

Johnson County Visioning Committee Social, Health and Human Services



Prepared by
United Community Services of Johnson County
www.ucsjoco.org



Produced with funding from United Way of Greater Kansas City



Health and Human Services Defined

- ❖ The collection of programs and activities designed to protect, promote and/or restore the well-being of an individual or family.
- ❖ The purpose is for each person to have access to the services they need to live a healthy, safe, productive life.
- ❖ The goal is for people to be as self-reliant as their abilities allow.

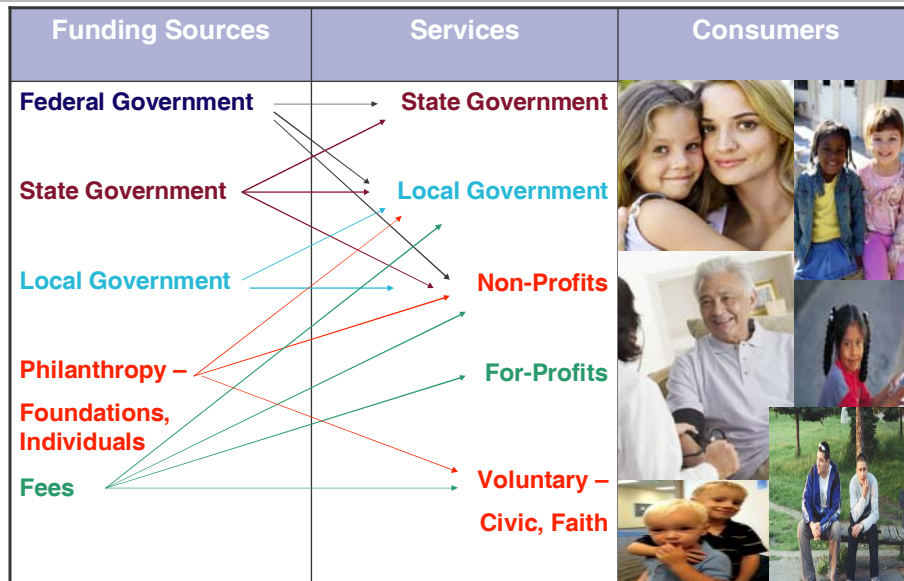


Health and Human Services Benefits

- ❖ Costly interventions at public expense are avoided or reduced
- ❖ The community remains strong and economically vital
- ❖ All residents have a better quality of life

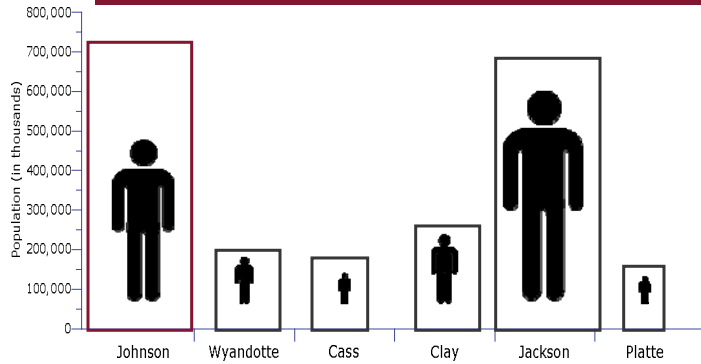


Health and Human Services Delivery System



**Regional Population Estimate 2009 = 1.8 M
Johnson County 30% share**

**Regional Population Estimate 2030 = 2.1 M
Johnson County 35% share**

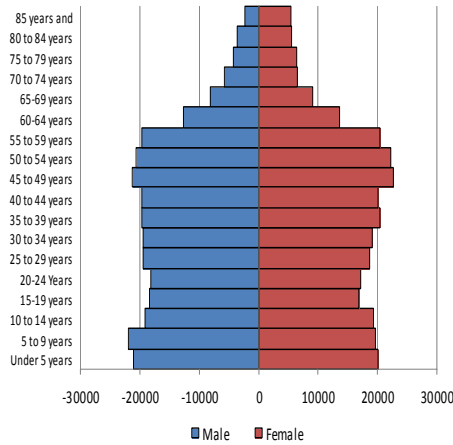


Source: U.S. Census Bureau. www.census.gov

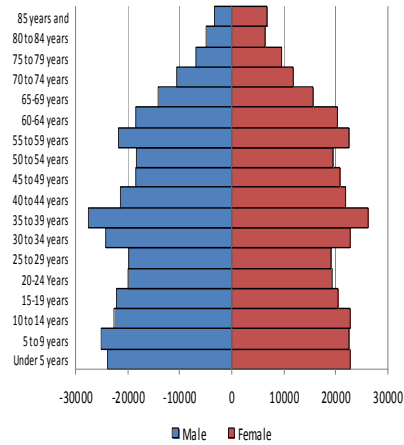


Baby boomers move through age pyramid and under 45 population grows

Johnson County Age Distribution 2010



Johnson County Age Distribution 2020

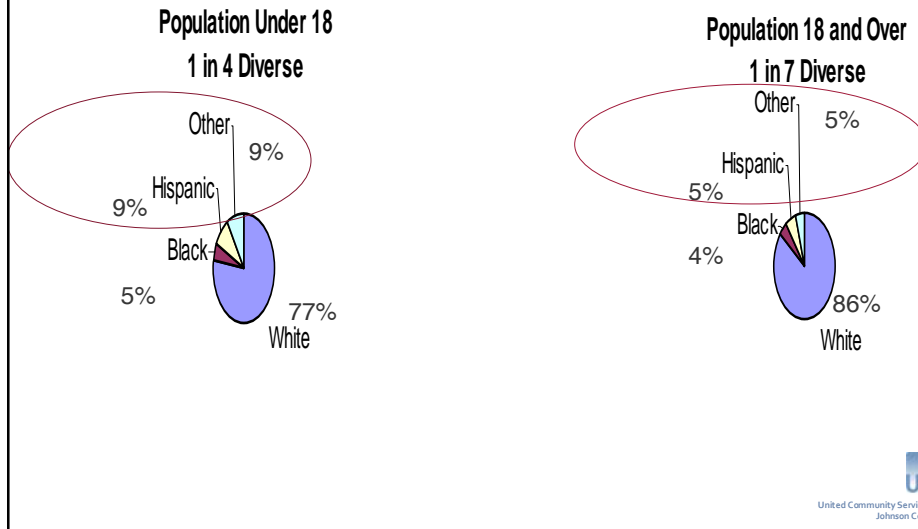


Source: Midwest Center for Non-profit Leadership/MARC

Calculations based on projections using regional trends



Johnson County's population under 18 is more diverse



100% Federal Poverty Thresholds (2009)

