



**NEEDS ASSESSMENT
AND
PROGRAM EVALUATION**

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BACKGROUND AND PURPOSE

Rural communities experience a higher prevalence of childhood trauma, which have long-term negative impacts on health and well-being. About 55% of the rural population sampled had experienced at least one ACE, and there was a direct relationship between higher ACE scores and poorer health outcomes (Chanlongbutra et al., 2018). Rural children are exposed to a greater number of ACEs than children in urban areas and higher rates of poverty and lower rates of educational attainment possibly contribute to the prevalent trauma in rural areas (Crouch et al., 2020), leading to massive health and behavioral health problems in the rural communities.

Unfortunately, rural communities often face distinct and severe barriers to accessing healthcare and social services, such as shortage of providers, long distances to travel, and a lack of culturally competent care. These challenges are compounded by significant economic changes that have increased poverty rates and led to a decline in local services. For instance, changes in the agriculture and manufacturing sectors have concentrated poverty in rural areas, leading to higher rates of depression among the unemployed and an out-migration of youth (Carpenter-Song & Snell-Rood, 2017). Further, higher rates of stigma, and community scrutiny prevented rural residents from seeking social services (Harris & Gallant, 2023).

Camden Life Center is an impact center with multiple agencies engaged to offer coordinated care for the town of Camden, a rural town with a large number of populations experiencing poverty and other unmet needs. To effectively address the needs of the rural community served by Camden Life Center, conducting a comprehensive needs assessment and program evaluation is essential to provide insights into the specific barriers to accessing mental health and social services that residents face and will help identify opportunities to improve service delivery and outcomes for this underserved population.

The needs assessment and program evaluation include two components. The first component is to survey the social determinants of health and adverse childhood experiences among residents in Camden to understand what unmet basic needs and past traumatic experiences may influence residents' behavioral health problems. The second component involves interviewing service recipients and providers to understand the effectiveness of the services in Camden Life Center, as well as unique barriers and challenges faced by service recipients and providers.

By understanding social determinants of health, prevalence of ACEs, experience of service recipient and provision, and organizational strengths and challenges, Camden

Life Center can tailor its services to better meet the needs of its community. This needs assessment and program evaluation provides a roadmap for improving service delivery and outcomes for rural population. Through this process, Camden Life Center can ensure that its services are not only effective but also sustainable and responsive to the evolving needs of its rural community.

METHODS

A needs assessment was conducted through a survey of fifty-nine Camden residents, who were invited to complete anonymous questionnaires about their unmet needs. The assessment utilized a social determinants of health tool—the AHC HRSN Screening Tool Core Questions—and a trauma-informed care assessment tool, the Adverse Childhood Experience Questionnaire for Adults. All participants were 18 years or older, resided in the Camden area, and spoke English.

The program evaluation was conducted through in-depth interviews lasting 30-45 minutes. Six participants, all aged 18 or older, who had received two or more service sessions from Camden Life Center, lived in the Camden area, and spoke English, were interviewed as service recipients. Sample questions include:

- Which services do you believe are most helpful for you? Which are the least helpful?
- Was there any service you believe is unique to Camden Life Center compared to other services you received? If yes, what is special about Camden Life?
- Do you have any needs that Camden Life cannot meet? If so, could you share with us these unmet needs?

Additionally, five participants aged 18 or older, spoke English, who provided direct services to clients were interviewed as service providers. Sample questions include:

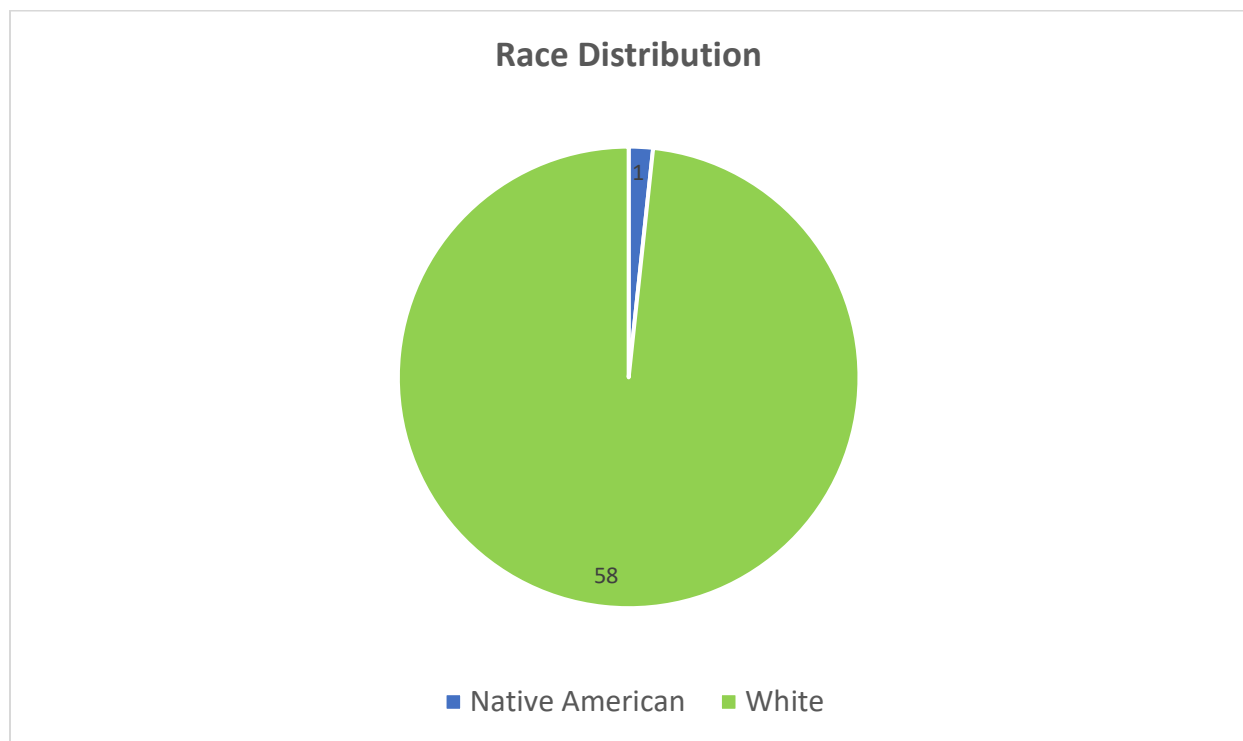
- What is your experience of working with people in Camden Life?
- Was there any service you provide at Camden Life unique compared to other services you offered before? If yes, what is special about your service provision in Camden Life?
- What are the most significant needs of your clients?
- How could Camden Life Center better support you?

The study was jointly conducted by a research team from Syracuse University (Drs Xiafei Wang, Kenneth Marfilus, and Rachel Hamilton) and Camden Life Center. Jessica Perusse, the director of Camden Life Center, recruited all survey and interview participants. Drs. Xiafei Wang and Kenneth Marfilus from Syracuse University research team collected and analyzed the data and wrote the final report independently, without any influence from Camden Life Center.

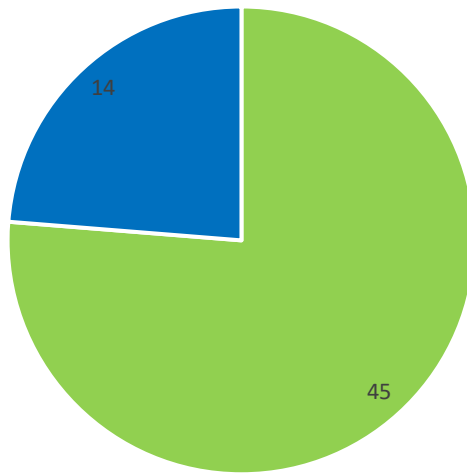
FINDINGS: SURVEYS

Demographic information

The survey was conducted between November 13, 2023, and July 31, 2024, with a total of 59 responses received. All participants were adults residing in the Camden area, representing diverse age groups. The mean age of participants was 51.36 years (SD = 15.85), ranging from 21 to 82 years. Fifty-eight participants (98.3%) were White, and one participant (1.6%) was Native American. Of the participants, 45 (76.3%) were women, and 14 (23.7%) were men.



