

# **GOODWILL INDUSTRIES OF NORTHERN NEW ENGLAND**

## *SERVICE PROVIDERS SURVEY: RESULTS AND ANALYSIS*

PREPARED BY THE CENTER FOR RURAL STUDIES  
THE UNIVERSITY OF VERMONT



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## INTRODUCTION

This report has been prepared by the Center for Rural Studies (CRS) at the University of Vermont for Goodwill Industries of Northern New England (GINNE) as part of a multi-faceted research effort investigating the implementation of an integrated business model across its three state service region.

In order to gain a better understanding of the existing state of service provision within Northern New England, CRS developed and conducted a survey of service providers located within Maine, New Hampshire, and Vermont. The survey asked representatives of the service provider organizations to identify the populations they serve, the services they provide, challenges with service provision in their area, potential gaps in populations served and services available, and the organizations' experiences with collaboration. Respondents were also asked to indicate their organization's level of interest in collaboration with GINNE. Demographic information was also collected, including the organization's primary location, service shed, number of employees, and average distance traveled to access their location by their employees and clients.

## SERVICE PROVISION

Recognizing that there may be significant overlap, please select all of the following services that your organization currently provides.

n = 201

	Frequency	Percent
Family Support Services	78	38.8
Food Assistance Services (Such as: Food Shelves or Food Deliveries)	60	29.9
Transportation Services	59	29.4
Social Development and Enrichment Services	54	26.9
Mental Health Services	45	22.4
Disability Support Services	45	22.4
Temporary Housing/Shelter Services	44	21.9
Workforce Services (Such as: job training or on-the-job support programs)	44	21.9
Independent/Assisted Living Services	43	21.4
Holistic Case Management Services	34	16.9
Financial Literacy Services	32	15.9
Physical Health Services	26	12.9
Criminal Justice/Legal Services	26	12.9
Educational Services (Such as: ESL or GED programs)	25	12.4
Substance Abuse Services	25	12.4
Domestic Violence/Sexual Assault Services	23	11.4
Child Care Services	21	10.4
Disaster Relief Services	8	4.0
Other Services	68	33.8

Many organizations reported providing multiple services. Over a quarter of respondents provide family support services, food assistance services, transportation services, or social development and enrichment services.

### “Other” Services

	Frequency
Housing (Such as: rent and heat assistance or weatherization)	14
Elder Services and/or Residential Care	13
Healthcare-related Services (Such as: medical equipment loans or assistance with enrolling in health insurance)	8
Youth Services (Such as: Head Start, Big Brothers Big Sisters mentoring)	8
Referral Services	4
Community Building Programs (Such as: community training or community empowerment)	3
Therapeutic Riding	2
Religious-based Services	2
Business Training / Support Services	2
Support Group	2

“Other services” included housing assistance and elder services and/or residential care for example. Responses are summarized above, with complete text available in the Appendix.

Recognizing that there may be significant overlap, please select from the following populations, any that your organization specifically directs services to.

n = 201

	Frequency	Percent
Low-income population	95	47.3
Elder population	86	42.8
Youth population	65	32.3
Those with physical disabilities	64	31.8
Anyone that comes to us for assistance (There is no specific population focus)	66	32.8
Veteran population	59	29.4
Those who are homeless or at-risk of being homeless	52	25.9
Those with independent living difficulties	50	24.9
Those with substance abuse issues	38	18.9
Those seeking mental health services	37	18.4
Other Populations	68	33.8

Again, many organizations indicated that they worked with a number of different populations. Nearly half reported directing services toward a low-income population, and over one-third reported working with the elderly or youth (with nearly one-third working with individuals with physical disabilities or the general population).

#### “Other” Populations

	Frequency
Parents and Youth	13
Individuals with Physical / Developmental Disabilities (unspecified)	11
Individuals transitioning from incarceration	7
Victims of abuse (including sexual or domestic abuse)	5
Individuals with health conditions (including Alzheimer’s, HIV, or cancer)	5
Immigrants / New Americans (including migrant workers)	3
Location-specific population (ie residents of a particular county)	3
Women	3
Other	13

Sixty-eight organizations reported working with “Other Populations,” Their responses are summarized above and provided in full in the Appendix.

**Please select the way(s) in which your organization provides services.**

n = 201

	Frequency	Percent
At multiple offices or facilities (Clients may travel to multiple locations to access services)	88	43.8
At a single office or facility location (Clients travel to one location to access services)	86	42.8
Home-based (We bring services to clients' locations)	82	40.8
Online (Clients access services on their own using the internet)	23	11.4
Other Ways	33	16.4

The methods for service provision were relatively evenly distributed across three of the options provided, with only one-tenth of organizations providing services online.

Thirty-two organizations provided further information on the “Other Ways” they provide services to their clients. Nine reported providing services at community / school-based locations; seven reported using Skype or the telephone to provide services, and five reported using residential or transitional housing locations. Ten other methods were also reported.

**Do you market your services to the community / region / client base?**

n = 173

	Frequency	Percent
Yes	158	78.6
No	15	7.5

Nearly eighty percent of respondents reported actively marketing their services.

**Please briefly describe any challenges your organization may face when providing services.**

n = 149

	Frequency	Percent
Financial (Such as: funding shortages or the cost of services)	77	51.7
Staffing (including volunteers)	34	22.8
Transportation	27	18.1
Resources	19	12.6
Problems with clients	15	10.1
Outreach	13	8.7
Lack of job opportunities	4	2.7
Other	6	4.0

Responses to this open-response question were very detailed and emphatic. The majority of responses specifically mentioned financial challenges for their organization and their operations, and funding or financial issues were also related to a number of other challenges reported. (See Appendix for full responses text.)

## UNMET SERVICES AND CLIENTS

Please select any services or resources that you feel are not being adequately provided in your service area.

n = 201

	Frequency	Percent
Transportation Services	120	63.2
Temporary Housing/Shelter Services	91	47.9
Mental Health Services	72	37.9
Substance Abuse Services	66	34.7
Workforce Services (Such as: job training or on-the-job support programs)	44	23.2
Independent/Assisted Living Services	43	22.6
Child Care Services	40	21.1
Family Support Services	39	20.5
Food Assistance Services (Such as: Food Shelves or Food Deliveries)	32	16.8
Financial Literacy Services	30	15.8
Social Development and Enrichment Services	25	13.2
Criminal Justice/Legal Services	24	12.6
Domestic Violence/Sexual Assault Services	21	11.1
Physical Health Services	18	9.5
Holistic Case Management Services	18	9.5
Disability Support Services	18	9.5
Educational Services (Such as: ESL or GED programs)	13	6.8
All services/resources are adequately provided at this time	12	6.3
Disaster Relief Services	5	2.6
Other Services	21	11.1

Over 60 percent of respondents feel that transportation services and infrastructure is lacking or inadequate in their service areas, which has a detrimental effect on service provision (as seen above, in describing the challenges of providing services for their organization, and below, in describing why their areas may be lacking services). Over two-thirds of respondents also reported their areas are lacking temporary housing / shelter services, mental health services, and substance abuse services. Only six percent of respondents answered that the needs of their service areas are being met currently.

Sixteen respondents who selected “Other Services” provided further information. Responses varied widely from oral health services to supervised visitation and exchanges of children with families in the court system. One respondent reports that services exist in their community, but individuals may not be able to afford or access them. Full responses are provided in the Appendix.



Please describe the reason(s) why services are not adequately provided.

n = 117

	Frequency	Percent
Funding / Resource Shortages	39	33.3
Transportation	36	30.8
Rural Population	21	17.9
Need for housing	19	16.2
Not enough mental health services / wait list is too long to access mental health services	15	12.8
Not enough services for addiction problems	10	8.5
Need for collaboration between service providers	7	6.0
High cost of healthcare challenging for clients	3	2.6
No assistance for food shelves	2	1.7
Other	8	6.8

Responses to this open-ended question were similar to responses describing the challenges facing respondents' organizations, with funding shortages, resource shortages, and transportation again ranking high as barriers to service provision. Of particular note in these responses was the frequent overlap between transportation issues and difficulties serving a rural population. Multiple respondents also mentioned the need for greater collaboration between service providers, with one respondent recommending that Goodwill partner with local nonprofits to increase awareness of programs available to the community as well as increase funding for the nonprofits. (See Appendix for full responses.)

Are there any specific populations that are currently unserved or underserved in your service area?

n = 190

	Frequency	Percent
Those who are homeless or at-risk of being homeless	83	43.7
Those seeking mental health services	78	41.1
Low-income population	70	36.8
Those with substance abuse issues	65	34.2
Elder population	40	21.1
Youth population	40	21.1
Those with independent living difficulties	36	18.9
Veteran population	29	15.3
Those with physical disabilities	23	12.1
All specific populations are adequately served at this time	13	6.8
Other Populations	19	10.0

“Other Populations” were broadly characterized. See Appendix for full responses

Please describe the reason(s) why any populations are unserved or underserved.

n = 89

	Frequency	Percent
Individuals have trouble accessing the services	30	33.7
Lack of resources	26	29.2
Funding shortages	22	24.7
Challenges related to specific populations (Such as: youth, elders, and individuals with mental health issues)	20	22.5
References to prior	18	20.2
Lack of homeless shelters / youth centers	12	13.5
Not enough collaboration between agencies	3	3.4
Lack of affordable housing	2	2.2

Responses to this question were similar to other barrier-related questions, with access to services, resources, and funding ranking highest. A number of respondents (20.2%) saw this overlap with prior questions, and referred to the responses they had previously given (With many simply stating “See Above”).

Twenty of the respondents reported on challenges faced when providing services to specific populations, such as youth (6 responses), elders (4 responses), individuals with mental health issues (3), individuals transitioning from incarceration (2), and veterans (2). The responses related to a lack of affordable housing also referenced a lack of homeless shelters.

Three responses again reported that collaboration between service providers was inadequate.

## COLLABORATION

Please select the statement(s) that describe ways your organization may have shared resources with other organizations.

n = 179

	Frequency	Percent
Our organization has shared information or ideas	169	94.4
Our organization has shared responsibilities in program development or implementation	112	62.6
Our organization has shared physical resources (office space or other tangible infrastructure)	106	59.2
Our organization has shared human resources (staff time)	94	52.5
Our organization has mentored other organizations	90	50.3
Our organization has shared budget resources (cash)	61	34.1
Our organization has been mentored by other organizations	58	32.4
Our organization has not shared resources with another organization	3	1.7

Only three respondents reported having not shared resources with another organization.

**Are there any specific reasons why your organization has never collaborated with others to provide services?**

n = 3

- The area food shelves each have a defined geography.
- We are a cancer center that provides care to people with cancer. Our oncology social workers' network with other community social workers, as well as other oncology social workers throughout the state to share information and resources, etc.
- Our organization doesn't typically collaborate with other organization because we cater to a specific demographic.

**Please describe any benefits your organization may have experienced when collaborating with other organizations.**

n = 128

	Frequency	Percent
Increased / Improved provision of services	61	47.7%
Sharing Finances and/or other resources	47	36.7%
Learning from each other	41	32.0%
Other	12	9.4%

Nearly half of respondents to this open-response question stated that collaboration with other organizations allowed them to increase or improve their provision of services to their clients. Over a third reported collaboration allowed them to share resources or financial supports, and nearly a third enjoyed sharing best practices and other forms of knowledge.

Of the 12 “Other” responses to this open-ended question, half were simple statements of their belief in the positive results of collaboration, with one simply stating “Lots!” For full responses, see the Appendix.

