

Appendix B.3.3 Provider Survey Results Summary

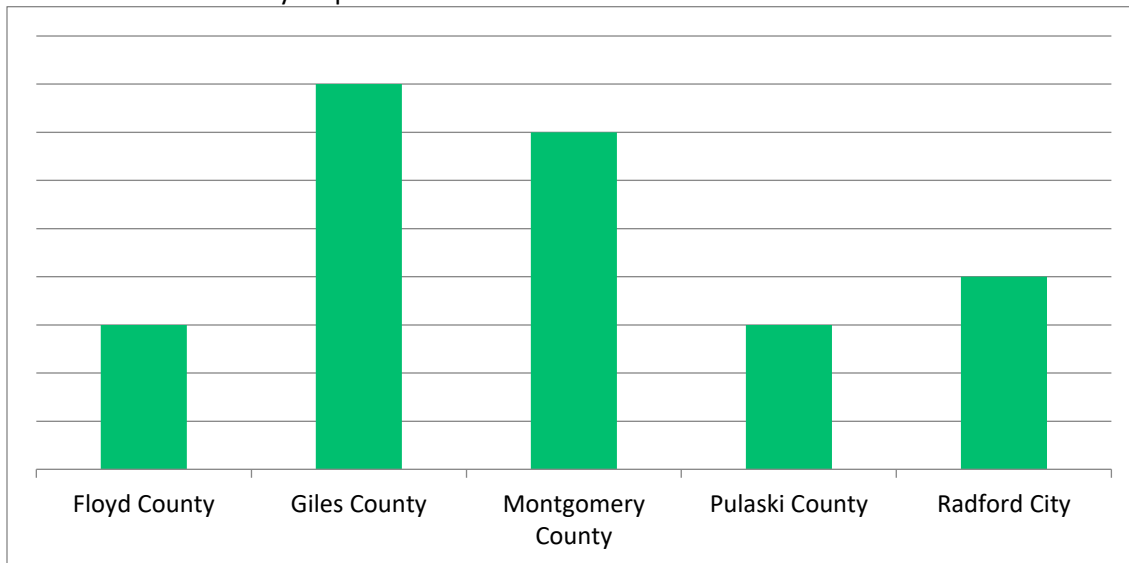
Thirty-three (33) providers from across the New River Valley responded to an online survey, as well as twenty (20) NRCA staff. The bulk of the responses were gathered in June 2020. The partner survey was shared on all social media pages, emailed to existing partners and NRCA staff, and NRCA staff were asked to reach out to their community partners to request their input. The overwhelming majority of respondents indicated that they learned about the survey through an NRCA email. The agencies and domains represented cover the breadth of services needed by the low-income community.

The survey tool included 14 questions and gathered both qualitative and quantitative data. The survey tool can be found in Appendix B.2.2 Partner Survey.

Survey respondents included:

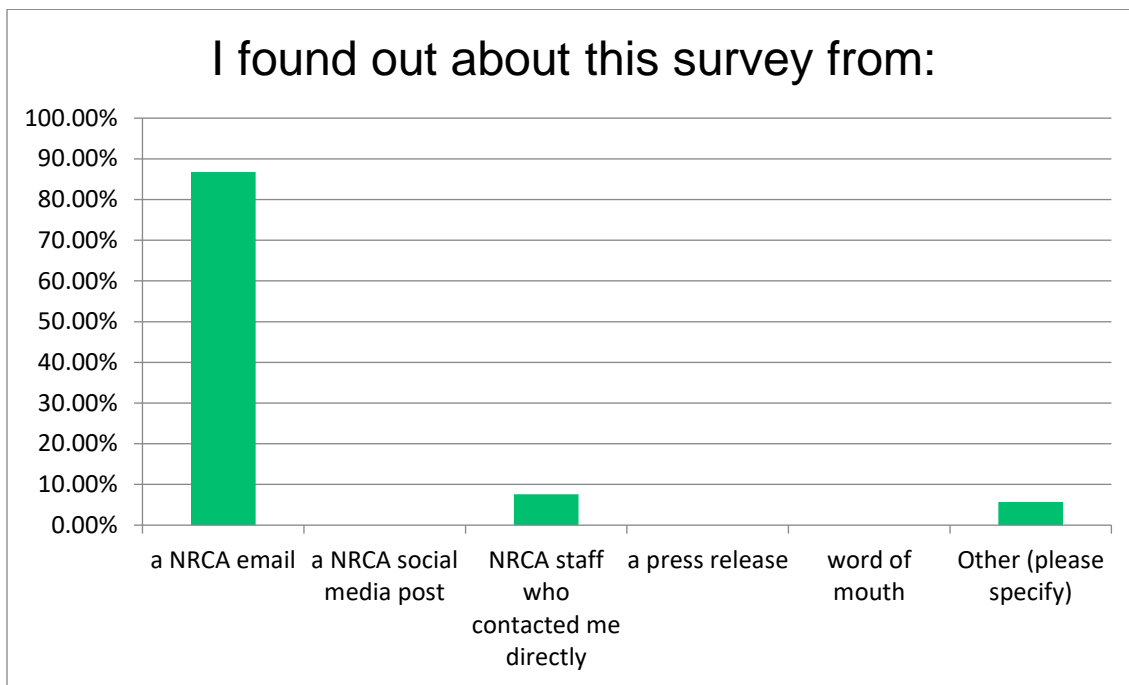
Alliance for Better Childcare Strategies	Family Preservation Services	Plenty!
Blacksburg Baptist Church	Floyd Dept of Social Services	Pulaski County
Blue Ridge Mountains Council	Giles Community Garden	Pulaski County DSS
Brain Injury Services of SWVA	Giles County Public Schools	Radford DSS (2)
Carilion Giles Community Hospital	Giving Tree Food Pantry	Radford Public Schools (2)
NRCA CHIP (4)	Judiciary	Shawsville Lay Ministerial Association
NRCA Head Start (5)	Montgomery Chamber of Commerce	United Way of the NRV
NRCA (11)	Montgomery County DSS	VA Employment Commission
Community Health Center of the NRV	National Counseling Group	VirginiaNavigator
Dept of Medical Assistance Services	New River Community College (2)	
Early Childhood Education	NRV Disability Resource Center	
Embrace Healthy Solutions	Office of the Public Defender	