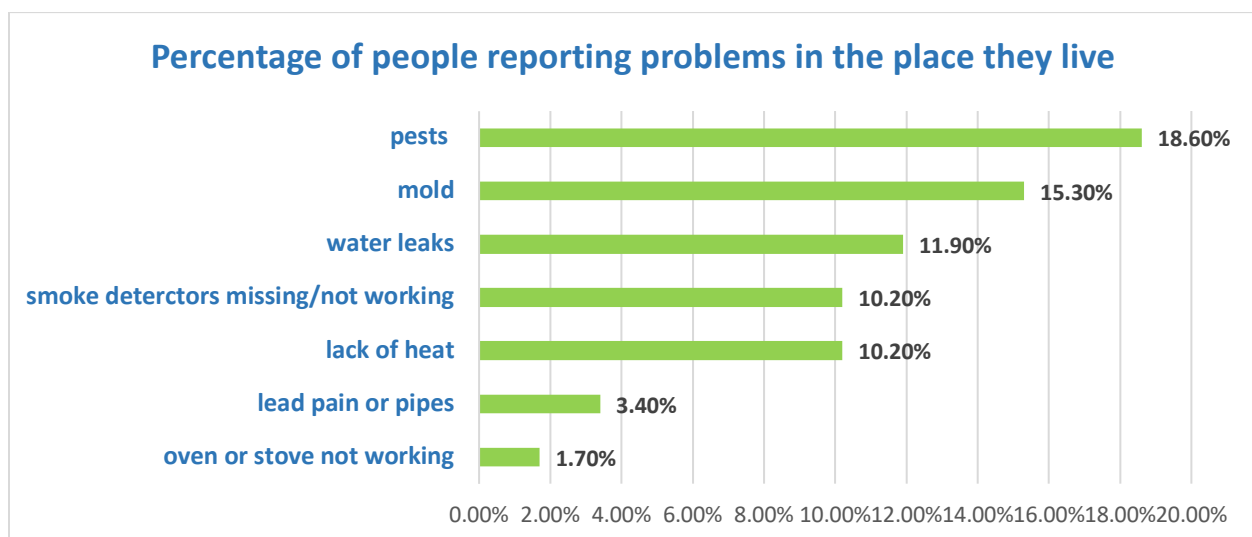
Gender Distribution



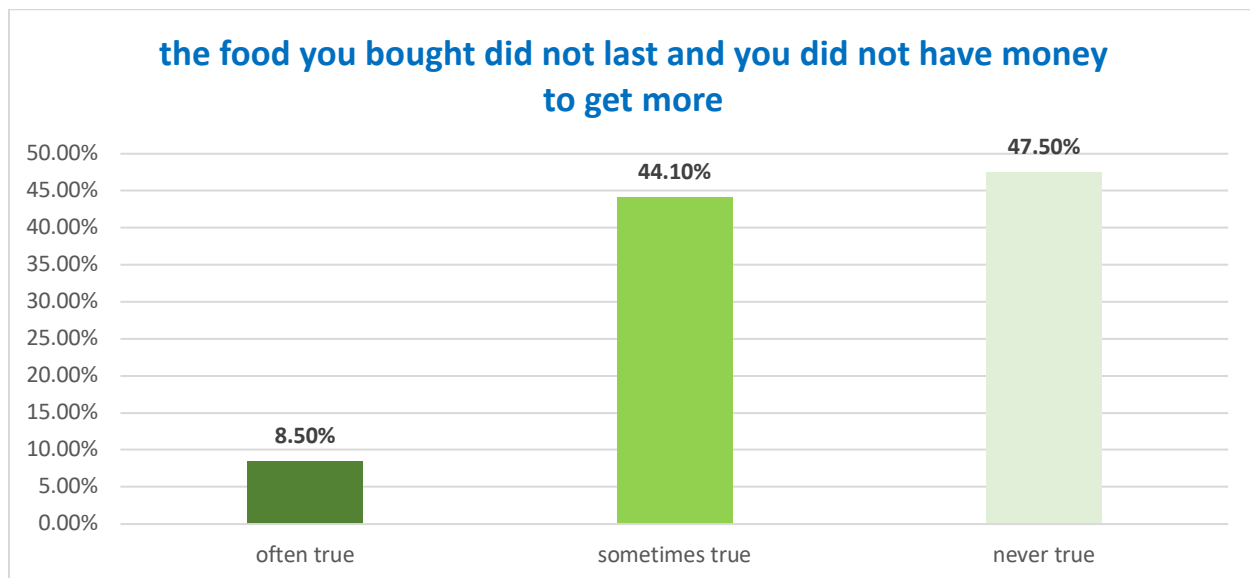
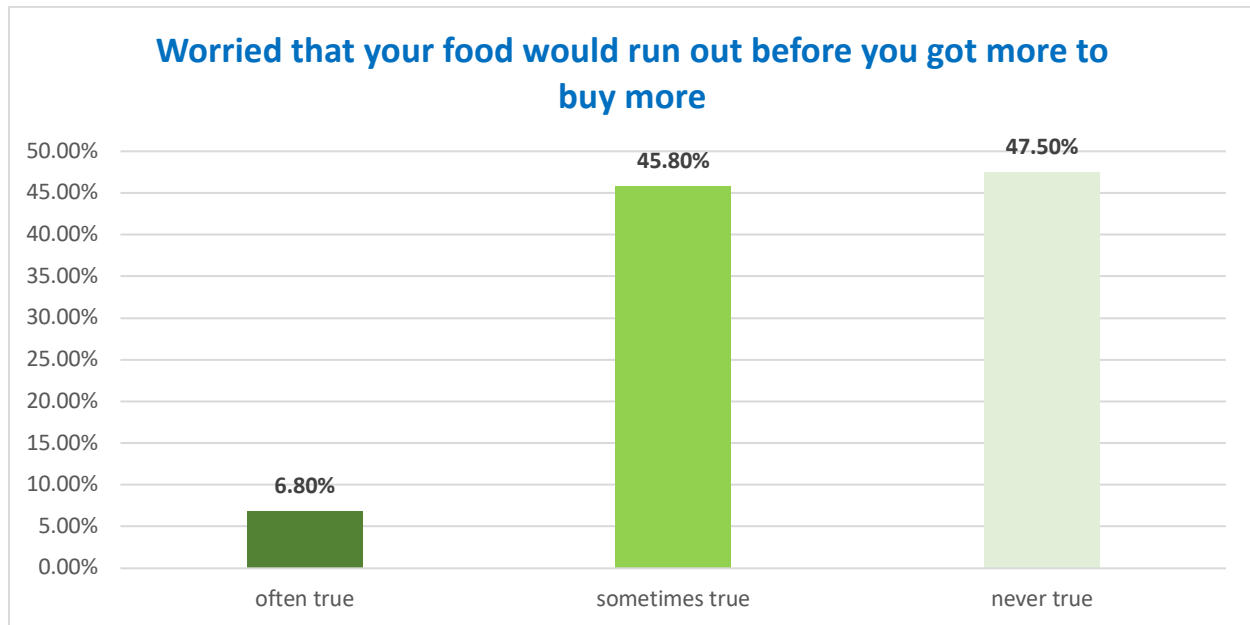
■ Women ■ Men

Social Determinants of Health

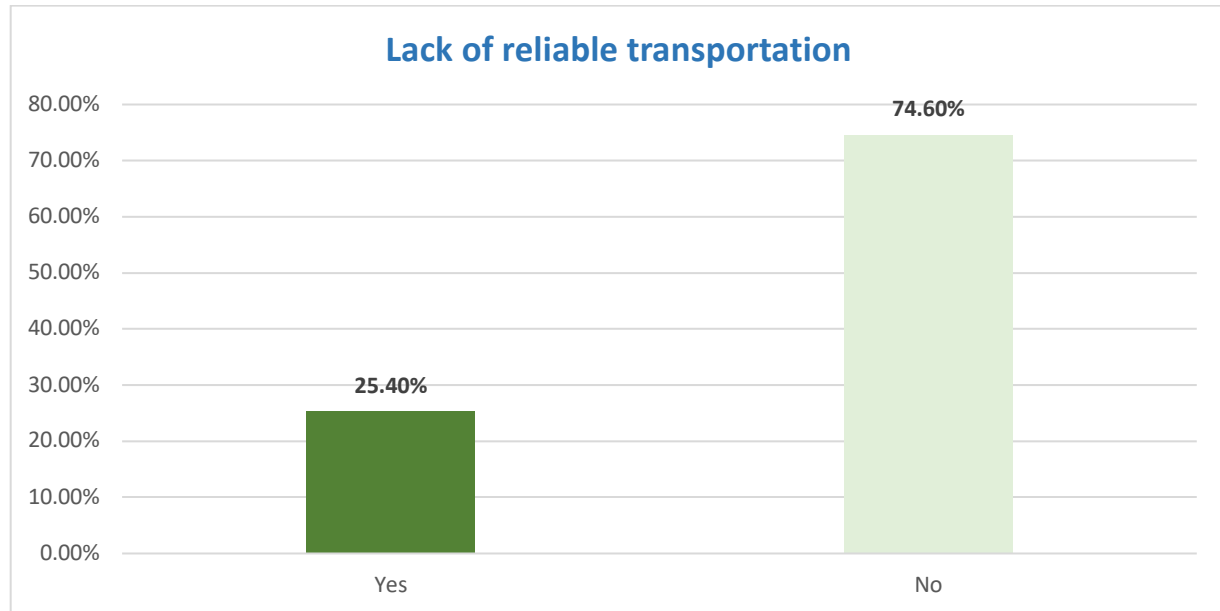
Living. Among the 59 respondents, 56 (94.9%) reported having a steady place to live, while 3 (5.1%) indicated they have a place to live today but are worried about losing it in the future. Regarding their living conditions, 11 respondents (18.6%) reported issues with pests such as bugs, ants, or mice. Nine (15.3%) mentioned mold problems, 7 (11.9%) had problems with water leaks, 6 (10.2%) reported missing or non-working smoke detectors, 6 (10.2%) experienced a lack of heat, 2 (3.4%) had concerns with lead paint or pipes, and 1 (1.7%) had a non-functioning oven or stove.



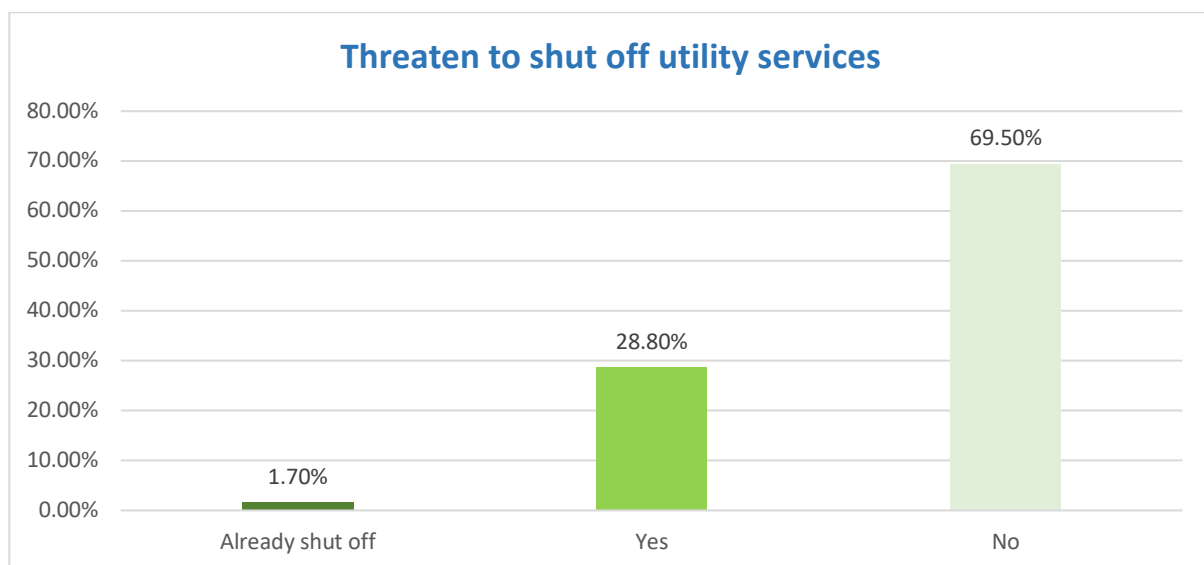
Food. Among 59 respondents, within the past 12 months, 30 (52.5%) reported they worried that their food would run out before they got money to buy more (often true/sometimes true); 31(52.5%) brought food did not last and they did not have money to get more (often true/sometimes true).



