LINC Commission Meeting

May 16, 2016

International Day of the Child

Thank you to everyone that made the 2016 International Day of the Child a wonderful event!

Photos by Adam McClun and Lee Bohannon.

LINC
Local Investment Commission

Local Investment Commission (LINC) Vision

Our Shared Vision

A caring community that builds on its strengths to provide meaningful opportunities for children, families and individuals to achieve self-sufficiency, attain their highest potential, and contribute to the public good.

Our Mission

To provide leadership and influence to engage the Kansas City Community in creating the best service delivery system to support and strengthen children, families and individuals, holding that system accountable, and changing public attitudes towards the system.

Our Guiding Principles

1. COMPREHENSIVENESS: Provide ready access to a full array of effective services.
2. PREVENTION: Emphasize "front-end" services that enhance development and prevent problems, rather than "back-end" crisis intervention.
3. OUTCOMES: Measure system performance by improved outcomes for children and families, not simply by the number and kind of services delivered.
4. INTENSITY: Offering services to the needed degree and in the appropriate time.
5. PARTICIPANT INVOLVEMENT: Use the needs, concerns, and opinions of individuals who use the service delivery system to drive improvements in the operation of the system.
6. NEIGHBORHOODS: Decentralize services to the places where people live, wherever appropriate, and utilize services to strengthen neighborhood capacity.
7. FLEXIBILITY AND RESPONSIVENESS: Create a delivery system, including programs and reimbursement mechanisms, that are sufficiently flexible and adaptable to respond to the full spectrum of child, family and individual needs.
8. COLLABORATION: Connect public, private and community resources to create an integrated service delivery system.
9. STRONG FAMILIES: Work to strengthen families, especially the capacity of parents to support and nurture the development of their children.
10. RESPECT AND DIGNITY: Treat families, and the staff who work with them, in a respectful and dignified manner.
11. INTERDEPENDENCE/MUTUAL RESPONSIBILITY: Balance the need for individuals to be accountable and responsible with the obligation of community to enhance the welfare of all citizens.
12. CULTURAL COMPETENCY: Demonstrate the belief that diversity in the historical, cultural, religious and spiritual values of different groups is a source of great strength.
13. CREATIVITY: Encourage and allow participants and staff to think and act innovatively, to take risks, and to learn from their experiences and mistakes.
14. COMPASSION: Display an unconditional regard and a caring, non-judgmental attitude toward, participants that recognizes their strengths and empowers them to meet their own needs.
15. HONESTY: Encourage and allow honesty among all people in the system.

Monday, May 16, 2016 | 4 – 6 pm
Kauffman Foundation
4801 Rockhill Rd.
Kansas City, Mo. 64110

Agenda

I. Welcome and Announcements

II. Approvals
   a. April minutes (motion)

III. Superintendents Report

IV. Education and Workforce Development
   a. Clyde McQueen, Full Employment Council

V. LINC 2016 Summer Programming Update

VI. Updates
   a. LINC Data System
   b. International Day of the Child
   c. Children Related Ballot Issues

VII. Adjournment

THE LOCAL INVESTMENT COMMISSION – APRIL 18, 2016

The Local Investment Commission met at the Kauffman Foundation, 4801 Rockhill Rd., Kansas City, Mo. Co-chair **Jack Craft** presided. Commissioners attending were:

Bert Berkley
Sharon Cheers
Steve Dunn
Mark Flaherty
SuEllen Fried
Rob Givens
Anita Gorman
Tom Lewin
Rosemary Lowe
David Ross
Bailus Tate
Marge Williams

A motion to approve the minutes of the March 21, 2016, LINC Commission meetings was approved unanimously.

Superintendents' Report

- **Sharon Nibbelink** (Supt., Center School District) presented a video produced by the district featuring students speaking about their school experience – what are their favorite subjects, what teachers should be like, what their dream school would be like.
- **Kenny Rodrequez** (Asst. Supt., Grandview School District) reported that testing begins today; the district is getting ready for summer school; tomorrow will be the senior showcase of Project Lead the Way.
- **Christy Harrison** (Summer School Coordinator, Kansas City Public Schools) reported that testing is underway and the district is getting ready for summer school.
- **Paul Fregeau** (Asst. Supt., North Kansas City School District) reported that high school juniors will be taking the ACT test tomorrow. North Kansas City High School hosted the LINC Chess tournament on April 9.
- **Jason Snodgrass** (Supt., Fort Osage School District) reported the district will hold a College and Career Fair for juniors after they take the ACT tomorrow. Public Relations Director Stephanie Smith was named the Missouri School Public Relations Association's 2016 Professional of the Year.
- **Allan Tunis** (Interim Supt., Kansas City Public Schools) reported that Mark Bedell will begin as new superintendent on July 1 but will visit the district periodically before then. Initiatives to engage students in construction trades are under way following discussions with **Steve Dunn**.
- **Gayden Carruth** (Executive Director, Cooperating School Districts of Greater Kansas City) reported that the Education Policy Fellowship Program is getting ready to recruit for next year's program. The current year class attended the Washington Policy Seminar last week in Washington, D.C.
- **Dennis Carpenter** (Supt., Hickman Mills School District) reported (via text message) that voters approved a bond issuance with 80% support; Diggs Construction has been selected to do the $19 million project.
- **Merideth Parrish** (Director of Family Services, Independence School District) reported Van Horn High School and Nowlin Middle School are providing girls' life skills classes in partnership with LINC. Next week Hispanic families at Three Trails Elementary School will graduate from Families and Schools Together (FAST). On May 13 Team Smile and Sporting KC will sponsor dental care for students ages 5-13.

Bill Dent, Executive Director of the Mo. Family and Community Trust (FACT), presented a video produced by LINC on the release of the 2016 Missouri Kids Count data book, which was developed in partnership with the Annie E. Casey Foundation with input from Missouri's 20 community partnerships. LINC Caring Communities site coordinators LaKeshia Lewis, Brianna Powers, Richard Williams, and Darryl Bush reported on their experience at the conference in Columbia, Mo., for the release of the book.

Christy Harrison, KCPS Summer School Coordinator, reported on the district's plan to offer a Summer School program in partnership with community organizations including LINC. A video featuring KCPS Interim Superintendent **Allan Tunis** was shown.

Missie Condit, Gladstone Elementary School vice principal, reported on this year's Hero Project celebrating the life of **Landon Rowland**. The video produced for the song "A Good Link in the Chain," which Gladstone first-graders helped write and performed, was shown, as was a video of the recent Hero Project celebration at the school. Also reporting on the event were Gladstone teacher **Emma Jones**, musician **Bob Walkenhorst**, and LINC Caring Communities coordinator **Roosevelt Dickerson**. Condit presented LINC President **Gayle Hobbs** with a picture made my Gladstone students.

Kim Manuleleua and **Marisol Calero** of the Independence Ethnic Council reported on the International Day of the Child celebration scheduled for May 7, 11 a.m.-4 p.m., at Hill Park in Independence. Event partners are the City of Independence, Independence School District, Fort Osage School District, Independence Ethnic Council and LINC.

Oscar Tshibanda of Tshibanda & Associates gave a progress report on implementation of the new Apricot data system including. Phase one of the project is almost complete. Commission approval will be sought before beginning Phase two.

Ken Powell was nominated for appointment to the LINC Commission

A motion to approve the appointment of Ken Powell to the LINC Commission was approved unanimously.

Tom Davis was nominated for appointment to the LINC Commission

A motion to approve the appointment of Tom Davis to the LINC Commission was approved unanimously.

LINC Deputy Director-Community Engagement **Brent Schondelmeyer** reported on the recent Community Schools National Forum held in Albuquerque, NM, which included an opportunity for LINC site coordinators to meet with **Marty Blank** of the Coalition for Community Schools. Conference attendees **Andrew Smith, Jason Ervin, Yolanda Robinson, Danielle Robinson, Monia Ilunga, DeWayne Bright**, and **Oscar Tshibanda** reported on what they learned at the conference.

Bert Berkley was recently honored by UMKC with Hugh J. Zimmer Award for Excellence in Urban Education. A video of the April 5 presentation was shown.

The meeting was adjourned.

Stakeholder Engagement in the Every Student Succeeds Act (ESSA):

"People Support What They Help Create"[1]

Guidance for Chief State School Officers and Local Superintendents and their potential allies at the state and local level

Purpose: To outline best practices for planning for ESSA implementation at the state and local level

Defining Stakeholder Engagement: Stakeholder engagement is a vehicle for bringing together key organizations and institutions that represent educators and families as well as representatives of the community who have a stake in the law and also bring particular assets and expertise that can support the education of our young people.

What the Law Requires and What This Means: ESSA names the following groups to be consulted for ESSA plans:

> A) State Title I planning: Governor, members of the State legislature and State board of education, local educational agencies (including those located in rural areas), representatives of Indian tribes located in the State, teachers, principals, other school leaders, charter school leaders (if the State has charter schools), specialized instructional support personnel, paraprofessionals, administrators, other staff, and parents.
>
> B) Local Title I planning: teachers, principals, other school leaders, paraprofessionals, specialized instructional support personnel, charter school leaders (in a local educational agency that has charter schools), administrators (including administrators of programs described in other parts of this title), other appropriate school personnel, and parents.
>
> C) Local Title IV planning: parents, teachers, principals, other school leaders, specialized instructional support personnel, students, community-based organizations, local government representatives, Indian tribes or tribal organizations (where applicable), charter school teachers, principals, and other school leaders, and others with relevant and demonstrated expertise in programs and activities designed to meet the purpose of this subpart.

