

COUNCIL WORK SESSION  
Tuesday, May 13, 2014, 5:00 p.m.  
Casper City Hall  
Council Meeting Room

AGENDA

1. Community Action Partnership Update
2. Channel 3 Programming Update
3. Use of City Council Chambers as a Public Forum
4. Charter: City's Contract
5. Chamber of Commerce Request for Funding Budget 2015
6. Drug Court Updates
7. Executive Session

2011-2012  
Community Action Partnership  
of Natrona County  
Low-Income Needs Assessment  
2011

# Natrona County Low-Income Needs Assessment 2011

*A study of needs and resources for low-income  
people in Natrona County, Wyoming*

**Community Action Partnership of Natrona County**



## Table of Contents

<b>Acknowledgements</b> .....	6
<b>Executive Summary</b> .....	7
<b>Introduction</b> .....	9
Community Action Partnership.....	9
Project Context.....	10
Purpose of the Low-Income Needs Assessment.....	10
Survey Methodology.....	11
Poverty.....	12
How is Poverty Measured.....	12
Poverty by the Number.....	13
<b>Findings of Low-Income Client Survey</b> .....	14
Respondent Demographics.....	14
Geographic Distribution of Respondents.....	14
Race and Ethnicity.....	15
Age and Gender .....	16
Language.....	17
Education.....	17
Employment and Income.....	18
Benefit reductions.....	22
Financial situation: overall assessment.....	24
Food and Nutrition.....	25
Hunger.....	25
Ability to Prepare Food.....	26
Accessing Community Resources.....	28
Housing and Energy.....	29
Housing Assistance.....	29
Housing cost situations.....	30
Energy assistance.....	31
Health and Healthcare.....	33
General health and welfare.....	33
Health Insurance.....	35
Access to Dental and Medical Care.....	36
Children's Health Insurance.....	38
Mental Health and Substance Abuse.....	39
Disabilities.....	40
Long-term Care.....	42
Emergency Services.....	43
Is 911 Calling an Indicator of General Distress?.....	44
Childcare.....	47

Low-income Service Gaps Analysis.....	49
Importance of Services.....	49
Availability of Services.....	50
Services Gap Analysis using Importance-Availability Index.....	50
Services Gap Analysis using Importance-Availability Coordination System.....	52
Gap Analysis by Consumer Categories.....	59
<b>Appendix A: Questionnaire Format Summary Results.....</b>	<b>66</b>

## List of Tables

Table 1 Survey Data Collection Sites.....	11
Table 2 Federal Poverty Guidelines for Year 2011.....	13
Table 3 Reasons benefits stopped or reduced by demographic characteristics.....	23

## List of Figures

Figure 1 Geographic distribution of respondents by zip code area .....	14
Figure 2 Demographic characteristics of respondents (frequency (n) and percent of sample).....	15
Figure 3 Distribution of respondents by age.....	16
Figure 4 Comparison between Gender and Age of Respondents .....	16
Figure 5 Number of respondent households with one or more high school or GED graduates .....	17
Figure 6 Respondent households with one or more employed members .....	19
Figure 7 Respondent households with one or more full-time employment members based on Race or Ethnicity.....	18
Figure 8 Sources of respondent household income .....	19
Figure 9 Respondents households source by type of service client.....	20
Figure 10 Distribution of total household incomes.....	22
Figure 11 Percent of respondents who reported having benefits stopped or reduced in the past year.....	23
Figure 12 Reasons benefits were stopped or reduced (percent of households that experienced discontinued or reduced benefits.....	24
Figure 13 Respondents assessment of households' financial situation compared to a year ago .....	25
Figure 14 Client or household members has gone hungry because not enough food .....	25
Figure 15 How often respondent is concerned about household's ability to prepare food .....	28
Figure 16 How often respondent is concerned about household's ability to prepare food based on Race and Ethnicity.....	29
Figure 17 Food assistance services used in the past year .....	29

Figure 18 Percent of respondents households that received emergency, transitional, and Section 8 housing assistance in the past year.....	29
Figure 19 Percent of respondent households that share housing or moved due to cost, or were evicted in the past year .....	30
Figure 20 Percent of respondent households that received energy assistance in the past year .....	31
Figure 21 Percent of respondent households that have experienced a utility shut-off in the past year.....	32
Figure 22 Respondents' assessment of their lives, generally, compared to a year ago.....	33
Figure 23 Respondents' assessment of their health compared to a year ago .....	34
Figure 24 Percent of respondents with someone in their household who experienced an illness in the last year that left them unable to work or care for their children .....	34
Figure 25 Percent of respondents covered by a health insurance plan .....	35
Figure 26 Percent of respondent households whose members postponed needed medical and dental care in the last year due to cost.....	36
Figure 27 Proportion of respondents who postponed medical care by insurance coverage status .....	37
Figure 28 Percent of parents whose children are covered by health insurance plan .....	38
Figure 29 Percent of respondent households including at least one member who received drug or alcohol abuse treatment, mental health treatment, or both .....	39
Figure 30 Percent of respondent households including at least one member with a disability that limits one or more daily activities (e.g., walking, eating, bathing, etc.).....	40
Figure 31 Percent of respondent households including at least one member with a developmental disability .....	41
Figure 32 Percent of respondent households with at least one member who received long-term care or home care services in the last year .....	42
Figure 33 Someone in respondent's household called 9-1-1 in the past year .....	43
Figure 34 Percent on 9-1-1 caller and non-caller households who experienced certain situations in the past year .....	45
Figure 35 Percent of 9-1-1 caller and non-caller households who experience certain situations in the past year .....	46
Figure 36 Percent of respondent households with children 0-5 who received Head Start Services in the past year .....	47
Figure 37 Percent of respondents who have assumed full responsibility for the overall care of their grandchildren.....	48
Figure 38 Proportion of respondents who rate services "extremely important" to their households .....	49
Figure 39 Proportion of respondents who rate services "very hard to get" .....	50
Figure 40 Percent of respondents who perceive an extreme gap in their community for the listed services (extreme service gap is defined here as "extremely important" to their household and "very hard to get") .....	51

Figure 41 All respondents' perspectives on low-income services importance and availability.....	53
Figure 42 White respondents' perspectives on low-income services importance and availability.....	55
Figure 43 Hispanic respondents' perspectives on low-income services importance and availability.....	55
Figure 44 African American respondents' perspectives on low-income services importance and availability.....	56
Figure 45 American Indian respondents' perspectives on low-income services importance and availability.....	57
Figure 46 Seniors' perspectives on low-income services importance and availability.....	58
Figure 47 Emergency shelter residents' perspectives on low-income services importance and availability.....	59
Figure 48 Transitional Housing residents' perspectives on low-income services importance and availability.....	60
Figure 49 Section 8 clients' perspectives on low-income services importance and availability.....	60
Figure 50 Substance abuse program clients' perspectives on low-income services importance and availability.....	61
Figure 51 Mental health clients' perspectives on low-income services importance and availability.....	62
Figure 52 Energy assistance clients' perspectives on low-income services importance and availability.....	63
Figure 53 Head Start clients' perspectives on low-income services importance and availability.....	64
Figure 54 Veterans' perspectives on low-income services importance and availability.....	65

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- CAPNC – Main Office
- CAPNC-12<sup>th</sup> Street Clinic – Health Care for the Homeless
- CAPNC – Transitional Housing
- BASIC Christian Fellowship
- Casper Re-Entry Center
- Casper Workforce Center
- Central Wyoming Rescue Mission
- Central Wyoming Senior Services
- Child Development Center
- Climb Wyoming
- Community Health Center of Central Wyoming
- Department of Family Service
- Highland Park Community Church
- Holy Cross Food Pantry
- Interfaith of Natrona County
- Meals on Wheels
- Mercer House
- Natrona County Drug Court
- Natrona County Public Defenders
- Natrona County Public Library
- Oasis Ministry
- Poverty Resistance
- Salvation Army
- Self Help Center
- Seton House
- St. Mark's Food Pantry
- WIC
- Wyoming Food Bank of the Rockies

This report would not have been possible without help from the many individuals who completed survey questionnaires. We also thank the many agencies who encouraged the people they serve to participate in this project.

## Executive Summary

### Introduction

Community Action Partnership of Natrona County conducted a low-income needs assessment designed to assist local public and private agencies in proposing for future service delivery. This assessment is based on the results of a survey administered to low-income clients representing 320 low-income households. The households represented by the respondents included 598 persons (376 adults and 222 children).

### What were the respondents like?

- **Race and Ethnicity:** 83% of respondents are white, 4% American Indian, 3% African American, 0% Asian/Pacific Islanders, and 8% of all respondents are of Hispanic/Latino ethnicity households.
- **Education:** 74% have at least a high school diploma.
- **Employment:** 60% of household include wage earners; 39% of all households have wage earners working fulltime; 4% rely, to some degree, on Temporary Assistance for Needy Families (TANF); 26% receives Social Security income.
- **Income and financial situation:** 54% of client household report \$2,000 or less in total monthly household income; 66% have household incomes that are at or below the Federal Poverty Level. 43% respondent subgroups reported that their financial situation had gotten worse over the last year.
- **Benefit reductions:** Many households rely to some degree on benefit programs such as TANF, SSI, and food stamps. Thirty-one percent of respondents reported that their benefits had been reduced or stopped in the last year.
- **Seniors:** 14% of respondents are senior citizens.

### What were the respondents' high priority needs?

- High priority needs with lower availability: According to client respondents, affordable medical and dental care, affordable housing, and living wage jobs are high priority needs or services that are hard to access.
- When comparing demographic subgroups, these high-priority needs changed somewhat. For example, Hispanic respondents would add childcare and adult basic education to that list. Across all subgroups, living wage jobs are a high priority need that is difficult to obtain.

### What were the findings based on category of needs?

**Housing:** In the last year, 15% of respondents needed to use emergency housing, 11% needed some form of transitional housing, and 4% relied on HUD Section 8 rental assistance. Respondents also faced the following housing cost-related situations:

- 19% share housing with another household due to cost
- 13% moved in the last year due to high housing costs.
- 13% were evicted from their housing.

### Energy:

- 12% of respondents rely on energy assistance programs to heat their homes.
- 12% had their heat or electricity turned off.

- 24% had their phone service turned off.

**Childhood Development and Parenting:**

8% of respondent households with children aged 0-5 receive services from Head Start, and 3% of respondent households say that someone in the household has assumed responsibility for the overall care their grandchildren.

**Food and Nutrition:** 32% of respondents say that in the last year someone in their household had gone hungry for lack of food.

- 79% of respondents rely on one or more food assistance programs.
- Food banks (41%), food stamps (53%), churches (26%), and Special Supplemental Nutrition Program for Women, Infants and Children, popularly known as WIC (19%), are the most frequently accessed assistance programs.
- 41% of respondents say they are often concerned about their household's ability to prepare food.

**Health and Healthcare:** The proportion of uninsured is highest among the poorest families.

- **Uninsured:** 50% of respondents are uninsured. Among households with children, 54% say that their children are covered by health insurance.
- **General health and welfare status:** Less than a quarter of respondents state their lives now are worse than a year ago, and respondents are equally likely to say their health is worse (20%) compared to those who say it is better (24%).
- **Impact of illness:** About one in four respondents (17%) state that someone in

their household experienced an illness in the last year that left them unable to work or care for their children.

- **Medical care:** Almost half (48%) of respondents state that someone in their household has postponed necessary medical care due to cost in the last year. Not surprisingly, the problem of postponing necessary medical care is strongly correlated with a respondent's insurance status. Among those with coverage, only 12% state they postponed care, yet (37%) of the uninsured state they postponed care.
- **Dental care:** Less than half of respondents (51%) state they postponed necessary dental care due to cost.
- **Substance abuse:** 20% of respondents state that a household member received drug or alcohol abuse treatment.
- **Mental health:** 17% of respondents state that someone in their household obtained mental health services in the past year.
- **Disability:** Less than a quarter (19%) state having at least one household member that has a disability that limits one or more daily activities such as walking, eating, bathing or toileting.
- **Long-term care:** The prevalence of household members who are receiving long-term care (1%) is low among the overall sample of respondent households.
- **Emergency services:** One in two respondents (19%) state their household has contacted 9-1-1 for some reason in the past year.

## Introduction

### Community Action Partnership of Natrona County

Community Action Partnership of Natrona County (CAPNC) is part of a nationwide network of Community Action Partnership (CAPs), community-based organizations mandated to provide services and to advocate for the interests of the poor. As with other CAPs, Community Action Partnership of Natrona County administers, coordinates and funds programs that act in response to the human service needs of residents of Natrona County. The extent of services provided by the Community Action Partnership includes programs, which aid those with economic disadvantages, those with functional disabilities such as the frail elderly and physically disabled, those with developmental disabilities, those with acute or chronic mental illness, and those who are at risk of or suffering from substance abuse.

The work of Community Action Partnership is accomplished through partnerships with a broad spectrum of community agencies and the administration of State and Federal grants. For administrative purposes Community Action Partnership is organized into three divisions. Increasingly, population and service delivery factors require collaborative approaches that draw on the expertise and resources of more than one division and on organizations and resources outside of the agency. These divisions and some of the programs offered include:

#### **Community Action Partnership**

- Emergency Services
- Employment and Training Services
- Family Development and Self Sufficiency Services
- Case Management
- Community Services Block Grant
- Community Development Block Grant

#### **12<sup>th</sup> Street HCH Clinic**

- Primary and preventative health care for homeless individuals and families
- Outreach
- Mental Health and Substance abuse services
- Case Management
- Health Education

#### **Life Steps Transitional Housing**

- Transitional Housing & Supportive Services to families with children

## Project Context

The dilemma of poverty is not new, nonetheless it has a noteworthy impact on our entire community. At length, communities around the country and around the world have been attempting to evaluate and remediate dynamics that contribute or lead to poverty, aiming for both generational issues and situational life events.

Poverty is frequently defined by quantitative measures, such as a threshold of \$1,526 per month for a family of three (2010 Guidelines, Health and Human Services). However, many characteristics of poverty are not reflected in statistical indicators. Inadequate earnings to meet basic needs are a typical attribute of most definitions of poverty. Nevertheless, this in itself does not take into account the numberless cultural, social, and political aspects of poverty. Poverty is not only dispossession of economic or material resources, but also a infringement of human dignity.

Statistics from a wide variety of sources indicate the extent of the poverty problem in our community:

- In 2010, over a quarter (27.39%) of school children in Natrona County schools qualify for the free or reduced-price lunch program (Wyoming State Department of Education).
- In 2009, 9.5% of Natrona County residents lived below the poverty level. In addition, more than a quarter (30%) of single mother families with children under 18 years old live in poverty (U.S. Census Bureau, American Community Survey).

## Purpose of the Low-Income Needs Assessment

Community Action Partnership of Natrona County, working with the support of other service providers, local government and the private sector, produces a comprehensive countywide needs assessment for the following purposes:

- Explore and illustrate the elements of poverty in Natrona County,
- Provide a strategic planning instrument for agencies, organizations and individuals seeking to confront poverty in Natrona County, and
- Present a locally significant and reliable study for use by local communities and funders and to attract resources necessary to combat poverty in Natrona County.

## Survey Methodology

The method used in gathering data for the 2011 Low-Income Needs Assessment was a self-administered questionnaire. The self-administered questionnaire was delivered to several locations and staffs at those locations were instructed on administering the survey to their clients. Questionnaires were completed by 320 low-income individuals/clients in various social service offices and public agencies (Table 1). The households represented by the respondents included 598 persons (376 adults and 222 children). This survey instrument used primarily closed ended items capturing nominal data on demographic characteristics, present needs, and service utilization information presented in this report. Surveys were distributed in English, also as part of intake procedures for service between March 1, 2011, and May 30, 2011. Data processing, analysis, and tabulation of statistics were directed by Community Action Partnership of Natrona County Program Director.

**Table 1 Survey data collection sites**

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Adult Basic Education/GED
BASIC Christian Fellowship
CAPNC-Main Office, Health Care for the Homeless, and Transitional Housing
Casper Re-Entry Center
Casper Workforce Center
Central Wyoming Counseling Center
Central Wyoming Rescue Mission
Central Wyoming Senior Services
Child Development Center
Climb Wyoming
Community Health Center of Central Wyoming
Department of Family Services
Highland Park Community Church
Holy Cross Food Pantry
Interfaith of Natrona County
Meals on Wheels
Mercer House
Natrona County Drug Court
Natrona County Public Defenders
Natrona County Public Library
Oasis Ministry Food Pantry
Poverty Resistance
Salvation Army
Self Help Center
Seton House
St. Mark's Food Pantry
WIC
Wyoming Food Bank of the Rockies

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## Poverty

*Poverty is hunger. Poverty is lack of shelter. Poverty is being sick and not being able to see a doctor. Poverty is not having access to school and not knowing how to read. Poverty is not having a job, is fear for the future, living one day at a time. Poverty is losing a child to illness brought about by unclean water. Poverty is powerlessness, lack of representation and freedom. Most often, poverty is a situation people want to escape. So poverty is call to action – for the poor and the wealthy alike – a call to change the world so that many more may have enough to eat, adequate shelter, access to education and health, protection from violence, and a voice in what happens in their communities.*

*To know what helps to reduce poverty, what works and what does not, what changes over time, poverty has to be defined, measured, and studied – and even experienced. As poverty has many dimensions, it has to be looked at through a variety of indicators – levels of income and consumption, social indicators, and indicators of vulnerability to risks and of socio/political access.*

## How is poverty measured?

Following the Office of Management and Budget's (OMB) Statistical Policy Directive 14, the U.S. Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is poor. Of a family's total income is less than that family's threshold, then that family, and every individual in it, is considered poor. The *poverty thresholds* do not vary geographically, but they are updated annually for inflation using the Consumer Price Index. The official poverty definition counts money income before taxes and does not include capital gains and non-cash benefits (such as public housing, Medicaid, and food stamps).<sup>2</sup>

The *poverty guidelines* are another version of the federal poverty measure. They are issued each year in the Federal Register by the Department of Health and Human Services (HHS). The guidelines are a simplification of the poverty thresholds for administrative purposes – for instance, they are used in determining financial eligibility for certain federal programs. Programs using the guidelines (or percentage multiples of the guidelines for instance, 125 percent or 185 percent of the guidelines) in determining eligibility include Head Start, the Food Stamp Program, the National School Lunch Programs, the Low-Income Home Energy Assistance Program, and the Children's Health Insurance Program. Note that in general, cash public assistance programs (Temporary Assistance for Needy Families, or TANF, and its predecessor Aid to Families with Dependent Children, and Supplemental Security Income) do NOT use the poverty guidelines in determining eligibility.<sup>3</sup>

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<sup>1</sup> Excerpted from The World Bank web site <http://www.worldbank.org/>

<sup>2</sup> Source: Joseph Dalaker and Bernadette D. Proctor, U.S. Census Bureau, Current Population Reports, Series P60-210, Poverty in the United States: 1999, U.S. Government Printing Office, Washington, DC

<sup>3</sup> Excerpted and edited from *Poverty Newsletter*, a newsletter of The American Association of Law Schools—Poverty Law Section, Issue number 38, April 2002, Loyola University, New Orleans, LA.

## Poverty by the Numbers

*Poverty guidelines*, as established by the Federal Office of Management and Budget, are shown in Table 2. The guideline of 125% of poverty is used as an eligibility criterion for many programs that assist persons in Natrona County.

**Table 2 Federal Poverty Guidelines for Year 2011**

FAMILY SIZE	INCOME PER MONTH (\$ AT 100% OF FPL)	MONTHLY ELIGIBILITY LIMITS AT 125% OF FPL (\$)	ANNUAL LIMIT AT 125% OF FPL (\$)
1	908	1,134	13,613
2	1,226	1,532	18,388
3	1,544	1,930	23,163
4	1,863	2,328	27,938
5	2,181	2,726	32,713
6	2,499	3,124	37,488
7	2,816	3,530	42,263
8	3,136	3,920	47,038

Source: U.S. Department of Health and Human Services

The U.S. Census Bureau estimates that there were 75,450 people living in Natrona County in 2010. The Census Bureau also estimates that there were 7,167 people living at or below 100% of the federal poverty level in Natrona County in 2009 (the last year that estimates are available). That constitutes 9.5% of the county's estimated population. Of Natrona County's single mother families with related children under 18 years old, 27.8% live in poverty.

The state of Wyoming, by comparison, is estimated to have 563,626 people living in the state. The Census Bureau also estimated to have 57,489 people living at or below poverty, comprising 10.2% of the overall population.

## Findings of Low-Income Client Survey

This section presents the conclusion of the low-income client community survey. For simplicity, percentages were rounded to the nearest whole number. We begin by illustrating the demographic characteristics of the sample of 320 low-income respondents. Next, we present detailed analysis of respondent survey data within several common categories of need and services including food and nutrition, housing and energy, health and healthcare, and childcare. It is important to take into account that these are not exclusive groups, indicating that an individual respondent may occur in more than one of these groups. For example, a survey respondent may be white and a senior. These groups are used to observe how the needs and service gaps impact diverse groups in the Natrona County community.

## Respondent Demographics

### Geographic Distribution of Respondents

Low-income client respondents are distributed throughout Natrona County (Figure 1). This study used respondent zip codes to determine their approximate location in the county. Because zip code boundaries do not coincide with incorporated city boundaries, there is no way to accurately determine the proportions that live in cities versus the unincorporated area of the county. *Charts do not reflect those respondents who did not answer.*

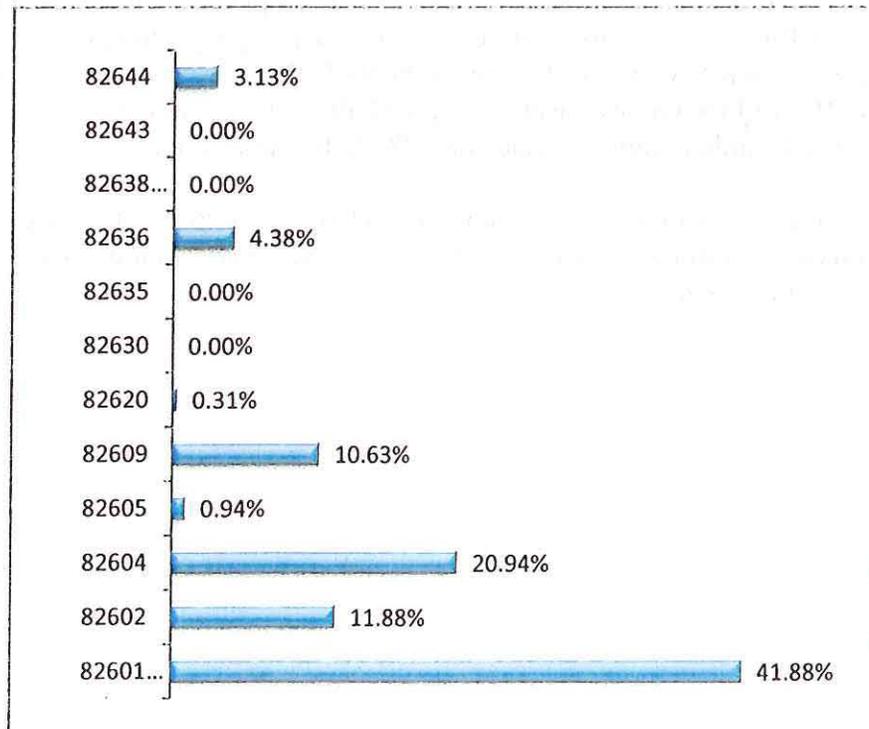
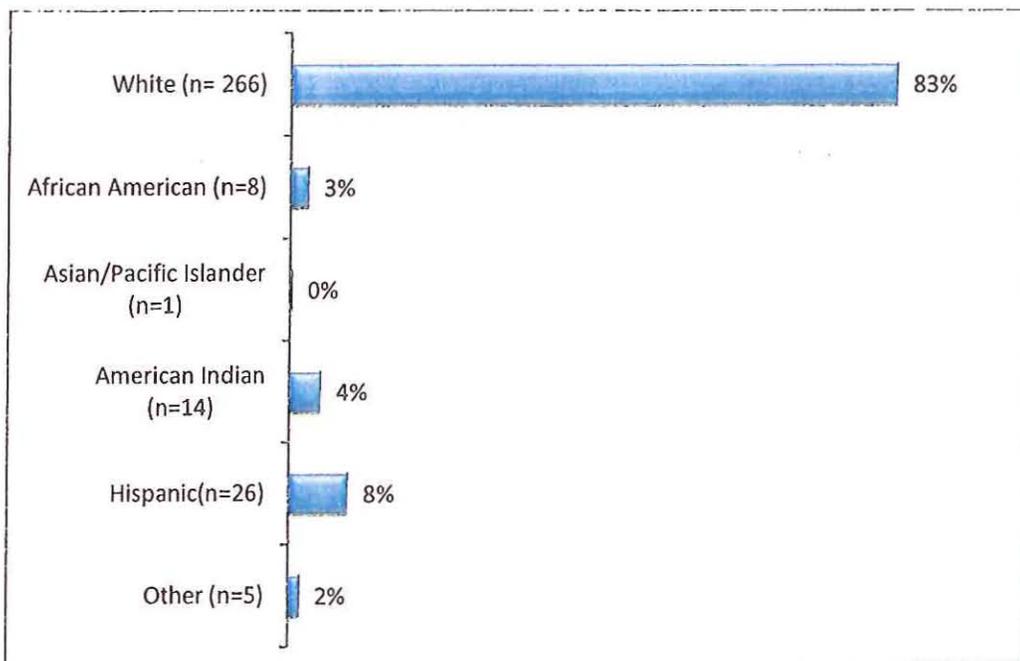


Figure 1 Geographic distribution of respondents by zip code area (N=320)

### Race and Ethnicity

In this survey, respondents were invited to check all race and ethnicities that applied. It is important to take into account that these are not exclusive groups, indicating that an individual respondent may occur in more than one of these groups. For example, a survey respondent may be multi-racial. These groups are used to observe how the needs and service gaps impact diverse groups in the Natrona County community. More than half of survey respondents identified as white (83%), 3% are African Americans, 4% are American Indians, and less than 1% are Asian or Pacific Islanders. 8% of survey respondents identified themselves as Hispanic or Latino (Figure 2).



**Figure 2 Demographic characteristics of respondents (frequency (n) and percent of sample)**

### Age and Gender

Survey respondents were invited to check age and gender. Survey respondents were most likely to be female (60%) and the median age of respondents between the ages of 35 to 44 year old (Figure 3). Respondent age distribution is shown in Figure 4.

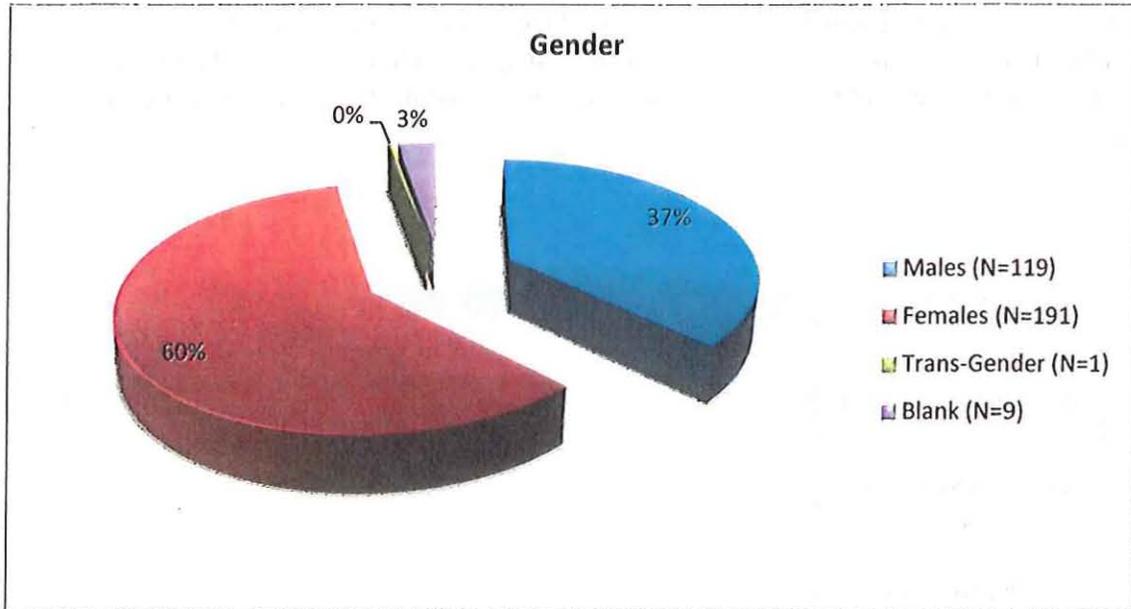


Figure 3 Distribution of respondents by age

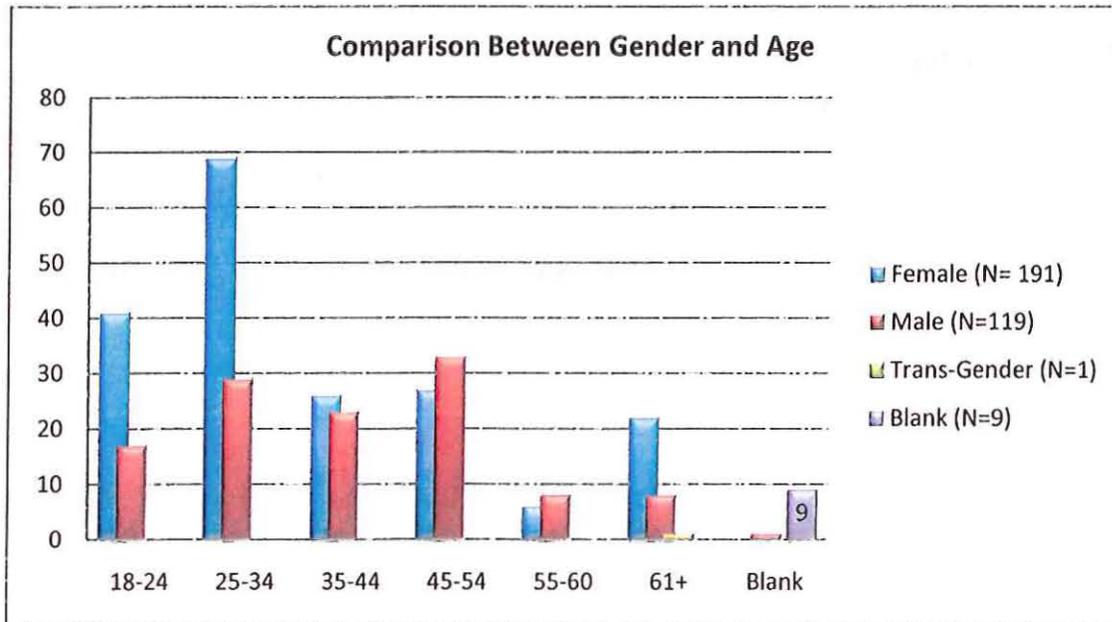


Figure 4 Comparison between Gender and Age of respondents

### Language

Non-English speakers may have difficulty accessing social and health services in Natrona County. Overall, only 2% of survey respondents stated difficulty accessing services due to a language barrier.

