

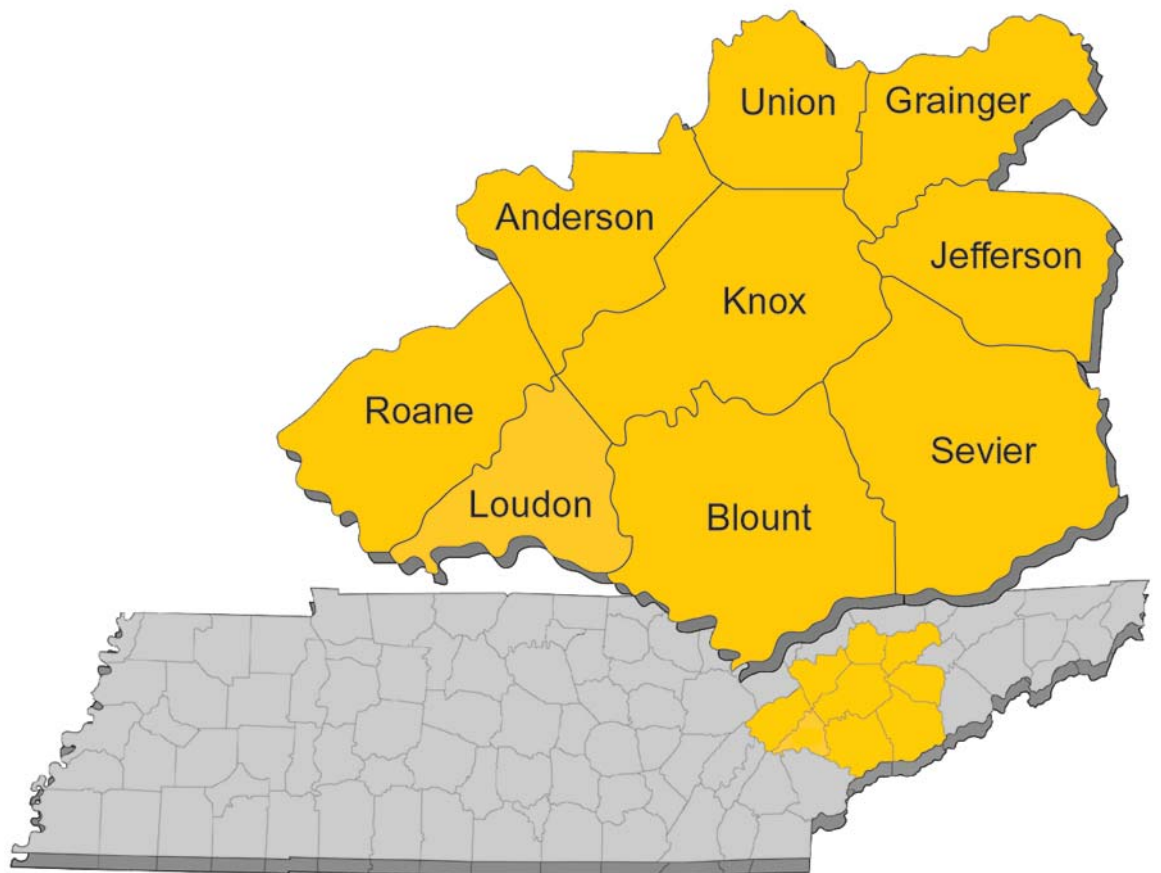
EXECUTIVE SUMMARY



NINE COUNTIES. ONE VISION.
Imagine The Possibilities.

NINE COUNTIES. ONE VISION.

NEEDS ASSESSMENT RESULTS



A Region Growing Into Greatness.