What This Means:

- ESSA emphasizes the role of educators and parents as important stakeholders to engage.
- While the law only requires engagement of community/community partners in Title IV plans, we believe that community partners bring a wealth of assets and expertise in their work with young people and as such are essential to addressing new required indicators in the law like chronic absence and school discipline that impact student outcomes.
- There is a requirement that the state plan be coordinated with programs supported under other federal laws (IDEA, Perkins Career and Technical Education, the Workforce Innovation and Opportunity Act, Head Start, etc.). This may open a window of opportunity for groups working in this space.
- We urge leaders at the state and local levels to model for districts and schools strong and continuous family and community stakeholder engagement that will contribute greatly to your state and district's academic goals.

What we advocate: From the community schools perspective state and local leaders are best served by designing a consultation process that casts a wide net. This includes the following kinds of groups: educators, parents/families, young people, local government, United Ways, community-based organizations, higher education institutions, philanthropy, private sector, and faith-based institutions, among others.

[1] From Margaret Wheatley's "Ten Principles for Supporting Healthy Communities"

Here are three principles that should guide stakeholder engagement:

- Inclusiveness: Engaging a wide range of people and organizations with a stake in the education of young people.
- Sustained Consultation: Seeing stakeholder engagement as a sustained process leading to partnership and continuing support -- not a one-time only proposition.
- Results-Focused Partnerships: Engagement is the first step in the process of building long-term partnerships with key institutions and individuals that can help the school systems deal with challenging issues that affect its ability to prepare its young people to be ready for college, career and citizenship.

Take Action

At the State and Local Levels:

1) **Follow your vision, not the letter of the law:** You are not limited by what the law says about who to consult with to develop your state and local plans. Think about other agencies like health, housing, and child welfare you may want to include, as well as community school stakeholders including nonprofits like educators, parents/families, young people, local government, United Ways, community-based organizations, higher education institutions, teacher unions, philanthropy, private sector, faith-based institutions and others, who will bring expertise and different perspectives on how to ensure student success.
2) **Look at your data and consider who can contribute to dealing with tough issues**, e.g. trauma, health issues, chronic absence, disparate discipline rates. These are issues that must be tackled together by school and community stakeholders.
3) **Listen to parents and families:** Ensure that parent/family stakeholder engagement is robust. Invite as stakeholders parents/families who reflect the demographics of your state/district to ensure equitable representation of demographics. Include but look beyond parents associated with traditional organizations like the PTA; engage parents who are affiliated with education organizing groups, parent leadership programs, and disability groups representing parents.
4) **Include in ESSA planning individuals who are representative of an array of community school stakeholders and who have access to a wide constituency**. These include community school stakeholders listed above and in particular teacher unions, United Ways, and state and local advocacy groups.
5) **Lay out a process that will allow stakeholders who are not formally at the planning table to be heard:** Schedule listening tours, public forums, and other types of events to give the public a chance to weigh in. Allow people to post their input/comments on your website for public review.

At the State Level:

Through this process, **establish a collaborative leadership group** (e.g. children's cabinet, inter-agency council,) that brings together various agencies (Education, health, labor, housing, etc.) and the other stakeholders involved in your ESSA planning process to identify common outcomes and agree on a plan to pursue them collectively by aligning resources and strategies. In this way, you can **model the partnerships at the state/local level that are emblematic of local community school initiatives.**

At the local level:

Make this stakeholder engagement ongoing, not just for ESSA planning. Convene this group of community and inter-agency stakeholders regularly to get input and feedback on ESSA implementation and to pursue deeper partnerships. This will encourage your peers at the school level to create the same kind of collaborative leadership structure.

Resources:

- Engaging All Leaders Infographic, Community Schools Collaborative Leadership Structure Graphic
- Community school infographics that illustrate the community school strategy: from Baltimore, MD; Oakland, CA; and the United Way of the Greater Lehigh Valley

Local Title I Planning for Schools and Districts in the Every Student Succeeds Act (ESSA):

Guidance for Local Superintendents and School Board Members and their potential allies at the local level

Purpose: To outline best practices for planning for use of Title I funds at the district and school level

What the Law Requires:

Section 1112 Local Educational Agency (LEA) Plans detail Title I plan requirements. As we note in our Stakeholder Engagement guidance, ESSA names the following groups to be consulted for local Title I planning:

> Teachers, principals, other school leaders, paraprofessionals, specialized instructional support personnel, charter school leaders (in a local educational agency that has charter schools), administrators (including administrators of programs described in other parts of this title), other appropriate school personnel, and parents.

Here are required Title I plan provisions particularly relevant to community schools:

> '(b) PLAN PROVISIONS.—To ensure that all children receive a high-quality education, and to close the achievement gap between children meeting the challenging State academic standards and those children who are not meeting such standards, each local educational agency plan shall describe— ''(1) how the local educational agency will monitor students' progress in meeting the challenging State academic standards by— ''(A) developing and implementing a **well-rounded program of instruction** to meet the academic needs of all students; '(B) **identifying students who may be at risk** for academic failure; (C**) providing additional educational assistance to individual students** the local educational agency or school determines need help in meeting the challenging State academic standards; and '(D) identifying and implementing **instructional and other strategies intended to strengthen academic programs** and **improve school conditions for student learning**;
>
> (11) how the local educational agency will support efforts to **reduce the overuse of discipline practices that remove students from the classroom, which may include identifying and supporting schools with high rates of discipline**… how such agency will support programs that coordinate and integrate— ''(A) academic and career and technical education content through coordinated instructional strategies, that may incorporate **experiential learning opportunities** and promote skills attainment important to in-demand occupations or industries in the State; and ''(B) **work-based learning opportunities** that provide students in-depth interaction with industry professionals and, if appropriate, academic credit.

Section 1111 State Plans detail what both states and districts must include in annual report cards:

> (viii) Information submitted by the State educational agency and each local educational agency in the State, in accordance with data collection conducted pursuant to section 203(c)(1) of the Department of Education Organization Act (20 U.S.C. 3413(c)(1)), on— ''(I) **measures of school quality, climate, and safety, including rates of in-school suspensions, out-of-school suspensions, expulsions, school-related arrests, referrals to law enforcement, chronic absenteeism (including both excused and unexcused absences), incidences of violence, including bullying and harassment**

What it Means:

- LEA's must go beyond academic proficiency and look to create enriching learning opportunities for students, including a well-rounded program of instruction, experiential learning, and work-based learning. They must also work to address school climate, school discipline, and chronic absenteeism.
- LEA's must coordinate and integrate Title I services with other educational services at the LEA or individual school level, including services for English learners, children with disabilities, migratory children, and others.
- Results-focused school-community partnerships that are fundamental to community schools can help to address these measures and facilitate coordination of efforts.

What we advocate: From the community schools perspective we believe that community representatives should be included in the local Title I planning process since they bring assets and expertise to bear on the academic and non-academic measures LEA's are required to address.

Take Action-Local Superintendents and School Boards:

1) **Convene a "Dream Team" of school and community stakeholders for your planning process:** School stakeholders should include teachers, principals, specialized instructional support personnel and other school-based staff, the local teacher's union, and young people, including recent high school graduates and "disconnected" youth who have important perspectives. Community partners should include local government, United Ways, community-based organizations, higher education, philanthropy, private sector, faith-based institutions, youth organizing groups, and others. Invite a mix of partners that are already involved with schools, and that you want to get involved; and that engage the range of student demographics in your district.
2) **Embed as a core component of your plan the strategic use of community partnerships** to achieve the results you seek and the new requirements in the law. Consider using the Coalition's results framework to organize your results and corresponding partnerships you seek.
3) **Adopt the community school strategy for schoolwide programs**. The schoolwide program as described in ESSA aligns extremely well with the community schools strategy to recognize the importance of addressing student needs beyond academics to include health, social and emotional needs, and the value of mobilizing community partners to address these needs that leads to greater student success. Designate a coordinator in these schools to coordinate partnerships.
4) **Ensure that consultation of parents/families and community partners in the planning process is robust and sustained**. Make this engagement ongoing, not just for ESSA planning. Convene this group of parent/family and community stakeholders regularly to get input and feedback on local Title I implementation, using a collaborative leadership structure practiced in successful community school initiatives across the country.

Take Action-Community Partners:

1) **Contact your local superintendent and school board now.** Introduce yourself and how you work with schools, and ask to set up a meeting to discuss the role of community partners in ESSA local Title I planning and implementation.
2) **Connect with other organizations in your district that play a leading role in community-school partnerships** with whom you already have relationships. These organizations can include non-profits like United Ways, and Boys and Girls Clubs; higher education institutions; businesses and faith-based institutions; and local government. Reach out to any existing local community partner coalitions as well. Share your goal of getting community voice into local ESSA Title I planning and implementation, and how this will help build on and expand the great work you're doing now. Build an alliance to inform and influence Title I planning.
3) **Share with your superintendent the success you're seeing at the school level through results-focused school-community partnerships.** Use that success to make the case for incorporating community partnerships deeply into local Title I plans.
4) **Stress that the district's engagement of parents and community partners should occur not just for the ESSA planning process, but continuously through ESSA implementation**. This continuous engagement will ensure the full impact of this partnership, and will build trust and capacity throughout the district.

Resources:

- Engaging All Leaders Infographic, Community Schools Collaborative Leadership Structure Graphic

Business Roundtable℠

Policy for the Reauthorization of the *Carl D. Perkins Career And Technical Education Act*

EXECUTIVE SUMMARY

As an association of CEOs who represent more than 200 leading U.S. companies with more than 16 million employees, Business Roundtable understands the importance of a skilled, prepared workforce. Its members are also familiar with the skills gap affecting the U.S. economy. According to a recent survey of its members, more than 95 percent of CEOs indicated their companies suffer from skills shortages. The long-term negative impacts of this skills gap on workers, families, businesses, governments and the economy are potentially far-reaching.

