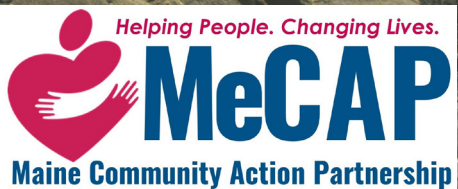


The Opportunity Alliance

Agency Data Profile

Community Needs Assessment



The Opportunity Alliance Profile



About The Opportunity Alliance

The Opportunity Alliance (TOA) is a dynamic, results-focused Community Action Agency providing 50+ integrated community-based and clinical programs serving more than 20,000 people annually throughout the state of Maine. With over 50 years of experience, TOA draws from a comprehensive set of programs which address issues such as mental health, substance use, homelessness, lack of basic needs, and access to community supports. Through an extensive array of services, TOA provides opportunities for individuals to stabilize fragile situations and then works with them to achieve self-sufficiency. TOA is client-focused with extensive experience working with diverse client populations. TOA programming includes four key sectors of service:

- Mental Health & Wellness
- Community Building
- Family & Early Childhood Education
- Economic Resources

TOA works in partnership with organizations and community members to identify and address barriers for individuals and families to thrive and create a strong community fabric. As an integral part of this work, TOA is committed to helping individuals and their families advocate for the resources and support they need to achieve positive outcomes. TOA has at its foundation three organizations with long histories of serving communities throughout Maine: Ingraham, Peoples Regional Opportunity Program (PROP), and Youth Alternatives. The three organizations merged in 2011 to form The Opportunity Alliance.

TOA is a clinically effective organization, and we make a difference in the lives of tens of thousands of individuals each year addressing the root causes of poverty, working with people to overcome mental illness, and strengthening families and communities. During the past five years, TOA has embarked upon a tremendous undertaking – introducing and training all board, management, and staff in the application and implementation of Results Based Accountability™ (RBA). We employ the RBA framework to assess our impact on our service populations. RBA begins by defining the end result we seek and working backward, step-by-step, to the means of achieving it. TOA is committed to being a data-informed and data-driven organization. Per the Results Based Leadership Group, “RBA can be used by agencies to improve the performance of their programs. RBA can be adapted to fit the unique needs

and circumstances of different programs.” RBA is a framework for turning data into action while establishing and using a common language.

TOA tackles some of our community’s most pressing problems: poverty, homelessness, mental illness, substance use, and domestic violence. One of the most challenging health problems facing our community is the rampant misuse of opioids, which has reached epidemic levels. Many of the individuals we serve have serious mental illness that is often complicated by chronic health conditions and substance use disorders.

We work diligently to keep families intact, in stable homes, and integrated into a neighborhood community where all members can thrive and pursue their aspirations. We believe that the pathway to healthier individuals and families is created through an integrated continuum of formal and informal supports that addresses the fundamental factors that place communities at risk, such as poverty, mental illness, high rates of substance abuse, and child neglect and abuse. That's why, as much as possible, we work in partnership with residents to identify and address barriers to community success and place a particularly high value on services that empower families and individuals to connect with natural supports and local resources. To that end, we have developed working partnerships with a broad range of individuals, organizations, and community institutions including schools, faith communities, law enforcement, businesses, social services agencies, and other non-profits.

We are the state’s designated crisis services provider for Cumberland County. We provide mental health services through our crisis response programs, our residential mental health treatment facilities, and case management programs for children, youth, and adults. The Maine Crisis Line and 2-1-1 information line provide 24/7 statewide support for callers seeking critical resources in their communities. We are a co-occurring competent agency offering programs for individuals attempting to recover from substance use and mental health co-occurring disorders, and we are a leader in peer-to-peer and parent-to-parent partnering supports and services. We also collaborate closely with Maine’s Department of Health and Human Services (DHHS), the Department of Corrections (DOC), community organizations, and cities and towns throughout the state.

TOA is a trauma informed organization and we utilize protocols from SAMHSA’s TIP 57: Trauma Informed Care in Behavioral Health Services in training staff and designing all service provisions. We know that trauma informed care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma informed care also emphasizes physical, psychological, and emotional safety for both clients and providers, and helps survivors rebuild a sense of control and empowerment.