A PRESENTATION OF THE SOCIAL SERVICES TASK FORCE

Prepared by The University of Tennessee College of Social Work Office of Research and Public Service

NEEDS ASSESSMENT RESULTS



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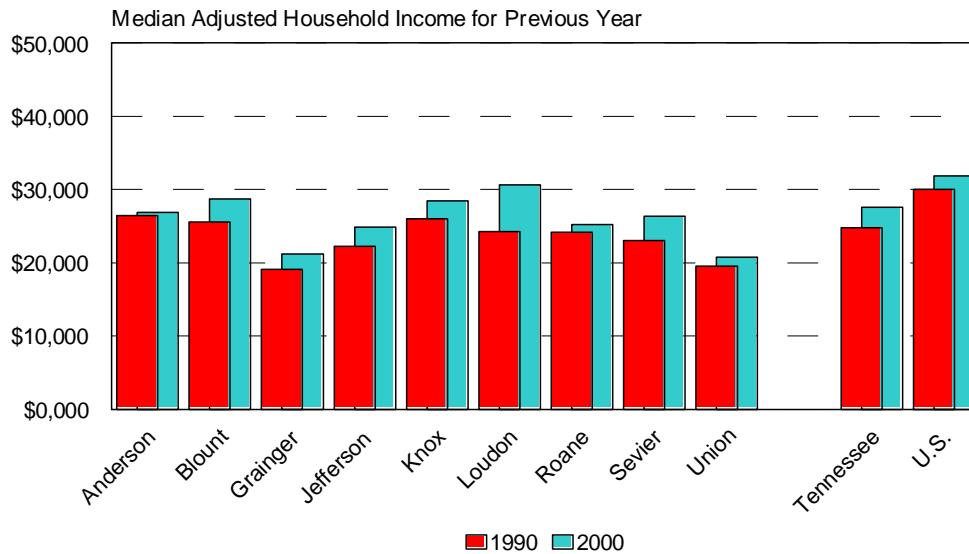


In the final phase of the needs assessment, focus groups were conducted with community leaders and social service providers in every county of the region. Through a modified nominal group technique and using information from the two

earlier phases of the needs assessment, focus group participants were asked to identify the most critical problems and gaps in services for their county. The principal results of that process for the Nine Counties region are presented here in summary form. For a full report, please refer to Nine Counties. One Vision: Focus Group Results and Final Needs Analysis on the Nine Counties. One Vision. Website: <http://www.ninecountiesonevision.org>. Please refer to the same website for related documents: Nine Counties. One Vision. Profiles; Viewbook: Nine Counties. One Vision; and Nine Counties. One Vision: Household Survey Report, 2003.

The emergent populations in need included families living on the edge of poverty, young adults, and Latinos and other immigrants.

Median Household Income Adjusted for Inflation,
1990 and 2000



Most Critical Problems

Emerging Populations in Need

While those living in poverty continue to need a variety of social services, the emergent populations in need of social services include three groups not traditionally served by social service organizations.

Families Living on the Edge

The meager income of families living on the edge of poverty barely covers household expenses, medical care, and other bills. When an unexpected situation arises, these families struggle with making the difficult choices among food, medicine or doctor visits, making their mortgage or rent payments, and paying for and maintaining their automobiles. They are the ones most affected by unemployment, increases in housing costs, rising health care costs, and overall increased costs of living. With strict income-based eligibility criteria,

many social service agencies are unable to help them.

Latinos and Other Recent Immigrants

The population of Latinos and other immigrants has increased dramatically in every county of the region, and many social service providers are ill equipped to serve them. Many work at low-paying jobs, live in over-crowded housing, and are hesitant to seek help for fear of deportation. Translation services, if available at all, are insufficient; and agency staff may not competently deal with cultural values and practices that are different than their own.



Young Adults

“Twenty-somethings” surfaced as a subgroup of the population who were experiencing more household problems than some other groups. While many of these young adults have characteristics similar to “families living on the edge,” they as a group have some unique characteristics. Focus groups talked about the problems of youth without the job and life skills needed to compete in today’s job market. These inadequacies leave many in low-paying, dead end jobs with no way to get ahead. For young families, this means two parents working for minimum wage and barely being able to afford the necessities of life. For single young adults, it means living in poverty and adopting a lifestyle that may lead to crime,



substance abuse, or homelessness. These young adults may also include those exiting the foster care system with few life skills and little or no familial support.

