

Holiday Meeting

A Project 20/20 and Coordinating Council Meeting

December 5, 2013

W.K. Kellogg Foundation, 8 – 10:00 a.m.

PROJECT 20/20
Informing & Engaging the Battle Creek Area



Welcome and Opening Comments

Rod Auton opened the meeting with introductions and an overview of the meeting agenda. Rod then introduced Erv Brinker.

Calhoun County Community Report Card

Erv Brinker from Summit Pointe/The Coordinating Council (TCC) and Anji Phillips from TCC gave an overview of the 2013-2014 Calhoun County Community Report Card. Attendees were given the opportunity to ask questions and share comments.

Group Discussion – Case Scenario Questions

Anji invited representatives from various Calhoun County collaborative groups to help with the small group discussion - Kathy Szenda Wilson from BC Pulse, Sue Clark from Great Start Collaborative, Teresa Durham from Nonprofit Alliance, Amanda Lankerd from Project 20/20, Paulette Porter from Regional Health Alliance and Laura Otte from United Way of the Battle Creek and Kalamazoo Region.

Attendees were asked to review case scenarios (located at end of document). Within each scenario, individuals were in need of services for housing, healthcare, employment, etc. Groups were asked to use the TCC referral tree to identify resources that could be used to help the people within the scenarios. Groups were asked a series of questions designed to help them identify the problem, discover what's happening to cause the problem and then think about why it was happening locally. Then each group held an innovation space to reflect upon what they learned and to share insights from the exercise.

Closing Comments

Everyone was thanked for their participation and willingness to engage differently at the meeting. Attendees were asked to complete a survey and save the date for our next meeting on January 23rd from 8-10:00 a.m. at the Family Health Center. The meeting ended with Christmas Carols led by A.J. Jones from the Family Health Center.

Discussion Notes

Identify the Problem: What problem (specifically) do we need to address (initially)? What data can we use to understand the problem better? (Do we need to talk to anyone else? Who else/what else can inform our understanding?)

- While they are valuable to God and their family, they have very limited value to the marketplace currently.
- Stop the bleeding – home heating, property taxes. Hierarchy of needs. Evaluation by Senior Services. Large orgs have navigators. Does 211 have sufficient support? Navigator standard indicators/interviewer.

- Financial issues: reverse mortgage; healthcare. Financial services referral – refer to disability services. Healthcare for uninsured non-emergency dental care – emergency
- They don't have health insurance; they are lacking for daycare; current rent & electric bill. Federal poverty level.
- Downslide: February rent & electric bills – emergency assistance. At risk for homelessness.
- Rent & Utilities – emergency assistance. 211 – DHS. Poverty guidelines. Benefits. Health – Family Health Center, Community Health Care Conn.
- Immediate concerns – rent – DHS, Salvation Army, CAA, Fair Housing Center & Legal Services. Healthcare – MIChild, Family Health Center. Daycare – Head Start
- BCPS; Women's Coop (GED); Early On; Early Childhood Connections
- Talk with the family to determine what they want to address. GED & support for child. What strengths/resources/support systems do exist?
- Transportation; mental health; budgeting; childcare; GED/school; Developmental delays of baby
- Address Emma's hearing/cognitive delays. Early childhood connections (Wraparound referral); Great Start Collaborative; Planned Parenthood; DHS; YMCA & Harper Creek does GED Prep.
- Access to transportation; Too many problems. They are on their own. Exhausting capacity of the public agencies and entities to help them. Family in complete isolation. Success stories – case studies. Data to better understanding. Centralize data systems. Start to work through. How to honor that family.
- Food pantries – public benefits – food stamps; utilities. GED – Adult literacy. Child care/Day care – early childhood literacy page; socialization. Transportation. Car repairs. Pediatric care/questions. Mental health for anxiety. Utilities. Employment. DHS Assistance. Financial services. FOC.

Start Digging: Why is this problem happening and what's causing it to occur? Could this problem have been prevented? If so what could have been done?

- Our general focus as a county has been on what's new, different and glamorous. People with experience have a wealth of knowledge that's undervalued and underutilized. There are many tasks that need to be done with "old" technology that would benefit from people with their age and life's experiences.
- Our culture – we're trained not to ask for help. Holistic. Change perception that we shouldn't ask for help.
- Too proud to ask for help.
- He's underemployed: continued education. 30 hours is full time. Depending on size of employer he could be eligible for insurance beginning 2015. Medicaid expansion eligible. Career assessment – KCC/MIWorks. Learn to budget. Goodwill
- HS Education; Decrease in manufacturing jobs. Over 30% cost for housing. Medicaid coverage needed.
- Subsidized housing. Lack of knowledge – not connected. Income.
- Should have been referred to food stamps and head Start earlier. Could have freed up some money. This family could have benefited from a family counselor or navigator.
- Prenatal care; teen pregnancy; completed education / GED; Employment services

- Had the family received a welcome baby basket, would have set them up for a family coach; referral to Early On. She doesn't know services exist.
- Financial opportunity center; not dropping out of school; not getting pregnant; better car
- Teen pregnancy; Single parent household on both ends. She's going to have another child before a solution is reached. First referral should be to Planned Parenthood for more education
- People that need information are not getting it. Policy – informed public policy that is equipped to respond to the prevailing narrative in our story.