TOA is accredited by the Council on Accreditation (COA) and by the American Association of Suicidology. TOA has recently been re-accredited by the COA through a process involving a detailed review and analysis of our organization’s administration, management, and service delivery functions against international standards of best practice. The standards driving accreditation ensure that services are well-coordinated, culturally competent, evidence-based, outcomes-oriented, and provided by a skilled and supported workforce. Additionally, TOA holds both Mental Health Agency and Substance Abuse Agency licenses from DHHS.

Services Offered by TOA

Community Building: Programs and services working with youth, families, neighbors, and partner organizations to build strong networks and healthier communities.

- Lakes Region Collective Action Network (LRCAN)
- Maine Youth Action Network (MYAN)
- Public Health Program (PHP)
- Resident Led Community Building (RLCB)

Economic Resources: Programs and services designed to increase income and basic needs by ensuring access to food, safe and stable shelter, utilities, and volunteer opportunities.

- Cumberland County Homeless Prevention Program (CCHP)
- Central Heat Improvement Program (CHIP)
- Emergency Rental Assistance Program
- Energy Crisis Intervention Program (ECIP)
- Foster Grandparent Program
- Home Energy Assistance Program (HEAP)
- Senior Companion Program
- Weatherization
- Wrap Funds
- Work Life Advisor

Family & Early Childhood Education: Programs and services working in partnership with families and the community to ensure children are ready for school.

- CDA Development Center
- Early Childhood Education
- Parent Education
- Maine Families
- Women, Infants, Children Program (WIC)

Mental Health & Wellness: Community and residential mental health services for children and adults.

Community Services:

- Behavioral Health Home (BHH)
- Broadway Crossings Adult Crisis Stabilization Unit
- Children's Behavioral Health Home (CBHH)
- Mobile Crisis Response Services
- High-Fidelity Wraparound
- Homeless Youth Services (HYS)
- The Maine Crisis Line
- Opioid Health Home (OHH)
- PATH Program

Residential Services:

- Gordon Green
- Helen Winslow Ray House
- MaineStay
- Morrison Place
- Ocean Street
- The Bridge

Environmental Scan

The following tables provide an overview of the community that The Opportunity Alliance (TOA) serves in their service area. For more detailed statewide data by county, please see the full 2021 MeCAP Statewide Community Needs Assessment.

Figure 1: Social Vulnerability Index

Measure	United States	Maine	Cumberland County
Population	324,697,795	1,335,492	292,307
Median Age	38.1	44.7	42.2
Below Poverty	13.4%	11.8%	7.6%
Median Household Income	\$62,843	\$57,918	\$73,072
Age 65+	15.6%	20.0%	17.8%
Age 17 or Younger	22.6%	18.9%	18.8%
Unemployment (July 2021)	5.4%	5.0%	8.8%
Households with Disability	12.6%	16.0%	11.4%
Single Parent Household	14.0%	21.0%	20.0%
Speak English less than “very well”	8.4%	1.5%	2.5%
Housing Units - Mobile Homes %	6.2%	9.5%	6.4%
No Vehicle	8.6%	7.1%	7.1%

SOURCE: American Community Survey, 2019 5-Year Estimates; 2021 County Health Rankings

Figure 2: Age and Demographics

Measure	United States	Maine	Cumberland County
Under 5 Years	6.1%	4.8%	4.8%
5 to 9 Years	6.2%	5.2%	5.4%
10 to 19	12.9%	11.3%	11.2%
20 to 34	20.7%	17.5%	19.7%
35 to 54	25.6%	25.3%	26.4%
55 to 64	12.9%	15.7%	14.7%
65+	15.6%	20.0%	17.8%
Race and Ethnicity			
White alone, Not Hispanic or Latino	60.7%	98.3%	94.1%
Hispanic or Latino	18.0%	1.7%	2.1%
Black or African American	12.7%	2.0%	3.8%
American Indian or Alaska Native	0.8%	1.7%	1.0%
Asian	5.5%	1.7%	3.1%
Other	5.5%	0.4%	0.6%
Foreign Born Population	13.3%	3.6%	6.1%

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 3: Household Income and Poverty

