



# 2019 Annual Report

# **MISSOURI CAN**

MISSOURI COMMUNITY ACTION NETWORK

[MissouriCAN.org](http://MissouriCAN.org)



**We advocate for  
low-income Missourians  
and strengthen the  
Community Action Network  
because we strive for a  
state where all families and  
communities thrive.**

## **Our Values**

### **Accountability**

We take ownership of our role in building resilient communities through education, advocacy, and strengthening the Community Action Network.

### **Curiosity**

We are open-minded and ready to learn innovative approaches that foster economic stability for Missouri's individuals, families, and communities.

### **Dedication**

We demonstrate dedication, perseverance, and optimism in the movement to end poverty.

### **Inclusivity**

We support and promote inclusion and validation in our workplace and throughout the Community Action Network.

### **Respect**

We demonstrate respect in all we do.

### **Trust**

We exhibit reliability, consistency, and honesty in our internal and external actions and communications.



## Dear Network Members, Allies, Supporters, and Partners:

Winston Churchill once said, “To improve is to change; to be perfect is to change often.” While we at Missouri Community Action Network don’t profess to be perfect, we do aspire to perfection with an ever-evolving improvement process; sometimes this appears far from perfect! But we embrace the word *change* with pride, just as we embrace opportunities—often disguised as change—presented to us.

One major opportunity within the past fiscal year included the initiation of a key Missouri workforce development program known as SkillUP. More than half of our Community Action Agencies (CAAs) participate in the program, funded by the Missouri Department of Social Services and administered for CAAs by Missouri CAN. Community Action Agencies were so successful at implementing the program in the first contract year that nearly half of all SkillUP placements throughout the entire state were achieved by a Community Action Agency.

In addition to SkillUP, Missouri CAN expanded other program offerings in the past fiscal year, specifically in relation to more tailored onsite training and technical assistance for our state’s Community Action Agencies. Association staff responded to the needs identified in our annual training and technical assistance survey to truly meet agencies’ requests on a case-by-case basis using best practices and creative approaches to adult learning.

In the past year, Missouri CAN also planned a Network-wide series of Community Needs Assessment trainings and technical support as a meaningful and strategic way to support CAAs with their requirements under Community Services Block Grant funding. As part of this process, we partnered with experts in the fields of data collection, analysis, and reporting, as well as integrated the use of our Missouri-specific data hub on the Engagement Network. With the launch of this training series just recently in the first quarter of FY2020, we are already excited about the positive feedback participants have from their learning!

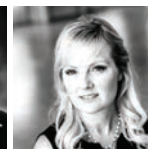
But Missouri CAN didn’t stop there. We continued to bolster our public policy and public awareness activities throughout the past fiscal year as well, given our dual mission of strengthening our Community Action Network *and* advocating for low-income Missourians. With that, the association really hit our stride in public policy work with a successful Advocacy Day in March 2019 and ongoing advocacy initiatives throughout the year. Overall, we increased our public policy activity during the 2019 state legislative session by almost 70% from the year prior.

It was also a banner year for the Community Action Poverty Simulation (CAPS) as we sold a record number of 260 CAPS kit licenses worldwide during FY2019 and trained nearly 500 new CAPS facilitators. Just as our poverty simulation has set the tone for a dialogue about poverty, Missouri CAN has become known within Missouri social justice advocacy circles as a leader in the way we message critical topics like poverty. We’ve developed and facilitated workshops on messaging, as well as helped agencies and external partners unify our voices for low-income Missourians.

As we celebrate our collective successes and hard work from 2019, we look forward to what the remainder of 2020 holds—knowing that success is borne of continued diligence, strategic choices, a willingness to take on challenges, and a commitment to building strong relationships. Ultimately, we believe this will lead all of us to tackle the tough questions together and to build a stronger state for the folks who need us most—Missourians who struggle with poverty every day. As our state partner only recently said, “We really are stronger together.” And only together will we continue to be a force for our neighbors and friends to thrive.

*Angela Hirsch*

**Angela Hirsch,  
Missouri CAN  
Board President**



*Dawna Fogarty*

**Dawna Fogarty,  
Missouri CAN  
Executive Director**





# Getting Back Her Smile

Why access to dental care  
matters to one shy girl.

One afternoon near the end of the 2019 school year, a shy, pre-teen girl came home energized. She ran straight to her dad with her cell phone in hand. On the screen was a photo. She showed her dad.