Get More Specific / Get Local: Why is this happening here? (understanding local/personal context)

- The overwhelming majority of assistance offered is in response to symptoms. Perhaps we can shift our local focus to helping people learn to fish, i.e., Goodwill's efforts to overcome any disability and provide employment.
- Constant bandaids
- Career assessment – MIWorks; KCC. Financial Education – Goodwill.
- Not everyone is aware of 211. Can there be an online flow chart click-through? Short term help – need long term solutions. Advocate for a living wage.
- Economy – employment & training. Lack of understanding & resources.
- Families don't know about availability of services. Low wage jobs (community college grad only making \$10 an hour). Lack of transportation. Lack of affordable childcare.
- Lack of movement beyond planning. Call 211 to get referred, then agency referred to sends you back to 211. Move beyond planning but who is holding people accountable for taking that planning to action?

Innovation Space: What did you learn as you went through this exercise? Where else might you use what you learned? What insights did this conversation spark?

- A lot of resources – so many that it can be overwhelming. Case management is critical to create a way out – to create a path to independent system. People may be hesitant to ask for assistance. People may feel there is a stigma. Most everyday folks don't know where to turn for help. Focus needs to be one focus and entry point. People on the line need to be well trained.
- Amanda – Lessons learned. The problems are complex. It's not about tactical solutions, it's about entry. Holistic interviews aren't happening. We are in silos, so we do what we do, but too many agencies cannot/do not look at the whole picture. 1. Base level interview – everyone uses. 2. 5-6 agencies designated to take it further. 3. Culture that encourages asking for help (social marketing). We need to do some things differently.
- The referral tree is very helpful. There are many paths available, many appropriate trees. Need to get this info to others for use. How is that done? Is someone physically going out and promoting this use? Where else might this be used? Grant writing.
- There are resources in our community that people are not accessing. Recognizing our interconnectedness.

- Challenge is for the person in need to know about the resources. Compiled concerns can lead to shut down for the person in need. What reasons are people kept from accessing services? What are we as orgs doing to contribute? Lack of understanding/comprehension. Lack of resources (online, masculinity, pride, etc.) Service gaps.
- People who need the information don't have it. Should go to 211. How do we get people to the services before they need the help on an emergency basis?
- Programmatic responses won't solve community issues / long term solutions. No matter what we think we know, we need to ask family what they want. Co-create solutions, see what resources/strengths/support systems. When we make a referral and families don't access – we should ask why. What are bigger system issues. Stopping bleeding won't address long-term. Relationships / connection / kindness part of our community.
- Families need to know what services are out there. Not all services that are available. May not have funding/resources. May not be able to help.
- Referral tree is easy to move through. Wraparound & Family Enrichment Center. There is a lack of movement beyond planning. There are referrals beyond referrals but nothing is all-inclusive. Who is holding those planning accountable to action? 211 refers to organization, organization refers to 211 or another organization. Can be defeating or overwhelming. Transportation – how do they get to all of these appointments they have been referred to. Round table with organizations to find best solution (or just pick and choose based on who you know? What is the best avenue for each individual case?)
- Policy implications do not always filter themselves into conversation. We end up focusing on individual rather than the environmental and political factors that contribute to the current condition.
- People don't know where to go. Stigma about having problems / needs. How can we better market 211 and resources available? Front line people turn over – how do orgs train new employees? Public computers with trained personnel or volunteers to help people navigate system. Radio/newsprint blitz to educate community about 211. Point persons at schools, businesses, churches, health & human services agencies, other.



Meet the Smith Family

Adele Smith, age 56, is a widow and a community college graduate who has been a receptionist at a local law firm for 9 years. She makes \$10 an hour and has health insurance through her job for herself and her daughter, Alisha, age 16.

Alisha failed to finish high school, after getting pregnant at 14 with Emma, who is now 18 months old. Emma's father pays Alisha \$19 a week in child support. Alisha baby sits two nights a week for a neighbor, who pays her \$25 a week, but what she would really like to do is get her GED. She has the time to work on her GED, but doesn't know where to get materials or how much they might cost. Transportation and daycare for Emma are also barriers.

At her Well Child exam, Emma's doctor told Alisha that he suspects Emma may have either hearing problems or cognitive delays, but it's too early to know for sure. Alisha wants to understand more about what that might mean for her daughter, but doesn't know who to ask. She'd also like to find some activities for Emma, but doesn't know what might be available.

Alisha is also concerned about cost and transportation, even though she knows Emma needs socialization with other children.