	United States	Maine	Cumberland County
Median Household (HH) Income	\$62,843	\$57,918	\$73,072
Total Below 100% Federal Poverty Level (FPL)	13.4%	11.8%	9.0%
Under 5 years	20.3%	17.0%	9.0%
5 to 17 years	17.9%	14.4%	10.1%
18 to 34 years	16.3%	16.0%	12.1%
35 to 64 years	10.5%	9.9%	7.7%
65 years and over	9.3%	8.7%	7.8%
Below 50% of FPL	5.5%	4.0%	2.8%
Below 125% of FPL	16.3%	14.6%	9.9%
Below 150% of FPL	20.3%	18.6%	13.2%
Below 185% of FPL	26.3%	24.8%	16.4%
Below 200% of FPL	28.9%	27.7%	19.6%

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 4: Social Characteristics Measures

	United States	Maine	Cumberland County
Total Households	120,756,048	559,921	120,644
Homeownership Percentage	64.0%	72.3%	69.3%
Single Parent Household¹	14.0%	21.0%	26.3%
Living Alone	13.3%	15.1%	15.2%
Grandparents Responsible for Grandchildren	34.1%	34.1%	28.6%
Veteran Status	7.3%	9.6%	7.2%
Educational Attainment			
Less than 9th grade	5.1%	2.6%	1.7%
9th to 12th grade, no diploma	6.9%	4.8%	3.1%
High school graduate/ GED	27.0%	31.5%	95.1%
Some college, no degree	20.4%	19.3%	16.7%
Associate degree	8.5%	10.1%	8.7%
Bachelor's degree	19.8%	20.0%	47.6%
Graduate degree	12.4%	11.8%	18.4%
HS Graduation rate (202)	88.0%	87.4%	89.5%
No Health Insurance	8.8%	7.9%	5.8%
Receiving SNAP Benefits	11.7%	13.5%	8.2%
Food Insecurity – All Ages	10.9%	12.1%	13.6%
Median Mortgage (2019)	\$1,595	\$1,398	\$1,740
Median Rent	\$1,062	\$853	\$1,131
Housing Cost Burdened²	32.88%	29.75%	31.32%
Children Eligible for Free/Reduced Price Lunch	49.5%	38.3%	26.2%

SOURCE: American Community Survey, 2019 5-Year Estimates; Source: Feeding America, State-By-State Resource: The Impact of Coronavirus on Food Insecurity, 2019; Annie E. Casey Foundation, Kids Count Data Center, County Graduation Rates 2014-2020 Maine.

¹ 2021 County Health Rankings.

² The percentage of households that spend 30% or more of their income on housing.

Figure 5: Health Overview

	United States	Maine	Cumberland County
Poor Mental Health Days	3.8	5.0	4.9
Poor Physical Health Days	3.4	4.2	4.2
Frequent Mental Health Distress	11.7%	12.7%	16%
Ratio of Primary Care Providers	880:1	900:1	600:1
Ratio of Mental Health Providers	170:1	200:1	140:1
Ratio of Dentists	1,210:1	1,480:1	960:1
Chronic Disease Prevalence (per 100,000)			
Adults with Heart Disease	26.81%	22.48%	20.21%
High Blood Pressure	57.20%	48.71%	46.40%
Adults with Asthma	4.97%	4.68%	4.98%
Diagnosed Diabetes	26.95%	22.55%	19.78%
Leading Causes of Death (deaths per 100,000)³			
Heart Disease	166.0	147.9	126.3
Cancer	155.5	169.2	154.6
Unintentional Injury	45.7	59.1	53.9
Diabetes	21.2	22.3	16.6
Alzheimer's	29.4	27.6	27.7
Suicide Rates (Age-Adjusted Rate per 100,000)	14.5	18	13
Adult Obesity Prevalence (Age-Adjusted Rate per 100,000)	42.2	31.7	24.8
Maine Adults Past Month Binge Drinking	25.8%	17.9%	19.7%
Percent Adults Current Smokers	16.1%	22.6	16.7%
COVID-19 Confirmed Cumulative Cases (as of 9/12/21)	41.3M	57,752	14,153
COVID-19 Deaths (as of 9/12/21)	662K	897	203

Source: County Health Rankings & Roadmaps, 2018; National Institute on Minority Healthy & Health Disparities HDPulse; Death Rate Report for Maine by County 2014 – 2018; National Center for Chronic Disease Prevention & Health Promotion; Division of Population Health Places Database, 2018; The State Epidemiological Outcomes Workgroup, Tobacco Prevention & Control Dashboard, 2015 – 2017

³ NIH, HDPulse. Death Rates Table.