Family of 1 = \$10,830

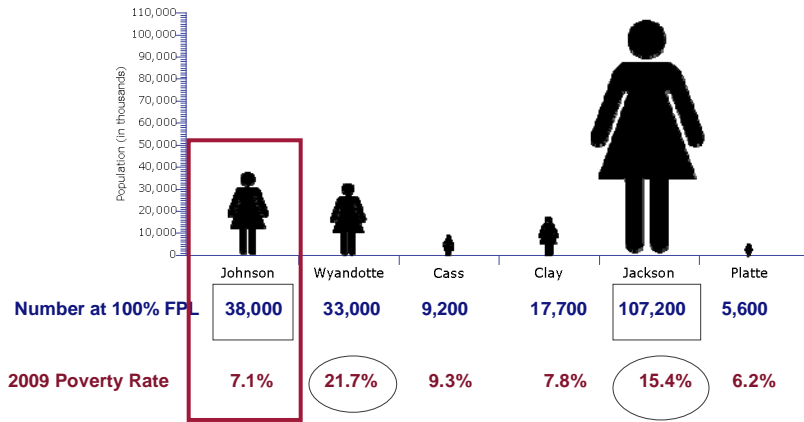
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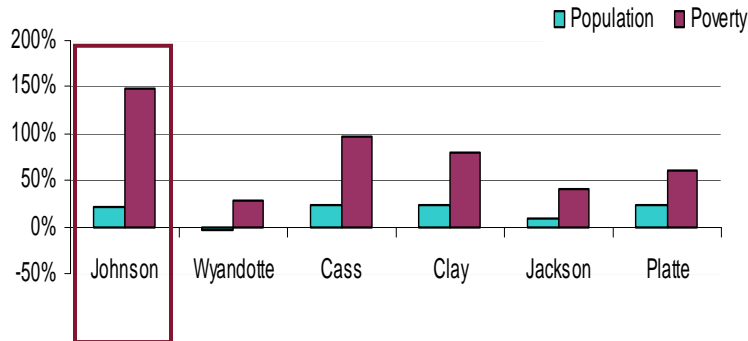
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Population Below Poverty Level by County in 2009



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Percentage Increase in Total Population and Percentage Increase in Population at 100% FPL 2000 - 2009

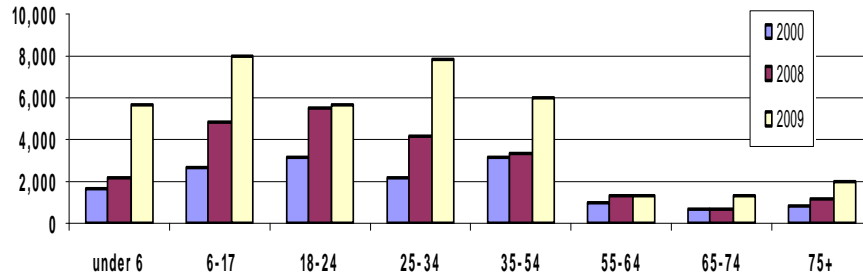


Johnson County Poverty by Age

County-wide poverty rate = 7.1%

Under 18 = 10.1%

Number in Poverty by Age Groups



2009 Poverty Rates

12%

9%

13%

10%

4%

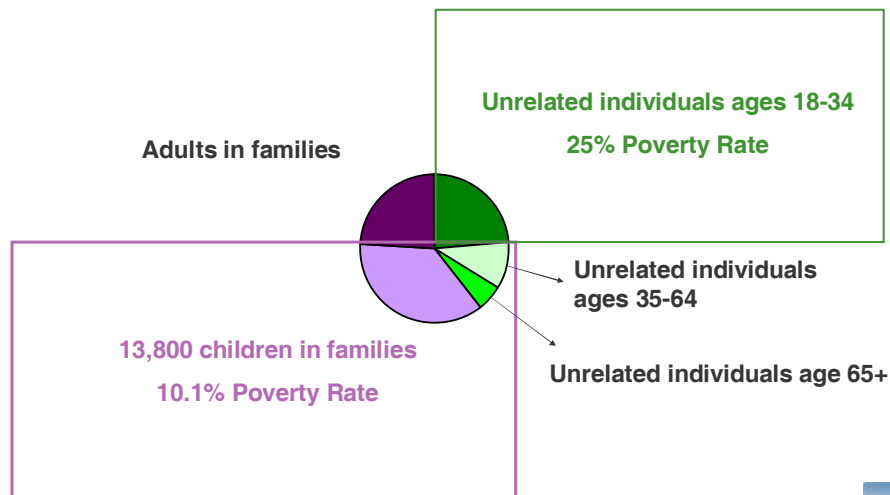
2%

5%

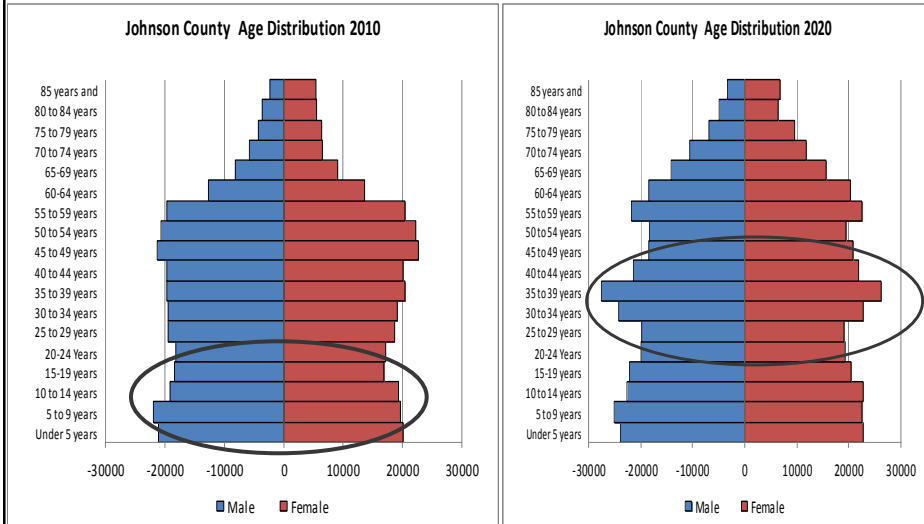
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38,000 Johnson County residents live below federal poverty level