**Please describe any challenges your organization may have experienced when collaborating with other organizations.**

n = 87

	Frequency	Percent
Lack of interest or commitment by other organizations	29	33.3
Time commitments and difficulties with meetings	22	25.3
Competition	20	23.0
Challenges with other organizations' bureaucracy and/or operations	8	9.2
Other	3	3.4

One third of respondents stated that other organizations were not interested in collaborating or had troubles committing to collaboration. Within this group, 8 reported lack of interest by other organizations, and 6 stated that challenges with communication were a barrier.

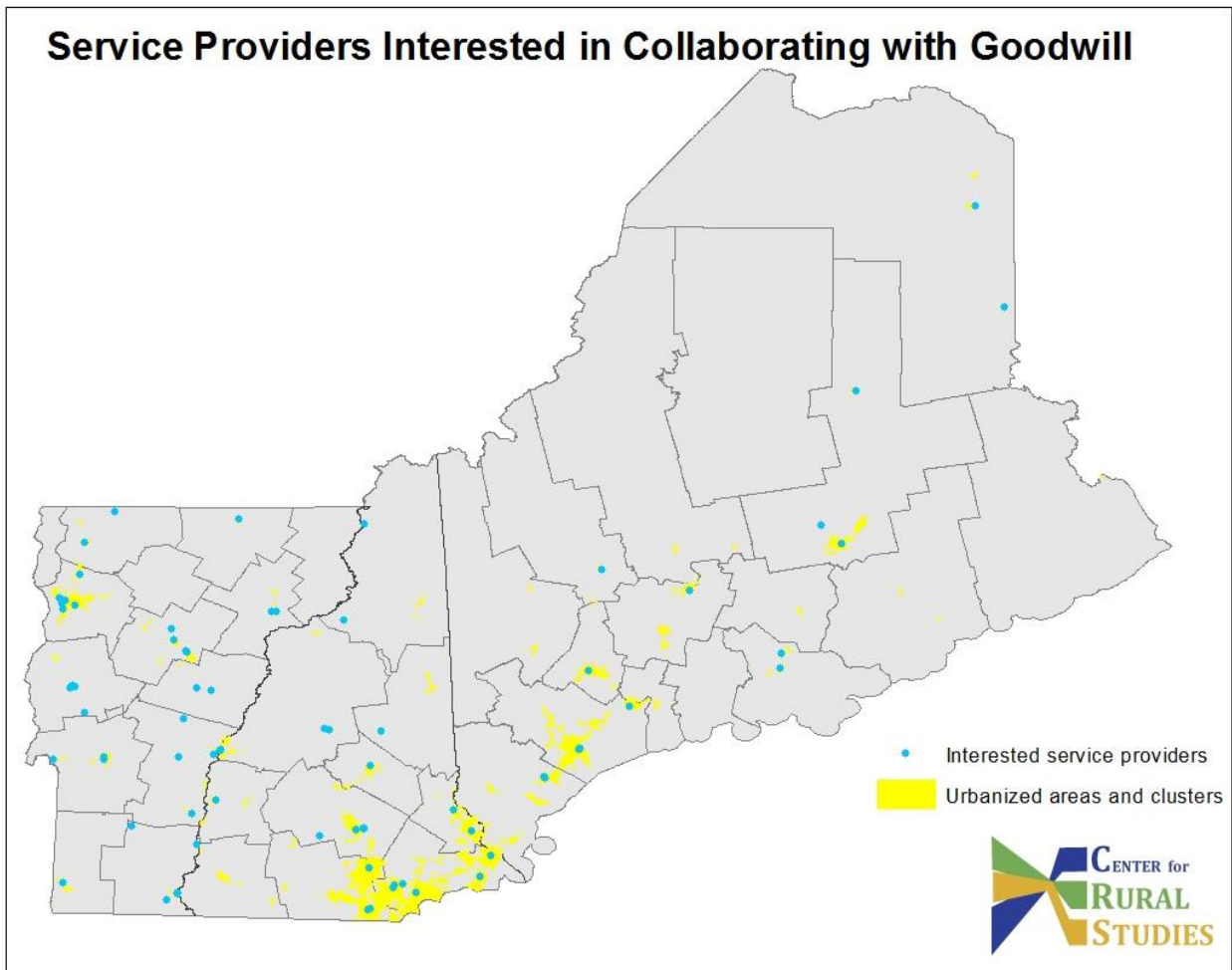
Over a quarter of respondents stated that their busy schedules made it difficult to find the time and resources to commit to collaboration. Twenty respondents reported that attempts to collaborate were often viewed by other organizations as potential competition. The three “Other” responses are available in the Appendix.

**How interested would your organization be in exploring the development of some level of working relationship with Goodwill of Northern New England?**

n = 164

	Frequency	Percent
Very Uninterested	10	6.1
Somewhat Uninterested	8	4.9
Neutral	45	27.4
Somewhat Interested	52	31.7
Very Interested	49	29.9

Nearly two thirds of respondents (61.6%) stated that they were either somewhat or very interested in exploring collaboration with Goodwill of Northern New England.



A database with interested service provider contact and organizational information is provided in an additional excel document.

**Is there a specific reason why your organization is not interested in exploring a working relationship with Goodwill of Northern New England?**

n = 6

Of respondents who reported that they were very or somewhat uninterested in developing a working relationship with Goodwill:

- We are already trying to juggle too much. Would not want to see even more fragmentation of providers by introducing another player.
- Very concerned about the disparity of how workers with disabilities are paid at Goodwill.
- Many of those we serve shop at Goodwill
- I don't know how we would collaborate. Not a natural fit.
- We already have a supportive relationship with local food pantries and banks, overstock food distribution from stores and used clothing supplies. We do often seek grants from Foundations, if that were part of your services, we would be interested.
- Available time to work on it.

**DEMOGRAPHICS**

The following demographic information was collected in order to assist Goodwill of Northern New England in their understanding of the service-provider landscape across Maine, New Hampshire and Vermont.

**How many distinct clients did your organization serve (including all programs) in the past year or annual reporting period?**

Average	Max	Min	Total
6,471	445,000	7	860,598

**Approximately how many full-time equivalent, paid staff positions does your organization currently have?**

Average	Max	Min	Total
47.1	950	0	6689

**Approximately how many full-time equivalent, volunteer positions does your organization currently have?**

Average	Max	Min	Total
96.3	5029	0	13,292

**What is the approximate average distance your clients travel to obtain services at your site(s)?**

Average	Max	Min	Total
11.6	75	0	1414.5

**What is the approximate average distance your staff travel to provide services to your clients?**

Average	Max	Min	Total
29.9	600	0	1884

**What State is your organization located in?**

n = 136

	Frequency	Percent
Maine	25	18.4
New Hampshire	36	26.5
Vermont	75	55.1

**Please select the appropriate option for the state(s) in which your organization provides services.**

	Serve specific areas within this State	Serve this entire State	Do not serve this State
Maine (n = 97)	28.9	6.2	64.9
New Hampshire (n = 101)	39.6	12.9	47.5
Vermont (n = 118)	61.9	14.4	23.7

Please approximate the coverage rate for Maine Counties your organization provides services within.

	No service within this County	Service less than half of this County	Service more than half of this County
Androscoggin (n=15)	73.3	13.3	13.3
Aroostook (n=12)	83.3	8.3	8.3
Cumberland (n=16)	56.3	31.3	12.5
Franklin (n=12)	83.3	8.3	8.3
Hancock (n=14)	78.6	0.0	21.4
Kennebec (n=13)	69.2	23.1	7.7
Knox (n=13)	69.2	23.1	7.7
Lincoln (n=13)	69.2	0.0	30.8
Oxford (n=13)	69.2	23.1	7.7
Penobscot (n=16)	62.5	12.5	25.0
Piscataquis (n=14)	71.4	0.0	28.6
Sagadahoc (n=13)	61.5	15.4	23.1
Somerset (n=11)	90.9	0.0	9.1
Waldo (n=12)	75.0	25.0	0.0
Washington (n=13)	69.2	15.4	15.4
York (n=15)	60.0	13.3	26.7

Please approximate the coverage rate for New Hampshire Counties your organization provides services within.

	No service within this County	Service less than half of this County	Service more than half of this County
Belknap County (n=22)	81.8	13.6	4.5
Carroll County (n=20)	90.0	0.0	10.0
Cheshire County (n=22)	81.8	13.6	4.5
Coos County (n=22)	81.8	18.2	0.0
Grafton County (n=24)	41.7	29.2	29.2
Hillsborough County (n=21)	66.7	28.6	4.8
Merrimack County (n=22)	77.3	18.2	4.5
Rockingham County (n=23)	69.6	17.4	13.0
Strafford County (n=20)	90.0	5.0	5.0
Sullivan County (n=22)	50.0	36.3	13.6

Please approximate the coverage rate for Vermont Counties your organization provides services within.

	No service within this County	Service less than half of this County	Service more than half of this County
Addison County (n=42)	71.4	9.5	19.0
Bennington County (n=43)	86.0	4.7	9.3
Caledonia County (n=42)	81.0	9.5	9.5
Chittenden County (n=46)	65.2	15.2	19.6
Essex County (n=42)	78.6	14.3	7.1
Franklin County (n=42)	76.2	7.1	16.7
Grand Isle County (n=41)	78.0	4.9	17.1
Lamoille County (n=41)	70.7	12.2	17.1
Orange County (n=44)	50.0	22.7	27.3
Orleans County (n=41)	87.8	7.3	4.9
Rutland County (n=44)	68.2	20.5	11.4
Washington County (n=44)	65.9	9.1	25.0
Windham County (n=47)	66.0	8.5	25.5
Windsor County (n=50.0)	50.0	20.8	29.2

Please take a moment to provide any relevant additional comments about this study.

n = 38

	Frequency	Percent
Information on the respondent's organization	17	44.7
Indicated interest in collaboration	9	23.7
Notes on the survey instrument	7	18.4
Thanks for conducting the survey	5	13.2
Other	3	7.9

Responses to this question were generally very positive. Many respondents (44.7%) took the opportunity to provide more information on their organization. A small number (18.4%) had critiques of the survey instrument, while others expressed their happiness that Goodwill had carried out this survey. Nearly one quarter (23.7%) indicated their interest in pursuing collaboration with Goodwill. See the Appendix for full responses.



Service Providers Survey

**Goodwill Industries of Northern New England invites you to participate in a service provider organizations study.**

Goodwill Industries of Northern New England delivers quality services in areas where our expertise intersects with community need, continually striving to create the strongest, most positive impact throughout Maine, New Hampshire and northern Vermont. It is our mission to enable individual, personal stability while creating engaged, sustainable communities. Goodwill of Northern New England has contracted with the Center for Rural Studies, a nonprofit research and resource center located at the University of Vermont, to conduct this study.

Your participation is very important to helping Goodwill offer the types of services to best serve community needs. This survey should take approximately 5 minutes. Participation is voluntary, and your answers will be kept strictly confidential, unless you indicate that you would like to be contacted by Goodwill Industries of Northern New England to explore potential collaboration opportunities.

If you have any questions about this survey, please contact Michael Moser, Research Specialist at the Center for Rural Studies: [mmoser@uvm.edu](mailto:mmoser@uvm.edu) or 802-656-0864.

As a thank you for your participation in this survey, you may opt to be entered into a **drawing for one of several \$50 gift cards** to Goodwill’s retail stores.

Thank you for your participation.