Qualitative Research Findings

	Number of Participants
Focus Group Participants	14
Stakeholders Interviewed	22
Community Survey Respondents	371

Key Stakeholder Interview Quotes

A total of 22 stakeholders were interviewed from the TOA service area. A selection of quotes that provide some insight into the strengths, needs, and challenges and barriers include the following:

- “Greater Portland is a great size with a lot to do. Very inclusive.”
- “Collaborative relationships among providers that allow good work. Less competition.”
- “Willingness to come together, collaborate, work with others in less challenging situations especially compared to other communities around the nation.”
- “Digital divide – people who have access technology, or people who don’t or don’t know how to use it.”
- “Integration of immigrants must be a two-way street. They have a lot to offer the community – start small businesses.”
- “Portland has been advertised as a great place to live, more people are moving into the state, but now both residential and commercial real estate is expensive.”
- “Homelessness challenge – Portland is one of a handful of service centers in the state, so a lot more [people experiencing] homelessness.”
- “Affordable housing is expensive to create but rely on federal tax credits. People need to overcome stigma and NIMBY [not in my backyard].”
- “Childcare needs to be available for people on all shifts. Need childcare options especially in rural Maine.”
- “Refugees can get their kids in English Language Learner or ESL and into early childhood education, but it depends on the level of the parent. Many kids don’t read, and this impacts their future.”
- “TOA is a good early care provider with Head Start. Good partner in addressing needs of family as a whole.”
- “Pre K is available to every four year old and this is transformational for kids’ life prospects.”
- “2-11-1 is great when people know about it.”
- “Mental health is increasing in need. The pandemic has been isolating and they’re afraid to come into the health center.”
- “Not enough mental health providers. Youth mental health supports are lacking.”
- “Mental health is a big problem. Reimbursement structure is a huge issue – hard to recruit and retain qualified staff. High turnover rate which makes it hard to serve people and provide quality service.”

Key Focus Group Quotes

Comments and Ideas	
Top Challenges Mentioned	<ul style="list-style-type: none"> • Affordable housing crisis • Childcare
Unique Strength or Challenge Mentioned	<ul style="list-style-type: none"> • Support for rural communities in not so rural counties. • In the Head Start classroom in Bridgton we had 15 children; 8 experienced chronic homelessness; 11 if you count housing instability last year.
Housing	<ul style="list-style-type: none"> • MaineHealth and COC are working on the coordination of entry system including listing name for people who are homeless. Need more Person-Centered approach. • Avesta and PHA – don’t have a one point of applying – different application for each unit (hard esp. for dual language learners).
Mental Health	<ul style="list-style-type: none"> • Lack of mental health and SUD treatment hinders the ability of many people (experiencing homelessness) to maintain housing, employment, etc. Many choose living in a tent as that’s their way of life.
Childcare	<ul style="list-style-type: none"> • Income cliff – the federal poverty level is so maladjusted to the income that you need to live. The “working poor” are ineligible for public housing subsidies or Head Start. The income is too high for programs could be \$20 over.
Transportation	
Employment	<ul style="list-style-type: none"> • There is job opportunity training for (people with) minimal wage jobs, but not any scholarships or ways to pay for it if you’re working a minimal wage job.
Basic Needs	<ul style="list-style-type: none"> • Stigma is still front and center. People think that the services offered by are “not for them.” We saw more people during COVID-19. People don’t know what they need until they need it. It’s hard to ask for help.
Magic Wand Highlight	<ul style="list-style-type: none"> • Change the systems to move away from intervention to prevention care. • Become prevention than reactive (schools are the back of prevention network now.)
Noted Policy Area	<ul style="list-style-type: none"> • Fix the Income cliff – the federal poverty level is so maladjusted to the income that you need to live; the “working poor,” are ineligible for public housing subsidies or Head Start; income is too high for programs. It could be \$20 over. • In the City of Portland recent zoning changes have made it significantly more expensive to have new units online; pace of development is slowing dramatically and price per unit is going up.

