Rapid City Service Programs Report

RCCI: Everyone in our community working together to make our city stronger

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Executive Summary

This report outlines the existing, significant challenges Rapid City service providers and community members face. What is lacking in a given community is generally the same: lack of money, lack of time, lack of resources, lack of commitment. But this report takes into account the fact Rapid City citizens are driven to tackle these challenges in order to ensure Rapid City is a community that cares.

Rapid City has great physical assets—parks, outdoor activities, beauty, quality downtown, exciting new restaurants—but its most important assets are largely cultural and immaterial. In creating the next phase of the City’s development, Rapid City’s assets provide multiple systemic gateways to overcome entrenched systemic obstacles:

- A New Generation Commits to Rapid City
- Open and Collaborative Leadership
- A Shared Imagination of All My Relations
- Collective Impact Inspires Existing, Committed Leaders
- An Emerging Economy of Contribution
- Commitment to the Long Term

Following the presentation of Rapid City’s assets, I introduce an understanding of poverty unique to the City. A number of the service providers already understand this perspective of poverty. Indeed, understanding poverty is central to the teachings within the Prosperity Initiative to prosperity coaches and by Love INC and others. I detail 3 different types of poverty and show how an informed understanding of poverty will facilitate the pace Rapid City takes toward the kinds of solutions the City needs. It will allow Rapid City to address the obstacles that limit the navigation of so many citizens in getting needs met.

Following this, I present 7 systemic obstacles. You will note that they are described in a way that suggests how they block those who wish to improve their lives. I described the obstacle this way deliberately—to help the reader begin to think through how one might move past each obstacle. Had I named the challenges something like “poverty,” “housing,” or the like, I would have triggered only fixed ideas of potential solutions. My description of the obstacles triggers your imagination and challenges you in new ways to think of someone moving forward, attempting to navigate life, while facing obstacles. Obstacles identified here are:

- Systems Punish Success and Incentivize Apathy
- The Dynamics of Intergenerational Poverty Reinforces Poverty as the Status Quo for Many
- A Fortress of Complexity Hides Impactful Resources
- Networks of Helpful Connections Do Not Include Those Who Need Helpful Connections
External Forces and Perceptions Towards Many Native Americans Limit Their Ability to Contribute to Society and Participate in Democracy

Escalating Fear of “the Other” Threatens to Undermine the Shared Commonwealth

Addictions and Mental Illness and Their Stigma Debilitate Many

Following the obstacles, are 4 sector briefs.

- Housing
- Mental Health and Addiction
- Transportation
- Food Security and Nutrition

A “sector” in this report is a domain of activity, an existing set of enterprises committed to a specific set of activities. These 4 sectors were chosen due to the frequency with which they arose during the interviews. Recommendations as suggested by those interviewed are also included.

Following the sectors, I present a number of recommendations and observations for Rapid City that grows out of the Collective Impact approach. The Appendices provide additional information on the 4 sectors and on Rapid City’s history and economy.

Finally, much of this report quotes community members, service providers, and citizen advocates. The messages from these people are the true reflection that Rapid City cares.

One additional note: Systems mapping is central to Phase 2. We have additional opportunities to impact the City through new learning and approaches pioneered out of the Systems Dynamics center at MIT. The main center for approaching community-based systems dynamics is found at Washington University (Missouri). The University has offered to work with us and with a simulations expert to help us not only create the systems maps but to run simulations to help predict potential unintended consequences, both positive and negative, from options that might be undertaken by strategic working groups of any type.

Long-term livability for all of Rapid City’s citizens can only be created by collaboration. We will have to work together better, exchange ideas, and support one another in building this community. Let’s combine our knowledge, skills, imaginations, and passion and we will see a Rapid City that works for everyone.

Albert Linderman, Ph.D., Director, Rapid City Collective Impact, CEO, Sagis Corp

Thanks to Sandy Diegel, Jonathan Bucki, Melissa Bloomberg, and Brooke Dierkhising who helped in various ways with this report.
Systemic Gateways: Assets to Creating a Caring Rapid City

When Regional Health’s CEO Brent Phillips called me about the potential of providing research into, and help with organizing, the service provider network in Rapid City, he shared that he feels drawn to the social aspect of his work. He described a desire within a philanthropy group to see change for the City and improvement in the lives of those with current and ongoing needs. This group, as Brent explained, desired that the community better organize itself to more effectively help those in need. Everyone will be benefitted as a consequence.

When I met with the group in early July 2015, I heard congruent messages from Brent and the philanthropists Ray Hillenbrand, Jim Scull, Sandy Diegel, and Mimi Hillenbrand. They desired to create a community that cares. As well they articulated the desire to create a community that better integrates and supports the Native American population of the City. They sought to do so by increasing and deepening the kinds of collaborations that had been developing over the past few years, in particular those encouraged and convened through the investment of the John T. Vucurevich Foundation.

A number of encouraging, and some surprising, assets revealed themselves over the course of the past 7 months since I arrived in Rapid City:

A New Generation Commits to Rapid City

Rapid City attracts young adults with a different perspective on what makes a city great. These young adults bring ways of being that support community collaboration, equitable access to resources, and a more sustainable way of life as it relates to use of energy, food production, consumerism, and income generation. They are planting the seeds of their ways of being in a soil already prepared to receive them. One of the common comments shared by the emerging leaders fellows at the close of our all-day training/learning session was, “I want to make this City my home. I want this City to be one we can be proud of, one I can raise my children in and know we are providing the kind of diversity that makes a good city become a great city.” They support RCCI’s effort to create an environment for service providers to work collaboratively for the greater good by increasing networking, understanding each other’s strengths, and understanding the needs of our community.

Open and Collaborative Leadership

A knowledgeable and open “establishment” already exists in Rapid City, rare for cities this size. The establishment in Rapid City is not wedded to existing power and engagement structures. On the contrary, many in the establishment of Rapid City embody a forward-looking desire to embrace change for a better future for all. Those in the establishment demonstrate this through a consistent eagerness to discuss—in a fully transparent way, without excuses—the historical and present shortfalls in the City’s ability to nurture a quality of life for all. Leaders across all sectors have positively embraced the inquiry process and repeatedly
expressed appreciation for the space the Collective Impact process has provided them to reflect, and more importantly imagine, how things could be different. They want more, and they want to do it together.

A Shared Imagination of All My Relations

In speaking with a number of Native American leaders, I found a similar desire. As one said to the group after hearing a roundtable discussion from leaders on issues and needs in the City, “This is new talk to hear white people talk about community in Rapid City. White people rarely talk about their fears. Indians wear their fears on them. We have to believe we need each other.” It may well be that the seeds of “all my relations” are in the water and soil and mountains and air of this City. We have the opportunity to see the original desire stated by the philanthropy group: A community that cares realized in our lifetime.

Growing Energy: “The Stars are Lining Up”

Mayor Steve Allender, speaking at Habitat for Humanity’s first breakfast gathering thanking donors this past February 18, 2016, stated: “The stars are lining up in Rapid City. I haven’t seen this type of energy, perhaps ever in the City.” He also told the RCCI Guiding Council and me something similar.1

A lot of groundwork has been laid over the years through some fine work that precedes RCCI’s “Year of Learning.” The groundwork may be why there is such a surprising level of energy about RCCI from those with whom I have spoken. I have met little if any resistance to the concepts central to Collective Impact and generally high support. The time is fortuitous. The City is poised and committed to birthing a new Rapid City. It needs to move intelligently, with care. And there are a lot of new collaborations needed to improve efficiencies in the use of the City’s monetary and human resources.