**Service Provision**

Recognizing that there may be significant overlap, please select all of the following services that your organization currently provides. Please choose **all** that apply:

- Food Assistance Services (Such as: Food Shelves or Food Deliveries)
- Temporary Housing/Shelter Services
- Independent/Assisted Living Services
- Transportation Services
- Criminal Justice/Legal Services
- Physical Health Services
- Mental Health Services
- Substance Abuse Services
- Family Support Services
- Educational Services (Such as: ESL or GED programs)
- Social Development and Enrichment Services

- Disaster Relief Services
- Domestic Violence/Sexual Assault Services
- Disability Support Services
- Workforce Services (Such as: job training or on-the-job support programs)
- Child Care Services
- Financial Literacy Services
- Holistic Case Management Services
- Other:

Recognizing that there may be significant overlap, please select from the following populations, any that your organization specifically directs services to. Please choose **all** that apply:

- Anyone that comes to us for assistance (There is no specific population focus)
- Those who are homeless or at-risk of being homeless
- Those seeking mental health services
- Those with physical disabilities
- Those with independent living difficulties
- Those with substance abuse issues
- Low-income population
- Veteran population
- Youth population
- Elder population
- Other:

Please select the way(s) in which your organization provides services. Please choose **all** that apply:

- At a single office or facility location (Clients travel to one location to access services)
- At multiple offices or facilities (Clients may travel to multiple locations to access services)
- Online (Clients access services on their own using the internet)
- Home-based (We bring services to clients' locations)
- Other:

Do you market your services to the community/region/client base? Please choose **only one** of the following:

- Yes
- No

Please briefly describe any challenges your organization may face when providing services.

## Unmet Services and Clients

Please select any services or resources that you feel are not being adequately provided in your service area.

For example: Are there services or resources where current supply does not meet current demand? Please choose **all** that apply:

- Food Assistance Services (Such as: Food Shelves or Food Deliveries)
- Temporary Housing/Shelter Services
- Independent/Assisted Living Services
- Transportation Services
- Criminal Justice/Legal Services
- Physical Health Services
- Mental Health Services
- Substance Abuse Services
- Family Support Services
- Educational Services (Such as: ESL or GED programs)
- Social Development and Enrichment Services
- Disaster Relief Services
- Domestic Violence/Sexual Assault Services
- Disability Support Services
- Workforce Services (Such as: job training or on-the-job support programs)
- Child Care Services
- Financial Literacy Services
- Holistic Case Management Services
- All services/resources are adequately provided at this time
- Other:

Please describe the reason(s) why services are not adequately provided. This information will help Goodwill of Northern New England determine ways in which it can best partner to meet unmet needs.

Please select any services or resources that you feel are not being adequately provided in your service area. For example: Are there services or resources where current supply does not meet current demand?

Are there any specific populations that are currently unserved or underserved in your service area? Please choose **all** that apply:

- Those who are homeless or at-risk of being homeless
- Those with mental health disabilities
- Those with physical disabilities
- Those with independent living difficulties

- Those with substance abuse issues
- Low-income population
- Veteran population
- Youth population
- Elder population
- All specific populations are adequately served at this time
- Other:

Please describe the reason(s) why any populations are unserved or underserved. This information will help Goodwill of Northern New England determine ways in which it can best partner to meet unmet needs.

Are there any specific populations that are currently unserved or underserved in your service area?)

## Collaboration

Please select the statement(s) that describe ways your organization may have shared resources with other organizations. The direction of flow of the resources is not important. Please choose **all** that apply:

- Our organization has not shared resources with another organization
- Our organization has shared information or ideas
- Our organization has shared responsibilities in program development or implementation
- Our organization has shared physical resources (office space or other tangible infrastructure)
- Our organization has shared budget resources (cash)
- Our organization has shared human resources (staff time)
- Our organization has mentored other organizations
- Our organization has been mentored by other organizations

Are there any specific reasons why your organization has never collaborated with others to provide services?

Please describe any benefits your organization may have experienced when collaborating with other organizations.

Please describe any challenges your organization may have experienced when collaborating with other organizations.

On a scale of 1-5 with 1 being "very uninterested" and 5 being "very interested", how interested would your organization be in exploring the development of some level of working relationship with Goodwill of Northern New England?

1- Very Uninterested	2- Somewhat Uninterested	3- Neutral	4- Somewhat Interested	5- Very Interested
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Is there a specific reason why your organization is not interested in exploring a working relationship with Goodwill of Northern New England?

If you would like to be contacted by Goodwill of Northern New England to discuss developing a working relationship please provide us with your name and contact info below. Your responses will be kept confidential. Contact info provided here will only be used for this purpose.

Your name:

Your title:

Your email address:

Your phone number:

## Demographics

The following information is for research purposes, and will be kept strictly confidential, unless you indicate at the end of this survey that you would like to share your contact information with Goodwill Industries of Northern New England to explore potential collaboration opportunities. Additionally, as a thank-you for your participation, you may choose at the end of this survey to be entered into a drawing for one of several \$50 gift cards to Goodwill's retail stores (although we will need your contact information to notify you if your business was selected).

The following demographic information will assist Goodwill of Northern New England in their understanding of the service-providers landscape across Maine, New Hampshire and Vermont. Your responses will be kept confidential unless you have provided your contact information for Goodwill to contact you.

How many distinct clients did your organization serve (including all programs) in the past year or annual reporting period?

Approximately how many full-time equivalent, [paid staff](#) positions does your organization currently have? (For example: two half-time positions equate to one, full-time equivalent.)

Approximately how many full-time equivalent, [volunteer](#) positions does your organization currently have? (For example: two half-time positions equate to one, full-time equivalent.)

What is the approximate average distance your clients travel to obtain services at your site(s)?

What is the approximate average distance your staff travel to provide services to clients?

Please select the appropriate option for the state(s) in which your organization provides services.

	We serve specific areas within this State	We serve this entire State	We do not serve this State
Maine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Hampshire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vermont	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please select the approximate coverage rate for the Maine Counties that your organization provides services within.\*

	We provide no service within this County	We provide service within less than half of this County	We provide service within more than half of this County
Androscoggin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aroostook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ETC.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*\*New Hampshire and Vermont Counties were also asked according to State service areas selected above.*

What is the physical address of your organization? (If you have more than one site, please enter the information for the primary location.)

Street Address:

City:

State:

ZIP Code:

Please take a moment to provide any relevant additional comments about this study.

As a thank-you for your participation, you may opt to be entered into a drawing for one of several \$50 gift cards to Goodwill's retail stores. By providing us with your name and contact info you are opting in to the random drawing. Any information provided here will only be used for the random drawing purpose.

Your name:

Your title:

Your email address:

Your phone number:

Please feel free to contact Michael Moser at the Center for Rural Studies at [mmoser@uvm.edu](mailto:mmoser@uvm.edu) if you have any questions about this survey.

For more information about Goodwill Industries of Northern New England, visit their website at <http://www.goodwillnne.org/>

Thank you for completing this survey

## Open Responses

**Recognizing that there may be significant overlap, please select all of the following services that your organization currently provides. [Other]**

therapeutic horseback riding and equine assisted activities for those 2 to 92  
Friendly Visits, Errands, Grocery Shopping  
resource and referrals, clothing depot, Survivors of Suicide loss support group  
rent and fuel assistance  
We are a neighborhood center which offers referral to many of the services listed above.  
access to health care, etc. by giving rides  
meals on wheels, other nutrition, medicare counseling, long term care options counseling,  
information and assistance  
Volunteer Caregiving  
heating assistance, veterans services, community action agency  
prevention of suicide, substance abuse, violence, school drop-out, and teen pregnancy  
information and referrals; coalition building  
no treatment but referral/support and intervention on site  
at-home companion care, adult day services  
primary healthcare workforce  
homeless prevention and assistance  
Offender Reentry  
volunteer services, public benefit assistance  
affordable housing  
mentoring, afterschool programs  
Business counseling / support; Home Repair; Weatherization; Crisis Fuel Assistance; Tax  
Assistance; Thrift Stores  
Senior Services  
Financial assistance for securing an abortion procedure  
HIV Prevention  
medical equipment loans  
youth and community empowerment  
aging resources & congregate meals  
Restorative justice and community approach to conflict and crime  
youth development  
Home Repair & Weatherization  
elderly day care center  
Court ordered supervised visitation and exchange  
Faith & Spiritual  
biblical counseling  
therapeutic riding  
Peer support  
LGBTQ anti violence; HIV testing; Elders work; Transgender services; community organizing  
and advocacy, family programs  
Housing case management  
Harry Gregg Foundation provides small (\$200 - \$1000) grants to NH residents with disabilities  
to improve their quality of life.  
Residential  
permanent housing  
Home Health and Hospice Care



Restorative Justice and Offender Reentry Services  
Assistance in enrolling in health insurance and other assistance programs  
residential services  
Driver rehab and training  
Big Brothers Big Sisters mentoring, Head Start, Early Head Start, fuel assistance, business and home loans, Self Help homebuilding, many more  
heat and wood  
Housing rehab  
programming for children with special needs, case management  
Senior Housing  
Residential Support for Individuals with Intellectual Disabilities  
Cancer Care services  
small business development and entrepreneurial training  
Permanent affordable housing  
Adult Day Health Service  
statewide organization of youth services  
Information Referral Assistance Advocacy  
financial support to children's non-profit health services  
senior services  
Addiction Recovery Support  
communication access  
Reentry and Community Training  
volunteer services, permanent housing grants, mentoring, free taxes  
Transitional housing for families and individuals  
workforce education & support  
School to Career Programming  
Job Development

**Recognizing that there may be significant overlap, please select from the following populations, any that your organization specifically directs services to. [Other]**

Immigrant population  
chronic medical conditions  
those with legal custody of minors  
Anyone in the towns of Center Harbor, Meredith, Moultonborough, Sandwich, NH  
Abuse victims  
developmental disabilities  
Intellectual and other developmental disabilities  
parents and youth-serving organizations  
victims of domestic and sexual violence and stalking, human trafficking  
Development/Intellectual Disabilities  
US Marine Veterans  
environmentally conscious public  
Residents of Franklin County, VT  
All interested in healthcare  
felons transitioning from prison to community  
DOC Involved  
families  
pregnant women  
Goodwill Industries of Northern New England

HIV + and Hepatitis C positive or affected  
families with new babies  
victims of domestic and sexual abuse  
community  
offender population  
Refugees and Immigrants  
Anyone who lives in Bethel, Gaysville, Pittsfield and Stockbridge  
Families  
conflict resolution  
anyone  
Financial eligible population + migrant farm workers  
woman  
LGBTQ community  
families with children  
homebound clients  
Disabled Population  
transitioning from incarceration  
Uninsured and underinsured adults  
offenders & victims  
justice involved community members  
Women with children  
disaster victims  
Developmental Disabilities and Acquired Brain Disorders  
Women  
intellectual disabilities  
Families with young children  
preschoolers with special needs, 0 to 21 needing case management services  
Individuals with disabilities  
Persons with primary diagnosis of Intellectual Disabilities  
developmental disabilities  
Women  
Those effected with cancer diagnosis  
aspiring entrepreneurs  
ADults over 16 years of age in need of basic education  
federal defintion of developmental disabilities and families  
Addiction recovery support  
we serve deaf and hard of hearing community and their familes  
pregnant/parenting  
Clients of Corrections; schools  
adults and youth 16 and over with low literacy and/or who lack a high school credential  
DV/SV victims  
primary care practitioners  
general public  
Sexual abuse issues  
Intellectual disabilities  
anyone affected by Alzheimer's or dementia  
young children and families  
We cater to homeless women who are pregnant or newly parenting with an infant up to one  
year old.

medicaid clients

**Please select the way(s) in which your organization provides services. [Other]**

through Volunteers  
one office, rides provided by volunteer drivers using their own vehicles  
in the community, at multiple spaces provided by other community organizations  
Community based  
buses - public transit system in Rutland County  
Telemedicine, with units placed in homes and nurses reading results  
Senior Housing - on site  
classroom, conference, in person  
we build in the community  
Telephone/hotline  
By phone or skype  
School-based  
in schools, in community  
a transitional living facility  
outreach at other organizations  
residential housing  
phone  
a safe line and community networks across VT  
Our application is on-line  
Regional Offices  
at our 4 residential houses  
disaster shelters and bulk distribution sites  
Provide residential facilities with scheduled supports  
school/community location  
Mobile Dental health vehicle that travels to schools and community centers  
via video phone, walk in, and appts.  
financial literacy and tax services in the workplace  
by phone  
Door to Door and public routes  
24-hour hotline  
Community-based  
After school program

**Please briefly describe any challenges your organization may face when providing services.**

Financial  
Limited service hours not always convenient for working clients; frequent no-shows for appointments; client missing required paperwork/documentation  
Outreach - connecting with families who may benefit from our services  
Need for volunteer medical staff support  
Funding to increase services for various age groups and needs  
When families "graduate" there are not enough affordable housing units for them to transition to.  
Goodwill Industries of Northern New England

"We are the biggest traveling food cupboard in Maine... We serve over 300 families a week. And we have 6 food pantries at 6 different sites.