“This is how I can get my teeth fixed,” she said. It was a photo of a poster advertising no-cost dental care. Dad made plans so he could take his daughter to the clinic for treatment.

The dental care advertised with the poster was part of a no-cost health clinic offered by Delta Area Economic Opportunity Corporation (DAEOC) in partnership with the US Department of Defense—a Tri-State Innovative Readiness Training as they called it, serving Southeast Missouri, Southern Illinois, and Western Kentucky.

The clinic provides medical, dental, and vision services free of charge to people ages two and older regardless of income, insurance, or residence. No proof of insurance or identification is required, and there is no cost to the patients.

The no-cost health clinic started on June 14 and would go through June 22. That first day, a Friday, a handful of people seeking care were waiting at the Sikeston, Missouri clinic location at 4:00 a.m. By 5:00 a.m., the group of people had grown to about 50. By 6:00 a.m., the size of the crowd was even larger. Event staff knew the capacity for each of the three categories of care would be full for the day. This was all before the doors to the clinic officially opened at 7:00 a.m. for care to begin—offered on a first-come, first-served basis.

Colored index cards were distributed to patients according to the type of care:

green for medical, blue for vision, and pink for dental. Once all the cards were passed out, there were no more spots for the day. As patients sat in line, they waited to secure a spot for the care they needed, hoping the cards did not run out before getting one. Pink cards ran out quickly. Dental is always the most sought-after service as dental insurance coverage is less common, especially for people living in poverty.

Each day of the health clinic, the size of the crowd waiting to receive care was larger than the day before. Spots for patients filled fast each day. By Monday, day four, the outdoor circus-style tent used as a gathering area for people seeking care was full by 4:30 a.m.

On that Monday morning, a man waited with his 11-year-old daughter—the shy, pre-teen girl who came home from school enthusiastic with a photo of the poster on her phone. We’ll call her Ashley. She had a dental issue that had gone uncared for and created visible damage to her front teeth. Middle school is rough. And for Ashley, the issue with her teeth was fodder for peers to tease her. This lowered her self-esteem and decreased her confidence in herself.

When staff were about four people down the line from Ashley—as the pink cards were passed down the line of patients waiting for their spot to get dental care—the last pink card was handed out. There were no more slots for dental patients. Patients were instructed to come back the next day, and reminded that slots were limited and filled first-come, first-served. Some stayed for other services. Some left disappointed.

On Tuesday morning, the crowd gathered larger than before as it had each day. When the doors opened at 7:00 a.m., the distribution of colored cards began. Ashley and her dad were in line a second time. With each card passed out, it became clear that once again Ashley would not get to be seen.

Paula Kinchen and Tiffany Minnis, staff at DAEOC, coordinated community resources and patient flow during the event. Because of their roles, Paula and Tiffany interacted a lot with individual patients, some of whom freely shared their personal stories and circumstances. On this day, Paula and Tiffany met Ashley and her dad.

Ashley spoke little in public. When she answered Paula’s and Tiffany’s questions, Ashley would turn and whisper her response to her father who would answer the DAEOC staff on her behalf. When she

did speak directly to the staff, she shielded her mouth with her hand.

While getting to know Ashley and her dental needs, Paula and Tiffany learned that Ashley's dad would not be able to bring her on the later days of the clinic due to complicated and contentious family issues. They became determined to make sure Ashley was seen by a dentist.

"I have two daughters," Paula said, "and some people look at your teeth. It's the first thing they see when they look at you. People can be so mean."

"It's more than just having pretty teeth," Paula said, reflecting on Ashley's situation. "With society like this, call it vanity or whatever; she's a beautiful girl. It [her teeth] could have adverse outcomes to what her future would look like." Paula went to Joel Evans, DAEOC's Chief Executive Officer, with her plea. "I said, 'We've got to make this happen. This baby needs to be seen,'" her southern-ness and self-described mother-hen quality contributing to her relentless pursuit of helping the girl.

"That took a lot of courage," Paula said about Ashley seeking help for her teeth. "She didn't know who she was going to meet. She didn't know how nice we were going to be. If we had not been nice, where would she be today?" Recognizing Ashley's patience and courage, Paula and Tiffany wanted to make dental care happen for her.

"The ladies couldn't let this brave young lady go without the treatment that could be life changing," Joel said. "They came to me doggedly advocating for the girl." But to treat Ashley would mean that a patient ahead of her in line would go unseen that day. Just as Paula had taken her plea to Joel, he took his plea to the dental lead for the Sikeston site. But they couldn't squeeze one more patient into the day. The limiting factor was the number of dental chairs and the time it took to retool between patients.