Care for the Elderly

The number of elderly residents in the Nine Counties region has increased in the past 10 years and is expected to continue to rise. Shortages are evident in respite care, meals for the elderly, in-home services, and even assisted living facilities. What is available may not be affordable, and the low-income elderly are not able to get the assistance they need to remain in their homes and out of long-term care facilities.

Anxiety, Stress, and Depression

Having a lot of anxiety, stress, or depression was reported as a problem by more than one-third (36.1 percent) of the household survey respondents, and 13.9 percent indicated that this issue was a major



Anxiety, stress, and depression was reported as a problem by more than one third of households.

problem for their household in the 12 months prior to the survey. This was a widespread problem across every county and every subgroup of the population.

Perhaps though, as some focus group participants suggested, this phenomenon could be viewed as a symptom of the social and economic pressures placed on families living in or at the edge of poverty, or perhaps simply as a factor of our busy and stress-filled lifestyles.

Whatever its cause, the extent of the problem does necessitate a closer examination of whether counseling services for individuals and families are readily available, accessible, and affordable.



situation; many need a holistic approach with long-term, intensive case management and coordinated services to help ameliorate the conditions that make them vulnerable to a host of household problems.

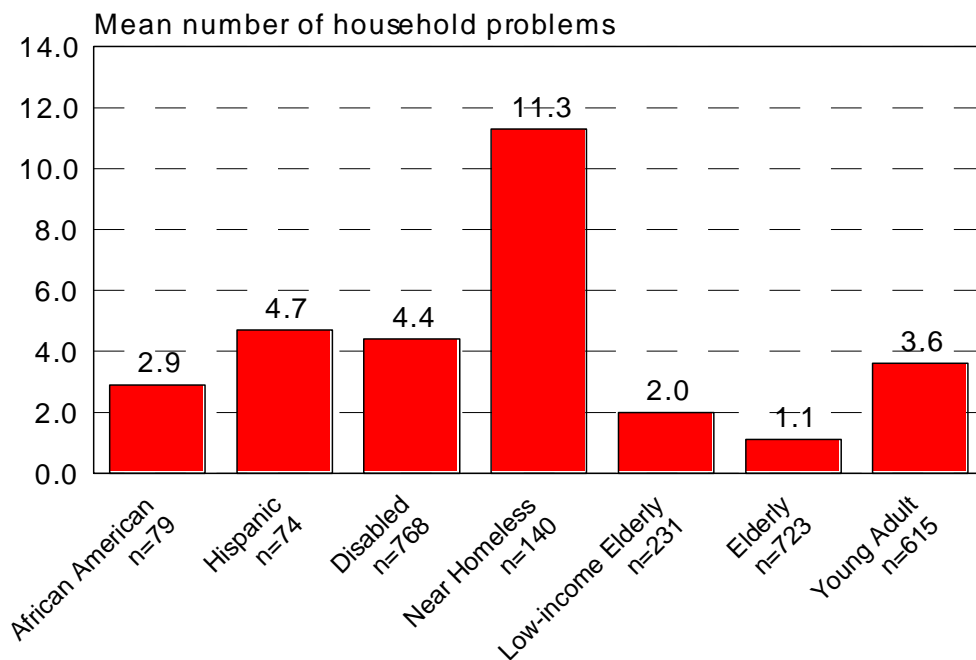
At-Risk Households with Multiple Problems

As revealed in the findings from the household survey, the most critical problems are interrelated and systemic, and the families affected tend to face a clustering of problems. Short-term, targeted services or a one-time handout cannot remedy their

Methamphetamine Use and Production

The use and production of methamphetamine is a problem that substantially impacts family functioning and taxes the already over-burdened child welfare system. According to national