We are 100% volunteer run with no help from the state and national level.

The struggle for us is keeping our truck on the road.

The expense is very high... We averaged last year 15,000 dollars for the gas and maintenance and insurance.

We are desperately looking for sponsors to help fund this organization. Our email is Samaritan.food@gmail.com and our phone number is 207-200-4747.

Finding volunteers to assist in direct client support during lessons.

rates are very low.

the usual funding issues...job creation

Need for more volunteers to provide the services. Fundraising for our small nonprofit as we rely solely on charitable giving. Small administrative office with only 3 part-time staff.

Geographically, we are a bit strained when trying to expand our services. The immediate Portland area market is fairly saturated with agencies providing very similar services. In identifying need, we find that the more rural locations appear under-served, yet present greater cost and challenges to accommodate.

Lack of housing referrals

Finding enough volunteers to fill all the needs. There is currently a waiting list for clients.

Funding is also difficult, we have some steady sources but most grants are only interested in new programs, not sustainability.

Cost of direct service

Costly bureaucratic systems, delivery structures that may impeded collaboration. Lack of collaboration.

Like many small non-profits, seeking and attracting funding sources is our biggest challenge.

"Recruiting enough volunteer drivers to meet the area need.

Securing diverse, sustainable funding"

outreach to sparsely populated rural areas. not enough resources to adequately staff rural areas

"volunteer recruitment

Never enough resources

Lack of funding, lack of use of services (we provide them at no charge to participants) by parents who see no need to engage in preventative work with their adolescents.

Due to our location and limited funds, purchasing food from the NH Food Bank (monthly purchasing and delivery) and food items from local grocers is difficult

Lack of public transportation, insufficient staff due to funding

state/federal guidelines that may prevent some people in need from accessing services; reaching all of the people who are eligible for services; not being able to serve all those who are eligible (in some programs) due to lack of funding.

sustainable funding

"On set of managed care-- \

Community feeling we offer all services to everyone

Not able to outreach to correct market for additional services related to autism"

lack of support for homeless services and difficulty accessing mainstream resources such as mental health, substance abuse, vocational (employment) for our population. Lack of affordable housing and lack of adequate income for clients resulting in many issues including adequate food.

Being in a rural area, transportation is the biggest obstacle.

Getting word out to Marines that we offer this service.

We do not receive enough MaineCare reimbursement from the state to cover costs to operate 7 small assisted living homes. We cannot pay high enough wages; we are often working short staffed.

"Ability to provide the most comprehensive service can be effected by funding  
Language or disability accomodations can be financial hard although always necessary"  
assistance for the elderly and frail  
funding issues

Road work!

Clients with very low incomes often face other issues in their lives; our medical social workers often help them access a wide range of services including help getting rid of bedbugs, etc."  
Limited State, Federal and local funding to support expanded and/or new service routes.

We provide a number of services to seniors, but cannot meet all of their needs. We are always trying to find sources of services for their unmet needs in the areas of transportation, medication management, ongoing educational opportunities, community activities.

Lack of facilities for programs

Building interest in primary healthcare workforce beginning with high school students through graduate medical education.

Getting clients to get us info necessary to help them  
finding affordable housing and reentry into the work force.

access to child care subsidy, interpreter services - timely access and expense

Finding places of employment for people with extensive criminal records.

We are an area agency on aging, and as such are funded to serve clients 60 years of age and older, however we frequently serve the younger disabled population because there are no other services available to them In many areas there are not sufficient resources to meet the need, particularly in the areas of housing and transportation.

getting the word out

Financial resources are limited. We provide transportation for only 5 seniors a day to have lunch at our Senior Center. We need more funding for transportation.

funding

Inadequate funding to enable capacity to meet the scale of the need / demand for services

Funding is the number one challenge, as well as staffing.

"Funding for programming

Referrals to our organization for service"

We are an all-volunteer board without any full-time staff. All of our money is fundraised and used to cover the cost of abortion procedures for the unpredictable number of women who call us. The biggest challenge facing our organization is that our capacity for growth (to serve more women) is limited by our own time/effort/finances. Our interest in reaching more women is limited by the number of new donors we can reach to bring in the amount of money it would take to help those additional women, which requires additional time/effort/finances we have not yet been able to tap into.

Enough medical professional resources; there is a shortage of primary health care providers and recruiting them to our area is difficult. The main barriers seem to be employment for spouse/significant other, perception that the schools aren't competitive, that we aren't close enough to ski areas, or it's just plain too rural.

"We are insufficiently funded to provide services in New Hampshire.

Transportation is a major hurdle.

poverty and opiate addiction

"The ability to maintain a qualified workforce.

Difficulty keeping up with inflation as it relates to wages and benefits for staff.

Having enough staff to meet the needs in all parts of our rural county.

funding

Maintaining a strong volunteer base; finding funding for our programs.

Getting commitment from people - people are too busy, overworked, underpaid to become involved.

"Having enough staff to respond to the growing aging population.

Maintaining cash flow to support our programs.

Time to apply for grants and ability to track needed data for grants. "

We have no government funds by choice. Fundraising is an ongoing challenge. We have formed partnerships we many volunteer organizations. We have professional staff and do the assessing for partners often.

Transportation is very expensive

lack of adequate staffing and resources

Mostly funding issues. We sometimes run into challenges with pets in homes. We also run into challenges accessing the work due to hoarding.

Finding funding in order to offer free legal services and so staff can be paid.

Funding to provide proper services is always an issue

Our challenge is lack of resources. We often do not have enough food for our clients.

funding for services

Lack of affordable housing. Lack of adequate transportation. Insufficiency of jobs that pay adequately for the cost of housing and transportation and other basic needs.

resistance of elders and families to accepting elderly day care center model

Need more help and sustainable support

Lack of financial resources, lack of office space, shrinking admin coverage in grants and foundations

We offer free mediation services but not for family or domestic mediation situations.

Due to providing services for court ordered mandate without the funding being in place to cover even half of the cost of providing the service we have yearly struggled to keep our doors open (18 years this year).

Enough knowledge and training to really do the job, Money,

We partner with other agencies in order to provide services.

we are in Oxford County and would like more referrals.

Finding drivers to bring our migrant patients + finding interpreters + finding more volunteer medical providers.

I guess finances are always a challenge, for the ladies who may want to do this program and just in general to keep it running. When people here that we are a christian base organization it is harder to get funding

Financial challenges due to low-income, transportation issues getting clients to the farm, need for additional therapy horses

Transportation barriers, funding resources and availability.

Sufficient funding to cover all the costs of providing quality services.

Adequate funds to meet demand.

Funding. It often comes down to not having enough funds. Further, the mainstream community often thinks LGBTQ people are all set in VT, but this is far from the truth. However, it means that most providers simply claim to 'serve everyone equally' because of the perception of community homogeneity.

Not enough therapist in both mental health and addictions. Finding some is very hard in our community

operating funds are always a challenge

"MaineCare rates are inadequate; transportation challenges;

staff recruitment and retention;

State of Maine administrative burdens

As a critical access community hospital, we are challenged by the rate of reimbursement. No patient is turned away on ability or inability to pay for services.

transportation for ESL adults is an ongoing issue

Our biggest challenge is competing to hire well qualified staff. Many of our reimbursement rates don't even cover our expenses.

our food supply sometimes is less than we'd like

We do not have resources to be able to do case management for program participants who would likely benefit from this one-on-one support. While we can suggest services in partner agencies, program restraints (time, resources) often prevents us from establishing relationships that are long enough to adequately support both victims in their healing process and offenders in making sustainable change.

declining economic base locally, declining reimbursement, difficulty recruiting service providers

Drug and alcohol addictions among our residents impede their adjustment to community life.

Lack of employment opportunities for the formerly incarcerated also is a challenge.

Having enough staff on to provide transportation when needed.

We work with a broad population of offenders who sometimes face various obstacles in their own lives (financial, mental, substance abuse). We work with individuals who are willing to be accountable for their actions and make amends. Part of the work that we do involves supporting individuals in figuring out ways to not re-offend in the future. Sometimes, lack of resources, (financial, social, etc.)poses a challenge to accomplish this goal. We often refer individuals to connect with community resources that may be helpful to them.

Declining state and federal support.

Operating funds

As with most non-profit organizations we are constantly seeking sources of funding to continue our work.

Operating what is essentially a quasi-government service (mass sheltering and care after disasters) with a volunteer workforce and private donations.

Assuring adequate resources to meet the growing needs of caregivers & individuals and families currently served. Serving a growing population with significant mental health challenges.

Getting the word out as to all of our services

Finding funding for on-going programming is always a challenge

The issue of how Medicaid Managed Care will impact long term care services for people with developmental disabilities is an open question.

We provide comprehensive occupational therapy and in-vehicle driving evaluation and training for persons with disabilities or changes in medical status interfering with driving.

Not enough staff capacity biggest; services not in same phase as client's stage of change

Lack of funding

Not enough funding to deliver enough services to families in need. Staff turnover due to lack of funding to pay competitive wages. Lack of space to expand physical space to serve more families needing our services and supports. Lack of transportation services to help families get to appointments...not enough for parents of young children, and definitely not enough for the elderly or disabled.

major transportation issues - nightmare

Funding. Staffing.

The major challenge currently is acquiring qualified people to provide support services to persons' served in various residential locations.

The biggest challenge is having enough funding to staff the needed services  
As a provider in this community, we struggle with attendance at workshops.  
Communication is our #1 challenge. Even with cell phones, emails and texting we have a hard time reaching our clientele. Worse still our success depends on clients connecting with each other. People don't call back and respond to others. Not sure the solution as the problem happens at all levels.

In a cancer treatment facility, we provide services in addressing the whole person, including cancer treatment for the cancer and psychosocial services that might impact on pt getting the care they need during their cancer journey, incl during diagnosis, treatment and survivorship. we are educational and work with mixed populations. Those experiencing mental health problems pose challenges

reimbursement rates

Significantly dependent on government services so reductions in that support affect the number of households that we serve and the kinds of housing that we develop.

Funding the staffing levels we require. Specifically the fact , that the rate to cover our staff does not take into account the longevity of our staff. Therefore, longevity is a disincentive when it should be a positive.

limited funding, lack of skills

We serve a county with a primary population base in a two city area. Providing accessible services to the other towns within the county can be a challenge with limited transportation available. Staff frequently travel and the agency is exploring ways of creating a more physical presence in some areas of the county.