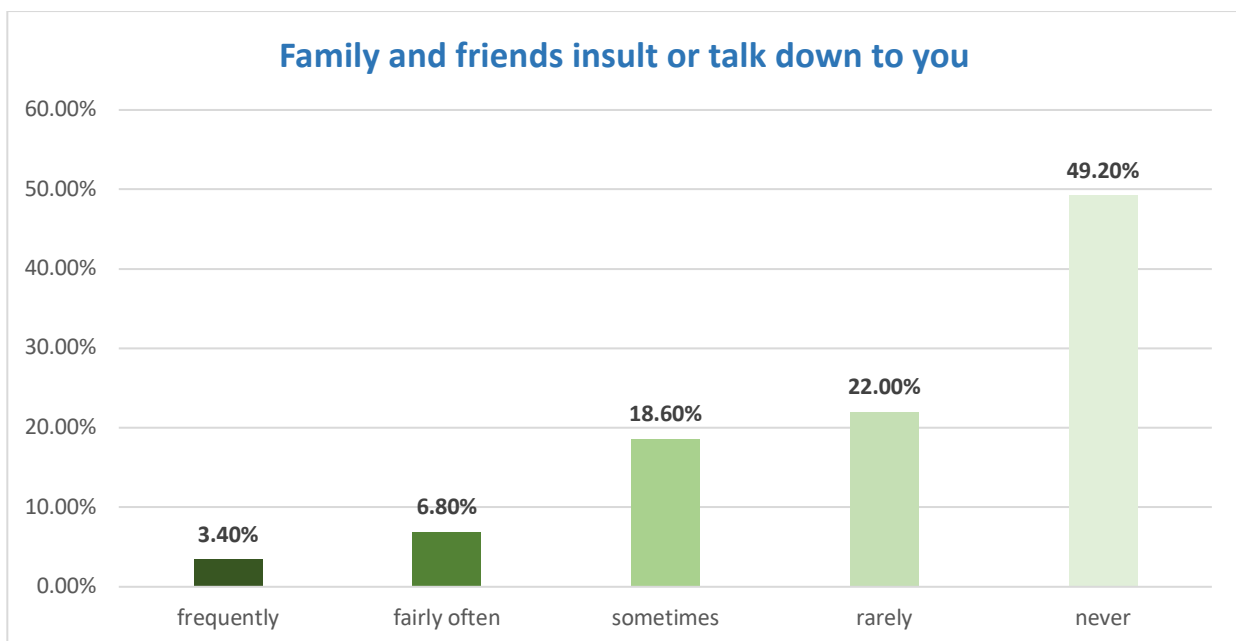
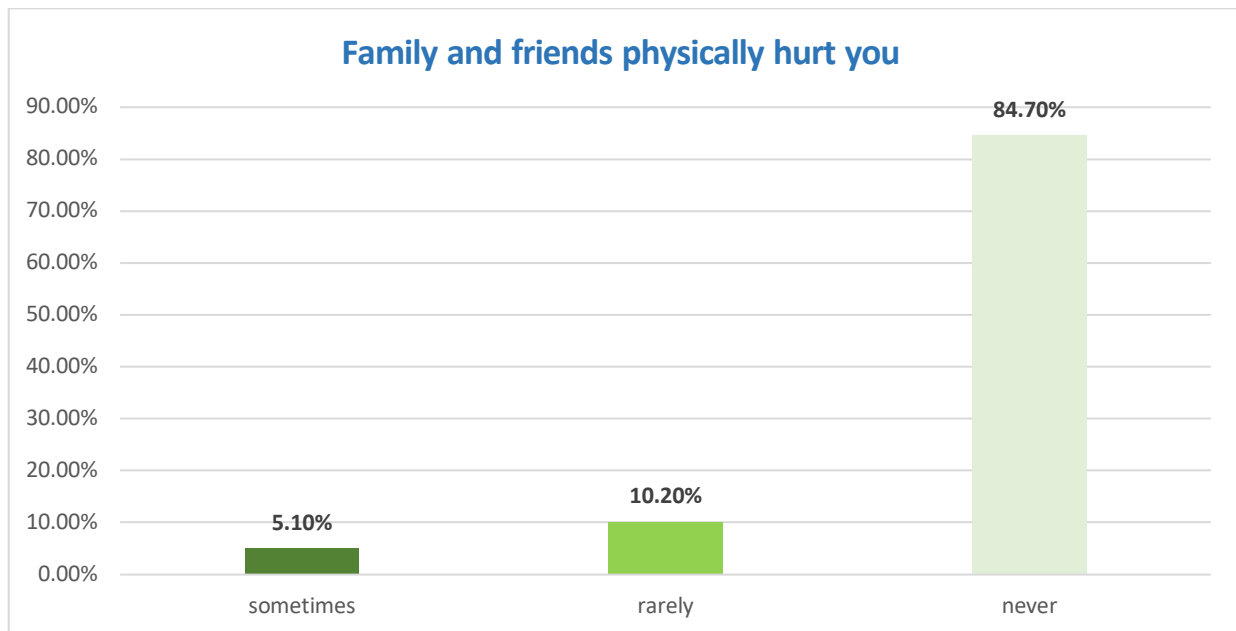
Transportation. Among 59 respondents, 15 (25.4%) reported that in the past 12 months, lack of reliable transportation kept them from medical appointments, meetings, work, or from getting things needed for daily living.

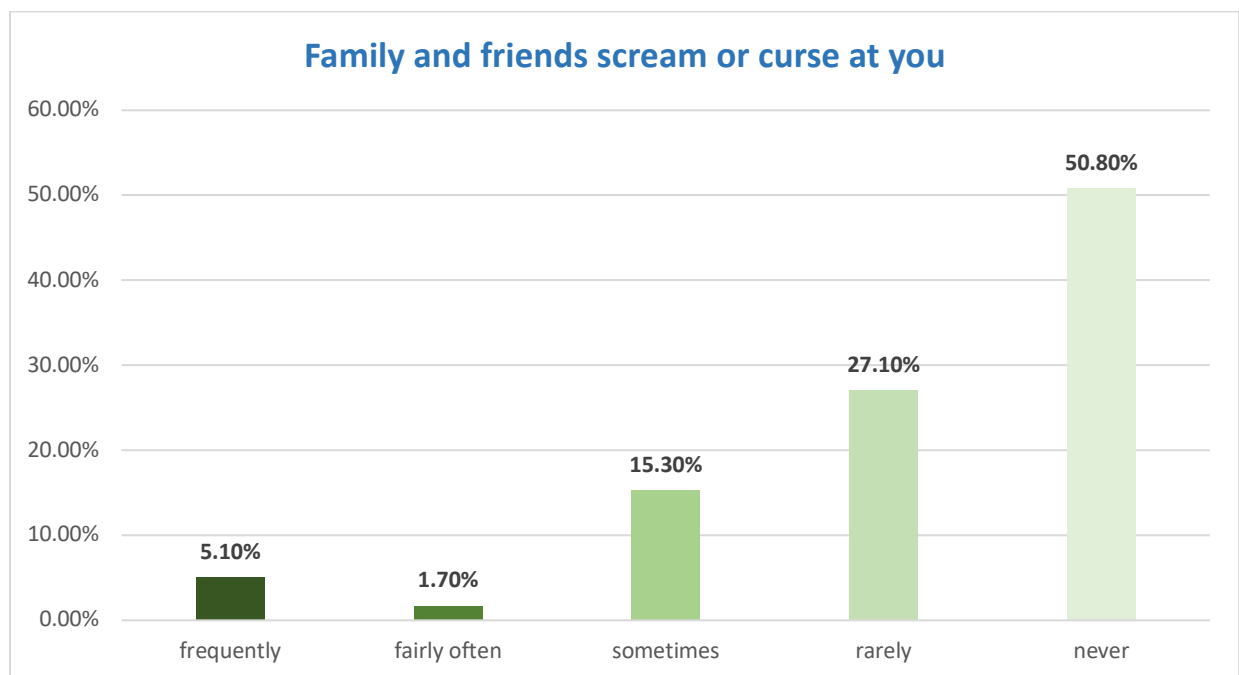
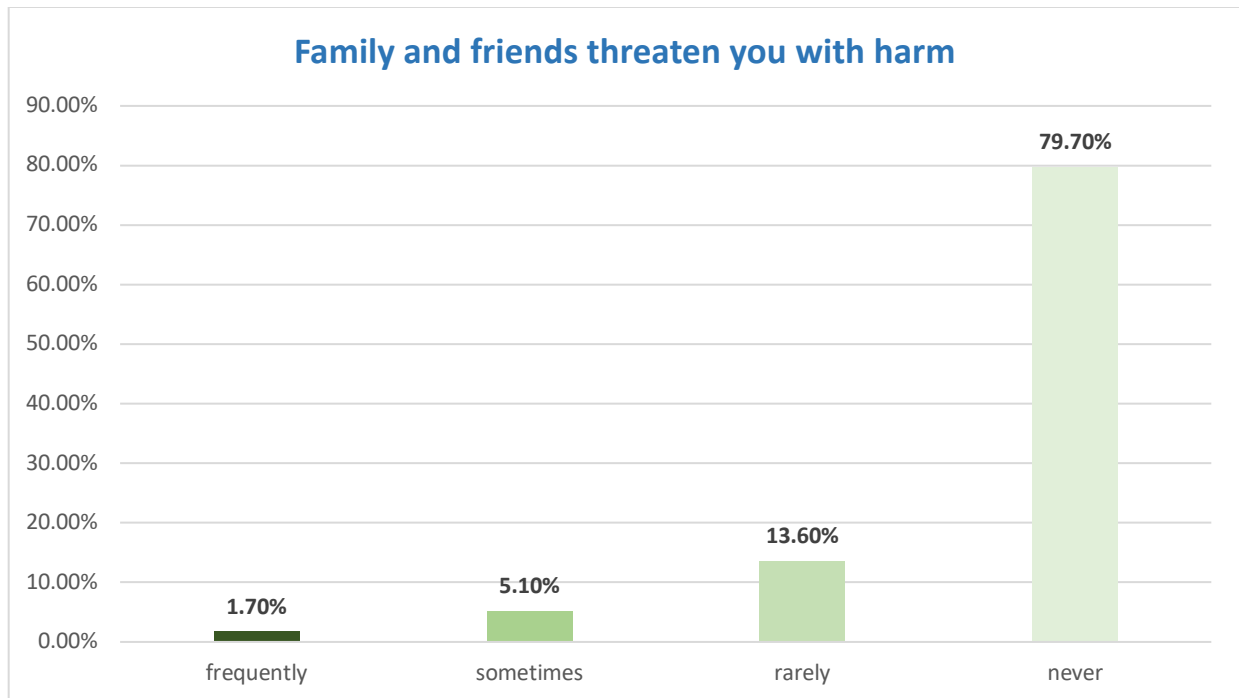


Utility services. Among 59 respondents, 17 (28.8%) reported that in the past 12 months, the electric, gas, oil, or water company threatened to shut off services in their home, and 1(1.7%) reported their utility services have already been shut off.

