Community Action Plan
May 2014
Knoxville—Knox County Community Action Committee
Community Action Plan
May 2014

Summary:

1. Executive Summary
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 the community, CAC Board members, and CAC’s clients.

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 includes 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.

2. Organizational Performance Standards
In February 2014, the agency administrative staff reviewed the 56 draft performance standards and identified 45 of them as applicable to a public agency (six do not apply and five have been postponed). Based on our review, we determined that 30 of the 45 applicable standards have been met. A schedule and data collection protocol will be designed to record and store hard and electronic copies of the data and materials needed to document the achievement of the performance standards. Once the standards have been finalized, a plan will be developed to meet the remaining 15 standards within the required time period.

3. Status of Comprehensive Needs Assessment
As part of the agency’s planning process, a needs assessment is conducted each year. Data from many sources are combined to paint a picture of the community we serve. Secondary source data serve as the foundation for this needs assessment. However, CAC believes in the importance of receiving feedback from all stakeholders regarding our services. So to this end, each spring we survey our tripartite board made up of business and non-profit leaders, government officials, and importantly, recipients of our services and people who live in the neighborhoods that CAC serves to identify the needs in our community and neighborhoods. The results of this annual survey provide qualitative data to flesh out the hard data compiled from secondary sources.
As part of this annual community assessment, each spring a sample of CAC clients are asked to complete a questionnaire where they choose from a specific list of needs/problems, and identify those issues that apply to them or any member of the family. Clients are also asked to give their opinions about problems in the neighborhood and community. By using a specific list, they are asked to check the five most serious problems in their community. These clients surveyed are from households, whose incomes range from 100% to 200% of poverty, representing many of the working poor neighbors served by the agency. The data are compared to previous years to identify longitudinal patterns.

This year, surveys were conducted in March 2014. The results of the surveys and the plan for the CSBG services to be offered in FY 14-15 were presented to the board on May 22, 2014.

4. Annual Review

The National Performance Indicators for the period ending June 30, 2013 were presented to the CAC board on April 24, 2014. See summary following.

**Goal 1: Low-income people become self-sufficient.**

1.1: Employment

- **431** unemployed participants obtained a job.
- **251** employed participants maintained a job for at least 90 days.
- **120** employed participants obtained an increase in employment income and/or benefits.
- **206** participants achieved “living wage”* employment and/or benefits.

* The “living wage” is the hourly rate that an individual must earn to support their family, if they are the sole provider and are working full-time.

1.2: Employment Supports

- **803** obtained skills/competencies required for employment.
- **77** completed ABE/GED and received a certificate or diploma.
- **142** completed post-secondary education program and obtained a certificate or diploma.
- **245** enrolled children in before or after school programs.
- **228** obtained care for a child or other dependent in order to maintain employment.
- **986** obtained access to reliable transportation through Workforce Connections, Knox County CAC Transit, and the Neighborhood Centers or obtained a driver’s license in order to acquire or maintain employment.
- **31** participants obtained health care services for themselves or a family member.
- **3,311** participants obtained and/or maintained safe and affordable housing.
- **3,659** participants obtained food assistance.
- **2,331** participants received non-emergency LIHEAP assistance.
1.3: Economic Asset Enhancement and Utilization

- 369 participants qualified for the Earned Income Tax Credit.
- $1,069,249 was the aggregated dollar amount of refunds or credit.

Goal 2: The conditions in which low-income people live are improved.

2.1: Community Improvement & Revitalization

- 254 safe and affordable housing units in the community were preserved or improved through construction, weatherization, or rehabilitation achieved by Community Action.
- 5 jobs were created or saved from reduction or elimination in the community.
- 2 additional Knox County CAC Transit vehicles were purchased, enabling transportation resources for 2,774 trips for low-income people.

2.2: Community Quality of Life & Assets

- CAC Beardsley Community Farm was preserved as an urban agriculture facility, providing 3,000 opportunities to visit the farm, volunteer, and learn.
- 3 neighborhood clean-ups and 1 fundraiser for Ijams Nature Center improved the quality of life for neighborhoods.

2.3: Community Engagement

- 401,200 volunteer hours were donated to CAC.
- 13,702 community members participated in community revitalization and anti-poverty initiatives mobilized by Community Action.

Goal 3: Low-income people own a stake in their community.

3.1: Community Enhancement through Maximum Feasible Participation

- 191,428 volunteer hours were donated to CAC from low-income members of the community.

3.2: Community Empowerment through Maximum Feasible Participation

Through Community Action efforts or assistance:

- 2,885 low-income people engaged in non-governance community activities or groups.
- 71 low-income people participated in formal decision-making and policy-setting activities through advisory boards.

Goal 4: Partnerships among supporters and providers of services to low-income people are achieved.

4.1: Expanding Opportunities through Community-Wide Partnerships

- 1,080 organizations partnered with CAC in Knox County to promote family and community outcomes. 147 were faith-based organizations. CAC has 1,696 partnerships that help to promote family and community outcomes.
Goal 5: Agencies increase their capacity to achieve results.

5.1: Agency Development
• 307 staff and board members attended 8,923 hours of training.

