 applications for the 2007-2008 school year from 1,339 families. Income information taken from these applications evidences the financial struggles these families face.

Annual Family Income	Percentage of Head Start families
Less Than \$10,000	52%
\$10,000 to \$20,000	31%
\$20,000 +	17%

Once again, the strong relationship between educational attainment and annual income can be demonstrated. And, the table clearly shows the disproportionate level of poverty among the 1,339 Head Start families.

Educational Level Achieved	Percentage of Head Start head of households
Less Than High School Diploma	30%
High School Diploma/GED	60%
More Than High School Diploma	10%

The State's graduation rate continues to increase, currently standing at 81.8% for 2007, and the dropout rate statewide was 9.6% in 2007. High school dropout rates for Knox County increased to 13.5% in 2007.

Break out the statistics for educational level achievement for the 172 Hispanic families applying to Head Start for the 2007-08 school year and the picture is even more troublesome.

Educational Level Achieved	Percentage of Hispanic Head Start Applicants
Less Than High School Diploma	53%
High School Diploma/GED	36%
More Than High School Diploma	4%
Unknown, Application Incomplete	7%

Many Hispanic families are low-income and work at low-paying jobs in housekeeping, factories, food service, lawn care, and construction. Often benefits are not provided. Undocumented immigrants are unable to obtain higher paying jobs with benefits. The inability to communicate effectively in English, lack of transportation, ineligibility for services requiring birth certificates, driver’s licenses, or green cards pushes many Hispanics into the “neediest” or “vulnerable” categories.

Children whose parents’ educational attainment is less than the general population often experience lower literacy rates. School readiness suffers, as can exposure to print and the availability of books or reading time in the home. For some populations, English Language Learners classes are crucial.

Knoxville’s inner city continues to have the highest concentration of children and families in poverty. Public housing developments are primarily located in the inner city as well. Over the past few years, the number of families receiving Section 8 vouchers has increased allowing these families to locate wherever landlords accept the rental subsidy voucher. Many families have moved to the western and northern section of Knoxville and Knox County, representing a demographic shift and an integration of low-income families into the larger community.

KIDS COUNT data reported by the Annie E. Casey Foundation compares statistics from Tennessee with those of the nation as a whole. The table shows Tennessee lagging behind the nation in all but one category.

	Year	Tennessee	United States
Low-Birthweight Babies	2005	9.5%	8.2%
Pre-Term Births	2003	14.1%	12.3%
Infant Mortality (per 1,000 live births)	2005	8.9%	6.9%
Immunized 2-Year Olds	2004	84%	84%
Children, Ages 10 – 17 Overweight or Obese	2003	35%	31%

Initiated in 1993, TennCare achieved a significant drop in the rate of uninsured persons of all ages. Under the publicly managed care program, the uninsured rate in Tennessee was lower than the national average (11.3% compared to 14.6% in 2001). When TennCare cuts were enacted in 2005, about 12,000 people in Knox County lost coverage. In 2006, Cover TN was developed to offer affordable coverage for some of the working uninsured, and Cover Kids provides a separate program for uninsured children. The numbers of Knox County residents in Cover TN and Cover Kids is not currently

available. A United Way initiative, Project Access, will provide limited health care benefits to about 7,000 uninsured working poor people in the Knox County area.

Other Needs Assessment Information

Homelessness

Information in this section is taken from “Homelessness in Knoxville/Knox County: A Twenty Year Perspective 1986-2006”, a biannual study conducted by Dr. Roger Nooe, UT Professor Emeritus of the College of Social Work, and sponsored by the East Tennessee Coalition to End Homelessness. The study is based on surveys conducted among members of the homeless population. It was released in October 2006, and is the most current data available on the homeless in our area. Shelter registrations indicate 1,352 different individuals were homeless at least one night during February 2006, a decrease of 276 from 2004. Estimates show that an additional 300 individuals were homeless and not in shelters during this same month. Homelessness among women and minorities increased between 2004 and 2006, and the percentage of homeless children decreased in 2006, but the actual number was similar. Approximately 76% of homeless women have children under 18, and 35% reported having their children with them. Local and national data continue to indicate that homeless children are at risk for emotional and mental health issues, developmental delays, family violence, and a high incidence of substance abuse in the families. Fifty-eight percent (58%) of homeless persons were homeless less than one year in 2006 as compared to 61% in 2004. Their circumstance can be described as situational or episodic homelessness.