Business Roundtable believes the solution to the skills gap is tied directly to the quality of our nation's education system, which despite improvements, is failing to keep pace with the demands of the global economy. Business Roundtable CEOs believe it is time to take action to improve education and workforce training.

A critical element of this agenda is to support efforts to update and improve career and technical education by reauthorizing the *Carl D. Perkins Career and Technical Education Act* (*Perkins Act*), focused on the following priorities:

1. **Career and technical education (CTE) must be relevant and meaningful for students.**

   The *Perkins Act* should strive to enable more students to participate in CTE programs throughout the nation. These programs must ensure students are provided rigorous and challenging academic instruction, along with career and technical instruction that leads to industry recognized skills in high-demand occupations.

2. **Recipients of *Perkins Act* funding must be accountable for results.**

   The accountability system under the *Perkins Act* must be focused, reliable and relevant.

   To be focused, there must be alignment between how states and local eligible entities are held accountable and the extent to which they have the flexibility to target funds to meet these expectations.

   To be reliable, the accountability system must have meaningful and accurate information, and the ability for grantees and states to benchmark their success with other grantees. For this to happen, there must be consensus around key definitions, similar to other federal education and workforce-related programs.

   The accountability system must also be relevant. It must measure the right

outcomes; be used to promote quality and reward success; and be transparent so that stakeholders – especially students – can benefit.

3. **The business community must be actively engaged in helping to inform and support CTE at the state, regional and local levels.**

   CTE programs are irrelevant if they fail to account for the needs of employers. Conversely, secondary and post-secondary school leaders who engage with the business community to identify demand occupations (along with specific skill needs) provide real opportunities for students, talent for business expansion and potential new sources of support for schools.

4. **The *Perkins Act* must provide for state/local innovation and reward excellence.**

   Funding for the *Perkins Act* has remained stagnant in recent years, making the implementation of innovative initiatives difficult. Given that funding is not likely to increase for the *Perkins Act* in the near term, the program must be invigorated by enabling more flexibility for states and local grantees with funds to leverage change.

INTRODUCTION

The *Carl D. Perkins Career and Technical Education Act* (*Perkins Act*) provides one of the main sources of federal funding ($1.1 billion) for supporting career and technical education (CTE) in high schools, technical schools and community colleges. While this funding accounts for only a small portion of state and local CTE spending, "federal policy has had, and continues to have, a large influence on state and local programs and policies."[1]

The Act was last reauthorized by the *Carl D. Perkins Career and Technical Education Improvement Act of 2006* (*Perkins IV*). The reauthorization made several positive steps to strengthen CTE. Specifically, it established a requirement that school districts and community colleges receiving grants offer at least a portion of a "program of study" that integrates academic and CTE courses. In addition, the Act enhanced the accountability for specific outcomes and provided additional flexibility for states and localities in implementing CTE programs.

Despite these additions, the *Perkins Act* has been criticized for a lack of reliable and comparable data measuring student outcomes; limited alignment with the needs of business and industry; and insufficient collaboration between secondary and post-secondary institutions and other stakeholders to improve the quality of CTE programs.[2]

Several concerns were also raised as part of the *Investing in America's Future: A Blueprint for Transforming Career and Technical Education*[3] released by Secretary of

[1] National Assessment of Career and Technical Education: Interim Report. 2013
[2] CRS Report R42858, *Carl D. Perkins Career and Technical Education Act of 2006: Implementation Issues,* by Cassandria Dortch. 2012
[3] U.S. Department of Education, Office of Vocational and Adult Education, Investing in America's Future: A Blueprint for Transforming Career and Technical Education, Washington, D.C., 2012.

Education Arne Duncan in early 2012. In referencing the 2006 reauthorization, the Blueprint noted "these changes helped to improve the learning experiences of students but did not go far enough to systemically create better outcomes for students and employers competing in a 21st-century global economy." The Blueprint called for changes in four main areas to improve the current program:

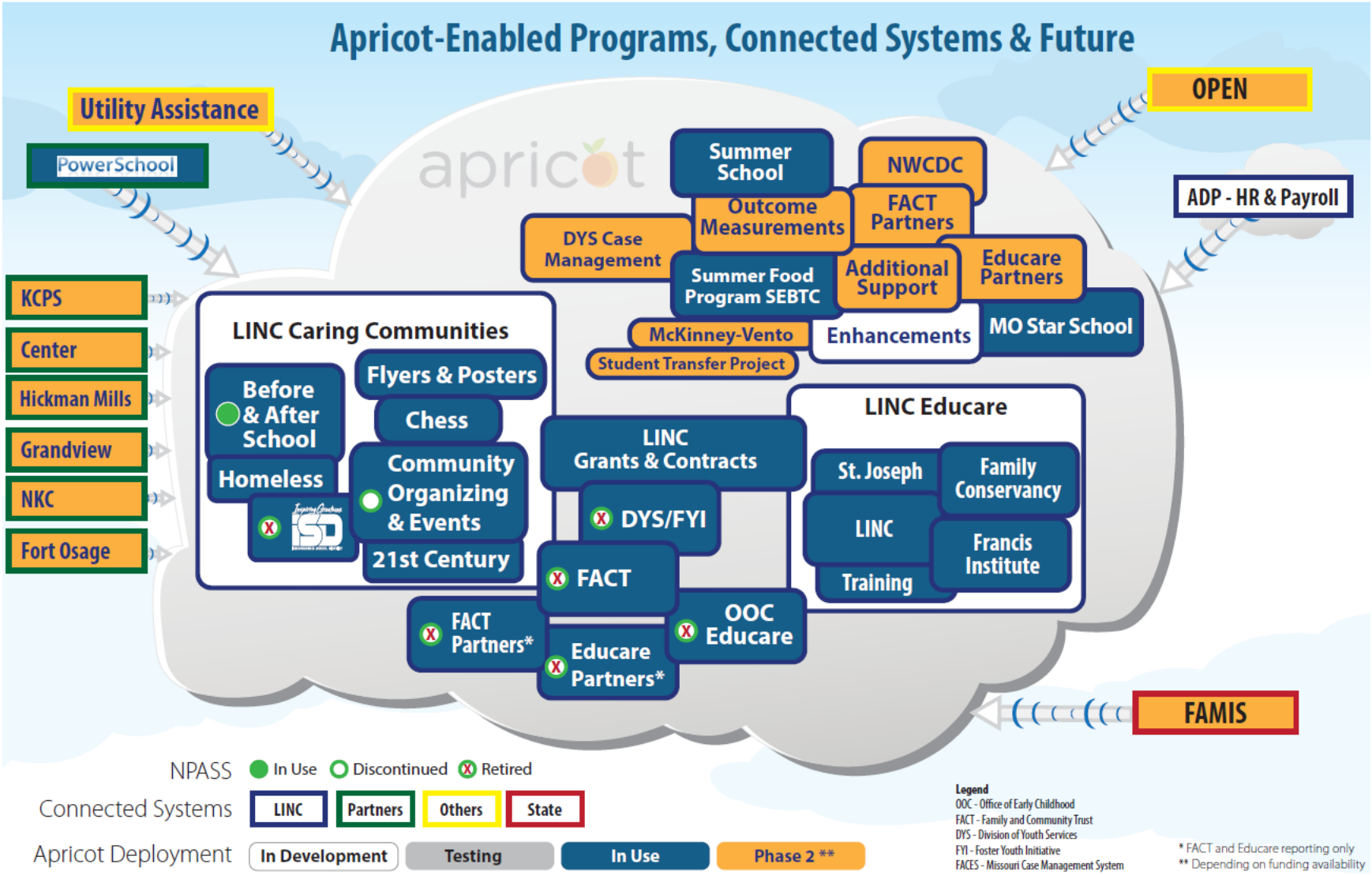
> **(1) Alignment.** Effective alignment between high-quality CTE programs and labor market needs to equip students with 21st-century skills and prepare them for in-demand occupations in high-growth industry sectors;
>
> **(2) Collaboration.** Strong collaborations among secondary and post-secondary institutions, employers and industry partners to improve the quality of CTE programs;
>
> **(3) Accountability.** Meaningful accountability for improving academic outcomes and building technical and employability skills in CTE programs for all students, based upon common definitions and clear metrics for performance; and
>
> **(4) Innovation.** Increased emphasis on innovation supported by systemic reform of state policies and practices to support CTE implementation of effective practices at the local level.

Despite the current expiration of the authorization of the *Perkins Act* and the release of the Blueprint nearly two years ago, Congress has been unable to craft a reauthorization proposal. However, in an effort to highlight best practices and identify ways to improve the Act, the House Education and Workforce Committee began to hold hearings in the fall of 2013.[4] As part of those hearings, Members from both parties expressed a desire to work together to update the program. Chairman John Kline (R-MN) noted that the Administration's Blueprint "offers a solid starting point for bipartisan negotiations, with an emphasis on industry coordination and state involvement in the development of CTE programs."[5]

Indeed, the themes outlined as part of the Blueprint are consistent across many groups, including within the business community, as essential to strengthening this important program.

