



# **The 2006 Henderson County Human Services Needs Assessment**

Compiled and Written By

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Henderson County Government  
The Community Foundation of Henderson County  
The United Way of Henderson County

## FOREWORD AND ACKNOWLEDGEMENTS

Seeing the need for an update of the study done in 1999, the three organizations that fund the Alliance for Human Services [i.e. *Henderson County Government, The Community Foundation of Henderson County and The United Way of Henderson County*] asked the Alliance for Human Services to conduct an update of the information in 2006. We are indebted to them for funding this project.

This project was accomplished by three very different groups of people working together for the good of the residents of Henderson County. Each group, with a different perspective on the needs of the county's residents came forward, donated expertise, making it possible to take a "snapshot in time"; a look at the status of human service needs in our county in 2006. We are indebted to each group and the many participants within each group for the completion of this report.

Pivotal to this report are the many *Key Informants* who participated in the project. Much of the information presented in this report is from work done by these individuals and the agencies and organizations they represent. Information for this report was drawn from two large segments within Henderson County having close ties to the data presented: The Human Services agencies within our county borders and the Faith Community, church members and officials who everyday are asked to help with residents in need. It would have been ideal to have interviewed these residents-in-need but it was not practical. The Faith Community helped to act as their proxy, representing the need that is faced daily by residents throughout the county.

*Professional facilitators*, local residents expert in facilitating discussions of scripted topics, volunteered their time to provide forums for our *Key Informants* to discuss and debate these critical human service needs. The names of both the *Professional Facilitators* and the *Key Informants* can be found in the pages to come. Without their combined efforts, there would be no project.

Lastly, it was the role of the Alliance for Human Services to serve as Editor to this project. Combing data sources from the public domain and information provided by various *Key Informants*, it was our role to organize and analyze the data, editing it into the report you read today. We are indebted to the many people who made this work possible and for the countless hours board members of the Alliance put into this project and report.

Sincerely,

*The Board and Staff of the Alliance for Human Services*  
June 29, 2006

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*It is also important to acknowledge the countless other individuals throughout the county who answered "a quick phone call request for a bit of information".*

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## EXECUTIVE SUMMARY

*"The significant problems we face cannot be resolved at the same level of thinking we were at when we created them."*

Albert Einstein

### Introduction

In 1999, The Alliance for Human Services published an assessment of the human service needs of the residents of Henderson County. The goals of that project were to better understand the human service needs of Henderson County and identify needs that were not being met.

In 2006, the Alliance for Human Services was asked to update the 1999 Needs Assessment, quantifying the county's top ten most pressing human service needs and identifying, the five most achievable needs. The 2006 study was an outgrowth of the methodology, report and suggestions provided in 1999.

### Purpose

In addition to the two primary questions proposed, the current study sought to answer the following:

- How do the top ten human service problems facing our residents today compare to 1999 findings?
- Does our community identify realistic ways in which they would most like to see those achievable needs addressed?
- What % of our residents have no health insurance? Does that affect their ability to get care?
- Are residents, who want to work, gainfully and fully employed?
- Do residents enjoy a desirable quality of life that allows them to meet needs for food, shelter, & health care for themselves and their children?
- Do we have "special interest groups of residents" that have serious needs going unmet?
- Are there emerging issues of concern to our residents?

### Method

The assessment was conducted in three phases utilizing two key approaches of Needs Assessment theory: *The Existing Data Approach* and *The Key Informant Approach*. Data was sought from local databases, NC statistics and statistics for all the United States as a whole. *Informed community members* [i.e. local human service agencies, governmental officials, and church and community groups] provided statistical data collected by their agencies and organizations. This group of *informed community members* also represents the Key Informants. In essence, these people were often on the frontlines, facing the unmet needs of our citizens. It was to these individuals that the second and third phases of our project looked.

To speak to representatives of those-in-need, it was elected to interview members of the faith community who could address specific unmet needs of 1999 as they exist in the county today. Data derived from these meetings was used to test the validity of the existing data and refine our answers to "what are the top ten human service needs of our county?" The last phase of data collection came from interviews with acknowledged experts from local human service agencies. They could speak to what needs to be done to address a specific need and the consequences of not doing so. This data was used to refine what needs were "achievable".

**Results**

***Top Ten Unmet Human Service Needs for 2006  
With their Rank in 1999***

	<u>Rank in 1999</u>
1. Mental Health and Substance Abuse Services	4
2. Health Insurance	1
3. Affordable Dentistry	3
4. Affordable Medical Care	10
5. [Under] Employment	6
6. No Savings	2
7. Unable to pay a rent or utility payment	7
8. Unable to Repair Residence	8
9. Unresolved Family Disagreements	9
10. Discrimination	5

**2006 Needs ranked higher when:**  
*The effects of NOT addressing the need were far reaching;  
 Many residents were likely to be effected - directly and indirectly;  
 The need affected all groups of residents equally;  
 The unmet need costs taxpayers a lot;  
 The need had a great effect on quality of life and  
 The systems currently available were less than fully capable of dealing with the need.*

Taken at face value, it would appear that the rank of many needs is essentially unchanged from 1999. Of great concern is that most needs now affect a greater segment of the population today than was so in 1999.

What is hopeful about these results is that, in 2006, there are real opportunities to have an impact on these individual needs and that much of the initial impact could come from leadership, not simply the outlay of more funding. The report details many approaches and ideas that could bear fruit for our community, if leadership, committed for the long haul, can be directed to these needs.



## ***The Five Most Achievable Needs for 2006***

1. Mental Health and Substance Abuse Services
2. Health Insurance
3. Affordable Dentistry
4. Affordable Medical Care
5. [Under] Employment

### ***The Definition of "Achievable Need"***

*What makes a need achievable in our county is not so much that it's easy to do. A panel of citizens asked to develop such a definition indicated that what was of greatest importance were issues of impact, financing and feasibility. Needs were rated against criterion such as: the impact of not solving the need is really serious; financial resources, sufficient to help, can be provided to resolve the need; the cost/effectiveness of the solution for the individual is strong; and the timing and feasibility for the change are good. [The reader is directed to the body of the report for a comprehensive explanation of the process used to define "achievable need".]*

In each instance, the issue of Mental Health and Substance Abuse services for our residents and their families rises to the top, again. The need is pervasive and it invades almost every aspect of life. The patient, family, employer, county service professional, the list goes on and we have a crisis of service in trying to meet their needs. However, as the report outlines, much can be done if leadership, committed to finding solutions, will take a significant role in this very muddled arena.

Close behind are issues of health care services including dentistry and insurance but again, solutions seem possible on a local level with well thought-out collaboration and groups willing to work to find the solutions. It is clear that waiting for a more global solution simply dooms our residents to more health problems and our community to more taxpayer cost to address these problems at their worst.

The issue of Under-employment is significant in our county and it plays out in needs for financial subsidies for food stamps, childcare and the like. It forces people into substandard housing because along with low wages, we have a high cost for acceptable housing. The net effect of all these needs is that we are losing our middle class in Henderson County. That has long and short term repercussions for all areas of life. Talented but underpaid people, who have the freedom to move, may choose to do so. Our service sector could suffer. Many of the wonderful things that make our county an enjoyable place to live and play could change. *If we have maximized our capacity to bring in better paying jobs for the moment then the solution will have to be achieved in other ways and that begins with discussion and a desire to change the net effect of under-employment in our county.*

**In all cases, the timing for change is good but none of these tasks will be easy.**

Have we achieved anything? Absolutely! We have made some progress on affordable housing and county-wide transportation to name a few but the results of the study indicate that we should not be content with past achievements. Training programs for service workers have achieved more jobs,

putting more people to work. But we are still subsidizing them because wages are low and expenses are high.

The reader is cautioned not to down-grade needs that rank lower in impact or achievability. Needs not ranking in the top five are none-the-less important. Community and agency experts had a lot to say about the effect these have on our citizens and how we might begin to address them. We have only to look at our Mental Health and Substance Abuse issue to know that unchecked, a need continues to grow. There is every likelihood that needs that rank 8<sup>th</sup> or 9<sup>th</sup> today will rise to the top if left unattended.

The reader is also encouraged to read the results in their entirety as well as data provided under specific needs. Additional insight can also be had by reading the dialogue from each of the specific interview sessions. These are located in the appendices. There are far too many pearls of wisdom to simply gloss over them in a single summary.

Having spent months collecting and analyzing the data, it appears that Henderson County seems *again* at a crossroads and this time they are encouraged to take the road less traveled. Find solutions to our needs locally where possible, join more globally to address issues that must be dealt with at a state or federal level, create partnerships in less likely places. Henderson County is a wonderful place to live, work and play but it is better for some than others and in the end that should concern everyone.

Perhaps the oldest words say it best. "***United we stand, divided we fall.***"

Aesop, 6<sup>th</sup> Century BC

# 2006 Human Service Needs Assessment For Henderson County

## Introduction

### The 1999 Study

In 1999, The Alliance for Human Services published an assessment of the human service needs of the residents of Henderson County. The goals of that assessment were to:

- Gain a better understanding of the human service needs of the county.
- Identify needs that were not being met.
- Create a knowledge base to help guide future actions of the Alliance for Human Services.

The data collection and resulting report were meant to be descriptive of the current needs of county residents as of 1999. Four separate sources of information were utilized to develop the report:

- A telephone survey of 414 representative households representing seven demographic categories,
- A questionnaire responded to by 511 informed community members,
- Twenty-two listening sessions conducted with groups representing the community,
- And 27 individual interviews conducted with selected community leaders.

### Suggestions from the 1999 Study

The results of that study suggested each of these sources provided valuable insight into health and human service needs of the county's residents to varying degrees:

- 1) The telephone survey was the most structured and the conclusions of the research team suggested this produced the best identification of problems actually experienced; thus the most reliable indication of the frequency of human service problems in our community.
- 2) The least structured were the listening sessions. Nonetheless, participants agreed on the top few problems. However, researchers felt that problems identified were not always directly associated with human service needs and could be based on feelings, not the participant's actual experience.
- 3) The survey of informed community members fell in between the two in formality. Researchers felt they yielded answers that were likely more based on *perception of need* than observation or experience.

### The Current Project

In 2006, the Alliance for Human Services was asked to update the prior 1999 Needs Assessment, providing a snapshot of our county on two specific issues:

- Quantifying the county's top ten most pressing Human Service Needs
- Identifying, from these ten, the five most achievable needs

The design of the 2006 Needs Assessment was an outgrowth of the methodology, report and suggestions provided in 1999. The project design also sought to address potential limitations of the 1999 report and build on its strengths. In retrospect, the 1999 survey with "representative households" conducted by telephone omitted *those without telephones*, namely the most disadvantaged. It was the perspective of the 1999 research firm that *dialogue and communication with the citizens and organizations that have close contact with individuals in need* would be useful. This suggestion was followed.

## Methodology

### Data Sources

The assessment was conducted in three phases utilizing two key approaches of Needs Assessment theory:

- the *Existing Data Approach*
- The *Key Informant Approach*.

### Existing Statistical Data

To answer the overriding question of "*what are the top ten human service needs*" in Henderson County, data was sought from local databases, NC statistics and statistics for all the United States as a whole. Wherever possible, this data was collected for all of the top ten unresolved needs espoused in 1999. Additional data was obtained *from informed community members* [i.e. local human service agencies, governmental officials, and church and community groups] who provided statistical data on needs as collected by their agencies and organizations.

### Key Informant Data

This group of *informed community members* mentioned above also represents the Key Informants. The decision to include them was based on conclusions drawn in 1999 *that efforts need to be made and continued to involve groups and organizations with close contact with individuals in need to facilitate effective and efficient communication to reduce barriers and solve problems in a less costly way*. In essence, these people were often on the frontlines, facing the unmet needs of our citizens. It was to these individuals that the second and third phases of our project looked.

To speak to representatives of those-in-need, it was elected to interview members of the faith community who could address specific unmet needs of 1999 as they exist in the county today. Meeting with a trained facilitator, following a carefully planned script [See Appendix A], small groups of 2-4 people from the faith community, met to talk about the consequences of a *specific* unmet need and what the impact would be if the community addressed this need. Data derived from these meetings was used to test the validity of the existing data and refine our answers to "what are the top ten human service needs of our county?"

The third and last phase of data collection came from acknowledged experts from local human service agencies. Again meeting with a trained facilitator, following a carefully planned script [See Appendix B], small groups of 2-4 people from local agencies met to talk about the "achievability" of a specific need, what it would really take to address a problem and the real impact of doing nothing more than what is being done now. The specific session topics were:

1. Health Care – a discussion of about lack of health Insurance, dental care and medical care needs
2. Mental Health and Substance Abuse Issues
3. Lack of Savings and its consequences
4. Family Disagreements
5. Employment
6. Discrimination and Diversity

Additional individual interviews were held with key members of law enforcement who could speak to multiple topics at once as well as representatives of various “special populations” groups. Many agencies also emailed data to supplement interviews.

### ***Data Collection and Analysis***

#### **Existing Statistical Data**

In as much as county residents were not polled for prevalence of specific needs, it is difficult to provide data that aligns perfectly with that numerical data from 1999. Instead, every effort has been made to capture similar data locally and at the state and federal level as a means to quantify our current ranking of needs. This data has been used to supplement the data gleaned from interviews of the key informants who can provide data to rank our current needs.

#### **Key Informant Interviews**

##### *Interview guides*

The Key Informant Interviews were held in a private conference room with a professional facilitator to lead the group. Every attempt was made to adhere to the script and to go “off-script” primarily for clarification purposes. The interview session was set to be one hour in length and that was adhered to except when the participants expressed a desire to prolong the discussion. Most informants stayed for the entire session. In one or two instances, a participant stayed for only a portion of the session.

##### *Multiple Interview Analysts*

During each interview session, there were a minimum of two silent observers present who took notes as each participant spoke. These session notes were then compiled by a single observer, the same one for each session.

##### *Rating data*

The interview data was compiled as descriptive, narrative data only and is presented, by need, in Appendices D1-D7. The data were then transcribed by a second observer into summary

paragraphs. That data is presented in the Results section along with the corresponding Statistical Data as "Results for Individual County Needs".

## Ranking of Needs

In 1999, the top ten needs were quantified as a percentage of residents reporting unmet needs in a specific area and these were ordered from greatest to least prevalent. While informative, the results were not sufficiently inclusive of residents at the lower end of the scale who were not interviewed because they did not have a phone. In addition, the needs were defined very broadly and because of this, the need addressed was often a proxy for what could have been a more clearly defined need. Health insurance is a good example. Lacking health insurance is not really a need if you can afford to pay for the care. The need is for *affordable health care [with or without the assistance of insurance]*. The current study attempted to correct for this difference.