Twenty-two percent (22%) of survey respondents identified themselves as veterans, a large portion from the Vietnam era. Chronic mental illness and deinstitutionalization continue to be major reasons for homelessness. Fifty-five percent (55%) of survey respondents had been treated for emotional problems, and 35% of respondents had been hospitalized for mental illness. A large number of these individuals have spent time in jails that are not equipped to offer mental health treatment. Substance abuse was frequently identified as a factor in homelessness, as was lack of work, and family relationship problems.

The majority of the area homeless are from East Tennessee or have come to the area to be near family or seek employment. Forty-six percent (46%) of survey respondents said they had a job, and 71% of those jobs were in the skilled labor, unskilled labor, construction, restaurant, and trucking fields. Seventy percent (70%) reported having at least one job during the past year, and the indication is these jobs were unskilled and temporary, and may include shelter work programs, collecting cans, and spot labor.

The study found that the number of persons homeless in a given month increased from 800 homeless persons in 1986 to a high of 1,900 homeless persons in 2004. The chronically homeless comprise a relatively small percentage (10-15% estimated) of the homeless population. However, it is estimated that they consume about 50% of resources including emergency medical, mental health, shelters, and law enforcement. This information has given impetus for Knoxville and Knox County to participate in a national effort aimed at the chronically homeless, the development of The Ten-Year Plan to End

Chronic Homelessness, and the establishment of an office within the City of Knoxville to implement the plan. Conclusions of the study include the following:

- The number of homeless has increased and is significant.
- The number of homeless women and children has increased.
- The number of homeless persons suffering from mental illness and substance abuse who are discharged to the shelter has increased.
- Persons experience repeated cycles of homelessness.
- The homeless population is increasingly diverse.
- The number of homeless persons living “outside” has increased.
- The majority of the homeless are from East Tennessee or have come to the area seeking employment.

Layoffs

From July 2007 through April 2008, 9 significant dislocations affected 374 individuals in Knox County. Major dislocations included Sea Ray Boats affecting 158 employees, Knoxville Milling Company affecting 72 employees, and ARC Automotive affecting 39 employees. Other dislocations included DPRA, Greenkote IPC, Travel & Transportation, HD Supplies Plumbing/HVAC, and Sports Belle. This is in contrast to just 142 dislocations in 2006.

Severance packages for laid off workers varied widely. Some companies supplement Unemployment Compensation benefits for those eligible for these payments. Other companies offer no severance packages at all. Some displaced workers were eligible for career counseling, training, and educational services. However, all experienced the personal and family disruption that comes from losing a job and income. Many first time users of the emergency services system have lost jobs and income due to layoff.

Knox County Department of Human Services

After welfare reform was instituted in 1996, the nation’s Department of Health and Human Services reported a decline in welfare caseloads across the country. Soon, however, a slowing of that trend emerged and several states, including Tennessee, began to experience increases in caseloads. Experts give two main reasons for this increase. First, the recipients most likely to go to work had done so. The remaining recipients are “hard-to-move” cases. Second, welfare roles increase during economic downturns.

Families First caseloads in Knox County during the period from May 2006 to May 2007 were at their highest in July 2006 at 3,181 and at their lowest in March of 2007 at 3,028. In May of 2007, the number of cases was 3,105. Families First underwent a significant change beginning in July 2007 with the new Federal guidelines. Families First in Tennessee operated for eleven (11) years under a waiver that has allowed certain activities to be conducted and counted towards meeting the requirements. The waiver ended on June 30, 2007. Knox County is now part of a thirty-one (31) county area with services provided by East Tennessee State University (ETSU). The major changes are related to work. In the past, due to the waiver, there was a range of activities that counted towards meeting the work requirements. These will no longer count. Adult Education and Family Services Counseling are two of the activities that will no longer be counted

towards meeting the work requirements. This will impact the Ross Learning Center and efforts focusing on helping Families First participants receive GED and other educational credentials.