Collective Impact Inspires Existing, Committed Leaders

I have wondered why so many seem ready to jump in to the idea of Collective Impact. It seems to be one of those times when the confluences of energies—seeds that have been planted are growing—coalesce and intersect. I take it from what I hear, though I too can feel it. The basic concepts of Collective Impact are solid and resonate with most everyone I speak with. Where we are now is the fruit of a lot of people’s efforts over the years. We just may be at one of what could be called a “tipping point.” We can bring into existence the kind of collaborating community we have been envisioning.

Also, Rapid City has a number of transplants, a handful of professionals, who have adopted Rapid City as home, with a calling and will to contribute to positive change. They bring to the table a set of resources that complement the knowledge and strength of native South Dakotans. This includes both formal

1 I’ve heard comments like this frequently including hearing it from Malcom Chapman, Chas Jewett, Annie Lloyd, Harriet Brings, and others.
training and innate skill in partnering and civil/community development. They also bring effective partnerships with long-time resident leaders. Examples include two on our Board; Ray Hillenbrand and Brent Phillips. Ray arrived more than 3 decades ago with a marvelous philanthropic heart for the City, and Brent Phillips’s arrival in 2015 produced catalyzing effects in the community of which Collective Impact is a big part. Ray and Brent have teamed with Jim Scull and Sandy Diegel, two who have a deep passion for the City and the ability to facilitate change. Others include Malcom Chapman’s 2 decades in the City and his sensibility about networking and building community, Matt Ehlman’s grassroots work with millennial entrepreneurs, and Annie Bachand-Lloyd’s return to Rapid City and her organizing efforts with women. There are many others who are also in unison with the goal of improving the community.

The City already has strong cooperation and collaboration among some service leaders. Indeed, Renee Parker, Sandy Diegel, Malcom Chapman, and Jim Kinyon have told me that, in some areas, Rapid City excels at cooperating and collaborating. All agree that much more can be done, however.

**An Emerging Economy of Contribution**

The ideas of a more collaborative economy are already seeded in the City, though not yet in full bloom. Futurists assert that the world must move in this direction. Rapid City is ready for it.

With the originally-stated desire of the philanthropist group to create a community that cares lies the embedded understanding that **everyone** has something to contribute to this community, hence our current tagline “everyone working together to make our city stronger.” I find this sense all over the City. There is an almost tacit understanding that everyone, including those who currently face significant challenges and need help, have as much to offer the community as those who are not.

**Commitment to the Long Term**

Rapid City has some outstanding service leaders and programs. Leaders generally care deeply about the City and about the people their agencies serve. I find this across the board in nonprofits, government, and faith communities. One example from an interview with Anna Quinn of The HOPE Center: “I see our guests as people. That is why I will stay here 2, 5, and 10 years from now. This is my passion.”
A Rapid City Way for Understanding Poverty

Currently, our mindset about poverty is built into most of the news articles we encounter, a mindset reinforced by rhetoric from all directions. I advocate we change our mindset. In fact, how we understand and frame “poverty” is key to RCCI.

Most studies (such as the three Black Hills Assessments of 2001, 2006, 2011) focus on quantitative, material topics related to poverty. Examples of these topics include household income, number of cars, needs regarding housing, types of transportation used, and the like. These quantifiers are significant and meaningful. They give important information that communities must pay attention to. But material quantifiers do not tell the full story. Poverty and livability include “non-material” quantifiers such as quality of life, happiness, meaning, emotion, and day-to-day life experience.

For example, take a person who makes $25,000 a year. This person describes his life as high in quality despite a lack of financial and material means. Technically, our community would view this person to be in poverty. But financial, or material, wealth does not alone create a high-quality life. Indeed, even those with the most money can experience a type of social or community poverty that some who are materially poor do not.

But Rapid City citizens, like most citizens in every community in the United States, judge their lot in life from a belief that material conditions are the main issue. Of course material poverty is important and needs to be addressed. In fact, our services for the most part are set up to address material needs. Ultimately, that leaves the non-material issues to our faith communities or to individual exploration. Our services system places emphasis on the extrinsic aspects of poverty with little if any reference to intrinsic aspects. This reinforces the belief that non-material needs are not important enough. It also inadvertently makes poverty worse.

Any discussion of improving life and living in Rapid City must include attention to the non-material aspects to poverty. Such focus aligns with RCCI’s tagline: We believe that everyone has something to contribute. This is because, “Participating in a greater enterprise than one’s self has strong influence on quality of life.”

It is undisputed that quality of life is highly correlated with feeling part of a wider community. Rapid City community members recognize this correlation. Those interviewed for RCCI frequently discussed non-material aspects of poverty. Also, the citizens interviewed by the emerging leaders fellows discussed and cited many non-material aspects of poverty. So what is this view of poverty?

### 3 Types of Poverty

1. Poverty of Being. This sort of poverty affects how we view and understand ourselves. Some of us may subconsciously see ourselves, because of our material
As well, poverty of being is seen in those whose view of self is low. This self-defeating view, particularly for those stuck in generational poverty, is reinforced through media and through messages, both tacit and explicit, within families and communities.

2. Social Poverty. We experience divisions of community through racism, classism, intellectual elitism, and age-ism. These kinds of judgments hurt all of us and limit our opportunities for new learning and growth, both as a community and as individuals. By not seeing oneself as part of a community of fellow citizens working together for the common good, one experiences social poverty.

3. Poverty of material resources. This is the poverty aspect on which we usually focus. Some have suggested that the United States is the only country that views those experiencing material poverty as having a character flaw. Nonetheless, much of Rapid City’s service provider network and government programs are set up to help in this area. A significant portion of the rest of this report focuses on this type of poverty and how well the City is doing in addressing these needs.

Most poverty alleviation efforts reduce the notion of poverty to the material realm. But this can make other types of poverty worse. And it feeds the common misconception that the only possible tool for poverty alleviation is material resources. Low-income people, however, describe their poverty in more psychological and social terms, often expressing a sense of shame, inferiority, helplessness, vulnerability, and social isolation.

Sara’s Experience

Last year, Sara accepted a job earning $14 per hour as a customer service representative. At this wage, she earned too much money to continue receiving food stamps at $500 per month for her family of three, including sons Thomas, 9, and John, 4. She also initially lost child care assistance, although she has since been reinstated with a parental fee that costs her $350 per month.

“Just not having Child Care Assistance was a struggle every day to have someone who could watch my children after school or before school,” she said. “I hired my niece to watch my children. That did not work for very long. I had to find another family member and another family member. So it was a struggle every day to figure out who was going to watch them.”

The loss of food stamps also hurt. With them, she had $500 per month for food. Without them, her food budget shrank to $200, not even close to enough. As a
result, and in itself a problem, Sara subsidized her higher income with credit cards.

For Sara, the struggle with the better paying job and reduced benefits has become overwhelming.

“I cry on my way to work,” she said, “I cry on the way back home. Instead of them seeing what mommy is going through, I don’t show it to them. I don’t show it to nobody. It’s all behind closed doors.”

She has begun to consider her options. Before, she had two part-time jobs, one in the morning and one at night, and the work-support benefits.

“It seems like life would be easier to not make as much money as I do now because I would have support and stepping stones to get a head in life. If I was able to have all these (work support) programs and attend school then I would go back to school, get a degree and no longer be on these programs and maybe even help out.”