In 2006, a more comprehensive view of need has been taken and data has been requested from a variety of sources to achieve a better definition of top ten human service needs in Henderson County. Human service needs were ordered by taking into account the following factors:

- 1) The effects of not addressing this need are far-reaching.
- 2) Many residents are likely to be effected - directly and indirectly - by this need.
- 3) This need affects all groups of residents equally.
- 4) This unmet need costs taxpayers a lot.
- 5) This need has a great effect on quality of life.
- 6) The systems currently available are capable of dealing with this need.

Criterion 1-5 rate *the impact of a specific need*. Individual needs were rated on a one to three point scale for how closely they matched the criteria, with three being the highest match. [i.e. *The effects of this need are VERY far-reaching.*]

A criterion six, the current capability score, was rated on a zero to three point scale, where three equaled "very capable" [ex. *current systems are VERY capable of addressing the need.*] No attempt was made to adjust for such factors as residents' reluctance to access this solution.

The *current capability score* was subtracted from the score on the first *five impact criteria*. The score quantifies the "top Ten" rating of the current need, adjusted up or down by our current ability to address the need. [ex. Needs that rate as high impact but with more capability to address them would rank lower in the top ten than a need with high impact and less capability to address them currently.] While more subjective, the ranking of the top ten needs in this fashion allows for both impact of need and current capability to resolve tempered by human suffering and cost to our taxpayers.

## Rating Achievability of Needs

The project was designed to provide its funders with information about what needs are "Most Achievable"? No further direction was provided. In considering this request, the project staff felt that achievable need could be defined in many ways: *what needs are achievable because we can*

*afford the solution? What needs are achievable because the barriers aren't significant? Many other examples could be outlined. In order to address "Achievable Needs" from the best perspectives, it was felt that a sample of local citizens should define what made a need achievable for them? Would they start with cost or impact? Would addressing the needs that spoke to the greater good be more important to them? A long list of possible definitions of what makes a need achievable was developed and a means of ranking those definitions was designed.*

Prior to all interviews, achievability of a specific need was operationally defined by a modified Q-sort procedure conducted with the Board Members and staff of the Alliance for Human Services. Serving as a proxy for a group of *concerned county citizens*, board and staff members were asked to rank order their preference of thirteen definitions of what makes a need achievable. [See Appendix C.] Participants were also permitted to add their own definition of "achievable need". They were then asked to staple the packet to preserve the order of their sort and sign their name across the front of their packet. The results were turned over to the study coordinator, who did not vote and results were tabulated by the study coordinator and the board liaison to the project. The results are presented in Table 1.1.

Thirteen definitions of what makes a need achievable were provided and three participants took advantage of the opportunity to add their own definition. All choices were tabulated into three groups: Definitions of high importance to citizens, those of moderate importance and those of the lesser importance. Definitions of "lesser importance" are NOT unimportant; they are simply of less importance than those definitions that ranked higher.

**TABLE 1.1**  
**Operational Definitions for "Achievable Need"**

<p><b>High Importance:</b> Impact of NOT solving the need is really serious. Financial Resources, sufficient to help, can be provided to resolve the need. The cost/effectiveness of the solution for the individual is strong. Timing and feasibility for the change are good</p> <p><b>Moderate Importance:</b> The cost/effectiveness of the solution for the county is strong.</p> <p><b>Lesser Importance:</b> Even a 1% need of this type in our county is unacceptable. We've already made so much progress, we need to finish &amp; go the distance. Barriers &amp; resistance to the solution are NOT insurmountable. Service providers, made aware of the need, are prepared to help. The impact of the solution would be significant. [ex: other problems would become worse without this need being met; or it's critical to a human being's survival, etc.] It's easy to do. The solution is readily available and the individual can be taught to access the service. Addressing this need speaks to the greater good. There is recognition by all that this need should be addressed Benefits are communicated to decision-makers in realistic, not idealistic, terms Individual realizes they have a need and are ready for help</p>
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Interestingly enough, citizen raters did not want to take the path of least resistance. Items ranked of lesser importance were things like ease of doing, being close to a solution, having few barriers to solving the need, the solution is readily available and the like. This seems to suggest that they do not want to choose a particular need and label it as achievable because it will be easy to do. Instead, they discount degree of difficulty, preferring to define "achievable need" on the basis of impact, feasibility and cost/effectiveness as definitions of what makes a need achievable. These definitions were applied to the needs chosen as the "Top Five Most Achievable."



## Results

As a means of determining both top ten pressing needs and five most achievable needs, data collection for the 2006 study sought to answer the following questions

- What are the top ten human service problems facing our residents?
- How do they compare to 1999?
- Which five needs are the most achievable?
- Does our community identify realistic ways in which they would most like to see those achievable needs addressed?
- What % of our residents has no health insurance? Does that affect their ability to get care?
- Are residents, who want to work, gainfully and fully employed?
- Are residents able to meet needs for food, shelter, & health care?
- Are residents enjoying a desirable quality of life?

And lastly, are residents experiencing new challenges not reported in 1999?

### ***2006 Top Ten Unmet Needs and the Five Most Achievable***

The Top Ten Unmet Human Service Needs in 2006 are outline in Table 2.1. Included with the ranking is information about the unmet need's rank in 1999 and the percentage of residents reporting this need to be unmet at that time.

#### **The #1 Need is Mental Health and Substance Abuse Support**

Using the ranking criteria previously outlined, the need for Mental Health and Substance Abuse Support Services leads the pack as the number one need in 2006 and it is likely that it was underestimated in 1999. The statistical and interview summary data that lead to this conclusion are completely outlined in the section on Mental Health and Substance Abuse Needs beginning on page 23. The reader is urged to read this data in its entirety.

*The consequences of not addressing this need are far reaching. These problems spill over into every area of a resident's life and that of his or her family. It effects employees and employers, law enforcement and crime, issues of housing and childcare, medical care, family unity, and financial security just to name a few. The number of residents affected by this need is extremely high. Directly or indirectly, probably one in four residents are likely to be touched in a significant and negative way by this problem and that number is probably higher. This need affects all groups of residents equally. It is truly an equal opportunity need. No one is immune by virtue of education, age, race, national origin, sex or any other descriptor you care to choose. The unmet need is costing taxpayers a great deal both directly and indirectly and many think we are not getting value for the money spent. No one would argue the quality of life indicator. It affects the life of everyone involved with a person with mental illness and/or substance abuse, including those least likely to be able to fight back; our children. And lastly, the capabilities of the current systems which are charged with dealing with these needs are problematic, despite all their best efforts.*

There is no suggestion that these agencies and officials do not care, because they do. However the system is not working like it should and in need of strong leadership to get it back on track. The eventual solution lies primarily outside our borders but Henderson County is in a position to partner with other major forces in our community like the Community Foundation and the United Way to help our community organize a response to the current disarray and also see that our legislators, our state level governmental health agencies and all other significant players come to the table, hammer out a truly workable solution, pilot test it before full implementation and find the money to make this work. Fixing the need for Mental Health and Substance Abuse Services is a *pay me now or pay me later issue* and it is not going away.

**Mental Health and Substance Abuse Support also leads the list of “Achievable Needs.”** *The impact of not solving the need is really serious and the role the county and its organizational partners could play in this resolution is not, first and foremost, a financial one. The timing couldn't be better for efforts on this need. Choosing to wait will be far more costly.*

**Table 2.1**

2006 Top Ten Most Pressing Human Services Problems As compared to 1999 and the 2006 Five Most Achievable Needs			
The 2006 Top Ten Human Services Needs In Order of Priority	Five Most Achievable Needs In 2006	The Rank of Each Need in 1999	% Residents Reporting the Need as Unresolved in 1999
1. Mental Health & Substance Abuse Support	#1	4	7.5%
Health Care Service Issues:			
2. Health Insurance	#2	1	10.6%
3. Need for [Affordable] Dental Care	#3	3	08.2%
4. Need Affordable Medical Care	#4	10	03.9%
5. Employment	#5	6	07.0%
Financial Issues			
6. No Savings		2	09.4%
7. Missed rent or utility payment		7	06.5%
8. Residence needs repair		8	05.3%
9. Rarely resolve Family Disagreements		9	04.6%
10. Discrimination		5	07.2%

**#2, #3 and #4 Top Needs are for Affordable Health Care Services:  
Insurance, Dental & Medical Care**

Like the Mental Health needs in Henderson County, the need for various health care supports are significant. On all indicators that make this a top need, needs for health care services rates very high. *The effect of not addressing the need is far-reaching.* On an individual level this need means that children go without health care, working age adults often don't get the preventative care that would reduce future problems and untreated health problems have a nasty way of becoming a

community problem and a community cost. *Many residents are likely to be effected by this need both directly and indirectly*; spouses giving care and taking time from work to do so, employers with absentee problems due to health issues left untreated for too long and the list goes on. Every one is well aware that we have a health care crisis in our country and in many respects, how it plays out in our county mirrors the United States, with a few notable exceptions. Foremost is that the percentage of *local residents without health insurance* far exceeds the US average by almost 6%.

*The need for affordable health care effects residents from all walks of life.* Certainly those with insurance are more immune to the problem but a large cross section of our county is finding the costs of dental care and needed medicines very difficult to address, with or without medical and dental insurance. *This unmet need is costing our taxpayers* and is likely to continue to do so without some form of intervention. Our own county government has labeled their health care costs as a factor to be reckoned with in coming budget cycles. A solution for the entire US has of yet been impossible to achieve.

*No one can debate the Quality of Life issue* inherent in not having sufficient access to affordable care. Poor general health, loss of enjoyment of life, limitations on personal mobility and wellness; no one would voluntarily sign up for these life-changing limitations brought on by insufficient health care. And it is of great concern that annually, the number and type of health care policies that any given resident can afford decreases as employees come home with news that their health care policy – if they are lucky enough to have one – is changing *again* and never for the better.

And lastly *the systems currently available are not capable of dealing completely with this need.* While we have wonderful health and dental care services available around the county, they are not sufficient for our need and those that need services often cannot pay for what exists. The Free Clinic, Blue Ridge Community Health Services, our two hospitals, our health department and countless privately funded non-profit services provide a herculean level of care and education but we need more. We need capacity and resources and that requires funds. If we could fix our [lack of] health insurance problems, the solution would fund itself. And that brings us to achievability of this need.

**The needs for affordable health care services are rated as #2, #3 and #4 in achievability.** While ultimately this “fix” requires money, again our community partners and other key players could bring needed [non-financial] support to this solution. Local respected professionals actually have some solutions for these needs but they need community support and leadership. A local prepaid healthcare system may be the ideal solution for at least part of what ails us. A low cost prepaid system would allow local small businesses to buy in for their employees. Individuals and families could join. Key informants interviewed believe they have the facilities and health care professionals to make a pilot trial work but it will take finding ways around traditional requirements of officials like the NC Insurance Commission. It would appear that now is the time to convene the solution makers and the community leaders and attempt a pilot trial of a system that may help significantly. The timing for change is excellent and waiting is not likely to improve the situation.

## The Top #5 Human Service Need is Employment

Key Informants in the know say that *everyone who wants to work is working*. More jobs are not the issue. The county has a HUGE under-employment problem that limits self-sufficiency and affects many factors of everyday life. *The effect of the problem is far reaching*. Under-employment affects what you can rent or buy for housing. It limits your health care and childcare. It limits what foods you can buy and what medicines you'll take. It has families choosing which bills to pay and it's putting some families further behind everyday. *Many residents are likely affected by this need*. With 12% of our residents living in poverty and "40% of all children under age 6 live in a household living below the poverty level" [1], the need affects many. *This need costs taxpayers a lot; directly in subsidies to residents and how we structure our county budget annually. It also affects quality of life but perhaps in more subtle, less overt ways.*

The chapter on Employment lists a variety of things that could be implemented locally that will help people to be employed to their fullest – given the opportunities that exist today. However, there is no way to gauge how many could be moved from *subsidy to self-sufficiency*, if every suggestion were implemented. Members of the faith community have urged that we re-visit our individual commitment to the quality of life offered to all in Henderson County when they say, *"It's time to ask ourselves, "What kind of a community are we creating?" We need stronger leadership locally; a greater desire to get together and fix what needs to be fixed. Let's commit to having a community that cares."*

**Addressing our Under-Employment is rated as the #5 most achievable human service need of our county.** It rates as #5 because *the impact of not doing something is really serious*. We are losing our middle class in Henderson County and those repercussions are significant. Talented but underpaid people, who have the freedom to move, may choose to do so. Our service sector could suffer. Many of the wonderful things that make our county an enjoyable place to live and play could change. *The timing for change is good but the task would not be an easy one*. If we have maximized our capacity to bring in better paying jobs for the moment then the solution will have to be achieved in other ways and that begins with discussion and a desire to change the net effect of under-employment in our county.

We must also be sure that residents really know about EVERY support that is currently available to get them a better paying job. Participants expressed concern that despite their best efforts, it was often tough to get the word out that there is plenty of training available right in our county to help residents qualify for a better paying job.

This study was asked to identify the five most achievable human service needs in our county. The results do not reflect what would be easy to do. They reflect more what is vitally needed, tempered by issues of cost, feasibility and timing. There is no suggestion that being among "The Top Five Most Achievable Needs" implies that they are imminently achievable, only that, at least initially, they are the most achievable of the lot. It is also important to point out that needs that rank lower in the "Top Ten Needs" or do not make "the Five Most Achievable" are still of great importance to our county and should still receive their share of attention.

## **The Top Human Service Needs #6-#10.**

The remaining human service needs ask for resolution of issues with money and personal interactions. On one hand, our county has excellent services to resolve personal financial mismanagement and failing personal relationships. Consumer Credit Counseling Services and the Dispute Settlement Center can put almost any resident - with an interest - on a firmer path to self-sufficiency and harmonious relationships...*if they ask for help* or are directed to do so. The Faith Community and other groups are very effective in promoting a message of inclusion not discrimination. The results to focus on in this study are the more significant issues of financial hardship, family discord and discrimination against the individual as they affect our residents' quality of life.

A significant number of our residents experience financial distress secondary to their employment issues. These have been discussed previously. We also have senior citizens giving up homes they cannot afford to repair and going without medicines they cannot buy. We have generational family conflicts and situations that escalate to family violence which produce significant stress on all members of a family unit.