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

6.1: Independent Living
As a result of Community Action:
• 20,251 senior citizens maintained an independent living situation.
• 15,271 individuals with disabilities maintained an independent living situation.

6.2: Emergency Assistance
• 8,295 received emergency food.
• 2,976 received emergency fuel or utility payments funded by LIHEAP.
• 386 received emergency rent or mortgage assistance.
• 3 received emergency car or home repair.
• 34 received emergency temporary shelter.
• 90 received emergency protection from violence.
• 38 received emergency legal assistance.
• 634 received emergency transportation.
• 15 received emergency disaster relief.
• 680 received emergency clothing.

6.3: Child & Family Development

Children
• 1,136 infants and children obtained age-appropriate immunizations, medical, and dental care
• 1,149 infants and children received adequate nutrition
• 1,149 children participated in pre-school activities to develop school readiness skills
• 337 children who participated in pre-school activities are developmentally ready to enter kindergarten or the 1st grade

Youth
• 4,960 youth improved health and physical development
• 6,526 youth increased academic, athletic, or social skills for school success
Parents

- 572 parents and other adults learn and exhibit improved parenting skills
- 963 parents and other adults learn and exhibit improved family functioning skills

6.4: Family Supports (Seniors, Disabled, and Caregivers)

- 7,625 obtained access to reliable transportation and/or driver’s license.
- 772 obtained and/or maintained safe and affordable housing.
- 5,423 obtained food assistance.
- 7,144 obtained non-emergency LIHEAP energy assistance.

6.5: Service Counts

- 12,211 food boxes
- 516,269 pounds of food
- 650 units of clothing
- 208,242 rides provided
- 141,734 Information & Referral calls
Population:

5. Data Collection

In an effort to use the most recent data available, we have relied heavily on the 2008-2012 American Community Survey which provides 5 year rolling data from the U.S. Census Bureau. We have also used significant data from the Head Start / Early Head Start Community Assessment, the Metropolitan Planning Commission, the United Way, PlanET, the University of Tennessee, Knox County Health Department, and CAC’s board members, clients and staff.

Sources include:

1. Census 2010, U.S. Census Bureau State and County, QuickFacts.
5. "Homelessness in Knoxville/Knox County: 2013-2014," a study conducted by Knoxville-Knox County Homeless Coalition, Knoxville Homeless Management Information System (Knox HMIS) and Dr. Roger Nooe, Emeritus Professor of University of Tennessee College of Social Work and Director of Social Services at the Public Defender’s Community Law Office.
8. Source for length of time on UI: Omari Winbush in presentation to State Workforce Board meeting, May 18, 2012.

14. Education and Economic Well-Being,” Matthew N. Murray, Ball Corporation Professor of Business & Associate Director of the Center for Business & Economic Research, The University of Tennessee, March 31, 2011.


16. 2011 Knox County Health Assessment Executive Summary, January 2012

17. 2011 Forces for Change Assessment, Knox County, Tennessee, Together! Healthy Knox, Knox County Health Department, “Every Person, A Healthy Person.”


24. Knoxville News Sentinel, April 23, 2013, A1: “Geriatric Assessment Program closes after more than 20 years.”


6. Demographics:

Knox County Population Overview

Based on the 2013 projections from the 2010 Census, Knox County has experienced an estimated 2.9% population increase from 432,226 in 2010 to 444,622 in 2013. The city of Knoxville experienced slightly less growth (1.9%) during the same period, increasing from 178,874 to 182,200. The per capita income in Knox county in 2012 was $28,111, as compared to the national average of $28,051.

Age

The median age in Knox County is the lowest in the region, at 37.5 years of age. However, like the population nationwide, it is aging. From 2000 to 2008-2012, the population of residents aged 60 to 84 years of age increased 30.0% and the population of those aged 84 and older increased by 20.9% (see chart below).

### Knox County Population by Age, 2000 and 2008-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2008-2012</th>
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<tbody>
<tr>
<td>Under 5 years</td>
<td>23,371</td>
<td>26,023</td>
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<tr>
<td>5 to 19 years</td>
<td>74,806</td>
<td>82,008</td>
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<td>20 to 39 years</td>
<td>116,928</td>
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<tr>
<td>40 to 59 years</td>
<td>103,349</td>
<td>118,302</td>
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<tr>
<td>60 to 84 years</td>
<td>57,985</td>
<td>75,407</td>
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<tr>
<td>85 years and over</td>
<td>5,593</td>
<td>6,760</td>
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<tr>
<td>Total population</td>
<td>382,032</td>
<td>433,207</td>
</tr>
</tbody>
</table>


Race and Ethnicity

According to 2008-2012 American Community Survey data, the racial profile for Knox County is 86.4% white, 9.1% Black/African American, 2.1% American Indian/Alaska Native, 1.9% Asian, 0.03% Native Hawaiian/Pacific Islander, 0.7% other, and 1.75% one or more races. 3.5% of Knox County residents are of Hispanic/Latino ethnicity. While the number of Hispanics/Latinos in Knox County is relatively small, the population has increased from 4,803 in 2000 to 14,991 in 2008-2012, an increase of 212.1%.
Income levels

In Knox County, the median household income has decreased 8.4%, from $51,616 in 2000 to $47,270 in 2008-2012. Median household income is not constant across racial and ethnic groups. The median income in white households is $50,257, compared to $24,182 in Black/African American households, $64,919 in Asian households, and $33,415 in Hispanic/Latino households.