Enough staffing capacity and funding for the demand

"geography  
funding cuts"

One of our biggest challenges is reaching potential clients. Another major challenge for us is that we serve a rural area and many of our students lack transportation.

Financial for those with no income or benefits

We provide an experienced community liaison service to assist and advocate for clients with federal defintion of developmental disabilities to access services and supports wanted and needed.

The population we serve runs from 18 and older for our adult medical day program and 50 and older for our independent living. We serve lower income population (majority) and income is always a challenge.

Currently the Dental health program is just starting at the schools in New Hampshire and we are facing difficulty getting all the required paperwork from parents as well as setting up schools to utilize the programs

Addiction recovery support for individuals and families is not covered by insurance coverage but is important for: people concerned about their or someone else's substance use, people leaving treatment, and those in long term recovery.

Hearing loss group need to learn how to advocate for themselves. Outsider providers need training and do more of inter organization partnership with fee for service. so many Deaf ppl. have complained their access are not being met and the providers do not want to pay for communication access.

low income, high deductibles, lack of insurance, lack of knowledge about healthy lifestyles

Recruiting and retaining quality staff at current rates

Client not showing up due to lack of transportation.

"high demand limited resources

time limitations of people served



transportation imitations of people served"

Not enough support services i.e. therapist, doctors, etc. Also funding keeps getting cut

Our organization is not a quick solution when it comes to finding the right home share match for someone.

funding and capacity

Obtaining food supply for distribution; maintaining adequate funding to cover expenses (mainly food supplies); maintaining volunteer core of help.

Adequate funding to grow programs as the percentage of homeless families continues to rise.

We rely on volunteers to deliver services and volunteer recruitment is a challenge. Also, funding is always a challenge.

consistent and flexible funding. Outreach is a challenge in reaching underserved populations

"Financial challenges when individuals do not qualify for programs, but still need transportation services and not on bus route.

Some individuals need assistance at doctors offices and shopping, but our drivers can not provide that type of services. "

Changing to meet the need with less resources and more people needing assistance.

Everything donated to us is given away to our clients. Our biggest struggle is finances to pay expenses.

Constant funding challenges

We are limited in the resources that we have available to us to assist populations who come to us for help. The complex nature of individuals lives makes it challenging to meet all of the needs that they may be presenting.

Transportation and funding sources

We are committed to providing high quality personalized home supports, community supports, job development, and work supports to people; however, funding levels often do not cover our expenses. For example, we provide community-based community supports to only one or two individuals at a time, while the funding "incentivizes" group services. Also, the current hourly rate paid by VR for individualized job development services is too low to cover our expenses. However, we will continue to provide the service as we have a very strong philosophical commitment to employment for everyone who has a disability, even those with the most complex disabilities. We believe that everyone has the right to lead a regular, meaningful life - a home of their own, a job, friendships and relationships. It is just a continuing struggle to make this happen for people given current funding restrictions.

general knowledge within the community of the services and supports we provide  
revenue

Not enough transportation

our funding is from grants primarily & that limits our client base/capacity

**Please select any services or resources that you feel are not being adequately**

**provided in your service area.** For example: Are there services or resources where current supply does not meet current demand? [Other]

Addiction recovery support

affordable housing

affordable housing

All the services we provide that don't have adequate funding

Coordinated efforts with available public transportation is being addressed, but still is in need of additional attention.

For lack of resources, needs are out their all services are struggling. Cuts are being made to the most vulnerable. Far less flexible money

Fuel assistance

Health care coverage

Highschool transition

limited communication they come here.

Oral health services

Peer support

services to families living with Alzheimer's or Dementia

sometime services exists, but people can't afford/or access

supervised visitation and exchanges of children from families in our court system

TRANSPORTATION

We are a community center that offers free services and so our experience is skewed toward the perception that none of the above are adequately provided.

We are hoping to start a pre-job training education program built on the "Getting Ahead in a Just Getting By World curriculum

**Please describe the reason(s) why services are not adequately provided. This information will help Goodwill of Northern New England determine ways in which it can best partner to meet unmet needs.**

Addiction problems, especially with the opiate epidemic,are creating a lot of demand for services. Complications with addiction recovery concurrent with mental health issues and family fracture create multiple needs for individuals, but it is difficult for one service location to address them all. A more holistic approach might be better.

adequate funding

Again it is a matter of funding. We are able to provide services. If I understand this question it is for unmet needs in general, not just at our organization

All services are struggling to provide adequate services. The need is there but the funding is not. Cuts are being made to the most vulnerable. Less flexible funding is available.

Although we offer a variety of nonmedical supportive services, the #1 demand is for transportation.

Always a huge waiting list for MH services, sometimes months, same for case management.

affordable child care is scarce, especially in our smaller towns/communities within our county.

Availability of revenue is limited.

Barriers too high; lack of adequate supply (housing, vouchers, food, many supports). System driven by Medicaid and diagnostics; lack of outreach and engagement; poor models for reaching homeless individuals and low income individuals with criminal histories; lack of stability and education.

Changes in Medicare created CUTS in Homehealth Services. Now they have to drop clients more quickly and cannot assist with medications. We see people moving from community based senior housing into nursing homes because of the lack of services.

Closest legal services are in Portland; shelters are in Brunswick or Portland;

Collaboration could be better but lack of financial resources is the main culprit

Continuous cutbacks or flat funding have limited the options for those in need

Cost. Designated agency structure in VT and total lack of social responsibility and service resource in NH.

Either there is not enough available for the number in need or it is difficult to access/not meeting the specific need of a particular population(too cookie cutter for specific clients to benefit from depending on their own challenges)

"erosion of middle class putting more people at risk at same time that government based safety nets are limiting their reach and nonprofit agencies are being forced to do the same.

Rural transport is just hard to do with full reach to the communities that are outliers"

Everyone in the North Country of NH is rural. Also, the population is aging.

Felons are not a protected class, and we find that they are often the recipients of discrimination in both housing and work.

Finances--there are Voc Ed services and mental health services but they are underfunded according to the needs of this rural and lower income area of Vermont

Franklin County is very rural with little access to public transportation. People without access to private transportation are often isolated in their homes and have difficulty accessing services.

Funding gets cuts and agencies cannot hire therapist or psychologist, or counselors

Funding is not adequate to meet needs in many areas. In some areas, such as services to the younger disabled population, the service just doesn't exist. We have seen an dramatic increase in the inadequacy of housing in recent years, with waiting list for subsidized housing sometimes several years long. The availability of transportation

I often hear reports from other nonprofits about the crises in mental health care. There are not enough case workers and/or beds in facilities. Great increase in teenagers with mental health problems. Holistic case management is missing. Families dont know where to go and are spinning their wheels.

I think there are agencies that offer each of these. I just think the ability for people needing the services to find a comprehensive list is challenging.

I understand that Legal Aid, substance abuse services, and basic educational services can be difficult to access.

In the southern part of the state we do not have any residential programs for either mental health, or addictions. Our clients need to travel to the Northern part of the state. Families can not always be part of their treatment plan due to lack of transportation or no transportation.

Inadequate funding

Inadequate funds for the agencies providing these services to meet the demand.

Insufficient treatment resources for opiod dependent clients.

Isolated community. Many services considered being offered to our community but they are 30-50 miles away.

It is a very rural area.

it's a funding issue

Its all about money or lack of

"lack of assistance for food shelf

**NO HOMELESS SHELTER FOR FAMILIES IN RUTLAND COUNTY"**

Lack of available funds for a portion of the region with low population.

lack of awareness, lack of interest on the part of the target population

Lack of coordination among agencies, lack of resources, many agencies and funding streams are small and specific, many gaps

Lack of funding

Lack of funding

lack of funding

lack of housing, inability to obtain housing - esp for those who have been unsuccessful tenants,

lack of assistance for helping folks with legal forms, increased substance abuse problem -

insufficient resources to address

"Lack of inter-agency collaboration  
Lack of will among City/Village governance  
Underfunded helpers  
Lack of housing stock  
prejudice and class issues"  
Lack of mental health providers within our service area  
Lack of resources and not enough coordination among service providers. Also, reimbursement and other funding for the services provided by primary care providers does not even come close to covering costs.  
large economic forces beyond local immediate control  
Large geographical area  
Limited funds and distance.  
"limited public transportation  
not enough shelters. seem to be at capacity"  
"Local transportation is well covered, but transportation, particularly for elderly to Dartmouth Hitchcock Medical Center is a problem.  
Lots of menial jobs, but no training center for more satisfactory jobs.  
maine has an underdeveloped and funded transportation system  
Many of our clients have difficulty finding transportation to participate in our program.  
many of these services are typically offered through the state, so lack of fiscal resources  
many operations tend to operate as silos. If we don't talk to each other and see the big picture, we all do that we think is most important, but gaps can be easily missed.  
mental health and homelessness are at a greater degree than existing services cover and adequately address  
mental health has long waiting list, very little public transportation available, not enough child care  
Need out weighs financial resources  
No public transportation. One small non-profit with limited services.  
Not all individuals qualify for programs that pay for transportation, but they do not feel they are able to pay either, therefore transportation can not be provided, or they do not live on or near a bus route and do not have access to get to one. There is very little temporary housing in some of our service areas. Homeless in the winter is very difficult.  
Not enough affordable housing available; difficult to assist with transportation in rural areas.  
"Not enough case workers(very expensive)  
buses don't run at night, many folks work the late shift in the service industry"  
Not enough funding sources  
Not enough state/federal dollars to support much-needed programs to help those in poverty.  
not in a position to say, but lack of funding is a primary issue particularly with substance abuse and mental health  
Other needs seem to take priority- more intervention than prevention, as money that is available is used to address issues that are present and at crisis levels.  
Our agency does not own any property where people we support live. We help people with disabilities and their families to rent from a landlord, or even to purchase their own home. But in Maine, when a person with an intellectual disability needs a place to live in a hurry, they look for a vacancy, bed or slot that they can fill with the person. Our agency builds supports around the individual, from scratch, so we are out of the game of responding to vendor calls.  
Temporary or transitional housing would meet a definite need in our service provider area.  
Our service delivery area is mostly rural. Public transportation resources are very limited or non-existent.

Pathways Vermont provides mental health support services and housing for over 240 Vermonters and we have a long waiting list. We also provide a state wide call in Support Line for people experiencing distress and need support, and we receive hundreds of more calls than we are able to respond to.

Patients are often on waiting lists for years to get adequate housing; transportation to/from treatment through SSTA/CCTA is very difficult to access when there is not the luxury of time to put transportation services in place; the application process is very time consuming and difficult for some patients who are too sick to endure the process.

People in the mid to late stages of dementia often pass the ILA evaluation which qualifies them for support however they are not able to mentally accomplish many of the ADLs without cueing or support.

Perception is that many services are supplied in a silo effect, without complementing each other when able

"poverty begets homelessness and food insecurity  
transportation is a mess through DHHS and unavailable to many"  
probably not enough funding.

Public transportation in our rural area is virtually nonexistent.

Rates

"resources

Rural area, lack of resources, lack of infrastructure (transportation)

Rural area, limited understanding/awareness of need by those best equipped to provide it.

Rural nature of area, lack of resources

Rural region challenges provision of diverse services.

Seniors need dental care desperately and can not afford it. Seniors are not able to secure rides to go to the grocery store, to visit a loved one in the hospital or care services, etc. Seniors would like having some one to one mental health services that were completely free of charge and available in a location they can get to such as the senior center.

Service need greater than current vendor able to adequately address

Sometimes it's the location of services can be a barrier for access. Financial literacy groups are rarely tailored for youth, non-school based activities for youth are limited in many communities.