The needs for Savings Sufficient for Emergencies, Ability to Regularly Pay Rent and Utilities, Repair One's Home, to be Free From Family Disagreements and to be Free of Discrimination are needs that have already been met for many of our residents. They are not needs that are as far-reaching as those previously outlined and they don't affect all residents equally. But they do affect many residents – directly or indirectly. These needs do cost taxpayers a lot of money and they affect quality of life. The systems currently available are, to some degree, capable of dealing with these problems but they are not sufficient. In the end, dialogue, education and opportunity are the means to these ends. The community partners have roles to play in encouraging our community to address these needs and convening such discussions do not require financial investment.

### ***Interview Participants Suggest What They Would Change***

In every encounter with Key Informants, one question they were asked as the interview wrapped up was:

***If you could change one thing in 2007, what would it be?***

The reader is referred to that section in the Interview Appendices in the back of the report. We highlight some of the most interesting, most creative and most poignant ones below as a means to stimulate community thought and discussion. The list is in random order.

- *Every classroom in the Henderson County school system gets financial literacy training. Juniors and seniors get training in credit management. Money training starts with 5 year olds. Great curriculums exist. We need to make it happen.*
- *I would like to get the correct information out about the Immigration issue so that the public is correctly informed.*
- *Easy! A Conflict Resolution curriculum for grades K-12 put in place and active in all our schools. And it should include bullying.*

- *We'd fix our rural transportation needs, affordable housing, living wage and the child care subsidy. It all effects family disagreements.*
- *I would like to see an El Centro-like organization set up and being used by the African-American community to enrich their lives and that of the children.*
- *Transportation: We need more routes and I know that means more money. What we have done so far is great. We just need to do more.*
- *We'd try this pilot program for medical care and find a way to enhance transportation to the doctor.*
- *Someone to be accountable for Mental Health and Substance Abuse Services continuum.*
- *Law Enforcement crisis intervention teams.*

### ***A Last Comment***

The reader is once more encouraged to read the data about each individual need in the section that follows. Statistical data and the summary of all key informant data on a particular need are provided for each need addressed in this report. In addition, the complete dialogue from each Key Informant session is appended [See Appendices D1-7.] in the rear of the report, listed by specific need. Both should be helpful to an individual or group interested in addressing the challenges presented by a specific need. For that reason, these sections by individual need were designed as "stand-alone pieces" that can be interpreted separately from the total report.

## **Results about Individual County Needs**

### **Mental Health and Substance Abuse Services**

*"Mental Health is a big local challenge. We do not have services that are responsive to local need. Comprehensive action is needed by state and local politicians. Taxpayers are already paying for this in several ways: health care, housing, medicines, jails. Still no one will notice until we have a real tragedy."*

Henderson County Mental Health interviews, 2006

### **Existing Statistical Data**

In 1999, 7.5% of our residents said that they had unresolved needs for Mental Health and/or Substance Abuse support. 18.8% of the households self-identified as "having a mental health problem in the household". The survey did not take into account residents without phones or those not living at a fixed address. Had it done so, the number would likely have been higher.

In April of 2006, the Community Health Network lists our county population at 95,361 for purposes of their assessment. Their estimate of Mental Health disorders in our local population was set at 22.1% or 21,075 of our total residents as the number of people potentially with Mental Health disorders [2].

- Discounting the 9.5% likely to have Depressive Disorders [2], we are left with 12,015 people with other, potentially more serious Mental Health disorders.
- Compounding those figures is the fact that they also estimate that "21.4% of the county's population aged 18-64 years is without health insurance" [2] and therefore with limited treatment options.
- With regard to younger residents, *The Public Health Nurse Annual Report for 2004-2005* lists 24.3 out of every 1000 public school children as having a psychiatric diagnosis. And again, as many as 10% of all public school children are without health insurance and limited in their access to care.

In 2004, the Office of Applied Studies, *National Survey on Drug Use and Health* determined that 1,752,000 persons age 12 and over in North Carolina used illicit drugs *other than marijuana* in their lifetime [3].

- They further indicate in their 2003 study, that roughly 10%, some 177,000, *needed but did not receive treatment for illicit drug use in the past year* [4].
- The number needing but not receiving treatment for alcohol abuse in North Carolina was 427,000 people [4].
- The same study set the number of seriously mentally ill at 577,000 in North Carolina [4].

Probability would dictate that the proportions of similarly effected residents would be the same locally.

There is no accurate count of the number of *substance abusers* vs. those who are dually diagnosed as *mentally ill with a substance abuse disorder*. However, it is commonly acknowledged that a sizeable number of the homeless population is dually diagnosed.

- There is no accurate estimate of the number of these Mentally Ill people who are now counted among our DWI cases, our shelters, our court system, our jails, or those who live on the streets. Likewise, there is no way to estimate the numbers of children in the "care" of these people, whether they are capable of child care or not.
- Current estimates by NAMI are that one-third of the homeless population has a mental illness. Mental illness with the lack of treatment is the second most frequently cited reason for homelessness [5]. [Refer to the Special Population Section on Homelessness for further information.]
- Citizens with serious Mental Illnesses are often eligible for Disability Insurance and Medicaid for their care. It is also antidotal that most of the severely ill slip in and out of a system of care that is just not set up to routinely manage their cases and keep them stable.

### ***Summary of Key Informant Group Interviews***

The one good outcome of North Carolina mental health reform is that now all citizens are aware that there is a problem. Unfortunately, according to providers and patients, that is the only positive statement to be made about statewide "reform."

This is an issue that begs for community leadership and not for community funds. Currently funds are being funneled into a labyrinth of services with no clear measure of any success. Providers and patients struggle each day to meet the challenges by trying to overcome barrier after barrier. All in this system beg for clear leadership from elected bodies.

When asked what might be done short term with some success to address mental health in our community, the informants called for collaboration and open communication among a variety of services and agencies. They made it clear those mental health patients who do not receive care play out their maladies in a variety of other venues. Many potential mental health patients in our community are found among the homeless, the incarcerated and the abused. Sharing information among agencies and better training of various personnel are small steps the community can take to improve the confusion created by state reform. However, policy issues, mandated treatment driving funding, and stated agency mission outside of mental health arena make cooperation impossible. In addition to Pardee, Park Ridge and Mountain Laurel Community Services, law enforcement and ER staff are important to establishing a cooperative continuum of care. At each turn any collaboration is deflected by regulation and privacy rules.

The key informants did speak to the 6th Avenue Clubhouse as an excellent model for adult mental health patients to find support. It would be worthwhile to have a closer look at this program cited as one of our community successes.



There is also the issue of substance abuse. Although this may be considered a stand alone issue, it is also often a symptom of a mental health patient trying to address discomfort through self-medication. In addition, the issues of *meth* labs and increased *meth* use are providing new challenges for treatment. Substance abuse must be treated in ways that were not imagined in the past.

A final sub category of mental health is supporting the developmentally delayed citizens. This population has what appears to be adequate financing. However, even this category suffers from the system's inability to act quickly and directly. They are also faced with challenges of service barriers and policy entanglements.

The state and local governing bodies have realized the missteps related to providing mental health care. They seem to be working to adjust the programs for a higher rate of community service and success. In the meantime, local community leaders are the best hope for a unified, collaborative approach to helping an individual community organize a response to the current disarray.

Community leadership could encourage all parties to the table to discuss a continuum of care, provide an arena to discuss patient care, work through privacy issues and finally set community standards for success.

## Medical Care Issues: *Affordable Health Insurance, Affordable Dental and Medical Care*

***In 2006, 45.8 million people in the United States are without Health Insurance. Estimates are that 20,503 of them live in Henderson County [2].***

### ***Existing Statistical Data***

In 1999, three unmet needs outlined by interviewed residents were medically-related:

- 10.6% were without Health Insurance; half citing cost of insurance as the barrier
- 8.2% were in need of Affordable Dental Care
- 3.9% had unmet needs for Medical Care

These needs, taken collectively, seem to represent a proxy for the larger issue of access to an affordable system of health care that would include dental care. In 2006, this study elected to consider these health-care-related needs as parts of that larger whole and to determine the County's current needs in this area. What facts are known follow:

### ***Health Insurance***

- In 2006, the cost of health care for county employees is raised as a budgetary impediment in the 2006-2007 Budget recommendations made to the county.
- In 2005, 19.3% of all calls to the local three county 2-1-1 system were for health care issues [6].
- 19.2% of all "people without health insurance" live and work in the south [7]. In 2004 US Census Bureau estimate of population in Henderson County was 95,361. Included in this number are 20,503 potential uninsured. 21.5% age 18-64 are uninsured. [2] This is 5-6% higher than the nation as a whole [8].
- Local data provided during our interviews suggests that in 2004, 4620 families received Medicaid. 1403 Families received "Health Choice" to cover their children 0-18 years when the family income is too high for Medicaid but not high enough for private health insurance.
- The 2004-2005 Annual Report of the Free Clinic indicates that they served 1013 patients, provided 2513 case management referral and saw 379 patients in the Dental Clinic.

### ***Dental Care***

*"We thought if the Free Clinic focused on extractions for one year, the need for extracting teeth in Henderson County would be addressed and we could move on to issues of prevention and the like. To date, The Free Clinic still has needs to extract teeth."*

Key Informant Interview on Medical Issues, 2006

In 1999, 77.3 % of those needing care cited cost as the barrier to receiving care. An article in the North Carolina Medical journal [Nov/Dec 2005, 66:6] points to the complexity of the dental care

problem in our state and our region. It also addresses the issues faced by the more financially challenged among us.

*"The numbers of dental professionals nationally has been insufficient since the mid 1990's. The number choosing to locate in North Carolina is also limited. It is often not easy to find a dentist that is accepting new patients, even for those patients capable of self-pay. In addition, there are a limited number of dentists that will accept Medicaid reimbursement for dental care. Socio-economic and cultural factors play heavily into the outcomes of daily oral hygiene" [9].*

- The 2001 report, the *Henderson County Health Resource Assessment* identified that "there continues to be a lack of service providers for the uninsured and Medicaid populations" [10].
- According to a report by the Department of Public Health in Henderson County, "in 2004-2005, 16% of kindergarteners had untreated tooth decay" [11].
- "Less than one in every five children enrolled in Medicaid uses preventive services in a given year" [9].
- We do have local fluoride varnish and dental daycare and home screening programs that work right in Henderson County.

Even participants in the Key Informant Interviews allowed as how they were facing large dental bills and that even with dental insurance, the expense would be significant. One participant mentioned that their dentist wanted to do over \$4000.00 worth of dentistry each on both he and his wife. When they questioned the dentist on how normal this expense was for most families, their dentist replied, "*most of my patients, most couples, actually need more like \$12,000.00 worth of services.*"

Blue Ridge Community Health Services continues to grow its dental capabilities. In 2005, they delivered a total 9,309 dental visits and demonstrated a drop in extractions among patients receiving hygiene visits. As of yet, they do not offer restorative dentistry and neither does the Free Clinic.

- Buncombe County has six non-profit dental clinics within its county borders [12].

Note is made of the following related issues:

- Under-employment is likely to have some effect on inability to afford necessary dental care. [See chapter on Employment].
- *Supply* [of dentists] *and demand* [by would be patients] could affect the availability of affordable dentistry anywhere there is a dentist shortage, including our county.
- There is potentially a large group of residents who are not low-income enough to receive existing low cost dental services. They also do not get dental insurance as part of their job benefits and lack the means to afford a broad array of existing dental services. Studies suggest that the hidden cost of this gap is citizens who develop other health problems as their unmet needs for dental services increases. The byproduct of that diminishing health is more than likely, added stress on the medical system.

## **Medical Care**

In 1999, actual needs for medical care that went unmet were reported by only 3.9% of the respondents. Apparently, most people were able to obtain the care they *perceived* that they needed. Several things, however, were not clear from this data:

One thing that was not clear is whether or not these respondents used emergency rooms to provide much of that care and whether or not they correctly understood what conditions required treating and where best to obtain that care.

- If statistics from adjacent counties are any predictor, in 1999, 23.3% of Buncombe County adults aged 18-64 used the emergency room for medical care [12].
- Locally, at least by antidote, *the number of residents utilizing the Emergency Room as a primary care physician is down a bit.*
- All of our local health agencies offer a variety of no or low cost medical screenings and education/care programs. One knowledgeable participant called this a "patchwork quilt of stop gap services designed to help until something is done nationally to really address the root causes."
- The CDC reports from January to September of 2005 that 5.4% of the population did not get needed health care because of cost [13]. The majority of that group is 18-64 years old.
- On June 14, 2006 *DotMed News* [on-line] cited three reports coming out of the Institute of Medicine National Academies that "the nation's emergency system as a whole is overburdened, under-funded and highly fragmented." The suggestion was that continued stress would lead to the financial failure of hospitals. In Western North Carolina, we have already had a round of hospital closings threatened and Mission St Joseph Hospital system taking over small community hospitals. It begs the question; could local hospitals in Henderson County face the same future? To what extent do their patients' bills go unpaid or paid at such a slow rate that the cash in-flow is negligible?

Another thing that was not clear was where respondents obtained their prescriptions scripts, the actual paper document outlining type and dosage of medicines needed. Had these respondents gone without medicine that should have been prescribed, had they seen a physician? It is know however, that many residents within our county borders cannot afford the medications prescribed for them.

- Interfaith Assistance Ministry has an exceptionally successful "Medicines Acquisition Program", called "Medi-find. In 2005, they served 712 chronically ill individuals in need of medications they could not pay for.
- In 2005, they obtained 8,850 prescriptions for a total value of \$2,416,000.00
- Blue Ridge Community Health Services also has a Medication Assistance Program and an Indigent Medication Prescription program. . In 2005, they served 857 patients with 4732 medications with Medication Assistance and assisted 2,346 in the Indigent Medication Prescription Program with 4891 prescriptions.
- The effect of Plan D Medicare Drug coverage on these needs is not known at this time.

Henderson County residents have access to a broad number of self-help health-based programs designed to address community health problems on a more personal level. Partnerships among agencies and groups, grants and initiatives have started a range of programs for the "disease du jour". We do not know how many residents need services that still fall outside these programs and services.

### ***Summary of Key Informant Group Interviews***

The information gained from our key informants reflects what is found throughout the country. Our community is blessed with some visionary leadership in the local medical community. These key informants were willing to try to put this issue into some sort of understandable discussion.