Median income for adults age 25 and older was $34,589, but there is variation by level of education attained. In Knox County, the median income for individuals with less than a high school diploma or equivalent was $17,446. For those with a high school degree or equivalent, the median income is $25,533. The median income for those with some college or an associate’s degree is $31,634. With a bachelor’s degree that figure rises to $45,436 and the median income is $58,384 with a graduate or professional degree.

Unemployment trends

In Knox County, the civilian labor force was comprised of 226,430 persons in March 2014; 12,570 were unemployed. The Knox County unemployment rate for April 2014 was 5.6%. This is a decrease of 0.9% from March 2013, when the unemployment rate for Knox County was 6.5%. In March 2014, the Knox County unemployment rate was lower than the statewide rate of 7.0% and the nationwide unemployment rate of 6.8%.

In terms of underemployment in Knox County, of those who worked full-time, year round in the previous 12 months, 2,738 or 1.9% were living below the poverty line. 21.9% or 18,199 of those in Knox County who worked part-time or part-year were living below the poverty line.

Poverty

In 2012, the poverty threshold for a four-person family with two children was $23,300. According to 2008-2012 American Community Survey data, the poverty rate in Knox County was 14.2%. This rate is on par with the national rate of 14.7% and lowers than the state rate of 17.3%. Compared to the year 2000, the number of individuals living in poverty in Knox County has increased 12.7%, from 46,752 in 2000 to 59,898 in 2008-2012. Within the city limits of Knoxville, a greater proportion of individuals, 23.3%, live in poverty. That rate is slightly higher than the poverty rate in Knoxville in 2000, which was 20.0%

Nationwide, women and children are disproportionately affected by poverty. The same is true for women and children in Knox County and Knoxville. The number of children living below the poverty line in Knox County has increased by 21.5% from 12,466 children in 2000 to 16,733 in 2008-2012. In 2010-2012, 18% of related children under age 18 in Knox County were living below the poverty level, compared with 7% of people 65 years old and older. In Knoxville, the proportion of children in poverty was higher, with 33% of children under age 18 living below the poverty level, compared with 8% of people 65 years old and over.
According to 2010-2012 American Community Survey data, 39% of female householders with no husband present in Knoxville and 30% of female householders with no husband present in Knox County lived below the poverty line. This proportion is higher than the proportion of all families living below the poverty level in Knoxville (15%) and Knox County (10%).

Overall, the poverty rate in the county is 14.2%. White residents make up 72.4% of the poverty population; African American/Black residents comprise 21.4%. All other residents including Hispanic/Latino residents (of any race) make up 6.2% of the poverty population. This portion has increased due to the growth of the Hispanic/Latino population.

Poverty is not distributed equally among racial and ethnic groups. 11.9% of white Knox County residents live below the poverty level. However, 33.5% of African American/Black residents live below the poverty level. Similarly, 30.6% Knox County residents of Hispanic/Latino origin (of any race) live below the poverty line, compared with 11.3% of non-Hispanic/Latino residents. This same trend is true within the city of Knoxville, where 23.3% of residents live below the poverty level. 19.0% of white residents in Knoxville live below the poverty line, compared with 40.1% of African American/Black residents. 35.6% of Hispanic/Latino Knoxville residents (of any race) live below the poverty line, compared to 18.2% of non-Hispanic/Latino Knoxville residents.

Overall, in 2008-2012, an estimated 3.7% of households (6,773 households) in Knox County were receiving public assistance. This figure represents a 19.1% increase from 2000, when 3.1% of households (4,936 households) were receiving assistance.

**Education**

In terms of highest level of education completed, 10.3% of Knox County residents age 25 and older, did not graduate from high school or have an equivalent. However, 26.1% have a high school diploma or equivalent and 20.9% have attended some college but do not have a degree. 8.4% of those living in Knox County have an associate’s degree, while 22% have a bachelor’s degree, and 12.4% have a graduate or professional degree.

The Tennessee Department of Education reports that 88% of the class of 2013 graduated on time. There is variation in graduation rates with respect to race, ethnicity and income level. More specifically in 2013, 99% of Asian high school seniors, 89% of white high school seniors, 84% of African American/black high school seniors, and 79% of Hispanic/Latino high school seniors graduated on time. While there are differences in rates between groups, the 2013 graduation rates are an improvement over the 2007 graduation rates, especially among African American/Black and Hispanic/Latino high school seniors. In 2007, 91% of Asian high school seniors, 82% of white high school seniors, 65% of African American/Black high school seniors, and 68% of Hispanic/Latino high school seniors graduated on time. There is improvement to be made in the graduation rate of high school seniors from low-income families. In 2013, 79% of high school seniors from low-income families graduated on time.
Many recent graduates of Knox County schools are enrolled in post-secondary institutions. The most recent data available from the Tennessee Department of Education shows that 66% of those who graduated from high school in Knox County in 2012 are attending post-secondary institutions.

