



UCS Human Service Summit 2010 Small Group Facilitated Discussions

To explore key trends that will shape Johnson County, Kansas' future, participants at the UCS Human Service Summit worked in 11 small groups with a facilitator and note taker. Each group of 8 to 10 participants discussed one of 9 trends. While each conversation was unique to a specific trend, several of the discussion questions elicited similar responses across the small groups.

When you think about this trend, how have you seen things change in the last 10-20 years? The key word in response to this question was MORE. More poverty, needs that are more complex, more mental health issues, everything costs more, more autism, more difficult to find work that pays enough, more need for bilingual staff, more sprawl, more frail elderly, more evidence about what programs work, more people without access to health care, more gaps in service, more reasons to collaborate.

If the trend continues, and we don't address it, what does Johnson County look like in 20 or 30 years? The responses all pointed to a community that would be in DECLINE. Visible poor, widening disparities, greater demand on human services, more language barriers, declining educational outcomes, segregated areas, slowed economic development, higher unemployment, more crime, limited access to and wide gaps in availability of services, higher taxes, poor personal health, some people would not be able to afford to live in the county while others would choose not to.

What actions should we take now to prepare for the future? The responses suggest a number of actions that build capacity of both the social service sector and people. Raise awareness, build and sustain collaborations, increase volunteerism, engage in advocacy, hire people with appropriate skills and qualities, use technology to increase organizational efficiency (but not as a replacement for personal connections), target funding on evidenced-based programs, empower people to help themselves through information and skill development, increase emphasis

on prevention and early intervention (particularly early childhood education).

What would you like to see in the future? Participants in different discussion groups identified many of the same community conditions and programs. These issues have been raised at previous Human Service Summits, as well as other venues. They are significant issues that confront the community, with no easy (or inexpensive) solution.

Among the issues:

- Affordable housing to ease the cost burden on low to moderate income households and promote neighborhood safety
- Transportation options to employment and essential services
- Access to health care treatment and wellness programs to improve health status and prevent medical bankruptcy
- Employment at a living wage for low skill and special needs workers
- Local and regional cooperation to increase efficiency and effectiveness of social service response
- Adequate funding for safety net programs to protect the most vulnerable
- Adequate funding for prevention and early intervention, especially early learning programs, to prevent or break the cycle of poverty
- Funding for evidence-based programs to make the best use of limited public and philanthropic dollars
- Culturally competent organizations, with the ability to appropriately serve people from all cultures and backgrounds

Small Group Facilitated Discussions by Trend

A summary of each of the nine trends discussed in small groups follows on the next pages. The trends were selected by Summit participants from a list of 18 and are presented in order of votes cast (highest to lowest).

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Trend: Poverty in Johnson County is growing twice as fast as the national average for suburbs; people living in poverty are widely scattered geographically.

FACT: More than 23,000 county residents live in households with income below the federal poverty level, up 57% from 2000.

Participant observations: Basic necessities cost more, which means some people are making difficult choices (i.e., to buy either food or medicine). More people are seeking help from public and private programs. As a result, social service programs cannot keep up with the demand. More people seeking help and more first-time aid seekers, coupled with more complex situations which require more staff time have led to unmanageable caseloads. A new service delivery model to address the complexity and duration of situations is needed. Some people require long-term or permanent assistance, however the public-supported safety net is not adequately meeting this need.

What participants would like to see in the future:

Some of the ideas include

- Faith based groups supporting local programs, particularly evidence-based programs that demonstrate positive outcomes
- Case management model for both long-term and short-term aid
- Resources to support long-term and short-term case management
- Affordable housing, transportation options and access to health care
- Employment at a living wage for low skill workers
- Parenting programs and support for new parents
- Comprehensive continuum of care across multiple public and private agencies
- Greater flexibility with federal funds to allow states to integrate services
- Single online application for benefits from federal/state programs
- Meaningful volunteer opportunities to support local programs/service delivery
- Regional cooperation to address needs
- Financial management skill training
- Implement programs and strategies proven to reduce poverty
- Community education, including policy makers and funders, about the importance of prevention, especially in early childhood
- Continue to enhance Johnson County Caseworker Resource Center

Trend: There is an increased awareness of the interconnectedness between human conditions.

FACT: Extreme poverty, academic failure, family conflict and early antisocial behaviors put children at risk for later substance abuse, delinquency, teen pregnancy, violence and school dropout.

Participant observations: Complex human problems require complex solutions. The solutions most often require cooperation across a wide range of service providers. Inter- and intra-organization cooperation is built on relationships. Building and sustaining relationships requires interpersonal communication skills, time and organizational support. Typically, the relationships are informal rather than institutional. Barriers, such as funding restrictions, competition for funding, heavy caseloads (limiting time for participation in meetings and relationship building), and differing philosophies can hinder cooperation.