### Education

Most respondent households (74%) include one or more adults with at least a high school or equivalent degree (Figure 5).

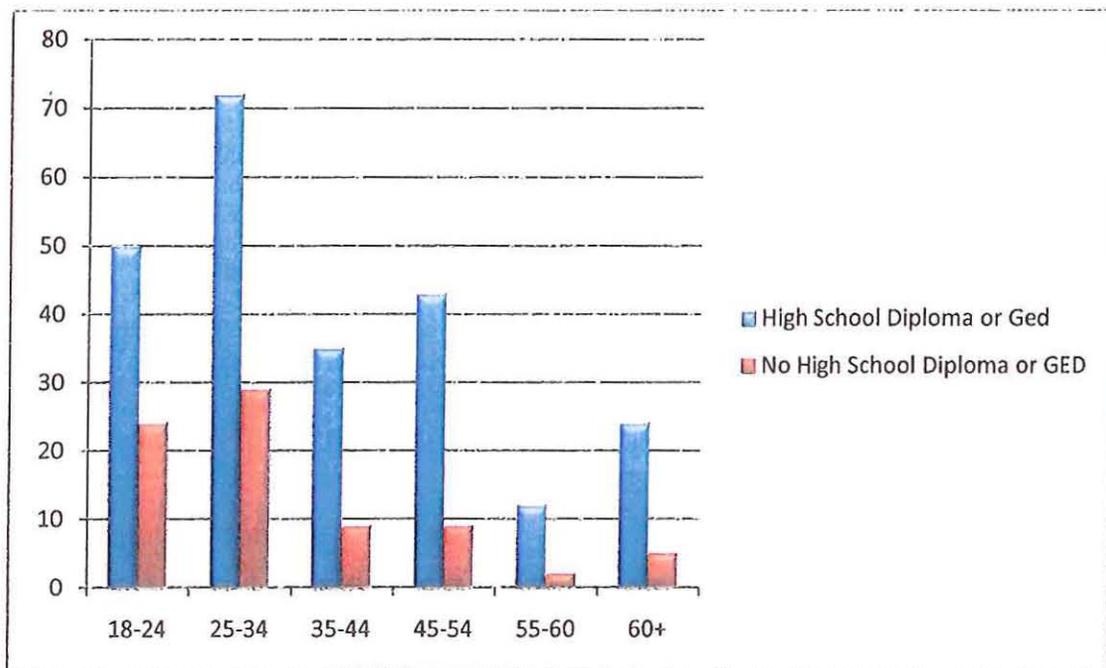


Figure 5 Number of adults of respondent households with one or more high school or GED graduates

### Employment and Income

Overall, 39% of respondent households have at least one member who is employed full-time (Figure 6). White respondent households are also most likely (29%) than the overall sample to have a full-time employed household member (Figure 7).

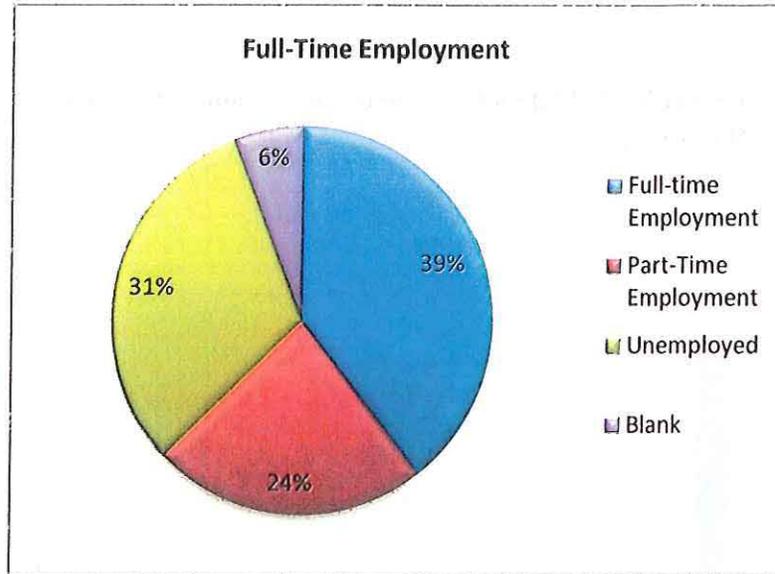


Figure 6 Respondent households with one or more employed members

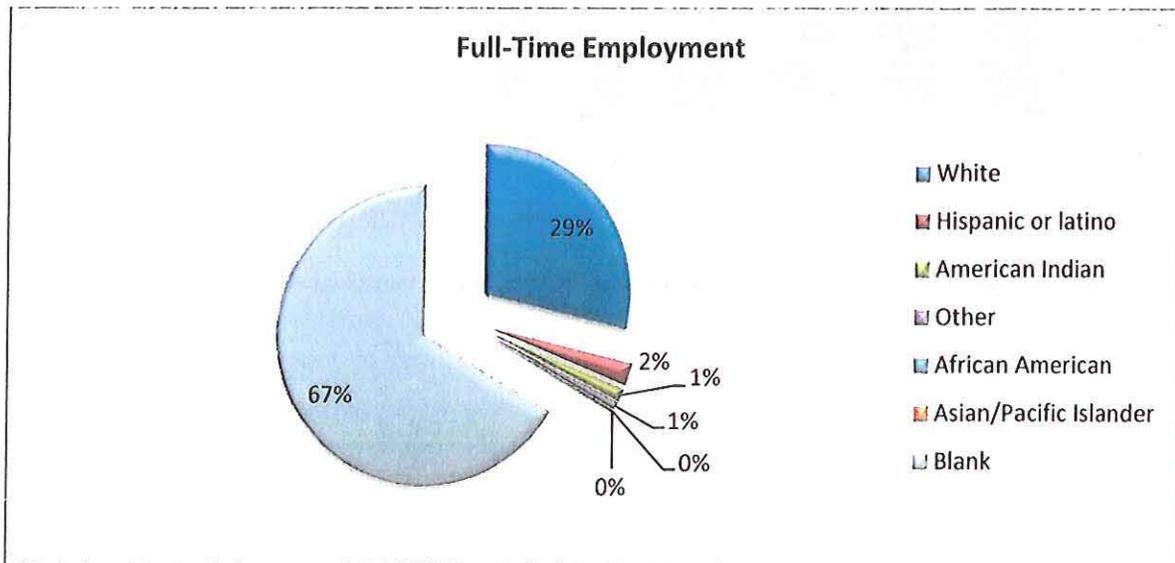
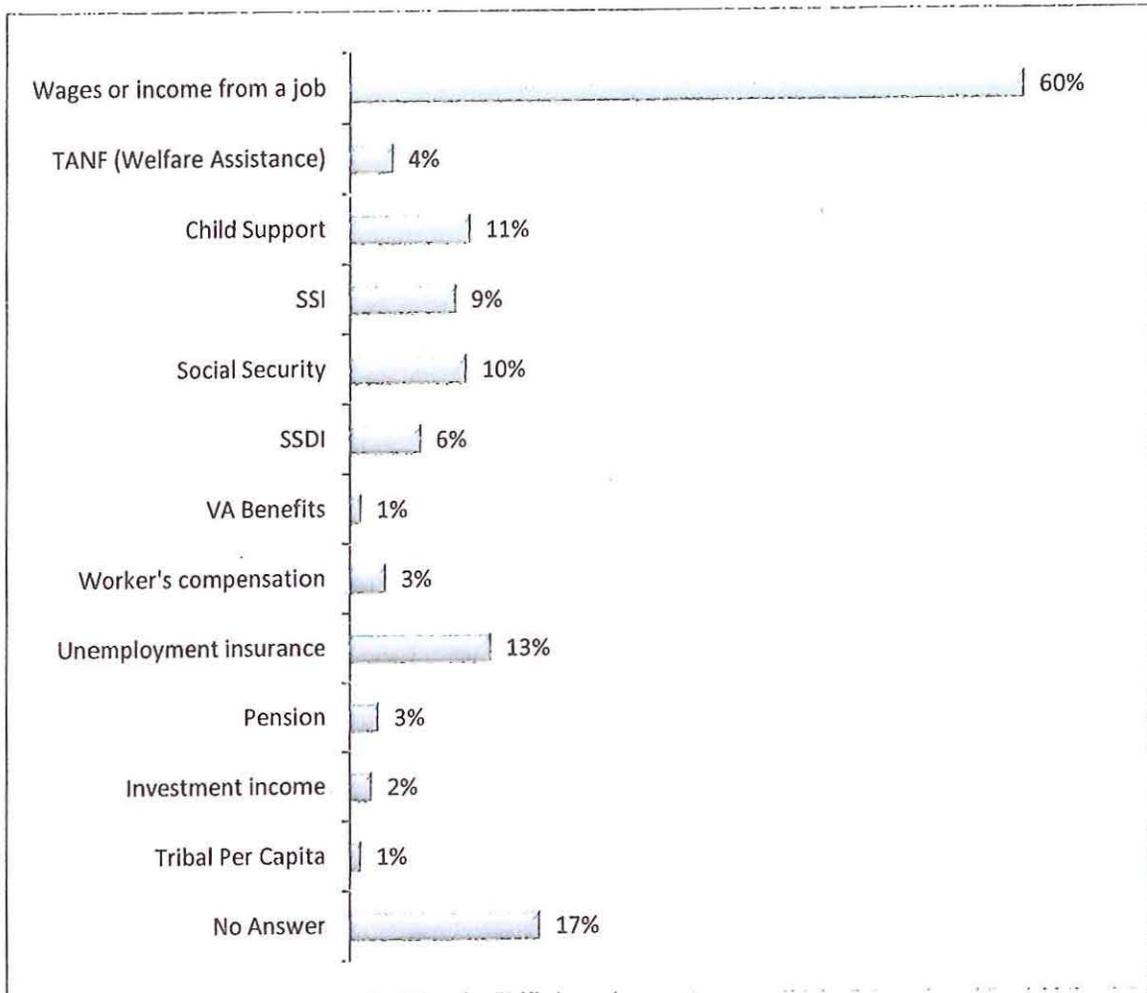


Figure 7 Respondent households with one or more full-time employment members based on Race or Ethnicity

More than half of respondents (60%) state wages from a job as a source of household income (Figure 8). The next most frequently stated income sources are unemployment insurance (13%),

child support (11%), Social Security (10%), SSI (9%), and 6% of respondents stated receiving SSDI. Please note that some respondents may be receiving income from more than one of the listed sources.



**Figure 8 Sources of respondent household income**

Compared to all respondent households, those that include a member who has received substance abuse services recently are less likely to report income from wages (Figure 9). Recent mental health services clients are more likely to report wage, investment income, unemployment insurance, and SSI income.

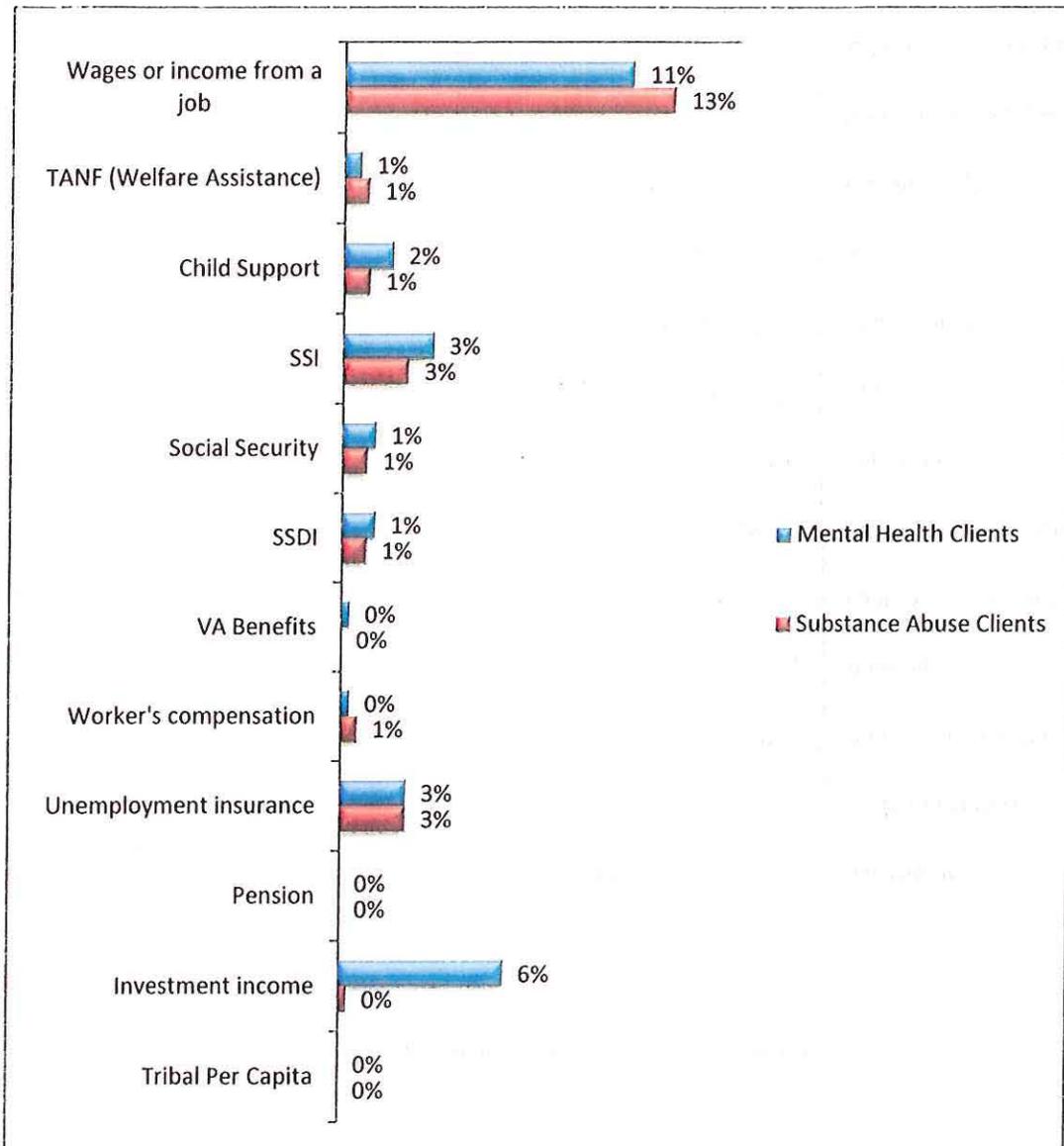


Figure 9 Respondent household source by type of service client

Less than half of respondents (42%) state monthly gross income is between \$0 and \$1,128 (Figure 10). The next most frequently stated monthly gross income are between \$1,129 and \$2,000 (12%), \$2,001 and \$2,500 (12%), and 5% of respondents stated monthly gross income is between \$3,001 and \$3,500.

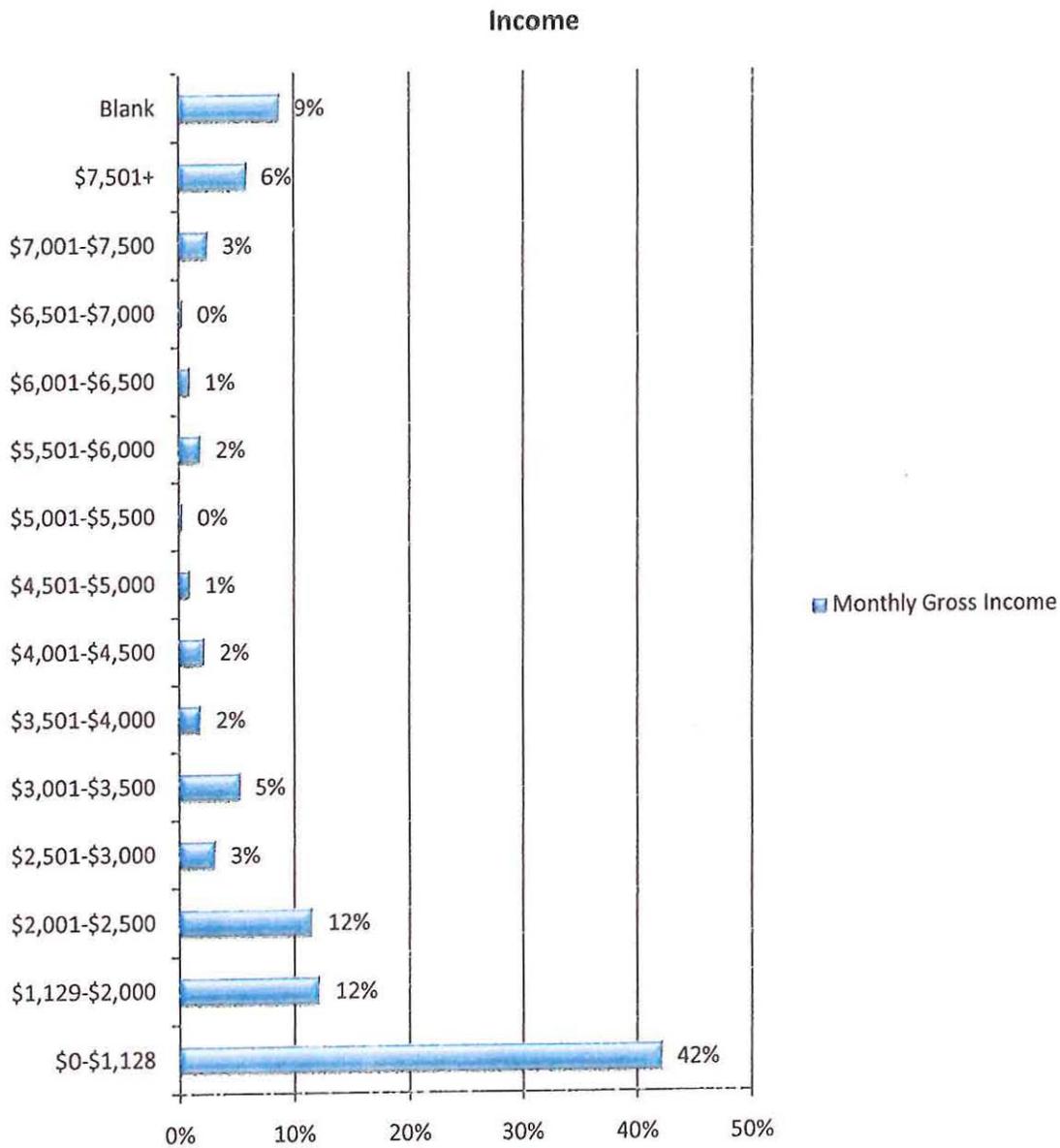
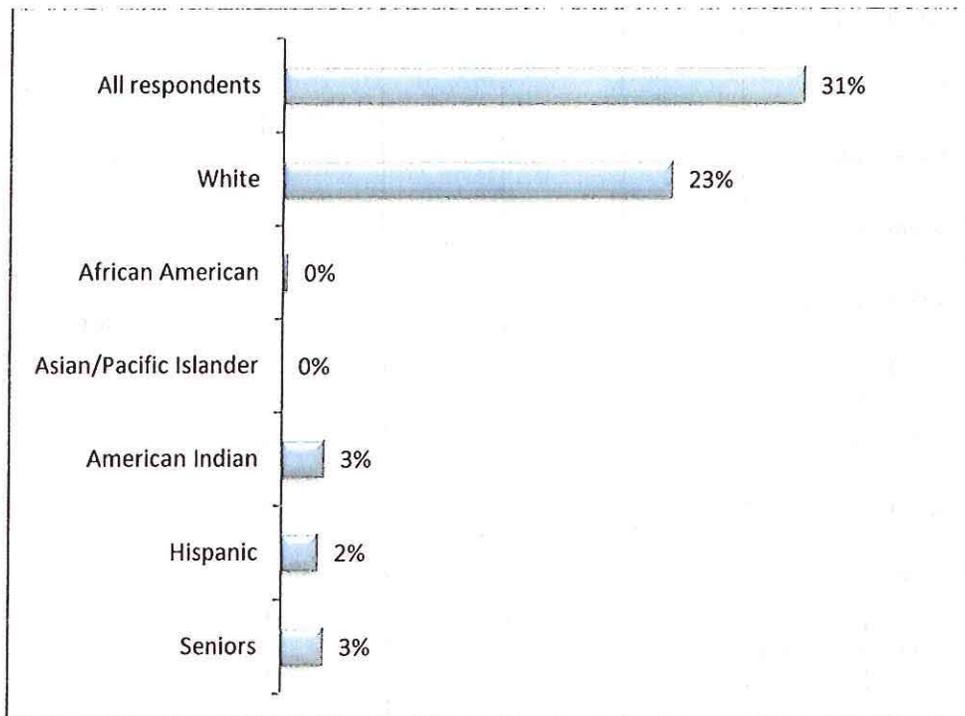


Figure 10 Distribution of total household incomes

### Benefit reductions

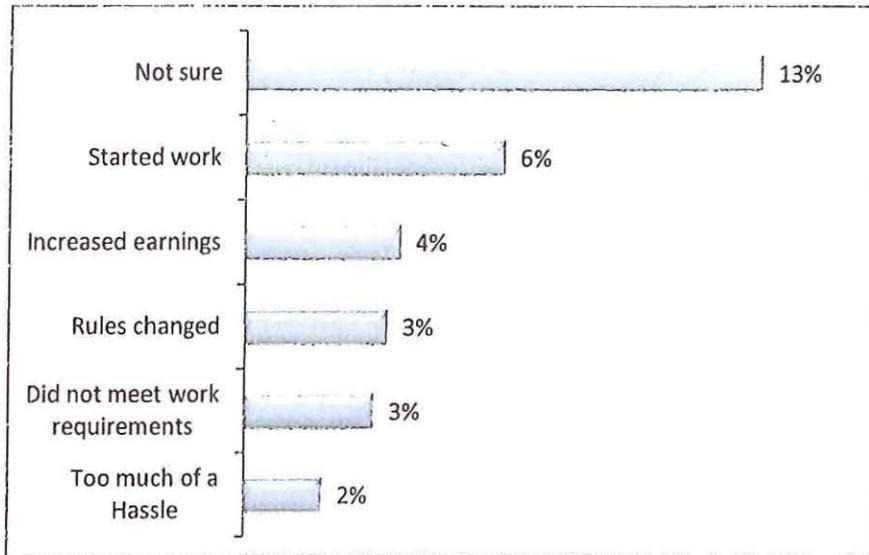
Many households depend on benefit programs such as TANF, SSI, Supplemental Nutrition Assistance Program (formally known as food stamps) and other assistance. These programs provide direct assistance and being enrolled in some benefit programs may be a prerequisite to receiving certain types of assistance. Respondents were asked to report whether or not they had any of their benefits stopped or reduced in the past year, and if so, why.

Thirty-one percent of respondents reported their benefits had been stopped or reduced (Figure 11). African Americans and Asian/Pacific Islanders were the least likely subgroup to report a benefit reduction (less than 1% and 1% respectively). White respondent households were most likely to report a reduction (23%).



**Figure 11** Percent of respondents who reported having benefits stopped or reduced in the past year

When asked why their benefits had been reduced, 13% were “Not sure” (Figure 12). Other common responses included: started working (6%), increased earning (4%), and a change in the benefit program rules (3%). Three percent said that they failed to meet the work requirements and 2% said it was too much of a hassle.



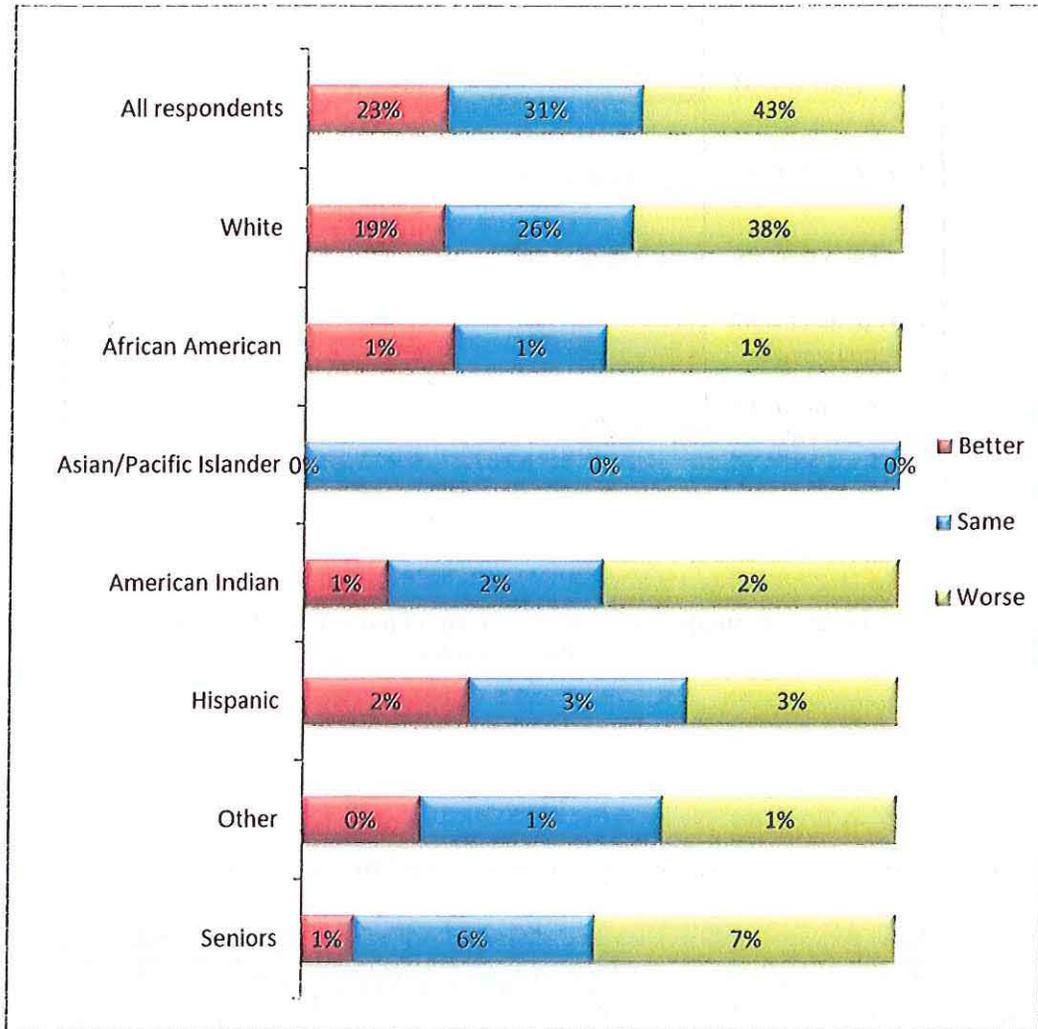
**Figure 12 Reasons benefits were stopped or reduced (percent of households that experienced discontinued or reduced benefits)**

**Table 3 Reasons benefits were stopped or reduced by demographic characteristics**

	All Respondent	White	African American	Asian/Pacific Islander	American Indian	Hispanic	Other	Seniors
Not sure	14%	11%	.6 %	0%	.9%	.9%	0%	.9%
Started work	7%	5%	0%	0%	0%	1%	0%	0%
Increased earnings	4%	3%	0%	0%	0%	0%	.3%	.3%
Rules changed	4%	3%	0%	0%	.6%	.3%	0%	.3%
Did not meet work requirements	4%	3%	0%	0%	0%	.3%	.3%	.6%
Too much of a Hassle	2%	2%	0%	0%	0%	0%	0%	.3%

**Financial situation: overall assessment**

All respondent subgroups were more likely to report that, “compared to a year ago,” their financial situation was worse (Figure 13). Among these respondents, the largest disparities between reporting a better versus a worse financial situation occurred in the White, Hispanic, and senior subgroups. Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.