Average Number of Problems Per Household for Target Groups





Health Issues

Health issues were among the top concerns expressed by focus group participants. Participants in some counties expressed concern about teen pregnancy and child death rates that were somewhat higher than state and national averages. However, focus group participants were most concerned about mortality rates that are considerably higher than national averages. In the Nine Counties region and each of the individual counties, mortality rates exceed the national rate of 873.1 per 100,000 deaths. The same is true for mortality rates associated with heart disease, cancer, cerebrovascular

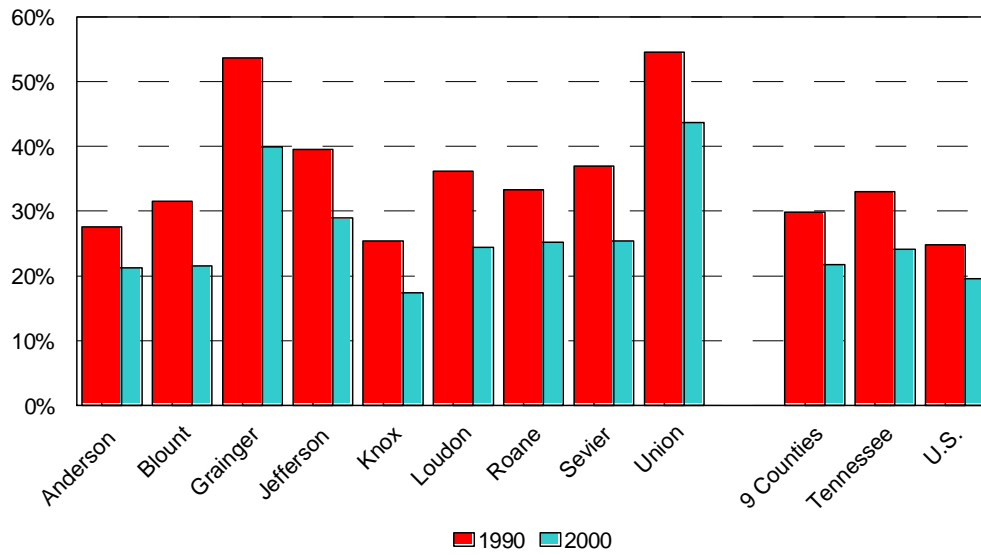
disease, chronic lower respiratory disease, influenza and pneumonia, chronic liver disease and cirrhosis, and accidents and unintentional injuries (*9CIV Profiles*, p. 18). These rates point to the ill health of citizens in the Nine Counties region and their need for health care services and prescription medications. Recent studies found Tennessee as one of the leaders in spending for prescription drugs and health care.

Air and water pollution and related health issues appeared as problems unique to the two rural counties, Grainger and Union. Some rural residents of these counties rely on well water that may not be safe for consumption and may pose significant health concerns for residents of these counties. The focus groups in these counties were also concerned about the poor air quality and its effects on those with respiratory conditions.

studies, methamphetamine production is a problem unique to rural areas. In rural counties and rural communities within some of the more populated counties, the use of methamphetamine has increased dramatically in recent years; and the production of this substance in meth labs poses problems for families and for agencies serving children. Children exposed to methamphetamine production are often placed in foster care, with little likelihood of return to their drug-addicted parents. For the parents who are addicted to drugs, there are few treatment options. Additionally, once convicted of producing these toxic substances, the availability of social services decreases due to restrictive eligibility requirements preventing those with a history of convictions related to substance abuse from receiving services. The limits on services for mental health issues further restrict individuals from getting the help they need.

In the Nine Counties region, one in five adult residents age 25 or older (21.7 percent) does not have a high school diploma.