High poverty age groups move up pyramid



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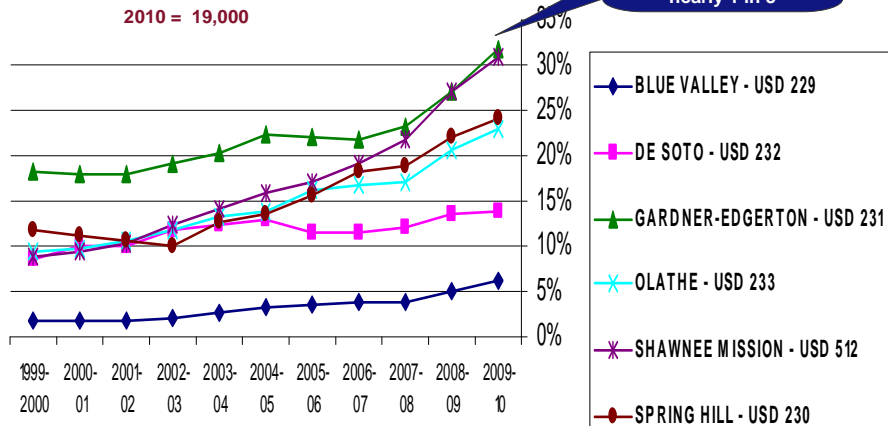


School lunch enrollment climbs in every district

Johnson County School Lunch Enrollment
Participation Rate

County-wide rate 2000 = 8%
2010 = 21%
Total participants 2000 = <6,000
2010 = 19,000

Shawnee Mission and GardnerEdgerton – nearly 1 in 3

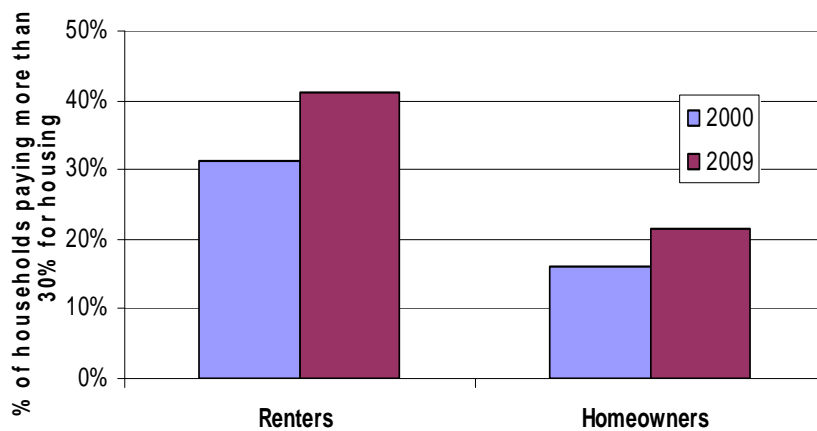


Human Service Summit

What health and human service providers and advocates would like to see in the future



Affordable housing – Cost burdened households in Johnson County increase



**Access to health care –
Nearly 1 in 10 county residents are uninsured**

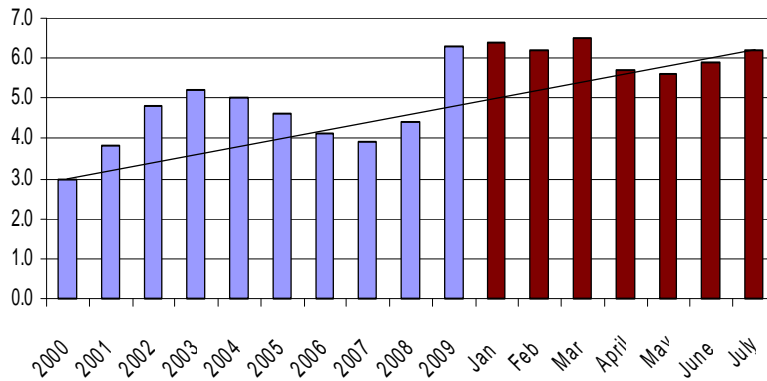


- 13% of working age Johnson County adults (18-64) had no health insurance coverage in 2009.
- 5% of children were uninsured.
- Less than 1% of adults 65+ were uninsured



**Employment at living wage --
18,521 Johnson County residents unemployed July 2010**

Johnson County Unemployment Rate



Observations

- ❖ Health and Human Services benefit everyone – government has a role as funder and service provider
- ❖ More people are seeking help and many for the first time; resources are not adequate
- ❖ Suburbanization of poverty requires a new way of thinking about Johnson County and a new approach to health and human services
- ❖ Poverty disproportionately affects children and young adults – the future leaders of our county
- ❖ A better future includes affordable housing, access to health care, employment at a living wage, and transportation options to employment and essential services



For More Information

Data Sources:

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- 1990 and 2000 Census
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U.S. Bureau of Labor Statistics

References:

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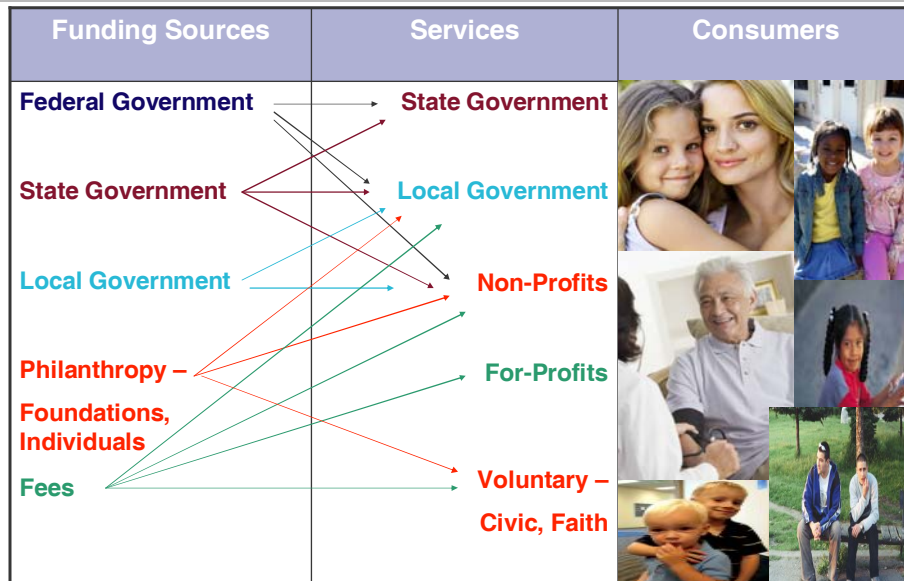


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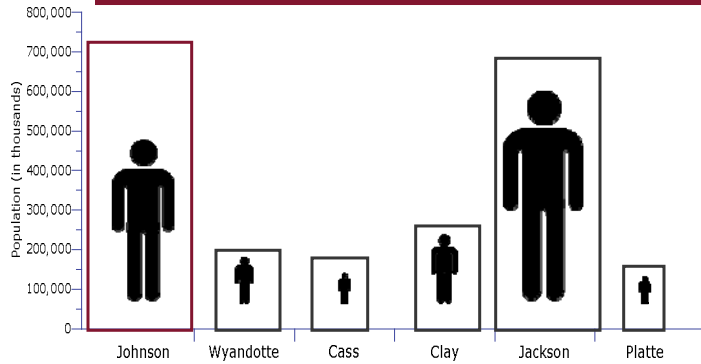


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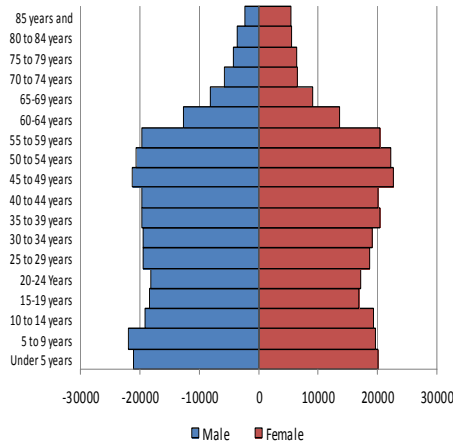


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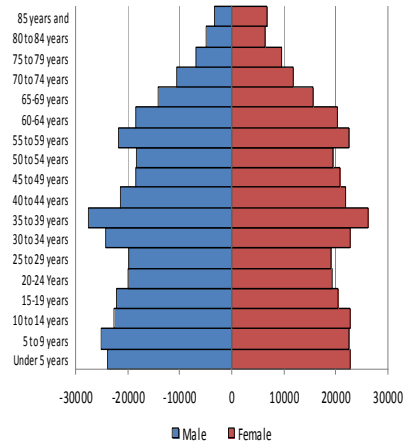


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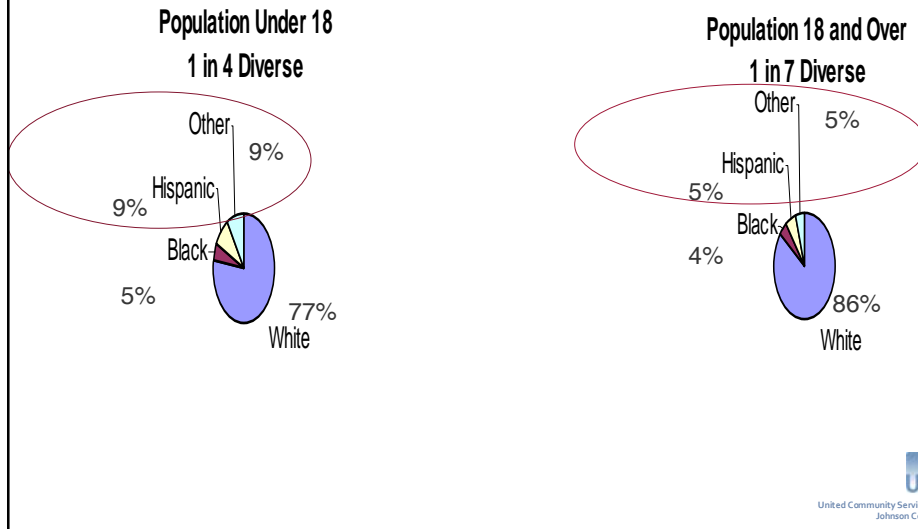