**Healthcare**

In 2008-12, 16% of people under age 65 in Tennessee and 17% of people under 65 nationwide did not have health insurance. During this same time period, in Knox County, the percentage of uninsured individuals under 65 was lower (12%). The proportion of the population in Knox County under age 65 that relies on TennCare in Knox County has remained constant in recent years, with 14% relying on TennCare in 2008, 2010, and 2012.

In Knox County, higher percentages of those 65 and older (99.8%) and children under age 18 (95.4%) have health insurance, compared to adults age 18-64 (84.9%). This difference is likely due to the fact that those over 65 have access to Medicare and children may be covered though TennCare or CoverKids TN. It is important to note that the implementation of the Affordable Care Act may lead to changes in these figures in upcoming years.

**Nutrition**

In Knox County, a number of residents rely on assistance programs to meet their nutritional needs. In March 2014, a total of $8,315,603 in SNAP benefits were issued to 67,005 individuals and 35,014 households in Knox County.

According to the most recent information available from the Kids Count Data Center (2010), 15.8% or 4,961 children under the age of 6 in Knox County were enrolled in the WIC program. Many Knox County children attending public school (PK-12) are eligible for free or reduced meals through the USDA National School Lunch Program. The Tennessee Department of Education reported that in 2013, 47.2% of Knox County school students were eligible for free or reduced meals. More specifically, 41.7%, or 24,283 students, were eligible for free meals and 5.8%, or 3,389 were eligible for reduced price meals.

**Homelessness**

Information in this section is taken from “Homelessness in Knoxville/Knox County: 2013-2014.” Since 1986, the Knoxville-Knox County Homeless Coalition (KKCHC) has conducted a biennial survey and enumeration of individuals experiencing homelessness in Knoxville. In 2004, the director of the study, Dr. Roger Nooe, partnered with Dr. David Patterson of the UT College of Social Work to implement the Knoxville Homeless Management Information System (KnoxHMIS), a secure online database to connect service providers and generate community-wide statistics about homelessness in real-time. Each year since its inception, KnoxHMIS has generated an annual report detailing the characteristics of individuals experiencing homelessness, services provided, and housing outcomes.
The Coalition study focuses on longitudinal data from KnoxHMIS that is presented to demonstrate the scope of homelessness in our community. In an effort to provide a single, authoritative source of information on homelessness for our community, data from KnoxHMIS and the 2014 Biennial Knoxville-Knox County Homeless Coalition Study are presented jointly.

In 2013, there was a 3% decrease in the individuals new to homelessness in Knoxville. Conversely, the number of individuals receiving services to prevent homelessness rose from 332 to 1106; however, a portion of this increase may be due to improved data capture and quality.

A total of 9,806 individuals accessed homeless services from KnoxHMIS partner agencies in 2013. This figure represents an 11% increase from 2012 (8,857). Thirty-two percent of active clients (3,140) were either “housed and at risk of homelessness” or “stably housed” and receiving services. Chronically homeless individuals represented 20% of all active clients. On average, 1,989 active clients sought services each month from KnoxHMIS partner agencies. The study found the following characteristics among clients:

- 40% were female
- 31% were reported to have a disability
- 50% of those indicating a disability reported experiencing mental health problems
- 26% of men reported primary reason for homelessness as “loss of job”
- 15% of women reported primary reason for homelessness as “domestic violence victim”
- 16% were children
- 11% were veterans
- 7% were female single parents
- 8% were street homeless
- 7% were seniors
- 79% had zip code of last permanent address captured
- 68% had last permanent address in Knoxville/Knox County
- 77% last permanent address in Knox or a surrounding county

Conclusion

The demographic information clearly shows that in Knox County, Tennessee, people struggle to meet their basic needs. Over 54,000 of our neighbors including many children struggle for food, shelter and safety. They do not have the educational background or workplace skills to be competitive to secure income to provide for their own and the needs of their families.
Resources

7. & 8. Service Delivery, Facilities & Programs

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

<table>
<thead>
<tr>
<th>Quadrant</th>
<th>Neighborhood Center Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>4019 Asheville Highway</td>
</tr>
<tr>
<td>South</td>
<td>522 Old Maryville Pike</td>
</tr>
<tr>
<td>West</td>
<td>2247 Western Avenue</td>
</tr>
</tbody>
</table>

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, CAC Housing and Energy Services, AmeriCorps, Homeward Bound, Knox County CAC Transit, the Office of Community Services, and Central Office administration. In addition to CAC services, the building houses the Murphy Branch of the Knox County Library. 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 Service 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. Services are provided to any eligible individual or family who needs and desires to make use of the available service.

If a particular caseload or program 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.

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 serves as the Administrative Entity for the Knox County WIA Program.
- 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 providers of homeless services through participation and leadership in the Knoxville-Knox County Homeless Coalition. 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. The CAC executive director serves on the Mayor’s Roundtable on Homelessness.
- CAC continues its Elderly Linkage partnership with Samaritan Place to provide case management for seniors (55+ and up) to move seniors who are homeless from shelters into permanent housing.
- CAC will continue a partnership with KCDC (public housing provider) to provide case management to public housing residents at risk of eviction and homelessness.
- 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 partners with Knoxville Utilities Board (KUB) to raise funds and administer Project HELP, providing locally-funded utility assistance.
- 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.

