

## MECASA Underserved Communities Assessment



### Introduction

Maine Intercultural Communication Consultants (MICC), was awarded \$13,000 from MECASA to conduct an underserved communities needs assessment for MECASA and its respective service providers, to inform their strategic planning to better address the sexual violence needs of underserved communities throughout the state. Through this award, MICC aimed to accomplish the following:

1. Determine the services provided and population currently being served by MECASA service providers as compared to actual population and regional demographics in the areas covered by its providers; identify what populations may be underserved in regions throughout the state.
2. Assess the strengths and gaps in MECASA services and outreach efforts as collected from MECASA staff, collaborating partners, area providers, and targeted underserved community members.
3. Synthesize findings in a written report for MECASA, with recommended action steps to highlight strengths and fill gaps to meet the sexual violence needs of underserved communities in Maine.

Through center data, interviews with center directors, and online surveys with center staff, MICC determined the scope of services offered by each center and the populations they actively serve. MICC developed and implemented three online assessments/surveys to collect information from MECASA staff, service provider partners, key stakeholders, and members of diverse/underserved groups. The surveys shaped the identified perceived strengths and gaps and the capacity of Maine's sexual assault support centers to provide outreach, awareness and direct services to underserved communities. Additionally, MICC facilitated interviews and focus groups with representatives from those same communities.

MICC had an overall survey response of 23 completed surveys from sexual assault support centers, and 129 from partners and stakeholders, in addition to 33 completed surveys from members of the identified underserved communities.

### Key Findings

- As a group, Maine's sexual assault support centers ranked the **following "underserved communities" as ones they perceived to serve well**: Youth (81.82%), Incarcerated Persons (59.90%), LGBTQIA (54.55%), Intellectually Disabled Persons (54.55%); and Males, Homeless, Elderly, Rurally Located Persons, and Economically Disadvantaged Persons (40.91% each).
- Sexual assault support centers felt **the strength of their service was a result of** Individual and Community Expressed Need (65.22%), Local Partnerships (60.87%), Personal Relationships/Connections (54.78%), and Special Outreach Programming (47.8%).
- Centers identified the following **top techniques, approaches, or strategies which allow their center to serve these populations well**: Relationship building/having good relationships with service provider partners (91.30%), Giving trainings or educational programming for service providers and/or partners (69.57%), Giving trainings or education programming for the underserved population (65.22%); and Receiving trainings from other experts (60.87%).

- In response to the question, “*Rate the strength of your center’s relationship with partners/service providers/stakeholders of the following under-served communities,*” which included the full survey list of diverse populations, the centers rated their **top partnerships** as those serving Youth, Incarcerated Persons, Economically Disadvantaged Persons, Rurally Located Persons, and Males.
- In response to questions about the centers’ perception of their level of skill in their jobs/available training and their connection to MECASA as providing them with the structural support to work with and across populations, **all of the centers felt that MECASA staff is very responsive to their needs**, and that MECASA has some wonderful policies and has been helpful in sharing and developing quality measures in an inclusive manner.

## **Breakdown by Underserved Population: Perceived Strengths and Recommendations**

### **Homeless**

MICC sees potential for more work and partnership with existing and homeless support service providers by SASSMM, which serves three of the four counties without a shelter, and RRS, which serves Piscataquis County. There may be room for more cross-collaboration, training, and outreach services between center staff and area homeless service providers to increase referrals and improve relationships.

### **LGBTQIA**

With one of the highest self-identification rates in the country, Maine is in a position to be a leader in this area. MICC believes member centers throughout the state have an opportunity to actively and strategically support enhanced LGBTQIA programming and to partner statewide to improve support services and advocacy against sexual violence.

### **Males**

Only AMHC noted serving this population as a strength area based on their gender neutral approach to their work in general and utilization of technology, which may be something to consider for future programming efforts by other centers across the state.

### **Trafficked Persons**

MICC (and the state) looks forward to MECASA’s release of the first Maine-based human trafficking needs assessment for future comparative analysis and the role that sexual assault support centers and partners will play in the implementation of next steps.