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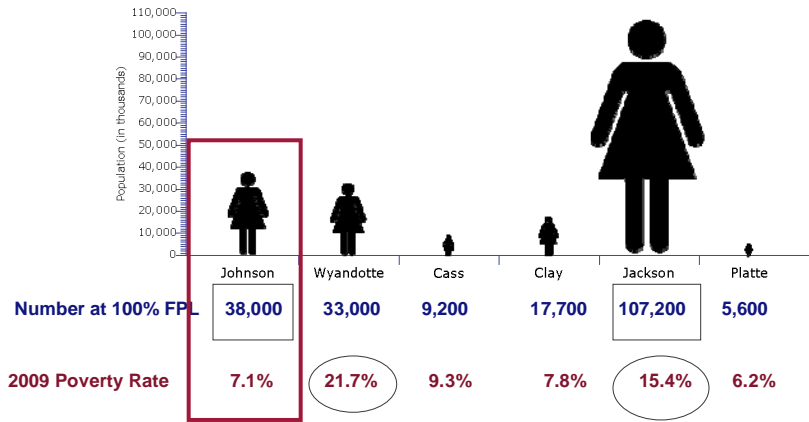
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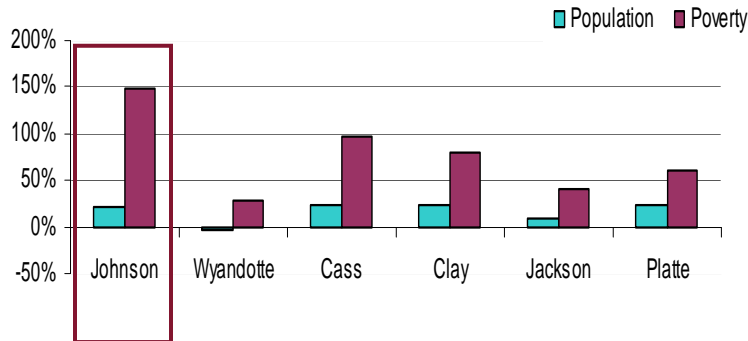
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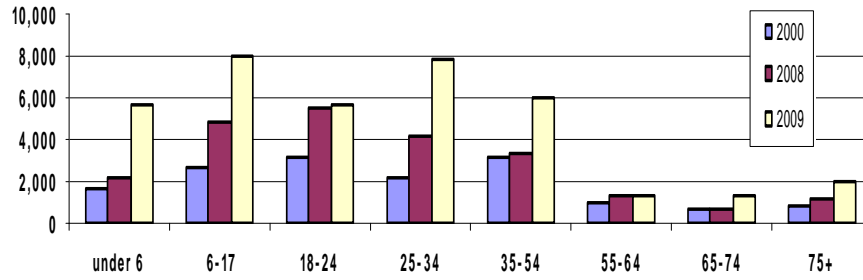


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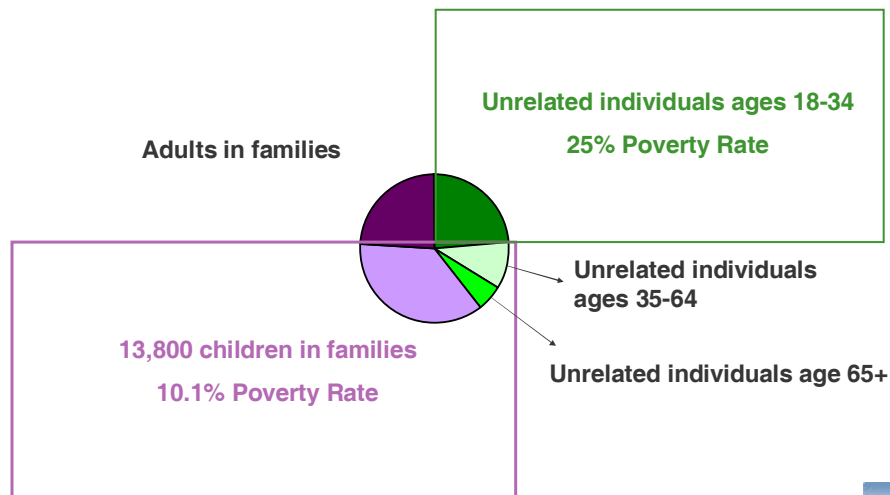
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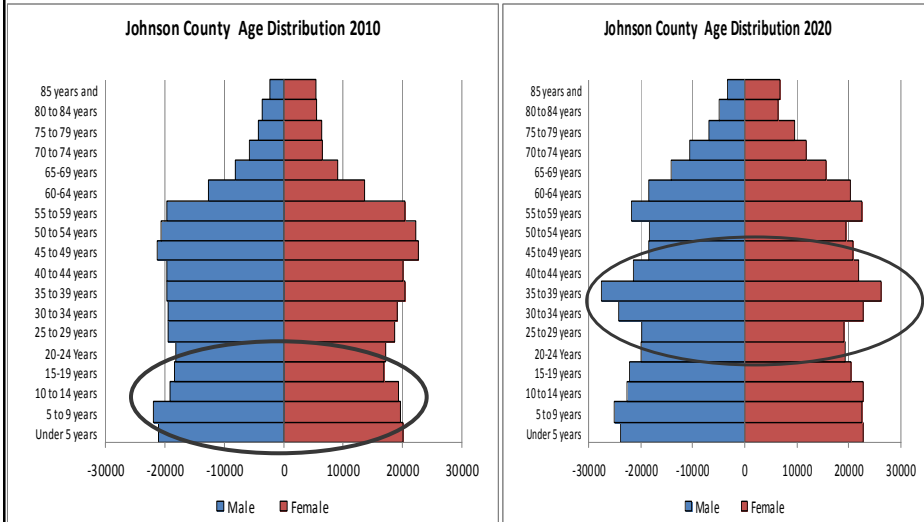
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UCS
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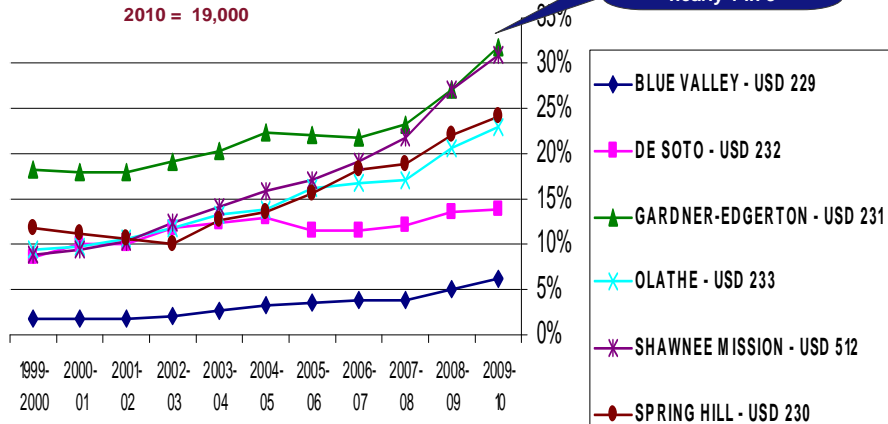
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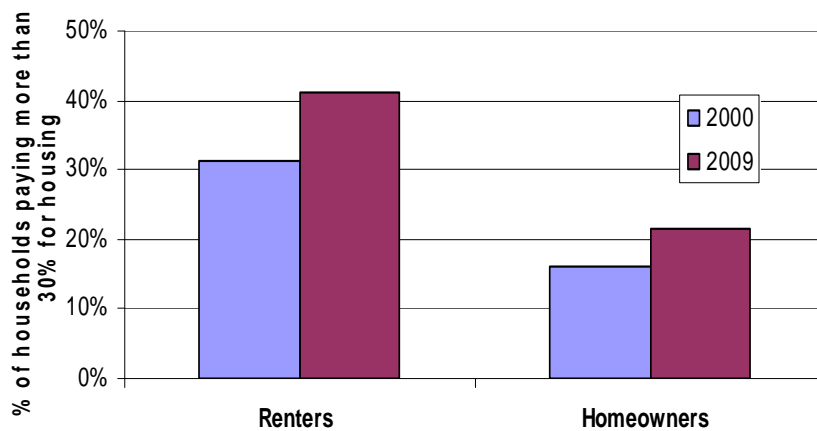