Substance abuse treatment programs for those on public assistance run for 17 days which is not long enough for most addicts to stay sober.

The needs are greater than the services. There is a waiting list for many of our services.

The opiate epidemic has caused a long waiting list for treatment

The turnover is really high at the local mental health centers, and the wait list to see a provider is long. There is no transportation available from our location to the larger hospitals.

The Vermont Food Bank has fewer food resources for the food shelves. Local donations are down.

The women who request financial assistance from us are typically earning less than 10K per year. All of them are affected by the high cost of living in Vermont although their lives are quite different from one another. The common thread is that they do not have the dollars to spend on health care services and/or are uninsured, and are spending their earnings on other life necessities like housing, food, and/or child care for other of their children. The cost of health care is a major player in this equation.

There are many agencies that already provide these services, but they all need better financial support to meet the needs of the community. There are high quality services, just not enough of them. Goodwill could partner more with local non-profits to increase awareness of programs available to individuals and families, and could partner with more grand-scale fundraising activities to benefit local agencies.

There are only a few childcare center in the county and one of the major ones close about a year ago. For transportation, the Addison County Regional Transit does their best but we are a rural area and providing public transportation to all areas and at a frequently enough to be a viable option is a real challenge.

There are parts of our coverage area that are very rural and lack transportation to obtain needed services

There are providers in all these categories in the Upper Valley. They are all stretched to the breaking point and not fully meeting the need.

There are simply not enough mental health providers in rural areas of the state. Substance abuse services are difficult to access at the time the individual is ready. Transportation is completely inadequate.

There are too many in the community addicted to substances who are ready to try to do something about it who are put on a waiting list. When people are ready to quit the substance, assistance should be available immediately.

There is always more of a demand for these services then there is funding for.

There is always the challenge of not having enough resources to meet the need.

There is more need that resource - assuming I know about all the resources, CAN there be enough?

"there is not enough transitional housing to meet the need. When families become homeless and are sheltered HHS cuts the families

TANF and food stamps."

There is not the housing or appropriate housing stock for the high demand of temporary/shelter services. Vermont is a mostly rural state, so providing adequate transportation is challenging.

There is only one homeless shelter in our county and it serves primarily women and children.

There is a shortage of psychiatrists and mental health services for youth and children.

"There isn't enough safe/temporary shelter to meet the need.

Waiting lists are too long for people to be seen in a timely manner.

No childcare providers for working women that need second/third shift childcare."

These services either exist minimally (long wait list) or are simply unavailable in at least some of this county, which has a high level of poverty, unemployment, and substance abuse.

This is a transportation gap area. Our senior and disabled transportation services are the only affordable, easily accessible service in the area and we struggle to get support and meet needs.

We also struggle to find affordable housing for seniors and often don't have a place to refer them too.

Traditionally addictions have been responded to with an acute care response instead of with ongoing chronic disease care approach "ie treatment and ongoing recovery supports.

transportation is a nightmare. Agencies cannot figure out who goes where and kids are not getting to school due to this huge snafu

"transportation is very limited in rural areas of VT & NH

there is not enough transitional/emergency housing in our region"

Very good organizations that work well together but could use additional resources to stretch those efforts further.

Very limited resources in the human services/social service arena. State budget always seemed to get balanced on the backs of the disadvantaged.

Wait lists currently for subsidized housing apartments. Section 8 waitlist is closed. Wait lists for emergency mental health beds. No public transportation in rural areas. Need for job training or on the job support.

Washington County is very spread out and public transportation is hard to find in the smaller communities. Mental health services can be found but many times there is a waiting list. We are a semi-rural location; very little public transportation exists. An automobile is pretty much required. Many of our clients have trouble getting to us for this reason. Seniors especially fit this category.

We are located in a rural area. Once it is no longer safe for elders to drive, they have a difficult time getting to town to run errands, shop and go to doctors' appointments. There aren't enough potential riders to have frequent buses to and from town. Also, there aren't enough public bathrooms between our community and town for many elders to feel safe making the trip.

We are on peripheal of three state districts. Services are 35 to 50 miles away for our folks, that is why we are here. We deliver services using partnerships via internet, fax and telephone.

We get many calls asking for help with temporary shelters, especially from youth. Mental health services are technically available, but the barriers to access are so great that many do not persist long enough to get help

We operate in the Seacoast region of NH where, in most towns, there is little or no public transportation and very limited community transportation resources. This presents a significant challenge to seniors who no longer drive and other adults whose health prevents them from driving.

We rely on volunteers to provide transportation and we struggle to be able to find all the rides we need.

"We work primarily with a youth population. As the regions sole provider of exclusive youth services, we offer the principle substance abuse and MH services and I know we can't do all I wish we could.

Limited housing stock and poor job opportunities for young workers mean that supports that are available for homeless prevention and employment can't address the real issue - the simple lack of affordable housing and entry level job opportunities."

While Vermont has the most nonprofits per capita of any state, there still seems to be many gaps in services for those who need it most. There is a definite need for more collaboration between nonprofit agencies, as well as more oversight to ensure that state and federal dollars are put to good use and not "wasted" on large overheads. Among the homeless population and those at-risk of homelessness, the percent of those struggling with mental illness is high. There is a need for more adequate services to help those with severe and persistent mental health problems to get help, as well as to navigate complicated systems.

### **Are there any specific populations that are currently unserved or underserved in your service area? [Other]**

Young adults that have dropped out of school and are aimless each sub population can become homeless or unstable and there are few resources that adequately address the needs. For example, the number of medically compromised , older individuals with chronic homelessness is growing in our shelters as hospitals and service providers do not have adequate discharge plans and options.

Individuals who do not qualify for special services, such as lower middle class working. child care

single women with children

youth that are not eligible for Special Education and the resources that follow it, but are very much in need of support services-social and educational, work readiness as well.

middle income families  
Migrant population  
this community continuously works on these issues  
those living in rural areas  
formerly incarcerated  
New Americans  
Gaps in different areas  
developmental disabilities  
Those who are under employed  
Getting access to help in they are uninsured with health insurance.  
IDD  
Addiction recovery support  
limited communication they come here

**Please describe the reason(s) why any populations are unserved or underserved. This information will help Goodwill of Northern New England determine ways in which it can best partner to meet unmet needs.**

see above  
Insufficient program services; lack of access to services  
See above  
Analysis of our statistics indicate that our services are provided to the elderly population in general, but more and more a bit younger who have financial problems or physical problems.  
Lack of inpatient or rehab  
Limited services available within region.  
I believe the largest issue is funding. But also many organizations are unwilling to collaborate.  
Not enough case workers  
Same as above  
There is a large group of couch-surfing teens that are in great need of some stability and safe housing.  
Our agency serves 13 towns in 3 states. We have limited resources and must limit consumers to 1 monthly visit for food. Formula and baby food are given out on as needed basis when these items are available.  
Lack of funding and/or people can't access or aren't ready to access  
adequate funding  
"lack of resources and capacity  
State infrastructure needs to be redesigned for better delivery"  
There is no emergency warming center for cold weather, particularly nights. Youth on the street at all hours, a lovely new Community Center with tracks, workout machines etc, but only available to those with financial means.  
See above. As said before, lack of funding and will to solve some problems and high barriers to services that could help. the degree of unmet needs varies. Veterans and youth get more resources and attention and have more options.  
Again, not enough state/federal dollars spent to support low-income elders in Lincoln County across many need categories: housing, food, caregivers, medical care, dental care etc.  
Lack of options. Case management services minimal with large case loads.  
Lack of funding for adequate services  
need always goes beyond the capacity of helping agencies and services.



lack of ability to pay for child care - parents are not eligible for state subsidy because they are not working or able to participate in programs due to substance use or life circumstances  
See above.

The people with the least access to services are those least able to advocate for themselves, and often those with some stigma attached. Often they belong to several of the above categories. Because many of these individuals are spending most of their energy trying to secure the basics to maintain life, they are not engaged in advocacy for better services.

lack of funding

As an active senior center we can not meet the needs of disabled persons who require special services. Due to transportation issues we can not serve many low income individuals. We can not provide showers or services that are suitable for homeless people.

same reasons as listed previously

Inadequate funding

See above answer regarding mental health population. Another issue that exists in the area is the low vacancy rate in the Burlington area. For those who are homeless and making steps forward through employment and financial stability, there are few affordable options for housing. Even those who have secured Section 8 vouchers, the apartments are simply not available. I think one cause of this is UVM students occupying much of the open housing market in Burlington. It would be great if UVM considered offering more housing and requiring 99% of their students to live on campus, as Saint Michael's College does. This would certainly be a significant help for Burlington's housing crisis.

"Issues with current homeless service.

Issues with adequate and emergency mental health services"

See previous answer.

perhaps too much reliance upon state budgets, but that seems to be the traditional route of support. Yet, supply isn't keeping pace with demand at this point.

There is only one family shelter for the general homeless population and no shelter for people who are actively using alcohol or illegal substances. There are no youth services that address homelessness, no resources for families with violent teenagers, and minimal resources for elders who fall outside the parameters of needing substantial medical help.

Difficult to provide home-based services to address these needs.

Referrals for seniors especially for mental health issues is a challenge.

Rural area and agencies are suppose to serve these populations but the folks have to travel there. For elderly driving is a problem particularly in winter. Low income cost of gas problematic.

There are not enough agencies providing the necessary services to help with substance abuse issues.

I believe these are the primary areas where service is lacking although all those in need seem to have more and more difficulty accessing needed services

"Elders and Vets need significant assistance and the size of this demographic is going to explode in the coming years.

More funding needed for various organizations

Fewer resources available from the Vermont Food Bank and lower donations.

not enough money available

reluctance/negative attitude towards accepting both elderly day care center model and elder mental health counseling

Find ways/resources to help the growing needs of our children and youth so that they can be motivated for success and become independent and contributing citizens.

Lack of coordination among agencies, lack of resources, many agencies and funding streams are small and specific, many gaps

Families who for what ever reason come into the court system are often in crisis and often going from being one home to being two homes, there is a great deal of expense involved in this especially if on top of this you need a lawyer. We serve many veterans now as we are located next to the National PTSD Foundation home base that is located about a mile from us at the VA in W.R.Jct., VT. These vets need to keep their families especially the children this has been shown to help them heal from PTSD, BHT, and physical that brought them to the VA after serving overseas somethings numerous deployments. Yet if they are in the court system for family issues due to what they have suffered they can not usually have a lawyer to represent them. This is not good for keeping children healthy and safe, besides being well connected with a parent. These children are more likely to self medicate and end up in our juvenile justice system and to need the community resources for years to come. If we can get them connected to the community resources when they are with us the outcomes for the whole family, even if not living together, have a stronger possibility of pulling the family out of crisis. This changes futures for better lives and opportunities for all members of the family especially the children.  
"youth = diverse needs from an authority skeptic group

Low-income = people think thye are just lazy, have neough support, or so focus their support, that needs can not be met because they do not fit criteria - ""I am living in my car and would like money to insure it for the next month."" Who is going to help this woman?

I don't think we always know how to help, so we medicate, we use 30-60 day programs that are not sufficient. just imo

See above--these families can be hard to reach and often have multiple issues of income/disability

The need is for mental health and housing support services is greater than the current provision.

Funding

Access to transportation, programs are under funded and under staffed.

Not enough services for them.

Large geographical area

the immediate area around large town centers have services but as you get into rural areas services are very limited

resources

not in a position to say, but lack of funding is a primary issue parcticularly with substance abuse and mental health

The number of people in prison and coming out, particularly related to drug crimes, has burgeoned. However, this could be a temporary situation if we re-direct drug related small crimes to other forms of community address rather than sentencing to incarceration.