Community Survey Results

Figure 6: Top Needs Identified in Community Survey

The Opportunity Alliance		
	Need	Percent
1	Increasing the number of mental health providers in rural communities	58.7%
2	Increasing the number of affordable apartments	58.7%
3	Developing more livable-wage jobs	56.9%
4	Making dental care more affordable	55.2%
5	Providing more flexible and affordable childcare options for working parent(s)	55.2%
6	Improving access to high-speed internet and technology	54.8%
7	Creating technical school, trade school, or other job training options	54.5%
8	Providing job growth opportunities	54.3%
9	Reducing stigma associated with mental health and substance misuse	53.6%
10	Reducing the amount of opioid misuse	53.4%
11	Creating more emergency shelter beds for people who are homeless	53.1%
12	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	52.9%
13	Expanding crisis services for mental health and substance use disorders	52.4%
14	Increasing the number of affordable childcare providers	52.4%
15	Developing rental and mortgage assistance programs	52.4%
16	Increasing the number of affordable houses for sale	52.0%
17	Increasing the number of landlords who accept housing vouchers	51.7%
18	Increasing the number of high quality licensed childcare providers	51.5%
19	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	51.3%
20	Creating more affordable public transportation options	50.8%
21	Increasing programs for major housing repairs (roofs, windows, etc.)	49.9%
22	Providing help with utility assistance (heating fuel, electricity, etc.)	49.7%
23	Increasing the number of substance use disorder providers and services	49.2%
24	Creating higher quality rental apartments and houses	49.0%
25	Providing more after-school programs for school-aged children	48.5%
26	Increasing the number of dentists who serve MaineCare patients	48.3%
27	Making public transportation available in rural communities	48.0%
28	Reducing building costs of new affordable housing units	48.0%
29	Reducing the amount of alcohol misuse	46.2%
30	Providing more senior housing options	46.2%
31	Increasing the number of childcare providers who offer age-appropriate education	45.9%
32	Reducing the amount of childhood obesity	45.5%
33	Increasing the number of detox facilities	45.2%
34	Adding better routes and time schedules to current public transportation system	44.8%
35	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	44.5%
36	Providing soft skills education (customer service, showing up on time, etc.)	44.5%
37	Providing more recreational opportunities for youth	44.3%
38	Reducing stigma associated with the housing voucher program	44.3%
39	Expanding food options for people with dietary restrictions or allergies at food banks	44.1%
40	Providing more transportation options to childcare services	44.1%
41	Reducing the amount of smoking and vaping	43.8%
42	Expanding open hours at food banks	43.6%
43	Providing help with weatherization	43.4%

44	Reducing the amount of adult obesity	42.9%
45	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	41.7%
46	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	40.8%
47	Providing help with the cost of vehicle repairs	40.1%
48	Increasing programs for minor housing repairs (paint, upgrades, etc.)	38.7%
49	Providing help with the cost of vehicle insurance and regular maintenance	35.7%

Figure 7: Top 5 Needs by Household Income - TOA

Need							
	Under \$15,000	Between \$15,000 and \$29,999	Between \$30,000 and \$49,999	Between \$50,000 and \$74,999	Between \$75,000 and \$99,999	Between \$100,000 and \$150,000	Over \$150,000
1	Reducing the amount of opioid misuse	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Improving access to high-speed internet and technology	Increasing the number of mental health providers in rural communities	Creating more affordable public transportation options	Expanding crisis services for mental health and substance use disorders	Expanding crisis services for mental health and substance use disorders
2	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Making dental care more affordable	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Developing more livable-wage jobs	Increasing the number of high quality licensed childcare providers	Reducing stigma associated with mental health and substance misuse	Increasing the number of mental health providers in rural communities
3	Increasing the number of mental health providers in rural communities	Increasing the number of mental health providers in rural communities	Reducing stigma associated with mental health and substance misuse	Reducing stigma associated with mental health and substance misuse	Providing job growth opportunities	Creating technical school, trade school, or other job training options	Providing more flexible and affordable childcare options for working parent(s)
4	Making dental care more affordable	Reducing the amount of alcohol misuse	Creating more affordable public transportation options	Providing job growth opportunities	Developing more livable-wage jobs	Increasing the number of affordable apartments	Increasing the number of high quality licensed childcare providers
5	Reducing stigma associated with mental health and substance misuse	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Increasing the number of mental health providers in rural communities	Increasing the number of high quality licensed childcare providers	Increasing the number of mental health providers in rural communities	Increasing the number of mental health providers in rural communities	Reducing the amount of other drug misuse (heroin, cocaine, etc.)