Percent of Adult Population with Less than a High School Degree, 1990 and 2000



Education

The percentage of the adult population without a high school diploma, teens leaving school with no job or life skills, and children not ready for school were problems mentioned in many counties. One in five adult residents age 25 or older (21.7 percent) in the Nine Counties region does not have a high school diploma, and this percentage is considerably higher in Grainger and Union counties, where 39.9 and 43.7 percent, respectively, of adults over 25 do not have a high school education (*9CIV Profiles*, p. 14). The number of teens who do not graduate from high school and of those who leave without sufficient job and life skills was cited as a critical problem in Blount, Grainger, Loudon, Sevier, and Union counties. Focus group participants indicated that these youth were ill prepared to enter the workforce and become productive citizens.

Another issue was the number of children who enter school not ready to learn. Children’s inability to learn was attributed to the lack of affordable and high quality child care available to children and families and the educational deficiencies and

excessive work schedules of many parents that place limitations on their ability to adequately prepare their children for school.

Rural Areas with Inadequate Services

While Knoxville agencies generally serve residents outside Knox County, there are portions of the Nine Counties region in which social services needs are not being adequately met by Knoxville-based agencies. The rural counties (Grainger and Union) rely primarily on Knoxville-based agencies because they lack the ability to provide social



services within their county. All they have available locally are county-based government agencies and some emergency assistance by local churches and benevolent organizations. Anderson, Blount, Jefferson, and Sevier—the more populated and urbanized counties in the region—are more self-sufficient and capable of providing a variety of services inside the county. Loudon and Roane County, while providing more than rural counties, have fewer service options available locally. The other factor discovered during focus groups is that people who live in closer proximity to a county bordering the Nine Counties region often prefer to seek help outside their home county and outside the region. For example, some rural Jefferson County and Grainger County residents prefer to go to Morristown rather than Knoxville to seek the services they need.



son, Knox, and Sevier counties, where buses and/or trolleys operate in the cities, public transportation is not accessible to rural residents and those who do not live on bus routes.

The unavailability of public transportation is only part of the problem. Getting transportation services for special subgroups of the population may be the larger and more relevant problem. A small percentage (5.1 percent) of survey respondents reported not being able to get special transportation for an elderly or disabled person in the 12 months prior to the survey. While ETHRA Public Transit operates a transportation services program in every county, the services are limited to specified target populations and for specific reasons (transportation for medical care for the elderly and disabled, transportation for welfare recipients to attend classes or work programs, etc.) Every focus group that reported a gap in transportation services felt that the transportation services available were simply not sufficient to meet the need.

Major Service Gaps

Transportation

Public transportation is lacking in all the counties except for a few urbanized areas. Nearly half (45.1 percent) of all survey respondents in the Nine Counties region reported that public transportation services are not available to them. Even in Ander-

Nearly half of all survey respondents in the Nine Counties region reported that public transportation services are not available to them.

Shelter for the Homeless

Sheltering the homeless population was identified as a critical need in most counties in the region. Shelter for the homeless was perceived as unavailable by 40.3 percent of the survey respondents, and one-fourth (25.6 percent) of those who thought shelter services were available rated their quality as poor. In the Nine Counties region, only Knoxville has organized shelter programs serving the homeless. Counties other than Knox have not developed shelter programs, and for most, developing and maintaining a homeless shelter is not economically, politically, or socially feasible.

Two categories of homeless exist, and each is treated differently by social service providers. First, there are those who are transient and “live on the streets.” These individuals are frequently referred and transported to Knoxville-based homeless shelters from the surrounding counties. The second group live and work in the community and find themselves temporarily without housing. For these individuals and families, community agencies try to locate temporary housing to enable them to remain in the community until their housing situation can be resolved. There may in fact be a third group – the near homeless – who struggle month to month to meet household expenses and are just one step away from needing shelter services. Focus group members relayed that services for all three groups are deficient and that there are a growing number of people who are homeless and near homeless in their communities.