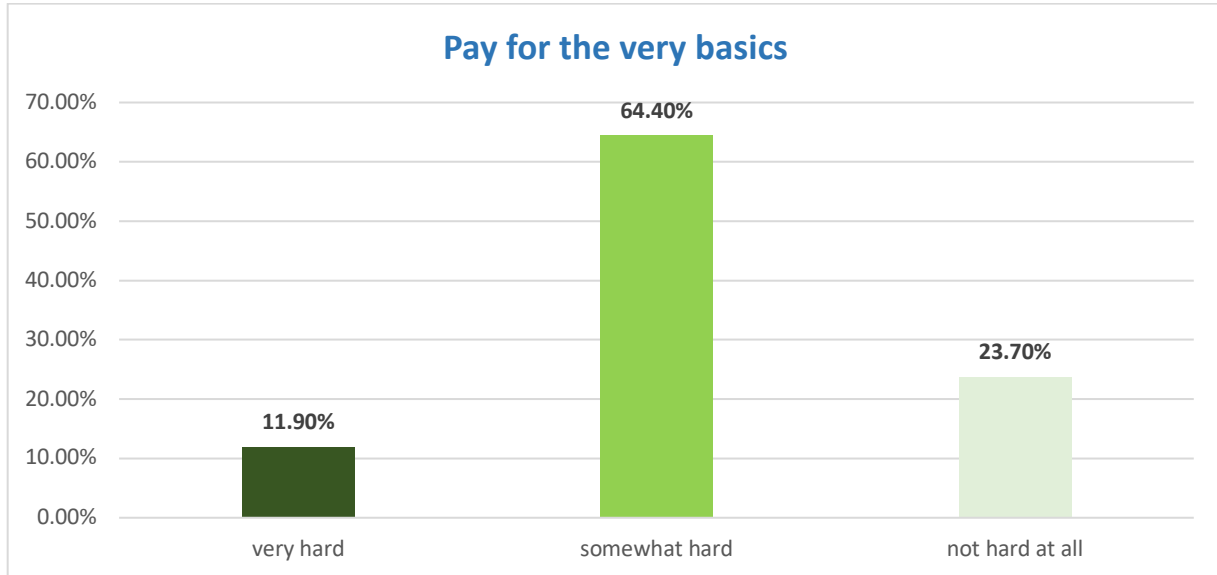


Family violence. Among 59 respondents, 9 (15.3%) reported their family and friends physically hurt them (rarely/sometimes). 30 (50.8%) reported their family and friends insult or talk down to them (rarely/sometimes/fairly often/frequently). 12 (20.3%) reported their family and friends threaten them with harm (rarely/sometimes/fairly often/frequently). 29 (49.2%) have family and friends scream or curse at them (rarely/sometimes/fairly often/frequently).

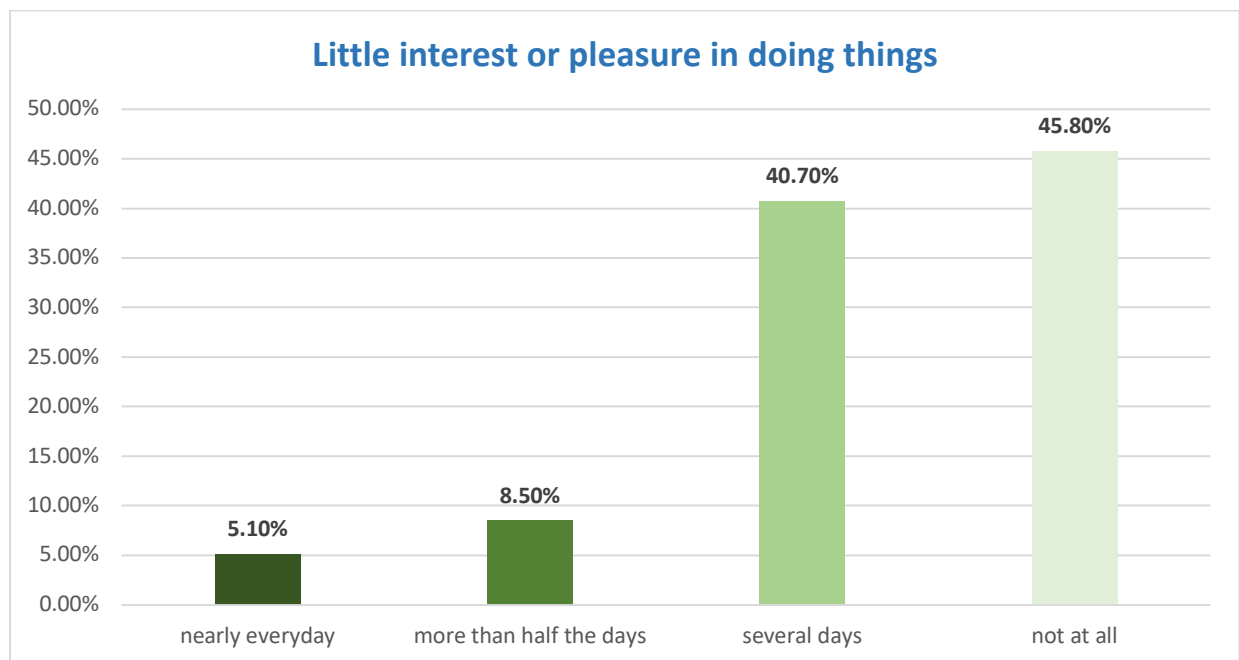
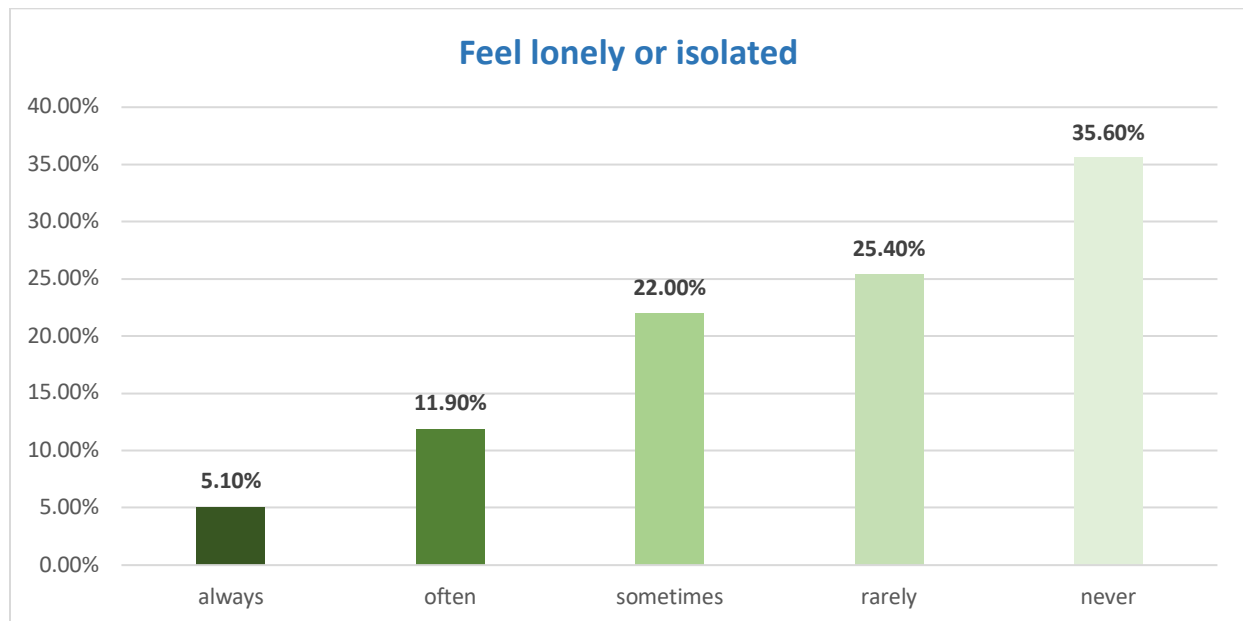