Even with the expansion of Medicaid and health plans in Vermont, not everyone is eligible, not everyone can afford them, and not everything is covered. Oral health for adults is completely left out.

These services can be hard to find and difficult to access.

same as in the previous question

Money

There are never enough resources to meet the growing numbers of people in need of services. once again adequate funds

Not enough capacity to meet the need - i.e. long wait lists for physical/mental health/substance abuse services/affordable housing, etc.

Same as above

Mental health/substance abuse is especially underserved particularly for the uninsured. There are not enough resources to go around to meet all the community needs. Current services are limited, due primarily to funding. Services may have wait-lists, restricted hours of service, and may be located in central areas that are not accessible to those that live in the more rural areas without public transportation.

See previous answer

this requires a lengthy response

Few options for those with criminal histories and poor landlord references. Those individuals/families often end up in motels.

Historically, there has been a lack of focused development of youth care services within the county outside of our agency efforts.

Homebound seniors with not much income and are too proud to ask for help and the help available is difficult to access at times and complex

"There seems to be an underserved homeless population in Vermont. "

critical dental health issues with children in underserved areas of New Hampshire

Addictions recovery is just becoming understood as a solution to many of our societal costs, driven by the secondary effects of drug and alcohol use.

We also see the need to partner with other organizations to help meet the needs of those underserved. Specifically, we are looking at how restorative programs can help with the elder population.

"housing stock is limited and very expensive. limited vouchers. A system that won't help anyone but pregnant or unwed mothers - leaves a lot of young men who can't find work unserved

We until recently had a hospital system unwilling to take on medically assisted treatment for opioid addiction. They just took it on and are serving 30 people with 80 people on a waiting list which they capped at 80 in the first two weeks after announcing the program."

Like the answers before not enough low income housing, treatment centers, doctors, etc.

Help for homeless populations is concentrated in the larger cities; I have always felt mental healthcare in our state is very poor.

Lack of adequate resources.

Same as above

"Lack of homeless shelters in Orleans county.

Again lack of resources or what services there are are underfunded or not available.

Not enough low-income housing and not enough youth programs for low-income children. We are starting a recreation program for these individuals but struggling with funding.

Many new American's without knowledge of how to access programs.

They are often "under the radar" and escape notice

as written above no homeless shelters or shelter is full and need to go to different city funding is the biggest limitation

### **Please describe any benefits your organization may have experienced when collaborating with other organizations.**

Multitude - community collaboration is our service model  
sharing of best practices

Greater resources and efficiency in fulfilling our mission.

more knowledge, strength and a voice!

We network with others so we can help our clients!

Neighboring therapeutic horse programs have helped with training our instructors, and have helped when our instructors have been ill, with donated time.

Much better and more efficient services  
cost savings to both organizations

We also service as a referral to other community resources. We receive many calls for services we do not provide or for geographic locations we do not serve. For our ongoing education, we continue to research other organizations, discuss with them what services they provide, and share information about our services.

More understanding, more human resources

ID new ideas, consolidate regional presence, joint projects

When we were starting up we were in contact with similar organizations and how they operated. In theory we would like to collaborate so more people are getting the help they need and services aren't being duplicated in client's lives.

Resources go further

Breaking down organizational silos and developing new ways of thinking.

Group think and stewardship of resources are two of our most powerful benefits, as well as learning about possible gap areas.

By sharing information with other community transportation providers we are able to get rides for more people.

"visibility

greater impact"

Reduced overhead, being able to offer services we can't provide, more effective service to our clients by bundling services, finding out about clients we didn't know about etc, etc

Assistance with infrastructure during our start-up phase  
better final product!

Funds from the United Way have helped tremendously.

Pool resources to meet a need; benefit of new ideas/approaches; benefit from the energy of many being involved

We learn from each other- its a great model.

Our model is collaborative in that organizations with expertise can offer services to our population better than we can. Our goal is to meet unmet needs, not to duplicate or compete. We have numerous partners , subcontracts and agreements with many organizations to provide housing placement, employment, mental health and substance abuse services, healthcare, help with domestic violence and sexual assault, legal, and educational services. Plus language /interpreting.

We make our community stronger by being able to increase support to those who need it.

We learn new strategies for providing service when we network and share ideas and best practices.

Each agency does not have to (and will not) have all expertise. If two agencies bring each of their area of focus together it can offer bring a new program that is enhanced and specific to the population in need.

WE have successfully sought grants and funding, and administer transportation services for the elderly and disabled. Provide commuter services for low income throughout the County and beyond, besides serving the general public as well.

Our biggest collaboration is with our sister non-profit home health/visiting nurse agencies in Vermont. By pooling our resources, we are able to reach out to a larger population about our work. We are also collaborating with our local hospital on ways to keep people healthier, out of the emergency department, and out of the hospital.

Greater accessibility to health care, senior and disabled services, addiction treatment, community economic development and stable family income by offering accessible transportation options for the transit dependent and commuters.

Direct benefit to residents through coordinated services.

We have better information enabling us to more effectively target our efforts and resources.

Exchange of ideas is always beneficial.

"mutual learning

creative solutions to problems

stretching staff resources"

leveraging resources

Our programs rely upon collaboration with other agencies.

Many clients' needs are best met by a collaboration for service providers, each with their own strengths. In addition to providing the best outcome for the client, collaboration also allows agencies to gain more knowledge of available resources.

By sharing resources we have the ability to focus on those areas that we do best.

capacity building, no repetition of services, more services offered, ability to obtain services due to increased capacity, knowledge sharing

non-duplication of services, reaching target populations that we may be unaware of, general resource ad referral

Access to more resources, increased cost-effectiveness, more comprehensive services and outcomes

Collaborating with other agencies is absolutely key to the success of our clients. We have partnered with agencies for mental health treatment, financial classes, renter education classes, housing resources, and countless others as well. Partnering with other organizations has been a rich learning experience for us as an organization, and has allowed us to better serve our population. It enriches our agency, each person that we serve, and the community as a whole. Better service for the clientele or all agencies involved

We frequently collaborate with Planned Parenthood and other organizations that support our fundraising efforts and mission. We gain new supporters, new donors, new volunteers. We spread our name so that more women know to contact us if they need to. We contribute with partners to augmenting the voice of women who need, seek, and have abortion procedures in Vermont.

Leveraging of resources, better communication and coordination of care/services for the client, attracted grant funding, clients less likely to "fall through the cracks."

Our staff is energized from working with people in another agency. We have been able to combine resources and reach more people.

"finding creative ways to meet the needs of under-served families

"Decreased redundancy - more effective use of limited resources.

More effective case management and expansion of services."

Better outreach to the people who need our help. Additional expertise made available to those who need it. More successful grant applications.

shared resources

Collaborations have generally been very positive.

We collaborate with local community care coordinators for resource referrals and they help us by completely home visits for seniors in need. Other partnerships with local nonprofits include a nonprofit network that shares ideas and helps with staff and board education, and shared space for joint programs.

A Holistic approach and it maximises resources. Our approach is state, large non-profits and local in that order.

We collaborate with other organizations in everything we do. We could not provide holistic services without collaboration. Our resources as well as other organization's resources are stretched when collaboration. Also, one can ensure that the maximum number of people in need are served through collaboration.

greater reach in the community, more economic use of funds, combined expertise of staff

We are part of a very effective, informal network of organizations.

Collaborating to write grant proposals

saving money, sharing ideas/thoughts to move issues further.

Reduce duplication, increase effectiveness and efficiency

Lots!

Increased support, increased promotion and public awareness, increased pool of knowledge, improved evaluation

Better coordination and service for clients, increased accountability for organizations, better use of resources, longer term lasting effects in client outcomes

So numerous I can not name them all here. We share space with other organizations so instead of covering one county we can cover three. We mentor so other communities can have the services we have.

Well, we want to do what they are doing but they know how and we do not. Thus, helping them helps us make the world better

Collaborating organizations offer discount for medication and discount for dental treatment. We provide interpreters for a lot of different medical providers in town when they see our patients.

we have been making the ministry known as far as through churches, clinics and DoC

As a young organization, we have been greatly aided in locating clients by our connection with the local mental health agencies and the guidance counselors at local schools. They in turn have benefitted from the social emotional and physical changes in their clients, whose school or worklife improves through the skills taught in our programs.

There are too many to list. Sharing ideas and resources always builds capacity.

When organizations collaborate and share resources, we all benefit I believe. Pathways is always willing to provide training and work together with others to better utilize limited resources for better outcomes.

easier to meet needs of community when we work together

New ideas. New solutions to consider.

We depend on strong collaborations to meet community needs.

You can call and ask. Too much to write in 5 minutes.

How well staff can work together and how our resources can be stretched further

Our grants help to leverage other funds for our grant recipients

increased impact, cross collaboration

New learning; market share increase; larger segment of target population able to be served

Keeps communication lines open and creates an understanding of what each organization is able to provide for services

collaboration helps our community

our program is based entirely on collaborations - they make sure the food we deliver gets to those most in need

We participate in regional meetings that educate and address issues around best practices for restorative justice models.

collaboration increases trust and communication if the roles and responsibilities are properly defined

The benefits have primarily been with coordination of case management and direct services, avoiding duplication, and maximizing access for our patients.

Collaboration is key in the work that we do. Creativity flourishes when we collaborate with our community partners and it helps us better serve the individuals we work with and improve on our approaches.

Shared expertise, fund-raising jointly, leveraging others' expertise to augment ours.

We always benefit when collaborating with another agency. We have access to their experiences and this makes us better able to assist others.

In Vermont, none of us are capable of operating in a vacuum. Collaboration and cooperation enhance our collective ability to provide adequate services to the community.

Collaboration with other organizations always adds value. In terms of identification of resources, sharing expertise, & collaborating on joint efforts/events to support the larger community.

"We have satellite offices in our center for

homeless outreach

tax preparation

medicaid

medial and dental

fuel assistance

NH State office of employment security

VA"

We have been able to expand programming based on collaborations with other non-profits

Pooling resources (including human capital) allows us to rely on the strength of our partners to meet the needs that we are unable to meet independently.

Collaboration extends our ability to provide a comprehensive array of services to our patient population.

We have reduced overhead, improved service delivery and expanded services geographically.

Increased awareness of other programs. Increased understanding of referral process and eligibility guidelines. Improved case management services and supports. Improved coordination of services.

Too many to count!

We always want the best for our clients, and it's important to work with other organizations to be sure we are meeting all their needs.

knowledge sharing makes for efficiency

We have been able to share clients-benefitting both agencies

Education - especially in the area of grant writing and board development

innumerable

we have learned some best practices

closer connections around services for families/individuals, making sure that they don't slip between the cracks.

Many good ideas through MACSP and ANCOR.

Income as a part of a grant; strengthening services as opposed to duplication of services

Greater understanding of the services each other provide.

"Goodwill provided clothing vouchers for a family we worked with.

We exchanged resources with Champlain Valley Community Action.

We publicize services and events with other agencies."

Participation in team approach for client care; collaborating with other service providers for problem solving

We've worked with other organizations that are the expert in their fields to facilitate getting the underserved children the medical/dental health they need.

collaborations are always a great idea, as they can minimize duplication

expanded reach

we will give a workshop in October Adults with Hearing Loss: A Road Map for Effective Services.

The collaborations in our area are astounding. We regularly assess how we can better meet the needs of our community. A community conversation (DART 2.0) has been going on for 10 months and we have met some identified needs by the collaborations that have come out of these conversations.

more comprehensive services to our mutual clients

more work gets done

savings on funding and also we have collaborated on fundraising to bring awareness to certain issues.