Other Perspectives on the 3 Types of Poverty Model

To be truly effective, we need to move past treating the symptoms of poverty, a lack of material resources, and recognize it in its full picture. We must understand that in the long run a “handout” is nowhere near as good as “hand up” (while recognizing that in some cases the best way to start may be with a handout). This understanding is at the heart of the John T. Vucurevich Foundation sponsored Prosperity Initiative, led by Catholic Social Services, which includes training for prosperity coaches associated with 54 programs in Rapid City. This understanding is as well the heart of Love, INC, and is a message that John Ligtenberg brings to church communities and leaders over and over. I hear it from those working in criminal justice, including police officers, judges, and community officers. With this already existent in the City, there is the opportunity for understanding of poverty and its different manifestations apart from the more common views based on poverty of material possessions.

Effective poverty alleviation happens by forming humble, long-term relationships with the materially poor, the second part of the Prosperity Initiative. Walking alongside these individuals we might provide money or material to help, but we do it in a way that complements the gifts and resources that they are also contributing to their own progress. We are not walking alongside to do something for a person but to do something with them. We both need it. It is more difficult, but, in the long run, it will be more beneficial for both people and the community.

We can achieve this change in approaching poverty if we move toward an “asset-based” approach versus a “needs-based” approach. An asset-based approach tackles poverty by focusing on people’s gifts, resources, and abilities. This
approach identifies, celebrates, and mobilizes those gifts in order to address obstacles. A needs-based approach, on the other hand, focuses on the needs and deficits in an individual or a community. The need-based approach assumes people in poverty have little to offer to overcome their obstacles.

An asset-based approach frames our interactions in light of human dignity. It affirms that even those in poverty can steward their resources and support themselves, combating feelings of inferiority. This respect counters materially well-off persons’ sense of superiority.

In addition to taking an asset-based approach, a healthy poverty alleviation effort encourages individuals and communities participate by initiating and contributing to their own improvement. Although it is easy for us to walk into a community with a predetermined plan of how to alleviate poverty, it is inefficient and ineffective to simply impose our ideas about what and how it should be done. Has this type of "blueprint" approach worked in any community? It is more effective and more efficient to use a participatory approach and give low-income people ownership of their own change and support them to sustain that change in the future. Such is the case with the Garfield project in Rapid City, a coordinated and conscious effort of the City, Habitat for Humanity, and Pennington County to engage those in the neighborhood in the design of the project.

Other Thoughts and Views

Interpersonal theorist Carl Rogers recognized, “If we treat people in a consistently warm, supportive, and highly regarding manner we support them to grow and to reduce their suffering.” “Do we treat people as persons of worth...?” This is unconditional regard. Meta-analysis demonstrates that positive regard is even more impactful with racial and minority groups.

Poverty expert Dr. Donna Beegle, a catalyst who introduced important concepts for the Prosperity Initiative's training for coaches, echoes the importance of working with those you are assisting, “If you are judging, you cannot connect. If you cannot connect, you cannot communicate. If you cannot communicate, how will you make a difference?”

Jennifer Williams, a lawyer working with the South Dakota Supreme Court, as well as a Prosperity Coach who volunteers with Life, INC, and is one of our emerging leaders, has to tell some of those in poverty who are reluctant to ask for help, “None of us got where we are on our own. It's not asking for help, it's using your resources. Go ahead and ask.” We need to encourage this type of self-advocacy.

John Ligtenberg, Love, INC, stated, “We impoverish people more if we only give. Our core value is that all people have something to offer. Part of dignity is people having choice. We want to match efforts, providing a place where people can
thrive and contribute.” In a separate comment he stated, “There is no greater tragedy than to be an amazing human being with limitless potential with multiple abilities to contribute and no opportunity to do so.”

Jim Kinyon, CSS, added his voice to this theme, “We need to believe in the capacity of poor people to transform their world. ... If we don’t strengthen parents we will not strengthen their children.”

Anna Quinn at The HOPE Center runs the Center with the belief that “Everyone has something to contribute, and they usually do. Our guests end up being our best volunteers.”

Linda Edel, Western South Dakota Community Action: “Everybody matters, and everyone has something to give.”

Katy and David Kinnan, Fountain Springs: “I’ve never met a person in need who wanted to be in need.”

The Salvation Army, “We endeavor to provide a hand up and not a hand out.”

If you are in power you are responsible to call out the best in the people you are working with. The most effective solution offered by any psychologist is “the therapeutic alliance (relationship)—creating positive bond, trust, respect, and liking, and mutually agreed upon goals.” This is also the best solution for Rapid City.
Deeply Rooted Contradictions and Obstacles

Reinforcing the reality embedded within the sectors is a complex web of systemic obstacles, often influencing more than one of the sectors at the same time. Through our analysis we have identified 7 of these systemic obstacles.

1. **Systems Punish Success and Incentivize Apathy**
2. **The Dynamics of Intergenerational Poverty Reinforces Poverty as the Status Quo for Many**
3. **A Fortress of Complexity Hides Impactful Resources**
4. **Networks of Helpful Connections Do Not Include Those Who Need Helpful Connections**
5. **External Forces and Perceptions Towards Many Native Americans Limit Their Ability to Contribute to Society and Participate in Democracy**
6. **Escalating Fear of “the Other” Threatens to Undermine the Shared Commonwealth**
7. **Addictions and Mental Illness and Their Stigma Debilitate Many**

The report traces the impact of the systemic blocks on these sectors. Also, we will offer some emerging perspectives and considerations on how to remove or mitigate these systemic dysfunctions. The obstacles are listed without attempting to qualify or rank them, with the exception of the first one, which is the most significant.

**Systems Punish Success and Incentivize Apathy**

This obstacle prevents individuals and families from being the productive citizens they aspire to be. These citizens and families end up spending considerable time navigating safety net programs, only to find that they easily move further into debt and struggle even more to remain productive citizens. This is because safety net programs serve people who earn even less or do not work full time.

> Then they finally get into the work world, and now it is like a cliff. We used to have stair steps out of poverty. There is the food stamps issue, the childcare assistance issue. They are so vulnerable. People can get SNAP, energy assistance, and subsidized housing, worth $11 hr. But, when you earn $9 an hour, you lose it all. Why not allow people to lump the $11 hr. of benefits and put it where they want and have a graduated reduction as their income rises. Don’t make people start to lose so quickly . . .
It is a catch 22. If you work, you lose housing assistance. If you work, everything goes out the door. The system is broken and encourages people to remain in poverty. We see people who have good jobs but something unforeseen happens and they can’t pay their utilities.

Regarding the obstacle of paying bills to support oneself/one’s family, Dr. Beegle identifies 4 types of material poverty:
1. Generational—it is all you have ever known
2. Working-class—living paycheck to paycheck, one financial disaster away from serious difficulty
3. Immigrant—typical upon arrival of a recent immigrant
4. Situational—when circumstances temporarily take a person into poverty

Nobel Prize winner in Economics, Daniel Kahneman\(^2\), describes the kinds of psychological tendencies present in human beings that lead them to make choices that are often not in their best interests. He shows how the stories we create for ourselves influence how we see and experience the world. Looking at the 4 types of material poverty listed by Beegle above, you can begin to imagine how each individual creates a story about his or her circumstances in life. The recent immigrant works for a better life for his/her family, and tells his/herself the story of sacrifice as worth it for those who follow. A person in generational poverty may not know of life’s full potential and may not have been exposed to the kinds of stories that would give perspective to life’s circumstances in a way to enhance his/her sense of being and well-being. The story for someone in generational poverty may not know of life’s full potential and may not have been exposed to the kinds of stories that would give perspective to life’s circumstances in a way to enhance his/her sense of being and well-being. The story for someone in generational poverty can be summed up, as one focus group interviewee said, “Life is just one damn thing after another.” Yet, any and all of these groups seem to struggle more today than in most times in US history.