DAEOC always worked to gather local and regional resources for the event; the turnout at this event for people needing care has always been high. On the parking lot of the clinic was The ShowMobile—a motorcoach designed to travel to remote areas to provide care; it could be configured for medical or dental. It was on hand but unstaffed. While Joel spoke with the coordinator for The ShowMobile, desperately trying to expand the capacity for more dental work, he learned that the motorcoach was currently set for dental care—pediatric dental care. The only thing



The ShowMobile—a motorcoach designed to provide health care in remote areas—was serendipitously already configured for pediatric dentistry and allowed for more children, including Ashley, to get much needed dentistry work.

needed was a dentist.

With that missing piece to this puzzle, Joel took his request to Command and Control (a.k.a. C2) for all three sites and cornered the Officer in Command and the Dental Services Commander.

"They patiently listened to my request and details of the girl's story," Joel said. Lt. Col. Robinson, a buttoned up Air Force Air Guard officer from Alaska—her face revealing no emotion as she was focused on her duties—considered the situation, how it could impact those under her direction, and how it would impact the other people waiting for services. A dentist by trade, her role for this mission was overall supervision of dental operations at the three clinics. Joel went back to wait with Ashley and her family after presenting his case for Ashley's care. And waited.

Not too long afterward, someone approached wearing blue surgical scrubs. It was Lt. Col. Robinson. She had transformed from "Col. Robinson" to "Dr. Julie" as fast as Clark Kent would transform into Superman. Sgt. Perez, her aide, was in tow as he was a dental technician and would be assisting her. After so much waiting and Ashley returning with her father day after day, everything was falling into place seemingly so quickly.

Dr. Julie, as she introduced herself, warmly greeted Ashley and then spoke with her father, explaining the dental procedure. The family was whisked out the back door of the clinic and into the motorcoach, the new addition to the dental space, which was now powered up and ready for action.

Years without medical or dental care left Ashley extremely nervous about the dental procedure. Dr. Julie treated Ashley's brother first to help calm the girl's fears.



Lt. Col. Robinson

With the added pediatric dental space, the DAEOC team identified several other children in the waiting room who would not be seen due to the capacity of the main dental space. DAEOC staff brought the children into the medical motorcoach one by one where Dr. Julie treated each of them. Ashley eventually made it to the dental chair. However, due to the complexity of the tooth decay and Ashley's high anxiety, Dr. Julie (Lt. Col. Robinson) was unable to complete the dental work for Ashley in one session. And yet with the pediatric dental coach in place, Ashley could return the next day to complete the work. And did.

The next day, Lt. Col. Robinson switched out of her Battle Dress Uniforms into scrubs and swapped her management role for Dr. Julie and boarded the coach once more. The DAEOC staff continued to identify potential pediatric dental cases and queued them up at the door of the coach to be seen by Robinson and Perez.

For some, the IRT health clinic is a convenient option. For others, it is a blessing to receive medical care at no cost. For Ashley, it was life changing. A few hours of drilling and filling repaired years of decay to her teeth and self-image.



# The Facts of Poverty



**786,330** Missourians (13.2% of the state population) live below the poverty level.<sup>1</sup>

**18.3%** of Missouri children under the age of 18 live in poverty.<sup>1</sup>

#### 10 Missouri Counties with Highest Poverty Rate<sup>1</sup>

Pemiscot County 29.1%  
Mississippi County 26.8%  
Dunklin County 26.1%  
Texas County 24.6%  
Wright County 23.9%  
Adair County 23.9%  
Oregon County 23.8%  
Ripley County 23.5%  
Wayne County 23.3%  
St. Louis City 22.8%

#### 10 Missouri Counties with Lowest Poverty Rate<sup>1</sup>

St. Charles County 5.7%  
Platte County 5.8%  
Clay County 7.0%  
Cass County 8.1%  
Andrew County 8.2%  
Christian County 8.6%  
Jefferson County 8.7%  
Cole County 8.9%  
Clinton County 9.0%  
Ralls County 9.1%

Missouri ranks 46th highest for income volatility at **23.9%**.<sup>2</sup>



**9.6%** of Missourians age 25 and up lack a high school diploma.<sup>1</sup>

Missouri ranks 13th for high school graduation rates with **88.3%** of eligible high school seniors graduating in school year 2016-2017.<sup>3</sup>