What participants would like to see in the future:

Some of the ideas include

- Leaders that are committed to relationship building and cooperation/collaboration
- Funding that supports cooperation/collaboration
- Evidence-based prevention programs such as
 - Early learning programs and all-day kindergarten
 - Sex education to reduce teen pregnancy
 - Literacy programs
 - Reducing childhood obesity
 - Treatment for co-occurring disorders
- Schools and social service sectors connected to address children/youth issues
- Access to technology for individuals and families
- Meaningful volunteer opportunities to support human service programs
- Person to person connections in neighborhoods
- Regional cooperation/collaboration
- Increased collaboration through events such as the Human Service Summit

Trend: Johnson County is increasingly racially, culturally and linguistically diverse.

FACT: Diversity of the population has gone from 4% in 1980 to 16% in 2008.

Participant observations: Diversity is a community issue, not just an issue that impacts the social service sector. It has to begin with tolerance and then inclusion. Individually held negative perceptions can lead to fear and distrust. In today's world, all people need to be prepared to interact with people from diverse backgrounds and cultures (especially in the workplace). Social service organizations are seeing more clients that are diverse. While many organizations have added bilingual staff, in most cases the numbers are not adequate to meet the need. Appropriately serving a diverse population requires more than bilingual staff or interpreters; it requires a culturally competent organization. Efforts are being made by organizations to be more culturally competent, but more is needed.

What participants would like to see in the future:

Some of the ideas include

- Interpreters in health care settings
- Bilingual staff in all roles
- Culturally competent organizations
- Education for children of immigrants – from early learning through higher education
- Education for immigrants on understanding the community, available resources, laws
- Access to technology and training for adults
- Community liaisons
- Wider access to the Johnson County Caseworker Resource Center in order to improve referral to appropriate services
- Improved trust between law enforcement and people who are non-majority
- Community forums and events for people from all cultures to get to know each other and understand different cultures

Trend: An increasing percentage of the population is age 65 and above.

FACT: Currently 1 in 10 county residents is 65+, by 2030 the number could rise to 1 in 6.

Participant observations: The growing number of people 65 and over will have a dramatic effect on Johnson County. They will require new types of services – particularly in the areas of housing,

transportation and health care. The infrastructure to deliver the array of services specifically targeted to this age group is not currently in place. However, some efforts are underway. A positive to having more people in this age group is the potential to capitalize on skills and resources that they have to offer in support of human services.

What participants would like to see in the future:

Some of the ideas include

- People “aging in place”
- Use of technology to help older people stay independent
- Adequate number of trained caregivers
- Housing and transportation options that meet needs of seniors
- Philanthropic support for services for seniors lacking ability to pay
- Person to person contact – neighbors helping neighbors
- Naturally Occurring Retirement Community
- Policy makers and philanthropists aware of and engaged in the aging issue
- Healthy communities for people of all ages
- State-supported community centers / accreditation for senior centers
- Aging Certification for remodelers (remodeling performed in conjunction with occupational therapists)

Trend: Transportation alternatives have not significantly increased.

FACT: About 6,000 households in the county do not have a vehicle; about ½ are workers without a vehicle and about ½ are householders over the age of 65.

Participant observations: Transportation is particularly a problem for people with low incomes, senior citizens and people with disabilities. A public transit system is not a viable option for many in these groups. Johnson County is not designed to promote walking. Limited ability to move about the community leads to personal isolation and segregation of groups of people. Limited ability to get from place to place also creates demand for non-traditional options to access basic services – groceries, medical care, etc. Lack of public transportation impacts economic development and housing. Can people afford to live in this community, or must they live elsewhere and commute? And, will that commute require a car?

What participants would like to see in the future:

Some of the ideas include

- Alternatives to buses, such as electric street cars and/or light rail
- Self-guided cars
- New sources of energy to power cars – electricity, propane
- Regional cooperation to create a regional transit system
- Vehicle alternatives - bicycle and walking lanes
- Access to services through centralized hubs (such as libraries) for seniors and people with a disability to order medication, groceries for home delivery
- Utilize existing vehicles, such as school buses, for special transportation
- Neighborhoods designed for public transportation
- Neighborhoods designed to be walking-friendly
- Technology used to reduce isolation of special populations
- New way of thinking about the car – not a necessity for everyone

Trend: Ranks of first-time poor grow as middle class lose jobs and assets shrink.

FACT: The unemployment rate has more than doubled since 2000. Unemployment was 6.6% in March 2010, translating to nearly 20,000 county residents.

Participant observations: The increasing number of first-time poor is creating more demand on an already over-burdened safety net. First-time poor are not familiar with services or resources that might be available to them and many are reluctant to seek help. As a result, by the time they are seen by a safety net provider they often require more staff time and financial aid to address the situation than non first-time aid seekers. Safety net providers are changing the way services are delivered, including adding a modified version of case management for short term assistance. Clients are often helped with learning how to manage money, change lifestyle expectations and develop new job skills. Efforts should be made to help people from becoming the “new poor,” such as collaboration between social services and training/education/business, help to avoid foreclosure or medical bankruptcy, subsidies for basic expenses that allow a person to retain employment (transportation, child care).