### **People with a Physical/Intellectual Disability**

No ranking or reference was made to working with people with physical disabilities. Despite the population’s #3 ranking as most well serviced group among support centers, SAPARS was the only center to specifically mention their services for this population and note them as an area of strength. Other locations where center efforts could be implemented to meet this established population need, given their identified disabled local populations, are in Caribou (AMHC) and Bangor (RRS).

### **Youth**

According to the U.S Census, Somerset, Waldo, and York counties have some of the highest percentages (an average of 20.1%) of population aged 18 and under in the state. SARSSM and SAC&SC both noted strengths in serving youth in these high population areas, but SASSMM did not indicate strengths in offering services for youth in Waldo County. City census data indicated that Lewiston and Auburn, Brunswick, and Caribou were found to have large youth populations compared to other center sites. SAPARS and AMHC mentioned strengths

in serving youth, while again SASSMM made no reference to strength in serving youth in particular. Despite having lower percentages of youth in their catchment areas, RRS and SAC&SC indicated services to this population as a strength.

#### **Incarcerated Persons**

MICC supports the good work being done by centers statewide, and encouraged the continued relationship building and education of Maine's corrections system and staff about sexual violence within and external to its facilities, in all of the counties, regardless of federal funding and required PREA compliance.

#### **Non-Native English Speakers/Language Limited/Foreign Born Persons**

The USWM was the only center to note this population as one of their core strengths across diverse linguistic and cultural groups and actively serves the Lewiston, Portland, and Auburn areas. Based on the populations' demographic data, there could be the potential to increase services in the SARSSM, RRS, and AMHC catchment areas for multilingual and multicultural populations.

#### **Native American/Indian/First Nation Persons**

MICC sees potential for more work and partnership, cross training and referral of services with populations in Washington, Aroostook, and Penobscot counties, particularly by AMHC and RRS staff.

#### **Economically Disadvantaged Persons**

Given the #4 strength of service ranking for this population among all centers, MICC recommends looking more closely at how exactly services are being provided well, and what efforts AMHC, SARSSM, and SAPARS in particular are doing to increase these efforts.

#### **Rurally Located Persons**

MICC believes having people who are from the community, and therefore intimately understand the challenges residents face, is a model of best practice for meeting this underserved population.

#### **Veterans/Active Duty Service Members**

According to US Census data, Cumberland county had the highest number of veterans, followed by York and Penobscot counties. Only SAPARS noted this population as one with whom they actively engaged. MICC suggest more intentional outreach be made by centers in these higher population areas (SARSSM, RRS) for the delivery of more comprehensive services.

#### **Hispanic/Latin/Latino Persons**

Language and cultural norms should be observed by SARSSM, SAPARS, SAC&SC and SASSMM staff in future outreach efforts and service provision to these communities.

**No significant gaps or barriers were identified by the Centers for the following populations** African American or Black Persons, Asian/Asian American Persons, Pacific Islander Persons, Religious Minorities (Muslim, Jewish, etc.), Seasonal Migrant Persons

#### **Synthesized Recommendations and Action Items from MICC for Serving Underserved Communities**

Given all of the information gleaned from MECASA member center staff, the service providers of underserved communities, and the members of underserved communities themselves, MICC has arrived at the following ten recommendations and action items.