The statewide average high school dropout rate in Missouri for the 2018 school year was **1.9%**. However, rates varied by demographics, with the highest dropout rate of 4.2% among Black students and the lowest rate of .09% among Asian students.<sup>3</sup>

The average annual cost of tuition and fees at a public 4-year college in Missouri for 2017-2018 was more than **\$8,875**.<sup>4</sup>

**46.3%** of three- and four-year-olds were enrolled in preschool (public or private) in 2018.<sup>1</sup>



Missouri ranks **31st** highest for food insecurity among the 50 states plus Washington D.C. New Mexico (51st) has the highest food insecurity rate of 16.8%; New Hampshire (1st) has the lowest at 7.8%.<sup>5</sup>

**865,400**

Missourians are food insecure.<sup>6</sup>

**27.7%** of households across the nation pay more than 30% of income on housing, impacting the affordability for necessities such as food.<sup>7</sup>

**260,185**

Missourians access the Supplemental Nutrition Assistance Program. That's 13% of Missouri's overall population.<sup>8</sup>

**106,733** women and children received Women, Infants and Children (WIC) Supplemental Nutrition Assistance Program benefits in FY2019.<sup>9</sup>



**9.4%** of the state population were uninsured in 2018.<sup>1</sup>

Missouri ranks **51st** highest for health care disparities—the worst in the nation.<sup>10</sup>

**\$781** median medical debt

Missourians have in collections.<sup>11</sup>

Missouri ranks **43rd** highest for Adverse Childhood Experiences, with 25.9% or more children ages 0-17 who experienced 2 or more ACEs.<sup>12</sup>

Missouri ranks **39th** highest at 20% for adults with substance abuse disorder and **11th** highest for youth with substance disorder at 3.7%.<sup>13</sup>

**833,914** Missouri children are enrolled in Medicaid and Children's Health Insurance Program (CHIP).<sup>14</sup>



**\$16** is the hourly wage needed to afford a 2-bedroom home at fair market rent in Missouri.<sup>15</sup>

A minimum wage worker needs to work 74 hours per week to afford a two-bedroom home in Missouri.<sup>15</sup>

Affordable rent at minimum wage in Missouri is **\$447**.<sup>15</sup>

**40%** of extremely low-income renter households in Missouri are in the labor force, **28%** are disabled, and **21%** are seniors. The remainder are either single caregivers, students, or another classification.<sup>1</sup>

**6,255** homeless individuals in Missouri were counted during the 2019 Missouri point-in-time count.<sup>16</sup>

**33.2%** of households in Missouri are renters.<sup>1</sup>

<sup>1</sup>US Census Bureau American Community Survey; <sup>2</sup>Prosperity Now Scorecard; <sup>3</sup>National Center for Education Statistics; <sup>4</sup>College Board's Trends in College Pricing Report; <sup>5</sup>USDA Economic Research Service; <sup>6</sup>Feeding America; <sup>7</sup>Centers for Disease Control and Prevention; <sup>8</sup>US Census Bureau Small Area Income and Poverty Estimates; <sup>9</sup>Food Research and Action Center; <sup>10</sup>The Commonwealth Fund; <sup>11</sup>Urban Institute; <sup>12</sup>America's Health Rankings; <sup>13</sup>The State of Mental Health in America; <sup>14</sup>The Henry J. Kaiser Family Foundation; <sup>15</sup>National Low Income Housing Coalition; <sup>16</sup>Missouri Housing Development Commission.

# We advocate for low-income Missourians and

# strengthen the Community Action Network.



## Advocacy and Public Policy

We keep a pulse on public policy. We follow state and federal legislation that may impact low-income families and Community Action services. Throughout the year, we communicate with state and federal policymakers to ensure they have accurate information about poverty in Missouri. We provide testimony in support of bills we believe in, opposition of ones that would be detrimental to Missourians in poverty, and in some cases informational testimony when the issue is more complex. Missouri CAN also comments on proposed federal regulations that impact the groups for whom we advocate. In FY2019, Missouri CAN hosted a statewide advocacy day where staff from 17 of our Community Action Agencies rallied at the capitol and met with legislators.

# 70%

Increase in Public Policy Activity from FY2018 to FY2019

# 90

Average Number of Bills Tracked Each State Legislative Session

## Training and Technical Assistance

Missouri CAN provides training and technical assistance to all Community Action staff, from front-line staff to program directors across a wide range of job functions. Training needs are determined by results from an annual training survey. With a revised survey methodology, Missouri CAN saw increased response to the annual training survey in FY2019 compared to previous years, with more than 700 surveys completed. The responses to the survey informed the trainings offered throughout the remainder of FY2019 as well as the FY2020 training calendar, future annual conference planning, and aspects of training within the association's strategic plan.