BIRTHS TO MOTHERS WITH NO GED OR DIPLOMA

	2010	2011
NUMBER	304	261
PERCENT	17.8%	15.8%

Adele's 12-year-old car needs \$460 in repairs. She has saved up \$150 toward the repair, but is concerned about the cost of utilities as the winter months approach. She is now walking the half-mile from her home to work, but still drives to church and the grocery store. She asked her pastor if the church could help her with the cost, but he hasn't given

her an answer yet.

Unmet Service Requests, Calhoun County, 2012

Food Pantries	522
Rent Payment Assistance	247
General Furniture Provision	216
Electric Service Payment Assistance	105
Gas Money	99
General Appliance Provision	92

Adele is feeling very anxious and hopeless about her family's transportation situation and she wishes she had someone to talk to, but her insurance plan does not cover mental health. Her feelings

of sadness have increased recently and there are some days when she has trouble getting out of bed.



Meet the Jones Family

Robert is 33, graduated high school and has worked at a local manufacturing facility for the past ten years. His employer has faced huge reductions through this tough economic climate, but fortunately, Robert still has a job. Unfortunately, his hours and benefits have been cut, leaving the family without health insurance.

He currently works 30 hours a week at \$9.75 an hour. He has searched for a second job, but has been unsuccessful.

Melinda works 20 hours a week as a cashier for a local retailer. She makes \$7.40 an hour. In an effort to help make up some of the income from Robert's lost hours, Melinda has also taken on a babysitting job for a neighbor which adds \$100 week to the family budget. Total annual gross income for the family is \$22,900.

Family monthly income after taxes: \$2,093.33

The family resides in a 2 bedroom apartment. Their rent is \$665.00 a month with gas service included. The Fair Market Rent for this apartment would be \$597. They are currently paying 39% of their pre-tax income for housing and utilities.

Michael is six and is in the first grade. He was recently diagnosed with severe asthma and requires two prescription medications daily and doctor visits every 8 to 10 weeks. Melinda is looking for a doctor's office who bills on a sliding scale.

2 ½-year-old Elizabeth needs approximately \$900 in dental care due to several malformed baby teeth. The family is seeking a dentist who will defer billing or offer discounted services based on income.

Melinda and Robert have established work schedules to minimize daycare costs, but they still need about 16 hours of daycare for the two children each week, at a cost of about \$350 a month. While they have budgeted for this expense, the family regularly struggles to meet their monthly bills and they wish that there was more help available, but they're not sure who to ask.

Robert recently slipped and fell on some ice on his way to work and was forced to take two weeks off work due to a knee injury. This left the family short to pay February rent and electric bills. Their church was able to give them \$100, but they still need \$300 for rent and \$125 for the electric bill.

Jones Family Monthly Budget	
Rent	\$665.00
Utilities	\$84.00
Insurance / Gas	\$303.00
Cell phones	\$73.00
Cable	\$55.00
Groceries	\$500.00
Daycare	\$350.00
Prescriptions / Doctor visits for Michael	\$50 (prescriptions only)
Total	\$2,080.00



Meet the Wurzburgs

Harold and Irene Wurzburg are struggling to get by, but being of strong German heritage, they are proud and don't want to ask for help. And besides, they don't know even where to begin.

Harold, 67, was hurt in an industrial accident six years ago, losing the use of his right arm and some mobility in his leg. Disability payments were not enough to cover expenses and he had to dip into savings. His Social Security brings in \$1,160 a month and he needs a hearing aid as the accident created progressive hearing loss. His previous company went bankrupt and there is no pension.

Irene works as a short-order cook in Albion. Being 62, she believes Social Security might bring more money than her part time job at \$476 a month. Harold and Irene are hesitant to talk with a financial manager and don't know whether retirement is an option for Irene. Irene is starting to need more insulin for her diabetes and dental care on some teeth that ache. Her car needs some repairs and isn't always dependable.

Population of Calhoun

County Age 65+

1990:	13.4%
2000:	13.7%
2011:	15.1%

They are both anxious about their home. It needs some minor repairs on the roof and plumbing. Although they own their home outright, they struggle to pay property taxes and have come close to losing it in a tax sale. Their married children live across the country and are unable to visit or help with expenses.

Challenges Older Adults Face in Calhoun County in Maintaining Independence

Lives Alone	34%
Income Under \$14,400	20%
Difficulty Affording Housing	11%
Receive SNAP Benefits	13%
Support Children or Grandchildren	13%
Needs Help with Shopping or Doctor Visits	12%
Does Not Drive	14%
Hearing Loss	17%
Difficulty Walking or Climbing Stairs	26%
Cognitive Difficulty	11%
Health Interferes with Activities	14%
High or Very High Service Needs	12%

Harold and Irene have a wood stove for heat, but Harold can't cut or split wood. Their propane heater needs repair before they can use it as backup, and they don't have the money to fill it up, knowing propane companies require a minimum purchase to refill. The couple has asked for help from their church, but the membership is aging and most congregants need help as well. They don't know where else to turn for help in managing their health, home, and finances. Both of them are concerned that a minor problem or expense will spiral into an emergency.