The end result for many—the inability to stair step—results in a sense of shame. Those who need the most help are likely to be hurt the most. Poverty is reinforced as an individual pathology.

The Dynamics of Intergenerational Poverty
Reinforces Poverty as the Status Quo for Many
Situation poverty can become generational poverty within a couple decades. This has proved true in Rapid City, as many in Rapid City’s nonprofit community report observing the effects of generational poverty in their work with children.

You can get Medicaid if you are single and have a baby. But if you are married, you cannot get Medicaid and it will cost you $5,000 to have the baby.

Jessica Olson, Wellspring

\(^2\) Thinking Fast and Slow, noted by David Brooks and Nassim Nicholas Taleb, among others, as a masterpiece in social thought
Danita Simons, of the Campaign for Grade Level Reading, tells of publishing a manual of parent engagement to help parents get their children ready for school. But the manual has limited effectiveness for parents who are functionally illiterate. Furthermore, Simons struggles to distribute the manual to parents whose kids are not in licensed childcare. So a potentially great resource does not reach the members of the community who may benefit the most from its contents. Simons also noted that those working but in poverty in Rapid City are busy: they have jobs, they need to find places to live, and they need to secure transportation. “They want good things for their kids, but they don’t know how to make that happen.”

Christine Stephenson, at LifeScape, which provides therapy services for kids, reports: “We have parents who want to get their kids here for therapy, and they have Medicaid to cover the cost, but they can’t get here because their car broke down. I would say that’s at least three cancellations a week on average. Then there are the parents who can’t get off work. The Birth to Three Program is great, but we have a few families who don’t want to use it because they don’t want people coming into their homes, many out of embarrassment. So their kids get further and further behind developmentally or behaviorally, and the family gets more and more stressed. Eventually, the school district feels the effects.”

Anita Deranleau who leads the McKinney Vento program for Rapid City Area Schools, says that many of the district’s school counselors haven’t experienced poverty. “The school district has a general lack of knowledge about what happens day to day in poverty.”

And many of Rapid City’s homeless or borderline homeless students eventually cross paths with Kim Morsching of the Pennington County Juvenile Diversion Program. She stated that a vast majority of the problems with the juveniles she serves comes from dysfunction of families. She stated that the problem is not limited to Native families, an observation shared by many in the nonprofit community serving youth. The challenge for many, according to Morsching, is “multi-generational families with no jobs and with violence and with drugs, and every year it gets a little younger.”

Rapid City also has its share of grandparents raising grandchildren, which is its own unique challenge. Social Security income most often is not sufficient for families with children, and grandparents without official custody of a grandchild have an extra level of difficulty navigating the system for available resources. Doug Wells, Rapid City Housing: “We have helped a lot of people, but we haven’t solved a lot of problems. Every president since Roosevelt has said he was going to end poverty. There may have not been a major coordinated effort. We see federal money administered but not major. Some cities and states have done a lot to help. Here, there hasn’t been the level of commitment you might see in a larger city.”
Anna Quinn, The HOPE Center, on the historical-trauma component of poverty, “In the late 1800s Native American kids were taken away from their families and put into boarding schools. Consequently, they didn’t learn what a family system looks like. People cope with substances. If you don’t know what things look like you lash out; it is a cycle perpetuated through time. They were not allowed to grieve in their culturally appropriate ways. Add poverty and we’ve made a big mess.”

Jessica Olson, Wellfully: “Recently we researched the increasing transient population in Rapid City. We learned from the hot spots on the U.S. Center for Disease Control’s maps that STDs, suicide, and drug use radiate out from the 3 reservations surrounding Rapid City. Underlying those is poverty.” Barb Anderson, Wellfully: “Poverty is its own trauma.” Tim Trithart, Community Health Center: “It is one thing to tell a diabetic to eat healthy and get exercise. It is another thing to tell a single mother with 2 jobs and 3 children to do that.”

Many interviewed also reported that, while race is a strong issue in Rapid City, for those experiencing material poverty, the biggest difference might not be racial. The biggest difference might be class thinking: Middle class to Poverty class. One stated that the experience of Caucasian men is strikingly similar to the issues of Native Americans when it comes to being stuck in a cycle of poverty and seeking to soothe struggles with substance abuse. Caucasian men experiences almost as much difficulty as Native American men to climb out of addiction and generational poverty.

A Fortress of Complexity Hides Impactful Resources
Individuals and families wishing to get on solid ground, provide basic needs, and live in a productive way struggle due to the obstacles in navigating the social service network and getting around town. Renee Parker, of United Way of the Black Hills, said that the level of complexity, and the geographic distance between agencies that may help the poor, is embarrassing. “Ideally we would have a one-stop shop. ... The community is not set up to serve people efficiently. It is all so frustrating for people in need. They just give up.”

So many individuals and families wish to be contributors to society but are blocked by this complexity. Stephanie Schweitzer, of the Front Porch Coalition, reiterated that point. “There is so much red tape behind everything. It is hard to navigate.” Schweitzer said it is especially difficult for people who are in crisis. “We make things almost too college level, which doesn’t work for people in crisis.” The relative expertise needed to fill out forms often is beyond the level of those needing to fill them out.

Although the one-stop shop would be better for state services, there is a financial challenge in establishing a one-stop shop. The leases need to be bought out, the
state agencies have the leases, and the state agencies might not be open to it. There is also the challenge in the fact that the one-stop shop might not be better for nonprofits, minus a couple of exceptions.

What would make a difference? One option is coordination of services to deal with “form fatigue.” As Wilson School principal Robin Gillespie explained: “Families get so sick of filling out one form after another and not knowing what they are qualified for or not. A mom here yesterday with 6 kids had no idea where to go. How’s she going to take 6 kids around town? How do we let people know the services that are available? When I was principal at General Beadle we held a community services fair. We sent out flyers and covered the entire North Rapid area. It was kind of a one-stop shop and we had people helping with forms. Even still people got frustrated because they had to fill out one form after another. Some parents end up going without. How do we make it an easy process for people? A person should be able to fill out one form, put in their kids, their income and boom, here’s what I qualify for, and here’s how to go about getting it.”

**Networks of Helpful Connections Do Not Include Those Who Need Helpful Connections**

The general understanding of “get a degree and get a job” leads young people to apply for jobs that fit their capabilities. However, many are unable to actually land a job with a future because of their lack of network and connections. Many of our young people begin with aspirations and end up working a service-industry job that does not pay the bills. This is particularly true for those from low-income homes and families where no one in their network has a job with a future or helpful connections. Only the best and brightest from those families can break through the vicious vortex of poverty and even many of them do not.

One solution for some would be a stronger pathway from unemployment to a skilled training environment. Society is better off when capable workers do not get on welfare or disability. Often, providing a pathway to a quality career could alleviate the block. It seems that those folks need someone to help them to know what is out there and available and perhaps help motivate them to pursue it. This is one of the areas of attention of the Prosperity Initiative.

**External Forces and Perceptions Toward Many Native Americans Limit Their Ability to Contribute to Society and Participate in Democracy**

The general tone in Rapid City is one of individual self-reliance, typical of the Western part of the United States. Native Americans, particularly men, recognize this and often have those messages in their heads when needing assistance. After one or two attempts in seeking help, many prefer not to keep asking but to “do it on my own.”
Most Native Americans end up living in North Rapid City. The Native community believes that the City is segregated in this way. Much of the rest of the City feels that as well.

News outlets typically report sensational stories designed to draw readers. These reports and the occasional encounter with an intoxicated Native downtown leads many of Rapid City’s 75%+ to stereotype Native culture. This leads to the experience noted by one who said, “We have to be perfect in order to be equal.”