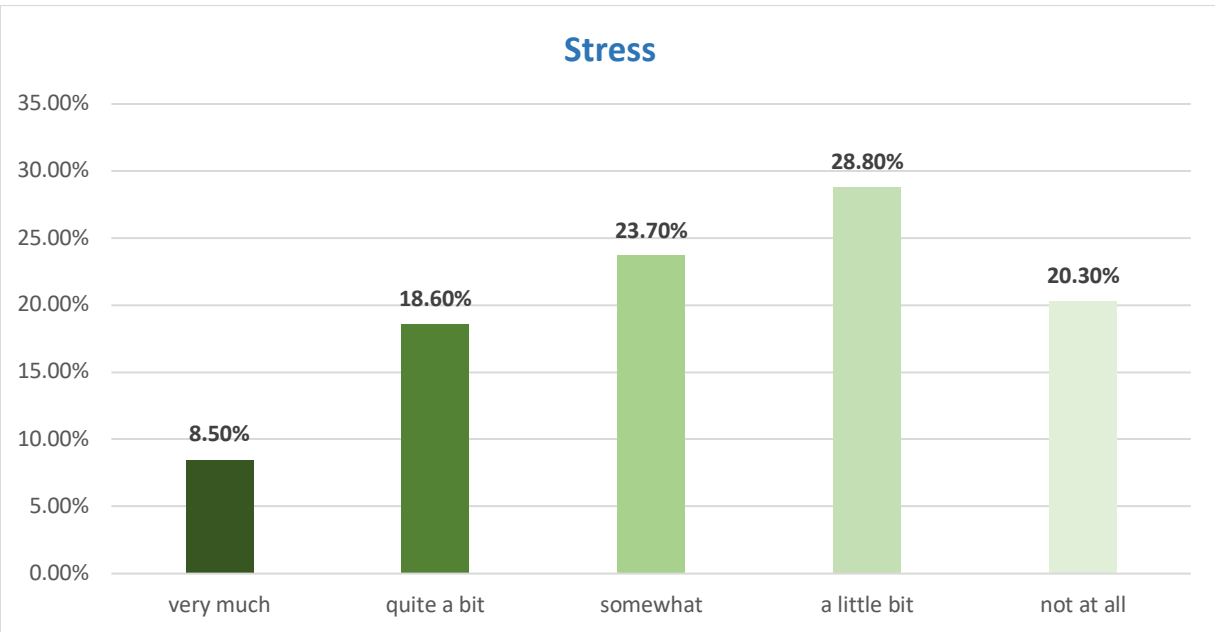
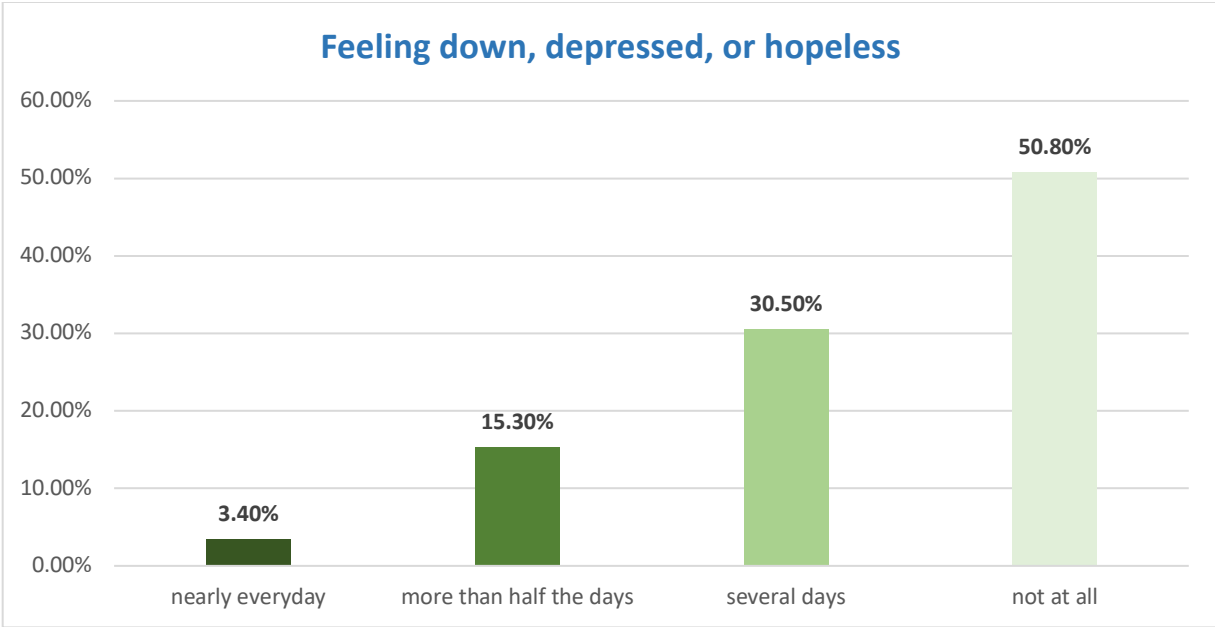


Difficulties in meeting basic needs. Among 59 respondents, 45 (76.3%) expressed that it is very hard or somewhat hard for them to pay for the very basics like food, housing, medical care and heating.



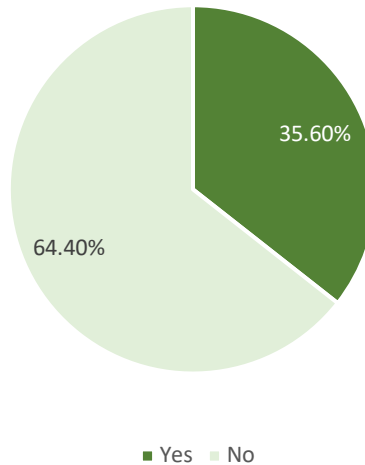
Mental health. Among 59 respondents, 38 (64.4%) reported that they feel lonely or isolated from those around them. 32(54.2%) reported that they had little interest or pleasure in doing things several days/more than half the days/nearly every day. 29 (49.2%) reported feeling down, depressed, or hopeless. During the time of survey, 47 (79.7%) felt stress in their lives that features by feeling tense, restless, nervous, anxious or were unable to sleep at night.



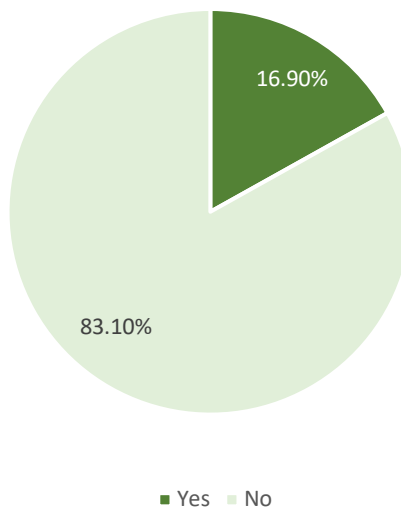


Disability. Among 59 respondents, 21 (35.6%) reported that due to a physical, mental, or emotional condition, they have serious difficulty concentrating, remembering, or making decision. 10(16.9%) reported they have difficulty doing errands along such as visiting a doctor's office or shopping.

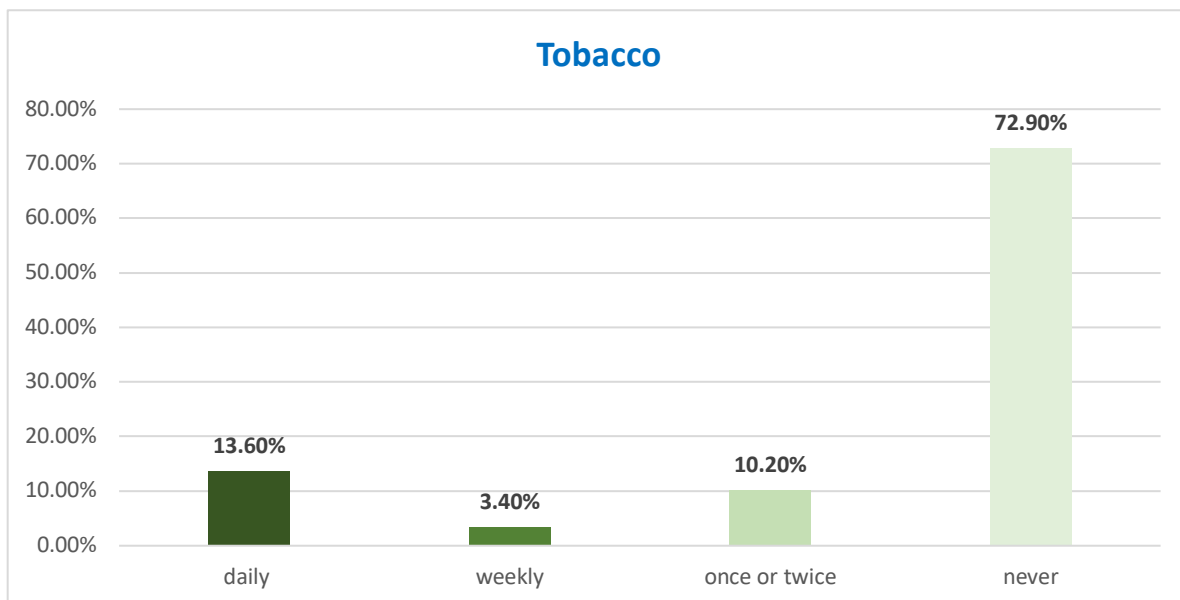
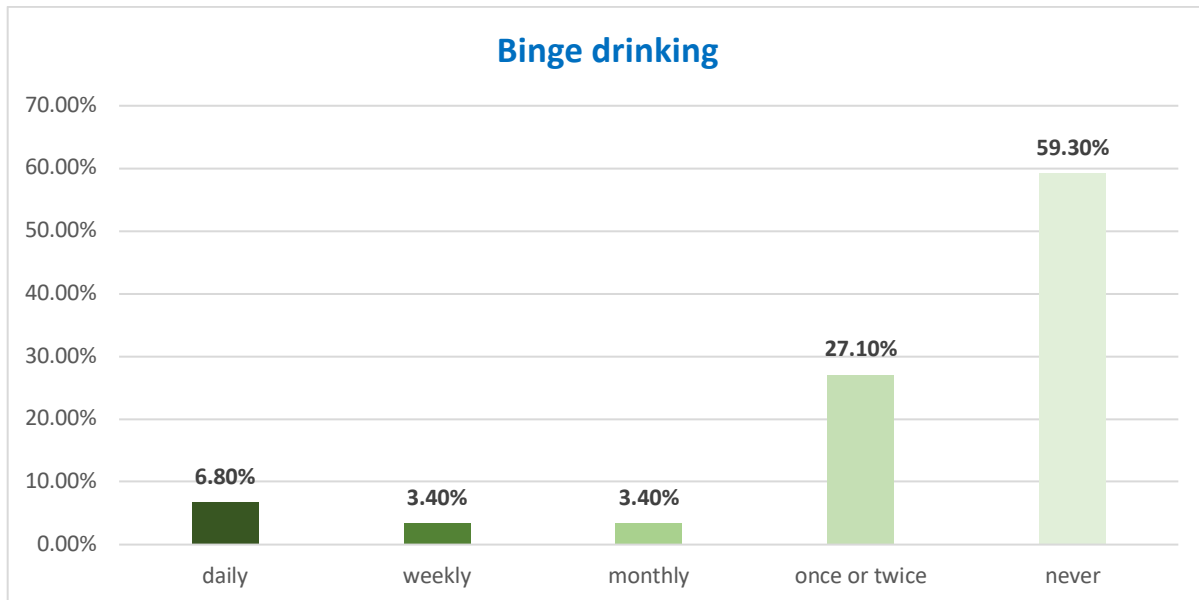
Difficulty concertrating, remembering, or making decision