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*.

Private funders and businesses have paid contributed to the development of the CAC East Center Tutoring and Mentoring Program, a reading and math intervention program that works with 2nd – 8th graders who have learning disabilities. 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, including home rehabilitation and repair and a major lead abatement initiative.

Effective linkages with the City of Knoxville, Knox County, and the Transportation Planning Organization (TPO) resulted in CAC Knox County Transit being designated as a public transit provider in the Knoxville Urbanized Area with a significant increase in transit funding.


CAC believes in the importance of receiving feedback from all stakeholders regarding our services. To this end, we surveyed our tripartite board made up of business and non-profit leaders, government officials, and importantly, recipients of our services and people who live in the neighborhoods that CAC serves. The results of their input regarding gaps in services and priority needs are described below:

**Overview of CAC Board Member Survey Results**

Board members were asked to indicate the need for services in the low-income community by ranking by importance a list of 10 CSBG services currently provided by CAC. There was significant variation in the way these services were ranked ordered by the respondents. For many services, several board members ranked a service as a high priority while others ranked the same services as a low priority. However, a significant pattern in the data emerged showing a unified opinion from significant portion of the board about the importance of providing services to assist low-income members of the community in becoming more self-sufficient. The need for employment services was the strongest theme to emerge from this section of the survey. The need for employment services was ranked by all but two respondents as either a high or mid-range priority.

Board members are consistent in their assessment of what services they feel are necessary to address individual and community needs and problems. Getting and keeping a job and helping people become more self-sufficient through education by increasing literacy, getting a GED, obtaining job training or post secondary education were ranked at the top by the Board. This reflects board members’ understanding of recent economic conditions of our community with high unemployment and underemployment.
They know all too well the strong link between the level of education as it relates to the ability to secure employment and especially, employment at a living wage.

When asked to rank high priority services, the board members indicated their high level of concern for our seniors and the personal and community benefit when seniors are able to live independently in their homes for as long as possible. Transportation services and a constellation of other services offered at the CAC make it possible for many seniors to maintain their independence at home.

The Board also marked assisting the working poor a priority, emphasizing the value we hold for people who are working full time or more yet not earning enough to provide a basic living for their family. CAC values supporting those who support themselves and who intrinsically hold the value of work as evidenced by their consistent work ethic and determination. Lastly, board members selected helping families in crisis by providing support to Emergency Food Helpers program that provides administrative support to the network of food pantries in the Knoxville community.

When asked what CAC should keep doing, the Board responded that the agency staff should continue to serve the disenfranchised, underserved, homeless, low-income families and other vulnerable persons; conduct the quality programs through the Office on Aging and Head Start; provide Mobile Meals; provide services that help people become and stay self-sufficient and provide emergency services.

<table>
<thead>
<tr>
<th>Number of Board Members who Ranked Service as High Priority (Rated as 1, 2, or 3) (n=16)</th>
<th>Description of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Helping people access needed services such as medical, mental health and other treatments, social services, grocery shopping and other needed service through transportation.</td>
</tr>
<tr>
<td>6</td>
<td>Helping people become more self-sufficient through education by increasing literacy, getting a GED, obtaining job training or post secondary education.</td>
</tr>
<tr>
<td>6</td>
<td>Helping people become more self-sufficient by getting and keeping a job.</td>
</tr>
<tr>
<td>6</td>
<td>Helping elderly people to live independently in their homes and prevent the high cost of institutionalization.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Board Members who Ranked Service as Mid-Range Priority (Rated as 4, 5, 6) (n=16)</th>
<th>Description of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Helping people become more self-sufficient by getting and keeping a job.</td>
</tr>
<tr>
<td>8</td>
<td>Helping the working poor people qualify for and get better paying jobs.</td>
</tr>
<tr>
<td>7</td>
<td>Insuring access to emergency food pantries by providing staff support to Emergency Food Helpers.</td>
</tr>
</tbody>
</table>
CAC Client Surveys

A sample of CAC clients representing many of our working poor neighbors were surveyed in May 2014. These clients are from households range from 100% to 200% of current poverty guidelines. From a specific list of needs/problems, clients were asked to check those problems that applied to them or any member of their family. Respondents were also asked to give their opinions about problems in their neighborhood and community. Again using a specific list, respondents were asked to check the five most serious problems in their community or neighborhood. Each CSBG funded component was asked to distribute 20-25 surveys. The survey results are displayed in the following two tables and subsequent discussion:

Client Survey: Household Problems

<table>
<thead>
<tr>
<th>Rank</th>
<th>Needs/Problems</th>
<th>Number Identifying Problem (n=145)</th>
<th>Percent Identifying Problem (n=145)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tied for 1</td>
<td>Health Problems</td>
<td>71</td>
<td>49</td>
</tr>
<tr>
<td>Tied for 1</td>
<td>Can’t pay utility bill</td>
<td>71</td>
<td>49</td>
</tr>
<tr>
<td>3</td>
<td>Transportation</td>
<td>67</td>
<td>46</td>
</tr>
<tr>
<td>4</td>
<td>Finding a job</td>
<td>59</td>
<td>41</td>
</tr>
<tr>
<td>5</td>
<td>Money for rent or house payment</td>
<td>53</td>
<td>37</td>
</tr>
<tr>
<td>6</td>
<td>Money for food</td>
<td>46</td>
<td>32</td>
</tr>
<tr>
<td>7</td>
<td>House needs repair</td>
<td>43</td>
<td>30</td>
</tr>
</tbody>
</table>