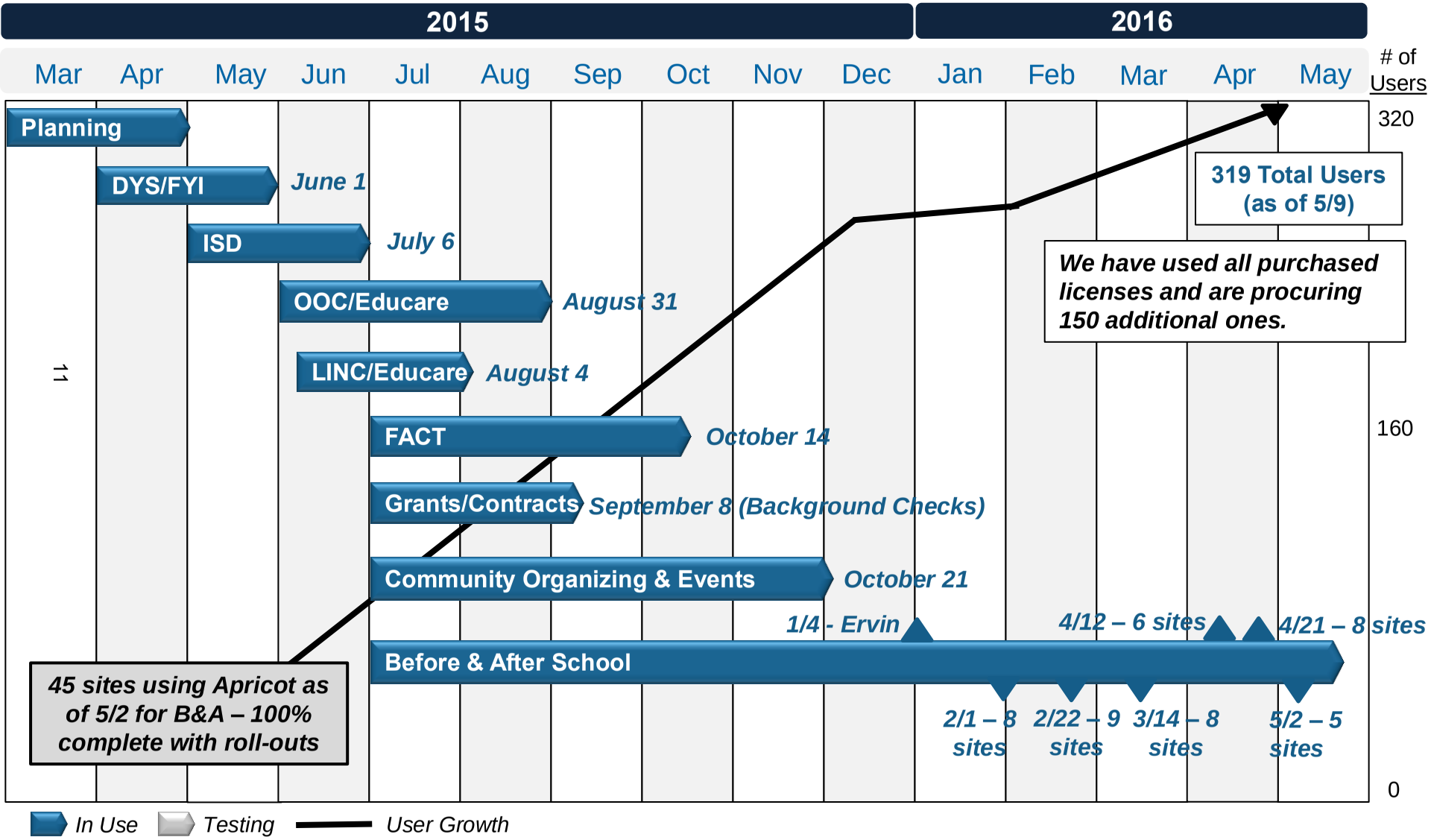
[4] See http://edworkforce.house.gov/calendar/eventsingle.aspx?EventID=349698
[5] See http://edworkforce.house.gov/news/documentsingle.aspx?DocumentID=361939

Apricot Framework

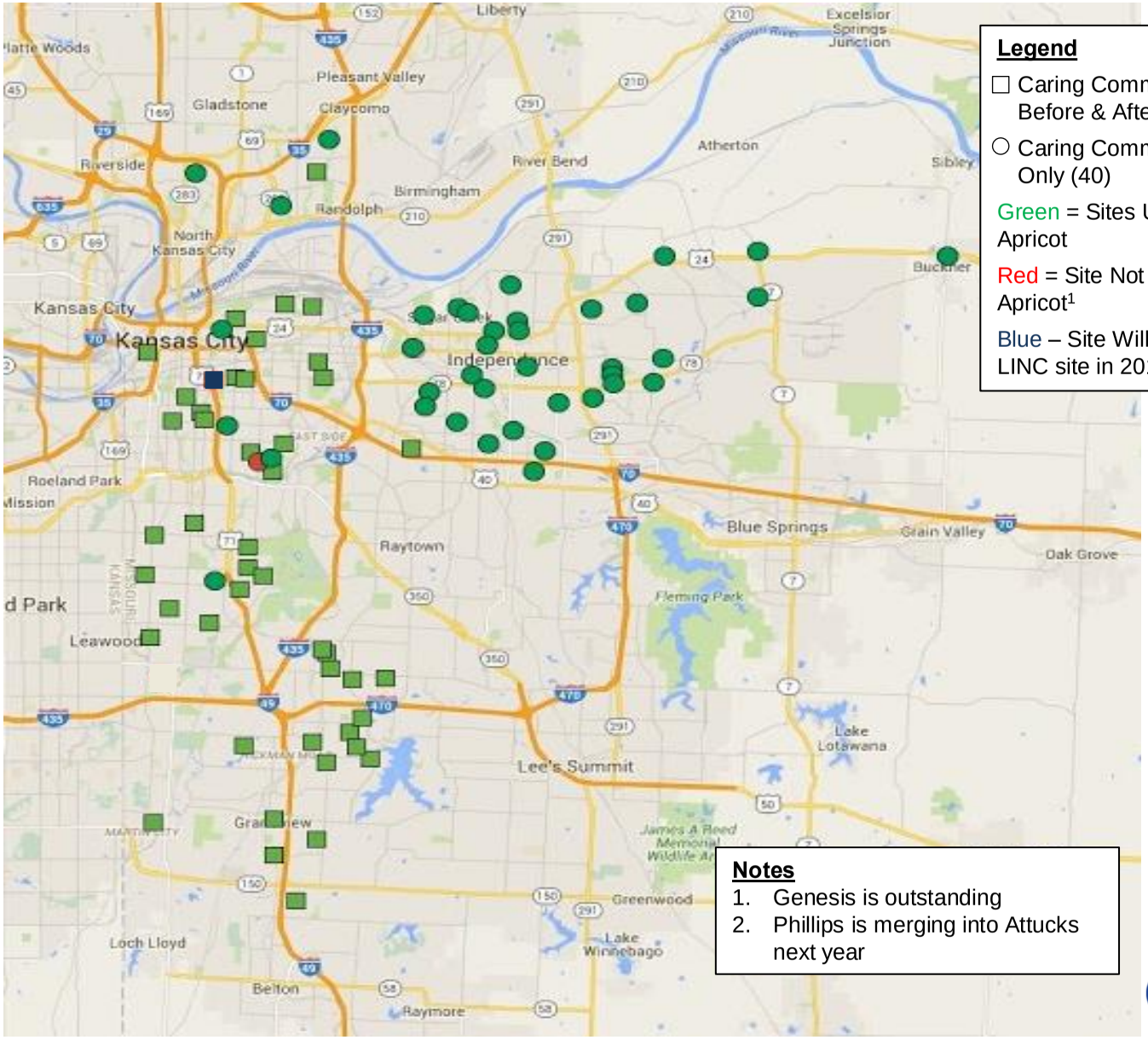


LINC
Local Investment Commission

Phase 1 Project Timeline



LINC Sites Using Apricot



Legend

- ☐ Caring Communities & Before & After (46)
- ○ Caring Communities Only (40)
- Green = Sites Using Apricot
- Red = Site Not Yet Using Apricot[1]
- Blue – Site Will Not Be a LINC site in 2016-17[2]

Notes

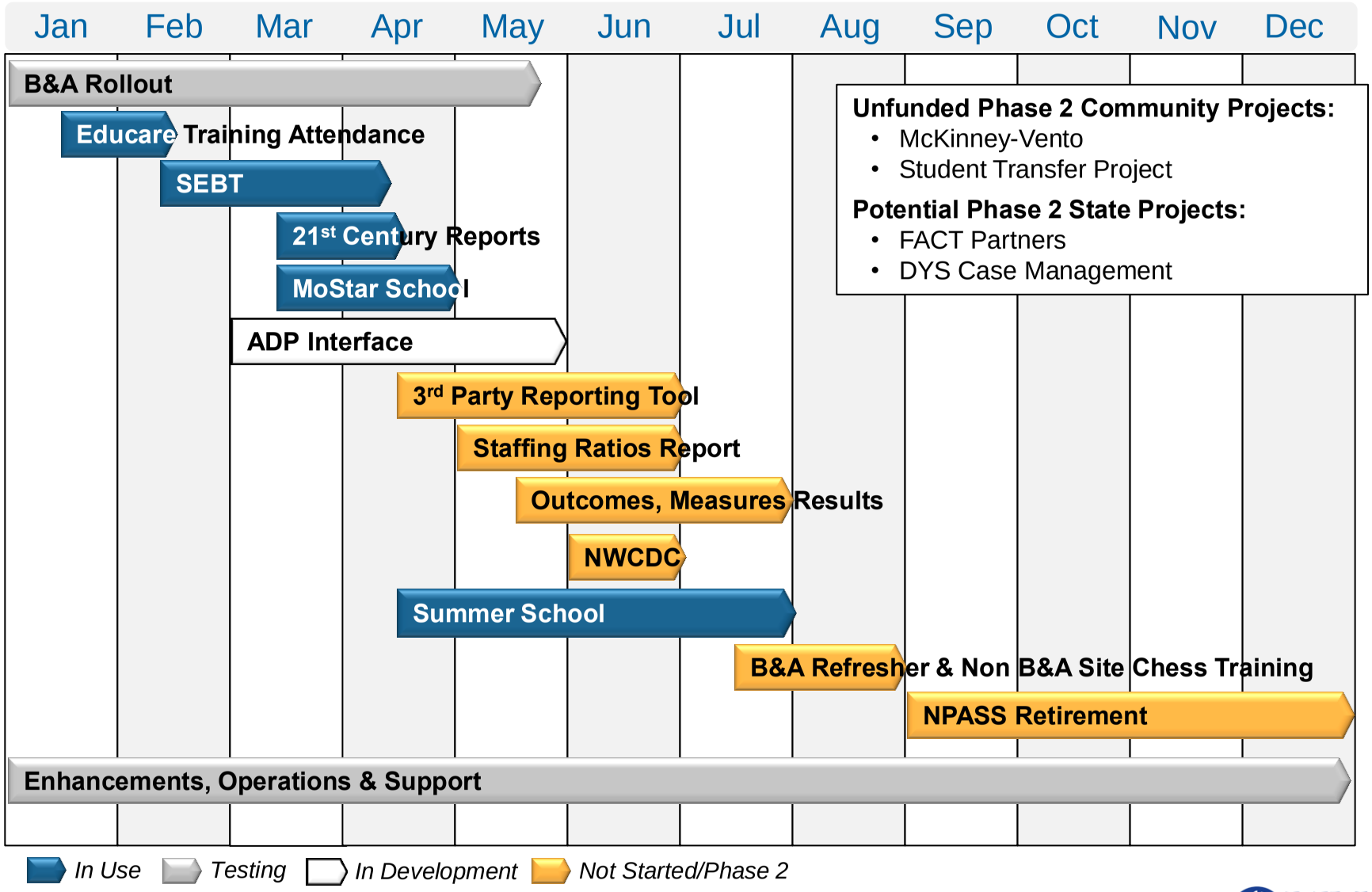
1. Genesis is outstanding
2. Phillips is merging into Attucks next year