Needs Prioritization

1	Housing	Locus of Control	Timeline
3	Creating more emergency shelter beds for people experiencing homelessness	3	3
7	Increasing the number of affordable housing units	3	3
10	Providing more senior housing options	2	2
15 23 30 35	Developing rental and mortgage assistance programs Providing additional utility assistance (heating fuel, electricity, etc.) Increasing programs for housing repairs Providing help with home weatherization	*1	*1

**While the agency could respond to the needs listed in this category, new contractual dollars or existing contracts would need to expand.*

2	Childcare	Locus of Control	Timeline
1 2 6	Providing more flexible and affordable childcare options for working parent(s) Increasing the number of affordable childcare providers Increasing the number of high quality licensed childcare providers	2	2
22	Providing more after-school programs for school-aged children	3	3
13	Increasing the number of childcare providers who offer age-appropriate education	NA to nebulous	NA to nebulous

3	Substance Use Disorders and Mental Health	Locus of Control	Timeline
4	Increasing the number of mental health providers in rural communities	3	3
5	Reducing the amount of opioid and other drug (heroin, meth, cocaine, etc.) misuse	1,2,3	3
8 16 17	Expanding crisis services for mental health and substance use disorders Increasing the number of detox facilities Increasing the number of substance use disorder providers and services	1,2,3	3
18	Reducing stigma associated with mental health and substance misuse	3	3

The categories with 1,2 and 3 is simply to indicate that meeting those deliverables could be done and might be done using all three. TOA will take every available opportunity to expand services and reduce the issues of SUDs and Mental Health concerns.

4	Dental Services	Locus of Control	Timeline
9	Increasing the number of dentists who serve MaineCare patients	3	3
19	Making dental care more affordable	3	3

It is important to note that TOA has expanded its dental services to our clients, using MainelyTeeth.

5	Transportation	Locus of Control	Timeline
11	Increasing public transportation	3	3
14	Making public transportation available in rural communities	3	3
24	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	3	3
25	Providing help with the cost of vehicle repairs	*1	*1

**While the agency could respond to the needs listed in this category, new contractual dollars or existing contracts would need to expand.*

The Senior Management team had a rich productive conversation about this prioritization of needs. What was alive in all our conversations that somehow is not represented in this data is the stark reality that many of our clients simply do not have the economic supports to care for themselves or their families. The issues presented are symptoms and not the “root cause” (poverty, lack of sustainable economic supports)

Locus of Control:

- 1= “We could do this ourselves”
- 2= “We could do it with collaborations:
- 3= “We could support, but others would need to be in the lead.

Timeline:

- 1= “Impact within Year 1”
- 2= “Impact within Year 2 or Year 3”
- 3= “Impact would be long-term, 3 + years”

Stakeholder Interview Participants

Name	Organization
Ann Tucker	Greater Portland Health
Kelly Butler	Catholic Charities
Liz Cotter Schlax	United Way of Greater Portland
Kurt Holmgren	East Point Church (South Portland)
Cheryl Session	Portland Housing Authority
Kelly Barton, Mary Jane Krebs, Dr. Linda Durst, Maria H., Lindsay Fitzgerald, John Porter	Maine Behavioral Healthcare
Megan Walton	Southern Maine on Aging
John Shoos	Sam L Cohen Foundation
Claudette Ndayininahaze	In Her Presence
Claude Rwaganje	Prosperity Maine
Eric Meyer, Benjamin Strick, and Amy Cohan	Spurwink
Kathryn Soucy	Portland Connection Ed
Tony Cipollone	John T Gorman Foundation
Matt Dubel	Portland Connection Ed
Jim Martin	Sweester