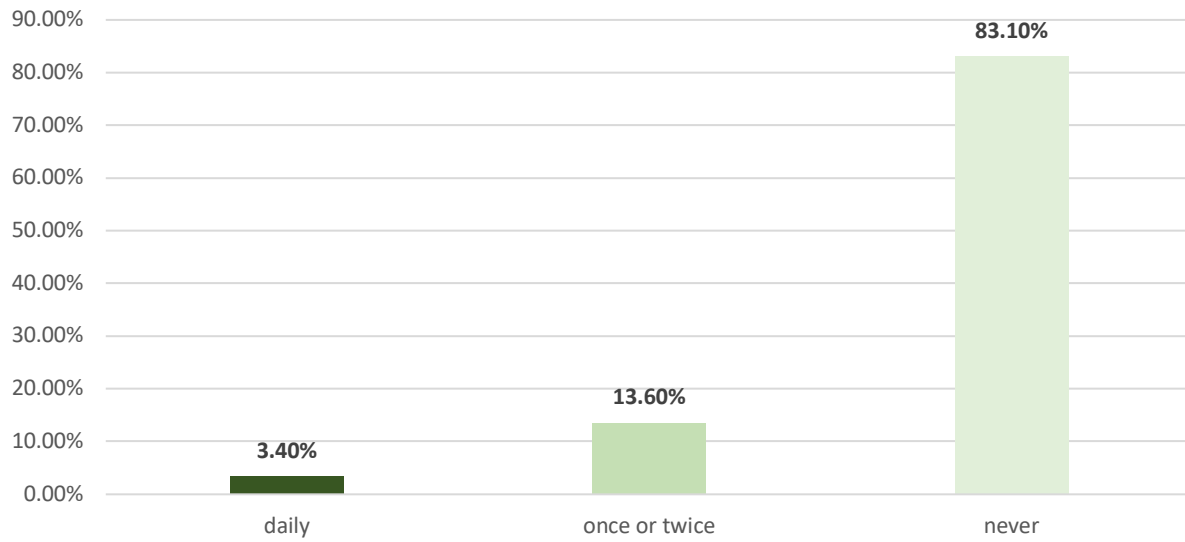
Difficulty doing errands alone



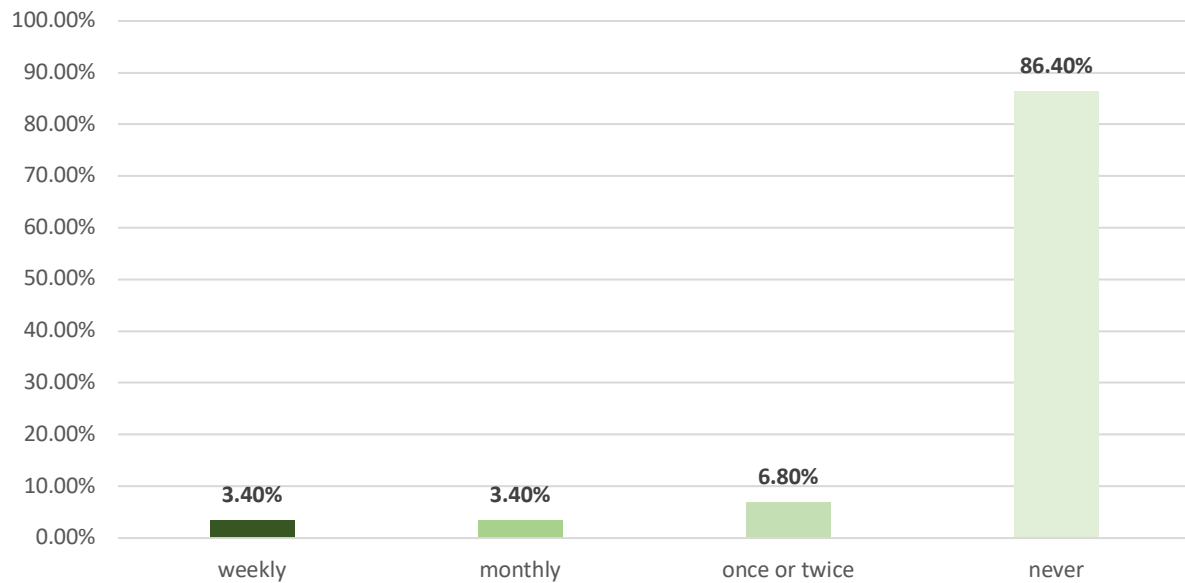
Substance use. Among 59 respondents, 24 (40.7%) reported they had 5 or more drinks in a day (males) or 4 or more drinks in a day (females). 16 (27.1%) used tobacco products. 10 (17%) used prescription drugs for non-medical reasons. 8 (13.6%) indicated using illegal drugs.



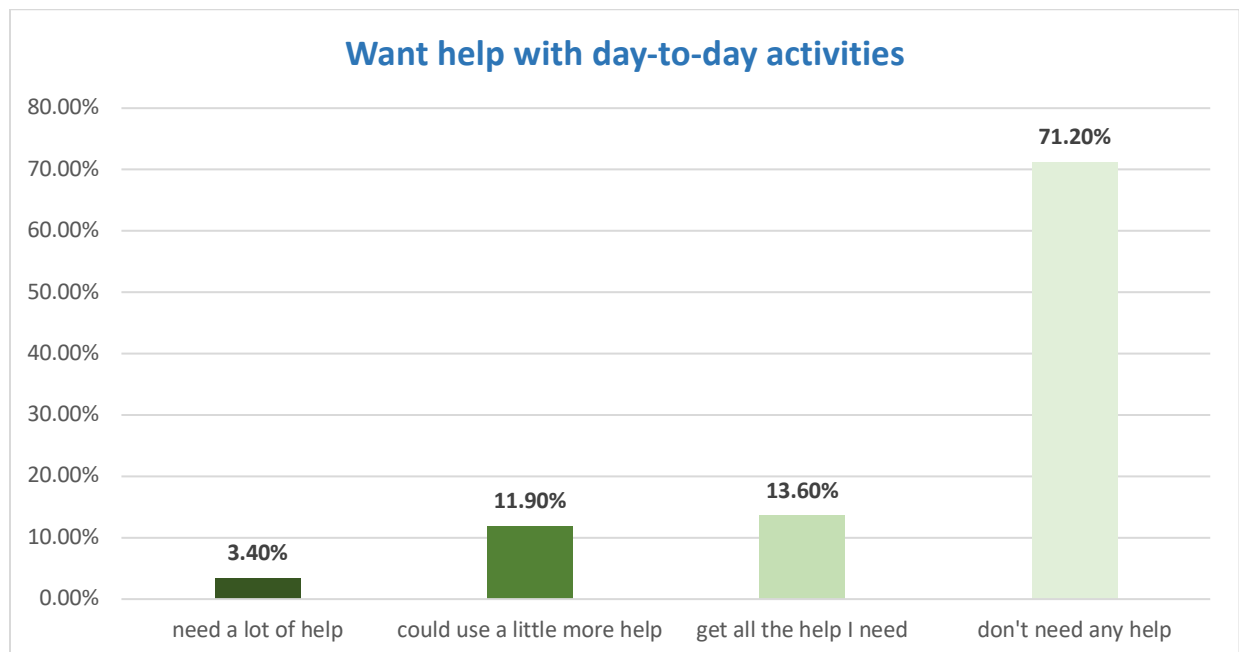
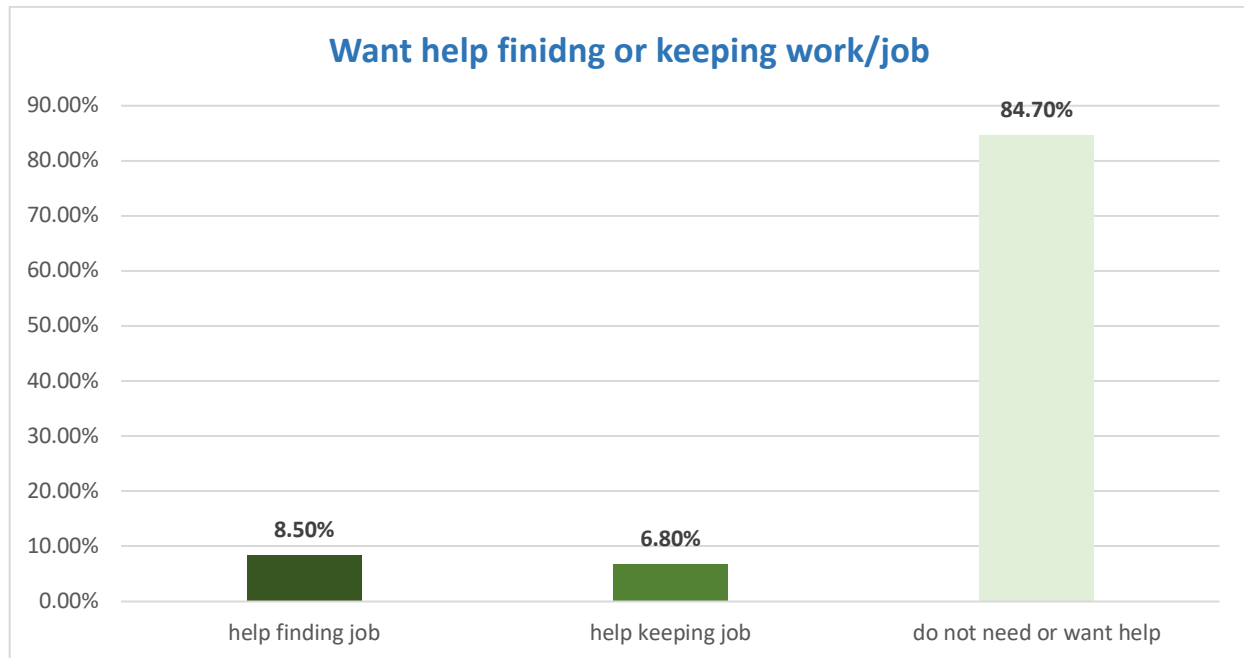
Prescription drugs for non-medical reasons