Jurisdictions covered by respondents included:



Respondent's roles included:

Director (6)	Data & Program Support	Patient Services Coordinator
Housing Counselor (3)	Development Director	Pharmacy Manager
Family Educator / Asst Teacher (3)	Food Service Supervisor	RN
Coordinators (3)	Independent Living	RN Supervisor
Executive Director (2)	Coordinator	Self Sufficiency Manager
Assistant Teacher (2)	Judge	Self-Sufficiency Specialist
Manager (2)	CPS Specialist	Sentencing Advocate
Family Health Advocate (2)	Case Manager	Superintendent
Administrator (2)	Benefit Program Specialist	Teaching Practices Specialist
Community Outreach Specialist (2)	Board Member	Veterans Employment
Community Service Worker (2)	CEO	Representative
Family Services (2)	President	



Summary of Responses

1. Top Five Causes of Poverty

Respondents were asked to choose the top five causes of poverty in the jurisdiction served. From the 53 responses gathered, the top five causes selected were:

Family cycle of poverty	77% 41 responses
Mental health issues	66% 35 responses
Substance Abuse	66% 35 responses

Lack of living wage jobs	56% 30 responses
Underemployment (part time or temporary work)	47% 25 responses

2. Underutilized Services

Providers identified the following underutilized services in the NRV:

- Adult education programs and training opportunities (28%)
- Mental health services (22%)
- Emergency assistance such as food banks and diaper pantries (13%)
- Employment services (13%)
- Healthcare centers including free clinics and sliding-scale fees (11%)
- NRCA services (9%)

The most commonly cited reasons for why services were underutilized included: 1. Individual and staff unawareness of services, 2. Lack of time, transportation and childcare, 3. Difficulty signing up for some assistance programs and stigma.

3. Resources and Services in Short Supply

Respondents identified services and resources in short supply including:

- Public transportation (43%)
- Safe and affordable housing (25%)
- Lack of quality/affordable childcare (17%)
- Lack of mental health services (15%).
- Less frequently mentioned resources included emergency assistance that kicks in sooner, substance abuse counseling, and additional training opportunities for adults

4. The Single Greatest Need

Respondents were asked to identify the single greatest need of low-income individuals:

- Safe and affordable housing (25%)
- Transportation (19%)
- Lack of living wage jobs (15%)
- Education (8%)
- Food insecurity (8%)
- Whole family support--intensive treatment for families struggling in many domains (8%)

5. The Greatest Unmet Need

Respondents were asked to identify the greatest unmet need in the low-income community and actions being done to address the need:

- Affordable housing (25%)

Many respondents noted the lack of subsidized housing and resulting housing problems: homelessness and individuals living in suboptimal homes or with family. Others noted the lack of a year-round homeless shelter, as the NRCA To Our House shelter only operates November to March.

- Accessible public transportation (17%)

Respondents noted that individuals miss appointments because they rely on family and friends for transportation. Other than Medicaid cab which is only for doctor's appointments, there aren't affordable transportation options in the communities where low income individuals live. A respondent noted that the NRV Regional Commission is working to address the lack of transportation both within and between jurisdictions.