Apricot Users Detail *(as of 5/9/2016)*

Users	LINC	ISD	FACT	MMP	OOC	SEBT	TOTAL
LINC - Leadership - Supervisors - Coordinators - Site Staff - DYS/FYI - Educare - Finance - Child Subsidy - Communications - Family Conservancy - Francis Institute - Project Team - LINCWorks Data Entry - MoStarSchool	185 4 9 69 53 7 1 7 2 2 7 2 7 2 13						**185**
ISD		30					**30**
FACT/DSS			4			9	**13**
Office of Early Childhood					5		**5**
Community Partnerships			40	19	27		**86**
TOTAL	**185**	**30**	**44**	**19**	**32**	**9**	**319**

LINC Local Investment Commission

Phase 2 Project Timeline



Progress Since The 4/18 Meeting

- Phase 1
  - Trained 29 additional LINC staff and deployed Before & After School enrollments and attendance at their 13 sites
  - Trained 6 new staff members on Before & After School enrollments and attendance
  - Trained Fort Osage site coordinators on Before & After School enrollments and attendance for their summer camp
- Phase 2
  - Mailed letters to 2,430 families with 4,998 prior year/additional siblings and state selected children for 2016 Summer Food benefits (SEBT)
  - MoStar School trained 10 teachers and is actively using Apricot for their operations
  - Deployed Summer School enrollments at all summer school sites
  - Evaluating 3rd party reporting tools (e.g., Tableau) for management and outcome/results reporting
  - Developing and testing an interface from ADP to Apricot for site staffing ratios reporting

MISSOURI KIDS COUNT

MISSOURI REENTRY PROCESS: FINDING THE RIGHT PATH FOR RETURNING CITIZENS

April 2016

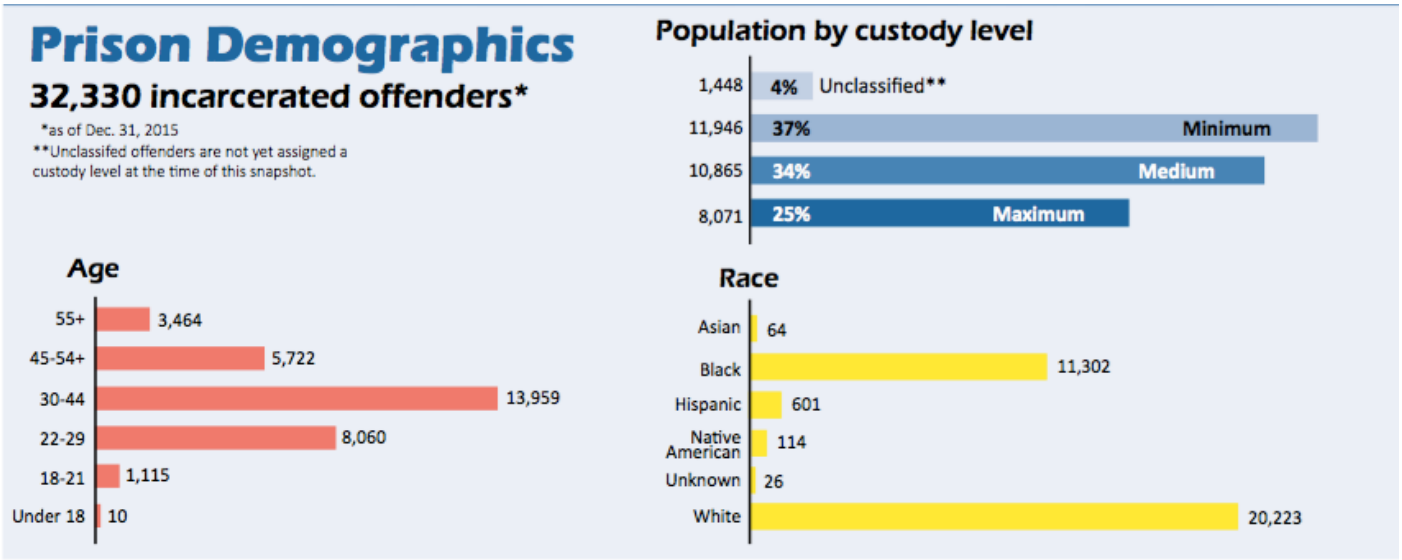
"We need to provide a path for returning citizens and their families to become productive members of our communities."—Julie Kempker, Missouri Probation & Parole Chief State Supervisor

This week, the Annie E. Casey Foundation released a report—*A Shared Sentence: The Devastating Toll of Parental Incarceration on Children, Families and Communities*—with policy recommendations focused on children of incarcerated parents. At the same time, the U.S. Justice Department designated the week of April 24-30, 2016, as National Reentry Week highlighting the value of reentry programs and services from state agencies to communities. Missouri KIDS COUNT joins these efforts by offering a two-part series on Missouri efforts, at the state and local level, to support former offenders reentering our communities as well as children of incarcerated parents.

Missouri is fortunate to have one of the best reentry systems in the nation. In this first article, we want to highlight the work of the Missouri Department of Corrections and partnering agencies in assisting former offenders and their families through the *Missouri Reentry Process (MRP)*—an interagency, state-wide effort to reduce recidivism by providing returning individuals with the resources and tools needed for a successful reintegration into their communities.

OFFENDER DEMOGRAPHICS

In 2015, there were more than 30,000 incarcerated offenders in Missouri.[1] The majority of offenders were White (63%), males (90%), between 30 to 44 years old (43%).



Note. Figure adapted from Missouri Department of Corrections Annual Report 2015 [1]

The Missouri Department of Corrections estimates that 97% of men and women committed to prison will someday return to our communities.[2] In addition, the recidivism rate has been estimated to be approximately 46% for all releases and 37% for first-time releases in the state. There are many obstacles that prevent former offenders from making a successful return. Having a criminal record can prevent people from obtaining employment, housing, higher education, and credit—all of these barriers contribute to the burden of returning individuals and can ultimately undermine their intentions to turn their lives around. It is exceptionally challenging for former offenders to stay on the right path when they can't access the resources needed to meet their basic needs and those of their families.

Missouri has long recognized the value of supporting former offenders as they transition from prison into the community. Our state has set the standard of excellence in reentry services by taking an integrative, collective approach in addressing the complex needs of returning individuals.

MISSOURI REENTRY PROCESS (MRP)

In 2002, Missouri was selected by the National Institute of Corrections as a demonstration site for an innovative transition initiative known as the *Transition from Prison to Community (TPC) model*—later renamed the *Missouri Reentry Process (MRP)*.[3] The MRP model is a philosophical framework for facilitating the successful transition of former offenders from prison into the community. The rationale behind MRP is that the state can stop re-incarceration, break the cycle of intergenerational incarceration, diminish new victimization, and increase public safety by providing the resources needed for individuals to reintegrate successfully back into the community.

Strategic partnerships between state agencies and local organizations had to happen in order to successfully implement the overarching goals of the MRP model. The Department of Corrections started by selecting various state agencies whose mission aligned with MRP. Convincing state agencies that they own a piece of the model was crucial to the success of MRP. Reentry efforts were no longer the sole responsibility of the Department of Corrections but rather the product of strategic collaborations between state and local agencies to integrate policies and services that facilitated the transition process of individuals returning to the community.

Bringing together representatives from different state agencies also led to an important discovery—they were already providing services for the same people but often in isolation from each other. [4] Such realization strengthened emerging partnerships and allowed the team to identify and eliminate duplicate efforts in participating agencies. Simplifying the process through which returning individuals and their families obtain services became a priority for the MRP Steering Team.

In 2009, Governor Jay Nixon solidified MRP efforts by signing Executive Order 09-16 in which he appointed the Department of Corrections to lead a permanent steering team for the MRP known as the *Missouri Reentry Process Steering Team*. The team includes representatives from the Department of Mental Health, Department of Social Services, Department of Elementary and Secondary Education, Department of Economic Development, Department of Revenue, Department of Health and Senior Services, Department of Public Safety, Department of Transportation, Federal Probation, and the Office of the State Courts Administrator. It also includes local community organizations, law enforcement, service/treatment providers, the faith-based community, and crime victims.