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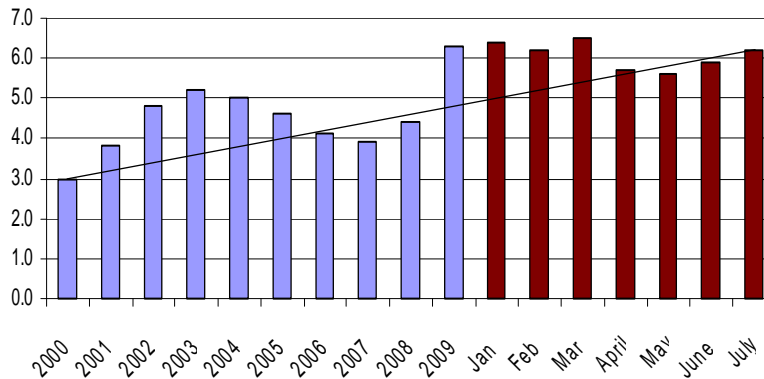


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Trouble in the Suburbs, Poverty Rises in Areas Outside Cities

By **Alexandra Cawthorne** | October 27, 2010

The suburbs were once considered by many to be a retreat from poor economic and social conditions in cities. Now, however, they're home to nearly one-third of our nation's poor—and rising. The last decade set in motion this shift in the [map of poverty](#), but the recession exacerbated key economic trends that rapidly increased the growth rate of suburban poverty to more than double that of central cities.

Federal and state governments should take note: This emerging trend calls for a corresponding shift in poverty policies that includes a more regional, all-encompassing approach.

[New data show large increase in suburban poverty since 2000](#)

The numbers are startling. Analysis from the Brookings Institute found that since 2000 the number of poor people in the suburbs jumped by more than 37 percent to 13.7 million—also outpacing the national growth rate of 26.5 percent. In a reversal from the beginning of the decade 1.6 million more poor people lived in the suburbs of the nation's largest metro areas last year than in inner cities. Making matters worse, social service providers are often spread thin in suburban areas, and many have been forced to turn away more poor people as the need grows.

Some regions are having a harder time than others. Midwestern cities and their surrounding suburbs have seen the largest poverty rate increases since 2000. In the Chicago region, poverty rates are still higher in the city of Chicago than its surrounding suburbs. But the suburban counties are driving the growth of poverty in the Chicago six-county area. Chicago's surrounding suburbs experienced more than a 50 percent rate increase while the city's poverty rate actually declined by 0.9 percent. Research uncovered similar trends in more than half of the nation's largest metro areas.

Poverty tends to be less visible in the suburbs and manifest differently from poverty in inner cities. Outer-ring suburban areas often have fewer community anchors such as universities, hospitals, and large businesses to stabilize them, which results in islands of poverty more isolated than the poor populations in many inner-city neighborhoods. Additionally, suburban communities have seen increased [racial and income stratification](#) as low-income workers—particularly recent immigrants and Hispanics—followed the migration of low-skilled and low-wage jobs out of central cities.

[Concentrated poverty](#) is still a significant problem even though it's not as pervasive as it once was. The number of high-poverty areas—the Census tracks those with poverty rates of at least 40 percent—declined by nearly 25 percent between 1990 and 2000. Certain actions helped: Changes in low-income housing policy, for example, including the expanded use of housing choice vouchers eased many poor

families' mobility. At the same time, the gentrification of many city neighborhoods displaced low-income and working-class families that could no longer afford rapidly rising housing prices.

But over the last decade many low-income families leaving deteriorating high-poverty neighborhoods in central cities in search of **better job opportunities**, neighborhoods, and schools found themselves settled in new pockets of poverty in the suburbs. The decline in concentrated poverty varied across metropolitan areas as many poor households shifted from inner-city neighborhoods to outer-ring suburban areas. And **poverty rates drastically increased** in some suburban tracts as low-income families resettled outside of cities.

The downward mobility seen by a significant number of suburban residents since 2000 has gone **largely ignored**. A strong economy during the 1990s led to the development of supersized subdivisions, "McMansions," and gleaming glass office towers beyond city limits in major metropolitan areas across the country. This may have led to the impression that all was well in the suburbs. But the social and economic challenges created by high poverty in cities increasingly spread to their surrounding counties during the 2000s. And as incomes have fallen in recent years the struggle to make ends meet has grown for everyone—especially among moderate- and middle-income households.

Suburban communities have been affected by a growing number of recession-related fiscal challenges including **job loss**, unemployment and underemployment, and the **foreclosure crisis**. But several issues intensify suburban poverty and create additional barriers to the economic well-being of people living in these communities.

Factors making poverty worse

Affordable housing. Well before the current housing market instability low-income households faced numerous **housing challenges** including an absolute shortage of affordable housing units. The foreclosure crisis deepened these existing challenges, especially for low-income renters: Forty percent of foreclosures have displaced renters.

But the dearth of affordable housing is now a middle-class issue, too, particularly in the suburbs. One **study** from the University of North Carolina Center for Community Capital explains that the affordable housing crunch is no longer felt "primarily at the bottom of the income scale...it has moved with surprising rapidity and reaches well into the middle class."