- Drug and alcohol treatment (9%)

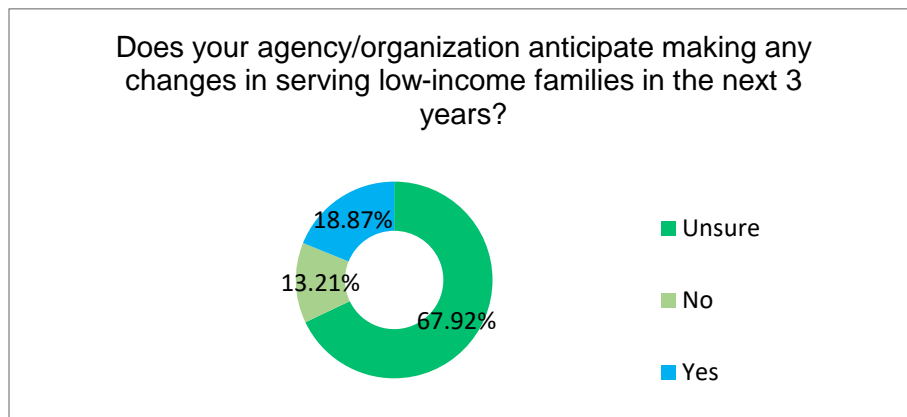
Respondents noted the lack of substance abuse prevention, that a lack of living wage work and unresolved mental health issues lead to substance abuse problems. There's a lack of long-term treatment. Individuals may be held up to seven days in an in-patient treatment facility, but without follow up relapse rates are high. Additionally, there is a noted lack of Medicaid-funded in-patient beds.

- High quality affordable childcare (9%)

Respondents noted the need for high-quality affordable childcare to enable parents, especially single parents, to work and to prime for success in school. Another respondent noted a lack of weekend and evening shift daycare. Another noted the need for transportation to be provided to enable parents to work.

- Living wage jobs (9%)

6. Agency Change



Changes planned included an additional food bank, more mental health and substance abuse programming, free virtual support counseling, and website improvement to increase accessibility.

7. Changes to Low-Income Families in NRV Over Next Three Years

Respondents were asked to anticipate changes to NRV’s LI community over the next three years in the following domains:

<p>Food Nutrition</p> <ul style="list-style-type: none"> ▪ increased need due to COVID ▪ Increased number of clients and increased food needs ▪ more food pantries ▪ more enrolled in SNAP ▪ need for services that deliver food 	<p>Childcare</p> <ul style="list-style-type: none"> ▪ Lack of early childhood education facilities ▪ increase in need ▪ more difficult to find ▪ The need for more childcare facilities which coincide with varying school schedules ▪ Higher pay ▪ More centers ▪ Less funding due to COVID 	<p>Education (Ages 0-18)</p> <ul style="list-style-type: none"> ▪ Home based education ▪ Greater disparities due to remote model ▪ Unsure due to COVID ▪ Internet access needed ▪ More access to IEP ▪ Special needs staff needed ▪ School budget cuts
<p>Adult Education</p> <ul style="list-style-type: none"> • More opportunities at the community college level ▪ More short-term training programs ▪ Less and less affordable ▪ More funds for adult ed/training ▪ More virtual options 	<p>Healthcare</p> <ul style="list-style-type: none"> ▪ Greater need for affordable care ▪ Medicaid helping to bridge health access disparities ▪ Flexibility for those who are just above the Medicaid cut-off ▪ More choices for coverage ▪ Healthcare staff trained in addiction, trauma, and poverty ▪ More adult dental benefits ▪ After hours urgent care in Floyd 	<p>Housing</p> <ul style="list-style-type: none"> ▪ More difficult for LI individuals ▪ More safe and affordable housing needed ▪ If VA Tech keeps growing, it will become more difficult to find affordable housing ▪ Don't anticipate more low-income housing ▪ Crisis in Blacksburg will continue into Montgomery Co.
<p>Employment</p> <ul style="list-style-type: none"> ▪ More difficult to find employment ▪ More opportunities needed ▪ No Change ▪ Living wage is needed ▪ Continued increase in service jobs that do not pay living wage ▪ Higher unemployment ▪ Hiring freezes at universities 	<p>Mental health services</p> <ul style="list-style-type: none"> ▪ Greater need ▪ More providers needed ▪ Increase in children and adults with more significant needs ▪ Increase in telemedicine 	<p>Substance abuse support</p> <ul style="list-style-type: none"> ▪ Greater need ▪ Increased referral ▪ More in-patient facilities ▪ More sober living homes ▪ Increased assistance to make counseling affordable