The informants focused on dental care as one area that needs attention in our community. To understand that arena better we also met with a local dentist to understand some of the issues from his point of view. He confirmed the need for more capacity. There are not enough dentists in North Carolina. The State is organizing a new dental school, but citizens will not see the benefits for about 10 years. He also confirmed that elder dental care brings other challenges. Henderson County has attracted a new professional who will specialize in this area. He also pointed out that many dentists, though not accepting Medicaid, are very flexible in working with patients in need. In addition, dentists are volunteering through the Free Clinic as are many other medical professionals in our community.

Health insurance is another issue that the key informants spoke of. Again, this is an issue that is prevalent through out the country. The medical leaders in our community feel that there are creative options to start to address this issue.

In the general question regarding barriers to finding resolutions to medical concerns, the key informants mentioned many barriers. First is regulation. The regulations determine who is qualified for service, how much a service is worth, who may provide the service. It is frustrating to find so many regulatory impediments to good health care. The second barrier is resources. The demands on the system by the under or uninsured exceeds the resources available, and the capacity of skilled providers. The final list of barriers is the same as it is throughout this program: un/underemployment, transportation, and ability to pay even small amounts of money are impossible for a client with no savings.

The key informants were very encouraged by the current climate of cooperation in our community. They feel that with advocacy support from other community leaders, it is possible to pursue some systemic changes for the uninsured in our community. Working with this medical leadership to find solutions, is the way to protect and preserve the current quality of medical care and medical providers in our community. No resolution means putting the health system of the entire community at risk.

## Employment

*"It is a sad fact that the "working poor" cannot better their lot in life by working."*  
Henderson County Faith Community interviews, 2006

### **Existing Statistical Data**

In 1999, 7.0% of those interviewed, representing the county at large, said they were *unemployed for at least one-half of the year*. It was a tight job market and the local unemployment rate in 1999 was 2.4%. Employment was rated the sixth highest human service need in 1999.

- *Unemployed for at least one-half the year* presumably included seasonal workers whose job exists only during certain seasons, migrant workers, as well as people out of work but looking and those that are no longer looking.

It is not known how many people rated themselves as "under-employed" as this question was not asked. Under-employed in Henderson County is potentially as great, if not a greater problem and would include: residents who are qualified for a [higher paying] job but despite effort, cannot find one and residents who knowingly accept a job at a lower wage in order to live here, but ultimately cannot manage the negative consequences of that choice. What is known:

- In 1999, 54.7% of those out of work were unable to find a job that pays as well as the job lost.

In 2006, 4.1% of the entire Henderson County labor force is NOT employed at any given moment. The current local unemployment rate is 3.4%. Many employment and workforce professionals say that "there are jobs for all those that want to work."

- One antidote was about a local plant listing 15 temp-jobs at \$9-10/hour and no takers available. At the same time, an employer just in the planning stage of opening a plant had 30 people willing to undergo training just in the hopes of landing one of the 30 jobs.

In NC as a whole, 5.1% are not employed. The nation's employment rate compares to our state [14].

*"Being un-employed or under-employed is not, by itself, problematic. It is the consequences that inadequate employment brings."*

Key Informant Interview on Lack of Savings, 2006

Statistically these consequences are known to be the following:

The current USDHHS federal poverty guideline for a family of four is \$18,850.

- In 2003, 12% of our county residents lived in poverty. "40% of all children under the age of 6 live in a household below the poverty level" [1].

- US Census Bureau estimates that in NC, the number of people living in poverty grew 9% from 2000 to 2002. The federal minimum wage is \$5.15 per hour.
- The federal poverty line for a family of three is \$7.74 per hour.
- At the minimum wage per hour, a household would have \$260.00 per month to commit to affordable housing.
- The local market rate of rental housing is \$700 = \$500 rent and \$200 for utilities [15].

The Living Income Standard [LIS] is a measure of a "bare bones level of living".

- In 2003, in Henderson County, LIS for a family of one adult and two young children is \$16.44 per hour or \$665/week. LIS does not allow for the purchase of health insurance, savings or debt [15]. [See Appendix E for a family budget utilizing this LIS standard.]
- Adopting this very high wage would put us in range of the Henderson County median household income of \$38,109 and far in excess of the Employment Security Commission's estimate of current average wages at \$28,704 or \$552.00/week.
- The average weekly wage across all job categories in private industry in North Carolina is \$718 [16].

The opposite side of this employment coin is that *"any mandate that will make labor more expensive is going to have an economic consequence"* [17] ...for the employers.

### ***Summary of Key Informant Group Interviews***

The people who participated in our discussion are those who work at job placement for people who are disabled, who are Work First recipients, or who have limited skills and education. They point out that the unemployment rate in our county is 3.4%. In addition, a later conversation was held with the Henderson County Partnership for Economic Development Director, Scott Hamilton. All seemed to agree that the job market is tight, but folks who want to work can find a job.

Finding employment still comes with challenges. The participants highlighted several areas that are barriers to employment to many in our community. The issues of childcare and local transportation are also issues that are of concern to new prospects interested in building manufacturing facilities in Henderson County.

Temp jobs: Many local industries use temp services to provide manpower for production and service positions. Most jobs are entry level positions. These jobs do not provide a path to self-sufficiency. They are usually jobs without benefits.

Transportation: Many workers need transportation and our community has a limited bus schedule. Limits on transportation mean limits on job opportunities. A client may only look for work during public transit hours of operation. This eliminates jobs out of the county or jobs in the evening or on the night shift.

Childcare: This is a very complex issue. Childcare is a growing industry in our community, responsible for the growth in small businesses locally. On the one hand, not enough childcare slots exist for parents who need care so that they may work. There are also limits to the amount of childcare subsidy funds available to assist qualified families. Lack of childcare slots and childcare subsidy create challenges for many working parents. In addition, the state regulates childcare facilities and the training and skill levels of providers. But these are very low paying jobs, usually without benefits.

Human issues: This is another issue hard to define. There are many clients who are challenged to develop a good employment history because of mental health issues. Our community does provide programs that work to employ people in special populations, but issues of mental illness sometimes deflect any success. In addition, many clients create their own barriers to success. Substance abuse, lack of training, lack of role models for success are reasons why certain workers continue to make wrong choices regarding their situation.

Training: The participants interviewed stated that often opportunities are available but clients are not aware of certain training as an option. Henderson County Partnership for Economic Development works with BRCC to help establish training for new jobs or retraining programs for those who have lost jobs due to plant closings. In addition, the Chamber has a position called Work Force Coordinator to help the college and public schools understand what trends in job training are coming in the future. Recruiting new industry is a team effort with local government, local schools and the local Employment Securities Office. In addition, jobs require more skill and training than in the past. This requires that our local labor force be committed to training and retraining to secure worthwhile, full-time, well-paying jobs.

Jobs and subsidy: In some cases a client will receive certain government and community supports, if they are working. But it is also possible that accepting an entry level job requires that a client give up certain subsidies. As some of our participants pointed out, various support programs limit flexibility for assistance, and that limits the client's ability to advance.

Improving employment options:

- Increase funding for transportation, expand times and routes.
- Childcare should be available 24/7 and increased subsidy would assist families on a waiting list
- Training awareness: Improve methods of informing our labor pool of skill advancement opportunities.



## Lack of Savings and the Consequences It Causes

### *Existing Statistical Data*

In 1999, 9.4% said they had unmet needs for savings and they were unable to meet unexpected expenses related to home and family. *Having Savings* was identified as the number two need for residents of our county. Related to that were two additional needs:

- 6.5 % said they had missed a rent or utility payment in the last month.
- 5.3% needed home repairs they could not afford.

Today, the issues of money seem no better.

- In 2004, there were over 8000 calls to the local 2-1-1 system for temporary financial assistance information. Close behind that were calls for finding assistance with housing or utility costs.
- In 2005, the Salvation Army in Henderson County assisted 1,057 individuals with rent/mortgage and utility payments.
- The Housing Assistance Corporation in Henderson County received 459 requests for home repairs.
- The *November 2004 Bay Area Economics report* comments that "80% of very low income elderly in Henderson County live in housing with severe cost burdens and physical defects."
- By NC Justice Center estimates, nearly 30% of our county does not learn a living wage.
- Many local families pay 50% of their income towards housing while the national standard is 30%.
- National Statistics show that real median income has declined since 1999.
- The savings rate for Americans nationally is the lowest it has been in 73 years [18].
- At the same time, credit card debt is rising constantly and may exceed \$9000 per household [18].

Lack of savings is a broad term. It includes *not making enough to meet basic as well as unexpected needs*, all the way up to *making a good living but depleting one's financial resources by living beyond one's means*. In Henderson County, residents have the services of Consumer Credit Counseling Services [CCCS] to resolve the latter problem. In 2005, 790 residents were assisted by CCCS and 90% made a plan to improve their financial situation and 149 residents used a debt repayment program. As a result 98.6% avoided filing personal bankruptcy. CCCS has also developed an Hispanic Outreach Program to reduce financial barriers to good money management.

[Not] Having Savings and making enough money for basic needs is clearly the larger issue and it really is a by-product of other needs addressed in the report. Not having savings relates more to un and under-employment as the root cause and the reader is directed to that section for more information

## ***Summary of Key Informant Group Interviews***

Money is the issue in most families in our community. The choice of whether to pay this bill or purchase that need is common in many local households. A family comes to the attention of human services in the community when their decisions have been wrong. They have chosen to pay for a want and neglected a need. That need may be as basic as utilities or as important as medication. Even when the household makes correct decisions, those that rely on some sort of human service face a double jeopardy. They are penalized by loss of support services if they maintain a savings account and they are penalized if they advance in earned income. Our system and policies never allow for or promote or support those who could succeed with just a little more local support.

The elderly in our community face many of these same dilemmas. Often they must neglect maintenance of their basic asset, their home, in order to meet basic needs. That means some of our elder population allow their homes to deteriorate. Programs to help with some maintenance exist through Housing Assistance Corporation and attention from social workers at DSS and Council on Aging.

Lack of savings and other spending decisions reflect a need for basic education in money and finances. This is seen in a person's inability to make correct change to one's inability to qualify for a housing program through Habitat or other agencies because of bad credit history.

Lack of savings is a symptom of many other related needs. Some of those needs could be addressed before becoming a problem through better education in money management. Consumer Credit Counseling has curricula for all ages to help learn these basic lessons. The community needs to encourage this type of education. The other issue that this symptom highlights is the government and other human services policies that do not reward good financial management. Some rethinking of policies would go a long way to encourage more thoughtful financial planning in our local households. Elder needs should be reviewed to make sure those in our community are not at risk because of lack of funds.

One final cause of lack of savings, or great financial need, is a family catastrophe. Usually this is related to a grave illness in the family. This cause brings us back to one of our top needs - health.

Money is an answer relating to many issues. The big question is how can we, as a community, leverage our funds for the best response to need among our neighbors.

## Family Disagreements

*"True statistics on family disagreements are hard to come by but I am convinced that in Henderson County there are hundreds and hundreds of cases annually."*

Key Informant Interviews, 2006

### *Existing Statistical Data*

In 1999, 4.6% of those interviewed reported having an unmet need of "rarely resolving family disagreements. 2.9 % reported having "poor family relationships." When asked, the 511 informed community members highlighted a number of social problems as of concern to them. These included:

- 37.4% suggested "poor family relationships"
- 32.9% said "too much stress"
- 26.4% noted "too high a divorce rate"
- 23.7% identified "too much marital discord"

Local experts in family issues reviewed the numbers collected in 1999. It was their thought the numbers were significantly *under* reported, based on their experience. The 1999 report did not differentiate disagreements from conflicts that lead to warrants being issued, violence occurring or children running away.

- In the last six months of 2005 at the Dispute Settlement Center, 30 family mediation cases had been brought to the Dispute Settlement Center for assistance. The parent and adolescent program received 16 family referrals for services.
- In FY 2004-2005, their Family Mediation served 773 individuals through 100 individual facilitations with Child Protective Services of Henderson County DSS.
- In sessions offered outside of DSS involvement, another 100 cases received services.
- Failure occurs "when the family is not invested, the parent is not supported by the other spouse, referrals come too late, and families don't follow up with recommendations."
- Escalation to violence in these types of cases is not something we see. Cases involving violence are different.

According to local experts today, the large majority of clients getting services from local agencies [that handle family conflict issues] always have problems that they just cannot solve themselves.

*It's often a generational problem and it always affects the children. "Then it just festers between the remaining players."*

Key Informant Interviews of Family Disagreements, 2006

## ***Summary of Key Informant Group Interviews***

During our interview with key informants, it became clear that family issues range from child abuse, domestic violence upon a spouse to elder abuse of an isolated parent. It is also clear that this is an invisible issue. There are agencies in our community that deal with child abuse and deal with domestic violence, but the informants were concerned that there is not community interest in addressing the cultural issues that perpetuate family violence.

Many family disagreements fester like an infection. The issues are generational; they are never resolved but grow as part of the family heritage. The conflict becomes "alive" for generations. Children learn to live in the environment. They also become victims. Children are taught not to "tell" about what happens at home. The ultimate response of children in family issues is to run away.

In the area of domestic violence, the Sheriff has worked with agencies to establish a unified response to dangerous situations. However, many victims perceive barriers to assistance and never reach out for help. It is also distressful to approach the legal system with a restraining order and find that the system is unresponsive.

Elder abuse is on the rise. Elder citizens will not call law enforcement for help. Often they are isolated and must depend on family for food and shelter. Isolation is sometimes not related to family abuse, but to an elder's desire to stay in their home and live independently. Council on Aging is able to identify some of these victims through their Meals on Wheels program. A variety of other community services, such as mail carriers and trash collectors have been helpful in reporting changes in activity around a residence. This alerts agencies to contact the elder resident.

Language continues to be a barrier to services. Families who speak Spanish, Russian or an Asian language are also isolated. The cultural challenges often increase family stress and family violence.

Although the issue was discussed as Family Disagreements, the participants suggested that resolving some of the concerns has to do with removing or reducing economic stress on families. They suggested that public transportation, affordable housing, adequate salaries, childcare subsidy are factors that help families. For the families with the intense issues, that may end up in court, family violence and abuse, as well as family disagreements, would best be served if Henderson County had a family court.

Addressing many of the issues discussed here require agencies in our community to work together, even if an agency does not see a direct connection to the issue. Family issues involving children need the cooperation of the public schools. Educators do a good job of identifying children who are suspected abuse victims, but are not tuned into other family issues. School funding mandates do not seem to encourage working on issues beyond education.

In the long run, a family issue that festers causes the breakdown of the core unit of our society. Yet there are no direct ways to change the culture of ailing families. The immediate solutions require all agencies to work together for a specific family. In the long term, training in conflict resolution through our schools, increase in public awareness of the issue and outreach to potential clients by appropriate agencies would go a long way to improve our community commitment to safer families.