# 2,703

Training Interactions with Community Action Agency Staff

In FY2019, Missouri CAN provided on-site training for Community Action Agencies, including case management, leadership development and staff coaching, and user support training for the Network-wide database system. We also provided training on topics specific to the Community Action movement, which included workshops on the Community Services Block Grant (CSBG), Results Oriented Management and Accountability (ROMA), and the theory of change model for Community Action.

The 2019 Missouri CAN Annual Conference in Kansas City, Missouri featured keynote speakers Dr. Doug Luffborough III and Mark Shriver, 25 sessions that focused on various Community Action and social services topics, and two pre-conference sessions geared toward board relations. A special bus tour session exploring the impact of redlining on the landscape of Kansas City was also a conference highlight.

Overall, Missouri CAN provided 2,703 training interactions for Community Action Agency staff through on-site trainings at agencies, in-person workshops at Missouri CAN, the annual Missouri CAN conference, and online trainings offered via webinars and e-learning courses.



## Poverty Awareness

The Community Action Poverty Simulation is a unique experience designed to educate everyone from policymakers to community members about the daily realities of poverty. In FY2019, Missouri CAN licensed 260 CAPS kits and trained nearly 500 facilitators through virtual and in-person trainings held across the country and in Missouri.

# 260

Community Action Poverty Simulation Kit Licenses Sold



Community Action Agencies connect people in need to resources available within their communities and help people overcome obstacles. In Missouri, there are 19 Community Action Agencies. They provide services in every Missouri county and the City of St. Louis. At Missouri CAN, we help those agencies connect to the tools and training they need to enhance their efforts. We provide training and technical assistance to agencies based on the needs of their individual communities. We also raise awareness about poverty-related issues and advocate for low-income Missourians. We are the statewide voice for the Community Action Network and for Missourians struggling with poverty.

**FY2019 Missouri CAN Board      Missouri CAN Staff**

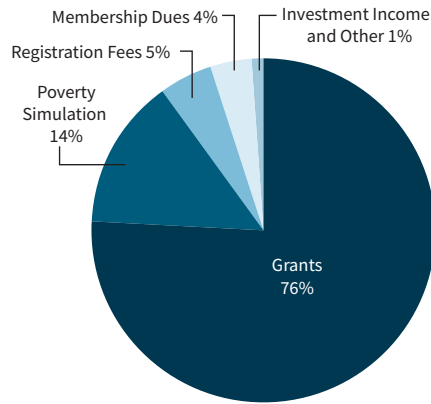
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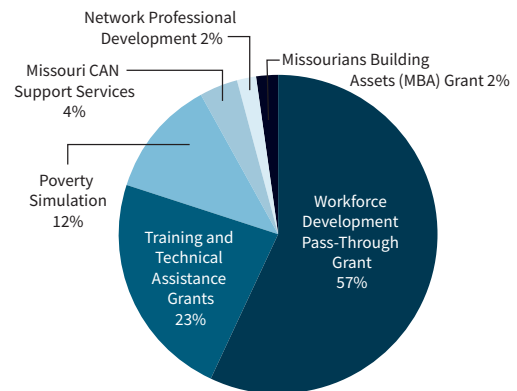
**REVENUE**

Grants.....	\$3,407,264
Poverty Simulation.....	\$649,385
Registration Fees .....	\$218,460
Membership Dues .....	\$167,147
Investment Income .....	\$30,965
Other.....	\$6,635
<b>TOTAL REVENUES .....</b>	<b>\$4,479,856</b>



**EXPENSES**

Workforce Development Pass-Through Grant.....	\$2,418,806
Training and Technical Assistance Grants .....	\$974,019
Poverty Simulation.....	\$508,216
Missouri CAN Support Services .....	\$187,568
Network Professional Development .....	\$95,138
Missourians Building Assets (MBA) Grant .....	\$85,330
<b>TOTAL EXPENSES .....</b>	<b>\$4,269,077</b>



INCREASE/(DECREASE) IN NET ASSETS.....	\$210,779
NET ASSETS, BEGINNING OF YEAR .....	\$1,993,946
NET ASSETS, END OF YEAR.....	\$2,204,725

(Sept. 30, 2019 unaudited figures)

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