**Figure 13 Respondents assessment of households' financial situation compared to a year ago**

## Food and Nutrition

### Hunger

A frequent financial difficulty faced by low-income households is the lack of money to buy food. In this survey, 32% of respondents said that someone in their household had gone hungry for lack of food (Figure 14). This proportion varies considerably among demographic subgroups. The groups with the highest reported frequency of hunger are those identified by White (23%). The lowest frequency of hunger was observed for seniors (3%), American Indians (2%) and African Americans (2%), Hispanic (1%), and Asian (0%) respondents. *Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.*

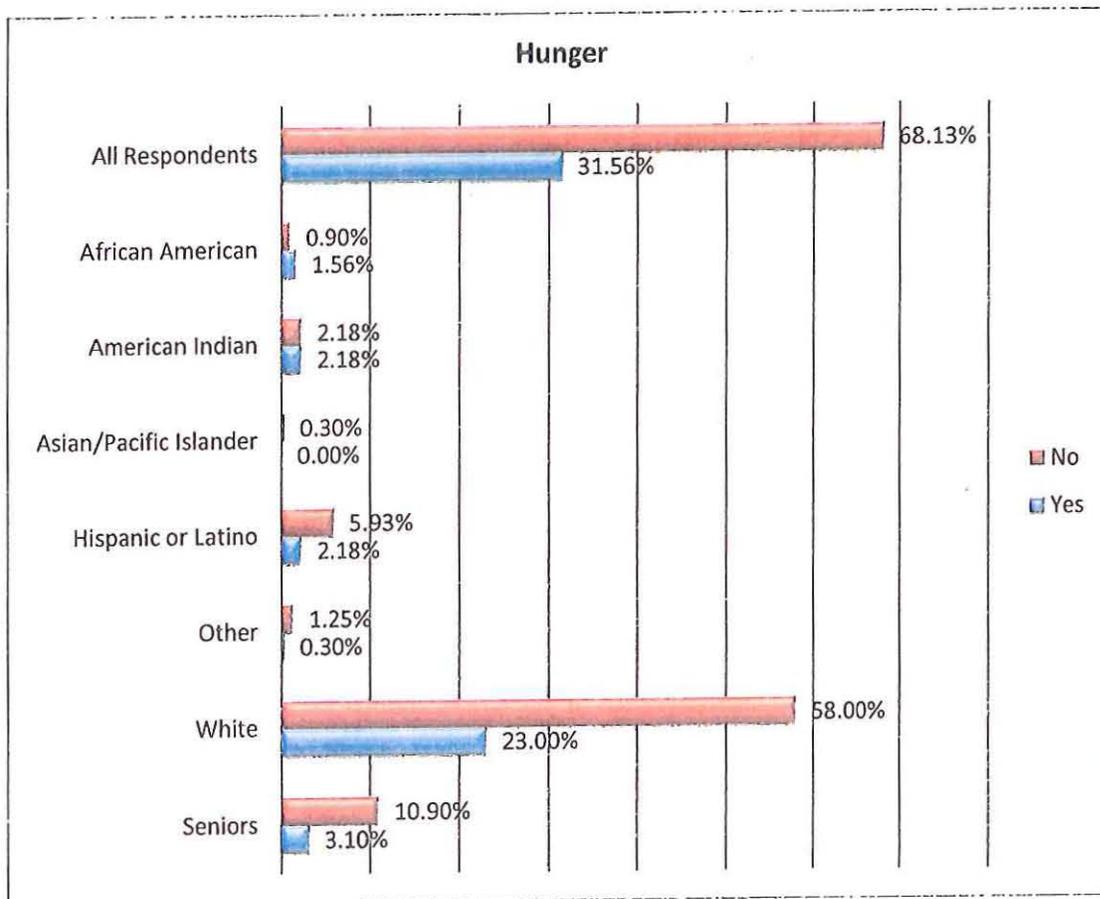


Figure 14 Client or household members has gone hungry because not enough food

### Ability to Prepare Food

Household food wellbeing depends not only on the availability of affordable food staples, but also on the household's ability to prepare food staples for consumption. Survey respondents were asked how often they felt concerned about their household's ability to prepare food (Figure 15). Overall, 41% of respondents say they are often concerned about their household's ability to prepare food, 35% say they are seldom concerned, and 24% are never concerned. *Charts do not reflect those respondents who did not answer.*

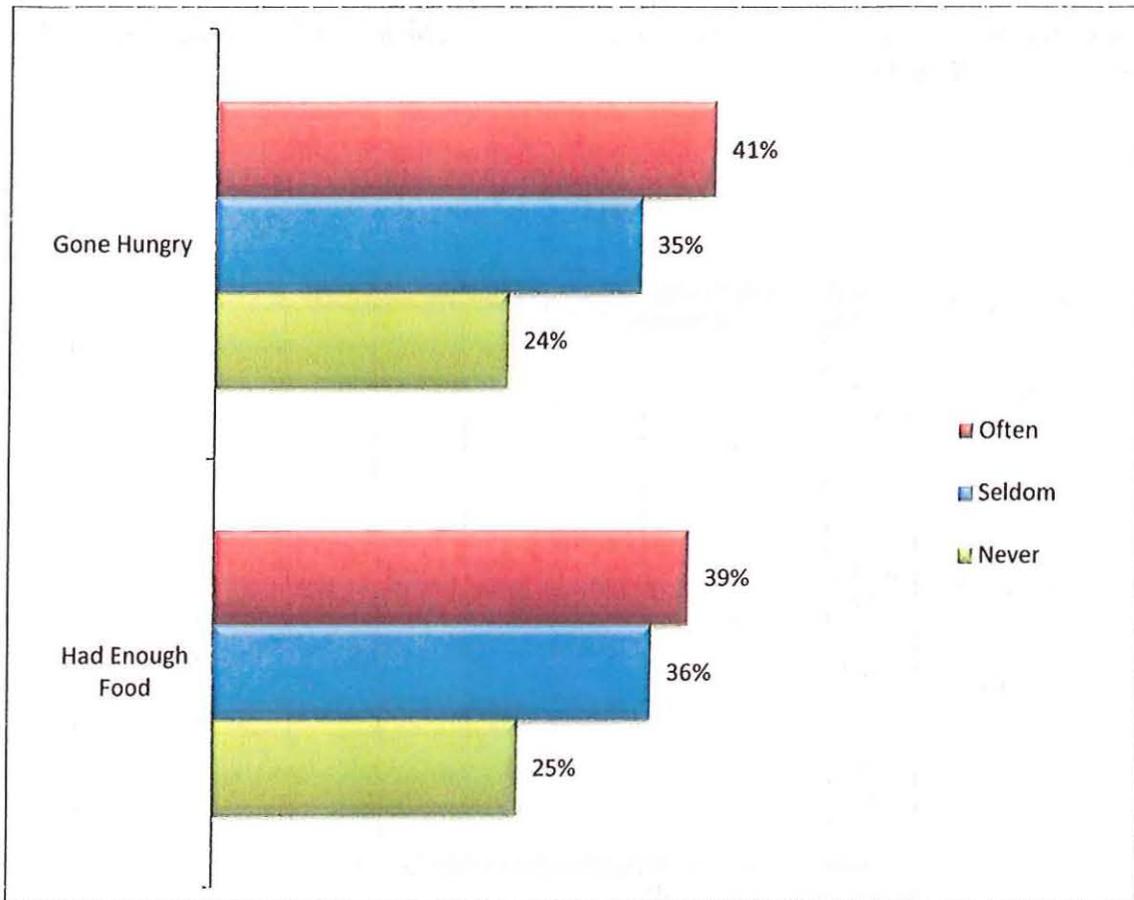


Figure 15 How often respondent is concerned about household's ability to prepare food

The most likely subgroups to say they are often concerned are white respondents (25%) and seniors (5%). African American respondents (1%) and other race or ethnicities respondents (1%) are the least likely to report that they often feel concerned about their households' abilities to prepare food (Figure 16). Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.

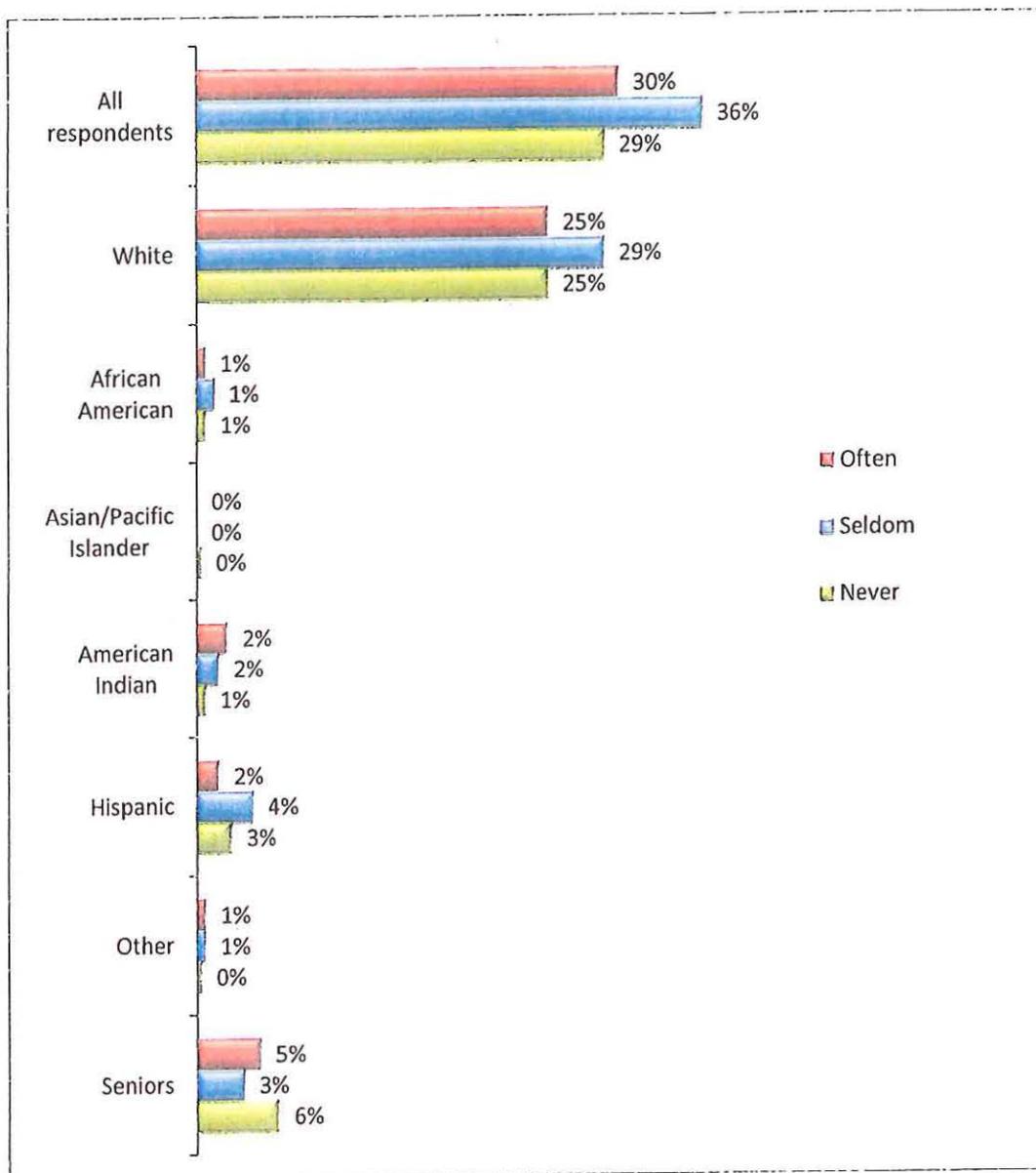
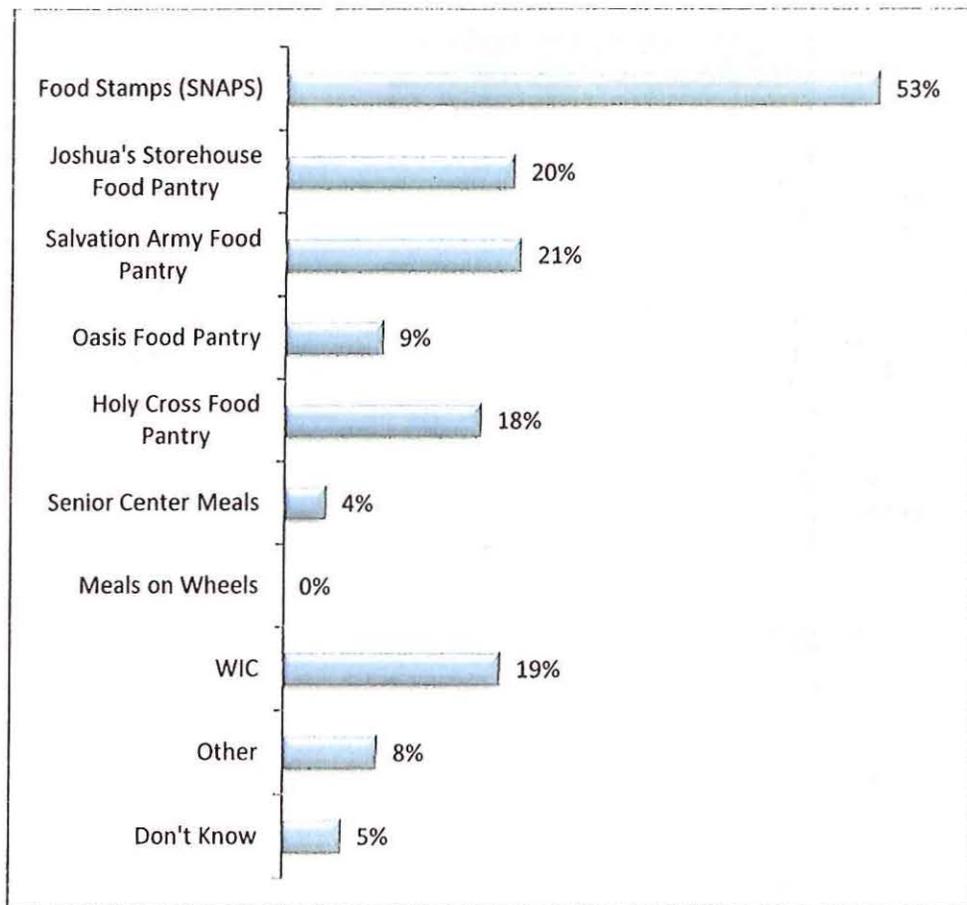


Figure 16 How often respondent is concerned about household's ability to prepare food based on Race and Ethnicity

### Accessing Community Resources

Survey respondents rely on a wide variety of supplemental sources to obtain affordable food staples and meals. Among all respondents, households rely on one or more food banks through the year to obtain affordable food staples for their families (Figure 17). More than half (53%) used food stamps in the past year. Churches helped 68% of respondents households, and 19% of respondents were enrolled with WIC. Small proportions of respondents use Senior Center meals (4%) and Meals on Wheels (3%). *Please note that some respondents may be receiving resources from more than one of the listed sources. Charts do not reflect those respondents who did not answer.*



**Figure 17 Food assistance services used in the past year**

## Housing and Energy

### Housing assistance

Recent use of emergency shelters, transitional housing programs, and Section 8 rental assistance vouchers varies considerably between demographic subgroups (Figure 18). Section 8 housing assistance is most common among White respondents. Respondents identified by White (13%), Hispanics (2%) and seniors (2%) respondents most frequently reported using emergency shelters recently. White respondents most frequently report using transitional housing (10%). *Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.*

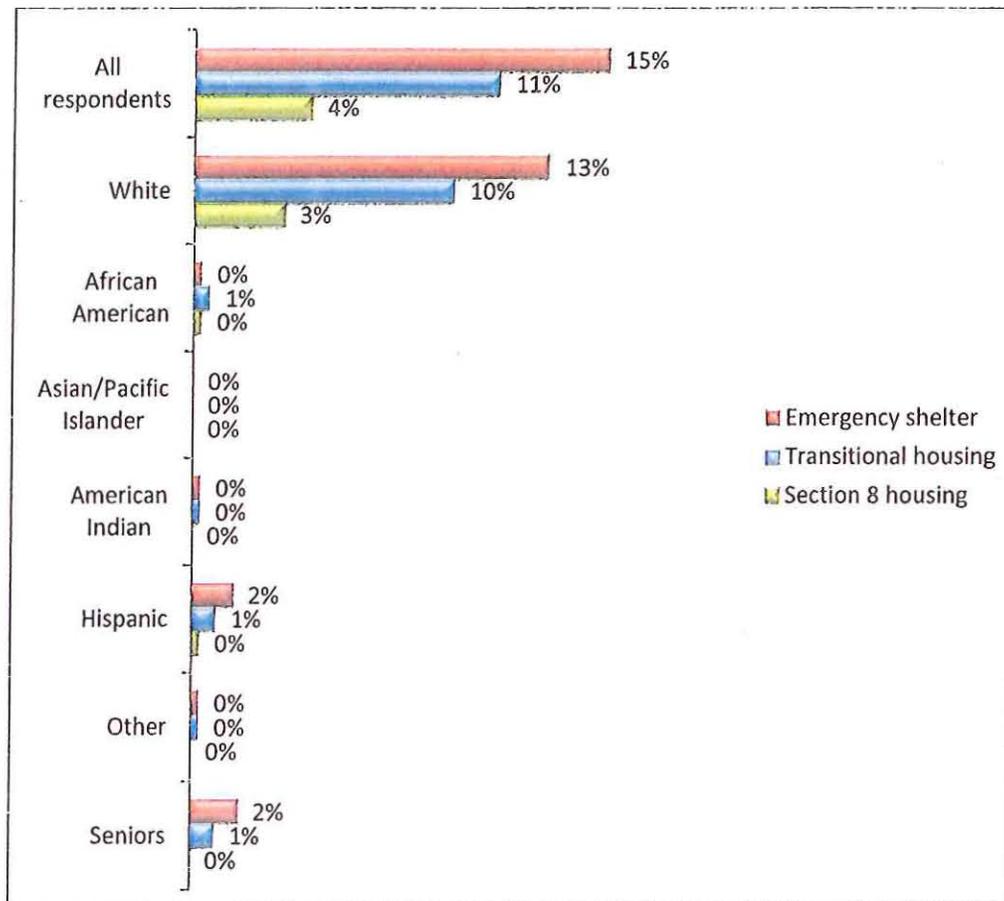


Figure 18 Percent of respondents households that received emergency, transitional, and Section 8 housing assistance in the past year

### Housing cost situations

The high cost of housing may force some households to share housing with other households or to move to less expensive housing. In extreme cases, households may be evicted because they cannot afford to pay rent. Nineteen of all respondents report having to share housing due to cost, 13% have had to move due to cost, and 13% were evicted from their home in the past year (Figure 19). White respondents most frequently reported having to share housing due to cost, move due to cost, and being evicted. All three of these situations are least common among seniors, African American, and American Indian respondent households. *Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.*

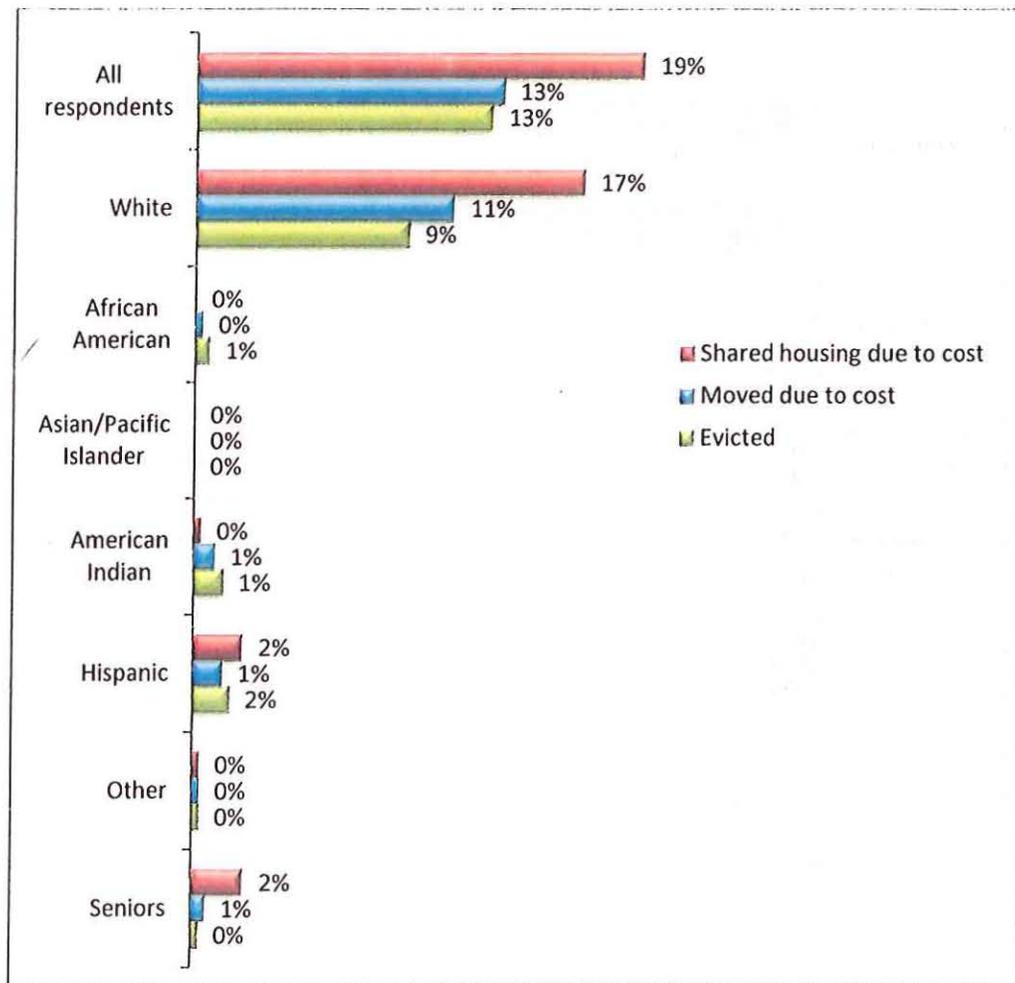
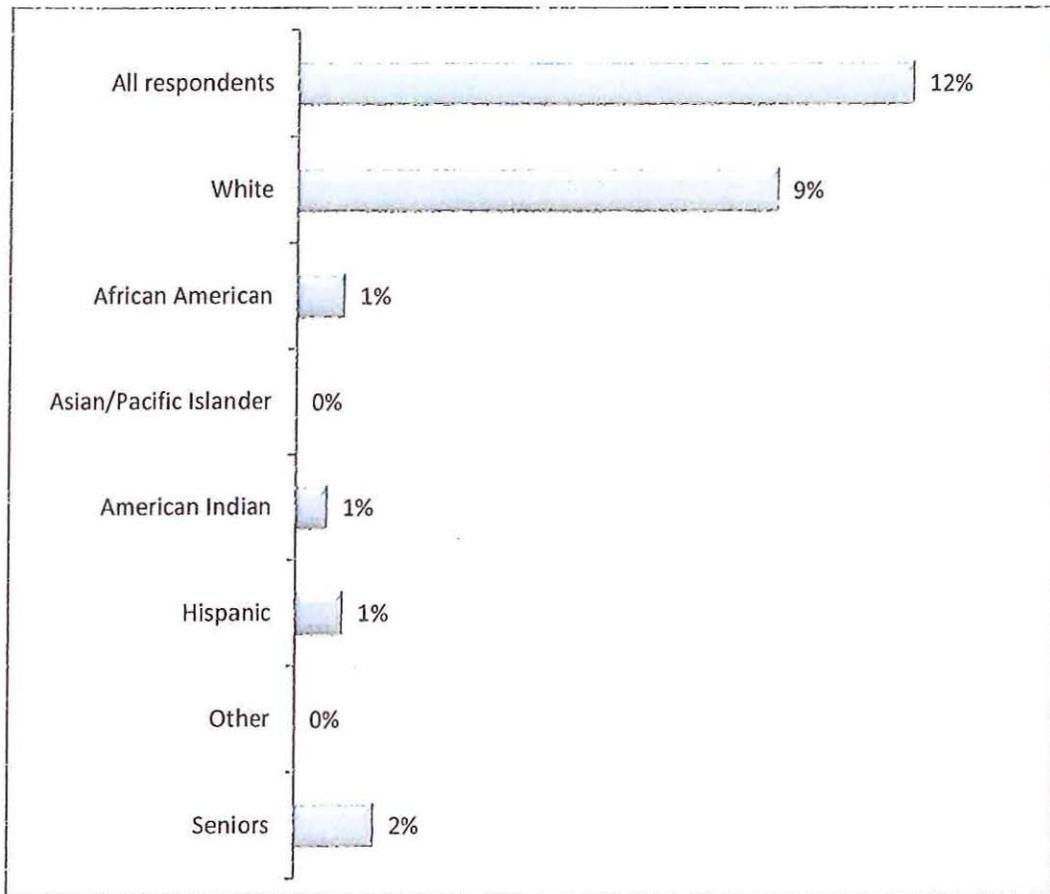


Figure 19 Percent of respondent households that share housing or moved due to cost, or were evicted in the past year

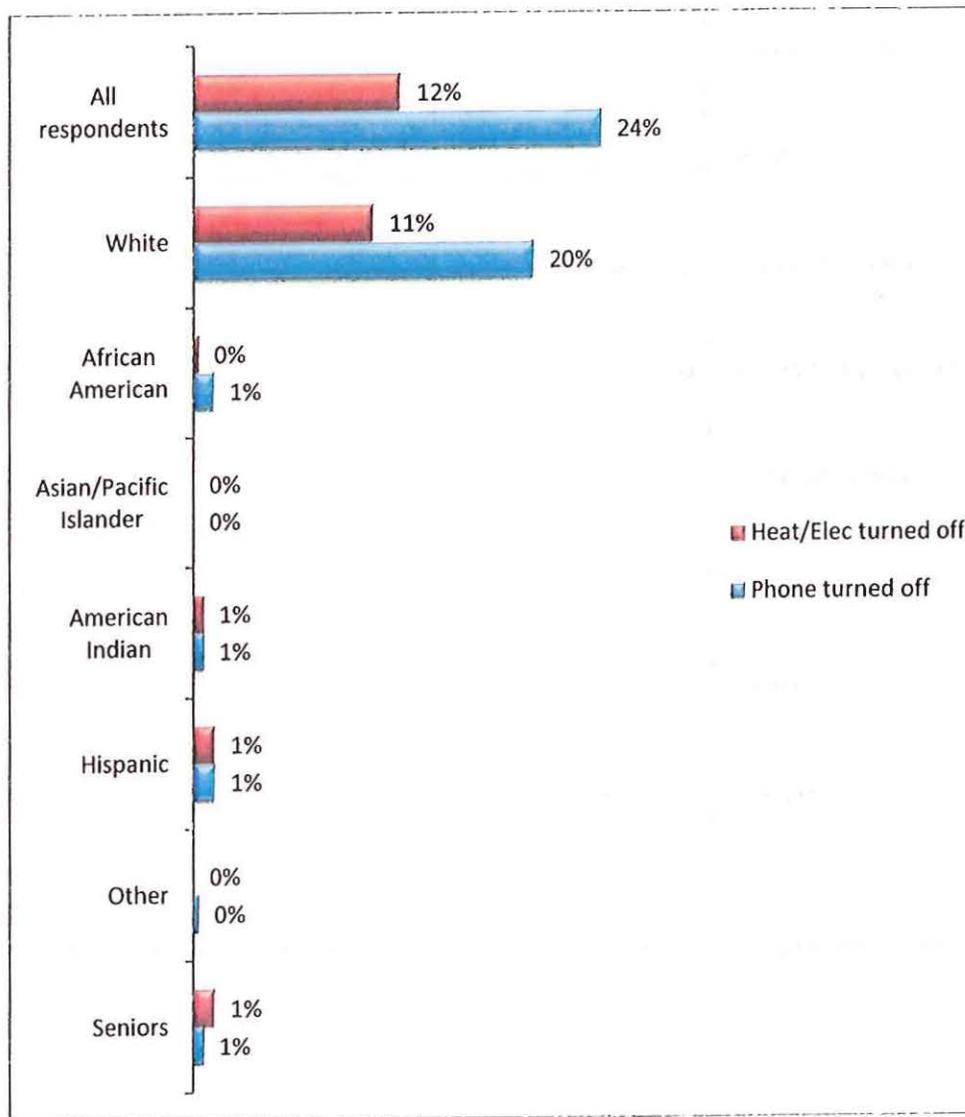
### Energy assistance

Approximately twelve percent of all respondents received energy assistance in the past year (Figure 20). African American, American Indian, Hispanic and senior respondents were the least likely subgroup to report having received energy assistance (all respectively below 2%). White respondent households were most likely to report have received energy assistance (9%). *Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.*



**Figure 20** Percent of respondent households that received energy assistance in the past year

Less than a quarter (12%) respondents have had their heat or electricity turned off in the past year and almost a quarter (24%) report having their phone turned off (Figure 21). Utility shut-offs are most common among respondents identified by White households, and least common among African American, American Indian, Hispanic and senior respondent households. *Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.*