The Elderly

The increased growth in the numbers of our aging citizens is the most glaring demographic statistic associated with the aging population in Knox County. CAC’s Office on Aging hosted “Our Future Society: Make Your Voice Heard” at the John T. O’Connor Senior Center on May 12, 2005. Nancy Peace, Executive Director of the Tennessee Commission on Aging and Disability, provided the following projections. Knox County’s population 60 years of age and older is projected to grow by 63% over the next 15 years. The senior population 85 years of age and older grew by 38% between 1990 and 2000. The 85+ population is projected to grow by another 56% over the next 15 years. The aging services network must be prepared to face the increased need and demand for services, a challenge when appropriate, available, and affordable services are inadequate to meet the current needs.

Conclusion

The needs assessment information presented in this document clearly supports the continuation of a CSBG plan based on all six ROMA goals (Results Oriented Management and Accountability) and NPI (National Performance Indicators). ROMA encompasses the following specific CSBG services:

1. Employment
2. Emergency Services
3. Linkages/Elderly Services
4. Linkages/Transportation
5. Nutrition

NPI covers all or parts of all services provided by CAC, regardless of funding source.

Description of Service Delivery System Targeted to Low-income Individuals and Families in Service Area

Neighborhood Centers located in east, south, and west Knoxville, and in north Knox County are the focal points for service delivery to low-income individuals and families. The Centers are strategically located in the four quadrants of Knox County to provide residents equal access to services, information, and referral. Their specific locations are:

Quadrant	Neighborhood Center Address
East	4019 Asheville Highway
North	7028 Maynardville Highway
South	522 Old Maryville Pike
West	2247 Western Avenue

The West Neighborhood Center is located in the L.T. Ross Building, which also houses many other programs operated by CAC. These include the Knoxville-Knox County Office on Aging, a Head Start Center, Workforce Connections, Energy and Housing

Services, AmeriCorps, Homeward Bound, the Office of Community Services, the L.T. Ross Learning Center, and Central Office administration. In addition to CAC services, the building houses the Murphy Branch of the Knox County Library and the State of Tennessee Food Stamps and Employment and Training office. CAC services are provided at other locations as well, including five Head Start Centers, the John T. O'Connor Senior Center, the Knox County Career Center, and the Daily Living Center. See *CAC Program Directory* for a complete listing of services targeted to low-income people.

The delivery process for all CSBG services is similar. Applicants complete an application form that includes eligibility determination information, basic information about the individual and/or the family, and the types of services needed. Community Services Specialists have primary responsibility for intake, but other designated individuals may also take applications. Services are provided to any eligible individual or family who needs and desires to make use of the available service.

If a particular caseload is full, individuals may be placed on a waiting list, referred to another CAC component, or referred to another agency able to meet the need. Individuals and families may be referred by other agencies or programs to CAC or may apply directly. For some services, a plan of service must be developed. For others, such as the garden program, provision of the seeds and plants constitutes the completion of service. The plan of service includes problem identification and the steps or actions to be taken to resolve the problem. A client release of information statement is secured so that information can be shared with other CAC components and outside agencies. When services are complete, the case is closed and the client is so notified. The differences in the ways each service is offered are described in each service's admissions policies.

Linkages Developed to Fill Service Gaps

Linkages established to meet gaps in service are described more fully in the contract narratives for each CSBG service to be provided. Linkages are summarized as follows:

- Linkages will continue between Workforce Connections and the Career Center to help meet the need for jobs that pay a living wage and offer benefits.
- CAC will continue to support the work of the Food Policy Council and Emergency Food Helpers with regard to improvements in the food security system and the capacity to meet the need for emergency food.
- CAC will continue to link with other area providers of homeless services through participation and leadership in the Coalition to End Homelessness and the Ten Year Plan to End Chronic Homelessness. Linkages with the city of Knoxville's Department of Community Development and Knox County's Department of Community Development provide the basis for working on issues related to homelessness, homeless prevention, and affordable housing.
- Linkages with employers and other transportation providers will continue to be a major focus of CAC's Job Access program to connect people and jobs.