Emergency Shelter for People in Crisis

While emergency shelter for people in crisis, including victims of family violence and people with mental health problems, was not one of the top five needs identified except in Grainger and

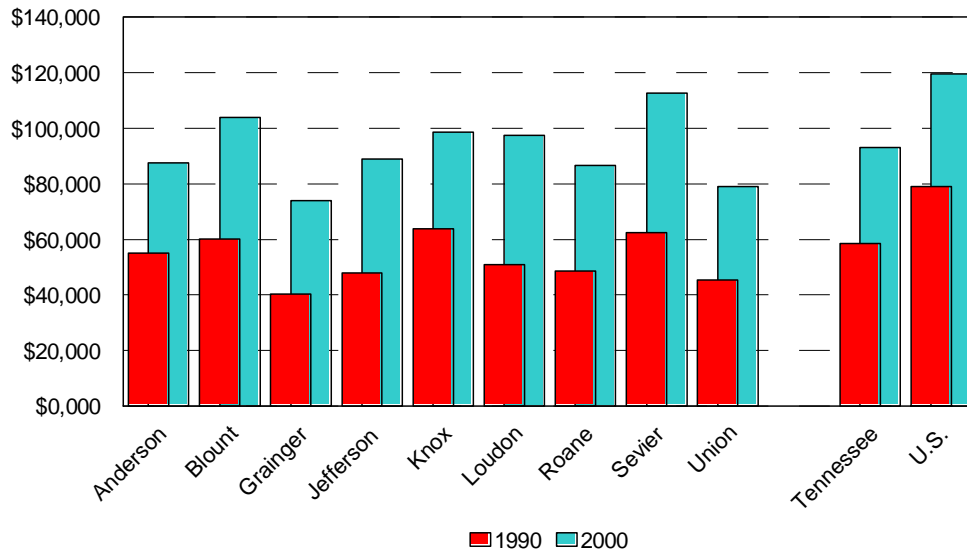
Jefferson counties, the shortage of emergency shelter services was identified as a problem in every county. Some counties did not have in-county shelter services for victims of family violence. Consequently, these victims have to leave their home counties in order to escape further battering from their spouses or partners. For those who work in their county of residence, it may become a hardship to maintain their jobs and keep their children in school unless they can be housed in a safe shelter in the home county.

Affordable Housing and Housing Assistance

Affordable housing was the number one problem in Blount and Sevier counties, perhaps because housing costs have skyrocketed in the past several years and public housing and other types of housing assistance are reportedly quite limited. Blount County focus group participants reported a considerable waiting period to get into public housing developments or Section 8 housing. While Knox County was the only other county where affordable housing was mentioned as a service gap, Anderson, Grainger, and Loudon counties’ respondents indicated a need for more housing assistance programs to help low-income families defray the



Median Value of Owner-Occupied Housing Units,
1990 and 2000



costs of rent, utilities, rent and utility deposits, and home repairs.



Survey results confirmed that people were having difficulty with housing costs. One in 10 (10.1 percent) reported not being able to pay their utility bills in the 12 months preceding the survey. Almost as many (9.1 percent) reported living in housing that needs major repairs, 8.0 percent reported not having enough money to pay for housing, and 8.0 percent reported not having enough room in their house for all the people who live there.

Mental Health, Crisis Intervention and Counseling Services, and Substance Abuse Treatment

The need for mental health services is underscored by the percentage of people reporting a lot of anxiety, stress, or depression in the household survey. Of household survey respondents, 13.7 percent stated their perception that mental health services are not available in their community. Of those reporting that mental health services were available, 10.0 percent felt that the quality of the services were poor. The focus groups revealed that private providers and mental health centers do offer

counseling services in most communities throughout the Nine Counties region. However, the services are sometimes insufficient to meet the needs of people in crisis, low-income adults who cannot afford the costs of private therapists or other types of counseling services, and teenagers who are having difficulty at home or in school.



Affordable Child Care

Not being able to find or afford child care or after school care was reported as a problem by 5.7 percent of the total households contacted in Phase 2 of the needs assessment, and 2.8 percent reported this as a major problem for their household. Only a small percentage of households (6.0 percent) indicated that child care services were not available in their community, and 7.3 percent of those who stated that child care was available rated the quality as poor.