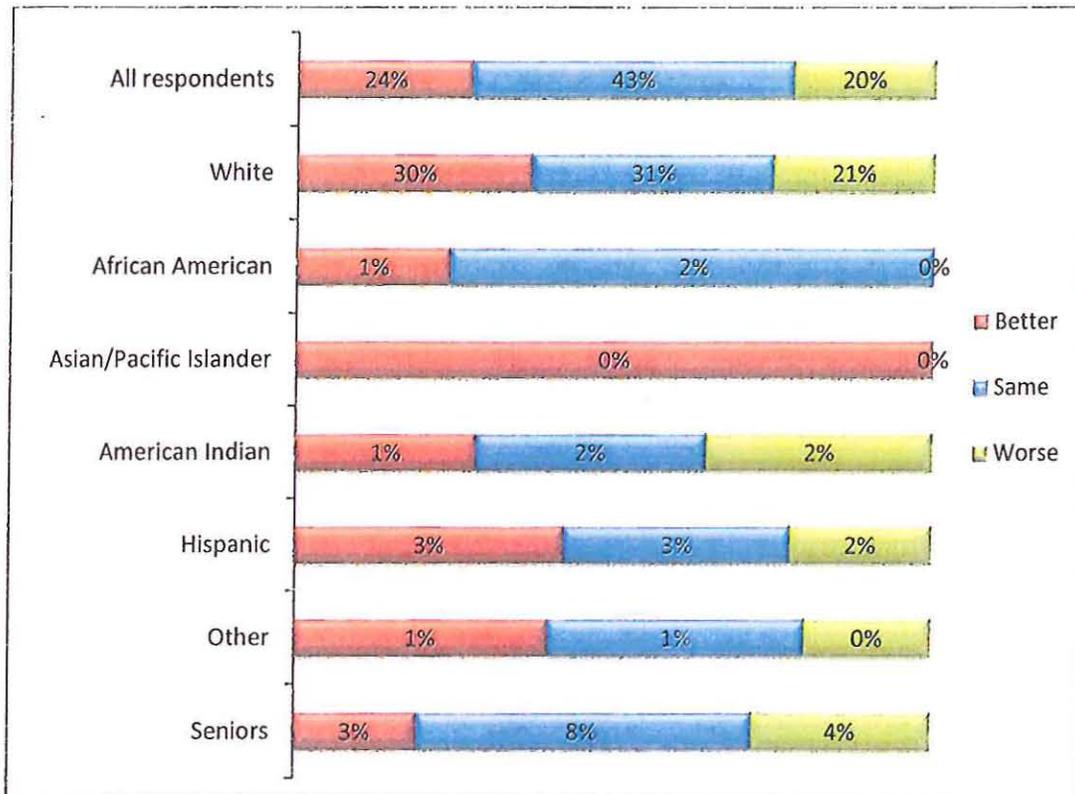


**Figure 21** Percent of respondent households that have experienced a utility shut-off in the past year

## Health and Healthcare

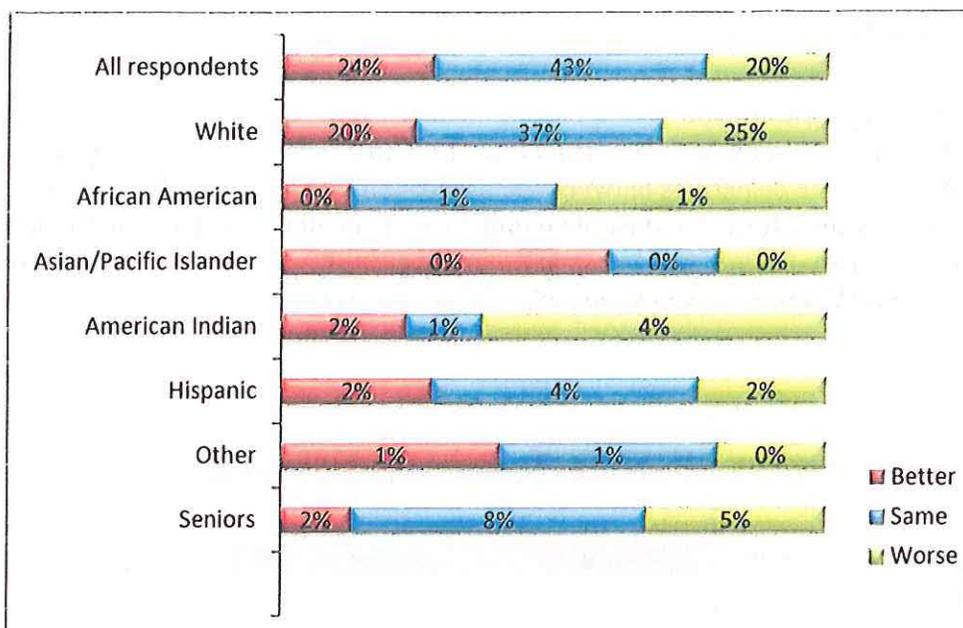
### General health and welfare

Overall, less than a quarter of respondents (20%) say that their lives are worse now than a year ago (Figure 22). The disparities between the proportions who say their lives are worse compared to those who say their lives demonstrate parallel results in all respondent households. *Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.*



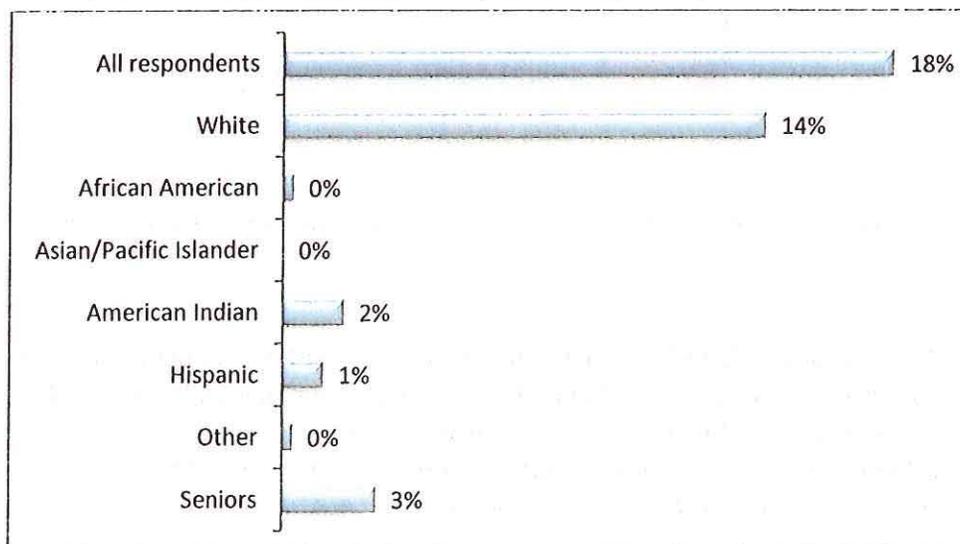
**Figure 22 Respondents' assessment of their lives, generally, compared to a year ago**

When asked to assess their health compared to a year ago, results demonstrated a more or less parallel in comparison of respondents' overall health between better and worse wellbeing (24% and 20% respectively). Health assessment disparity is critical in all respondent households (Figure 23). *Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.*



**Figure 23 Respondents' assessment of their health compared to a year ago**

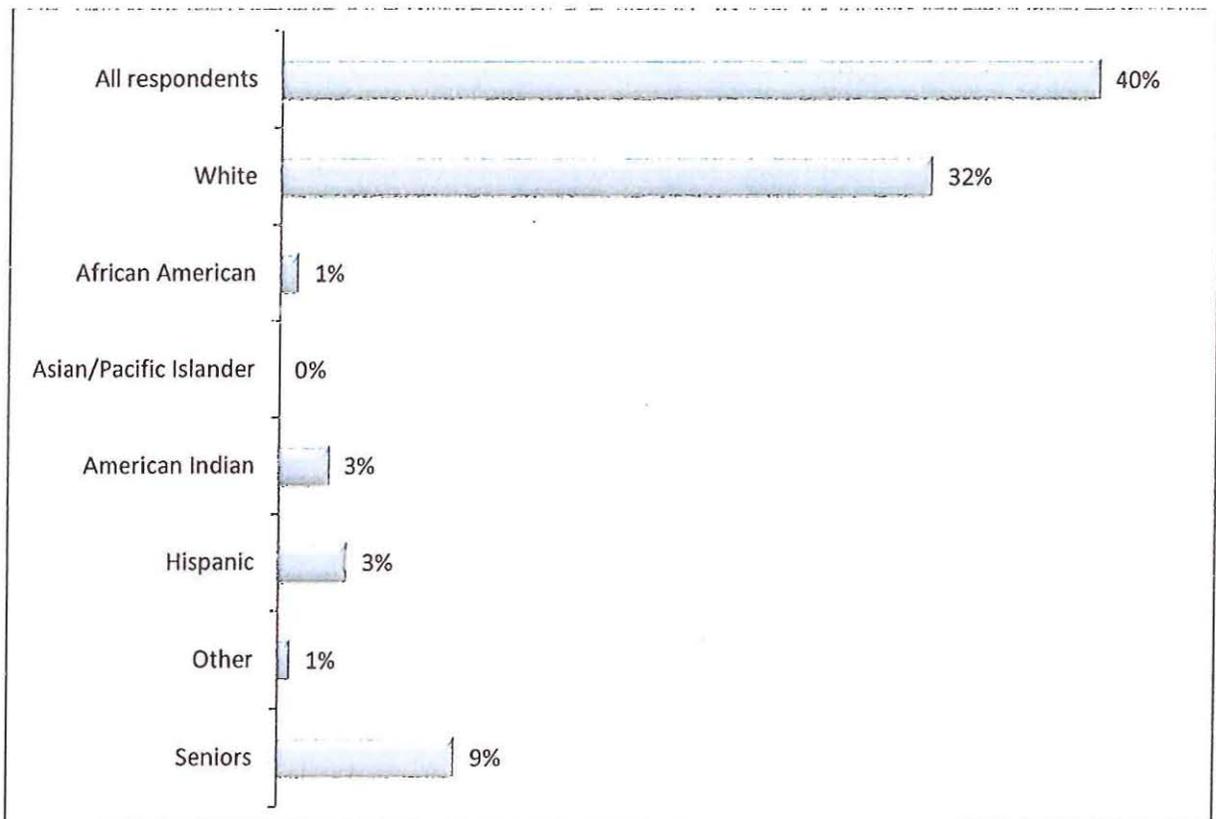
About one in five respondents say that someone in their household suffered an illness in the last year that left them unable to work or care for their children (Figure 24). This experience was most common among white respondent households and least common among African American, American Indian, Hispanic, and senior respondent households. *Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.*



**Figure 24 Percent of respondents with someone in their household who experienced an illness in the last year that left them unable to work or care for their children**

### Health Insurance

Research shows that having health insurance leads to improved health and longer lives. The uninsured are less likely to have a regular source of care than the insured, and they are more likely to postpone or forgo needed care. Less than half (40%) of survey respondents are covered by a health insurance plan such as Medicaid, Medicare, or private insurance plan (Figure 25). Seniors, who have access to Medicare, are much more likely to have health insurance coverage. Coverage is least common among African American, Hispanic and American Indian households. *Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.*



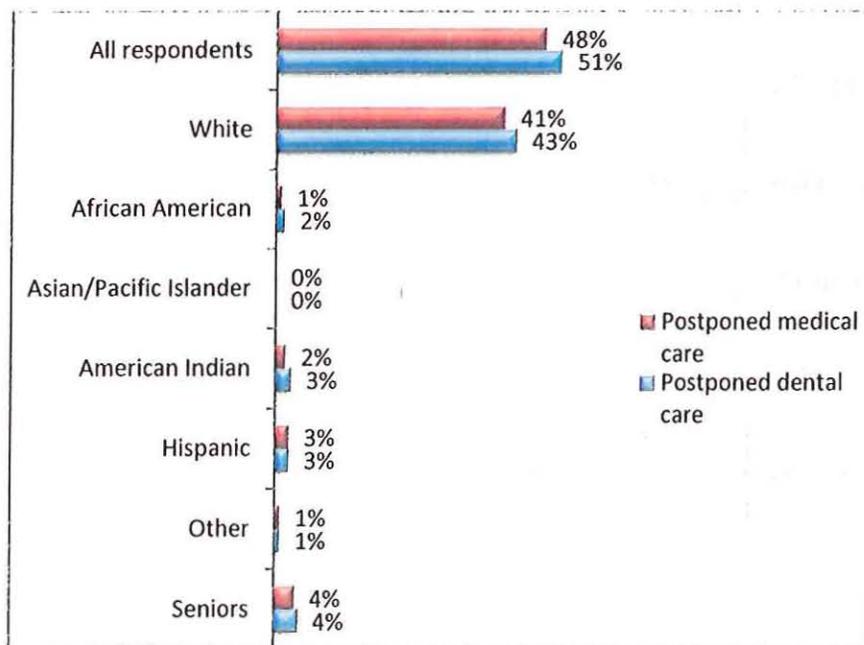
**Figure 25 Percent of respondents covered by a health insurance plan**

### Access to Dental and Medical Care

Wyoming State studies show that, increasingly, people are finding it difficult to access preventative dental services. The lack of preventative dental services leads to more extensive oral disease and higher healthcare costs. The lack of preventative dental services also leads to personal consequences: poor oral health has been linked to diabetes, heart disease and other long-term health problems. Poor oral health among children has been linked to poor performance in school, poor social relationships and fewer successes in later life.

In addition, Wyoming is challenged by a severe shortage of dentists, particularly those who serve underinsured patients. Consequently, caseloads for dentists who still serve Medicaid patients has more than doubled over the last ten years, making access more challenging for underinsured and low-income patients. This situation compels some adults and parents to seek care for themselves and their children at hospital emergency departments.<sup>4</sup>

Less than a half (48%) of respondents said that someone in their household had postponed needed medical care due to cost in the past year (Figure 26). Even more have had to postpone needed dental care (51%). African American, American Indian, and Hispanic respondent households are the least likely to have experienced these problems; white and senior respondent households are the most likely to report them. *Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.*



**Figure 26 Percent of respondent households whose members postponed needed medical and dental care in the last year due to cost**

<sup>4</sup> Source: Wyoming Behavioral Risk Factor Surveillance Systems from the Wyoming Department of Health. (<http://wdh.state.wy.us/brfss/brfssdata.aspx>)

The problem of postponing medical care is strongly associated with a respondent's insurance coverage status (Figure 27). Among those who are covered, only 11% report postponing needed care. But among those who are not covered, 63% report they postponed care.

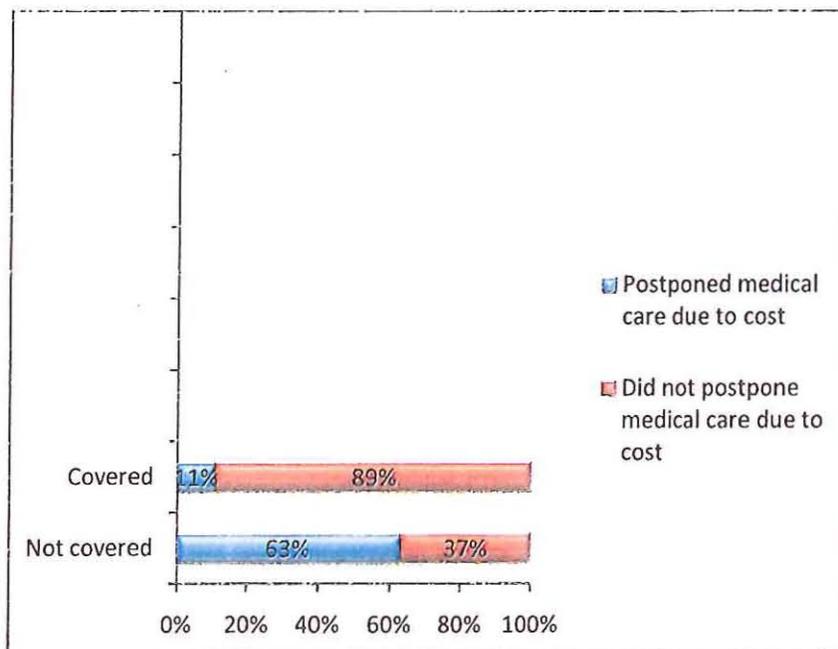
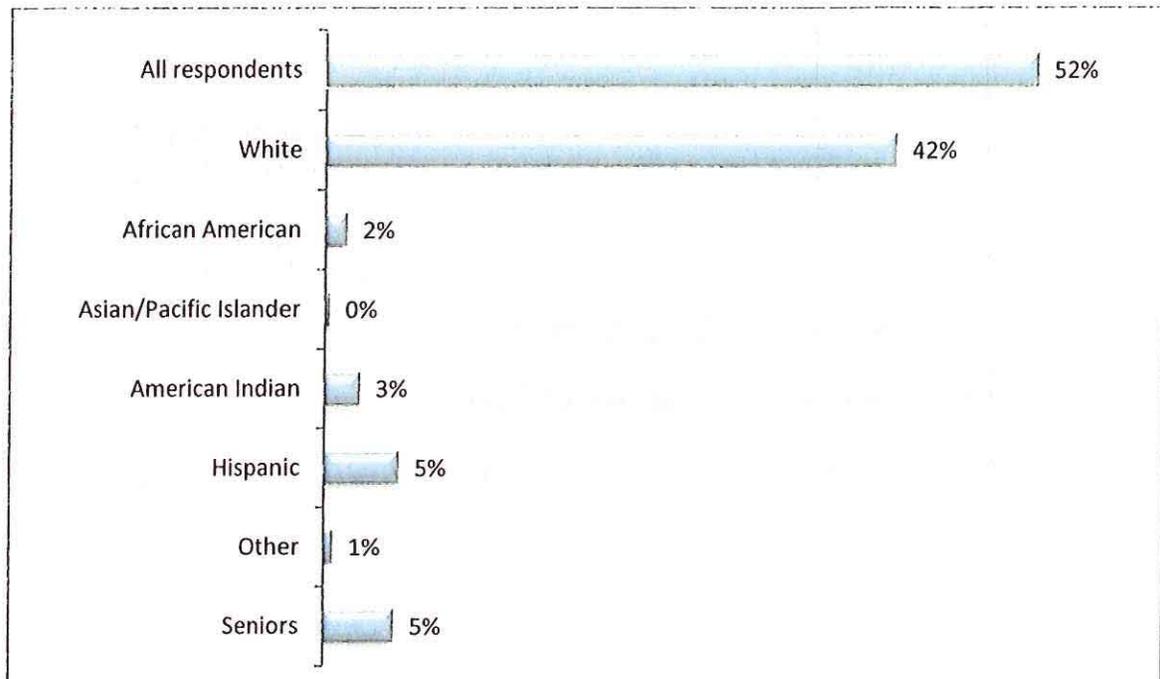


Figure 27 Proportion of respondents who postponed medical care by insurance coverage status

### Children's Health Insurance

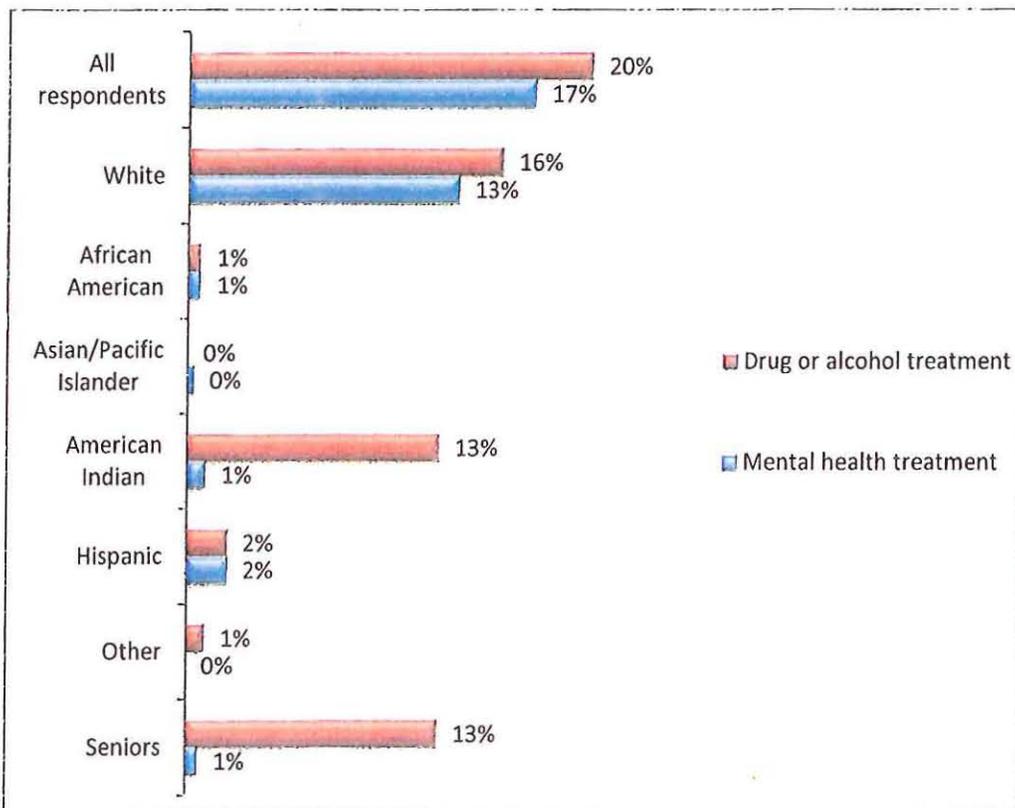
Overall, more than half (52%) of the survey respondent households with children under 18 years of age say that their children have health insurance coverage (Figure 28). Children's coverage is most common among those respondents identified by White households (42%), and least common among "other", African American, American Indian, Hispanic, and senior respondent households (less than 5% respectively). *Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.*



**Figure 28 Percent of parents whose children are covered by health insurance plan**

### Mental health and substance abuse

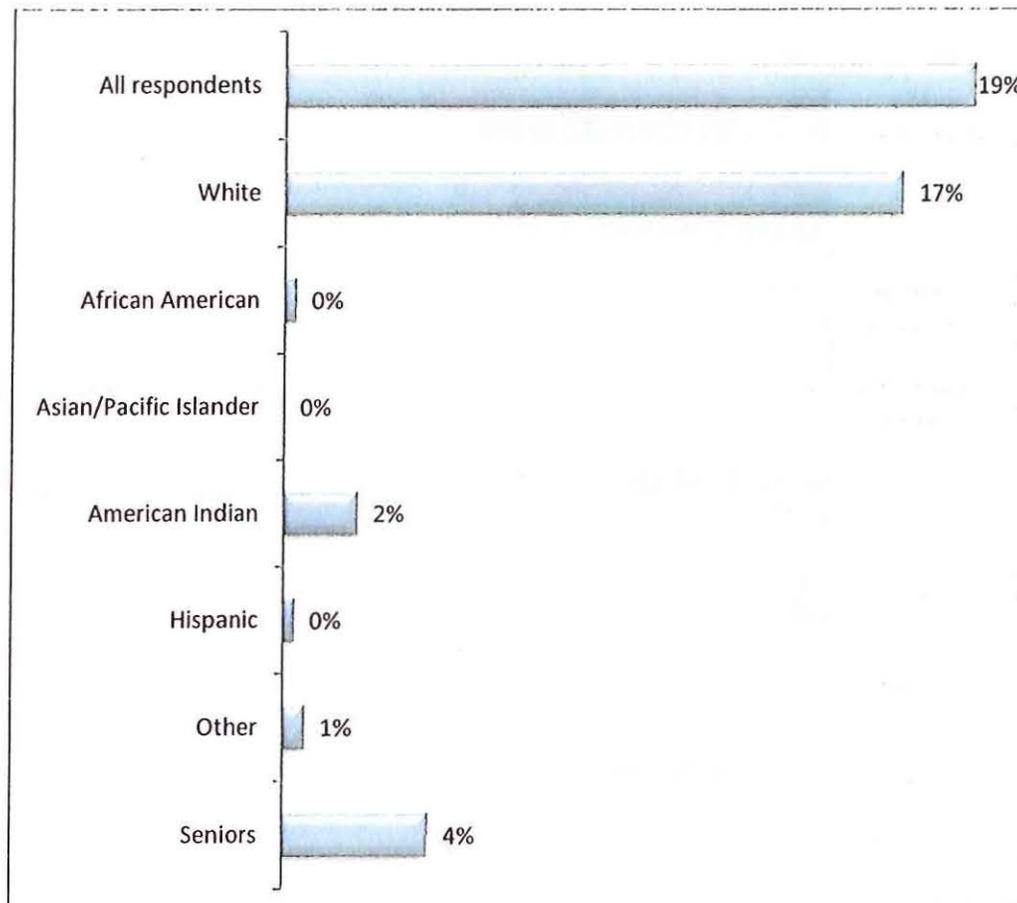
Within the last year, 17% of respondent households include at least one member who received mental health treatment, and 20% include someone who received substance abuse treatment (Figure 29). Mental health services were accessed most commonly among respondents identified by White (13%) respondent households. Substance abuse services were accessed most commonly by White (16%), American Indian (13%), and seniors (13%) respondent households. *Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.*



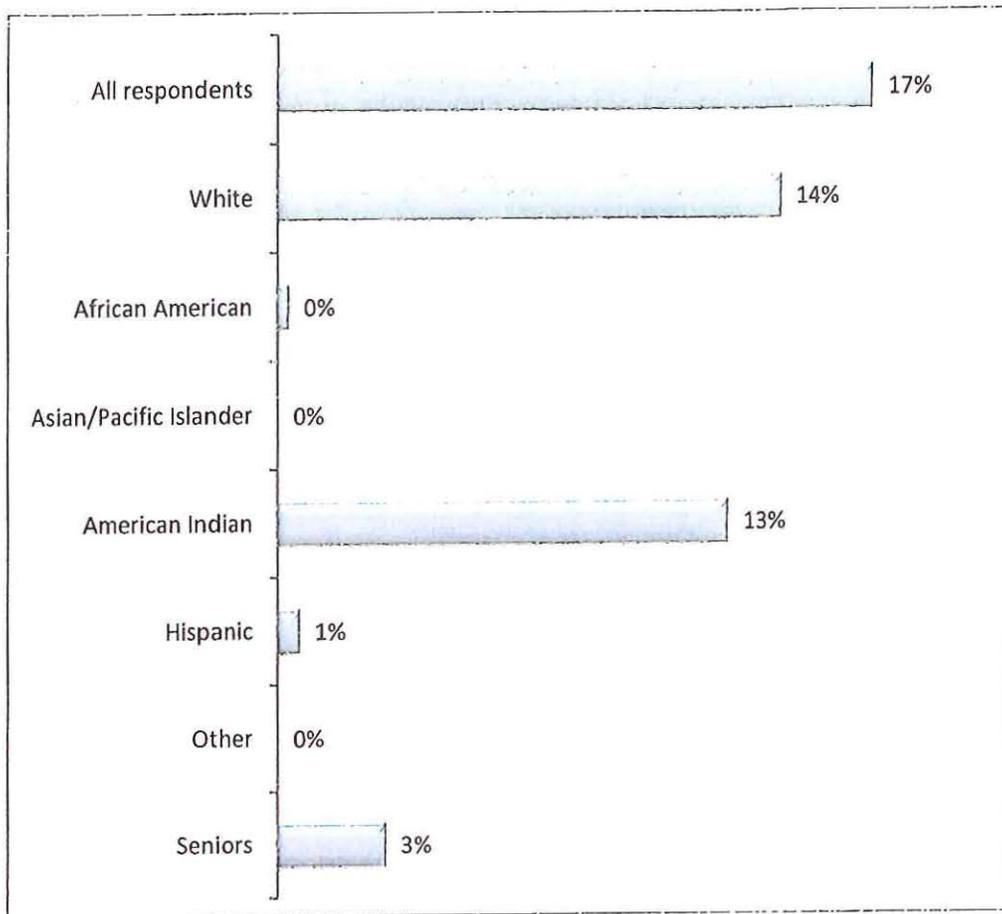
**Figure 29 Percent of respondent households including at least one member who received drug or alcohol abuse treatment, mental health treatment, or both**

### Disabilities

Less than a quarter (19%) of respondents says that someone in their household has a disability that limits one or more daily activities such as walking, eating, bathing or toileting (Figure 30). The prevalence of developmental disability among respondent households is 17% with little variation among subgroups (Figure 31). *Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.*



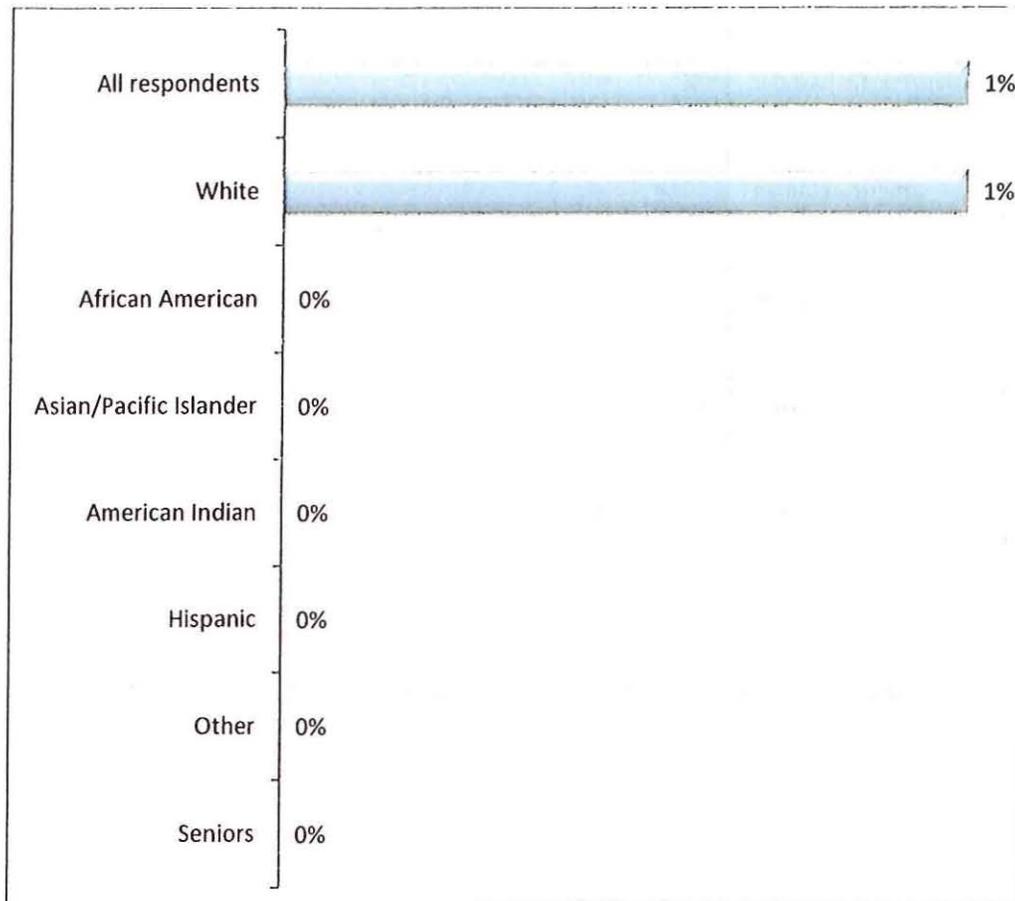
**Figure 30** Percent of respondent households including at least one member with a disability that limits one or more daily activities (e.g., walking, eating, bathing, etc.)