RAI reports that, “General unemployment for RC is 4% and 53% for native unemployment.” These lack of connections leads to loss of competition for better paying jobs or professions. Most of the business owners will hire those who are recommended by someone they know. In addition, there is the history of animosity between reservation leadership and Rapid City leadership. There is little to no sharing of resources between the reservation and Rapid City.

From the interviews I conducted, the following word graph shows responses to the question of “What systemic problems do you see in Rapid City?”

Limited opportunities exist for Native American citizens of Rapid City for the kinds of introductions and invitations to internships from those who own companies. And the community-broad knowledge of the best ways to go about advocating for oneself or one’s children do not exist.

**Escalating Fear of “the Other” Threatens to Undermine the Shared Commonwealth**

There is a sense from some of the leaders in Rapid City that the community is getting coarser and more dangerous. The economic reality of 2016 causes many
to want to take care of themselves and their family and not worry about too many others. There is fear of too much empathy. This fear creates a desire to maintain the status quo. It is easier to let the agencies deal with material poverty even if the agencies cannot adequately do so. Many are also unwilling to consider the challenge of building relationships with those experiencing material poverty. Unfortunately, that unwillingness only increases poverty of community and of being. It limits the individual’s growth and stifles the community’s opportunity to thrive.

Thankfully, much of Rapid City is thriving. We have high quality arts, restaurants, and outdoor activities. But given that Rapid City is the only urban center within 300 miles, the City needs to embrace its role as the service provider. As one ED stated, “We can either build it now intentionally or it will be forced on us to build a better Rapid City.”

**Addictions and Mental Illness and Their Stigmas Debilitate Many**

This obstacle is one everyone can relate to. From reports given by a number of leaders, mental illness is a significant and growing problem for the people they serve. BMS CEO, and State Senator, Alan Solano, poignantly identified part of the culprit, “We are good as a nation in understanding the difference between physical health and illness. You do this and that to improve physical health. We haven’t come up with the kinds of things to improve mental health. So much addiction is mental illness.”

Another challenge concerns the “anchoring effect” described by Daniel Kahneman. When the baseline of what is a good life is defined by Hollywood or advertising, most cannot live up to the ideal. This naturally leads to disappointment, sadness, and eventually for many, mental illness. Another “anchor” or baseline needs to be set and it needs to come from what can be gained from a community that has relationships across socioeconomic classes. Mental illness would be lessened if people feel like “we are all in this together.”

Often interconnected with mental illness is substance abuse. Senate Bill 70 created “presumptive probation” for many drug/alcohol offenses. In one of our judge’s views, 70% criminal cases are drug/alcohol related. Though this judge supports that premise behind not sending an addict to prison for a drug/alcohol offense, the judge believes that Senate Bill 70 just “put off” the inevitable. “Without treatment of the addiction issue, the person will re-offend and eventually be beyond presumptive probation. This means the person will be sentenced to the penitentiary. It behooves the State to put money aside for more treatment options.” This judge also believes that the increase in violent crimes in Rapid City can be related to untreated addiction/mental health issues.

One approach central to Head Start, Program Up, and the Prosperity Initiative is to focus on early childhood education that is interesting, mentally stimulating, and includes an emphasis on the importance of eating healthy foods.
Impact of Systemic Obstacles on Sectors
By intensity of effect

Intractable, difficult, long road to solutions
Yellow: Needs a lot of intense work to solve, solvable
Easier to solve

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What follows are a series of briefs that describe key sectors: Housing, Transportation, Mental Health, and Food Security/Nutrition.
Sector Brief: Housing

Problem

Housing is a “Keystone” issue for many families. This is because the ability to be a productive citizen correlates directly with the existence of stable and secure housing. With stable housing comes increased job performance and consistent attendance, improved academic performance for children in those homes, and a greater ability to withstand and overcome the roadblocks and hurdles present in everyday life.

The United Way, in its 2015 Homeless Coalition report, indicates the Homeless Coalition recorded 793 homeless, school-age children in Rapid City. The majority of homeless persons and at-risk-of-homeless households make less than $1,000 per month. Median home values in Rapid City have risen 64% and median rent has risen 31% since 2000, with the average 2-bedroom rental currently costing $924 per month. That is 92% of a $1,000 per-month budget. Also, according to Doug Wells of Rapid City Housing, there are approximately 2,300 on the waiting list for Section 8, with an expected wait time of 30 months.

Low wage jobs and high rental rates create a “housing cost burden” and places more households at risk of homelessness. A “housing cost burden” is defined as housing cost of more than 30% of gross household income, with a severe burden considered over 50% of gross household income. The mean annual salary in Rapid City is $37,540, which equates to a monthly salary of $3,128. Currently, 25% of all residents in Rapid City are facing a housing cost burden, with 11% facing a severe burden. This means many households in Rapid City are at risk of homelessness.

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3 United Way report...
4 http://archive.rcgov.org/lf20130515/LF05011319/Market%20Analysis%201.pdf
5 http://archive.rcgov.org/lf20130515/LF05011319/Market%20Analysis%201.pdf
7 May 2014 Mean Annual Wage for all occupations [http://www.bls.gov/oes/current/oes_39660.htm#00-0000]
8 [ref?]
Current Reality

Lower income families and individuals struggle to find affordable and safe options. Substandard housing and deteriorating neighborhoods need to be revitalized or rehabilitated. This can be achieved by providing the following at affordable rates:

- Smaller units for single people or couples
- Housing that is handicapped accessible
- Emergency shelter for youth and families with children
- Housing for people transitioning from homelessness or incarceration
- “Housing first” for persons struggling with severe mental illness or substance abuse issues, developmentally disabled, and veterans
- Help for seniors to stay in their homes
- Solutions for tenants too afraid to protect their rights for fear of losing their housing if they challenge the landlord or housing management.
- Stable housing for at-risk families

Existing Capacity

A few organizations are currently working to help Rapid City residents with affordable housing and working to support the homeless community. The Cornerstone Rescue Mission provides a number of services for the community, including a men’s mission, soup kitchen, women’s and children’s shelter, and apartments. The Cornerstone Apartments have 24 affordable two- and three-bedroom units for eligible low-income homeless families that are also veterans or a family member has a disability. The Dakota Land Trust also assists families into affordable housing through buying and leasing land to homeowners. DLT has helped 25 families in the region since it opened in 2007, including four in Rapid City.

Homelessness has become a growing problem in Rapid City. . . . All the [Cornerstone] mission’s beds are currently full—leaving dozens sleeping on the floor. More than 160 homeless are staying overnight. . . . The executive director says a lack of affordable housing is one reason leading to the shocking demand in the community. – December 27, 2015


9 http://www.cornerstonemission.org/apartments.html
The City of Rapid City is also focused on solving the housing problem. The Community Development Department within City Administration is currently working on a plan to increase low-income housing, including setting up tiny houses in the City—a lower cost option than standard-sized buildings. As Barb Garcia, from the Community Development Department, says, “This tiny house/apartment concept ultimately saves money. When we take a chronic inebriate to the emergency room, it costs $2300. Some of them over the course of a year spend $87,000. I can house them for $650 per month.” The City also undertook a number of studies to evaluate the problem as part of its larger consolidated planning process from 2013-2017.10

Nationally, an approach known as Housing First advocates an approach to homelessness that centers on providing people with housing as quickly as possible—and then providing services as needed. These services often involve intensive case management with the teaching of living skills.