In 2014, the top five needs identified by clients for themselves and their families were: health problems, the inability to pay their utility bills, transportation, finding a job, and the lack of money for rent or mortgage payments. Other needs identified by more than 25 percent of those who completed the surveys were the need for money to buy food, and the need for house repairs. This pattern of responses is consistent with those found in the analysis of client surveys distributed in 2012 and 2013 with the only differences being each problem’s relative placement in the order of importance.

This constellation of economic issues revolves around the need for fair-wage jobs and education attainment which will lead to self-sufficiency. Affordable housing continues to be a challenge in our area for low-to-moderate income families as our housing stock ages and there are limited choices of affordable and energy efficient homes. Those individuals with less education and less income often are the same people who do not have health insurance; therefore, when a medical crisis happens it is often very costly, depleting any financial reserve. Lack of affordable healthcare is a national problem and locally we have a few clinics that specifically target this need, but the need far outweighs the resources available to meet it. With the implementation of affordable health care, this issue may see a changed priority in the future.
Client Survey: Neighborhood and Community Problems

<table>
<thead>
<tr>
<th>Rank</th>
<th>Needs/Problems</th>
<th>Number Identifying Problem (n=145)</th>
<th>Percent Identifying Problem (n=145)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Crime</td>
<td>76</td>
<td>52</td>
</tr>
<tr>
<td>2</td>
<td>Unemployment</td>
<td>61</td>
<td>42</td>
</tr>
<tr>
<td>3</td>
<td>Lack of good paying jobs</td>
<td>60</td>
<td>41</td>
</tr>
<tr>
<td>Tied for 4</td>
<td>Lack of affordable housing</td>
<td>53</td>
<td>37</td>
</tr>
<tr>
<td>Tied for 4</td>
<td>Drug abuse</td>
<td>53</td>
<td>37</td>
</tr>
<tr>
<td>Tied for 4</td>
<td>Homelessness</td>
<td>53</td>
<td>37</td>
</tr>
<tr>
<td>7</td>
<td>Lack of job training</td>
<td>41</td>
<td>28</td>
</tr>
<tr>
<td>8</td>
<td>Inadequate transportation</td>
<td>39</td>
<td>27</td>
</tr>
<tr>
<td>9</td>
<td>Lack of programs to help the elderly</td>
<td>36</td>
<td>25</td>
</tr>
</tbody>
</table>

Over half of the respondents identified crime as the number one problem in their neighborhood or community followed by unemployment, and lack of affordable housing. Thirty-seven percent of respondents noted that the lack of affordable housing, drug abuse, and homelessness were noted as significant problems in their neighborhoods. Lack of job training, inadequate transportation, and lack of programs to help the elderly were also identified by at least 25 percent of the clients who completed a survey. The majority of the community problems identified by at least 25% of the respondents in 2014 were also identified by at least that proportion of respondents in 2013. However, the relative position in the list by order of importance changed. Two community needs were noted as less important in 2014 when compared to 2013: inadequate transportation and inadequate health care.

Many of the issues identified as problems in the neighborhoods and the community, reflect the family needs expressed by the clients surveyed. The availability of good-paying jobs, job training, and transportation in the community are related to unemployment. This lack of affordable housing often relates to high utility bills from homes that are not well insulated and in need of weatherization. Numbers in our HMIS database, which tracks homeless individuals and families in our area, indicate that more people are losing their homes and more seniors and women with children are at-risk of becoming homeless. Increased availability of affordable and energy-efficient housing as well as good jobs will contribute to a more self-sufficient community.
Community Surveys

Plan East Tennessee (PlanET), a collaboration of local governments, private and non-profit organizations, and individuals from a five-county region in East Tennessee, is an example of how local officials and stakeholders are engaging in discussions in 5 areas: (1) Economic and Workforce Development, (2) Environment, (3) Healthy Communities, (4) Housing & Neighborhoods, (5) Transportation and Infrastructure. The goal of the plan is to develop a regional plan that will improve the quality of life in the region and in each county. Round 1 data was gathered through “Meeting in a Box” sessions with stakeholders from diverse backgrounds across our region. Data was gathered through cell phone and landline telephone surveys from August 15, 2012 to October 9, 2012 from 400 residents from each county for a total of 2,000 surveys completed.

78.5% of residents surveyed in the East Tennessee region rated the quality of life to be either good or excellent and Knox County is in that same range with 80% of residents rating quality of life as good to excellent. Lower-income people are likely under-reported in this survey despite the efforts to gain poor and working poor survey respondents. Economic development was one of the highest rated areas to improve quality of life in our area with 44.5% choosing improving education as the top priority. Next, 19.9% chose creating and expanding manufacturing jobs in the region. For the environment, Knox County respondents rated reducing air pollution as the top priority. In the Healthy Communities category, 87.9% or 9 out of 10 respondents rated reducing drug abuse as extremely important to our communities overall health.