**Figure 31** Percent of respondent households including at least one member with a developmental disability

### Long-term Care

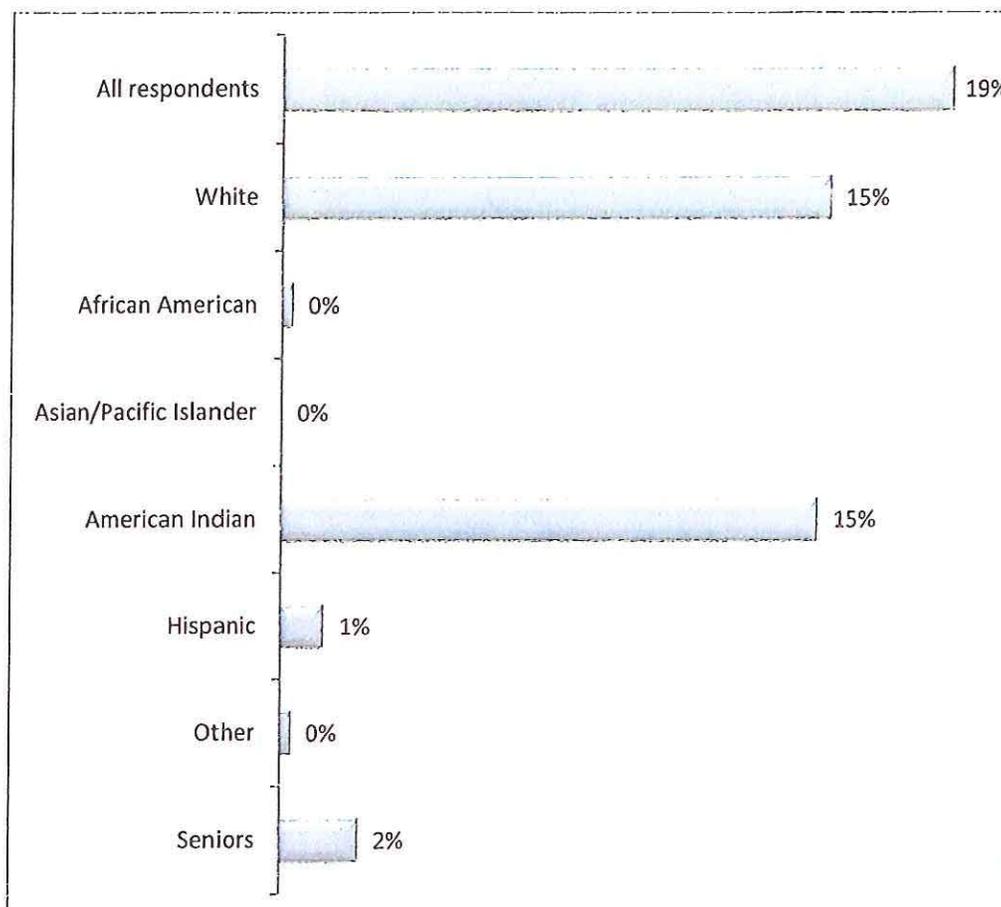
Among all respondents, few households include members who received long-term or home care services in the last year (Figure 32). The lower prevalence of long-term and home care is probably due to the fact that many of these households lack senior family members. *Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.*



**Figure 32** Percent of respondent households with at least one member who received long-term care or home care services in the last year

### Emergency Services

Nineteen percent of the respondents say their household has contacted 911 for some reason in the past year (Figure 33). White and American Indian respondent households were more likely to have contacted 911. *Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.*



**Figure 33** Someone in respondent's household called 9-1-1 in the past year

### *Is 911 calling an indicator of general distress?*

The needs assessment committee theorize that 9-1-1 callers signify a subpopulation whose lives are in crisis mode or who live in such challenging conditions that emergency measures must be used to intervene on their behalf. A related theory in the 9-1-1 users may show evidence that cultural or other access barriers prevent some from using non-crisis resources that are available in the community causing them to postpone seeking assistance until the need for help can no longer be denied.

The needs assessment survey was not designed to test these theories; however, the data may be explored for clues to these relationships. Please keep in mind that the way the question was asked<sup>5</sup>, a combination of at least three respondent subgroups may emerge who (A) called 9-1-1 due for reasons related to the theories above, (B) had someone in their household call 9-1-1 due to household accidents/ emergencies not related to the theories above, and (C) witnessed emergencies not related to their own household. There was no way to distinguish these groups; however, some interesting relationships did emerge.

Survey respondents were asked whether or not a variety of negative situations had happened to anyone in their household. In Figure 34, we contrast the respondent households who experienced a certain situation by whether or not they called 9-1-1 in the past year. 9-1-1 callers are less likely to experience these situations. For nearly all negative situations, there are statistically significant differences between the two groups. Substantial differences are evident for those who report that someone in their household: postponed dental and medical care, had to share housing due to high cost, and experience difficulty getting to work or social and health services appointments because of transportation issues. *Charts do not reflect those respondents who did not answer.*

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<sup>5</sup> “In the past year, have you or anyone in your household contacted 9-1-1 for any reason?”

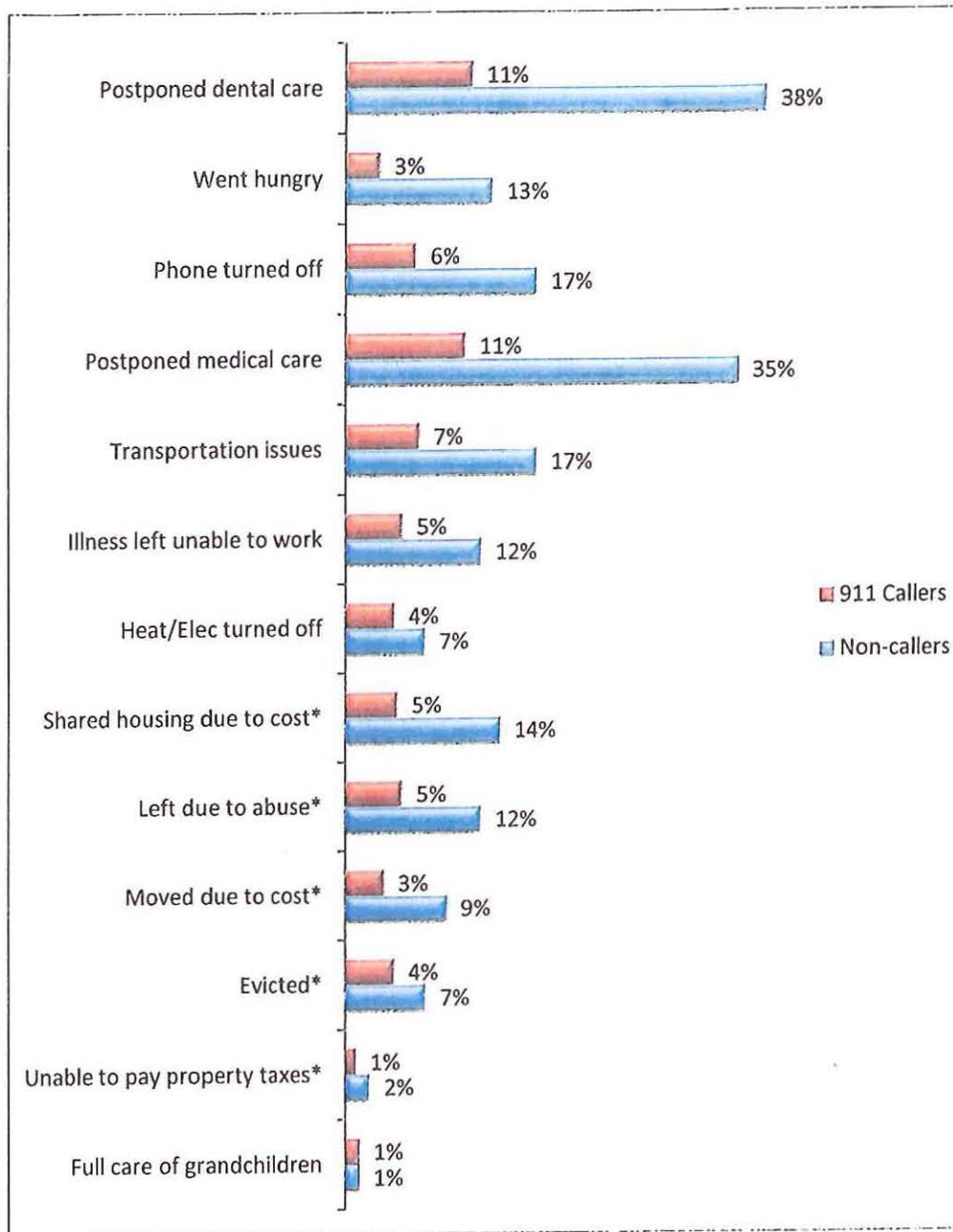
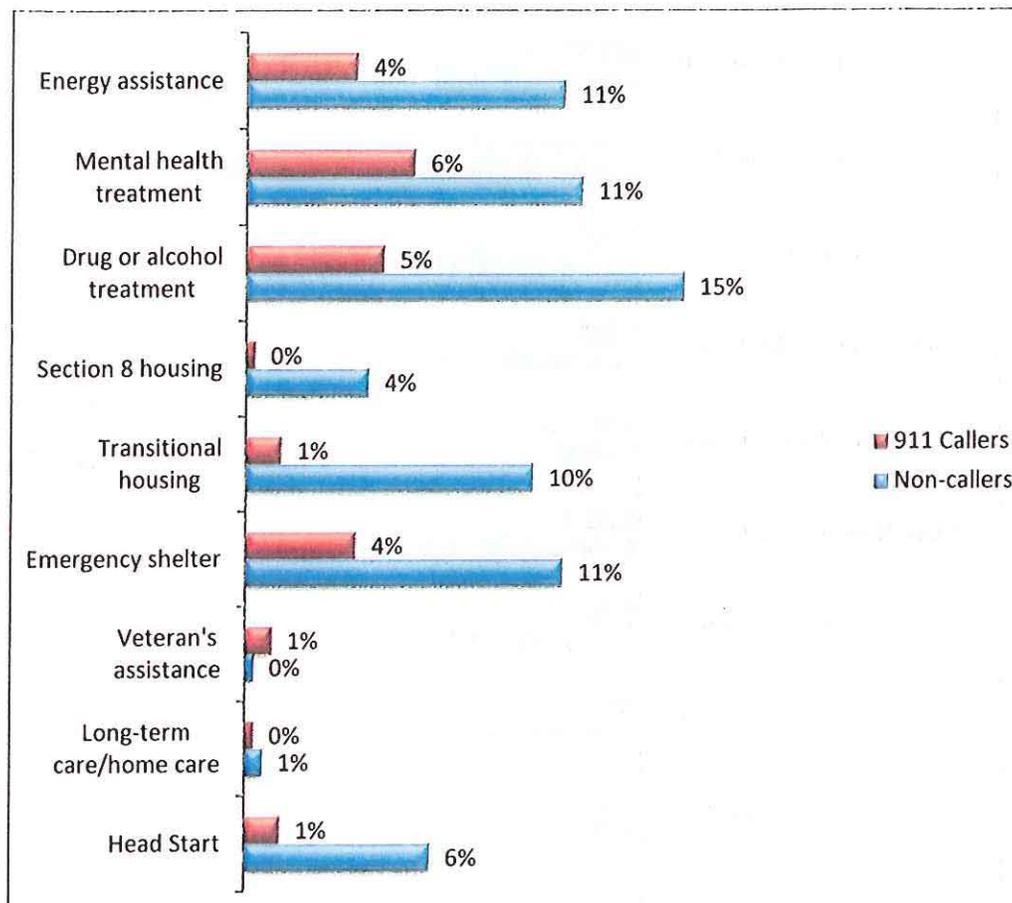


Figure 34 Percent on 9-1-1 caller and non-caller households who experienced certain situations in the past year

We performed a similar analysis based on the types of social and health services people in the respondents' households consume (Figure 35). The survey demonstrated an insignificant difference among households that consume drug and/or alcohol treatment, emergency shelter, energy assistance and mental health services. Six percent of 9-1-1 calling households consume

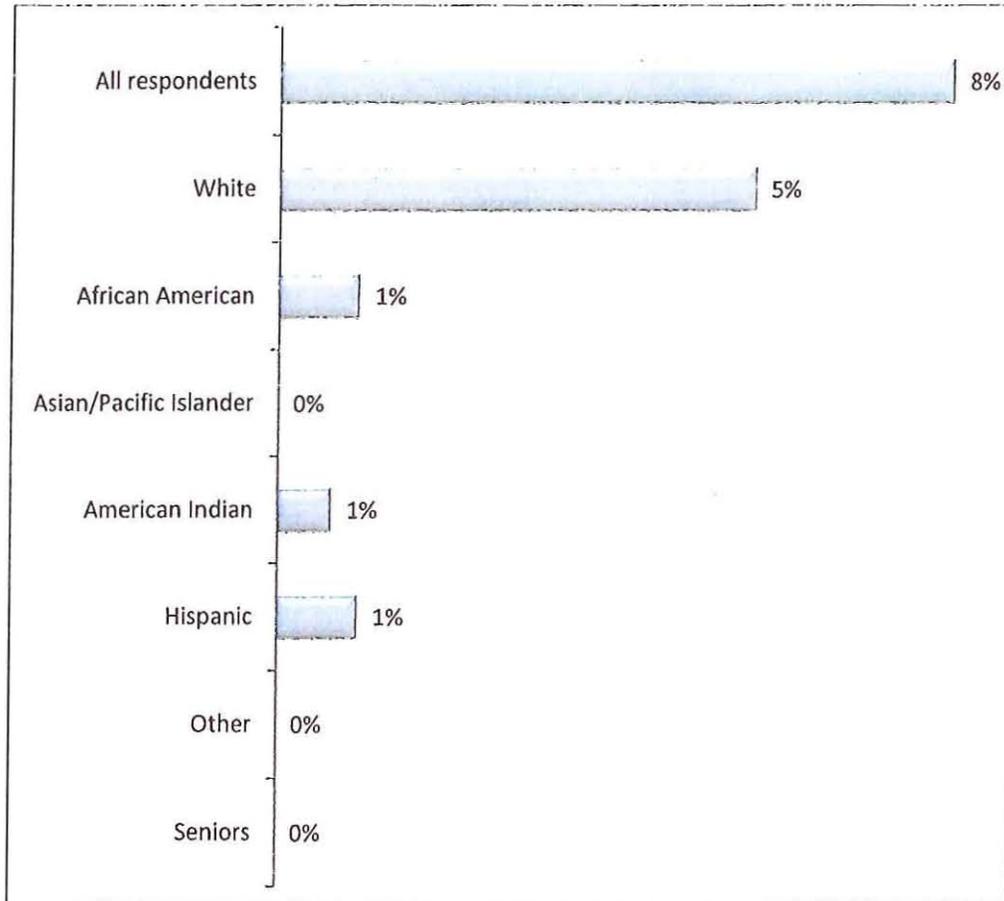
mental health services compared to only 11% of non-callers, and 4% of 9-1-1 calling households consume energy assistance compared to only 11% of non-callers. *Charts do not reflect those respondents who did not answer.*



**Figure 35 Percent of 9-1-1 caller and non-caller households who experience certain situations in the past year**

## Childcare

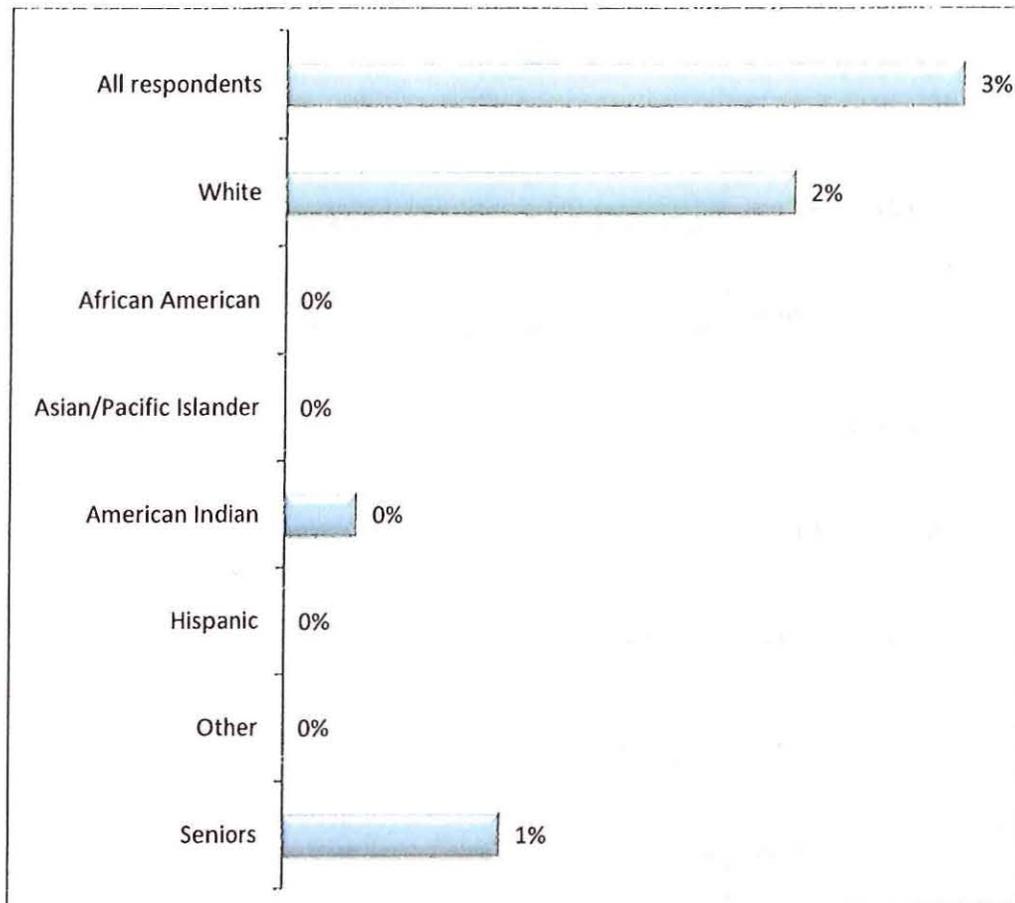
Figure 36 shows the proportion of respondent households with children aged 0-5 that received services from Head Start. Childcare and related services through these programs were most commonly accessed by white respondent households (5%). Overall, 8% of respondents used these services in the last year. *Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.*



**Figure 36 Percent of respondent households with children 0-5 who received Head Start Services in the past year**

According to the American Academy of Child and Adolescent Psychiatry, an increasing number of children in the United States live in households headed by a grandparent. Contributing to this trend are: increasing numbers of single parent families, the high rate of divorce, teenage pregnancies, incarcerations of parents, substance abuse by parents, death or disability of parents,

parental abuse and neglect, and other factors<sup>6</sup>. Among this study's survey respondents, the subgroups in which someone in a respondent's household assumed responsibility for the overall care of their grandchildren are respondents identified as White (3%) and seniors (1%) households (Figure 37). Please note that senior respondents may occur in other subgroups, such as race or ethnicity. Charts do not reflect those respondents who did not answer.



**Figure 37 Percent of respondents who have assumed full responsibility for the overall care of their grandchildren**

<sup>6</sup> Source: American Academy of Child & Adolescent Psychiatry at [www.aacap.org](http://www.aacap.org)

## Low-income Service Gaps Analysis

Low-income client survey respondents rated both the *importance* and the *availability* of twelve categories of services in Natrona County. Respondents rated the importance and availability of services to their own household. Below, we examine the similarities and differences in overall respondent and selected respondent subgroup perspectives as a method of analyzing low-income service gaps in Natrona County.

**Importance of services.** Approximately two-thirds of respondents say that housing assistance (64%), affordable dental care (57%), affordable medical care (57%), and living wage jobs are extremely important to their households (Figure 38). More than half survey respondents rated drug and alcohol treatment and counseling (51%) as extremely important to their households. *Charts do not reflect those respondents who did not answer.*

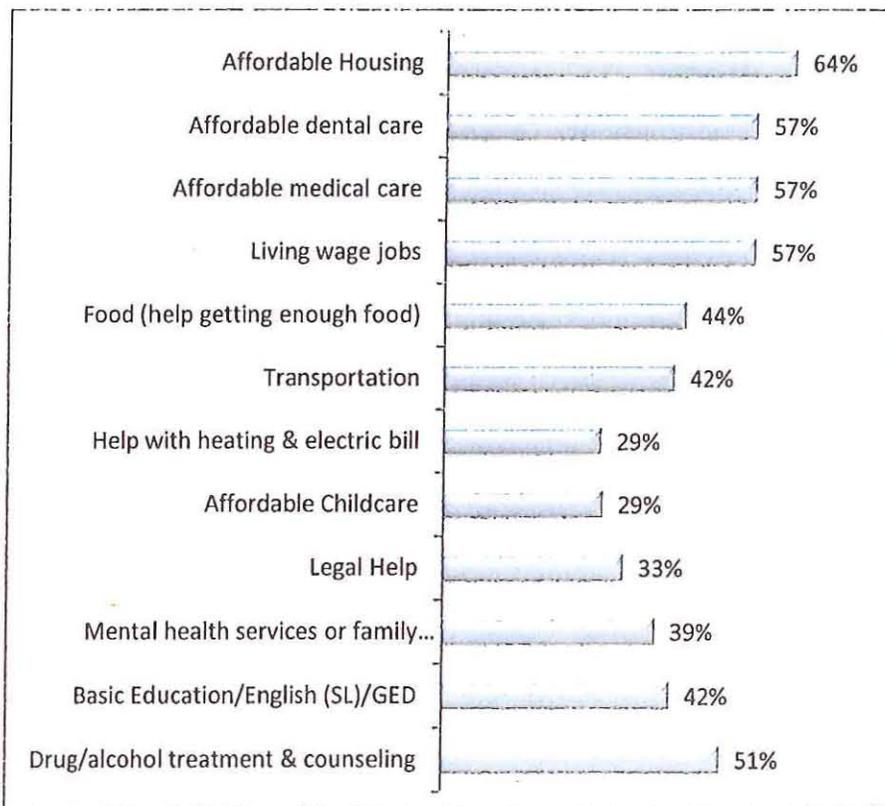
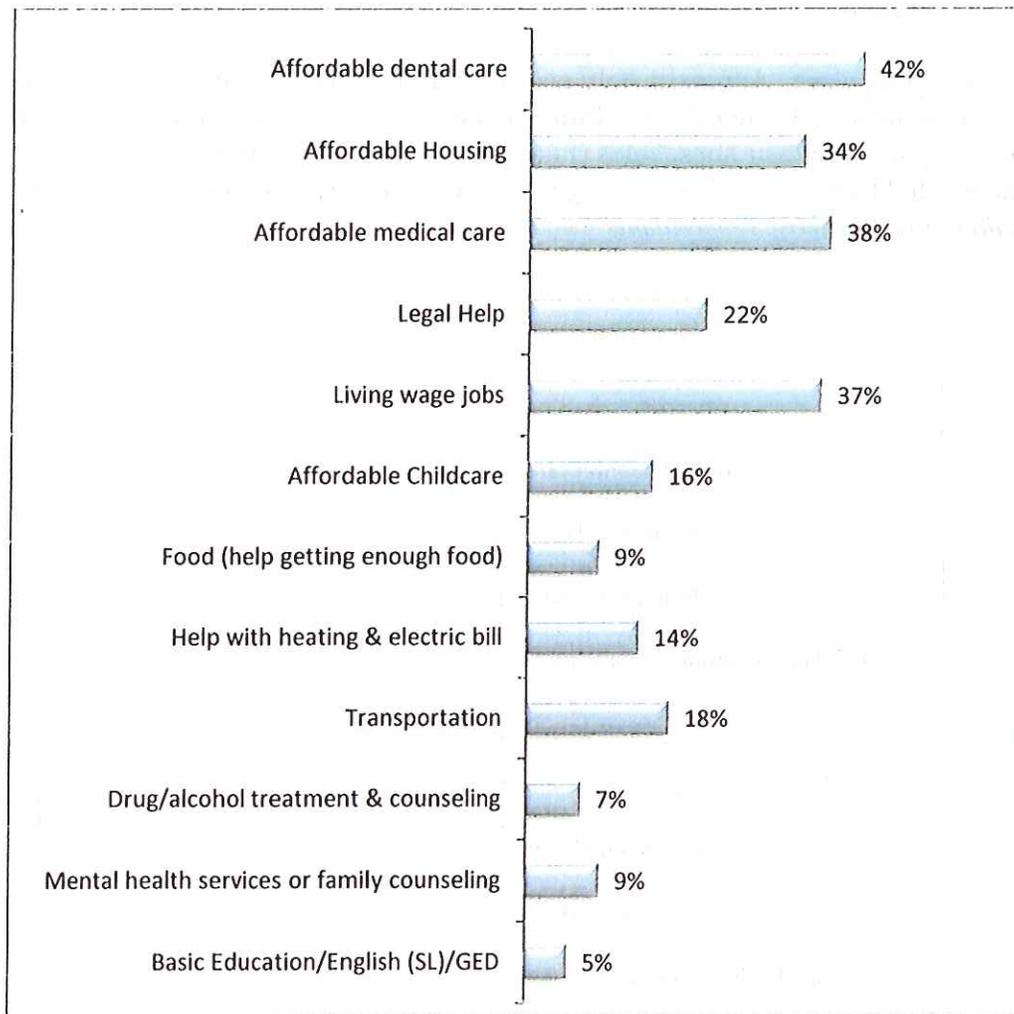


Figure 38 Proportion of respondents who rate services "extremely important" to their households

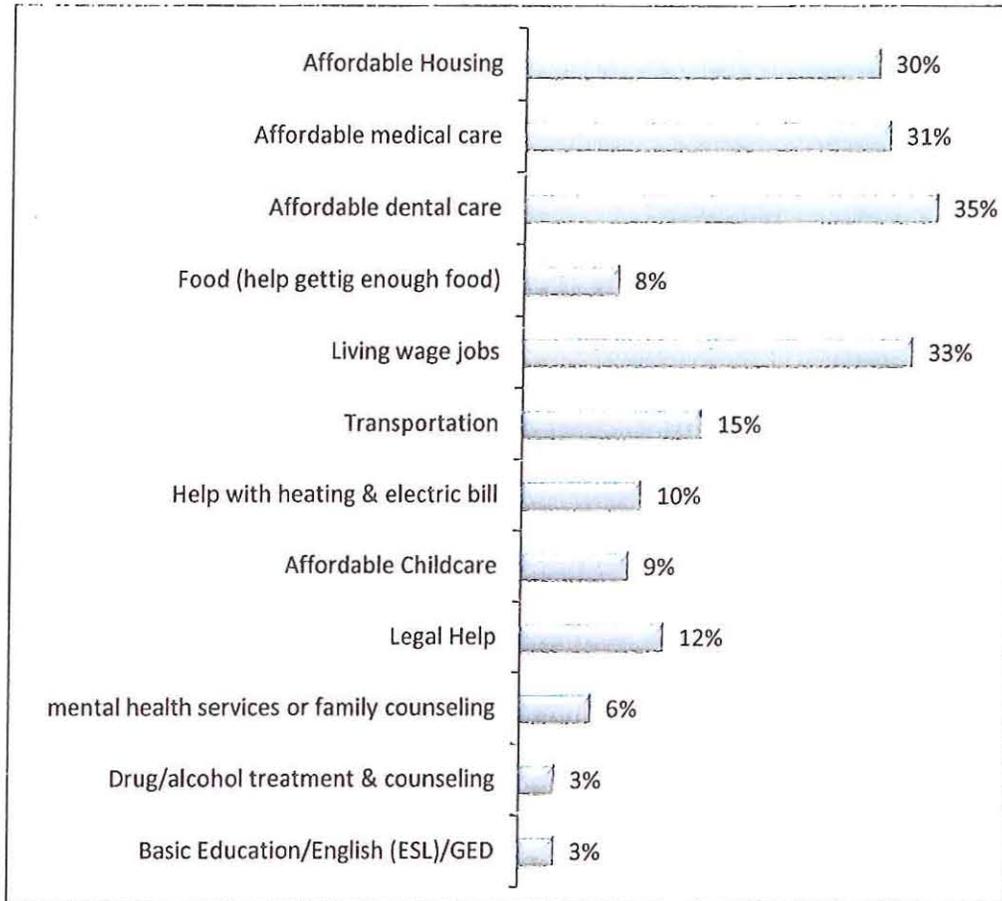
**Availability of services.** Significant proportions of respondents agree that some services are *very hard to get* in Natrona County. Less than half report that affordable dental care (42%), affordable medical care (38%), living wage jobs (37%), and housing assistance (34%) are very hard to get (Figure 39). *Charts do not reflect those respondents who did not answer.*



**Figure 39** Proportion of respondents who rate services "very hard to get"

**Services gap analysis using importance-availability index.** From an individual's perspective, if a social or health service is both "extremely important" to their household and "very hard to get", there is a perceived extreme service gap for that particular service. Figure 40 presents the proportions of respondents who receive an extreme service gap for each of the eleven services. More than a half of respondents report that affordable dental care (35%), living wage jobs (33%),

affordable medical care (31%), and affordable housing (30%) is extremely important to their household, yet very hard to get. Respondents also see transportation, legal assistance, and energy assistance as extremely important but very limited services. *Charts do not reflect those respondents who did not answer.*



**Figure 40** Percent of respondents who perceive an extreme gap in their community for the listed services (extreme service gap is defined here as "extremely important" to their household and "very hard to get")

Significant but smaller proportions of respondents think that childcare, food assistance, mental health treatment, drug and alcohol treatment and adult basic education services are extremely important to them, but very limited by availability.