One such Housing First approach in Rapid City is the New Start Housing Collaborative. This Collaborative includes the CornerStone Rescue Mission, Behavior Management Systems, and Pennington County Health and Human Services, and provides rental assistance, intensive case management and supportive services to help people move beyond chronic homelessness through monies provides by the John T. Vucurevich Foundation. A public private partnership, Owens Apartments, supplies 23 units that are available to this Collaborative. One such program is the Pennington County HHS Rebound program that helps those transitioning from a jail term.

It is important to keep in mind, there are at least two distinct populations, services to both of which need more attention as capacity for existing programs is limited: Families who do not have enough money and individuals struggling with addiction and mental health issues. The populations are very different and strategies to address each population must be clearly defined.

**Model Program**

Rapid City is not unique or alone in its challenge to provide affordable housing. Many communities around the United States have worked to address this challenge. One success story comes from First Homes in Rochester, Minnesota. Over more than 12 years, through a

> When one “problem house” is replaced by a livable and desirable home, much more than one house is affected. A neighborhood is impacted and that results in a better quality of life for us all.  

Roger Peterson  
Police Chief, Rochester, MN

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Community Land Trust model, First Homes helped create affordable, work-force housing, stabilized neighborhoods, removed blighted properties, and replaced and rehabilitated insufficient housing with well-designed single-family and multifamily housing. First Homes provided first homes for more than 820 low-to moderate-income households. Working with area developers, First Homes also created 400 affordable rental units and revitalized downtown neighborhoods. First Homes began with an initial investment of $14 million, which leveraged other public and private sources for a total of more than $124 million toward affordable housing development. First Homes, and other initiatives across the US, provide lessons learned and models for Rapid City to develop affordable housing.

**Sector Brief: Transportation**

**Current Reality**

Public transportation options are available in Rapid City, but coverage is limited. The Rapid Transit System (RTS), a city-run department, offers three options (see Figure 1 below): Rapid Ride, Dial-A-Ride, and City View Trolley. Rapid Ride provides fixed route public transportation on six different fixed routes with 35-minute frequencies. Services are available Monday through Friday from 6:20 a.m. to 5:50 p.m. and Saturday from 9:50 a.m. to 4:40 p.m. Dial-A-Ride is a curb-to-curb/door-to-door transportation service operating within the City limits. Dial-A-Ride is available to local residents who qualify for the service under the Americans with Disabilities Act.

While these systems exist, transportation continues to be identified consistently as a community need. The South Dakota Public Policy Institute Community Needs Assessment (Black Hills Assessment) in 2011 asked two questions about transportation: lack of transportation and ability to pay for transportation. The Assessment reported that 53.8% of those surveyed in Pennington County checked lack of transportation as an issue and 50.1% checked ability to pay for transportation as an issue. Also, 38% of those surveyed rated the public transportation services received in the last six months as “unsatisfactory.”

The need for transportation exists for our seniors as well according to the Rapid City Senior Need Assessment and Service Gap Analysis done in November 2012 by the University of South Dakota Government Research Bureau. Three focus

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11 http://www.postbulletin.com/opinion/joann-stormer-first-homes-changes-lives-but-housing-crisis-is/article_d77a43a0-0862-571a-8a64-c7bf6cfee082.html
groups (34 participants total) reported that the existence of transportation resources for people who do not drive impacts Rapid City’s ability to attract retirees to our community (only one person reported using public transit).

Figure 1. Rapid Transit System map of fixed route transit in Rapid City.

Rapid City has a population of 72,600 people across 55.49 square miles. The larger region of the Black Hills and the plains of western South Dakota include many people and businesses. Low-density housing, scattered business development, and scattered medical services make public transportation challenging in the City. Obvious routes of travel are not always clear. Other issues might also be at play, though more analysis is needed. In 2013, 388,100 people rode the RTS, down from 416,800 in 2012. This means less than 1,200 people use the RTS a day. The RTS also operates a Facebook page, though no posts or updates have been made since 2012.

In 2012, focus groups conducted for the Senior Need Assessment discussed transportation access, timeliness, cost, quality, and safety. The discussions led participants to conclude that development in Rapid City is changing the location and availability of shopping, which demands even more need for transportation access. They also noted that medical clinics scattered all over the City makes anyone who is transportation dependent vulnerable.12

Existing Capacity

The Evangelical Lutheran Good Samaritan Society operates Senior Companions. While this organization provides the full continuum of Independent Living Skills, home health and respite care. Some of their volunteers provide seniors with

help with transportation to medical and other appointments, though these appear to be minimal in Rapid City. Apart from the RTS, RCCI did not identify other agencies offering transportation services or assistance (except the Fountain Springs Car Repair Shop). It is not surprising, then, that transportation came up often as a need in RCCI interviews. Feedback included:

- *Transportation, needed to work something out with the busses. Food bank moved outside of the bus lines.* (Boys Club, Sara Gentry)
- *People want rides all the time. Many people don't have a car or a driver's license.* (Lifeline, Trish Jurgenson and Cathie Harris)
- *We still have some services completely unavailable: Transportation* (Front Porch Coalition, Stephanie Schweitzer Dixon)
- *Services wanted: Transportation to take people to appointments. Public transportation is not good. Limited to in town. A lot of main service agencies have moved out beyond the bus system. Job services, social security office, WIC, are all out of the system. Food bank, one Friday a month comes into town.* (The HOPE Center, Anna Quinn)
- *Thinking of the people who are in need of services and trying to meet the needs of their families, the services are disjointed. I go over here to get this and go over there to get that. Transportation doesn’t allow me to go there. This is where we need greater coordination.* (YMCA, Roger Gallimore)

A number of programs in town provide transportation for their clients. These include Club for Boys, YMCA, YFS, BH Works, and some daycare facilities. There has yet to be a collaborative model designed to be more efficient with all the transportation needs in the city.

**Other Models**

Given the particular geography and population of Rapid City, it might be challenging to find relevant examples in other US cities. However, many transit systems do exist in small and medium cities, and lessons could be learned from other programs. Uber Assist has been services in some U.S. cities providing transportation for seniors.

**Questions**

How is a single mother able to work full time during the day if there isn’t transportation services for her son to go from school to an after school program?

How is a family to access the food bank without a car; the family cannot take the bus because it is located outside busing services and taxi services are too expensive? By the way, the food bank only comes into the city once a month, for one hour, at General Beadle School.

If a teen lives three miles from school, is not on a Rapid Ride route, and her father uses their car to go to work 3rd shift, how is she to get to school when the high school bus only buses students that live outside 5 miles?
How is a family new to the area able to get set up with services when agencies are widely scattered on the outskirts of town? One interviewee suggests a one-stop shop, is this viable?

How will a person on probation be able to make an appointment when they miss the bus and the next one doesn’t come for another 35 minutes? What about the fact that the driver’s license exam station is outside the bus lines?

Why does Rapid Transit only pick up kids and bring them to school an hour late and they also have to leave an hour early to get home?

**Sector Brief: Mental Health and Addiction Services**

**Current Reality**

Mental health and substance abuse issues are not identical categories. But they are closely enough related that for the purposes of this brief they are combined.

This sector appears to be the most difficult and complex. It also could potentially be the most costly to find solutions. A lot of good people are aware of the challenges and have yet to come up with effective solutions.

According to Pennington County Sheriff Kevin Thom, “Mental health is big driver of everything.” Gerad Strong, Pastor of Bethel Assembly and Chaplain for the police officers concurs and reports, “Many people throughout the city struggle with mental health; I see it both in my church work and as a chaplain to law enforcement officers.”