- Linkages with utility companies, faith based organizations, and Project Help will continue with regard to improvements in the system for handling shut-offs and other utility-related issues.
- CAC holds a position of leadership within the social services network. This makes it easier to consult on individual cases and bring groups together to work on various issues and problems. Planning activities will continue to address specific service gaps and the need to bring agencies and organizations together to set priorities and take steps to close identified gaps whenever possible.

CAC provides services to children and families and the senior population through funding sources other than CSBG. Staff working in these programs have well established linkages in the community to insure client needs are met. Two examples are:

- Early Head Start and Head Start link with the Knox County Health Department and the Knox County School System to prepare children to enter the public school system as successful learners. Parents benefit from linkages with adult education programs and referrals for job search and employment.
- A diverse elderly population results in Office on Aging links with athletic groups, travel clubs, in-home service providers, hospitals and nursing homes, and many other agencies and organizations.

Description of How Funding Under CSBG Act Will Be Coordinated With Other Public and Private Resources

CAC uses Knoxville and Knox County funds to supplement CSBG program support costs and to coordinate services made available through other public and private resources. Programs for low-income individuals and families in the service area are reasonably well coordinated. An example of coordination took place several years ago when Knox County decided to consolidate services and “do more with less.” The responsibilities of Knox County’s General Assistance Office were transferred to CAC, allowing utility and other emergency services to be integrated with other similar services. Another example is the connection between CSBG and the Workforce Connections Board. One of CAC’s Neighborhood Service Center managers represents CSBG as a Career Center partner on the Board. Hospitals support CAC services, including the Office on Aging newsletter, *Elder News and Views*. Public and private directory sponsors pay the entire cost of printing the Senior Service Directory, commonly called the little yellow book. Increased agency capacity and expanded partnerships with the City of Knoxville and Knox County have resulted in a major expansion of affordable housing opportunity, both new home construction and major home rehabilitation.

Summary of Goals and Outcome Objective Measures

Community Action Agencies across the country complete National Performance Indicator (NPI) forms detailing the outcomes of their efforts in a given fiscal year. These forms are submitted to Nashville where they are compiled into state totals. Each state then forwards their totals to Washington, D.C. where national totals are compiled. All

agencies use the same reporting document to insure like and reasonably standardized outcomes are reported. Knoxville/Knox County CAC's outcomes for the fiscal year ending June 30, 2007 follow.

Goal 1: Low-Income People Become More Self-Sufficient

1.1 Employment

- 797 unemployed participants obtained a job
- 214 employed participants obtained an increase in employment income
- 349 participants achieved “living wage” employment and benefits.

1.2 Employment Supports

- 428 participants obtained pre-employment skills/competencies required for employment
- 206 completed ABE/GED
- 40 completed post-secondary education and obtained certificate or diploma
- 165 enrolled children in before or after school programs in order to gain or maintain employment
- 257 obtained care for a child or other dependent
- 3,262 obtained access to reliable transportation or obtained a driver's license
- 383 participants obtained health care services
- 696 participants obtained safe and affordable housing
- 1,163 participants obtained food assistance
- 813 participants received cash assistance to purchase uniforms, tires, tools, etc in support of employment stability

1.3 Economic Asset Enhancement and Utilization

- 250 participants received income tax filing help and subsequent refunds
- 4 participants enrolled in telephone lifeline and/or energy discounts
- 8,633 households experienced an increase in disposable income as a result of acquiring food, donated items, and agency services