Services gap analysis using importance-availability coordinate system. Since respondents rated these services on four-point scales<sup>7</sup>, another way to analyze these data is to calculate the average *importance* and *availability* scores for each service (See Footnote). This data forms the basis of *importance-availability* coordinate rating system (Figure 41). The average importance and availability ratings among clients and providers were calculated and plotted on the graph. The lines making up the “*crosshairs*” of each graph represent the average importance score and average availability score for each group of respondents.

The importance-availability charts are divided into quadrants that rate low-income services as follows:

*Quadrant I Services that rank above average in importance, and below average in availability*

*Quadrant II Above average in importance and availability*

*Quadrant III Below average in importance and availability*

*Quadrant IV Below average in importance, and above average in availability*

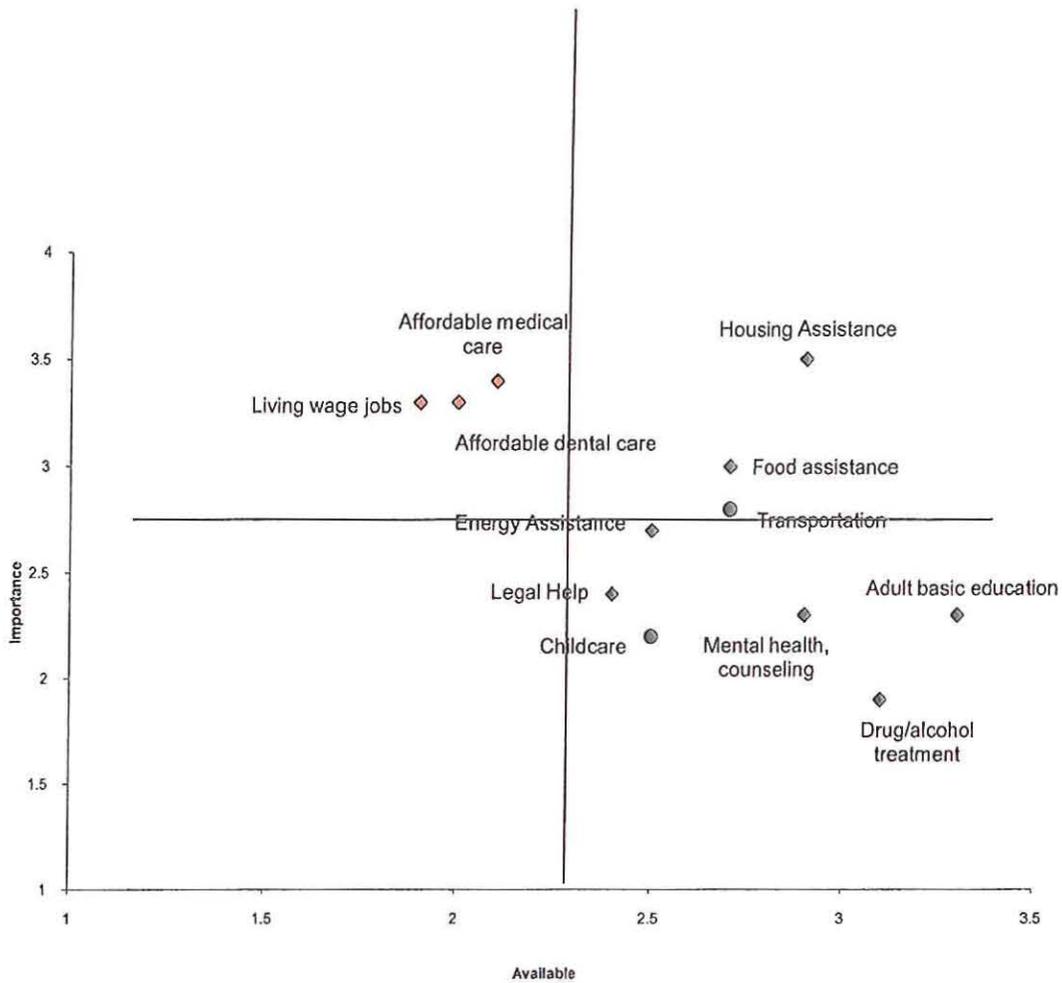
Individuals and organizations planning for future services may want to pay particular attention to the services that appear in the first quadrant (I) of these graphs. These are the services that, on average, are extremely important to low-income households and very hard for them to access.

For this study, we constructed importance-availability charts for the overall respondent sample and for selected respondent subgroups (Figure 41 through Figure 45). The subgroups include respondents from these demographic groups: Whites, Hispanic, African American, American Indian, and seniors. One service emerges as high importance and low availability in all respondents’ perspectives: affordable medical care. This should not be interpreted to mean that the other services are not worthy of attention. Certainly there are many households in critical need of these services and not enough resources to fulfill that need. However, the services that appear in quadrant (I) are those for which the gap between need and supply is the largest, based on average client perceptions.

*Technical not about these figures: Readers will note that the quadrants for each subgroup’s “importance-availability” chart are of different size. That’s because the “cross hairs” that delineate each chart’s quadrants are positioned at the average importance and availability scores for respondents within each subgroup.*

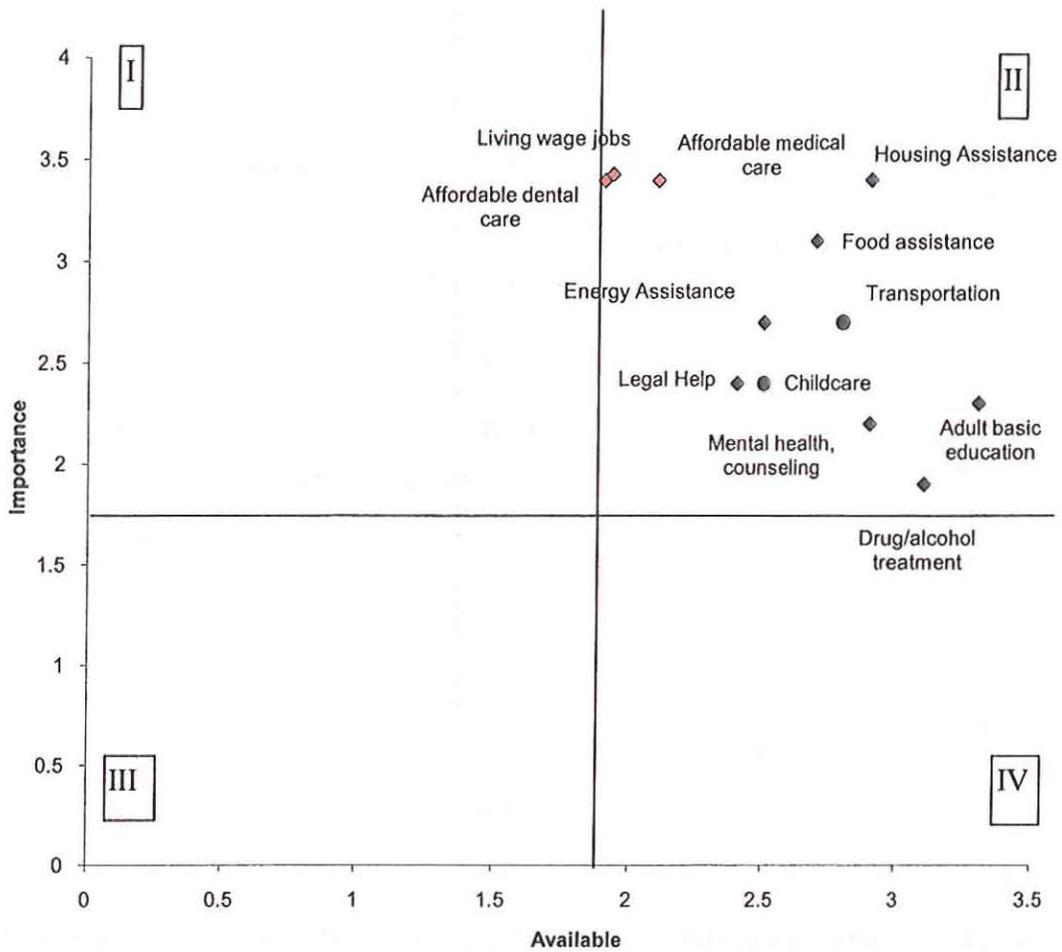
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<sup>7</sup> Importance scale ranged from 1, for “not important” to 5, for “extremely important”; Availability scale ranged from 1, for “very hard to get” to 5, for “very easy to get”



**Figure 41 All respondents' perspectives on low-income services importance and availability**

In Figure 41, the first quadrant (I) that contains those services that program planners would consider a priority for action based on consumer opinion. For this list of items, *dental and medical care, housing assistance, food assistance, and living wage jobs* appear to be high priority services needing attention. These are services that have a high potential to benefit every low-income household, so it should come as no surprise that these rank high in importance across the whole respondent sample. This finding should not diminish the importance of other services that are needed by a smaller percentage of the population (e.g., childcare is only important to households with children). *Legal help* is among the least available services that received below average importance scores.



**Figure 42 White respondents' perspectives on low-income services importance and availability**

The two hundred and sixty-six White respondents consider some of the same services above average in importance, yet below average in availability (Figure 42): *affordable medical care* and *living wage jobs*. *Affordable dental care* category falls directly between Quadrant I and II. White respondents tend to designate higher importance scores on *housing assistance*, *food assistance*, and *transportation*. Compared to the overall sample, they also see *childcare*, *legal help*, *adult basic education*, *drug/alcohol treatment* and *mental health counseling* as above average important and above average available.

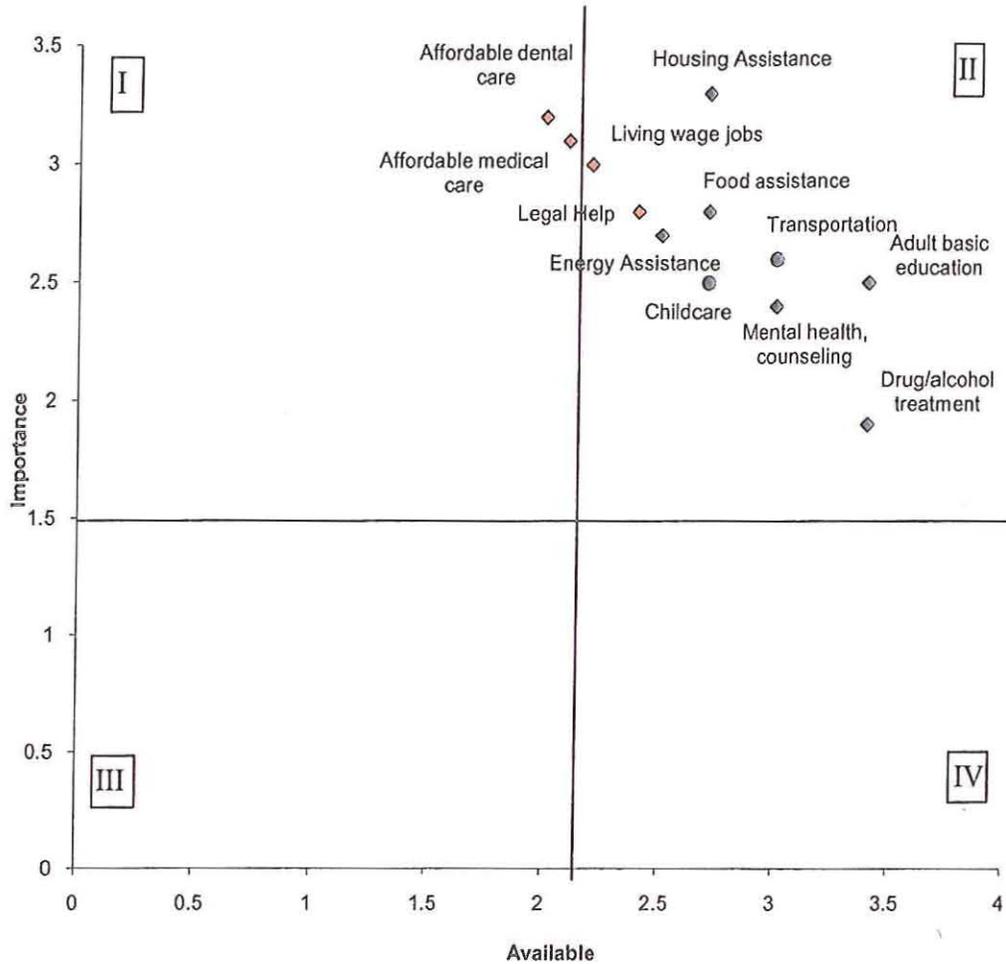
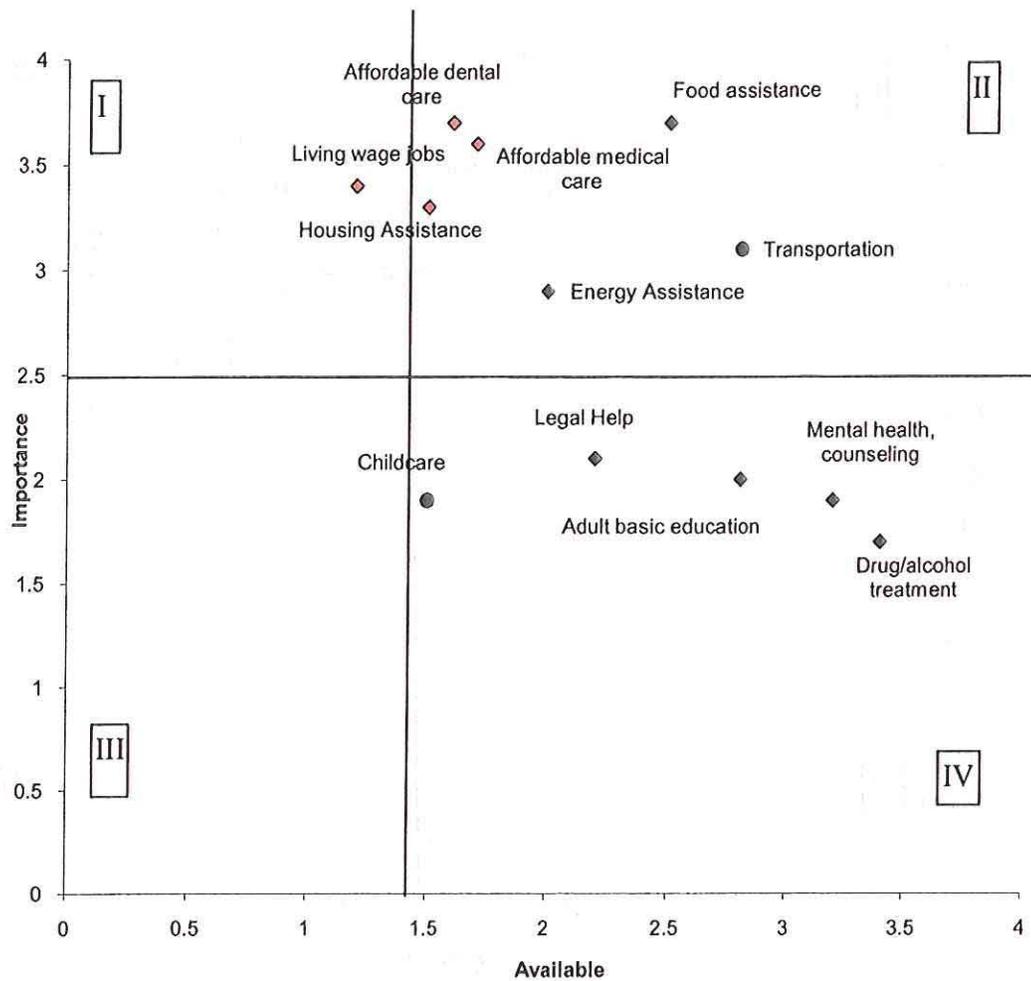


Figure 43 Hispanic respondents' perspectives on low-income services importance and availability

The twenty-six Hispanic respondents consider some of the same services above average in importance, yet above average in availability (Figure 43): *affordable dental and medical care*. Hispanic respondents tend to designate higher importance scores on *legal help, housing assistance, living wages, food assistance* and *energy assistance*. Compared to the overall sample, they also see *childcare, adult basic education, drug/alcohol treatment* and *mental health counseling* as more important, yet similar in availability.



**Figure 44 African American respondents' perspectives on low-income services importance and availability**

The eight African American respondents consider some of the same services above average in importance, yet below average in availability (Figure 44): *living wage jobs*. African American respondents tend to designate higher importance scores on *affordable dental and medical care, housing assistance, food assistance, energy assistance* and *transportation*. Compared to the overall sample, they also see *child care* and *legal help* as less available.

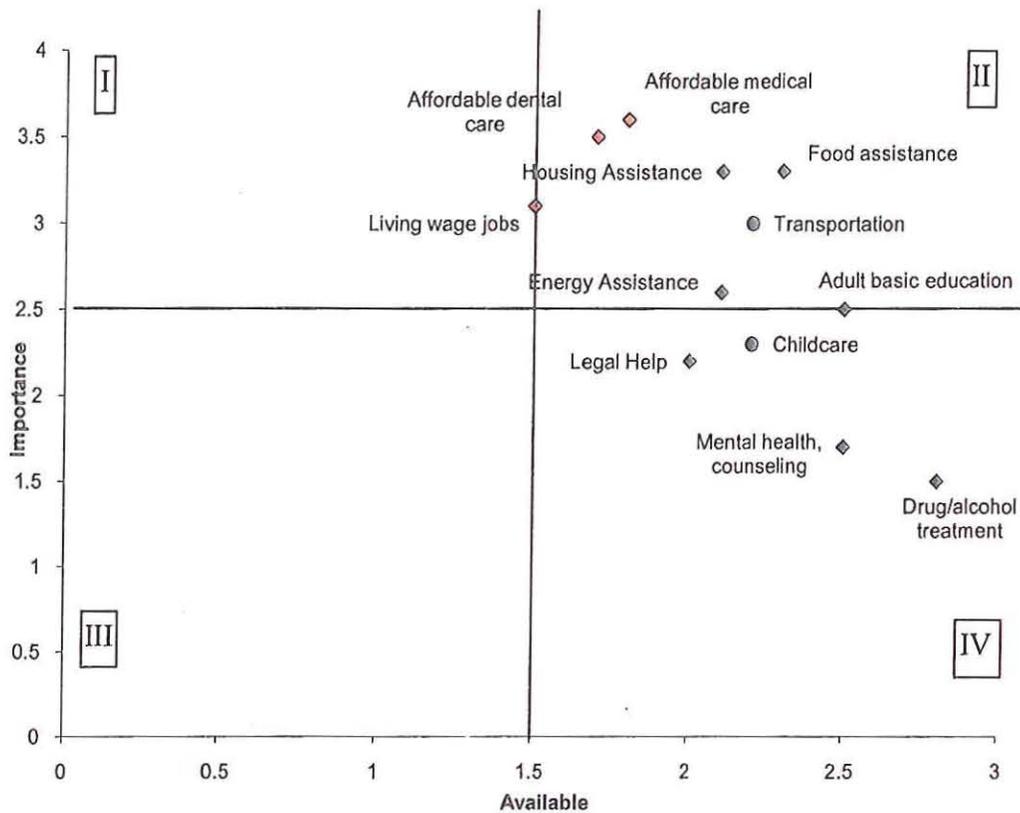


Figure 45 American Indian respondents' perspectives on low-income services importance and availability

The fourteen American Indian respondents consider some of the same services above average in importance, yet above average in availability (Figure 45): *affordable dental and medical care*, and *housing and food assistance*. *Living wage jobs* category falls directly between Quadrant I and II. American Indian respondents tend to assign higher importance scores on *affordable medical and dental care*. Compared to the overall sample, they also see *mental health counseling and drug/alcohol treatment* as less available.

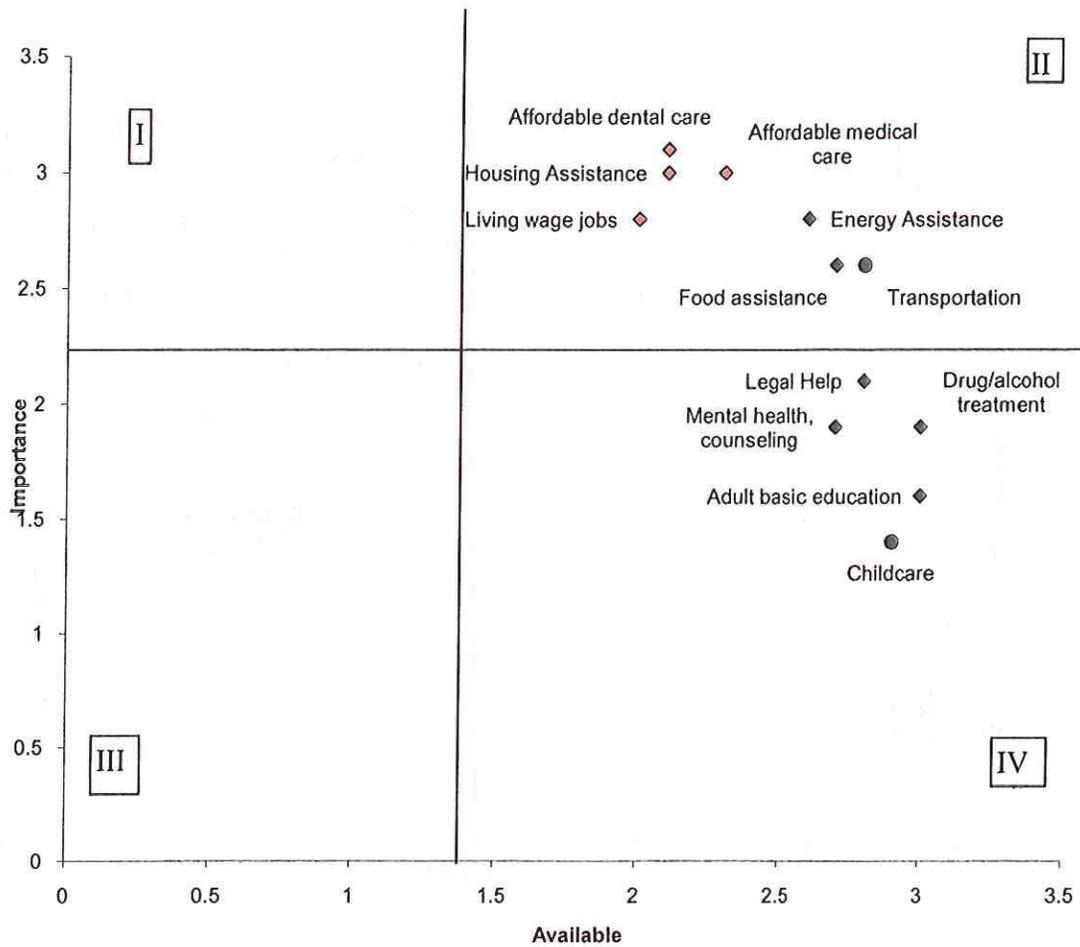


Figure 46 Seniors' perspectives on low-income services importance and availability

Compared to the overall sample, seniors perceive no services to be high in importance and low in availability (Figure 46). Seniors report that *housing assistance*, *affordable dental and medical care*, and *living wage jobs* are highly important and relatively easy to get. Not surprisingly, seniors assign lower importance to *child care*.

Gap analysis by consumer categories. Next we used the same analysis method to examine the perceived service gaps among social and health service consumer groups (e.g., households that consume mental health services).

Among eight consumer categories, only one category of service is unanimously perceived as having above average importance and below average availability: affordable housing. Housing-related services clients had similar views on service gaps. Compared to all survey respondents, emergency shelter and transitional housing residents, and Section 8 voucher clients believe that *housing assistance* is less available, and that *food assistance* service is more important and more available (Figure 47 through Figure 49).

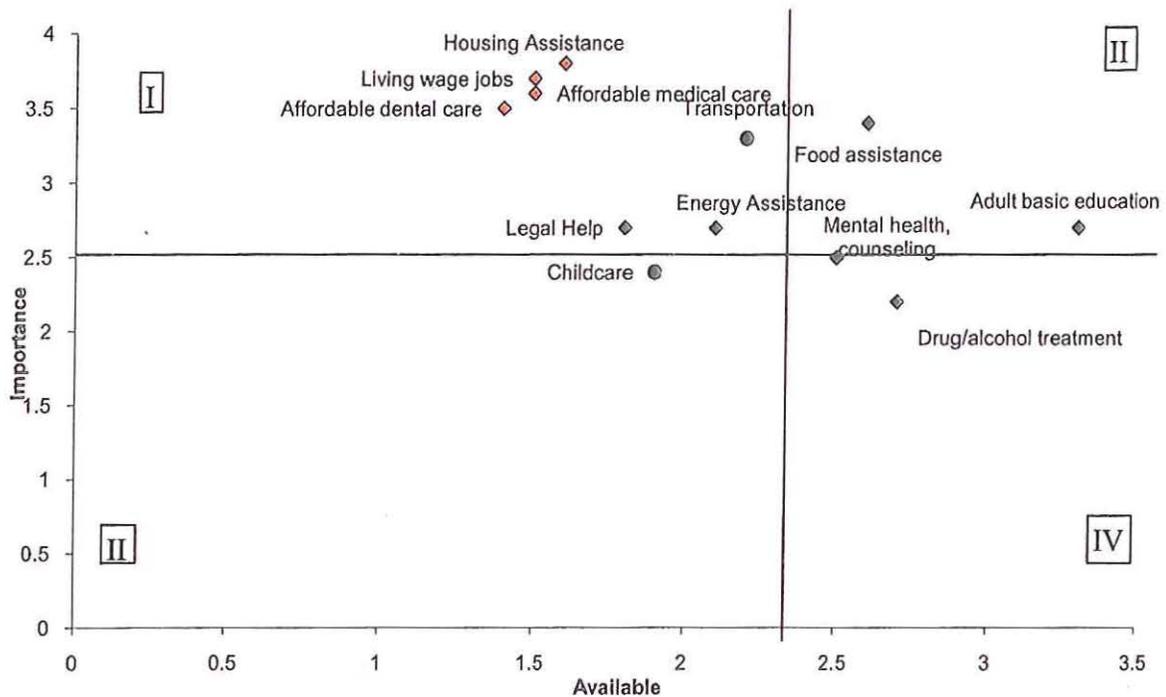


Figure 47 Emergency shelter residents' perspectives on low-income services importance and availability

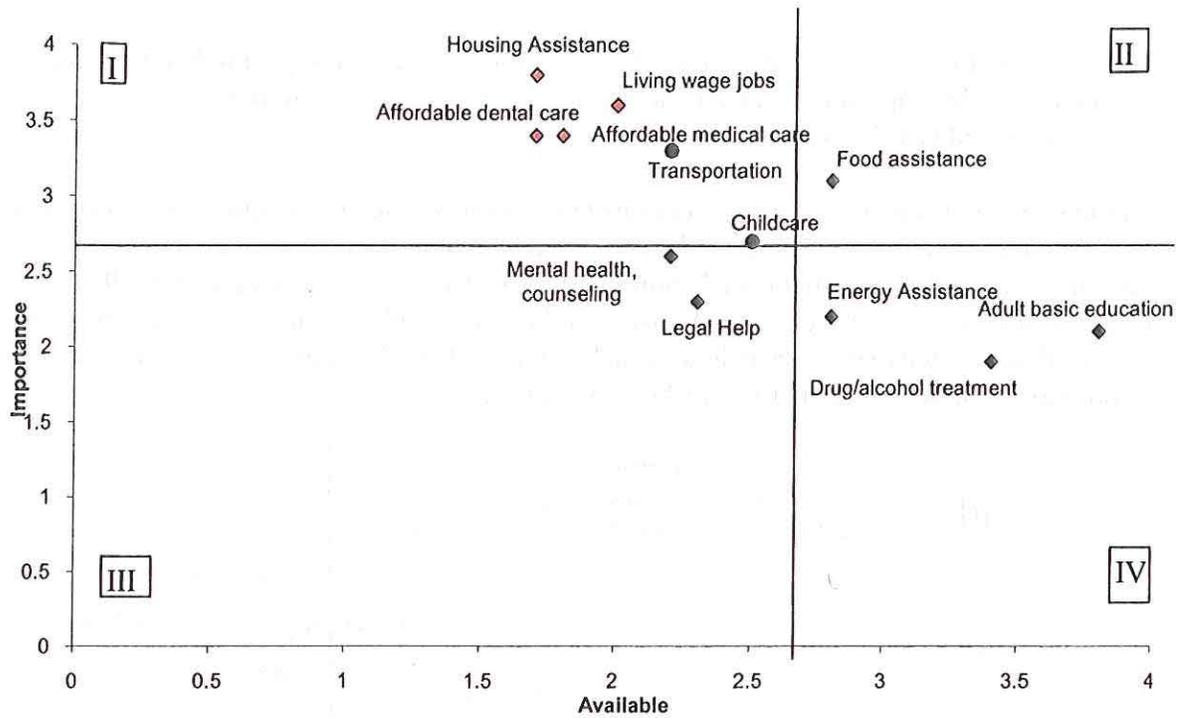


Figure 48 Transitional Housing residents' perspectives on low-income services importance and availability

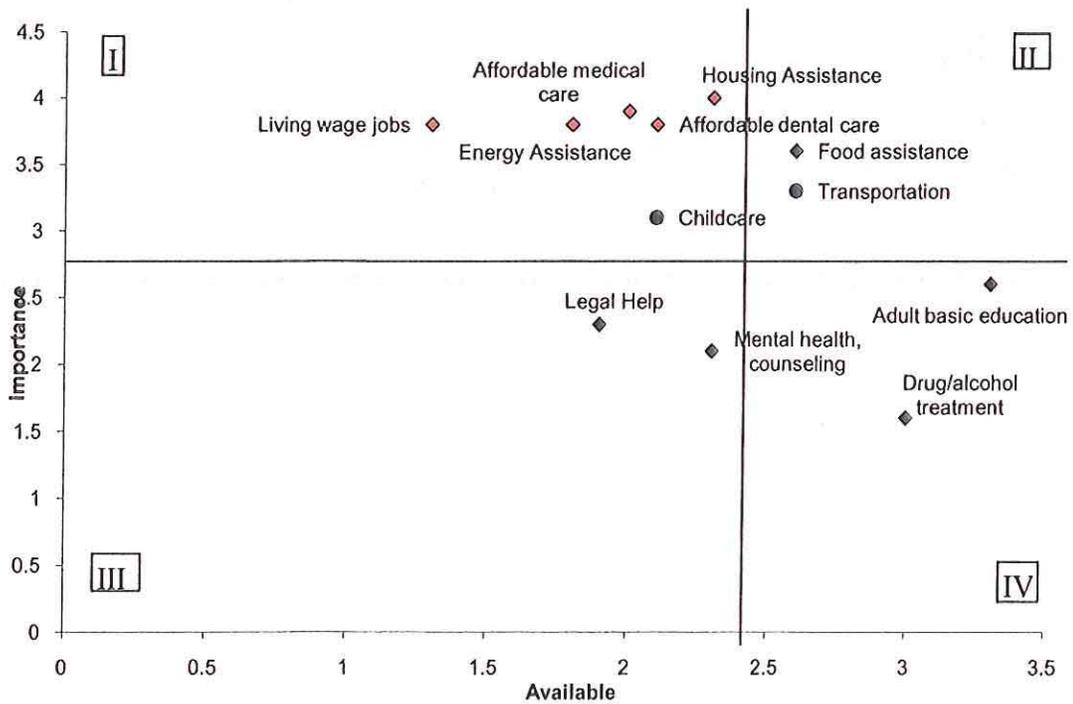


Figure 49 Section 8 clients' perspectives on low-income services importance and availability

Compared to all survey respondents, substance abuse program clients believe that *housing assistance* is more important and less available (Figure 50). Not surprisingly, they assign much higher importance scores to drug and alcohol treatment services.