The previously cited 2011 Black Hills Assessment asked respondents about access to various mental health services and treatments. Mental health concerns in Pennington County comprised 3 of the 4 top community concerns: suicide prevention services (57.6%), depression care and treatment (57.0%), and stress and anxiety care and treatment (54.9%).
Those struggling with mental health/substance abuse issues touch all aspects of the social service programs of Rapid City and every population group, including children. For example, although children born with fetal alcohol syndrome are not widely identified in Rapid City, according to Jess Olson of Wellfully, those affected are likely to become addicts by the time they turn 18.

Some programs focus on youth/teens. Others deal with family mental health and still others with individuals. All of these groups intersect with the justice system. This is because addiction issues lead to criminal behavior. But many times addiction issues stem from underlying mental health issues. To prevent recidivism, mental health issues need to be addressed before addiction issues can be truly remedied. Or the addiction and mental health cycles will continue to repeat.

Those interviewed by RCCI frequently mentioned mental health issues. Responses that illustrate the complexity of the issue include:

- Cornerstone, Lysa Allison: . . . drugs and alcohol, and mental illness, leads to many other problems.
- The HOPE Center, Anna Quinn: For those struggling with addiction and mental illness, some take 3 months before they can get an assessment. Of those who visit the Center, about 50% are mentally ill and another 25% are addicted. All are affected by trauma or depression or anxiety.
- Wellspring, Jess Olson: The big issues we see are mental health, addiction, and trauma.
- Sheriff Kevin Thom: We don’t do as well as we want with mental health services. We have 2.5 FTEs for counseling. We have an NP who can write psychiatric slips.
- Rural and Rapid City Head Start, YFS, Liz Kelso and Vicki Lowry: So many mental health needs—driven by meth and alcohol.

**Existing Capacity**

**Teens/Children**

1. LifeWays provides prevention and early intervention services in most Rapid City schools; 9th grade curriculum. They have counselors in 3 high schools.
2. Wellfully’s Group Care (State DSS contract through Child Protection Services), serves mostly abuse and neglect cases, including homeless children. Also, Children’s Home and LSS are group-care options for youth.
3. Arise Youth Center (LSS) in conjunction with the Pennington County Sheriff’s office provides a reception center and a juvenile detention shelter alternative for runaway or homeless teens.
4. LSS has the PRTF (Psychiatric Residential Treatment Facility) for children
5. Wellfully provides PRTF for teens
6. Behavioral Health services for teens are provided through YFS, CSS, and BMS, along with Wellfully
7. Regional Health provides up to a 3-day psychiatric in patient stay
8. Behavior Care Specialists out of Sioux Falls is beginning to provide day programs for those with autism in Rapid City
9. Addiction Recovery Center does outpatient substance abuse treatment for teens
10. Systems of Care Collaborative consists of almost 20 youth serving organizations who meet monthly to discuss service coordination, gaps and potential solutions

Wellfully, LSS, and Children’s Home meet quarterly to share best practices.

Another one of our circuit judges stated: “There is a complete lack of concern for, and services for, at-risk juveniles. There is zero interest by DSS for 14-18 year olds that struggle with life. Maybe it’s a money issue for why DSS does not address the concerns related to teens. Maybe it’s a focus issue—DSS focuses on younger children. Yet the capability of judges to address juvenile living situations is non-existent. We need teen homeless shelters. We need the access to folks that would foster or guardian at-risk youths. We need ‘family based,’ ‘family focus’ therapy. The Juvenile Diversion Bill was supposed to provide those programs. The programs don’t exist.” (Some programs are in development at this time. There also are some active programs of which the judge may at this time be unaware).

In a somewhat similar vein, others in the community stated that there is no place for teens to go to at night. Many near homeless teens end up couch surfing and often find a place to sleep that is not safe. Additionally, other interviewees stated that they believe the schools do not know how to address young people with mental health issues and/or may be short the staff necessary to address them.

Nationally, intervention after a young person becomes addicted are not typically successful. It is quite similar to what happens to a person who, at a young age, becomes quite overweight and hypertensive. To treat those conditions requires varied and ongoing attention. Addictions are an illness in this way. BMS CEO, Alan Solano, expressed a similar sentiment, “I use the analogy of cancer; when a person re-lapses you don’t blame the person. However, society doesn’t view mental illness or drug issues in the same way. Society blames the person.” The best approach may be prevention.

**Adults**
The Black Hills Mental Health Substance Abuse Collaborative formed in 2007, with 39 cross-sector organizations (DSS, law enforcement, service providers, schools) to improve access to and awareness of mental health and substance
abuse services. It resulted in the establishment of a 24/7 Crisis Care Center (CCC) for adults, beginning January 2011. The group continues today under the name Human Services Collaborative or Systems of Care Collaborative. The service providers to the CCC meet monthly and coordinate services to frequent users of the CCC and Community Case Management. Service providers attending regularly include CSS, Pennington County HHS, States Attorney, Community Health, Police Dept. YFS, City County Alcohol Drug, The HOPE Center, and the CCC. BMS administrates and facilitates the meeting. In the first 3 years of the CCC, there were 2,789 admissions. Because of CCC, Pennington County saved $1.5 million dollars, not including the savings to law enforcement and the court system.

Another perspective from one of the circuit court judges: “As a magistrate judge, you don’t see the long-term effect of meth or addiction on people. The cases are passed on to circuit court. I now see the long-term effect.” This judge shared that, in the judge’s view, at least 85% of criminal cases are either drug (meth) or alcohol related, but the number is likely higher. “It is a challenge that this community does not have treatment opportunities for people dealing with addiction or mental health issues. There is not a cure when all we have is jail for these people. Jail will not be a way to ‘treat’ somebody. Treatment is paramount to reducing the criminal activities we have in this community. We need a quality opportunity for treatment of addiction and mental health. Efficacy of and the opportunity for functional and affordable treatment will prevent a revolving door with meth (huge) and alcohol cases.” This judge also shared that the new sentencing guidelines needed to come with effective treatment options.

The programs serving behavioral health/substance abuse in Rapid City are many and varied. At least 35 programs address concerns in this sector.

Provider Recommendations

I received more recommendations from service providers about this sector than any other. Due to the consistent nature of the providers’ recommendations, I have included the recommendations below. Each recommendation was mentioned by a minimum of 3 providers.

1. Several suggested that prevention work (LifeWays and Ateyapi were mentioned repeatedly: Ateyapi does not provide formal prevention but was cited as instrumental in reducing use, nonetheless) is effective, needed, and should include prevention work within our middle schools.
2. A few touted the benefits of tele-health (providing health care through Skype or other web-based live streaming). They suggested that Senator Thune be lobbied to provide internet access throughout the state, given that, with low population, there is little incentive for the private sector to do so, and that a cost-benefit analysis would yield a net positive.
3. Three service providers referenced Portugal’s program to reduce addiction nationwide. This was in response to discussions about Senate
Bill 73 (the juvenile diversion bill). Although fewer children are being locked up, not much is being done with the kids.

4. Mental health is improved when those receiving services can contribute to the work of the agency serving them. An example of this are the many volunteers at the Hope Center and Cornerstone who are receiving services from the organization and who are reported by the agencies as having less ER visits or other ongoing difficulties.