In the years since its creation, the MRP Steering Team continues to prosper, and its membership is expanding to support their mission: "(*to) integrate successful offender reentry principles and practices in state agencies and communities resulting in partnerships that enhance self-sufficiency, reduce re-incarceration, and improve public safety*". In addition to the work conducted in our state, the Missouri Department of Corrections, along with the MRP Steering Team, has provided consultation on best reentry practices for many states including Alabama, Colorado, Illinois, Indiana, Kansas, Kentucky, Texas, and Wisconsin.

MRP EFFORTS AT THE LOCAL LEVEL

In order for MRP to be successfully implemented at the state level, it was imperative to involve local organizations that understood first-hand the needs and issues faced by returning individuals. The Family and Community Trust (FACT) and associated Community Partnerships have been involved in the efforts for MRP from the very beginning. FACT and Community Partnerships are actively involved in *MRP Community Teams* across the state. Currently, there are 26 MRP Community Teams comprised of community organization, local and state agencies, local law enforcement, judiciary representatives, local businesses, treatment providers, victims and ex-offenders along with their families. Members of the MRP Community Teams work together in identifying and prioritizing the needs of former offenders and are also responsible for organizing events to foster collaborations and connections.

A Look at Reentry through a Community Partnership

Pettis County Community Partnership (PCCP) became interested in the Missouri Reentry Process in 2003 after hearing then DOC Director, Gary Kempker, share his enthusiasm for their new reentry process. PCCP formed a broad-based local MRP steering team where everyone has an equal voice, and unique perspectives are valued. PCCP works with many partner agencies and individuals and their family members on all aspects of reentry. Besides resources for the former offenders when they return to the community, the steering team offers benefits and resources to the children and families of people who are in prison. PCCP currently provides resources in Pettis, Morgan, and Benton Counties with a toll-free number for contacting the main office in Sedalia. PCCP offers a non-judgmental, welcoming atmosphere, caring staff, and a listening ear. The resources available to individuals leaving prison include job training programs, emergency food and shelter, and referrals to other community agencies. To returning individuals and their families, PCCP becomes the stable family they never had. PCCP offers accountability, encouragement, kindness and emotional support. Former inmates who have been helped will stop by to visit, send thank-you notes, call and write, because of the connections formed at PCCP.

> ***PCCP Success Story: Responsible Single Father***
> *A single dad of three children came to see us the day after he was released from prison. He had been sleeping in his car before his children arrived to be with him. He needed help figuring out what to do. PCCP staff worked with partner agencies to find emergency shelter for him and his children while searching for suitable permanent housing. With the help of our partners, we were able to obtain copies of their birth certificates, shot records, and social security cards so we could get the children enrolled in school. We worked with CACTUS to acquire school supplies and backpacks. Our local thrift stores provided vouchers for clothing and shoes. Within a week, we were able to find housing. This father was able to complete his education and is now working full-time. He has been*

able to repair the relationships with his family and has built a great support network of extended family and friends for him and his children.

PCCP Success Story: Model Employee at City Road Crew

In his 50's, a former offender, helped through the Highway Heavy Construction job training program, was older than any of the other trainees. The teacher decided to include him in the class because he had an offer of a job from one of his friends in southwest Missouri, once he obtained a Class B Commercial Driver's License. He turned out to be a model student and put his heart into successfully completing the course and earning his certifications. He lived at a local faith-based "restoration ministry" house for male ex-offenders and also received services from a local mental health provider. He worked two part-time jobs when not in class. Once he had completed the training, he decided to stay in the area and work instead of returning to where he had come from to avoid returning to his old ways. Now, this man with 17 felony convictions on his record, is a model employee for a city road crew in a suburb of a metropolitan area. He now delights in witnessing and giving charitably to others, including sending daily emails of faith and encouragement to PCCP.

Missouri Reentry Conference

The Department of Corrections, the Department of Social Services, Family and Community Trust (FACT) and ARCHS sponsor the annual Missouri Reentry Conference. This state-wide conference brings together representatives of state and local agencies as well as community partners with the purpose of fostering collaborations, sharing information about best reentry practices, and learning about the needs of the community. The Missouri Reentry Conference has attracted high-caliber speakers and keynote presenters, including representatives of the Federal Bureau of Investigation, Department of Justice, Drug Enforcement Administration as well as highly regarded community leaders. Last year marked the tenth anniversary of the conference—which originally started in St. Louis in 2005 with only 75 participants. The 2015 conference featured 330 attendees, 60 speakers, 4 keynote presentations, 25 breakout training sessions, and 3,778 individual training hours. Over the years, more than 3,500 people have benefited from the conference. Missouri is only one of a handful of states that host an annual statewide reentry conference and has served as a model for other states to replicate.

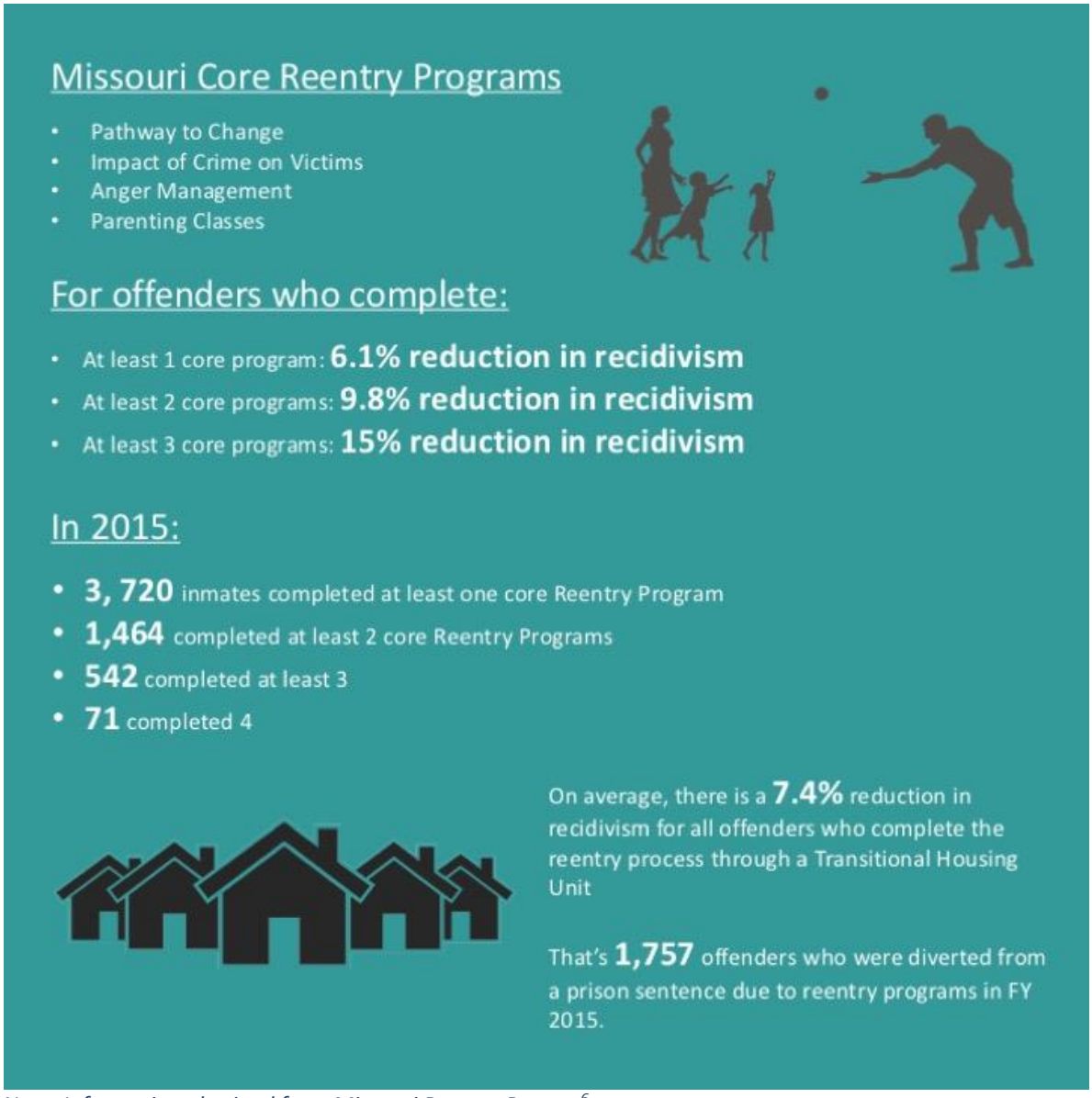
DATA-INFORMED PROCESS

Since the beginning, MRP has relied on qualitative and quantitative data to make informed decisions at every step. For example, the MRP Steering Team relied on data collected at baseline to identify factors that promote success during reentry and reduce recidivism. The factors identified included: substance abuse treatment, medical and mental health, transportation, education, employment, housing, family and information sharing. The Steering Team developed strategies to address these factors through comprehensive case management plans and continues to use data to evaluate and tailor efforts to assist former offenders in reintegrating successfully into the community.

Note. Figure adapted from Missouri Reentry Process Brochure [5]

PROGRAMS AND SERVICES OFFERED

According to the Department of Corrections, an average of 18,000 offenders returns to our communities annually.[6] While in custody, all offenders are required to work towards passing their high school equivalence tests unless they are deemed unable to do so. Involvement in reentry services is voluntary but highly encouraged. Offenders have a *case management plan* that identifies their assets and liabilities, outlines goals and plans of action. Staff and services providers use this plan to determine the reentry programs and services that address the specific reentry needs of returning individuals. Currently, Missouri offers more than 200 reentry programs through various organizations ranging from parenting classes to vocational training, to substance abuse treatment.