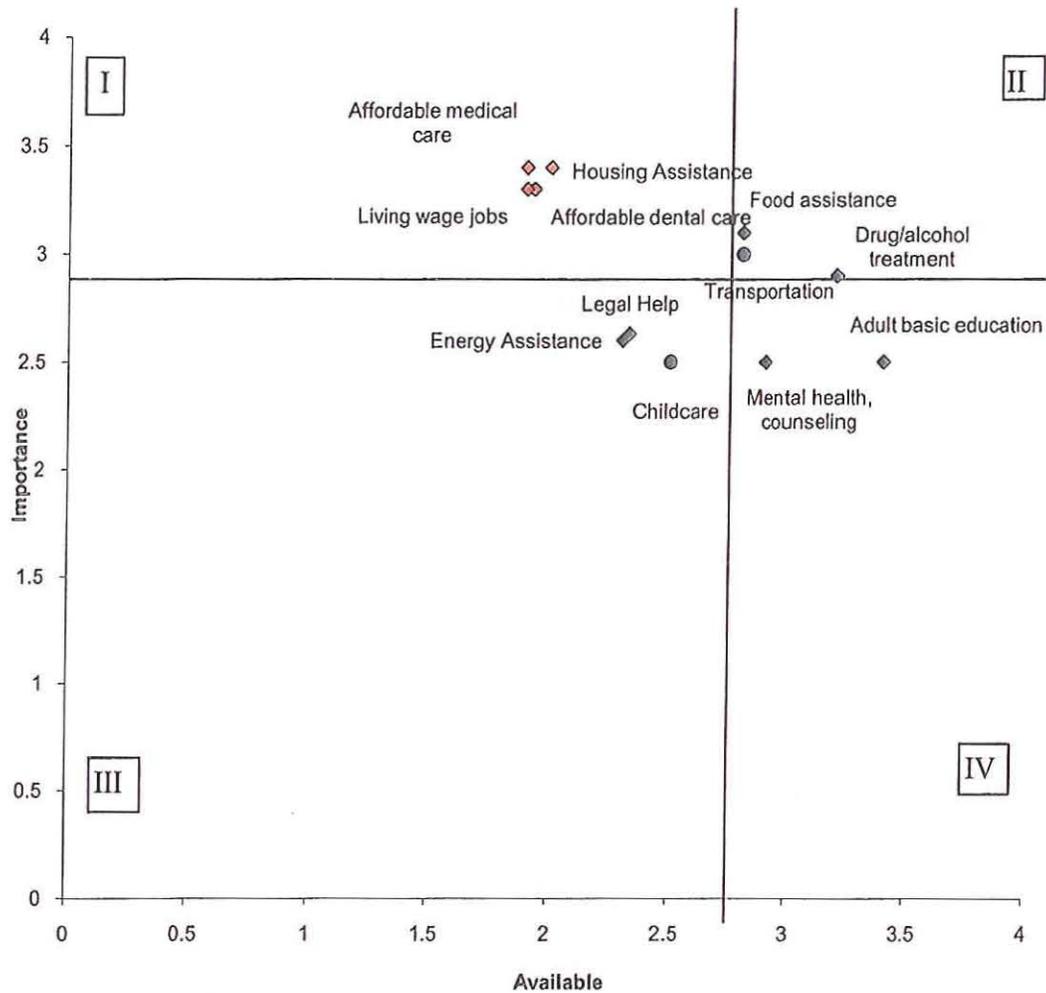


Figure 50 Substance abuse program clients' perspectives on low-income services importance and availability

Compared to all respondents, mental health treatment clients are nearly identical to the overall sample in their perceptions of services importance and availability in quadrant (I): *affordable dental and medical care, and living wage jobs*. Mental health treatment clients believe that *mental health counseling* and *food assistance* are relatively more important than other services compared to the views of all survey respondents (Figure 51).

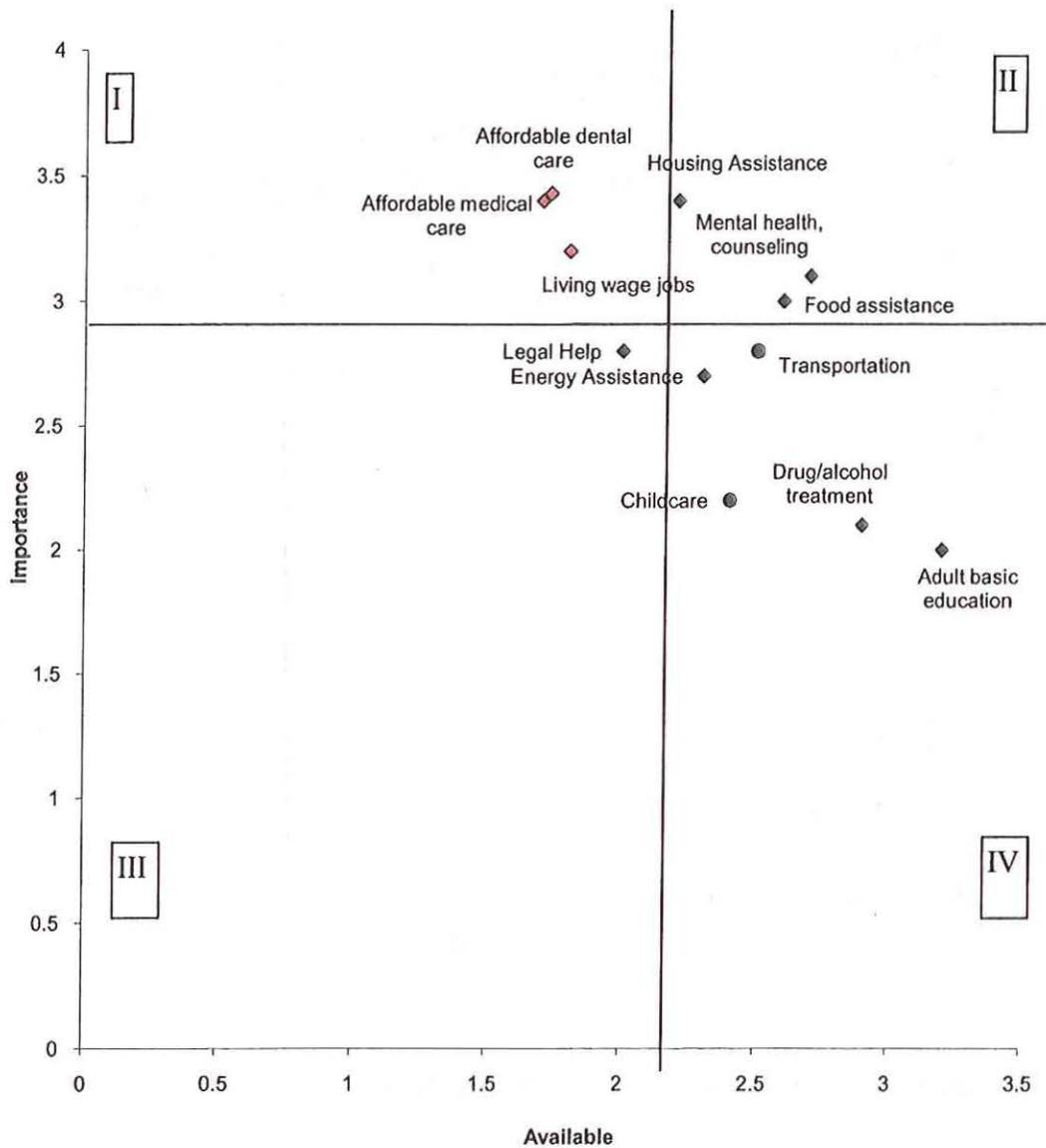


Figure 51 Mental health clients' perspectives on low-income services importance and availability

Energy assistance clients believe that *child care, legal help, energy assistance, housing assistance, food assistance* and *transportation* services are relatively more important and more available than other services compared to the views of all survey respondents (Figure 52).

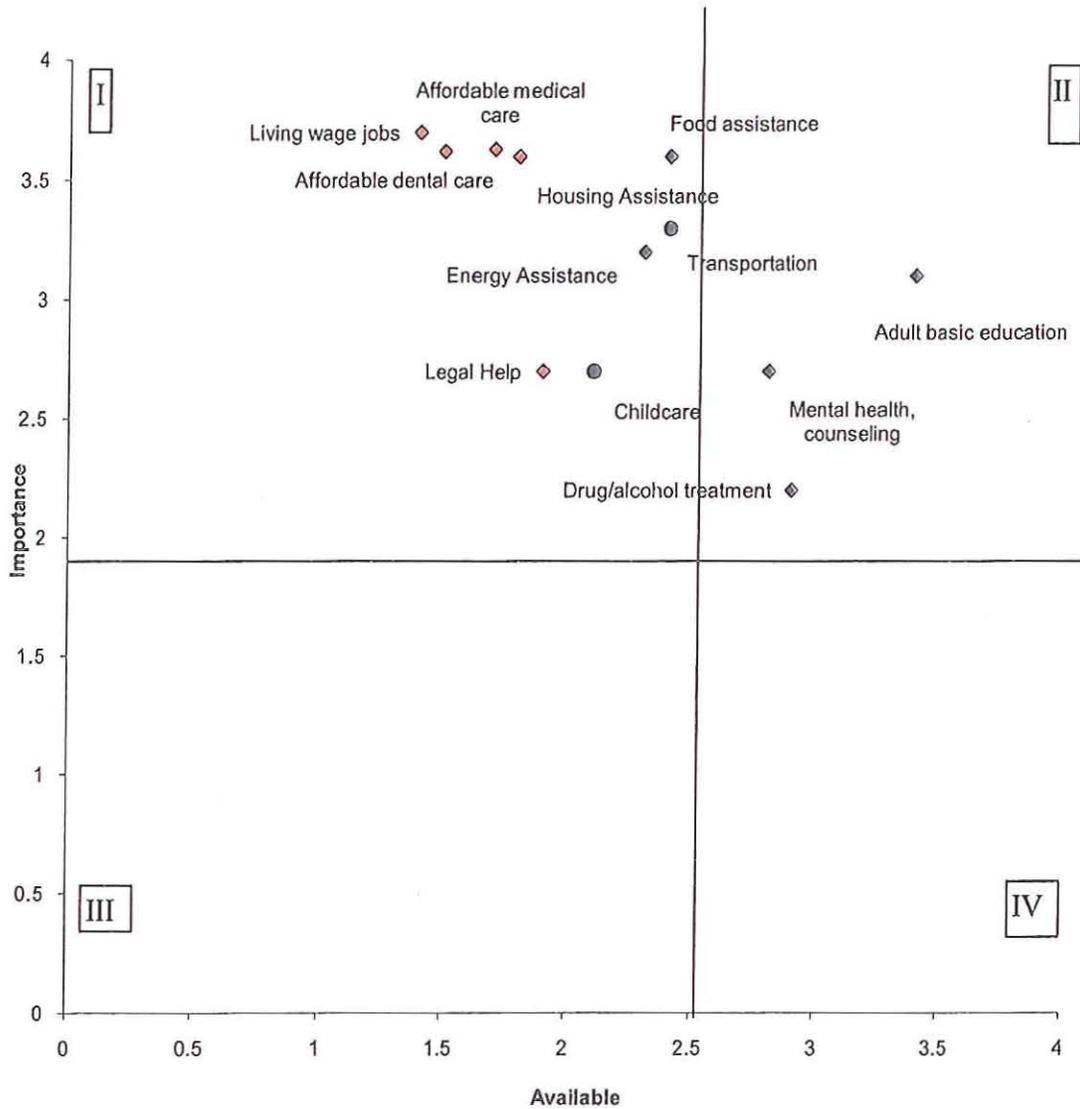


Figure 52 Energy assistance clients' perspectives on low-income services importance and availability

Head Start program clients had nearly identical to the overall sample in their perceptions of services importance and availability on service gaps in quadrant I (Figure 52). An exception is their higher average importance score for childcare and their belief that housing assistance is less available. Affordable medical care is less available. *Food Assistance* category falls directly between Quadrant I and II.

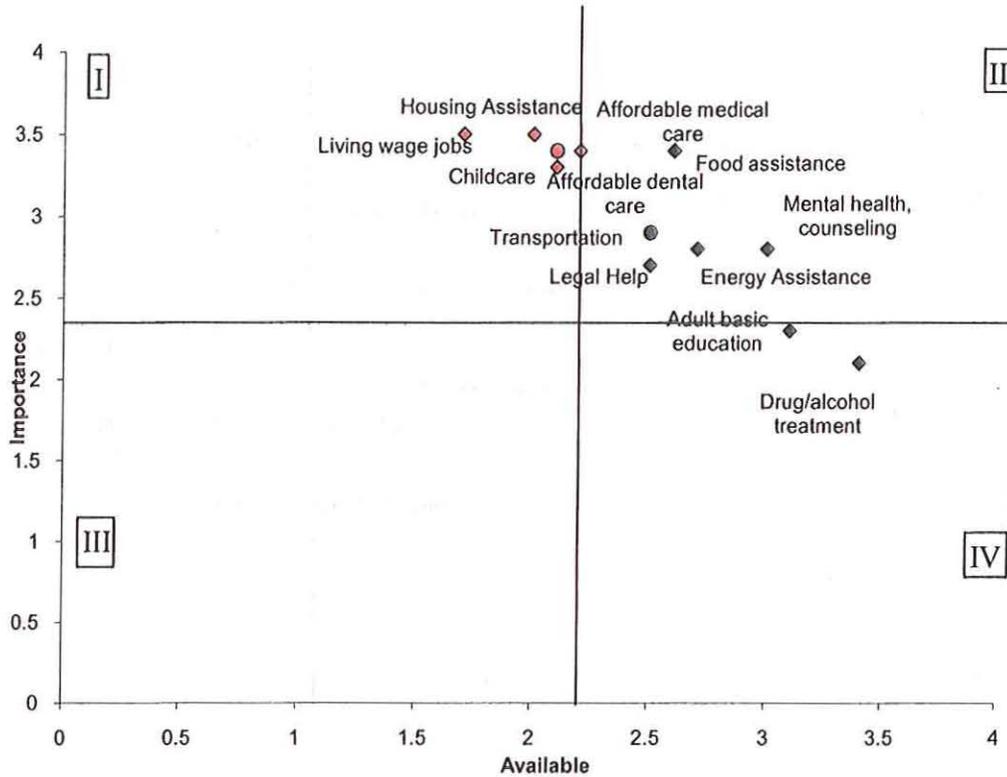


Figure 53 Head Start clients' perspectives on low-income services importance and availability

Compared to all respondents, veterans believe that *legal help*, *housing assistance* and *energy assistance* are more important and less available; but *drug/alcohol treatment*, *food assistance*, *childcare* and *energy assistance* are less available (Figure 54).

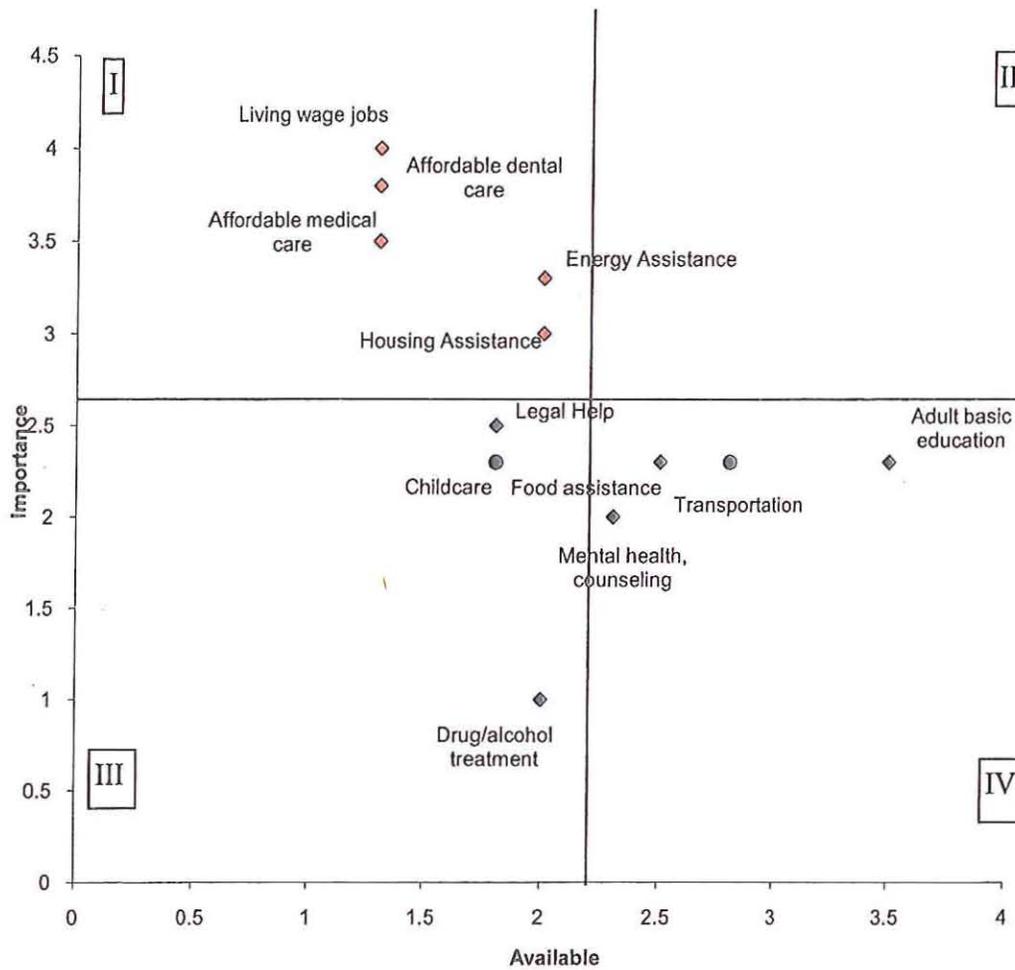


Figure 54 Veterans' perspectives on low-income services importance and availability

## **Appendix A: Questionnaire Format Summary Results**

May 8, 2014

MEMO TO: John C. Patterson, City Manager

FROM: Fleur Tremel, Assistant to the City Manager *FT*

SUBJECT: Cable Channel 03 Update

Recommendation:

None.

Summary:

A little over a year ago, Casper City Council asked that staff pursue the expanded use of Channel 3 as EG/PEG, or an Educational and Governmental/Public Education Governmental access channel. The goal of the channel was “to promote the public interest in the City of Casper and showcase services provided to the community.” City staff believed that shows covering City-sponsored cultural festivals, City facilities, City services, and City/community development, would allow the channel to meet this goal. However, City staff also suggested we use the channel to air public domain television shows and movies, with the hope that it will appeal to residents and encourage them to tune into the station.

After receiving direction from Council, staff drafted a Request for Proposals (RFP), outsourcing all production and equipment costs through a contract model. Through the process the one company that submitted a proposal, Wolf Gang of Wyoming, LLC, was chosen for the yearlong contract. This contract began on July 1, 2013 and it will continue until June 30, 2014. At this point Council will need to decide whether we should renew these services.

Over the course of the year, Dennis Rollins and Wolf Gang of Wyoming, LLC has completed several original shows and aired several episodes of Wyoming Portraits. Due to server and programming issues with Charter Communications, Cable Channel 03 had a rough start. The City was finally able to purchase a new server to be used for Channel 03 programming using update funds from Charter, provided through the current Franchise agreement. Since then Wolf Gang of Wyoming, LLC has been able to air more shows as well as a Classic Arts Showcase program.

In order to show Council the progress of Channel 03, Dennis Rollins of Wolf Gang of Wyoming, LLC will be present at the May 13, 2014 Council Work Session to provide updates, an overview of the year thus far, show some clips of the shows, and answer any questions.

May 5, 2014

MEMO TO: John C. Patterson, City Manager  
FROM: William C. Luben, City Attorney *WCL*  
SUBJECT: Use of City Council Chambers as a Public Forum

Recommendation

No recommendation is being made. This memo is being supplied for Council's discussion of use of the Council Chambers for matters other than government sponsored meetings.

Summary

**I. Forum Designation:**

The courts identify three forum types in which speech may occur – traditional public forums, designated or limited public forums, and non-public forums. The courts then apply different levels of scrutiny (“standards”) to government regulations of speech based on the type of forum in which the speech occurs as follows:

1. A *Traditional Public Forum* is defined by characteristics of the property, such as if the property has a long tradition of being devoted to assembly and debate. Public forums have traditionally been public sidewalks and public parks. Speech in a traditional public forum is subject to a “*strict scrutiny*” standard by the courts, which means that the government must show a “compelling state interest” in prohibiting or limiting the speech. This is a very high standard, and generally cannot be met by the government. The government cannot apply content or viewpoint restrictions to speech in a public forum. The government only has the ability to enact content neutral time, place, or manner restrictions, which still have to be narrowly tailored to serve a significant governmental interest. An example would be reasonable park opening and closing times.

2. A *Limited or Designated Public Forum* is created by purposeful government action, and characterized by the government intentionally opening a non-traditional public forum for public discourse. The council chamber is an example of a limited public forum. It is opened by the government for purposes of the council and other governmental meetings and the consideration of the agenda items before council.

3. A *Non-Public Forum* is property that is either a non-public forum or not a forum at all. In that case, the government can restrict access so long as the restrictions are reasonable.

## II. Content Neutrality:

Generally, government regulation of speech must be *content neutral* regarding both viewpoint and subject matter. Viewpoint neutral means that the government cannot regulate speech based upon the ideology of the message. For example, it would be clearly unconstitutional for a government to say that Republican rallies are always allowed on public sidewalks, but Democratic rallies are not. Subject matter neutral means that the government cannot regulate speech based on the topic of the speech. Regulation of speech is generally considered content neutral if it applies to all speech, regardless of the message.

If regulation of speech is not content-neutral, the courts will generally apply the *strict scrutiny* standard to the speech restriction, which again, requires the government to show a compelling state interest in restricting the speech.

## III: Discussion:

Generally speaking, City Hall is not a public forum, as it is a place where to public comes to do its business with the City, such as paying utility bills or seeking other services from the City. However, part of City Hall, being the Council chambers has been “carved out” for governmental meetings, including both Council and Planning and Zoning Commission meetings. As the chambers have traditionally only been used for governmental meetings, the chambers are a “limited public” forum for these purposes.

The type of forum that exists turns on the intent of the government. A limited public forum can be converted to a “public forum” in which all types of speech are allowed. The courts look to the policy and practice of government to decide if it intended to designate a place that was not traditionally open to assembly and debate as a designated public forum.

Should Council decide to open up the Council chambers as a public forum, then the City will not be able to apply any content or viewpoint restrictions on the speech. Once the limited public forum is converted to a public forum, the City will not have the ability to exclude a speaker or group on the grounds that the City does not agree with the ideology of the speaker or group, or their message.

Two examples of a limited public forum being converted to a public forum recently occurred in Wyoming, both of which resulted in adverse rulings against the University of, and the State of Wyoming:

***WILLIAM AYERS AND MEGHAN LANKER V. UNIVERSITY OF WYOMING AND TOM BUCHANAN*, Casper No. 10-CV79-D in the United States District Court for the District of Wyoming:**

In this case the University's Social Justice Research Center had invited William Ayers, a member of the radical "Weather Underground," which he had helped start, to speak at the University. This group had been responsible for bombing government buildings, including the United States Capitol to protest the Vietnam War. Although Ayers was charged with conspiracy to bomb governmental buildings, the charges were later dropped, apparently due to the use of illegal wiretaps by the government.

The invitation was withdrawn when the University sought to ban his appearance citing "safety concerns." Thereafter, Meghan Lanker invited Ayers to speak in a student-sponsored event. Lanker attempted to rent a multipurpose space in the University of Wyoming Sports Complex, but was advised that this venue would not be available. Lanker and Ayers then brought suit in the Federal District Court claiming that the University had violated their constitutional rights to freedom of speech and assembly.

The Court granted a preliminary injunction enjoining the University from prohibiting Ayers from speaking at the University of Wyoming Sports Complex. It should be noted that the President Bill Clinton had been allowed to use this facility two years before this matter when he was campaigning for Hillary Rodham Clinton as she was seeking the Democratic nomination for president. In this case, the University was not allowed to base its decision to exclude Ayers from speaking on the basis of his viewpoint or the content of his speech.

**WYWATCH FAMILY ACTION, INC. v. RICH CATHCART, individually and in his official capacity as Executive Secretary of State Building Commission of Wyoming, MATTHEW H. MEAD, in his official capacity as a member of the State Building Commission of Wyoming, MAX MAXFIELD, in his official capacity as a member of the State Building Commission of Wyoming, CYNTHIA I. CLOUD, in her official capacity as a member of the State Building Commission of Wyoming, JOSEPH B. MEYER, in his official capacity as a member of the State Building Commission of Wyoming, and CINDY HILL, in her official capacity as a member of the State Building Commission of Wyoming, Docket NO. 2:12-cv-00001-NDF in the United States District Court for the District of Wyoming:**

This case was a civil rights action against the State of Wyoming claiming that the State had denied the Plaintiff its freedom of speech, due process, and equal protection when it was denied the right to place its pro-life display in the Herschler building in Cheyenne. The Plaintiff wanted this display to be up during legislative debate about two house bills that would require an abortion provider to supply information to a pregnant woman about her right to view an ultrasound and hear the heartbeat of her unborn child.

The Plaintiff alleged that a portion of this building, the "Herschler Gallery," had historically been used as a place for nonprofit organizations and state agencies to put up displays and advocate views regarding their respective missions. Although the Plaintiff's displays were initially approved, the approval was later withdrawn. During this time, the Plaintiff alleged that other organizations were allowed to set up their displays in this

building, including the Wyoming Seat Belt Coalition with the Wyoming Department of Transportation, Wyoming Outdoor Council, Wyoming Arts Alliance, Raising Readers, Wyoming Humanities Council, Wyoming College of Engineering and Applied Science, Wyoming Engineering Society, and the Wyoming Center for Nursing and Health Care.