What participants would like to see in the future:

Some of the ideas include

- Financial education included in school curriculum
- Lifeskills training in school

- A wrap-around approach to assistance that includes addressing the immediate crisis combined with reviewing anticipated needs, the resources available to meet them and changes to prevent future crises
- Regional public transportation to support employment
- Affordable mixed-use housing
- People prepared for retirement to avoid financial crises
- Integrated, electronic application process for public benefits
- Systemic strategies that prevent people from being poor
- Increased collaboration, including continuing the Human Service Summit

Trend: The human service safety net is not keeping pace with demand for service.

FACT: The number of Johnson County households seeking assistance for the first time from local agencies in the first six months of 2010 was more than twice the number in the first six months of 2008.

Participant observations: Individual and family economic conditions are driving the increased need for safety net services. State budget cuts contribute to a weakened safety net. Community-based programs are struggling to raise funds to serve more people. People who lack sufficient income to meet basic needs want affordable housing, reliable transportation, access to health care and employment that pays a living wage. Partnerships with faith community, business and civic groups are important to securing these elements for individual clients and for creating the necessary community infrastructure. People need help connecting to community-based resources, developing the skills to problem-solve and managing their personal finances. Service providers need to work together to address an individual/family’s needs, as no one organization can do it all. Volunteers can be an asset to organizations. Advocacy with policy makers is essential in order to help them understand the critical role played by safety net providers.

What participants would like to see in the future:

Some of the ideas include

- Adequate public and private funding for safety net services
- Partnerships with the faith and business communities
- Case management services
- Volunteers engaged in a variety of roles

- Community-based, rather than facility-based, program delivery, i.e. a social service workforce that is mobile
- More follow-up support for people once they have completed a program, such as residential treatment or corrections
- Affordable housing, transportation options and access to health care
- Employment at a living wage for low skill and special needs workers
- School-based social services
- A phase-out process for terminating state and federal funded programs due to employment (as earnings increase, public aid would be gradually be phased-out in order to stabilize the household)
- Increased collaboration and networking

Trend: The cost of health care and health insurance continue to limit access to care.

FACT: In 2008, 42,500 Johnson County residents under 65 did not have health insurance.

Participant observations: The increasing number of people without health insurance is putting a significant burden on safety net clinics, emergency rooms and hospitals (charity care). Some of the groups noted to typically be uninsured include working poor, part-time employees, youth aging out of foster care, homeless, immigrants and undocumented immigrants. This community is lacking in prevention and education that can support choices for a healthy lifestyle. Chronic disease prevention would reap significant pay-back in the long-term. Wellness and healthy lifestyle are keys to reducing health care costs.

What participants would like to see in the future:

Some of the ideas include

- Focus on prevention and wellness programs
- Financial incentives for health behaviors
- Physical education and nutrition education in the schools
- Expanded health care access and insurance coverage
- Policies and environment changes that support healthy lifestyles
- Alternative health care delivery and assessment systems, i.e., telemedicine, triage using paraprofessionals
- Universal medical records
- Patient-related technology, such as monitoring devices and instant communication with health care professionals

Trend: A growing body of research shows positive effects of early interventions on long-term outcomes.

FACT: The community receives \$9 in benefits for every \$1 invested in Head Start. Benefits include increased earnings and employment, and decreased welfare dependency, crime, grade repetition and special education.

Participant observations: Research supports the value of early intervention, particularly early learning programs. Early intervention contributes to education and health outcomes, leading to a greater likelihood of lifelong success. Early intervention for young children requires family involvement. Recognizing developmental delays early is critical. Adequate resources are not available to address the range of needs that some families experience. A specific area of limited community-based resources is autism. Stigma prevents some families from seeking help. Lack of financial resources and/or knowledge of the importance of preventive services keep some families from accessing services.

What participants would like to see in the future:

Some of the ideas include

- Wrap around services for families – effective collaboration to bring range of needed services together for a family
- “One-stop shop” service center
- Effective engagement of the faith community; better education regarding local needs and ways to help
- Alternative methods of service delivery to make it easier for families to access services, such as Telemedicine
- Funding for evidence-based programs
- Lack of stigma; families feeling comfortable to seek help
- Prevention programming for everyone
- Mental health professionals specifically trained to address infant mental health and available to consult with early learning programs and child care providers
- Early childhood learning programs as an accepted component of public education, with funding, standards and accountability
- Utilization of technology to ease administrative functions, such as text messaging to schedule appointments
- Implementation of the Kansas Early Childhood Comprehensive System Plan