Goal 2: The Conditions In Which Low-Income People Live Are Improved

2.1 Community Improvement And Revitalization

- 203 accessible living wage jobs created in the community (1 Initiative: Job creation with new/existing companies—Workforce Connections partnered with 4 local companies to create 203 new jobs.)
- 527 safe and affordable housing units in the community preserved or improved through weatherization (eight weatherization projects).
- 65,700 accessible transportation resources preserved for low-income people (2 new projects: Knox County CAC Transit purchased 11 new vehicles that preserved/increased 46,500 one-way trips, and Head Start purchased 3 new vehicles that preserved/increased 19,200 one-way trips.)
- 409 accessible or increased educational and training placement opportunities, or those that are saved from reduction or elimination (One initiative via Ross Learning through partnership with DHS, Pellissippi State Community College, and the Literacy Coalition for adult basic ed, GED prep, and work basics/computer literacy classes) that served 409 individuals.)

2.2 *Quality of Life and Assets*

- 7,345 increases in community assets as a result of a change in law, regulation or policy, which results in improvements in quality of life and assets. (Members of the South RAB represented the interests of low-income residents of 2 neighborhoods leading to the adoption of Form Based Development Code by the City of Knoxville, impacting 7,345 residents.)
- 300 increases in the availability or preservation of community services to improve public health and safety. (The Disability Navigator Program improved access to 300 job seekers with disabilities in 13 workforce areas.)
- 5,443 increases in the availability or preservation of commercial services within low-income neighborhoods. (Members of the West RAB represented their neighborhoods on the ZAC, making the establishment of a Food City grocery store in the community a top priority. This improved opportunities to purchase food for 5,443 families.)
- 11,037 increase and preservation of neighborhood quality of life. (3 Neighborhood Clean-Ups in the Empowerment Zone.)
- 111,515 referrals or informational contacts

Goal 3: Low-Income People Own A Stake In Their Community

3.1 Civic Investment

- 382,755 hours volunteered to CAC

3.2 Community Empowerment via maximum feasible participation

- 78 low-income people participated in formal decision-making and policy-setting activities
- 1,083 low-income people engaged in non-governance community activities

Goal 4: Partnerships Among Supporters And Providers Of Services To Low-Income People Are Achieved

4.1 Expanding Opportunities Through Community-Wide Partnerships

- 1,662 organizations partnered with CAC to promote family and community outcomes
- 291 of these partnerships were with faith-based organizations.

Goal 5: Agencies Increase Their Capacity To Achieve Results

5.1 Broadening The Resource Base

- More than \$28,980,644 was mobilized in FY 2007 for community action in Knoxville and Knox County. Private funding accounts for 18.1%.

Goal 6: Low-Income People, Especially Vulnerable Populations, Achieve Their Potential By Strengthening Family And Other Supportive Environments

6.1 Independent Living

- 21,211 senior citizens maintained an independent living situation
- 3,554 individuals with disabilities maintained an independent living situation

6.2 Emergency Assistance

- 1,740 households received help with food
- 9,111 households received emergency assistance payments to vendors

- 42 households received help with temporary shelter
- 44 households received emergency medical care
- 58 households received help with protection from violence
- 7 households received legal assistance
- 373 households received help with transportation
- 320 households received disaster relief
- 559 households received help with clothing

6.3 Child And Family Development

- 1,043 infants and children obtained age-appropriate immunizations, medical care, and/or dental care
- 1,219 infants and children received adequate nutrition
- 1,714 children participated in pre-school activities
- 415 children participated in pre-school activities & were developmentally ready to enter kindergarten or first grade
- 2,395 youth improved physical health and development
- 608 youth improved social and emotional development
- 25 youth avoided risk-taking behavior
- 25 youth have reduced involvement with criminal justice system
- 564 youth increased academic, athletic, or social skills for school success by participating in before or after school programs
- 929 parents and other adults learn and exhibit improved parenting skills
- 435 parents and other adults improved their family functioning skills

Staff has established NPI Performance Targets, or service goals, for the fiscal year ending June 30, 2008. The targets provide an estimate of the outcomes CAC expects to achieve. Setting performance targets gives staff and participants goals to strive for and provides management and the CAC Board a tool for evaluation of progress and success.