Illegal drugs



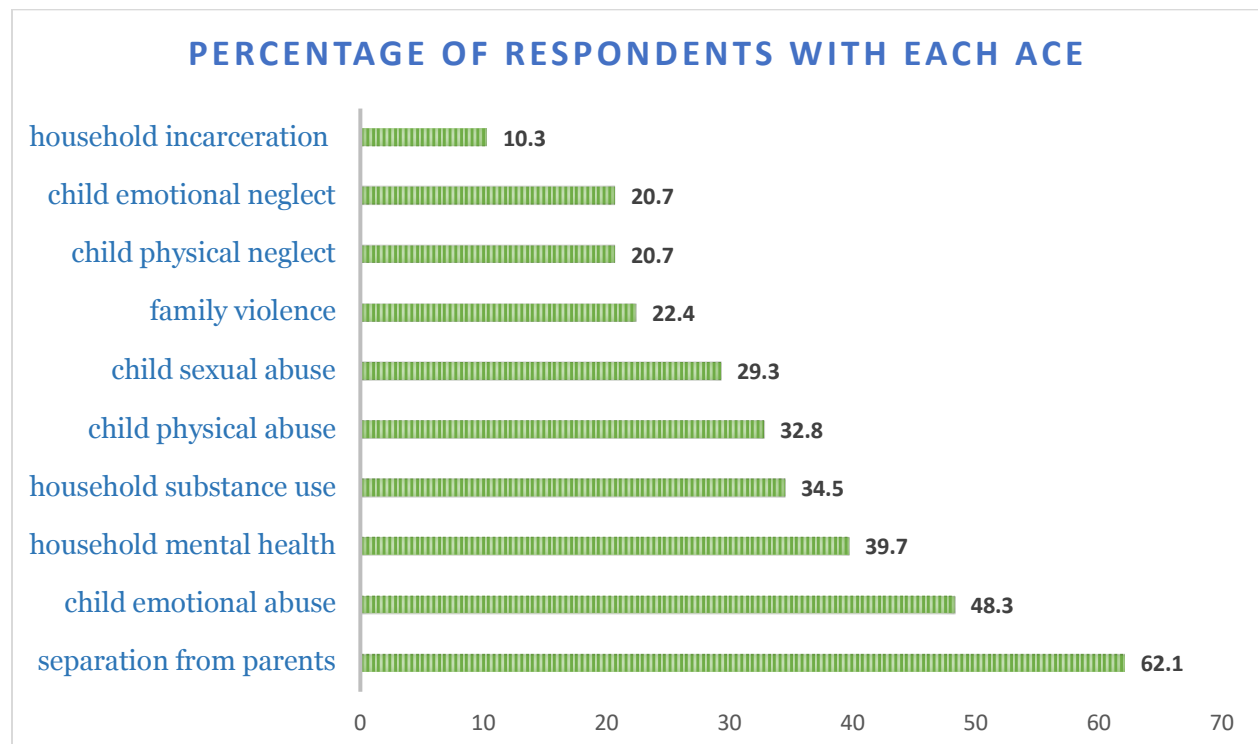
Desire for help with work. Among 59 respondents, only 9 (15.3%) people indicated that they want help finding or keeping job. 9 (15.3) indicated that they could use a little more help or a lot more help with day-to-day activities such as bathing, preparing meals, shopping, managing, finances.



Adverse Childhood Experiences

Of the 59 survey respondents, 58 completed the ACEs questionnaire. Among them, 86.2% reported experiencing at least one adverse childhood experience (ACE): 20.7% reported one, 29.3% reported two to three, and 36.2% reported four or more ACEs. Compared to national data from the CDC, which shows that nearly two-thirds of U.S. adults (63.9%) have experienced at least one ACE—23.1% reported one, 23.5% reported two to three, and 17.3% reported four or more—the data from Camden indicates a significantly higher prevalence of ACEs (86.2% in Camden vs. 63.9% nationally). This difference is particularly notable in terms of poly-victimization (four or more ACEs: 36.2% in Camden vs. 17.3% nationally).

On average, people in the Camden area reported 3.2 types of ACEs out of a possible 10. The range of ACE scores spanned from 0 to 10, indicating that while some participants experienced no ACEs during their childhood, others encountered all types. Breaking down the specific categories, the three most common ACEs were separation from parents due to divorce, abandonment, or death (62.1%), child emotional abuse (48.3%), and household mental health issues (39.7%).



FINDINGS: INTERVIEWS

Clients' perspective

From Nov.2023 to Feb.2024, we interviewed 6 participants who received services from the Camden Life Center (CLC). All these participants are adults and residents of the Town of Camden.

Basic information about participants

# of participant	Gender	Race	Presenting Symptoms
1	Female	White	Experienced anxiety, depression, and trauma, including PTSD stemming from experiences at 17 years of age
2	Female	White	Sought services for her children, one of whom has anxiety, and the other has additional mental health concerns, including autism and ADHD. Both children required support for their specific needs.
3	Female	White	Faced significant depression after losing a job and being unemployed for a year, prompting them to seek therapy to manage these mental health challenges.
4	Male	White	Diagnosed with PTSD, which manifests as hypervigilance due to a long career as a paramedic and a correctional officer. The client also has a history of growing up in a chaotic household with domestic violence, leading to a pattern of emotional suppression. They mentioned that they were raised with the mindset of not showing emotions or discussing problems openly.
5	Female	White	Sought services for the family, which has multiple challenges, including a son struggling with addiction and legal issues, and daughters with ADHD, on the autism spectrum, and facing depression, anxiety, and suicidal thoughts.
6	Female	White	Suffered from frequent panic attacks, particularly related to the fear of leaving the house post-COVID-19, which significantly impacted their daily activities and ability to work

Services received

CLC addresses diverse mental health needs through a comprehensive, integrated service model that emphasizes quality, accessibility, and community engagement.

Counseling. Among six participants, all of them or their children received counseling that aimed to help them manage symptoms like depression, PTSD, and anxiety and improve family dynamics. During the counseling process, they also learned how to manage their emotions, open up, set boundaries, and boost self-esteem.

Skill development programs. The children of Participant 2 participated in a week-long "Adulting 101" class that covered practical life skills such as changing oil, making healthy meals, checking tires, applying for jobs, and managing bank transactions.

Innovative neurocognitive therapy. The children of client 2 and participant 4 attended an innovative program "Mind Matters," which uses neurofeedback and brain mapping to address specific mental health needs.

Community and Support Services. In addition to the services provided directly by CLC, participants noted that they could access various other community and support services through the center. The child of Participant 5 was able to utilize addiction-related support services from Helio via CLC, which were not available locally. Participant 1 utilized the Food Stamp Program through CLC. Participant 5 accessed various community services through CLC, including CareNet, the Food Stamp Program for monthly food boxes, and other resources such as health fairs and advocacy programs (e.g., National Grid for utility assistance). Notably, as a case manager, participant 5 strategically used food provided by Camden Life Center to engage with her clients to participate in her services.

Unique qualities of CLC services

Based on the participants' narratives, CLC is a valuable resource in its community due to the following unique qualities.

Services in One Location. As most participants agreed, the most critical success factor in CLC service provision is being a "one-stop shop" for a variety of services, including therapy, group sessions, social services, and community programs. Clients mention the convenience and accessibility of multiple services under one roof. This one-stop shop is particularly beneficial in rural or underserved communities where access to different services might be limited.

Comprehensive and Holistic services. CLC offers a wide variety of programs that cater to different age groups and needs, addressing problems such as mental health symptoms, trauma, addiction, developmental disabilities, food insecurities, life skills development, and social service application. The comprehensive support meets the needs of individuals, couples, families, and the community.

Personalized and Compassionate Therapy. Many clients highlight the personalized approach of their therapists, particularly Jessica, who is described as non-judgmental, flexible, compassionate, and approachable. Therapists in CLC foster a strong therapeutic relationship with their clients, which is very important for clients dealing with PTSD, anxiety, and depression.

Non-drug approach. Client 4 greatly appreciated the non-drug approach but person-centered psychotherapy used in CLC. He mentioned that past experiences with medication were negative, leading to unwanted side effects such as balance issues and feeling like a "zombie."

Community-connected atmosphere. Participants mentioned CLC has a welcoming, non-judgmental environment and community-focused atmosphere, which make them easier to open up, connect with others, and feel supported. Friendly and down-to-earth staff contributed to this atmosphere.

Future directions for CLC

Overall, participants were very satisfied with CLC's services and provided suggestions for its future direction.

Expansion of Mental Health Services. Most participants hope CLC could increase the number of mental health providers to meet the high demand for services. This includes both therapists and specialized providers to address diverse mental health needs.

They also want more variety in therapy options, such as classes for yoga, meditation, and other skill-building workshops. Someone suggested adding wellness services such as weight loss programs, nutritionists, and lifestyle coaching to promote healthy living. Someone suggested creating programs where clients can receive immediate support during urgent situations, such as losing a job, when therapy sessions may not be readily available. Those expanded programs could help clients improve their mental health conditions, reduce the stigma associated with visiting a mental health center, and offer more holistic mental health care to promote overall well-being.

Extended Hours and Accessibility. In addition to increasing the variety of services, participants also hope services could be provided at times that accommodate different schedules, such as evening programs for people who work during the day or those dealing with addiction. This would help increase access to services for people unable to attend sessions in the early morning or standard working hours.

Support for Specific Groups and Build a Sense of Community. Clients expressed a need for specialized support groups for parents dealing with children's addiction issues. As parents, they found it hard to navigate the situation, e.g., being emotionally exhausted to help their children and deal with the judgment from the community. While some church-based support exists, it is not suitable for everyone.