Note. Information obtained from Missouri Reentry Process[6]

One of the major innovations of MRP is the delivery of reentry programs and services at *Transitional Housing Units* (THUs). Offenders receive intensive pre-release preparations at THUs six months prior to their release date. Staff and the offender work together in developing a 'toolbox' of skills that will promote the success of the offender after release. Some of the services offered at THUs include ensuring continuity of care for providing mental, medical and substance abuse treatment, helping find employment, assisting in obtaining personal identifications, exploring of community connections, assisting with child support and child care arrangements, developing transportation plans, addressing educational needs, promoting cognitive skills and any other needs identified by the staff and offender.

Reentry programming and services are offered throughout an individual's incarceration in all facilities and are intensified within the last six months of incarceration in those locations that do not have THUs.

The table below includes some examples of reentry programs offered by MRP in partnerships with other state agencies and local organizations. This is by no means a comprehensive list, but rather a brief summary of some of the latest programs and services associated with MRP. To learn more about the programs listed, please visit the MRP webpage.

Examples of Programs and Services Offered by MRP Partnerships
Training and Employment
Missouri Vocational Enterprises provide apprenticeships and certificates recognized by the U.S. Department of Labor.
Father Support Center provides training and certification in industry and manufacturing fields.
State Technical College of Missouri provides training and certification in healthcare, manufacturing, and information technology through the MOWINS program.
The Division of Workforce Development provides career training, employment, and training services at correctional facilities prior to release.
Department of Corrections provides the option of developing a video resume after completing the Employability Skills Program to demonstrate the skills learned to potential employers.
Mental Health and Substance Use
Department of Mental Health connects offenders with severe mental illnesses with mental health services in their receiving community through the Seriously Mentally Ill Offender Program and the Community Mental Health Treatment Program.
Department of Mental Health provides medication-assisted treatment for eligible offenders with opiate and/or alcohol addiction prior to release.
Department of Health implements a new referral process to expedite clinical assessments and placement in the appropriate level of care in the receiving community.
Access to Social Services
The Department of Social Services provides assistance to apply for Medicaid prior to release.
Social Security Administration assists disabled offenders to apply for Supplemental Security Income and/or Social Security Disability Insurance prior to release.
Missouri Veterans Commission and the Department of Veterans Affairs inform about services available and assist in applying for benefits and services before release.
Department of Health and Senior Services, Social Security Administration, and the Department of Revenue assist in obtaining birth certificates, social security replacement cards, and identification cards prior to release
Department of Mental Health and the Governor's Committee to End Homelessness help caseworkers find housing resources for ex-offenders by creating a web-based interactive map.

Note. Information obtained from Missouri Reentry Process Report to the Governor 2015

NATIONAL AND STATE PROGRESS

Criminal justice reform is receiving national attention in Congress and with current presidential candidates. In the past few years, work has been done at the federal, state and local levels to ease the barriers for individuals with criminal records. Policy changes like 'ban the box' are helping to break the cycle of recidivism. Twenty-three states and over 100 cities and counties have endorsed some form of 'ban the box', or fair chance hiring laws, policies, and practices. Federal agencies joined the movement last year.[7]

Missouri Governor Jay Nixon recently signed ***Executive Order 16-04*** ordering state agencies to remove questions relating to an individual's criminal history from employment applications. This policy will place questions related to an individual's criminal history later in the hiring process with the goal of providing all applicants a fair opportunity to compete for state employment (effective April 11, 2016)

> *"These men and women have paid their debt to society and are attempting to successfully return to their communities as productive, law-abiding citizens. By giving these Missourians a fair chance to get a job and support their families, 'ban the box' policies can help to break the cycle of crime and incarceration"* —Gov. Nixon [8]

FOCUSING ON CHILDREN

According to reports from the Department of Corrections, at least 47,612 children in our state have an incarcerated parent or caretaker.[6] **Our next article** will focus on programs assisting children and families affected by incarceration—including success stories from parents, children, and families. We will also discuss the policy recommendations outlined in by the Annie E. Casey Foundation to support children of incarcerated parents and how Missouri has programs in place to address these recommendations.

Suggested Citation

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[1] Missouri Department of Corrections Annual Report 2015 http://doc.mo.gov/Informational_Resources.php
[2] Missouri Reentry Process Report to the Governor 2015 http://doc.mo.gov/Documents/mrp/GovReport2015.pdf
[3] Missouri Makes Its Move Towards a New Reentry Philosophy http://nicic.gov/library/022787
[4] MO KIDS COUNT Interview with Julie Kempker, Chief State Supervisor at Division of Probation and Parole
[5] Missouri Reentry Process Brochure http://doc.mo.gov/Documents/mrp/mrp_brochure_duplex.pdf
[6] MO KIDS COUNT Interview with Dena Sikoutris, Reentry Manager at Missouri Department of Corrections
[7] Ban the Box: U.S. Cities, Counties, and States Adopt Fair Hiring Policies http://www.nelp.org/publication/ban-the-box-fair-chance-hiring-state-and-local-guide/
[8] Office of Missouri Governor Jay Nixon http://governor.mo.gov/news/archive/gov-nixon-signs-executive-order-%E2%80%9Cban-box%E2%80%9D-state-employment

Missouri Medicaid Consumer Perspectives Study
EXECUTIVE SUMMARY

INTRODUCTION |

The goal of this study was to investigate the perspectives of Missouri Medicaid consumers from diverse locations throughout the state. We talked to some 60 individuals in 5 focus groups across the state of Missouri, representing the SW, SE, mid-state and Kansas City Metro areas to capture the consumer perspective on Medicaid. Each group consisted of between 6 and 16 individuals and lasted approximately 90 minutes. While there were positive accounts about parts of the Medicaid experience at each focus group, there were also many reported obstacles and frustrations. This summary presents four major themes brought up by the consumers in our groups. They are: **Eligibility, Coverage, Accessing Providers, and Communication**. While each group tended to have somewhat different points of emphasis, these 4 themes were found across the 5 groups. Despite these multiple frustrations, respondents indicated the critical importance of having Medicaid coverage. We asked if they would prefer a private insurance option, however, very few respondents indicated that they would. Instead, they nearly all said they wanted a better, more efficient Medicaid. The experiences of these Missouri Medicaid consumers offer valuable information and provide essential insight to improving both the process and coverage of Medicaid.

We are grateful for the engagement and contributions of our focus group participants. In their words,

> "*Please listen to the voice of the people. We're the ones that use [Medicaid], we're the ones that have to deal with it. Our children are the ones that have to deal with it. And the harder that it gets for us and the more rules and stipulations that they set on it, these children that are gonna be taking your place as legislators, [they] are going to be in poor health."*

> "*How about legislatures sit down with some of us like you're doing. The ones making these [laws]—talk to us."*

ELIGIBILITY |

Understanding eligibility and completing the application process are frustrating experiences furthered by a lack of helpful information and personal assistance. Lost paperwork was a common experience across the state.

- Consumers found Medicaid eligibility rules unclear and confusing. Determining eligibility sometimes took longer than expected.
- Income eligibility was felt to be set too low and spend-down requirements were confusing with inefficient rules and procedures.
- Medicaid application forms were difficult and time-consuming to complete. Getting help with how to answer questions was quite difficult and made the process more frustrating.
- Many consumers did not know of any offices or agencies where they could get in-person assistance and had considerable difficulty getting through to Medicaid personnel by phone to get questions answered.
- Language barriers: Spanish-speaking respondents reportedly could not obtain application forms in Spanish and there were long waits for Spanish-speaking personnel to provide phone assistance.
- Lost paperwork was a major problem reported across the state, sometimes occurring multiple times for the same consumer. This prompted one woman to use her phone to video record herself handing in her application as proof that she had turned it in.

Consequences:

Incorrect information stemming from a lack of help as well as lost or misplaced paperwork resulted in denial or loss of coverage; some customers became discouraged and gave up; the inability to receive needed health services—e.g., delayed pre-natal care, loss of teeth, late diagnoses and treatment for diseases—led to worsening health status.

ELIGIBILITY –QUOTES

"To start with the beginning, filling out the application is probably the hardest part of the process. Not knowing the answers to particular questions. You don't want to lie. This is a government paper, you could get fined for it, you want to be honest. Like, going to college, I get grant money. I don't know if that's part of the income they're talking about…I raised my niece. She gets social security. Does that count… how does that work? You don't really know unless, and trying to find someone to ask…is pretty much impossible."

Used to, you'd go in to the welfare office and you went in and they'd take you back to a cubicle and you'd get to sit down with somebody and talk to them. Now, it's just a line and…its done right or it's not done and its kind of like machinery and you're shot out of the way. And we need them cubicles back with them people that we can talk to, that can help us and understand us and we can hand all them papers to them and we know they got them in.

And someone said "Well, you didn't turn it in." Yeah I did. It's gotten to the point—I can pull out my phone right now and tell you. I have to video tape what I do when I go downtown. Because I can't tell you how many times I've been told "you didn't turn that in," or "we didn't get it."… So I make copies myself and I will literally take pictures of me putting it in, I have pictures of me putting it in the box down there. Because they'll say they didn't get it.

COVERAGE|

Consumers identified important coverage gaps and frequent problems with sudden and unexplained losses of coverage. Consumers reported that they did not fully understand the Medicaid system.

- Many customers expressed a lack of understanding and confusion about what services were covered as well as limitations on coverage, particularly related to age (of children) and pregnancy status (women's coverage rolls back from comprehensive to "well woman" post-childbirth).
- Sudden loss of coverage was a particular issue. Many customers had difficulty maintaining consistent coverage. Terminations were frequent, often disrupting services for several months, and occurring without prior notification or explanation as to the reason. Re-establishing coverage was complicated and time-consuming.
- Several inadequate coverage areas and gaps were reported consistently: mental health coverage, dental coverage, vision coverage, and poor or no coverage for adults not pregnant or seriously disabled.
- Consumers pointed to the fact that Missouri Medicaid does not cover men, which impacts the health of some men so they cannot work to support the family.
- Customers, when asked, strongly preferred traditional Medicaid with improvements compared to an option for Medicaid to move to private insurance coverage.