This case was settled, and a Consent Order was entered by the Court finding that the State had enforced an unconstitutionally vague policy against the Plaintiff which discriminated against its viewpoint. The Plaintiff was awarded \$1.00 in nominal damages and was ordered to pay \$30,000.00 to the Plaintiff's attorney for its attorney fees.

Both of these cases illustrate the issues that arise when areas that were originally limited or non-public forums become public forums, and the government's loss of its ability to control or limit the content of the speech that may occur.

April 24, 2014

City of Casper  
Administrative Services Department  
Attn: V.H. McDonald, Director  
200 N. David Street  
Casper, WY 82601

Dear Mr. McDonald:

Attached is a copy of the Casper Area Chamber of Commerce budget for 2014-2015 and the Visitors Center budget. They were inadvertently omitted from the request for City funds that you received yesterday. Please include this in your information.

Thank you,

Candy York  
Finance and Office Manager

Cc: Mr. John Patterson, City Manager

### **Request from City:**

The Chamber respectfully requests \$45,000.00 from the City of Casper. The Chamber, on behalf of the City, operates the Visitor Center providing amenities for visitors into the Casper area, as per the City Scope of Services. Most importantly, Chamber staff offer one-on-one personal time with each visitor to ensure they leave with the information they requested. Staff directs visitors to key local tourist attractions such as Ft. Casper and its museum store, the National Historic Interpretative Center, local parks, the Platte River Trails, museums, downtown for shopping and dining, and to any local events scheduled at the time of their visit. Our location and large parking area provides convenient access to our facilities.

The Chamber also acts as a center to provide relocation information for potential residents. The Chamber distributed over 2,500+ relocation packages in 2013. In addition, special attention is provided to any person who comes to the Chamber and requests relocation information. Many times that individual/family is looking at Casper and at least one other Wyoming community. It is the job of Chamber staff to “sell Casper” and lay out all the reasons why Casper is a great place to live, work and play.

This year’s request for funding will increase based upon two factors: 1). This year a separate budget was developed for the Visitors Center in order to determine the operating and maintenance requirements for this community service segment of the Chamber (budget attached for your reference) ; 2). The Chamber’s budget for our upcoming fiscal year 2014-2015 reflects the great care that has been taken by the Board of Directors and staff in the development of this budget. Our Strategic Plan includes steps and actions to minimize operating costs and maximize income in order to continue to provide our Chamber members with benefits including networking, educational and business to government opportunities that they have come to expect from the Casper Area Chamber of Commerce.

This is the first time that we have developed a separate budget for the Visitors Center. The reason for the division was to allow us to better allocate funding from the City specific to the City Scope of Services. Both budgets will reflect percentages that have been allocated to each specific service being provided by the Chamber. The Visitors Center 2013-2014 Budget reflects a short fall of \$40,268. This shortfall is presently being subsidized by our Chamber member dues and through fundraising efforts by the Casper Area Chamber of Commerce. Our goal is to gradually reduce the amount of shortfall through additional grant and/or sponsorship procurements from alternate tourism focused organizations and continued fundraising efforts through the Chamber of Commerce.

### **Introduction:**

When the City of Casper was in its infancy, the Casper Chamber was formed by business leaders that saw the need to facilitate business growth in the fledgling community. One hundred and ten years later, the focus is still the same – supporting a strong local economy, promoting members and communities, representing business to government and connecting

members through networking opportunities. As the “front door” to Natrona County and the communities located in the Casper Metropolitan Area, the Chamber offers two lines of business: Chamber of Commerce; and, the Visitors’ Center. The Chamber has 770 members and is governed by a volunteer Board of Directors.

### **Chamber of Commerce:**

The Casper Area Chamber of Commerce is a voluntary membership organization. Its membership is comprised of business leaders that promote a healthy business economy. The Casper Chamber’s 770 members represent most of the major industries in the Casper area.

The Chamber of Commerce is governed by a volunteer board of directors. The board consists of twelve members plus up to ten ex-officio members. The ex-officio members represent the Downtown Development Authority, the school district, the City of Casper, the Casper Area Convention and Visitors Bureau, the Casper Area Economic Development Alliance, a business with interest in the community’s senior population, and Casper College. Other ex-officio members are a legal advisor, the treasurer and a committee chair. A copy of the Board of Directors’ Directory is attached.

Until the formation of the Casper Area Economic Development Alliance (CAEDA), it was the Chamber that assumed economic development activities. Still today, the Chamber is often the first contact for business relocation or business start-up information. As the “conciierge” of business services and information, the Chamber connects and directs business inquiries to the proper experts such as CAEDA, the Small Business Administration, Chamber members that include local banks, attorneys, certified public accountants, financial advisors, mining and energy related industry and other community partners that offer resources to meet individual business needs. In addition to responding to email, telephonic, and personal inquiries, relocation packages are sent to businesses considering relocation/expansion to Casper.

Casper is a very business friendly City and as such provides the Chamber with a wonderful opportunity to promote the City, our attractive tax base and quality of life to many prospective new businesses, citizens and prospective chamber members. The Chamber promotes member’s businesses to the community, visitors and to other members through celebration, showcasing members, linking member together and directing businesses to members. When a new member joins the Chamber, the Chamber’s Ambassadors do a ribbon cutting; ribbon cuttings are also used to celebrate a business milestone.

One benefit of a membership organization is the member to member networking opportunities. Linking chamber members to other chamber members is one of the key roles of the Chamber. The Chamber has implemented a program of member to member discounts through our weekly “Get Connected” e-newsletter providing not only local retail discounts and offers but member spotlight articles and upcoming local events. These types of marketing opportunities encourage sales and increased revenues to our local businesses.

In today's business environment, relationships are the key to getting things done. The Chamber uses events such as Business after Hours to feature a local business and provide an opportunity for members to connect with other members in a more social environment. The Chamber has recently implemented Monthly Chamber Luncheons featuring relevant statewide and local speakers much to the delight of members as well as member incentive Business after Hours events resulting in 100+ attendees at each event each month. We've found that many of our business leaders prefer these face-to-face meeting opportunities to build stronger relationships with their peers.

The Chamber Board of Directors, Executive Director, and staff are involved with several different community organizations to represent membership. These organizations include Casper Area Economic Development Alliance, Downtown Development Authority, United Way of Natrona County, Casper Area Convention and Visitors Bureau, Rotary and the Junior Chamber (Jaycees). The Chamber works hard to promote cooperation and how these organizations can work together for the benefit of the community as a whole.

The Chamber has positioned itself to become the voice of business in the community. This spring we have successfully revitalized the Government Affairs Committee and its members have developed Position Papers and have taken action on several governmental issues to date. The committee is comprised of business persons that have an interest in local, state and national issues that affect business and present a united voice for our members. Staff and Board members have been active in the 2014 Budget Session through visitation to the Capital and involvement in the Business Day at the Legislature. Weekly Legislative Reports have been made to the membership. The Board of Directors passed two resolutions in support of the One Cent Campaign and the School Bond Issue. The bottom line is the Chamber will support governmental actions that are pro-business – actions that build/retain business, create/maintain jobs, and supporting a pro-business agenda that provides for accountability, fiscal responsibility and less tax and regulations that impact the cost of doing business.

### **Visitors Center:**

The Casper Area Chamber of Commerce is *the* community's visitors' center. The Casper Area Chamber of Commerce & Visitors Center is dedicated to supporting and expanding our area's business and tourism industry by promoting area businesses and attractions. Located just off of I-25 at the Center Street Exit, is the major gateway to the City of Casper.



The Wyoming Department of Transportation has also provided signage to point visitors to our facility.

We serve area residents and businesses as well as a myriad of visitors from throughout the world.

We vigorously maintain hundreds of resource databases that assist us in responding to the over 7,200+ visitors and thousands of business related individuals who walk through our doors a year, as well as in answering the thousands of calls, and e-mail requests we receive annually.

We keep statistics on our visitors that help guide area businesses in marketing emphasis, and assist greatly in recruiting new businesses. These statistics include: 1) Origin of Visitors by Season; 2) Averaged Week Day Visitor Volumes; and 3) Visitor Information Requests by Category.

The following statistical charts document our Center's volume and scope - demonstrating our value as a proven economic development tool serving Natrona County.

<b>Calendar Year 2013</b>	
<b>1263</b>	<b>Relocation Guides</b>
<b>45</b>	<b>Hunting</b>
<b>26</b>	<b>Student</b>
<b>114</b>	<b>Vacation</b>
<b>16</b>	<b>Business</b>
<b>1251</b>	<b>Online Relocation Guides</b>
<b>2715</b>	<b>TOTAL</b>

Our Chamber offices and Visitor Center (VC) are open five days a week throughout the year and seasonally (June – September) seven days a week. The Visitors Center area provides a warm and inviting area created for visitors to browse the many brochures available on the Casper area, Wyoming and the state’s national parks and monuments. The center offers free coffee and water, Wi-Fi, use of computers and printers, a comfortable place to sit, and access to news, weather and road conditions. There is a small retail center for visitors to get some souvenirs.



**Our visitors are greeted daily by our trained Information Specialists and Chamber staff providing excellent customer service, and credible geographic knowledge of the City and State and our community.**

The Chamber provides visitor and relocation packets. The past fiscal year ending March 31, 2013, the Chamber provided 2,715 relocation packets to persons expressing an interest in moving to Casper. The packets include information on schools, housing, medical services, churches, a relocation guide, Casper travel guide, Wyoming travel guide and maps. (A copy of the statistics is attached.)

In fiscal year 2013-2014 - 7,250 visitors stopped at the Chamber's visitor center (including a 3% increase in visitors during the Government Furlough week in October, 2013). These visitors represented all 50 states, most of the Canadian provinces and 25 other foreign countries! Chamber staff is very well versed to promote local events and facilities to visitors. On several occasions, visitors stopped at the Center without any plans on how to do their Wyoming vacation. Chamber staff directs them to key places such as the National Historic Interpretive Trails Center, Ft. Caspar, and Casper Mountain, local events, downtown businesses, museums and the many parks Casper has to offer. Staff works with the visitors to engage them and determine what their interests are and then make the necessary referrals. An unusual occurrence this year occurred during the Government Furlough week (October, 2013) during which time Visitors were unable to enter the National Parks in our region and were provided with information by our Visitors Center staff that enabled them to stay overnight in Casper and enjoy our local restaurants and many museum attractions. They were very pleased that they had stopped by the visitors' center and received excellent service.



### **City Scope of Services:**

The Chamber continues to meet the scope of services as outlined in the contract between the Chamber of Commerce and the City of Casper. These services include:

- *Maintain the office within the corporate limits of the City.*
  - The Chamber office is located at 500 N. Center Street and within the corporate city limits. The office has been at this location for over 40 years.
- *Answer all general inquiries from visitors.*
  - The Chamber assisted over 7.250 visitors from 4/1/13through 3/31/14. The Visitors Center maintains a wide range of local, state and some

regional materials for the visitor. Staff provides one-on-one assistance to each visitor.

- *Answer any business requesting information of a general nature and refer businesses to appropriate entities for economic development assistance.*
  - As the “concierge” of business information, the Chamber refers inquiries to the Casper Area Economic Development Alliance (CAEDA), the Convention and Visitors Bureau, the Small Business Administration, local financial facilities and advisors, local legal advisors, Downtown Development Authority and/or the City.
  
- *Maintain a tourist information center.*
  - The newly remodeled tourist information center not only provides the visitor with the necessary brochures and information about Casper, the state and regional attractions, but also provides a respite center for the visitor to relax and take a break from driving. A nice lounge area, free coffee, free Wi-Fi, free computer access with printers and access to national weather/news on television are available. For many visitors, this is a way to catch up on emails, pay bills, make reservations for future destinations and just relax.
  
- *Provide staff support and appropriately related administrative services to assist with registration and similarly activities for conventions, major events and functions that occur from time to time.*
  - The Chamber Ambassadors Committee work at different events where volunteers are needed such as selling day sheets at the CNFR or helping with parking with state track event. The Ambassadors each sponsored a team during the National Junior Volleyball Tournament.
  
- *Promote Casper as a retail trade center and center for medical services, distribution and education.*
  - The Chamber has a comprehensive relocation guide and relocation package that addresses all major concerns of potential residents. The Chamber sent out 2,715 such relocation packages between 4/1/13 and 3/31/14. We maintain an online Community Events Calendar on our website at [www.casperwyoming.org](http://www.casperwyoming.org) that is one of the most extensive in our region, guiding guests and residents to events and festivals throughout Natrona County. In order to provide our visitors and chamber members with their increased need for immediate access to up to date information the Chamber contracted with a local agency to re-develop our website and add more customer friendly access to our Virtual Visitors Center featuring the same brochures that are available inside the



physical Visitors Center - “virtually”. Our online visitors are now able to view and download our relocation guide and/or visitor guides from our new website. Total initial investment: \$6,300 with an anticipated annual cost of \$240.00 (webhosting fee); 750.00 -1,000 in website maintenance. Over 10,000 (Chamber member and non-chamber member) business referrals were provided by our staff to incoming visitors in 2013-2014.

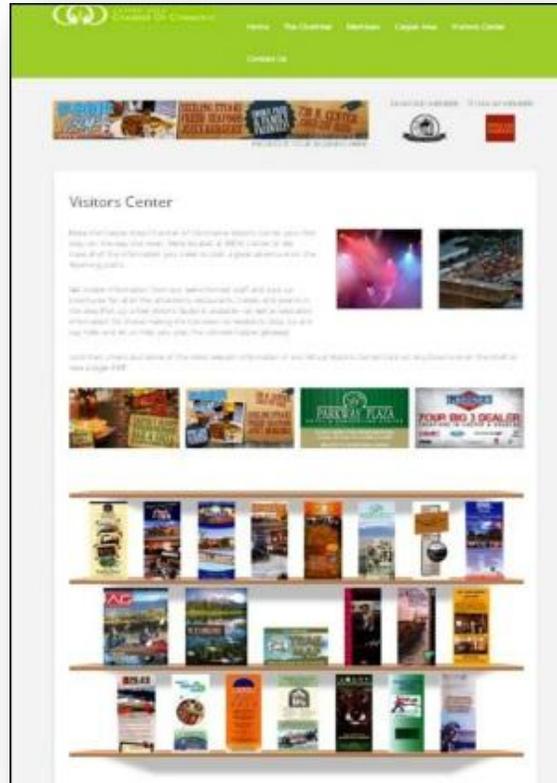
- As a Visitors Center, we promote both Chamber and non-chamber business as part of the customer service training.

<b>2013</b>	<b>Business Referral Statistics</b>			
<b>7,320</b>	<b>Referrals to businesses (estimate)</b>			
	<b>Referred 3,660 businesses the months of June, July &amp; August, 2013</b>			
<b>7,250</b>	<b>walk in visitors - this is approximate</b>			

- *Provide assistance and information for conventions and special meetings sponsored by organizations other than the Chamber of Commerce.*
  - The Chamber works closely with the Casper Area Convention and Visitors Bureau to ensure that persons requesting information get the correct information. The Chamber also does a number of free “e-blasts” to Chamber members for community events that are not Chamber sponsored events such as Drums Along the Rockies for the Casper Troopers, United Way campaign, and several fund raisers by local nonprofit organizations. The Chamber also is a ticket outlet for several local events such as the First Night sponsored by the 12-24 Clubs, the Rotary Duck Derby and the Tribute to the Great American Cowboy Rodeo.
  
- *Provide the Casper Events Center, a department of the City of Casper with full corporate membership in the Chamber.*
  - Due to the level of funding provided by the City to support the Chamber and its visitors’ center, the City is a Diamond level member. This membership includes ALL departments of the City of Casper.

- Provide and maintain a home page on the Internet and local access resource data base.

- The Chamber’s website is [www.casperwyoming.org](http://www.casperwyoming.org) was completely redesigned now providing expanded information to chamber members, visitors, potential visitors and our local community. The website is more interactive, providing online visitors with a Daily Calendar of Events, and our “virtual” visitor’s center brochure rack. Staff is now able to update all pages of the website daily if needed.
- The Chamber has a large database of its members. The database is available to the City for sending out surveys or “e-blasts” to members.



<b>2013</b>		
<b>76,284</b>	<b>website hits</b>	
<b>26,787</b>	<b>unique hits</b>	
<b>261,655</b>	<b>website traffic</b>	

**Staffing and Administration:**

The Casper Area Chamber of Commerce and Visitors Center is operated under the direction of a Board of Directors. Eric Nelson, an attorney with Lewis, Rocca, and Rothberger LLC serves as the President of the Chamber Board. Christina Sparby, First Interstate Bank is our President-Elect and Tom Crull, retired Sinclair Refinery manager serves as Past Board President.

Staff includes four full time employees – the Executive Director, Finance Manager, Communications, Membership Coordinator, an Information Specialist as well as a part-time Information Specialist (16 hours per week). (2) Part time Visitor Center Specialists assist with the extended summer and weekend hours. From Memorial Day until the Labor Day weekend, the Visitor’s Center is open Saturdays (9 AM-5 PM) and Sundays (10 AM-4 PM).

**Summary:**

The Chamber is **THE FRONT DOOR** to Casper and the surrounding communities. The Chamber provides vital linkages to the community's economic development efforts, retaining business, connecting businesses to vital resources and being the voice of business.

The Visitors Center is the place where visitors can obtain local tourist information, be welcomed to the community and maybe even consider Casper as their new home. Our goal is to gradually reduce the amount of budgetary shortfalls through additional fundraising efforts, and successful procurement of additional grants and/or sponsorships from alternate tourism focused organizations.

The Chamber appreciates all of the support of the City in meeting these community needs.

Respectfully Submitted by,

Gilda Lara  
Executive Director  
Casper Area Chamber of Commerce and Visitors Center

# Casper Area Chamber of Commerce Draft Budget

April 2014 through March 2015

Ordinary Income/Expense	4/1/13-3/15/14 YTD Actuals- Estimated	% of change	Approved Budget with Changes included
<b>Income</b>			
<b>40000 · Dues Income</b>			
4000 · Dues Invoiced	220,934.71	4.04%	237,578.00 4% dues increase-750 members + 10 new members
<i>This is based on the gradual increase of approximately 10 members per month at bronze level. The start amount is based on end of FY.</i>			
4010 · Cancellations	(6,000.00)	-16.67%	(5,000.00)
4011 · Bad Debt Collections	-	0.00%	-
4012 · Cancellations PY	(1,600.00)	12.50%	(1,800.00)
4015 · Dues-Trade Out	6,575.40	-9.39%	5,958.24
4016 · Trade Outs	(6,575.40)	-9.39%	(5,958.24)
4021 · Member Set-up	686.00	-30.03%	480.00
<i>This is a \$20 per membership set up fee. It is not always assessed.</i>			
4022 · Member Commission	(2,500.00)	29.60%	(3,360.00)
<i>These figures are derived from 10% of new membership sales at bronze level based on the Membership Coordinator's goals.</i>			
<b>Total 40000 · Dues Income</b>	211,520.71	4.15%	227,898.00
<b>40100 · Annual Dinner</b>			
4060 · Annual Dinner-Income	15,439.80	55.28%	23,975.00
<i>This is based on 250 people; 15@\$70 ea (\$1,050); 75@\$75 ea(\$5,625); and sponsorships - 1@\$5,000; 1@ 1,500; 2 @ 850; 4@\$500 (\$2,000); 11@600 (6,600) &amp; CPofY \$500</i>			
4063 · Annual Dinner-Expense	(10,763.03)	55.25%	(16,710.00)
<i>This is based on 250 @ people at \$35.00 each. Speaker @ 3,000; florals and decorations @ 500; wine @ 160; invites @ 1,000; Drinks @1,250; Commission @1,250; CPofY @800</i>			
<b>Total 40100 · Annual Dinner</b>	4,676.77	55.34%	7,265.00
<b>40200 · Business After Hours</b>			
4050 · Business-After-Hours Income	6,399.00	9.39%	7,000.00
<i>This is based on BAH's with the \$750 host fee unless arra The Big 10 was included</i>			
4055 · Business-After-Hours Expense	-1,394.83	25.46%	(1,750.00)
<i>commissions.</i>			
<b>Total 40200 · Business After Hours</b>	5,004.17	4.91%	5,250.00
<b>40300 · Business Expo</b>			
8070 · Business EXPO! Income	6,869.00	130.82%	15,855.00
<i>This is booth rental income at the Business Expo and the Big 10. We will still be taking \$10 at the door for the Big 10.</i>			
8075 · Business EXPO! Expense	(2,810.10)	90.56%	(5,355.00)
<i>This is based on the expense generated from the last Business Expo and Big 10.</i>			
<b>Total 40300 · Business Expo</b>	4,058.90	158.69%	10,500.00
<b>40700 · Newsletter</b>			
4080 · Newsletter Income	2,270.00	137.89%	5,400.00
<i>This income is generated by ad sales but does not include the possibility of printing the newsletter.</i>			
4085 · Newsletter Commission	(320.40)	68.54%	(540.00)
<i>This expense is for ad sales commissions. Commission is 10%.</i>			
<b>Total 40700 · Newsletter</b>	1,949.60	149.28%	4,860.00

The light blue color indicates an estimated number.

# Casper Area Chamber of Commerce

## Draft Budget

April 2014 through March 2015

	4/1/13-3/15/14 YTD Actuals- Estimated	% of change	Approved Budget with Changes included
<b>40900 · Luncheons</b>			
4135 · Monthly Luncheon Income	12,102.24	352.81%	54,800.00
<p><b>Normal = 100 people @\$25; 3 table sponsorships @\$250; \$1,050 sponsor. Legislative = 150 people @\$25; \$1,400 sponsor; 3 table sponsors @ \$250 - in April &amp; January.</b></p>			
	This includes QL Income		
4136 · Monthly Luncheon Expense	(5,548.84)	440.65%	(30,000.00)
<p><b>This will be food and beverage, commissions and staff meals.</b></p>			
<b>Total 40900 · Luncheons</b>	6,553.40	278.43%	24,800.00
<b>41000 · Sponsorship Campaigns</b>			
4225 · Sponsorship Campaign Income	3,000.00	400.00%	15,000.00
<p><b>This income is mainly from Relocation Guide Inserts, weekly get connected and website pro</b></p>			
4226 · Sponsorship Campaign Expense	-	100.00%	1,500.00
<p><b>This expense is for the purchase of labels.</b></p>			
Relocation Guide Income			6,600.00
<b>Total 41000 · Sponsorship Campaigns</b>	3,000.00	670.00%	23,100.00
<b>41100 · Visitor Center</b>			
4070 · Visitor Center Income	1,281.77	-43.05%	730.00
<p><b>This does not include the increase in retail. Jewelry and books have been/will be added to the stock.</b></p>			
4075 · Visitor Center Expense	(1,141.49)	-47.44%	(600.00)
<p><b>Expenses include the cost of ordering stock (i.e., Pins, postcards, books, etc.) as well as sales tax.</b></p>			
<b>Total 41100 · Visitor Center</b>	140.28	-7.33%	130.00
<b>41300 · Casper Cash</b>			
4309 · Casper Cash Forfeited Checks	865.00	4.05%	900.00
4310 · Casper Cash Fees Revenue	619.46	8.80%	674.00
<b>Total 41300 · Casper Cash</b>	1,484.46	6.03%	1,574.00
<b>45000 · Other Income</b>			
4030 · City/County	40,375.00	16.41%	47,000.00
<p><b>Received an increase from the City in 2013 up to \$10,500/qrtr. County has given \$5,000 for the last two years in Sept/Oct.</b></p>			
4090 · Investment Interest	43.41	38.22%	60.00
4098 · Member Services	1,687.00	-100.00%	-
4110 · Non-Dues Projects	6,586.00	-84.82%	1,000.00
<p><b>This account will reflect income from Committees like Leads</b> This did include the County \$</p>			
<b>Total 45000 · Other Income</b>	48,691.41	-1.30%	48,060.00
<b>Total Income</b>	287,079.70	20.47%	353,437.00

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# Casper Area Chamber of Commerce Draft Budget

April 2014 through March 2015

	4/1/13-3/15/14 YTD Actuals- Estimated	% of change	Approved Budget with Changes included
<b>Expense</b>			
<b>50100 · Board Expense</b>			
5600 · Board Planning Session	316.10	58.18%	500.00
5700 · Board Functions	488.48	2.36%	500.00
<b>For Board gatherings &amp; photo.</b>			
5800 · Board Insurance	1,726.98	38.97%	2,400.00
<b>Increase to 2 million in coverage - based on quote in December but it had \$5,000 deductible</b>			
<b>Total 50100 · Board Expense</b>	<b>2,531.56</b>	<b>34.31%</b>	<b>3,400.00</b>
<b>50200 · Building Expense</b>			
5100 · Depreciation Expense	10,641.62	-21.07%	8,400.00
<b>Normal building depreciation - based on last year with Treasurer adjustment.</b>			
5110 · Equipment/ Equip. Maintenance	18,351.66	11.16%	32,400.00
<b>This includes server &amp; computer maintenance plan costs and copier.</b>			<b>this includes new server</b>
5115 · Building-Maintenance	4,099.78	-2.43%	4,000.00
<b>American Linen, Hillcrest, R&amp;V Enterprises, cleaning supplies &amp; guest coffee, Sheet Metal Specialties, Casper Fire Ext. &amp; grounds keeping.</b>			
5120 · Insurance	2,399.38	50.04%	3,600.00
<b>This is building &amp; liability insurance for outside events/committees. Averaged due to increased events but decreased building insurance.</b>			
5125 · Property Tax	2,499.18	0.03%	2,500.00
5130 · Utilities	8,594.36	-6.92%	8,000.00
<b>Total 50200 · Building Expense</b>	<b>46,585.98</b>	<b>0.67%</b>	<b>58,900.00</b>
<b>50300 · Office Expense</b>			
5200 · Internet-Web Site	2,728.10	-3.23%	2,640.00
<b>Internet &amp; website hosting and upgrade fees. Includes cost of WiFi with Charter.</b>			
5205 · Office Supplies	2,233.89	34.30%	3,000.00
5210 · Telephone	5,564.72	-24.53%	4,200.00
<b>This includes cell phone reimbursement, AT&amp;T, and CenturyLink.</b>			
5215 · Postage/Freight	4,886.53	-15.07%	4,150.00
<b>Postage for relos is 5.60 per mailing.</b>			
5230 · Dues/Subs/Publications	3,856.43	1.13%	6,375.00
<b>US Chamber, WCP, WTIC, Rotary, Casper Star Tribune &amp; QuickBooks Payroll Subscription.</b>			<b>this includes Chamber Master</b>
5235 · Bank & Credit Card Fees	2,221.26	48.56%	3,300.00
5245 · Income Tax		0.00%	-
Audit			5,600.00
5400 · Membership/Marketing	10,645.79	-69.00%	3,300.00
<b>This includes costs for marketing materials and advertising (trade with K2 and 275.00 per month expense with Townsquare media - split between BAH &amp; Luncheon)</b>			
<b>Total 50300 · Office Expense</b>	<b>32,136.72</b>	<b>-6.37%</b>	<b>32,565.00</b>

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# Casper Area Chamber of Commerce Draft Budget

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	4/1/13-3/15/14 YTD Actuals- Estimated	% of change	Approved Budget with Changes included
<b>50400 · Payroll</b>			
5001 · Payroll Expenses	183,579.40	5.24%	193,200.00
<b>This includes room for increase in Membership Coordinator salary plus summer help.</b>			
5010 · Payroll Taxes	22,950.22	15.03%	26,400.00
<b>Taxes = 1.45 Medicare, 6.2 SS, 3.69 SUTA, 1.26 WC, .6 FUTA = 13.2%</b>			
5015 · Health Insurance	29,184.35	15.13%	33,600.00
<b>This is the reimbursement to employees for the cost of health insurance. Insurance premiums to remain at 400.00 per employee (excluding Candy &amp; Niki) dependant on Board decision. Based on 9% increase</b>			
5018 · Mileage	1,000.00	66.50%	1,665.00
<b>For employees who use personal vehicles for work - Committee Liaison, Project Manager, Executive Director, Membership Coordinator. Reimbursed at 56 cents per mile.</b>			
<b>Total 50400 · Payroll</b>	<b>236,713.97</b>	<b>7.67%</b>	<b>254,865.00</b>
<b>50500 · Staff Travel/Education</b>			
5021 · Staff Travel (Lodging, Taxi, Meals)	556.56	187.48%	1,600.00
5022 · Staff Education (Tuition and Conference Fees)	1,166.30	58.62%	1,850.00
5023 · Staff Meals (Non Travel)	1,006.37	19.24%	1,200.00
<b>Total 50500 · Staff Travel/Education</b>	<b>2,729.23</b>	<b>70.38%</b>	<b>4,650.00</b>
<b>55000 · Other Expenses</b>			
4056 · Bad Debt Expense	25.00	600.00%	175.00
<b>This is for uncollectible services - anything below \$50.</b>			
4057 · Member Support	423.57	-29.17%	300.00
<b>This expense is for the membership frames.</b>			
5056 · Bad Debt Recovery Fee	-	100.00%	70.00
<b>This is the fee for sending an account to collections - 35%.</b>			
<b>Total 55000 · Other Expenses</b>	<b>448.57</b>	<b>21.50%</b>	<b>545.00</b>
<b>Total Expense</b>	<b>321,146.03</b>	<b>6.01%</b>	<b>354,925.00</b>
<b>Net Ordinary Income</b>	<b>-34,066.33</b>	<b>-115.82%</b>	<b>(1,488.00)</b>

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