While these statistics do not point to an overwhelming need for additional child care and after school care, they do indicate that some families are struggling with finding quality and affordable child care for their children. Focus group discussions confirmed this observation. Six of the nine counties indicated that there was a critical shortage of

quality, affordable child care in their communities, stating that families must sometimes wait 2 to 3 years to obtain quality care. Young, low-income families, and particularly families headed by single parents, are the groups most affected by the lack of affordable child care.

Free or Low-Cost Medical and Dental Care

While 22.8 percent of the population in the Nine Counties region is covered by TennCare (*9CIV Profiles*, p. 22) and many of the elderly and disabled have Medicare, there is a group of low-income households that cannot afford insurance. Survey results suggest that as many as one in five (or 19.2 percent) of the households cannot afford or get medical insurance. The lack of insurance or other medical coverage forces them to seek medical care only in emergencies, do without primary and preventative care, or make difficult choices between

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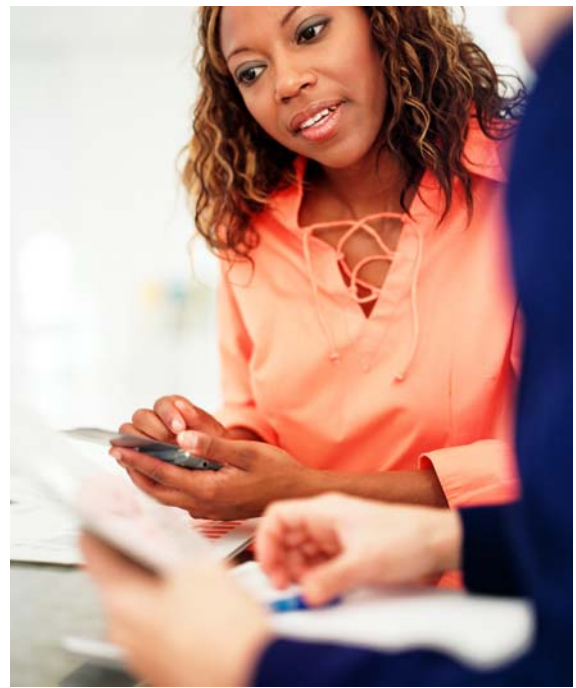
covering basic household expenses and obtaining medical care. Respondents in six of the nine counties voiced the need for free or low-cost health care and dental care to meet the needs of those without insurance or those whose insurance does not cover certain forms of medical and dental care.

Emergency Assistance

While few counties' respondents rated emergency assistance as one of the most critical problems facing their county, two-thirds indicated that assistance with rent, utilities, and food was in short supply, primarily because of the demand from the poor and working poor who cannot make ends meet from month to month and require assistance with paying their living expenses and medical care costs. While many benevolent and religious organizations offer emergency assistance to individuals and families, these efforts may not be well-coordinated and may sometimes force families to “shop around” for assistance with food, clothing, and shelter costs.

Employment Assistance Services

Employment assistance services, while available, may not be fully meeting the needs of people seeking a job or a better paying job. Despite low unemployment rates, a considerable percentage (13.5 percent) of the survey respondents reported not being able to find work as a problem faced by their household in the 12 months prior to the survey. While none of the focus groups indicated that the shortage of employment assistance services was one of their top 5



problems, all but one suggested that these services were not sufficiently available, not able to adequately prepare individuals for jobs, and unable to locate the types of jobs that provide sufficient income to move families from poverty. They particularly pointed to the difficulty in finding jobs and other services for what they considered the “hard to place” – those coming out of the prison system, those with mental health problems, and those without high school diplomas and little to no job skills or job experience.

County-by-County Results

A county-by-county breakdown of results is available as a printed supplement to this report. These supplements can also be viewed at www.ninecountiesonevision.org.

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