## Diversity and Discrimination

*"Wherever discrimination is occurring, the community and its individuals are missing out on a lot. Think about it. You're not getting a whole picture in those cases."*

Key Informant Interview on Diversity, 2006

### **Existing Statistical Data**

*In 1999, 7.2% of our residents reported themselves to be the subject of discrimination. They reported that discrimination to be frequently racial or ethnic, but also identified general prejudice, bias against gender or age discrimination. In the sessions with informed community members conducted in the same timeframe, 26.8% said there was too much racial or ethnic discrimination in the county. In neither instance were specific examples of discrimination in housing, employment, age, gender or education described at length. What's known is:*

- *At the time of the original study, counting all North Carolina workers in jobs classified as "officials, managers, professionals or technicians", only 18% of these jobs were held by minority employees [19]. At roughly the same timeframe, the 2000 US Census data estimates that 27.9% of all NC work-age residents were minorities.*
- *In 2003, the percentage of minorities classified as "officials, managers, professionals or technicians", dropped to 16.5%. In the same timeframe, the largest group of minority workers is classified as "operatives" or semi-skilled workers and they account for 25.5% of ALL minority jobs. Conversely, white "operatives" account for only 14.9% of all jobs held by non-minorities [19].*
- *The high end of the pay scale continues to be populated with non-minority workers and jobs at the lower end of the pay scale go to minority workers almost twice as often.*

*However, if all other facts were equal in the lives of the employed, probability would dictate that the percentages of semi-skilled workers by racial and ethnic group would be more equal. The fact that they are not, suggests that discrimination may play some part.*

*In other arenas where issues of discrimination might be expected to play a part, housing both locally and statewide are likely places. According to *Popular Government*, vol. 65, no. 1, fall 1999, 45-51: "Race is the most frequently cited basis for housing discrimination complaints in North Carolina." It goes on to say:*

- *"African Americans make up the majority of complainants*
- *Most of the complaints involve rental properties where property managers and landlords purposefully give misinformation about housing availability and cost to avoid renting to minorities.*
- *But industry watchdogs estimate that the state's emerging Hispanic population is the fastest-growing target of discrimination.*

- *Further, the cases of discrimination against Hispanics differ from those involving African Americans in that they typically do not involve refusals to rent.*
- *Instead, they involve differential and discriminatory provision of rental services, privileges, terms, and conditions."*

There is no indication that these facts have changed or that discrimination would be limited only to housing and employment. Henderson County would be wise to monitor the settings where discrimination is likely to take root. Every effort needs to be made to ensure that services, which lift our children, all our citizens up and prepare them for a high quality life, are available and encouraged. The Key Informants clearly identify the consequences of not doing so.

*Of the nation's 45 million people without health insurance, 52% of those without are minorities [20].*

### ***Summary of Key Informant Group Interviews***

In recent years ethnic demography in Henderson County have changed dramatically. The African-American population has remained static; the white population has grown and the Latino community has exploded. This has meant that the people seeking support services in our community have changed in proportion to the ethnic split. During our discussion we learned that the African-American community is feeling displaced. To some observers, they are all but invisible. Observers also report that there is a growing tension between the African-Americans and the Latinos.

In a candid discussion with representatives of both groups, we learned that the Latino community has a culture of assisting each other and a strong family foundation. Observers have told us that Latinos qualify for Habitat programs more quickly because they manage their money very well. They live frugally, send money back to an absent family and manage to have money saved.

During our discussion it became clear that the African American participants agreed that their community lacked the strength of culture and family that exists among the Latinos. They lamented that most African-Americans do not trust one another and do not rely on one another for cultural support. An additional participant, regarding welfare dependence, suggested that welfare reform was the best action taken by the government to help the African-American community.

In our discussion the Latino representative kept speaking passionately for his self-reliance, his pride in his family, his self-esteem and his relationship with his neighbors. The African-American participants finally stated that they should no longer wait for some one else to help their community. It was their responsibility. They felt that the African-American community needed the kind of support the Latinos have in this community through El Centro. The participants have since begun exploring options to organize communications and service in their community.

The biggest challenge for the African American community is leadership. The African-American community must find leaders that they will trust and that they will follow into new ways of thinking. The Latino community must be encouraged to hold onto their strengths. Their distraction is the ambiguous resolutions to immigration issues. It is clear that legal residents will continue to prosper and advance. As one observer stated, " They believe in the American Dream."

## ***Special Population Issues***

### **Families with Young Children**

In 2002 Henderson County organized a study on the status of children through the *Communities that Care model* (CTC). It was managed through the Children and Family Resource Center with some funding from the Juvenile Crime Prevention Council (JCPC). The study highlighted five areas of concern for children in our community. These were identified as "risk factors", indicators of emerging community problems.

Those five risk factors were:

1. Behavioral & emotional problems developing in early ages and continuing through the school career.
2. Family problems that have a negative impact on their children
3. Parent and adolescent substance abuse
4. Teenage pregnancies and births to single mothers
5. Physical fitness and health

The Children and Family Resource Center was asked by the Board of Commissioners in March, 2006 to update the study much as the Alliance for Human Services has been asked to review and update the community needs assessment of 1999. As a result the Alliance has joined with the Children and Family Resource Center to work on this project. It seemed that we were both going in similar directions and information gained through one project would help the other.

The Children's Update will be more complex and will not be completed for several months. The Alliance has pledged to assist when possible and to share all of our findings through our community update with this project.

The Children's Update has been developed as follows:

- All data referenced in the original study have been researched and updated
- All community partners were invited into the process
- A community team is being assembled to evaluate the data and design a presentation to deliver the research conclusions to community leadership
- A program is also being designed to present the information to and encourage advocacy from the community at large

The project data have been reorganized under headings that track children through age and community issues. Data are organized under the following headings:

- Are babies born healthy?*
- Are kids healthy and well?*
- Are children living in a safe and stable home?*
- Are children living in a safe and supportive community?*
- Are children ready for school?*
- Are kids succeeding in school?*
- Are youth prepared for adulthood?*



Because of the intermediate status of the Children's Update, there is not much new information to share in this report. The Alliance staff and Board volunteers continue to be a part of this community process. However, there is some information woven into our report that points to problems that existed in the last Children's report and will probably have more updated information to help our community develop responses.

A quick look at the common areas of concern will show that:

- Mental Health, a major concern in our current report was also the primary community indicator of the Children's report of 2002; the other issue in the Children's report that also is current to our report is substance abuse.
  - Health, in 2002 obesity and dental care were two issues facing children. The Alliance report supports the continued concern over child dental care.
  - Family disputes, key informants pointed out the difficulties children have within dysfunctional family units, abuse, neglect, runaways.
  - Lack of Savings and employment, bring us face to face with the statistic that "40% of our county's children less than 6 years of age live in a household below the poverty level" [1].
- Finally, the Children's update will be looking at some special populations - foster children; children as victims of meth; children in the juvenile justice system.

The project, as explained above, will be operating for the next several months. We draw your attention to this report to help our funders realize that very specific information relating to children will be available for funding and advocacy in the near future. However, because of the relationship of children's issues to general community need, it is possible that responding to some issues in this report will, in the long run, assist children in our community, often in a very direct way.

## Special Population Issues

### Homelessness

*According to publications from NAMI, more than 600,000 people live on the streets of the United States. 200,000 homeless people are chronically homeless [5].*

Homelessness was *not* identified as a top ten need in 1999. While it is not a top ten need today, none-the-less, it is a serious issue because of both its causes and its consequences. Today, we view homelessness as a by-product of a number of needs identified in 1999: Mental Illness, Substance Abuse, No Savings and Lack of employment and related to these is the type of homelessness that results from a domestic violence event.

- In 2003, Buncombe County's *Point in Time* survey took counts of specific events occurring on a single day. They report their point in time count of homelessness as: 123 homeless people with substance abuse issues, 75 diagnosed with severe mental illnesses, 84 who were dually diagnosed, and 60 who were homeless due to domestic violence.
- In Henderson County, The Hendersonville Rescue Mission provides most of the Homeless Shelter-based services with Mainstay providing shelter to domestic violence victims and a small percentage of clients who are not victims.
- It's NAMI's estimate that 50% of the available days of shelter are consumed by the chronically homeless [5].

In the period from June of 2004 to June of 2005, The Rescue Mission served 55,375 meals and sheltered 1446 people for an average stay of 10 days. In the 2005 calendar year, Mainstay housed 132 clients, almost all for domestic abuse victimization. 70% were unemployed. 57% had past mental health counseling/treatment and 51% had taken medications [for mental illness] in the past.

- The caseload at our local Rescue Mission is changing. Staff report seeing fewer heavy drinking homeless men and more cases of homeless young men age 18-25 and women of various ages. They also report that clients today often have more education.

According to our local experts, the problem will always be with us. However, homelessness could be reduced or addressed by the availability of several things:

1. More public housing to stem the need for affordable housing.
2. Mental health and Medicaid reform.
3. A *Guardian Ad Litem-like program* for the adult mentally ill to provide case management and stability to their lives and help them stay at home and on their meds.
4. A solution for kids under 18 who are on the street. As a group, homeless and without family, these cases are processed by DSS but that agency faces the same lack of resource issue.

Changes in Mental Health and Substance Abuse service delivery, improvements in areas such as affordable housing and under-employment will have positive consequences on homelessness. The greatest need is a true advent in mental health reform, but that must be done with caution.

*As one worker in the field said, "If you fix it they will come". Many adjacent counties have even fewer services available than we do. Instituting solutions to reduce homelessness may also act like a magnet to draw homeless from elsewhere to partake of services we would devise for our own. We have to be prepared to balance this all out."*

Key Informants Interviews on Mental Health and Homelessness Issues, 2006

## **Appendices**

## Appendix A Faith Community Interview Script

In 1999, 411 residents representing all walks of life were interviewed by phone. Among other things, they were asked:

### ***What were the top ten UNMET human services needs in their life?***

They answered, in order:

*Health Insurance, Money in savings, Dental Care, Mental Health Problems, Discrimination, Unemployment for at least half the year, Missed being able to pay a rent or utility bill, Residence needs repair, Rarely resolve family disagreements and Need medical care.*

---

I. Considering this list of needs and others you might think of, what do you hear that people need the most? Please speak on behalf of those-in-need that we cannot interview and tell us what human services they most need.

II. Taking the top two or three needs people have, tell us:

1. What are the consequences of these unmet needs on the individual, the family and on our county?
2. How serious are these problems?
3. Is the impact of each need long term or just a short term problem?
4. Do these needs effect any special populations more than others [i.e. elderly, disabled, children, etc?]
5. What [do you believe] is the impact of NOT resolving these needs? [i.e. what will happen if we do not fix this problem?]
6. What do you think would really happen if we could find a way to address these needs? What would the real outcome be?

III. What do you want to say to the *County, The United Way and the Community Foundation* about what residents of our county REALLY need?

## Appendix B

### Informed Community Members Interview Script

In 1999, 411 residents representing all walks of life were interviewed by phone. Among other things, they were asked:

***What were the top ten UNMET human services needs in their life?***

They answered, in order:

*Health Insurance, Money in Savings, Dental Care, Mental Health Problems, Discrimination, Unemployment for at Least Half The Year, Missed Being Able to Pay a Rent or Utility Bill, Residence Needs Repair, Rarely Resolve Family Disagreements and Need Medical Care.*

---

I. Considering the need for [*facilitator fills in the need to be discussed*]: what is the real impact of addressing this problem? Why should everyone care about issues such as this?

II. Tell us:

- A. How prevalent in our local population do you estimate this need[s]/issue to be?
- B. What are the barriers to resolving this need?
- C. Is the timing right NOW to fix this need?
- D. What would it look like if a real effort was made to address this need? [Realistically what changes would we see?]
- E. What do you think it will really take to fix it?
- F. What [do you believe] is the impact of NOT resolving these needs? [*i.e. what will happen if we do not fix this problem?*]
- G. Are there Special Populations issues to this need? [*i.e. Elders, Disabled, etc*]
- H. What one thing would you most like to see done in 2007 to address this need?

III. Is there some other significant human service need – not on the list above - that we are overlooking / not working hard enough on in Henderson County?

## Appendix C

### POSSIBLE OPERATIONAL DEFINITIONS OF WHAT CONSTITUTES AN “ACHIEVABLE NEED”

*What makes this need achievable is that...*The solution is readily available and the individual can be taught to access the service.

*What makes this need achievable is that...*Even a 1% need of this type in our county is unacceptable.

*What makes this need achievable is that...*It's easy to do.

*What makes this need achievable is that...*We've already made so much progress; we need to finish & go the distance.

*What makes this need achievable is that...*Timing and feasibility for the change are good.

*What makes this need achievable is that...*Addressing this need speaks to the greater good.

*What makes this need achievable is that...*The impact of the solution would be significant. [ex: other problems would become worse without this need being met; or it's critical to a human being's survival, etc.]

*What makes this need achievable is that...*The impact of NOT solving the need is really serious.

*What makes this need achievable is that...*Barriers & resistance to the solution are NOT insurmountable.

*What makes this need achievable is that...*The cost/effectiveness of the solution for the individual is strong.

*What makes this need achievable is that...*The cost/effectiveness of the solution for the county is strong.

*What makes this need achievable is that...*Financial Resources, sufficient to help, can be provided to resolve the need.

*What makes this need achievable is that...*Service providers, made aware of the need, are prepared to help.

*What makes a need achievable is: [fill-in yourself]:*

## **APPENDIX D:**

### **Key Informant group Interview Dialogue by Need**

- D1. Mental Health and Substance Abuse
- D2. Medical Issues: Insurance, Affordable Medical and Dental Care
- D3. Under-Employment
- D4. Financial Distress: No Savings and the Consequences It Brings
- D5. Family Disagreements and Family Violence
- D6. Diversity Issues
- D7. The Faith Community: The Community Voice



## Appendix D1

### Key Informant Group Interview Dialogue – Mental Health and Substance Abuse

QUESTION: How prevalent is this problem of unmet needs for mental health or substance abuse support? Why should everyone care about resolving it?

**ANSWERS:** Severe mental illness is found in one in five families nationwide. These issues are so pervasive. One in four people will be touched by mental illness. It affects everyone and crosses all socio-economic lines. Right now the media and research have the most effect on what the state does with our allocated dollars. We only pay for what are considered "best practices" but that's still dictated by the NC reform.