1. **“We don’t know what we don’t know.” Begin to collect additional demographic data of each client served and those people reached in outreach efforts.**
  - MICC recommends having goals of service for underserved communities based on U.S. Census data, and when this is unavailable, from local service provider partners.
  - MICC would suggest a reporting system that includes outreach hours and/or number of contacts made in the underserved communities.
2. **“We gotta know our populations.” Receive on-going, culturally broad *and* culturally specific trainings to deeply understand the underserved population and hone cultural competency.**
  - MICC suggests continued cross-training and encourages opportunities for more.
  - MICC recommends developing a Limited English Proficiency (LEP) policy, if not already done, which requires all member center staff be trained on best practices for using interpreters, translators, and cultural brokers.
3. **“Go where they are.” Provide sexual assault trainings, outreach, and services where the population is and, when possible, in partnership with those who are already serving the population well or with members of the underserved community as partners.**
4. **Leverage technology to serve diverse populations.**
  - MICC recommends extending the strategy of video teleconferencing throughout the state, as it has the possibility of engaging several traditionally underserved populations: rural and people with disabilities, especially if a secure technology could allow survivors to “meet” virtually from their homes.
5. **“Hire people who look like me.” Employ and retain center staff who know and understand the underserved communities. It is highly recommended to recruit and retain members of support center staff from these traditionally underserved.**
6. **Nurture and develop partnerships with underserved community members and their service providers. Understand that outreach and partnership is about relationships, and this takes (a long) time to develop.**
7. **Consider expanding the fold of MECASA to include additional organizations that are currently providing services to (traditionally underserved) survivors of sexual violence.**
  - MICC suggested partnerships include: Wabanaki Women’s Coalition, Internity (survivors of military sexual assault), Maine National Guard Sexual Assault Prevention and Response Program, Maine Military and Community Network, Maine Veterans Affairs Military Sexual Trauma Coordinator, University of Southern Maine Campus Safety Project, Colby Students Against Sexual Assault, Bates Sexual Assault Victim Advocates, Bowdoin Gender Violence Prevention and Safe Space, UNE Victim Advocates, Maine Migrant Health Program, Maine Access Immigrant Network, and Maine Community Action Association.
8. **Consider public awareness/media campaigns that address popular misconceptions.**
  - MICC supports one center’s recommendation to “Develop open, inviting outreach materials that can make all centers more open to all underserved populations.”
9. **Consider a standardized, statewide approach to serving particular groups with technical assistance from national stakeholders.**

- Since almost all centers echoed a desire to serve men better, MICC would suggest a similar statewide initiative that partners with 1 in 6, for example, as well as local men's groups to leverage resources and have a conversation focusing on male sexual violence survivors statewide.

#### **10. More staff, more funding.**

- MICC repeatedly heard the positive effects of adding staff and the negative effects of funding ending or being reprioritized away from a certain population. Other staff noted that funding could solve some problems, but the knowledge and technical assistance is what is needed first and then the funds to implement it and serve the surge of people who are identified.

#### **Conclusion:**

Through MICC's assessment of the services provided and populations currently being reached by sexual assault support centers across 20 underserved communities, when compiled altogether statewide, MICC found results that seem at first contradictory, and perhaps even neutralizing. However, upon closer examination MICC finds this indicative of the fact that each center is unique in terms of geography, partnerships, expertise, and/or population, making statewide comparisons challenging. However, this provides the potential for centers with strengths to educate and support centers who are lacking in those service areas.

Centers clearly identified that the reason their services were strengths was a result of community connections in response to expressed need and the creation of local partnerships, while the absence of such connections were the primary contributing factors for their top service gaps. MICC believes improving identified gaps in funding, training, and/or partnerships that currently prevent the effective serving of underserved populations could be addressed by standardizing the service approach and staff competency levels across the coalition and by strategically utilizing community expertise in the areas/populations that MECASA deems as most critical to address.

After examining the member centers' perceptions against the state's actual population and regional demographics in the areas covered by support centers, MICC identified an opportunity for growth in service provision in most centers. This is especially true when a certain population exists in the catchment area, but is not being served or outreached in a number reflective of the actual population.

MICC found that because of the lack of a coordinated, confidential demographic database that all member centers collectively input data into, a priority action item should be to remedy the gap in demographic data collection. Additionally, MICC suggests incorporating outreach data, to capture the efforts made to connect with underserved populations. Collecting data beyond what is required by current reporting could allow MECASA to access future targeted funding, perhaps supporting populations already being served and allowing for necessary capacity building to support underserved populations.

Overall, MICC believes that following as many of the presented ten recommendations and action steps as are feasible will help MECASA continue in its goal of "end sexual violence in Maine and to support high quality sexual violence prevention and response within Maine communities."