Make no mistake: The very poor have the greatest housing need due to a severe lack of low-income and subsidized housing in most communities. But exclusively focusing on the lowest-income families ignores the millions of moderate-income families whose critical housing needs are sending their households into

the ranks of the poor. And many of these families are increasingly relying on strained social safety net programs to make ends meet.

A porous social safety net. Analysis from [Brookings](#) finds that poor people's requests to nonprofit groups for help making housing payments, paying bills, and purchasing food jumped 30 percent between 2008 and 2009 alone. Almost three out of four social service organizations reported requests from people who never sought help before. These included suburban residents. What's more, the suburban safety net is often stretched thin across a larger service delivery area than its urban counterpart.

Most suburban nonprofits are also more fiscally constrained than ever before due to public and private spending cuts. Private charitable giving is also often not directed at poverty in the suburbs partly due to a perception that cities need more help.

Lack of efficient public transit and walkable communities. Many outlying suburban areas don't have a public transportation system, and getting anywhere [often requires a car](#). The lack of a personal vehicle and limited access to efficient public transportation is a significant barrier to employment for poor people in many suburban communities. Low-income families also need transportation to access supportive services, which are typically dispersed throughout a wide area.

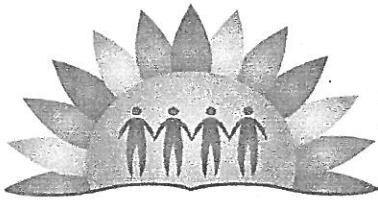
The recession undoubtedly plays a big role in the suburbs' worsening poverty. Jobs are obviously priority number one. But tackling increasing poverty in the suburbs requires policy interventions that also address the lack of affordable housing, sparse supportive services, and deficient public transportation systems. Paying more attention to each of the above issues would help make life a little easier for suburban residents who've fallen on hard times.

[Changing how we think about poverty](#)

The remarkably high growth of suburban poverty contradicts our commonly held perceptions of suburbs as leafy subdivisions, gated communities, and, in general, refuges from poverty in cities. But this redrawing of the American poverty map should cause us to abandon long-held myopic views of the people and communities that typically see poverty's effects. Governments should work toward breaking down urban-suburban silos and develop innovative regional approaches to tackle poverty that encompass both city and suburb.

Alexandra Cawthorne is a Research Associate in the Poverty & Prosperity and Women's Health & Rights programs.

Center for American Progress (americanprogress.org),



**JOHNSON COUNTY
HUMAN SERVICES**

Aging | Housing | Outreach | Accessibility | Information

To: Citizens Visioning Committee
From: Deborah Collins, Director, Human Services Department
Date: October 28, 2010
Re: Existing and Future Challenges for Human Services

Outreach Program:

The Outreach Program serves low income families and individuals with emergency assistance including financial assistance with paying utility bills, medical needs, rent, provides food assistance and offers case management and information and referral services. Many of the people served are also lower income people over the age of 65 and people with disabilities.

The six Multi-Service Centers are located within the boundaries of the Blue Valley, DeSoto, Gardner-Edgerton, Shawnee Mission and Spring Hill school districts. The sixth location is co-located with the Roeland Park Community Center, so two of the six locations serve the Shawnee Mission School District area. There is no county-operated Multi-Service Center in Olathe.

Current Challenges:

Crisis Response: All six outreach sites have experienced an increase in the number of people seeking assistance, many of whom are first time clients never having had to seek assistance from the social service network. Complex and crisis situations are more prevalent than ever before. The observation has been that families or individuals with domestic violence issues, potential for suicide and other mental health issues, and adult and child abuse and neglect issues are more prevalent than before among the Multi-Service Center clientele. These situations require timely and appropriate response, and staff is challenged not only by the sheer number of people seeking assistance, but by the complicated nature of the needs of the families served.

Consider these numbers:

Since 2007, the number of individuals seeking **food support** in the Multi-Service Centers has **increased by 41%**. Likewise, the number of individuals seeking assistance with **rent assistance increased by 33% from 2007-2009**. Individuals served in the **Utility Assistance program increased by 25%**.

Future Challenges: Without additional resources, the Outreach Program is operating at its maximum capacity. If the numbers of people requiring assistance continues to grow, people will not receive the assistance they may need to prevent homelessness, or other major threats to their daily living standards.

Main Office

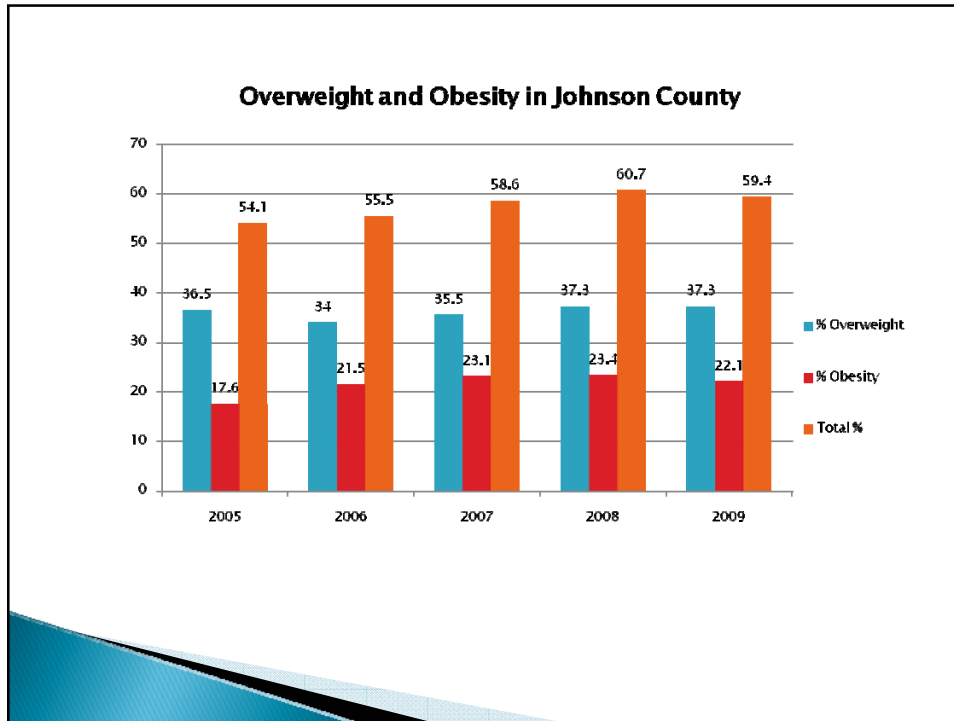
11811 S. Sunset Drive, Suite 1300, Olathe, KS 66061-7056
913-715-8800/v • 913-894-8822/TTY • 913-715-8825/FAX • hsa.iocogov.org