*"Lack of services is a perpetual problem and one that increases all other problems like Domestic Violence."*

*Key Informant Interviews, 2006*

QUESTION: What are the barriers to resolving this need?

**ANSWERS:**

- Sometimes these "best practices" create barriers.
- Socio-economic issues also limit access. Those that need treatment the most can't pay.
- Working people are also challenged to get mental health care. Even with insurance, benefits are very limited. Studies show that as insurance availability goes down, mental health issues increase.
- The treatment professionals don't have time to discuss a mutual case. It's a function of time.
- There are big legal barriers to sharing information and transmitting it electronically.
- The Free Clinic can't really be successful with mental health because the doctors rotate. No continuum of care.
- According to law enforcement, we do not yet have a large problem with Meth labs taking up residence in the county. That's the good news. The bad news is that the county is often a major distribution point for the Meth made elsewhere.

*"We also waste money not treating mental illness early. Instead we wait and build more prisons later. That doesn't even speak to the 15% fatality rate."*

*Key Informant Interviews, 2006*

QUESTION: Is the timing right NOW to fix this problem of *mental health or substance abuse support*?

**ANSWERS:** I'm not sure we can wait. We have very little resources. Thankfully, Pardee will open an 8 bed detox on July 15. But we still don't have a continuum of care and we don't have restrictive and intensive treatment.

- With the Meth problem, it's just going to get worse. The disease does not heal itself. We see people with physical damage, long addictions and long term physical effects. More Meth will just lead to more mental health issues, more crime, domestic violence and crime is a day in, day off 24/7 problem.
- Meth users are very paranoid. With violence in the home, people are very afraid to leave because they are often threatened with death.
- Yes. Meth is costing more law enforcement time, more case management, more officer time and we have few solutions.
- Yes. Henderson County is a big drug distribution point. We need help.

QUESTION: What would it look like if we made a real effort to address this *mental health or substance abuse support* need? Realistically, what changes would we see?

**ANSWERS:**

- Let's start with something simple. When mental illness is mentioned, let's not tell a joke but take it seriously.
- I want a responsible provider with a true continuum of care.
- A viable model of a network of providers who refer up and down to one another and each player sees him-self as part of the continuum.
- The goal at the county level should be COMMUNICATION and COLLABORATION among providers or they don't get paid.
- We need everyone on board as a team and a focus on outcomes. Start talking and decide who is primary for which type of clients.
- We've written a grant to have Mental Health in the doctors' offices. It's like putting a therapist at the health dept. or at Pardee right at the entry point.
- Professionals would conference call across disciplines about cases. E-mails don't work and they don't have time to talk and "talk" can't be delegated.
- Doctors will be more proactive about depression.

QUESTION: What do you think it will take to really fix our *mental health or substance abuse support* issues?

**ANSWER:**

- Primary Care has to push education. Whatever specialties are involved in the case must be involved. It should matter at Ob-gyn that the person has a mental health problem.
- Law enforcement officers need more training in mental health.
- More support for our clubhouse model right here at Sixth Avenue West. It's a cost-effective solution.

- We need an alliance between the County Commissioners and other groups with power to see this through and achieve changes in our mental Health system.

*"We need to be in one room together and address this problem, until we all can agree on a plan of action. This calls for a leader, a catalyst."*

*Key Informant Interview on Mental Health, 2006*

**QUESTION:** If you could change one thing in 2007, what would it be?

**ANSWERS:**

- Someone to be accountable for Mental Health and Substance Abuse Services continuum.
- Agencies and players don't get paid unless they link up with agencies outside their service mix.
- Bed space for those that need inpatient treatment. Closing beds is not the answer. And we need beds for those without insurance.
- Victims in the whole drug abuse cycle – we need to get them out now. That would have the greatest impact.
- Law Enforcement crisis intervention teams.
- Primary care and mental health practice integrated.
- A means for all the players to talk professional to professional.

*"Most of all I'd like someone to tell me, show me where our money is being spent. I can't see what we are getting for it."*

*Key Informant Interview on Mental Health, 2006*

## Appendix D2

### Key Informant Group Interview Dialogue – Medical Care Issues

**QUESTION:** How prevalent are these health care issues? Why should everyone care about resolving it?

**ANSWERS:** We have issues in every area imaginable.

*Let's take dental care first.*

- Teeth matter at all ages.
- In dentistry, at the Free Clinic we are meeting only 60-70% of the extraction need.
- Blue Ridge Community Health Services provides 10,000 visits per year. We have a third dentist coming and 3 hygienists now.
- Dental Care for the elderly is a special needs issue. They don't meet the low income guidelines, Medicare does not cover the services and their problems are unusual, often related to drugs, changes in saliva and other health complications. Elderly in facilities can't get out to a dentist and dentists won't go in.
- We need a mobile dental van like other areas.
- Children get Medicaid coverage through clinics in Buncombe and Henderson Counties. The uninsured, that's a different story.

*Now for Health Insurance*

- Prevalence of no health insurance? One in three working adults is not covered.
- If they were, the Free Clinic would cease to exist. We wouldn't need it.
- Local small businesses need a small prepaid option.
- Without insurance, no preventive care is done. That costs us all in the end.
- The Community Health Network suggests that 2/3 of the population have chronic health problems and they have no primary care provider.
- People who have "Catastrophic Insurance" only, actually have NO insurance.

*"The working poor, living at 200% of the US poverty level, pay FULL FREIGHT for all medical care! That's more than people with insurance and more than the insurance companies pay. It's tragic."*

Key Informant Interviews on Medical Issues, 2006

**QUESTION:** What are the barriers to resolving this need?

**ANSWERS:**

- Regulations, it's always government regulations. We can't see someone at the Free Clinic if they have Catastrophic Insurance. It doesn't help them much but it means they don't qualify for our services.

- To fix the health insurance problem, I'd like to see us do a local pre-paid pilot program but we need to get around the Insurance Commissioner and the insurance regulations. That's going to take some clout.
- Scarce resources... we don't have enough dentists.
- One dental care barrier is that we have few, if any, Medicaid participating dentists in the county.
- "No-shows" hurt everyone. You need to have people sign a paper saying "if I no show for this appointment, I will not be welcome at this specialist's again. This appointment is special."
- Transportation is still an issue. If you have three kids and a sick baby, you can't walk to the bus stop. The cost of gas is also an issue.
- We are running a migrant transportation system for families for the clinic and specialty visits. How do we improve transport for others?
- It's tough to get help for people in need of dental surgery or trauma care without insurance.
- In medical care, we need resources and we need funding to meet the demands.
- Actually we have a lot of dentists volunteering at the Free Clinic and trying to work together when problems do arise. We are very grateful for their help and participation. Other dentists support the effort by seeing patients in their office without charge.
- Sadly we'll be extracting teeth for 20 years, we have such a backlog. We're trying but it's tough.
- Where do we send all the people who need crowns, etc?
- Dental co-pays are another barrier. Some people have insurance but still can't afford the co-pay.

*"At some point, we have to consider our social responsibility to address these issues. I don't see that happening yet."*

*Key Informant Interviews on Medical Issues, 2006*

**QUESTION:** *Is the timing right NOW to fix these health care issues?*

**ANSWERS:**

- For dental issues, in a word, yes. The time is right and we can't wait.
- Yes. The target population at the Free Clinic is the 15,000 with no insurance and no income. We really can't stretch our resources any further than that.
- Yes. Right now we see the lion's share of the people without insurance. We have payments plans and that helps but we need more.
- The idea for a prepaid program is great. We need leaders to jump on this and make it happen.

QUESTION: What would it look like if we made a real effort to address these health care issues? Realistically, what changes would we see?

**ANSWERS:**

- I've advised local specialist to, on occasion, cut their rates to one-half Medicaid reimbursement, offer payment plans; don't write off the balance and see 10 people/year under a special program like that.
- Dentists with payment plans
- Maybe help from community leaders to get medical people to make some changes and try different things.
- We'd try this pre-paid primary care pilot program mentioned earlier. We'd welcome it!
- We'd have more resources and we'd have more players at the table wanting to fix these problems.
- We'd have more primary care physicians.
- We would be able to cover wives, kids; even the undocumented and we'd be able to give more prenatal care...if we had a pilot for a low cost form of care.
- I'd see that the proposed NC public insurance plan in the works would pass and soon.
- The community would appreciate its clinical partners more and voice some thanks.

QUESTION: What do you think it will take to really fix our health care issues?

**ANSWER:** Leadership, less regulation, more common concern. With effort, we can fix our medical and dental needs locally to some degree. Fixing the Health Insurance system is going to take effort nationally and that's not been successful yet.

QUESTION: What do you believe is the impact of NOT resolving these needs? What will happen if we don't fix the problem?

**ANSWERS:** We are already there. 1 in 3 without insurance and climbing everyday.

QUESTION: If you could change one thing in 2007, what would it be?

**ANSWERS:**

- A return to state funded sealant programs that have been discontinued. Don't forget, fluoride programs are not available to people on wells.
- Get more dentists offering payment plans.
- More dentists taking Medicaid dental clients. There are services available in Buncombe County but transportation is an issue and it means taking more time off from work.
- We need an "Employee Assistance Network" for local small businesses and ways to add prevention, education, etc.
- If funds could be found, I'd like us to offer more enhanced night service, particularly since we have the staff and the building. If we could offer more services at Blue Ridge

Community Health Services, we could probably start staggering extractions and restorations.

- If we could get local businesses to contribute to create some services, we could get people seeing a dental hygienist twice a year for \$3.00/month.
- Find ways to attract more dentists to the county. We have a big capacity issue.
- We'd try this pilot program for medical care and find a way to enhance transportation to the doctor.

## Appendix D3

### Key Informant Group Interview Dialogue - Employment

QUESTION: How prevalent is this problem of un or under-employment? Why should everyone care about resolving it?

**ANSWERS:**

- Under-employment is more of a problem than true joblessness, which at 2% is very low.
- Un or under-employed people spend less locally. Business income growth is limited by the spending pool.
- In-adequate employment affects the local tax base and strains law enforcement.
- Typically, crime goes up where people are out of work. There's no way to measure the Meth problems vs. underemployment but you have to wonder.
- If you have unemployment and you have jobs available, then there's a disconnect. Some workers apply for jobs but do not want to work. There are multiple issues for the "disconnect". May have skills but other workers looking for employment have issues [i.e. drugs, mental health barriers, etc.] Others worry that *they won't qualify; the wage won't sustain them; can they work the required hours; can they get transportation.*
- We also have a HUGE under-employment issue. The numbers on Medicaid and Health Choice [for children] are a direct result. Parents often work two jobs.

QUESTION: What are the barriers to resolving this need?

**ANSWERS:** "Barriers to employment are significant for many of our low wage workers:"

- Transportation; connecting to Buncombe County or carrying passengers to and from rural addresses or for evening positions are especially tough issues. This often eliminates workers from readily available positions as Housekeepers, CNAs, Wait-staff; any job where evenings and/or weekends are required.
- Available and affordable childcare is often beyond the financial means of those who would work.
- Supplemental benefits like food stamps "disappear" as a family begins to better itself and moves even slightly above the poverty level.
- Some of our barriers are governmental:
  - Compared to SC, the NC Industrial Commission has historically proven not to be very business friendly. State government should be concerned about the reluctance of new business to locate in NC and existing businesses to stay. More opportunities mean more jobs and lower unemployment.
  - We need to welcome Tier 1 and Tier 2 automotive suppliers. However our growth is greatest in the small business area...lower wages, no benefits and little room for advancement.
  - WNC needs to be employer-friendly. We need companies like Arvin-Meritor to want to be here. They pay wages that allow for transportation costs, day care expenses and the like. Employees are challenged to get more training and they get rewarded for it.



- Many companies are adopting the "temp staff approach". It eliminates the need to pay benefits. Locally, 5343 individuals are on Food Stamps. Of those, 778 are supposed to work. 271 can't find work. They can be tough to motivate and tough to get a good entry level job. However, they do get a lot of referrals for this group.
- Another Barrier is the presence of mental health problems and/or substance abuse and that's a whole discussion by itself.

**QUESTION:** Is the timing right NOW to fix this problem of un or under-employment?

**ANSWERS:**

- Yes the timing is always right but people don't always know what's available for training help. BRCC is trying to provide technical education to increase job skills to get the job but you still have to get the people to the education.
- We have made a big push to train CNAs in the last five years and employment has been there BUT it has not solved the self-sufficiency situation. They still don't earn a living wage.
- Our work force is growing. It is a mistake to assume that all new residents are retired.
- There are 45977 jobs in this community and 1400 actively looking for work. Providing a "picture" of the local labor pool is part of recruitment.
- The challenges for the future include understanding developing trends for new jobs; keeping up with needs of local industries. Recruitment activity: a prospective new employer assesses an industry for transportation infrastructure, childcare availability and other "community development" issues.
- In 2005 Henderson County had 154 new business or expansion inquiries; 22 that moved to the next phase of exploration; 5 announcements of expansions or new employers. The challenge is demonstrating accountability to the community to justify public and private investment in the program.
- The solution is not always easy. We have low end pay scale jobs even within our own governmental structure and we constantly lose workers to at least one adjacent county that pay a better hourly rate. The competition for some workers is really something. It's not just local governmental jobs.

*"A lot of employment issues are resolved when the labor market is good for the job seeker. Programs, training and assistance cannot replace a strong labor market."*

Key Informant Interview on Employment, 2006

**QUESTION:** What would it look like if we made a real effort to address this? under-employment need? Realistically, what changes would we see?

**ANSWERS:**

- First of all we'd have more financially self-sufficient workers.

- It would change the childcare piece. Right now we have a lot of need and insufficient numbers of childcare slots.
- Employees that don't make enough money, haven't much chance of making more. Those with credentials are often still under-employed. Better wages fix this.
- On another front, it would be good if Advantage West would get more jobs so that people had choices. Henderson County Economic Development needs to be held accountable. Where are the results? What are we getting for our money? I don't see what they have done for us, for our county. I am expecting that they will bring major employers into the county for the money we pay Advantage West.
- We have the bodies and capacity to train. Advantage West needs to deliver.
- With new businesses in the county and training programs in place, we would see unemployment/underemployment rates drop and businesses competing for the best workers.
  - Don't higher wages drive employers out?

QUESTION: What do you think it will take to really fix our employment issues?