Consequences:

Customers used a lot of their time trying to maintain stable services in a system that often terminated coverage. Lost coverage and coverage lapses had serious health consequences, especially for children and adolescents—e.g., learning problems due to incorrect eyeglasses, permanent damage from unaddressed dental needs, psychological dysfunction. For adults, lack of coverage sometimes led to impaired functioning so that they could not work or adequately care for family members.

COVERAGE—QUOTES

I had to get, you know, my coverage just so I could get a physical for a job. And, when I went to the physical place, you know one of the clinics, she said I was just covered for birth control. And I said "ma'am, do you see how old I am? I don't need birth control." And she said "well, you have to go back and tell them to change the number, you know, for what you're covered for." And I think they was just playing games with me because I'm 46. And, you know if you need—if it was an emergency, I'm not covered for the emergency room.

But because they paid for four months of medicine, which was great because one of his medicines is $600 a month. So it was great that they paid for four months and then all of a sudden they said oh wait he's not eligible. And they never gave me a reason

The time it takes to get the teeth done for my kids. My daughter's got a cavity or something like that. We gotta wait 3 months just to get that filled.

My daughter she is um far sighted and near sighted and Medicaid only paid for one pair of glasses a year. And she has to go every six months to get her eyes checked. So, a majority of the time her prescription is going to change. So, when I go back the six months after I have to come out of pocket because Medicaid already paid for what they was going to pay for...Her glasses get up to like $300-$400.

The importance of men. The importance of taking care of men is lacking…[they are] the majority of the workforce…like if you have back problems you can't work. If you get the medical attention you need, you can get back in the workforce, get off of TANF, get off Medicaid, get off food stamps… I think if they want us off food stamps, if they want us off TANF and if they want us off Medicaid then we need to be taken care of health wise and so that we can get back in there.

And these parents get worn out from trying to fight for their kids. Where, regardless of how much I love my kids it just gets to a point where I just have to turn my hands up. And that's what I had to do for a disabled child. I had to throw my hands up and wait 'til my son's Medicaid card showed up in the mail (crying). A year, my son went without therapy for a hip, not having a hip, a prosthetic leg he couldn't wear, being made fun of at school because he wouldn't wear it. And here I am trying to get him the help he needs, being a good mother, and fighting and fighting and fighting. I got to the point where my son, my disabled child, is asking

ACCESSING PROVIDERS |

Customers appreciated receiving medical services, but were challenged with finding specialist physicians and hospitals that accepted Medicaid. Participating providers were sometimes far away, requiring transportation assistance, which often added considerable time and sometimes additional expenses to appointments.

- Customers generally appeared able to locate generalist physicians but had more difficulty finding specialists and Medicaid participating hospitals.
- Getting appointments within a reasonable amount of time to address problems was an issue, especially in the areas of dental, mental health and acute health care.
- Customers needed transportation to get to appointments, especially in rural areas. Information about and the actual availability of transportation assistance seemed to work better in some places (SE) than others (SW).
- Short appointments often took all day. Medicaid transportation services got customers to their appointments on time, but then made them wait as long as 2-4 hours for their return ride.
- Transportation assistance must be ordered at least 3 days in advance. Thus, transportation assistance was not available for urgent or last minute appointments or appointment changes. Moreover, reservations could not be made far in advance even though far in advance medical appointments are common.
- Transportation rules added other difficulties. For example, one woman had a C-section and was not allowed to lift over 10 lbs, which kept her from carrying her baby and car seat to an appointment. Yet, she had trouble getting permission for her husband (an "extra" person) to go with her in the van to carry the baby.

***Consequences*:**

The biggest reported challenge to accessing providers was transportation to get to providers. Consumer awareness of Medicaid transportation assistance and the quality of services appears to be uneven across the state. Distance to providers, especially specialist physicians, and very long waits for pick-up following appointments resulted in customers spending an entire day for a short appointment with the potential for customers to lose wages and to incur additional child care expenses.

ACCESSING PROVIDERS—QUOTES

My most difficult challenges with Medicaid have been specialists. Having special needs kids, you have to find the right doctor to deal with their condition and Autism is a broad spectrum… They need different types of therapy, they need different doctors and it's hard to find, it's very hard to find through Medicaid the correct specialist to deal with your child. Most often times I've found you're tossed into a clinic.

Another problem is that not all doctors take Medicaid…it's frustrating when you're trying to find a doctor and you, like there's some doctors like my son's, had to get ear tubes and my daughter, and the doctor I had to go to was in Columbia because the one here only took Healthcare USA. So, it just adds extra expense for the family to go an hour away.

I'm stuck with the bill from St. Mary's for $377 because…whatever it is that I have only covered a certain portion of it. But if I had gone to [local medical group], it would have been covered 100%. They didn't tell me. I was signed up for Show Me Healthy Women when I was signed up for mammogram and pap smear. They ask you where you wanna go. Hey, St. Mary's. They're the best. Nobody told me…it's not covered at St. Mary's. And Show Me Healthy Women, they're not paying the bill that's due from St. Mary's.

There is a bus that comes to pick people up but you have to call [ahead] like 2 or 3 days…And then you have wait for them to make their rounds. So now a thirty minute doctor appointment turns into three hours, six hours.

I had a c-section so I wasn't able to pick up the car seat that my daughter was in. And you can't leave your car seat in the cab or anything. So, we had to have my husband go with us and to get approval for another adult along with a child in the car. It took us four days to get approval for it. Because they kept arguing, "Why does he have to go?" Well, I had a c-section. I can't lift more than 10 pounds. Baby herself is almost 10 pounds and trying to get that all done and the seat too. The seat itself is over 10 pounds. You know, trying to do all that—they just don't seem to understand logistics…It's like they want to live in bubble world where everything makes sense in their nice lines and it doesn't really work that way.

COMMUNICATION |

Customers reported a general lack of communication surrounding their experiences with Medicaid. Dealing with obstacles was difficult, but not being able to communicate effectively with anyone so they could understand and correct the problem was especially frustrating, time-consuming and unsettling for respondents. Throughout the State, communication issues emerged as a common refrain, leading many consumers to feel they were unimportant and not understood, respected, or valued.

- When consumers faced problems such as sudden loss of coverage they had great difficulty getting in touch with Medicaid in order to communicate the problem, get an explanation of what happened, and receive help. Medicaid responses were often inconsistent and confusing.
- Reaching Medicaid representatives by phone was difficult. Phone calls were often not responded to and consumers had to make multiple calls over several days (for example, using up entire lunch hours over several days) to make contact.
- Communication issues were intensified because consumers strongly prefer individualized help from the same person over time (e.g. a case worker), which was not available to them.
- Frustration was also amplified because Medicaid was seen as very "efficient" in quickly implementing its own rules and cutting eligibility, but very slow in responding to correct their own mistakes and in restoring coverage to consumers.

Consequences:

Poor communication creates additional barriers and stress for consumers. These delays impede Medicaid access and lead to lapses in coverage (sometimes several months). Consumers cannot get information about their case, contributing to a persistent lack of understanding of Medicaid policies and procedures. Additionally, consumers feel disrespected and devalued and that the State does not care about them.

COMMUNICATION—QUOTES

My application now is going on 5 months waiting. Just to add me to the medical. I have no income other than my child's SSI. And so I'm like why is this taking so long? And my whole deal at this point is there's no communication between the Medicaid program and the client, even if I'm waiting, let me know I'm waiting. I don't care as long as I know what's going on. But when I'm going on 3, 4 or 5 months and I'm making phone call after phone call, like you all are telling me to do, and I'm not getting any answers, I don't feel that's fair to me or my children.

Yeah it took forever, it took like three days to get somebody on the phone. I sat on hold forever. Their hold times are ridiculous. And working, like, working and going to school, you know you have a certain time you can call. So I used that certain time to call but then I used that whole time that day, the whole day the next day, the whole time the day after that just trying to talk to somebody. It's ridiculous.

You're a number to the Medicaid, you're not a person. Kind of like you guys were saying, they were talking at you, not to you. It's all about numbers. Getting em in, getting em out. It's hard on this side of it.

I feel like individually it's impossible to get Medicaid, even for your children. I tried for my daughter, but with the help of a professional or somebody else that's the only way and that's not how it should be. […]Oh even if you're definitely eligible, you're still not going to get approved unless you have someone handle it for you. A lot of people can't do that.

2016 Summer Programs

District	Location	Summer School	Before & After Summer School	Summer Camp
Center	Boone Elem.		May 31-June 23	
Fort Osage	Blue Hills Elem.			July 5-15
Grandview	Butcher-Greene Elem.		June 1-28	
Hickman Mills	Ervin Early Learning Ctr.		May 23-June 20	
	Dobbs Elem.			
	Burke Elem.			
	Ingels Elem.			
Kansas City	Gladstone Elem.		June 6-July 8	
	Paige Elem.			
	Wheatley Elem.			
	Banneker Elem.	June 6-July 8		
	Border Star Montessori			
	Carver Elem.			
	Faxon Elem.			
	Garcia Elem.			
	Hale Cook Elem.			
	Holliday Montessori			
	King Elem.			
	Longfellow Elem.			
	Melcher Elem.			
	Pitcher Elem.			
	Rogers Elem.			
	Trailwoods Elem.			
	Troost Elem.			
	Whittier Elem.			
N. Kansas City	Topping Elem.		May 31-June 24	June 27-July 22
Charter	Tolbert Academy		May 23-June 24	

For more information, visit www.kclinc.org/summer

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