Executive Summary

This report discusses health and human service needs in St. Johns County and provides an assessment of the service delivery systems that address those needs. The studies underlying the report were initiated in January of 2011 and completed in February of the same year. The studies were conducted by a competitively selected independent firm and conducted under the guidance of temporary committee established by the Health and Human Services Advisory Council.

It is important to note the context in which the studies were conducted. January and February of 2011 were time periods in St. Johns County in which economic conditions had not improved and unemployment, housing foreclosures and other indicators of economic distress were high. Providers report seeing people requesting basic needs assistance who never in the past would have sought such assistance. Homelessness, domestic violence and other indicators of community distress had risen in various degrees. While formal property valuations had not yet been issued by the Property Appraiser, there were no indications other than a continued decline with the sole question being the degree of that decline. During this same time period the state government was facing a significant budget shortfall and many social services programs were being examined for reduction or elimination. At the federal level the ARRA funds were beginning to expire without replacement funding in place. Federal legislators were also considering significant reductions in programs that support local human service providers. In short it was a period where human needs for assistance were rising while public funds were on the precipice of even greater declines.

In this context, the following studies were conducted:

- A paper and web-based survey of community members, including consumers, about three topics: the availability of services, the degree to which the needs of various target populations were being addressed and about the level of health concerns. An open-ended question was included along with several demographic category questions.
- A paper survey of staff engaged in direct service provision on the same three topics as the community survey, along with an open-ended question and a demographic question.
- A paper survey of community leaders on the same topics as the community survey, along with an open-ended question, along with other questions about current conditions in the community.
- A paper survey of Agency CEOs which asked basic service level questions, questions about infrastructure and questions about financial and policy issues.
- A review of the various public health databases on health issues in St. Johns County which were combined into a health indicators data base covering over 200 indicators.
- Interviews, focus groups and workshops with community members in differing regions of the county, with selected target populations and the health and human service leaders.
- A review and summary of the research literature that has examined the return on investment in health and human service programs.
• An analysis of the assets, barriers and infrastructure issues involved in health and human service delivery in the county.
• An analysis of the demographic, fiscal and service delivery trends which could impact St Johns County.
• An analysis of the economic impacts of the non-profit community in the county.
• A review of the current performance measures for providers.
• An analysis of system of care issues in the county.

These studies involved over 780 St. Johns residents via one form of study or another. The focus groups were conducted in Hastings, W. St. Augustine, downtown St. Augustine (homeless) and at the School for the Deaf and Blind.

Selected Findings with respect to Need

A study of this scope and depth results in a large number of findings of varying significance. Some of the most significant were:

A review of the public health data bases indicate that St Johns County does better than the average county on almost all public health indicators with the exception of those related to alcohol abuse and access to dental care by low income persons.

There was very high agreement between citizen/consumers, direct service staff and community leaders about which four target populations were most underserved in the community. These four were: the working poor, migrants, the homeless and the mentally ill. No target population was rated as being served at any superior level.

Respondents saw the primary health concerns of the community as dental services, substance abuse, mental illness and access to primary health services. These four issues are significant for the four most underserved target populations. This is not to say that these health concerns do not apply to other populations because they certainly do. It simply means that as these four health concerns are addressed they will impact the four target populations.

The most significant service gaps occur in three clusters as listed below. This is not to imply that other services are adequate. It is simply that these are the most inadequate. All of these services are relevant to the four target populations and as addressed will impact these target groups. The clusters of service gaps are:

- **Group 1, Greatest service inadequacy:** Transitional Housing
- **Group 2, Substantive service inadequacy:** affordable housing, emergency shelter, employment, affordable child care, and health care access.
- **Group 3:** Significant service inadequacy: mental health, substance abuse, education and job training.
Selected Findings with respect to the service delivery system

Existing community providers leverage significant external funds by matching and grant activities. These leveraging activities exceed by far the monies the county invests in these programs. Some go as high at $15 received for every county dollar committed.

These services provided by these agencies have been documented to provide very positive returns on investment, not only in financial terms but also in social terms.

Local health and human service agencies make significant contributions to the economy of the area in terms of jobs and development of the human capital needed for successful economic development.

Conclusion

The County is faced with a perfect storm of three conflicting forces. There is the growing need or demand for services, particularly related to current economic conditions but also driven by demographics and longevity. There are increasingly diminished public resources. There is the public expectation that these services will be provided. These tensions are certainly a great source of frustration. However, they can also be a source of creativity and so must be used to force everyone out of their comfort zone, their “box” if you will.

To create solutions for this tension condition, we have to employ four strategies. These are:

- Resource re-allocation in which resources are considered in various ways and their existing allocations re-considered;
- System redesign in which the current way business is done is re-considered;
- Role redefinition in which who does what is re-considered;
- A shift in how we define and understand some of these issues and approaches.

These strategies are the subject of the Conclusions and Recommendations chapter.