**ANSWER:**

- Round the clock Daycare.
- We need contracts by employers for flat rate daycare.
- It could become a lucrative business. We have some subsidized childcare now.
- Enhance the transportation available.
- We need more funding for additional hours of transportation
- Branching out the transportation routes right now is probably difficult with the gas crunch but that's worse on the workers.
- What happened? The state used to coordinate with us to handle infrastructure and incentives for jobs. Companies were moving in as fast as possible. Now building from the ground up is a time issue. Is water and sewer a barrier?
- Sure. A potential employer sees a lack of services at a location and availability elsewhere. They turn us down and go to ...elsewhere.
- The problem has always been around. Programs that offer education, training and counseling, are steps in the right direction and offer hope. Without these, we don't know how much worse the problem could be.
- We also need affordable housing in Henderson County. It's a terrible time for our lower wage workers. At \$700-800 for rent, most funds go for rental housing.

*"If we fixed our affordable housing problem, we would fix our self-sufficiency issue."*  
Key informant Interview on Employment, 2006

QUESTION: What do you believe is the impact of NOT resolving these needs? What will happen if we don't fix the problem?

**ANSWERS:**

- The crime rates go up. People get frustrated. Drug use goes up. I can't cite the numbers but there is ample data to substantiate that everywhere.
- You can also expect that the next generation of unemployed may have limited educational opportunities.
- You also get the trickle-down effect. No job – no comparable services. No job – no buying power. It hits everyone eventually.
- Someone already said it - What you get is 5000+ people on food stamps!
- We have to remember – most people are already working AND they still need us and our services. We are providing assistance to virtually every CNA in the county with rental assistance, Medicaid, childcare, or food stamps.
- 2% unemployment right now. Is that good? No, not if many are underemployed.
- The NC Justice Center data says a family of four making \$44,772/year in Henderson County would NOT need our subsidies. The median income in Henderson County is \$41,524. 42% make under \$35,000.

QUESTION: What special population issues do we have in this area?

- Adults with disabilities can be great employees. If they get the chance they get a loyal employee who may need a bit of help but the supports can be available. But once an employer has been burned they are less likely to try a second time.
- 9/10's of the ladies we assist...if only they had a better start in life. These ladies model the behaviors they learned and they teach it to their kids.
- Society needs to eliminate abuse and sexual exploitation and teach kids not to make bad life choices.
- On our local support programs, we see generational poverty. 44% of our Medicaid clients are working but so far below a living wage. You can start counting who's under-employed with this group.

QUESTION: If you could change one thing in 2007, what would it be?

- Transportation: We need more routes and I know that means more money. What we have done so far is great. We just need to do more.
- Jobs – pressure on Advantage West and tie their funding to their results!
- Education –and we need more plants. More CNA jobs are not the answer. We need more awareness of education and opportunities for people that lead to a good paying job.
- I disagree. It's hard to think about education when you are trying to keep your head above water. If an employee says s/he needs "X", we'll provide the education. We can do it.
- More Industry @ \$15/hour and your tax bill will go down.

- New businesses are being formed everyday and existing companies are looking for places to locate. They need to be influenced to come here.

***“Employment does not equal Self-sufficiency.***

*You mask the problem and still have poverty. But it's not that difficult to identify. They're your neighbor kids but they just don't seem to have what your kids do.”*

Key Informant Interview on Employment, 2006

**Appendix D4**  
**Key Informant Group Interview Dialogue – Financial Distress**

QUESTION: How prevalent is this problem of lack of savings? Why should everyone care about resolving it?

**ANSWERS:**

- No savings leads to more crises and that means that people tap into county funded services more.
- It also means people stuck in rundown trailers, can't get good housing.
- They default on small bills and then they can't get help.
- Irresponsibility and ignorance keeps them in poverty. They end up believing that life can't be any different.

QUESTION: What are the barriers to resolving this need?

**ANSWERS:**

- Often having money in savings makes their benefits go away.
- Systemic issues cause so much of the problems; parents don't educate their kids about money, parents aren't adequately trained to get a good job, they don't stay in school, lack childcare, the family just stays in poverty. Governmental policies sometimes encourage poverty.
- People making \$6/hr with two kids don't qualify for much help and they still don't make enough for the best subsidized housing.
- 45% of children nationally are raised in poverty. Henderson County is close to that mark.
- Agencies that offer help need to say to clients, "why do you need this help?" It starts the education process.
- People don't expect the unexpected; divorce, death, illness, broken leg. An incident happens and they lose big.

*"It's a lack of understanding. They pay the cable bill but not the electric bill, never realizing that they can't get one without the other."*

*Key Informants Interviews on Savings, 2006*

QUESTION: Is the timing right NOW to fix this problem of lack of savings?

**ANSWERS:**

- Yes, but money is not the answer. It's a pill, not a treatment of the real problem
- At our agency we aim to reduce the number of crises and get people to self-sufficiency.

- We can't fix the Federal piece of all this. Society and the economy create the poor. Have to do initiative locally.
- We need better partnerships if we are going to have low paying jobs. Find ways to homeownership, better childcare, etc.
- Then people can't live 45 minutes out. That raises the issue of transportation and housing problems.
- We have made amazing strides. Our county acknowledges its housing crisis.

QUESTION: What would it look like if we made a real effort to address this *lack of savings*?  
*Realistically, what changes would we see?*

**ANSWERS:**

- People would always ask the question, "How does your plan effect the poorest?"
- Policy makers would look to see the impact of a plan and gauge the fallout before implementation.

*"Everyday citizens and policymakers need to learn one thing: Every choice has negatives."  
Henderson County Interview on Savings, 2006*

QUESTION: What do you think it will take to really fix our *lack of savings* issues?

**ANSWER:**

- Lots more programs like WNC Saves.
- Curriculums in the schools that teach savings and the value of savings.
- A better living wage, less substance abuse, more affordable housing, transportation to rural areas 24/7.

QUESTION: What do you believe is the impact of NOT resolving these needs? What will happen if we don't fix the problem?

**ANSWERS:** More poverty, more crime, more drug abuse, more of all the things we don't want.

QUESTION: If you could change one thing in 2007, what would it be?

**ANSWERS:**

- Every classroom in the Henderson County school system gets financial literacy training. Juniors and seniors get training in credit management. Money training starts with 5 year olds. Great curriculums exist. We need to make it happen.
- The working poor would not be under-employed.
- We need to teach math with practical things like money.
- Local governmental education on what the real money issues are. More awareness. Education from the top down.
- Everyone would know what a specific decision does to the poorest.
- People would stop thinking "I paid for education when I had kids."
- Human Resource professionals who work for local employers would know more about EITC [Earned Income Tax Credit] and how it could work for their employees. That's a no cost fix.

"People would start thinking: *what am I doing for the people who take care of me?*"

Key Informant Interview on Savings, 2006

## Appendix D5

### Key Informant Group Interview Dialogue – Family Disagreements and Family Violence

QUESTION: How prevalent is this problem of unresolved family disagreements? Why should everyone care about resolving it?

#### ANSWERS:

- For an accurate count, you need to go to a variety of niches; ministers, magistrates, the DA. It takes a warrant for a case to get to court. I think about 100 cases go to court each year. We talk with another 100 but don't actually create a case. And then there are the ones that are just "out there". All sorts of issues abound.
- The conflicts seen at our agencies are actually passed from one generation to another with kids being the biggest victim. Kids have NO solution to the problem and they learn what they live.
- The "we don't talk about what goes on in our home" mantra is alive and well and operating in these families.
- What is hopeful is that some small changes are taking place. Kids will actually talk at school about the conflicts.
- We also still struggle with the notion that people just don't want to know about some of the horrid things happening like abuse. No one wants to confront it.
- We have no community response to what is a community issue; we still need to speak up more. And we need a community vision about how seriously these things should be taken. We need more awareness.
- Statistics on runaways may exist but we don't have them. What we do know is that a runaway is something very serious...something is very wrong inside the family unit.
- What is so awful is that law enforcement has no place to take those kids except right back home, the very place they do not want to be. Kids fear going home and having the family think that the child "talked". It's exacerbated in "meth households".

QUESTION: What are the barriers to resolving this need?

#### ANSWERS:

- [Should be] simple. We have a resolution center. Unfortunately, we can't always make people use it.
- Conflict is a continuum. Some go to Mental Health and get resolution. Others go to Consumer Credit Counseling and still others go to other resources.
- But once law enforcement is involved the barriers are greater.
- Usually a matter brought before the court is a last resort for the people.
- Sometimes they don't know they could have taken a different route.
- Language is a big barrier to getting help.
- Government policies also create artificial barriers; certain actions are mandated in set ways. That mandate keeps people from asking for or receiving help. You can't provide mediation services for people who are involved in a 50-B restraining order dispute.



- Makes it very hard for someone who has taken a long time to get ready to ask for help.
- Agency turf issues also are a barrier to resolution, especially those agencies that won't collaborate. We have other groups that don't take it seriously or they won't work with other groups. Some think that because the violence or the conflict doesn't happen in their arena, they don't need to be involved. They don't see how it overlaps all aspects of life.
- Turf wars create gaps in service.
- Then you have the traditional barriers: people aren't safe and comfortable asking for help. Some don't know what's available or where to go.
- The courthouse is not family friendly. Victims should not have to wait around with those they are there to accuse. We don't have enough Victims' Advocates. The value is not understood.

**QUESTION:** Is the timing right NOW to fix this problem of unresolved family disagreements?

*"This is a problem that is not going to go away. We will always have these conflicts. The key is to have the services in place that improve outcomes and reduce re-offenders."*

Key Informant Interview on Family Disagreements, 2006

**ANSWERS:**

- One problem is that we do not have a way to get conflict resolution into every home. If it were taught in schools we would get better adults in the bargain. There are some well designed and frequently utilized curriculums on the topic but so far we have had no interest.
- I would like to see us invest our "Juvenile Justice money" in part on children at risk, not just those already in the court system. They are the ones that need more Mental Health, more school counseling, more supports.
- Reaching out to the schools should have great potential. So far, it has produced no action that I am aware of and that is almost universal across our state. Ultimately, we may have to approach the churches. Like the schools, they have the space to tackle the problem and they may be interested.
- We all pay taxes. Why is it that the school system can decline to be a player in anything they deem to be outside their area? What's it going to take to get them to the table?

**QUESTION:** What would it look like if we made a real effort to address this need? Realistically, what changes would we see?

**ANSWERS:**

- Schools, churches, law enforcement, the court system and governmental agencies – all at one table doing what's best for the kids.

- As long as you mean having the CEO of an organization there, not his secretary. Too many attend the first meeting and then send a substitute – who can't make decisions and commit resources.
- We need CEO's saying "this is our culture and we are going to support it."
- Even the Family Violence Task Force has fallen victim to the same drop-out rate.
- We would see a change in attitude among those who think that the problem is "not happening on my watch."
- It has to be a community priority. It effects how the money is allocated.
- The fix has to come from the top down AND the bottom up.

QUESTION: What do you believe is the impact of NOT resolving these needs? What will happen if we don't fix the problem?

**ANSWERS:**

- It's scary to think about. More court time, more violence warrants, younger aged children in court and disputes at a younger age.
- As the density increases, violence will probably go up. It's not the density that is the issue; it's the lack of community and the increase in conflicts and interpersonal issues.
- Violence could move into the schools dramatically and they are not prepared to address it.
- People don't want to live in a community that is not safe and nurturing.

QUESTION: What special population issues do we have in this area?

**ANSWERS:**

**Elder Citizens:**

- Elder abuse is on the rise. It comes from family members who exploit and abuse them and withhold their medicines. Elders don't call law enforcement – it alienates their caregivers
- Council on Aging Meals on Wheels locates some of these cases but so many are unidentified. It's tough for us to know about the ones who don't attend the Sammy Williams Center.
- We have the help of postal workers, City trash pick up. They look for a change in the customer's routine and they call us. The postal workers could get information to the isolated and the Medical establishment needs to do as much as they can. Often the elder is so depressed and isolated.

**People with a language barrier:**

- Our residents who speak primarily Spanish, Russian or an Asian language are also isolated. And there are cultural issues. Often they don't want to ask for help or they want you to intuit that they need help and offer it. It's tough.
- Many of the local players need more diversity training. It's a real issue.
- The "Building Bridges curriculum" would also be useful. It allows whites and African-Americans to share life experiences.

QUESTION: If you could change one thing in 2007, what would it be?

**ANSWERS:**

- Easy! A Conflict Resolution curriculum for grades K-12 put in place and active in all our schools. And it should include bullying
- A school-based day long Family Fair where kids and families have a positive interaction as they start the year, with parents in attendance. Families being raised by grandparents would attend too.
- We'd fix our rural transportation needs, affordable housing, living wage and the child care subsidy. It all effects family disagreements.
- We also need transitional housing without policy limitations like having to be working when families are dissolving.

*"All our needs continue. Most are more visible. Many are getting worse over time."*

Key Informant Interview on Family Disagreements, 2006

## Appendix D6

### Key Informant Group Interview Dialogue – Diversity Issues

QUESTION: How prevalent is this problem of discrimination? Why should everyone care about resolving it?

#### ANSWERS:

- Discrimination is nothing more than people who will not or cannot open their minds to other possibilities. Diversity is inclusion. It's the way to go.
- Discrimination is quite prevalent in the White community in Henderson County. It's as if the communities are set: White, Black and Hispanic. We put a pretty face on it. It's covert but it's still there.
- I'm a local professional but I drive through bad places as a matter of my work. I'm stopped and profiled. My fiancée, who has his own business was paying a worker and dropping him off after work. My fiancée was well dressed and well groomed but he was stopped and arrested because it looked like a drug deal. We had to sue the police department.
- In stores, we are treated like potential thieves. And it affects our ability to purchase homes, still.
- The discrimination is obvious. I feel it. We all do. My approach is to ask people to respect me. Even transplants from other areas feel some discrimination.
- Teaching is the best tool. I teach my associates and clients to expect respect and to step up and fight for/ask for the respect when they have to.
- I had a bad experience at a large chain warehouse when they demanded I renew my membership card and I knew I had done so several months before. I asked to speak with a manager and then a supervisor. When I threatened legal action, they backed down and found my renewal. You have to do that sometimes.

*"We know that members of the Latino community are victims of a wide range of unreported crime. We want to help and we can't get them to come forward. Our job is to protect residents. Lack of documentation doesn't change that."*

Interviews with Local Law Enforcement, 2006

QUESTION: What are the barriers to resolving this need?

#### ANSWERS:

- You [gesturing to another participant] make me realize that something does have to be done but WE have to be the ones to do it.
- Not all discrimination has gone unaddressed. Look at King Creek housing and the housing laws that have protected local residents.
- We Latinos are doing well but, to be honest, we haven't been here long enough to have the chance to mess up our credit and diminished our chances. So often, we don't have a credit history.