Higher educated respondents selected access to healthcare more frequently than lower income persons demonstrating that if you have less income, you are also less likely to get quality healthcare. Younger respondents rated access to locally grown food as a much higher priority than the older respondents. Lower income respondents (52.9%) rated having community centers as important compared to only 28.6% of higher income persons. Knox County had the highest response throughout the region for increasing services for homeless persons with 53.3% choosing this as important.

While 20.5% of those surveyed overall chose increasing public transportation as a priority, it is important to note that 32.1% of those with less than a high school level of education chose this as a top priority. Public transportation is essential for many of our clients to get to work, the doctor, the grocery and other essential errands.

PlanET reports will provide additional data and direction for the development of future Community Action Plans. Although the process focuses in the wider community, the aspects of the findings that relate more directly to the needs of the lower income population and areas will be useful.
Programs and Services:


CAC is part of the joint City-County government emergency response system under the leadership of the Knoxville-Knox County Emergency Management Agency (KEMA). This organization develops plans, holds meeting, and conducts training to insure that personnel, equipment and facilities are used most efficiently in the event of a natural disaster or other emergency. CAC participates in the Knoxville LEPC (Local Emergency Planning Committee). We have distributed Free READY KIT bags that encourage citizens to put together an emergency kit. In the event of a disaster or other emergency, CAC staff and volunteers would participate in the on-going community response to insure that the needs of low-income communities and populations requiring special assistance such as the elderly are met. CAC’s fleet of vehicles and facilities located within the low-income community including the Mobile Meals Kitchen and the O’Connor Senior Center are all included in the community-wide plan.

KEMA in turn communicates and coordinates with TEMA (Tennessee Emergency Management Agency), FEMA (Federal Emergency Management Agency) and Homeland Security.

15. Vulnerable Populations: Youth

CAC addresses the needs of youth in low income communities in several ways primarily through Workforce Connections. The Youth Program offers services to youth between the ages of 14-21 to prepare them for the workforce by helping improve basic skills, gain work experience, graduate from high school, obtain post-secondary education, and secure employment. Last year, in-school youth earned more than $22,000 in incentive payments for improved grades, passing Gateway exams, graduation, and follow-up; 23 of 25 seniors participating in the program successfully graduated from high school; and 92% of the graduating seniors went on to post-secondary education or employment. Participation in the summer work experience program is an incentive for participating successfully in year-round activities. Last summer, 42 in-school youth and 4 out of school youth had the opportunity to gain exposure to the working world at 24 work sites. Youth work an average of 25 hours a week at minimum wage for approximately 10 weeks in the summer. Youth can earn more than $1,800 through regular participation.

CAC addresses the nutritional needs of children and youth through the Summer Child Nutrition Program (SCNP). Children who depend on reduced and free school lunch programs are often at risk of hunger during the Summer months when there is little or no increased access to food. Last year, the CAC SCNP provided snacks and meals to 2,472 children and youth per day at 82 sites in Knoxville and Knox County. In an effort to expand the program, 9 days were added to the schedule, providing 25,462 additional snacks and meals; 9 new food sites were opened serving 14,310 additional lunches; 2 new mobile sites were added serving 1,484 additional lunches; 2 new evening meal sites were sponsored by a group of churches serving 1,500 suppers and a new food service site was sponsored by 5 churches who volunteered to serve 1,590 lunches to hungry children.
The CAC East Tutoring and Monitoring Program is a reading and math intervention program that uses professionally trained teachers and community volunteers to teach low-income elementary and middle school children with the skills to read and do basic math. Twelve (12) children who struggle to read and/or are challenged in math participate weekly sessions that provide tutoring, homework support, monitoring, and an evening meal. The program operates during the school year. Students and families have the opportunity to participate in two summer enrichment activities.

16. Vulnerable Populations: Seniors

The CAC Office on Aging offers a comprehensive range of services for the elderly. It has a major responsibility in Knoxville and Knox County of planning for services for senior citizens; assessing the needs of older citizens and developing resources to meet those needs; coordinating services for the elderly to minimize duplication and avoid overlap; providing information about services and programs to older citizens and their families and connecting them to those services.

In addition, CAC Office on Aging provides direct services including case management services through Project LIVE, Senior Nutrition services including Mobile Meals, The O’Connor Senior Center, including adult day care through the Daily Living Center, Affordable Medicine Options for Seniors, Senior Citizens Information and Referral Service, Grandparents as Parents and the One Call Club. A full range of volunteer and employment options are offered including Foster Grandparents, Senior Companions, the Retired and Senior Volunteer Program (RSVP), the Senior Employment Program and Senior Community Service Employment Program. The Gift of Sight, Hearing, and Dentures helps low-income seniors obtain eye glasses, hearing aids, and dentures on a sliding scale; Knox PAWS, which stands for Placing Animals With Seniors, helps with the cost of adopting and caring for a pet.