<p>Transportation</p> <ul style="list-style-type: none"> ▪ No change anticipated in rural areas ▪ Increased need in rural areas 	<p>Internet Infrastructure</p> <ul style="list-style-type: none"> ▪ Needs to be more affordable ▪ Need higher speed internet in rural areas ▪ Working from home and online learning will increase demand 	<p>Benefits for low-income households</p> <ul style="list-style-type: none"> ▪ needs outweigh services ▪ Those just above the eligibility cutoff are also in need ▪ Needs will increase ▪ No changes anticipated in funding <p>Court/legal system</p> <ul style="list-style-type: none"> ▪ No change ▪ More demand especially substance abuse related
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8. The biggest challenges for different groups of low-income citizens are:

<p>Infants and Children</p> <ul style="list-style-type: none"> ▪ Childcare ▪ Disabilities as a result of prenatal exposure to substances ▪ Parent substance abuse ▪ Food and nutrition ▪ Clothing ▪ Stable, supportive family ▪ Child abuse, neglect ▪ Health care ▪ Parent education ▪ Lack of early education programming 	<p>School-Aged Children (5-18)</p> <ul style="list-style-type: none"> ▪ Educational neglect and lack of home education during Covid ▪ Food ▪ Clothing ▪ Stable, supportive family ▪ Child abuse ▪ After school care ▪ Lack of internet ▪ Teen pregnancy ▪ Quality healthcare ▪ Substance abuse ▪ Undiagnosed learning disabilities ▪ After school care/programs ▪ Trauma due to social distancing ▪ Family instability due to substance use and mental health 	<p>Young Adults (18-35)</p> <ul style="list-style-type: none"> ▪ Living wage jobs ▪ Mental health ▪ Generational cycle of abuse/neglect ▪ Drug & alcohol addiction ▪ Job training ▪ Jobs with benefits ▪ Safe and affordable housing ▪ Affordable education ▪ Transportation ▪ Debt
<p>Middle-Aged Adults (36-55)</p> <ul style="list-style-type: none"> ▪ Maintaining employment ▪ Mental health ▪ Food ▪ More jobs with benefits ▪ Underemployment ▪ Job training ▪ Living wage jobs ▪ Safe affordable housing ▪ Substance use ▪ Marital problems ▪ Familial issues ▪ Parenting issues 	<p>Older Adults (56+)</p> <ul style="list-style-type: none"> ▪ Lack of services ▪ Isolation ▪ Lack of nutrition ▪ Safe and affordable housing for aging in place ▪ Health issues ▪ Health insurance options ▪ Mental health services ▪ Transportation ▪ No retirement savings and limited income ▪ Elder abuse ▪ Managing younger household members 	

<ul style="list-style-type: none"> ▪ Affording basics ▪ Planning for retirement ▪ Debt ▪ Transportation 	
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9. Additional information that may be helpful to understand low-income community in NRV:

- “Current economic climate does not offer living wage jobs with benefits for undereducated community, plus lack of adequate housing, childcare, transportation for this population of workers.”
- “I think some people are too proud to reach out, some have no transportation to get to services, and I feel many still don’t know there is help.”
- “Education, not enough resources for the elderly, and mental illness along with substance abuse and addiction are the main factors that many of the low-income are living in poverty.”
- “There are great hard-working families living in the NRV area, however employment opportunities are low and substance abuse is readily available.”
- “The generational poverty is so difficult. It's slow and tedious to make any changes to what is woven into a person as a child.”
- “There are a lot of needs for the rural areas of the NRV, but transportation stands out as the biggest need for Giles County.”
- “I think some families I encounter have generational dysfunction, parenting classes while receiving services for this population could be helpful. This would allow us to build relationships and trust with families and possibly head off potential problems.”
- “More families are coming to court with significant mental health issues. Children as young as 5 are being hospitalized in residential facilities. Tremendous trauma histories are complicating factors in rehabilitating families and certainly do not "recover" with short term treatment.”
- “Economic disruption and decline due to COVID will affect both government and private resources and may impact the low-income community for several years.”
- “They need to know where to go to get help before they are so far in debt. I hear about so many more electric bills and then rent. Parents want their students to have everything all the other kids want. BUT the teachers often ask for too many notebooks. (I am a retired teacher.)”
- “It's a way of life. It isn't a challenge to overcome, it's a way of living. ‘If you stop my SNAP benefits, how will I buy food? Money does not buy food, SNAP buys food.’”
- “Many don’t have a license therefore no employment.”
- “Educational programs on healthy eating and well-being.”
- “The NRV has resources available however these options are not always feasible in rural areas like Floyd County due to a lack of transportation or long commutes that make services less appealing. Also, it is almost always a struggle for those who make too much money to qualify for Medicaid but can’t afford services that other insurances typically don't cover such as intensive in-home. Funding exists through the Child Services Act, but I anticipate the upcoming budget cuts will put pressure on FAPT teams to save money.”

- “For so many, being low-income is not a choice. This way of life is all they know; let's show them how to break this cycle while honoring and loving the individual.”