There is a desire for more community-based programs and events that foster social connections and support networks. This could include workshops, seminars, and other activities that bring people together and help build a sense of community.

Programs for Youth and Young Adults. Clients need more activities and programs targeted at young people, especially after-school and out-of-school programs, to provide constructive alternative programs beyond sports. There is a need for positive role

models and opportunities for young people to socialize and develop life skills in a supportive environment.

Increased Community Outreach and Awareness. Several clients suggested improving communication and outreach efforts to raise awareness of the services offered by CLC. This includes promoting available programs to ensure that more people in the community are aware of the center’s offerings and reducing the stigma around seeking mental health services.

Service providers’ perspective

From Nov.2023 to Feb.2024, we also interviewed 5 participants who provided services for the Camden Life Center (CLC) clients. All these participants are adults and provide regular services to CLC clients.

Basic information about participants

# of participant	Gender	Race	Job Responsibilities
1	Female	White	A clinical social worker doing referral work, including connecting clients to essential services such as food assistance and utility support programs, informing clients about resources, and helping with initial paperwork
2	Male	White	An intensive case manager handles complex cases involving multiple issues, such as homelessness, mental health disorders, and substance use disorders. This participant also actively engages with the community through events and provides various services outside the office, such as helping clients apply for SNAP and health insurance and accompanying clients at the courthouse.
3	Female	White	Work in case management and community outreach. This participant initially started as an AmeriCorps member, doing case management and helping with various community services. The participants' responsibilities included organizing events, coordinating volunteers, and assisting with food programs like the mobile food pantry and the Food Sense program. This participant is also responsible for marketing and media, creating advertisements, managing social media for Camden Life, and organizing events like community wellness days.

4	Female	White	The participant is an agency director who collaborates with Camden Life Center. Her responsibilities include providing pregnancy tests, arranging ultrasounds, offering WIC referrals, and connecting clients to doctors. She also provides parenting classes (in person or online) and counseling, particularly for lonely individuals like grandmothers who are isolated from their families.
5	Female	White	A clinical social worker providing mental health services. She works with clients across a wide age range, from teenagers to the elderly

Perceived community needs of Camden

According to these five frontier service providers, community needs in Camden could be classified into three categories: 1) basic needs, 2) trauma and behavioral health, 3) additional support to access services.

Basic needs: Food, Housing, and Transportation. Many clients struggle with poverty, which affects their access to food, housing, transportation, and other necessities (Participants 2,3,5). Food insecurity and limited employment opportunities are major issues, particularly after the pandemic, which exacerbated existing problems (Participant 3). Many clients face challenges accessing stable housing due to limited local options. This need is considered one of the most pressing in the community (Participants 2,3). Many clients lack reliable transportation, affecting their ability to access services, attend appointments, or participate in community activities. The area's geographic isolation adds to these transportation difficulties (Participants 2, 3, 5).

Trauma and behavioral health. Service providers noticed widespread community trauma and adverse childhood experiences in Camden (Participants 1,4,5) that require trauma-specialized mental health services (e.g., EMDR, DBT). There is a need to address intergenerational trauma and complex family dynamics using family therapy and group interventions (Participant 1). Many clients, especially young mothers, lack familial support or guidance in parenting due to the absence of nurturing relationships with their own parents. There is a strong need for mentorship, trust-building, and a supportive environment where clients can seek reliable advice and companionship (Participant 4). Trauma can also profoundly influence the community due to the small-town environment where everyone knows each other. For example, sudden deaths, accidents, and other tragedies can also put people in the entire community in an unsettling condition (Participant 5).

At the same time, substance use, especially alcohol, is normalized in the community and is a significant issue influencing mental health and financial stability. This is often

compounded by stigma and denial of substance use problems among the people living in Camden (Participant 2).

Additional support to access services. Some support should be established to help Camden people better use the services. First, clients need access to support services like food assistance, utility support programs, and other essential services. The interconnectedness of these needs makes a holistic approach to client care essential (Participant 1). Accessing in-person service is challenging for clients living far from urban centers due to travel distance and a lack of local resources. Making these services more locally available is critical (Participant 4). Clients often struggle with understanding and completing the necessary paperwork for social benefits. Educating clients about the operation of social service systems might be helpful (Participant 2).

Strengths and uniqueness of Camden Life Center

Integrated service model and holistic approach. Camden Life's integrated service model provides comprehensive support by addressing basic needs, behavioral health, trauma, and family dynamics, emphasizing a whole-person approach to client care. This integrated service model is valued for its ability to support clients holistically (Participants 1, 4,5).

Specialized trauma-focused services. Given the community's needs, CLC offers specialized trauma-focused treatments like EMDR therapy, which are not widely available in smaller communities. This service is considered "high-end" and valuable, particularly in addressing the significant trauma needs within the community (Participant 5).

Community-centric and accessible services. By being located within the community, Camden Life reduces barriers related to transportation and stigma associated with seeking help. The local presence makes it easier for community members to access services and fosters a more familiar, welcoming environment (Participant 5). CLC also makes active outreach, events, and collaboration with other agencies, which enhances awareness and utilization of available services (Participant 2, Participant 4). Finally, CLC offers a flexible and personalized approach, allowing staff to meet clients in informal settings and provide services without strict time constraints. This flexibility enhances the quality of care, reduces burnout for practitioners, and enables the development of trusting relationships, treating clients as community members rather than just service users (Participants 2, 3).

Supportive working environment. Camden Life is described as a "family" providing a supportive, non-judgmental environment for both staff and clients. Staff members feel well-supported, with opportunities for effective communication and a sense of community among staff members (Participants 3,4). Also, staff appreciate the opportunity for their professional development. CLC actively supports their staff members' continued education and skill development, including specialized training such as Eye Movement Desensitization and Reprocessing (EMDR) therapy, which is rare in smaller towns (Participant 5).

Collaborative Environment: The shared space within Camden Life allows different services and agencies to complement each other, enhancing overall client support and facilitating referrals between services. This integration is particularly beneficial in a rural context with limited resources (Participant 4).

The challenges of CLC

Cultural Barriers. There is a strong stigma attached to mental health, substance use, and social benefits in Camden, a conservative rural area. The conservative culture of the community often leads to denial or minimization of issues like homelessness and substance use. Also, the rural culture equals "independent" as "resourceful," so people are discouraged from seeking help. The stigma of having behavioral health problems, as well as the culture of being independent, both deter clients from seeking help or admitting their needs, such as issues related to homelessness and substance use (Participants 1, 2, 5).

Limited resources. Camden Life's small size and status as a growing organization mean it lacks some benefits and resources that larger clinics might offer, such as extensive space for service delivery or showcasing available resources (Participants 4, 5). As a small organization, Camden Life faces financial limitations that affect its ability to offer certain benefits or expand its infrastructure, impacting staff satisfaction and service delivery (Participant 5).

Continuity of Care. Though continuity of care is important for clients' symptom improvement and recovery, maintaining consistent client engagement is challenging due to various factors, including stigma, transportation issues, and the community's resistance to certain services. Also, clients often struggle with understanding complex paperwork and the process required to access social benefits. Their frustration affects their ability to engage fully with the services provided (Participant 2).

Service providers' personal bias. One participant insightfully stated that, coming from a more privileged background, she faced challenges in overcoming personal biases and adjusting to the realities of clients' struggles (Participant 3).

Future directions for CLC

Improve community involvement and awareness. There is a need for increased community engagement and greater awareness of the services Camden Life provides. This could be achieved through more robust marketing efforts, fun community events, and outreach programs to reduce stigma and educate people about available services (Participant 1).

Enhance transportation solutions. Transportation is a significant barrier for many clients, affecting their ability to access services. Camden Life could explore obtaining grants or funding for a dedicated transportation service, which would help bridge this gap and ensure clients can attend appointments and participate in community activities (Participants 2 & 3).

Expand housing, mental health, and peer support: Access to stable housing is a pressing need in the community. There is also a high demand for mental health and substance use services (Participant 2 & 3). More importantly, it would be necessary to increase the number of peer support staff who understand the local community's unique dynamics could improve service delivery and client engagement. This approach could help build trust and encourage more people to seek help (Participant 2).

Provide additional training and staffing. Introducing more case managers or a tiered case management system could help balance workloads and provide more intensive support for complex cases (Participant 2). Additionally, ongoing training in areas such as trauma-informed care would ensure that staff can meet the community's diverse needs (Participant 5).

CONCLUSIONS

Based on the findings from the needs assessment and program evaluation, the Camden Life Center (CLC) plays a crucial role in addressing the complex needs of the Camden community through its integrated and holistic service model. The data indicates significant challenges among residents related to basic needs, such as housing, food insecurity, transportation, and utility services, which are compounded by high rates of adverse childhood experiences (ACEs) and various mental health issues. The prevalence of ACEs in Camden is notably higher than the national average, suggesting a community deeply impacted by trauma and intergenerational trauma, which necessitates trauma-focused services. Both survey and interview data also suggested that Camden people are reluctant to seek help from social/behavioral health services though they have various unmet needs.

The CLC's comprehensive approach to service delivery—combining mental health counseling, skill development programs, neurocognitive therapy, and community-based support—has been particularly effective in meeting these diverse needs. Clients have reported high levels of satisfaction, particularly appreciating the accessibility of multiple services under one roof, the personalized and compassionate nature of therapy, and the center's emphasis on non-drug interventions. Furthermore, the CLC's community-connected atmosphere fosters a sense of belonging and support, which is critical in reducing the stigma associated with seeking help in this rural area.

However, challenges remain, including rural culture that resists behavioral health help-seeking, limited financial resources and service providers, and difficulties with continuity of care. There is a need for expanded mental health services, improved transportation solutions, and more community outreach to raise awareness about the available services and reduce stigma. The findings of this needs assessment and program evaluation suggest several directions for future growth, such as increasing mental health providers, extending service hours, offering more specialized programs for different groups, and enhancing community engagement.

Overall, the Camden Life Center serves as a vital hub for community support, effectively addressing the multi-layered needs of its residents. Continued investment in its services, expansion, and community outreach will be essential to sustain and enhance its impact on the Camden community.