Knox County CAC Transit provides access to community resources and services. Medical trips including rides to dialysis, cancer and post-stroke therapy; other medical, dental and mental health appointments, as well as essential errands such as rides to the food stamp office, grocery store and pharmacy are provided. Knox County CAC Transit also provides rides to and from Senior Nutrition dining sites and delivers meals to homebound elderly. Last year, CAC received one-time funding from Knox County to provide free bus passes to low-income seniors who use the Knox Area Transit fixed-route bus service.

Volunteer Assisted Transportation (VAT) is a unique transportation option developed by CAC to meet the needs of seniors and people with disabilities who need door-through-door services to travel safely. Trained volunteers drive agency vehicles and accompany riders to medical and other appointments. Last year, there were 1,001 riders enrolled in the program; 60% of the program’s riders are more than 75 years of age. VAT has 50 trained volunteer drivers and operates a fleet of 8 hybrid sedans and 7 wheelchair accessible minivans.
Other CAC programs provide essential services to the elderly including utility assistance through LIHEAP; emergency services through the CAC Neighborhood Centers; Weatherization, home repair, and lead abatement services through Housing and Energy Services and homeless prevention and re-housing services through Homeward Bound. In addition, CAC operates the Homeless Prevention Case Management Project. This program provides on-site case management services to seniors and people with disabilities who live in 4 public housing facilities that have experienced high eviction rates. Case managers work with residents who are at risk of eviction to resolve problems so the resident is able to remain in stable, affordable housing. The program has operated successfully for 6 years with no evictions to the streets although some residents have been moved to other housing options.

17. Innovative Programs

CSBG funds support the Green Thumb Program which is part of CAC’s Urban Agriculture Program. Last year, Green Thumb provided 190 garden plots in 20 community garden sites in Knoxville and Knox County. Local funds are used to purchase seeds and plants for distribution of low income gardeners. Each garden plot can provide $350-$650 worth of food for each household throughout the growing season.

The Homeless Prevention Case Management Project described above does not use CSBG funding. It is, however, based on the successful case management model developed and used by Project LIVE which has been CSBG funded for many years (Linkages; Elderly Services).

CSBG funds support the Project LIVE case managers. Project LIVE has developed an innovative relationship with Samaritan Place, a shelter for the elderly operated by Catholic Charities. Project LIVE provides case management to move seniors who are homeless from the shelter into permanent housing thereby providing stable housing for the senior and freeing up an opportunity at Samaritan Place for another senior in need of emergency placement.

CSBG funds support the case management services that are offered to Knox PAWS clients. Knox PAWS, which stands for Placing Animals With Seniors, matches low income seniors with adoptable pets. Seniors must be low income, 60 years of age or older, and live in a pet-friendly environment. If the participant cannot afford pet food, it is provide through Feed-A-Pet, an innovative partnership between the UT College of Veterinary Medicine and Project LIVE.

Two CAC employees have successfully completed Family Development Specialist training and have received their certifications. It is our intent to increase the focus of CSBG funds on family development goals in subsequent program years and to use the models that we have previously developed, in part, using CSBG funds as the basis for developing this aspect of the program. The innovation aspect will be the application of the model to populations that we are not currently serving in this way.
Plan:

18. Plan to address priority needs, reduction in duplication of services and gaps in services

The needs assessment information in this document clearly supports the continuation of a CSBG plan based on all six ROMA goals (Results Oriented Management and Accountability and the National Performance Indicators (NPI) including the following specific CSBG services (not in ranking order):

1. Employment Services
2. Emergency Services
3. Self Sufficiency/Case Management
4. Education Services
5. Elderly Services (Linkages)
6. Nutrition Services (Community Gardens)

Transportation which was previously included in the CSBG funded service mix under Linkages, is not included this year as the agency has been designated to receive significant funding from FTA (Federal Transit Administration) as a provider of urbanized area public funding.

Education Services is being added to the CSBG service mix to supplement the contributions of funding, time, and materials which are contributed by community volunteers in support of the CAC East Tutoring and Mentoring Program.

Self Sufficiency/Case Management is being added to the CSBG service mix. The needs assessment, including the board and clients surveys, identified a range of economic issues related to the need for more income, better paying jobs, and a level of educational attainment that will lead to self-sufficiency. Although Income Management is not included as a separate program, we plan to include financial literacy and empowerment through the other family development and case management services. Agency staff are participating the Financial Empowerment Learning Cluster being sponsored by the National Community Action Partnership. Our goal is to identify a model program and best practices around which to build this initiative.

Gaps in services will be dealt with by developing linkages within the agency and with other public and private entities in the community. These linkages are more fully described in the narratives for each of the CSBG services to be provided. They 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 providers of homeless services through participation and leadership in the Knoxville – Knox County Homeless Coalition. 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.

• CAC continues its Elderly Linkage partnership with Samaritan Place to provide case management for seniors (age 55+) to move seniors who are homeless from shelters into permanent housing.

• CAC will continue a partnership with Knoxville Community Development Corporation (KCDC), a public housing provider, to provide case management to public housing residents at-risk of eviction and homelessness.

• 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 partners with Knoxville Utilities Board (KUB) to raise funds and administer Project Help, providing locally-funded utility assistance.

• 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.

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