New ideas or ways of partnering with other organizations to meet the needs of our participants

We have learned things, especially about programs available to us.

Collaboration provides opportunities to share ideas, personnel and resources.

It makes all our resources go further.

Working as a team to bring change and increased support

We collaborate with all counties in our service area on a monthly basis.

Better understanding of what other programs offer.

Partnershiping with other provider agencies opens up communication, and a improved understanding of other providers mission, funding and service criteria. And creates opportunities for sharing and better utilization among agencies.

We work with several other non-profits to make sure we are not duplicating services and to cover areas not being covered.

Better use of resources able to serve more youth

Years ago, our agency belonged to a "rural collaborative" with other small-size not-for-profit provider organizations, mainly to share information and ideas. In the past, we have shared office space with staff from DVR as a cost-savings measure. And over the past 10 to 15 years, our organization has mentored many other organizations both in Maine and throughout the country, primarily through our affiliations with APSE, TASH, and the Institute for Community Inclusion (ICI) at UMass Boston.

Hancock County pantries meet 4 times yearly to discuss and problem solve issues we are facing it helps families know that wherever they go, there will be similar approach and language, etc.

collaboration makes sense!

**Please describe any challenges your organization may have experienced when collaborating with other organizations.**

Communication occasionally is a barrier

lack of interest from other organizations; refusal to give and take (just want to take)

protracted operations of under performing programs

distance between offices



With our limited budget, the time staff has to give is limited - 20 hours per week goes by quite quickly! So, meetings, etc. are a challenge to participate in as we are busy providing our services.

Lack of clarity in purpose

Other organizations seem to be more seclusive, it has been a struggle to collaborate.

public systems that do not always fit well with collaboration - e.g. regulatory structures, funding streams, etc.

The self-preservation/self-determination tendency that can come from sharing a different vision.

"leadership (who leads)

commitment"

There are occasional misunderstandings but we also have those intently

Reaching the understanding that collaboration is not competition

Not all organizations have the same definition of "collaboration"

Always need to build trust first, be sure we are working toward a common goal, be clear about task/responsibilities

scope creep

We serve meals on weekends because the larger, Claremont Soup Kitchen currently serves only 4 days/week. We have attempted to join forces so that there will be one kitchen in Claremont, but they have refused until recently. They now are saying that they will open on Friday nights, starting September 5!

Collaboration takes a lot of work and a focus on sharing information and goals. Not easy to accomplish effectively unless some of the competitive/ business models are tables. Also takes time and trust and sharing resources.

The biggest challenges are communication and follow-through to completion.

it really needs to be that each agency leaves their personal agenda or egos at the door. its so important to keep the focus and mission about helping the client as opposed to helping the agency/staff.

Our service area is a county composed of five small rural communities located on 3 islands in Lake Champlain and a peninsula of land jutting down from the Canadian border. All other organizations serving these communities are based "off island", many miles away.

takes time away from the day to day - too many meetings.....

Communication takes constant and attentive work.

Confidentiality is sometimes an issue with other agencies. We are often able to work around that, but it can be challenging. Some agencies also have different agendas of their own, and do not collaborate well.

"Limited staff and financial resources

Increase in staff time commitments

Physical facilities limitations

Lack of volunteers

Cost of programming and marketing

time to meet, travel distance and time

Takes great amounts of time, effort, and resources to collaborate meaningfully and effectively, and funders almost never allow their funds to be used for that purpose.

There are always challenges when collaborating with other agencies, though I believe the benefits outweigh the challenges as a whole. Some of the challenges are funding, staffing, volunteers, and simply time to make it happen. Sometimes the time it takes to create a network or structure for stronger collaboration can cause barriers for a small organization such as ours.

"Some organizations receiving help or information and not reciprocating.

Territorial issues impacting collaboration"

Ultimately, our budget for providing funds on behalf of the women who call us is where the rubber meets the road. Our time and effort is most valuable when we are able to connect women to the resources they need. Because our work is so specific, it can perhaps impede some of the peripheral and important collaboration work that would help advance related efforts like sufficient support services for women and their children.

Very different funding streams and regulatory requirements sometimes get in the way of the most efficient delivery of care/services. Different metrics for success among different organizations can interfere with the development of common goals.

Some agencies run very differently and require a long time to make a decision. This becomes frustrating because we are very small and nimble. Some agencies are not providing good care although they are contracted to do so.

occasional lack of human capital

Territorialism...but it's getting better.

All nonprofit leaders are very busy so it is hard to keep momentum going. With the lack of a specific facilitator there are times when we all get too busy to really keep our collaboration going strong (nonprofit network meetings, topics, speakers, etc).

Time consuming and means building trust and removing competition for the benefit of the client.

Sometimes when resources are limited, organizations can become leery of sharing or collaborating due to fear.

lack of sufficient funds to support work, challenges in combining mission to best meet needs

Difficulty in type of services offered

the amount of time it sometimes take the build the relationships and keep those relationships strong.

Competition for resources

Time.

Not always a balanced relationship, level of commitment.

Competition for admin funds, difficulty meshing program requirements, difficulty in communications and staff coordination

Maintaining a good working relationship, going after the same funding, other organizations being bale to understand their limitations,agenda and goals may not be ours.

respect/trust - they are so focused in mandate they can not be creative/flexible - they do not really want to work together, they just want out help -

A lot of the medical providers in town don't know how to work with medical interpreters.

In a small rural area, collaboration is essential. We are a young organization, now in our sixth year, and the hardest part has been making the connections we need to have in order to offer our services to the special needs community

Sometimes partner organizations don't keep their end of the bargain and projects or ideas can be delayed or derailed.

Pathways Vermont has sometimes run into what I would call "cultural" differences with other organizations. Pathways practices harm reduction, person centered care, and "Nothing About Me Without Me" and not all organizations believe or practice those concepts.

sometimes it can feel like organizations want to compete with each other for \$\$

High workloads when assisting other organizations in need.

Sometimes there this can result in more meetings but overall it has been productive and positive.

sometimes the match is not always the best.

people can sometimes be territorial

Minor turf issues

scheduling at mutually convenient times can be difficult  
Inconsistency of meetings, partners attending and lack of collaboration on topic ideas or participant needs.  
Organizations with larger bureaucracies are slower to respond.  
In a geographic region where resources are scarce, it is often difficult for organizations to let go of or share credit, understand respect for brands and collaborate, give up old ways.  
True collaboration requires trust and the commitment to work thru any issues that arise.  
Providers in rural areas can become territorial, particularly when funding is limited, or there is no consensus on the direction to head in.  
Limited resources on both organizations.  
Biggest challenge when collaborating is Time. It takes extra time to collaborate, including additional meetings, and sometimes additional paperwork.  
Flow of funding gets in the way  
Transportation to and from other organizations.  
we use different language to explain the same thing  
Fear from other agencies that we might be 'poaching' their clients  
Competition for the same funding.  
values differences/allocation of funds  
the organization we partner with may not be set up like us so it is difficult to compare.  
Fundors sometimes looking for overlap of services where none exists.  
agencies that are in it just for the money are difficult to work with. Holding them to their agreed upon work is often challenging.  
Challenges around communications and clarity of expectations.  
different goals  
reaching consensus  
outsider providers turn deaf and do not want to pay interpreter services.  
Time. There is rarely enough time to do all of the work that needs to be done. Finding someone to take leadership is tricky.  
competition for funding  
different cultures, perceived competition for resources  
Adequate time, staff, or funding  
Collaboration means sharing and arriving at consensus for decision making. This is not always an easy task.  
There is a tendency to promote one's own organization and be defensive or to think in a "silo" and not completely share information.  
Time and staff constraints.  
Time it takes to collaborate. Funding to pay for this time.  
When we have had a common vision for the future outcome, our collaborative work has progressed very smoothly. However, if organizations do not share a common vision or commitment to the same outcome, efforts will likely be unsuccessful.  
It takes time and common values and focus.  
effective communication is critical

### **Additional Comments?**

families from VT, MA and ME attend our programs which are based in NH.  
Looking forward to networking together!!!  
The silver Tsunami is evident in our rural area.

Goodwill Industries of Northern New England

Our volunteers are priceless, they are the heartbeat of our organization.

Very interested in exploring more.

Delighted that you are doing this survey. I hope it will lead to further collaborations.

"1. We serve eligible adult residents of 9 communities in southeastern Rockingham County. The only limitation on where we will take a passenger is finding a willing, available volunteer driver.

2. We have 35 volunteer drivers but none would fit the full-time equivalent category.

3. We track the number of rides provided as opposed to individual clients served. Our volunteer drivers provided 3100 rides in 2013."

We are an Agency on Aging but also run a statewide care coordination program funded primarily through MaineCare. We also have a Bangor office

Some of the questions were very hard to answer accurately and is based on a guess (such as the length clients/staff travel).

Specific programs and advocacy are statewide.

We don't have a physical address. We are all volunteers, and we meet monthly to move our mission forward.

I am not aware what public transit in Rutland can offer to Goodwill, but we are always interested in exploring opportunities to work with other service agencies. Thank you for the opportunity to submit this survey.

Our work is home-based medical care and support services. At times clients travel to us for flu shots, etc. but the majority of our work is done in the place our clients call home.

I hope you will consider locating a store in St. Albans. We would be very interested to partner with work-force development.

Vermont has fairly good resources. New Hampshire is woefully underfunded.

It would be helpful to know more about what Goodwill does and how we may work together.

This took about 15 minutes

It was interesting and made me think about issues that I do not usually take the time to think about.

I have no real idea how many people we serve.

It would be great if we could get help with the transportation issue, either having ACTR involved, or having a grant for gas cards, or getting more volunteer drivers involved.

We are a christian residential home serving women who struggle with substance abuse, self harm, eating disorders and the like. We have 5 beds and the hope is the ladies who come will commit to a year or more and truly desire a changed life.

THANK YOU! This is a wonderful way to reach out to the community and we appreciate your efforts, Sarah Seidman

WE also administrate 4 statewide coalitions that serve upwards of 25,000 youth throughout VT. The data that has been provided in this survey reflects our community-based services in Washington County, VT.

We are the second largest food shelf in the state of Vermont besides the other services we provide.

Your questions about the volunteer FTE doesn't get to the truth about our volunteers - over 120, supported by a tiny staff - who provide the bulk of our direct services: doctors, nurse practitioners, psychiatrists, nurses, massage therapists, substance abuse counselors, etc.

Some of the questions were difficult to answer as some our answers did not fit the multiple choice options.

We are the Vermont & New Hampshire Upper Valley Region of the American Red Cross No paid staff but we have 138 volunteers, plus staff members from organizations that we collaborate

Thank you for checking in with local providers before making assumptions about needs and interventions. Longer discussions would be appropriate= perhaps a focus group with Howard/Resource/ MC and others for further needs and capacity assessments  
I like the idea of sharing resources and exploring solutions amongst cohorts  
The structure of the questions didn't allow for this level of detail. The agency has a split mission to provide care and services to the youth of Washington County and to provide statewide leadership on youth issues. I focused answers in the survey toward our direct service work, but it is relevant to the study to note that we manage a number of statewide Coalitions including the Vermont Coalition of Runaway and Homeless Youth Programs and the state's Chafee Foster Care to Independence program (The VT Youth Development Program).  
Thank you for doing this  
We are a Restorative Justice Center and provide support and training as well as direct service. We collaborate with law enforcement, courts, towns, and corrections for our clients.  
This doesn't quite apply to us as we are a United Way.  
We do not have a Goodwill in our community  
Operation Blessing provides, free of charge, food, clothing, household items, furniture and automobiles to families in distressed situations.