Public Health Challenge

Johnson County Visioning Committee
10/28/2010

Trends of Concern for Johnson County Community Health

- ▶ Access to Health Care
- ▶ Chlamydia
- ▶ Overweight/Obesity
- ▶ Tobacco Use
- ▶ Binge Drinking



Overweight and Obese in Johnson County

- ▶ JOCO Population – currently about 540,000,
37.3% overweight = 201,420 individuals
22.1% obese – 119,340 individuals
- ▶ Additional health care costs for an obese person average \$1400 annually.
- ▶ Do the math: obesity is costing Johnson County more than \$167 million in excess health care costs

So what?

- ▶ Entire community must be focused on reducing this epidemic
- ▶ Policy, system and environmental changes are needed to encourage healthy choices for nutrition and physical activity
- ▶ Curbing the epidemic and reducing the rates free up health care dollars and enhance the overall health of the community

Contact Information

Lougene Marsh, MPA
Johnson County Health Department
913-477-8300
lougene.marsh@jocogov.org



Prepared for
Johnson County Citizen's Visioning Committee
October 28, 2010

Johnson County Developmental Supports (JCDS) serves as the Community Developmental Disabilities Organization (CDDO) and as a Community Service Provider (CSP) for residents of Johnson County. The role of the CDDO is to:

- Serve as the **single point of entry** (*in Johnson County*) – as of July 2010, **782 persons waiting for services**
- Determine **eligibility** for developmental disability (DD) services
- Maintain a **network** of affiliated CSPs – as of July 2010, **over 380 affiliated service providers** (*in Johnson County*)
- Monitor the **quality** of services (*in Johnson County*) – as of July 2010, **1168 persons receiving services**

The CSP, as of July 2010, provides services to **557** persons, through:

- Service Coordination (licensed Targeted Case Management) – **462**
- Day and Employment Services (licensed) – **323**
- Residential Services (licensed) – **144**
- Clinical Supports Services – **189**
(*Day and Residential Services (unduplicated)*) – **334**

Future Trends/Challenges

The most significant challenge, by far, facing JCDS (CDDO) is the growing demand for services. The statewide waiting list for state-funded DD services exceeds 4,000 individuals. Roughly one in five of that number is Johnson County residents. Over the last few years legislators have appropriated funds to serve very few of those waiting for services. Until the waiting list for services in Johnson County is eliminated, many individuals and their families will continue to wait to receive the services needed, and expected, to experience the degree of independence, integration, inclusion and productivity they desire.

Demands for service which outpace resources will necessitate a prioritization of services provided. Individuals and their families will experience slower response times than needed.

The most significant challenge for JCDS (CSP) is the needs of the persons served by JCDS becoming more complex, including (a) significant health needs, (b) increases in the early onset of age-related illness, principally Alzheimer's and other forms of dementia, (c) behavioral challenges, and (d) a growing prevalence of persons with autism.



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Johnson County Mental Health Center serves as the public mental health safety net for residents for Johnson County. We fulfill this role in three primary ways

- Provide mental health treatment for those unable to pay
- Provide 24-hour mental health emergency/crisis response
- Provide specialized intensive treatment services to children and adults with the most severe and disabling forms of mental illness.

The large majority of persons served are low income, with nearly 80% having annual family incomes under \$25,000.

The following data shows the total number of persons served over the past 10 years, including the numbers of children and adults with the most severe forms of mental illness.

Persons Served - Ten Year Trend

<u>Year</u>	<u>Total Persons Served</u>	<u>Children w/Severe Emotional Disturbance</u>	<u>Adults w/Severe & Disabling Mental Illness</u>
2000	6594	1451	989
2001	6900	1518	1035
2002	7425	1634	1114
2003	8304	1827	1246
2004	8384	1844	1258
2005	8711	1916	1307
2006	9205	2025	1381
2007	9642	2121	1446
2008	9954	2190	1493
2009	10922	2403	1638

Future Trends/Challenges

The most significant challenge, by far, facing Johnson County Mental Health Center is the continuing growth in demand for services. The last 10 years has seen a 65% increase in residents served by the Center. This growth results from two primary factors (1) Overall County population increase, and (2) The increasing number of County residents living at or near poverty. The unprecedented one year increase in clients served last year is undoubtedly a byproduct of the current economic recession.

Without a corresponding increase in resources to meet the growing demand, mental health services will increasingly be limited to providing crisis/emergency services and serving those with the most severe and disabling mental illness. As the number of person who cannot access treatment grows, we can expect to see an increased use of hospital or institutional care, and growing involvement of the mentally ill with law enforcement and the criminal justice system.

6000 Lamar Ave.
Suite 130
Mission, KS 66202
(913) 831-2550
Fax: (913) 826-1608

**OTHER SERVICE
LOCATIONS**

1125 W. Spruce St.
Olathe, KS 66061
(913) 715-7700
Fax: (913) 782-1186

15118 Glenwood
Overland Park, KS 66223
(913) 715-7950
Fax: (913) 715-7960

Community Support
Services
6440 Nieman Rd.
Shawnee, KS 66203
(913) 826-4000
Fax: (913) 962-7843

Regional Prevention Center
1125 W. Spruce St.
Olathe, KS 66061
(913) 715-7880
Fax: (913) 715-7881

Adolescent Center
for Treatment
301 N. Monroe St.
Olathe, KS 66061
(913) 782-0283
Fax: (913) 782-0609

Adult Detoxification
11120 W. 65th St
Shawnee, KS 66203
(913) 826-4100
Fax: (913) 826-4104

After Hours
Emergency Service
(913) 268-0156
Fax: (913) 826-1617