- Well, we [African Americans] have messed up our credit history. I don't know if that's worse than the other segments of our local society. I just know that a lot of people struggle with this. And we don't have an EI Centro to help. We also don't help one another. I think sometimes we hold each other back.
- We just have no leadership to address these issues. A Black EI Centro with a social worker would really help.
- In both the Hispanic and Russian communities locally, they get together to do what is needed.
- Blacks are invisible and they don't get together to help. Hispanics are not invisible. Neither are the Asians or the Russians. We don't even support our own Black businesses. Where businesses are is an impediment.
- Hispanics are everywhere [throughout Henderson County]. Blacks don't seem to be everywhere.
- Here we have a desire to move out but we don't have the money to do it. It's particularly difficult for a single parent to move out.
- Black people would like to mingle more but there's a lot of fear about that and stereotyping makes it harder. We welcome you in but you don't welcome us. We just want to feel welcome.
- I think a both communities have opportunities. Hispanics are limited by lack of documents and that breeds a whole different type of discrimination. Housing, jobs, crimes against us.

*"I tell myself and my friends and family, I can't feel bad about what people think. I can't let that type of person make me feel bad [about myself]."*

Key Informant Interview on Diversity, 2006

QUESTION: Is the timing right NOW to fix this problem? What would it look like if we made a real effort to address discrimination? Realistically, what changes would we see? What do you think it will take to really fix our diversity issues?

**ANSWER:**

- We know it's not an overnight fix but we need to do more. Communication, education, sharing go a long way towards helping. Be inclusive, attend festivals and events.
- Yes, it's going to be more work but it's worth the time.
- We need more leaders, we just don't have enough.
- We also have to push at the family level. We need to say "you ARE going to college."
- Push communication. In the end, better families, make better communities.
- Re-introduce basic rules and values: respect, freedom, justice for self and others
- When we meet, we need to hold meetings at a time when Black people can attend.
- We need to build trust and not just write information down and file it away.
- We have been around a long time and we are not integrated into the community fabric.

- The Alliance [or some other group] needs to go to WLOS and say that we sit around these tables and we care. We need "our people" to know what we said.

*"[I ask myself]...how much have I done to change things, like write a letter to the newspaper. I think about it but I don't do it. I need to take risks and stop being safe."*

*Key Informant Interview on Diversity, 2006*

- We need to get our families together. Find common threads.
- Children don't have barriers. They're open. Kids area easier but how do we help the older folks?
- We need help from the whole community to start a place like El Centro for the Black community. Give out health information. Give out information on going to college and how to get the money. But how to get the money?
- Don't take outside money. It comes with an agenda. And remember, some people don't want to change.
- We need trust within the Black community to let us grow! We need a place to meet and do this. Yes, put in a social worker, maybe at the Boys and Girls Club?
- People stop us in Wal-mart and ask us questions because we are a safe source of information. We need a real place where that can happen.
- Just be sure – don't give the fish. Teach fishing!

**QUESTION:** What do you believe is the impact of NOT resolving these needs? What will happen if we don't fix the problem?

**ANSWERS:**

- Hispanics seem to have the idea how to better themselves and create a movement. Blacks will not do that.
- If we do not act, things will not get better. People need to be enriched. Hispanics have done this as a group.
- If we do nothing, we can expect more of the same. Things do not change without effort.
- We can also expect more crime, more pregnancies, and more burdens on DSS.
- We may never eradicate discrimination but we can decrease it.
- Unity is the key and it starts at home with history, identity and self-pride. We are not the only people who want change in this area.

*"A great intervention comes along when the right environment exists. We have to create that."*

*Key Informant Interview on Diversity, 2006*

QUESTION: If you could change one thing in 2007, what would it be?

**ANSWERS:**

- I would like to see an El Centro-like organization set up and being used by the African-American community to enrich their lives and that of the children.
- I would like to create a climate in which others are glad when you better yourself; that we are unified and supportive of one another.
- I would like to get the correct information out about the Immigration issue so that the public is correctly informed.

*"I would like us to be a unified, universally supportive community."*

Key Informant Interview on Diversity, 2006

**Appendix D7**  
**Key Informant Group Interview Dialogue – The Faith Community**

***The Community Voice***

*"The consequences of these human service needs are, that left unchecked, those that have nothing will continue to have nothing. Is that really what we all want?"*

*Faith Community Interviews, 2006*

The Faith Community speaks out eloquently about the things they believe need to be heard by everyone:

- "We are worse on every score for the working poor. The Living Wage issue is key to so much but it unlikely to happen without a political revolution. That's not coming soon, so we need to be sure we have in place a safety net of supplemental services.
- Affordable housing is gaining momentum but we need more.
- We need better health care, services for children and more public transportation.

People are choosing to live here but are finding that difficult. That should concern us all. If they leave, who do we think will replace them? The goal is not to get a steady stream of people leaving town for better conditions but staying here and providing the services we all want.

- We need morals to come back in fashion. We need children understanding the lifelong consequences of teen aged pregnancies.
- We need people to understand that Affordable Housing is a start but we are not done yet!
- We need an Affordable Housing Trust Fund to help our housing situation. It has worked elsewhere and could work here.
- The needs we face are so serious that it tears families apart. Families are resilient and want to survive but stressors tear them apart.
- Lots of families are in trouble. The current climate with Mental Health Problems and Substance abuse is so serious it is damaging families more than you know. They work out their problems on each other and that's not good.
- The Children and Family Resource Center is wonderful but we still do not have enough funds and facilities for children.

*"It's time to ask ourselves, 'What kind of a community are we creating?' We need stronger leadership locally; a greater desire to get together and fix what needs to be fixed. Let's commit to having a community that cares."*

The middle class is slowly vanishing. We don't seem to be able to stop or regulate development. What brought people here is slowly changing for the worse. Helping to maintain the lives of the residents in our service sector should concern us all. It's a subsidy to the business community. It's a subsidy to the retirement community who want services.



- People of means come here for a good life, not to exploit others. But not initiating concern for others hurts us all.
- In many ways we are 20 years behind other parts of the country. So the answer is to look at areas that are 20 years ahead. What mistakes did they make? You only have to look at the "Rust Belt" or places like NY, NJ, Mid-West and Texas. You have to change your viewpoint to save a community. We don't have to make those mistakes.
- We do not want to change to a community of "the ungenerous"; the haves and have-nots. It's important that people pay attention.
- If we don't change, the consequences are a lot of human tragedy, more children without even the basics and more prisons. The current poor will move on and we'll get a new tier of middle class.

*"We do not live in a vacuum. We need to drop our contempt for the poor and remember what happens to the least of us, happens to us all."*

Faith Community Interviews, 2006

## Appendix E

### Family Budget Using the LIS Standard\*

Wendy's Budget: 2005 Realities of the Road to Self Sufficiency - One Woman's Story

INCOME	Minimum Wage	Poverty Level	Living Income Standard
<b>Hourly Wage</b>	\$ 5.15	\$ 7.74	\$ 16.44
Gross per year	10,712.00	16,099.20	34,195.20
Gross per week	206.00	309.60	657.50
Gross per month	892.66	1,341.60	2,849.60
<b>Net per Month</b>	838.33	997.85	2,264.19
<b><u>Monthly Income</u></b>	<b><u>\$ 838.33</u></b>	<b><u>\$ 997.85</u></b>	<b><u>\$ 1919.40</u></b>
<b>SUBSIDIES:</b>			
Work First(TANF) <sup>2</sup>	Ineligible	Ineligible	Ineligible
Food Stamps <sup>3</sup>	266.00	\$ 144.00	Ineligible
Child Care <sup>4</sup>	886.00	850.00	690.00
<b>EXPENSES:</b>			
Rent/utilities	\$ 700.00	\$ 700.00	\$ 700.00
Child Care	89.00	125.00	285.00
Groceries	164.00	286.00	430.00
Telephone	28.00	28.00	28.00
Laundry	48.00	48.00	48.00
Car Payment	200.00	200.00	200.00
Gasoline	100.00	100.00	100.00
Car Insurance	100.00	100.00	100.00
Misc.	157.20	158.70	189.10
Health Ins. adult	none	none	none
<u>Health Ins. kids</u>	<u>yes n/c</u>	<u>yes n/c</u>	<u>Ineligible</u>
<b>Total Expenses</b>	<b><u>1,586.20</u></b>	<b><u>1,745.70</u></b>	<b><u>\$ 2080.10</u></b>
Total Income	838.88	997.85	2264.19
Shortfall/Overage	[-729.32]	[-747.85]	184.09

**Basic Expenses for a single mom with an infant and preschooler in Henderson County, based on local market rates, and using all available subsidies.**

**FULL TIME IS 2,080 HOURS OR 40 HOURS X 52 WEEKS**

<sup>1</sup>**EITC** Wendy would be eligible for EITC while she makes \$5.15 per/hr and \$7.74 per/hr. However, the majority of families that are eligible choose to take the payment once a year at tax time.

<sup>2</sup>**WORK FIRST** N.C.'s name for its federal TANF program, Temporary Assistance to Needy Families. It is called Work First but no one who is working, even at minimum wage, would be eligible for even a minimal check. The maximum check for a family of three with NO other income is only \$272 per month. TANF has two time clocks, 24 and 60 months. After 24 months of receiving TANF benefits, then the family may not receive any cash assistance for 3 years. After 60 months families are no longer eligible for cash assistance.

<sup>3</sup>**FOOD STAMPS** Gross income may not exceed 130% of poverty and net income must be below 110% of poverty level. Extending eligibility for this subsidy would help millions of low-income families with food security.

<sup>4</sup>**CHILD CARE** Eligibility extends to 200% of poverty guidelines with most parents' portion set at 9% of their income. In Hendersonville costs for a 3 star center are now \$936 per month for an infant and a preschooler like Wendy's.

Notice that **this subsidy makes Wendy's budget work at the \$16.44 level. Without this subsidy, she would be \$505.91 in the hole each month. Were she to make one nickel more per hour, she would be ineligible for the program. This puts Wendy in the position of never being able to accept a raise.**

**SUBSIDIZED HOUSING** Our county has a total of 838 housing units serving less than 6% of the *eligible* population. It was decided not to include rental subsidies in this budget since a typical family would not be able to secure this subsidy. \$ 700 is based on local market rate of \$500 rent + utilities

**Grocery costs** based on low cost food plan + \$100/mo. for non-food items i.e. soaps, paper goods, diapers. **Auto loan** based on a \$ 6,000 car loan at a good interest rate. **Miscellaneous** cost is 10% of all other expenses.

## Appendix E [continued]

### Wendy's Budget Explanation

Wendy is a 30 year-old mother with two children—Dick age 4 and Jane age 9 months. Like many single - mothers, the father of the children cannot be located and pays no child support. This budget shows Wendy's economic situation as her income rises and her subsidies decrease.

At \$5.15 per hour (below poverty wages), Wendy gets a subsidy of \$1,152 per month. At the poverty level, Wendy's subsidy is reduced by \$158 to \$994. However, in both cases Wendy still has a deficit. She is actually worse off at the higher rate. These negative incentives continue as she earns more.

With an advanced education, Wendy may be able to obtain a job at the highest rate of \$16.44. The Living Income Standard of \$16.44 is a very high pay rate in our county nearly matching census figures for Henderson County's median *household* income of \$38,109<sup>1</sup>. However, The Employment Security Commission estimates the average income from wages is \$28,704. Still with the rising cost of daycare to deal with and only one wage earner, Wendy's earnings are barely enough to meet the modest budget needs of a single mother and two young children only because of a \$690 per month child-care subsidy. This *still* cannot be called self-sufficiency.<sup>1</sup>Census Bureau/02

What makes Wendy's situation even more tenuous, Wendy's rate is on the exact upper limit for this subsidy, meaning even a nickel raise would make her ineligible for this \$690 subsidy that make her entire budget balance. This puts her in the absurd position of arguing *against* even the slightest pay increase!

We hope you will use Wendy' budget as a teaching aid in developing understandings of the meaning of the Federal Minimum Wage, the Federal Poverty Line, the Living Wage Standard.

Every effort has been made to insure that figures presented below represent accurately the economic reality of Henderson County.

#### **Income Variables by Columns:**

- The Federal Minimum Wage is \$5.15 per hour.
- The Federal Poverty Line is \$ 7.74 per hour for a family of three.
- The Living Income Standard is an estimate of what it takes to survive at a "bare bones" level in NC Counties. (This study was done by NC Equity, a NC non-profit advocacy group, through a grant funded by the Z. Smith Reynolds Foundation and released in January of 2003.) The wage to provide this level of survival in Henderson County for this family size is \$16.44 per hour. The wage does not provide for health care for the adult or children, savings or debt.

#### **Some facts this budget illustrates:**

- Housing, food, and child-care expenses go up as income increases and subsidies decrease.
- Wendy's family loses food stamps 10% above the poverty level. While Food Stamps pay only for food, our Grocery amount includes household and paper products such as toilet paper, laundry soap, shampoo, feminine hygiene products, and diapers.
- Wendy's children are eligible for Health Choice at the first two income levels.

Review the budget bottom lines. There is little incentive to earn beyond the poverty line. In our community there is little likelihood that in our community Wendy will ever become truly self -sufficient. Look particularly at what happens to subsidies! Contemplate whether we can effect some change!

For more information contact Beverly Kelly at (828) 697-7029 or email at [bk7iam@bellsouth.net](mailto:bk7iam@bellsouth.net)

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**REQUEST FOR BOARD ACTION**

**HENDERSON COUNTY  
BOARD OF COMMISSIONERS**

**MEETING DATE:** Wednesday, August 2, 2006

**SUBJECT:** 2006 Human Services Needs Assessment  
Prepared by the Alliance for Human Services

**ATTACHMENTS:** Yes

**SUMMARY OF REQUEST:**

Attached you will find a copy of the 2006 Human Services Needs Assessment as prepared by the Alliance for Human Services. This Needs Assessment has been made possible by Henderson County, as one of the three Alliance funders, and provides valuable information regarding the County's human service needs.

**BOARD ACTION REQUESTED:**

Staff recommends that the Board of Commissioners support the Alliance for Human Services' efforts by 1) requesting that the Alliance bring back specific recommendations for addressing the findings within the Needs Assessment for the Board of Commissioner's review, and 2) the Alliance participate in the County's 2007-2011 Strategic Planning process by having input during the scheduled listening sessions or through the completion of the e-survey.