5. There is a need to create a regional psychiatric in-patient facility near Rapid City and a mental health court. Yankton is too far and too full and ends up serving its near neighbor, Sioux Falls, quite effectively. Substance abuse issues are a driver of the docket in circuit court. One judge who was interviewed “sees” these folks for who they are—people truly in need for services. Yet judges are limited in what they can do to help. Human Services in Yankton is supposed to be the facility to assess a person’s mental health and create a mental health treatment plan. But because Human Services does not have beds to meet needs of everyone, and for other reasons, Human Services gives a “modified” evaluation and recommendation on how to treat the person and then discharges the person in 72 hours. “It’s disappointing because the state’s response suggests it’s not a resource question.” Another judge shared a story. “The litigant had a substance abuse problem and mental health issues. He continued to violate probation/parole. Over the course of a couple years, this person would go from success to fail depending on whether he regularly took his medicine for his mental health issue. The problem: he could not stay on his meds. The person tried working with housing (having the litigant live with family), employment issues, and working with BMS for medication management. The litigant was really a great person when on meds. The litigant ultimately could not stay on his meds and reoffended a sufficient number of times that a penitentiary sentence was the only option. Prison does not serve his underlying issues.” The answer proposed by this judge and 2 service providers: More focused resources, manage locally (regionally), and stop using “one size fits all” by having to send people to Human Services in Yankton. We need a Mental Health Court. The judge sees many litigants go through system regularly because of homelessness with co-occurring disorders—homeless, addiction, and mental illness. The judge added that these issues create an inability for a litigant to comply without court-imposed requirements (probation, etc.). The ability to comply is made difficult by factors such as lack of transportation and a lack of employment. The judge suggested that, given there is little ability for the courts to adequately address transportation, employment, housing, etc., the community can take on those issues.
RCCI mapping identified programs offering behavior/mental health or recovery/addiction services (these may not be comprehensive in that, at the time of the publication of this report, not all agencies had joined the mapping effort).

**Kumu services: Recovery/Addiction**

![Recovery/Addiction diagram]

**Kumu services: Behavioral Health**

![Behavioral Health diagram]
From the 2 photo captures above you will note that service providers have many more connections around mental health than addiction services. Funding is quite weak for addiction services. Mental health services have many more connections, providing a good foundation for increasing the effectiveness of services in this sector. This is important, given the significant and growing needs of the sector.

Questions
If there are at least 31 agencies offering mental/behavior health and recovery/addiction services, why do courthouse interviewees overwhelmingly list mental health services as a community need? What are solutions to the problem of offenders cycling through the justice system because they are struggling with mental health or chemical dependency?

Many interviewees overlap a need for mental health services with chemical dependency problems. How can this overlap be addressed?

Sheriff Thom identifies mental health as a “driver of everything.” Is there a way for Rapid City police officers to better serve the community through addressing mental health in their work? They currently receive Crisis Intervention Team Training to help. Is more needed?

Isolation as a mental illness. Secondary research sources show this to be a growing recognition as a need. AARP is beginning to emphasize the many seniors that live in isolation and it notes research that shows value in labeling social isolation as a mental illness. Social isolation relates to an understanding of the different types of poverty. There is an exchange between sadness due to loss of social connections and the existence of social isolation.

Sector Brief: Food Security and Nutrition

Current Reality
According to Feeding America, 1 in 7 persons experience food insecurity. The United States Department of Agriculture’s (USDA) definition of food security is “access by all people at all times to enough food for an active, healthy life.”

There is not the political will for food insecurity. The people in need don’t have a voice. If you met people’s basic needs with good and healthy foods you might not have the other issues. It all ties in.

The continuum of food insecurity includes hunger (food deprivation), malnutrition (deficiencies, imbalances, or excesses of nutrients), and famine. Long-term lack of food security eventually becomes hunger, defined by the USDA as "an individual-level physiological condition that may result from food insecurity."

The term “food desert” is used to describe a location that has limited access to a reliable source of nutritious food. Food deserts are most often found in low-income neighborhoods. According to Feeding South Dakota (FSD), 12.2% or 12,530 people lived with food insecurity in Pennington County (2013 data). Given that Rapid City residents comprise 70% of Pennington County, the numbers in Rapid City are likely around 9,000. Almost half of the individuals served by food pantries include children and infants. More than 60 agencies across Rapid City have food shelves. FSD provides deliveries for these shelves.

FSD offers several programs to feed the hungry. One of these is its Backpack Program. This program distributes food through schools to at-risk children during weekends and holidays. The Rapid City Backpack Program currently provides more than 1,800 weekend food packages.

FSD has emergency food and funds supplied by the federal program, TEFAP, which provides food at no cost to low income persons. FSD is currently attempting to get a federal program for seniors, CSFP. Currently, Western South Dakota Community Action (WSDCA) receives federal CSFP and distributes to eligible seniors in the Rapid City area.

Feeding South Dakota also distributes food through its food pantry. In 2012, Feeding South Dakota’s Rapid City food pantry provided over 740,000 pounds of grocery products, which fed more than 43,600 individuals with critical needs. Each year, the number of people served increases.

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During numerous interviews across the city, I heard about the challenges in Rapid City with food security. It is not that Rapid City is without places where healthy foods are available. It has them. The challenge exists because availability is limited by either the cost or the ability to travel to the source. This is particularly true for the transient family population in Rapid City. These families come to Rapid City because of the potential for a better life, access to schools to provide better education, and access to healthy food for children. As one interviewee stated, “It is hard to get fresh fruit on the reservation.” This does not always translate, however, into getting fresh food in the home.

While there are some programs to support those in greatest economic need such as the transient families, the working poor present an additional set of challenges. This is because they may not qualify for some hunger relief programs. Anita Deranleau, states: “With the weekend backpack program working poor do not qualify. A number who used to be homeless are now working poor. I am also really surprised with how many disabled and senior and families with babies are accessing the pantry” (General Beadle hosts Feeding South Dakota one afternoon a month with a mobile food pantry truck.).

Tim Trithart, ED, Community Health Center, also notes: “We work hard to cater to the unique health needs of the demographic. Generally those low-income patients we see have more complicated psychosocial needs. It is one thing to tell a diabetic to eat healthy and get exercise. It is another thing to tell a single mother with 2 jobs and 3 children to do that. We schedule all visits for a half hour to be more comprehensive.”

In conversation with staff at Western South Dakota Community Action Program (WSDCAP), it was stated that food insecure people in Rapid City do not get the
attention they need. WSDCAP also provides food through its own gardens, a commercial kitchen, a food shelf, and an agreement with local farmers to distribute fresh produce. But limitations in staff and resources do not allow them to meet demand.

Travel to the main food pantry located at FSD’s warehouse, the only location that consistently provides meat and fresh produce, can be quite a challenge. Director Monica Leitheiser, and Operations manager Chad Olson, wonder: “Why is there no bus stop here? And our system is not set up to move produce and fresh bread and meat in days.” They also note that, “The weekend backpack program is a challenge because it is hard to get healthy foods in the pack. A lot of the kids don’t have cooking facilities. It has to be food kids can eat. I wish the food were more nutritious.”

My own observation is that leadership at Feeding South Dakota is committed and stretched to the limit. I am unsure whether it has enough staff or the vehicles for the many hunger insecure in the city. Monica plays many different specialized roles, and the staff is significantly stretched in its effort to meet the needs of Rapid City, perhaps given it has to balance Rapid City’s needs with the needs of residents across many sparsely populated outlying counties. Also, FSD is not open or available on weekends or in the evenings, due to staffing needs.

Some of the 60+ food shelves in Rapid City are able to get commodities from time to time. They are not consistent in this, however. Most of them either do not have adequate refrigeration space or even any refrigeration at all, so, even if FSD could distribute more meat and dairy, the shelves couldn’t preserve it for long.

In addition, food rescue is a concern, particularly given the limited contracts FSD has in the community. I am amazed that Bear Country has food rescue contracts with Family Thrift Center and others, and not FSD.

Existing Capacity
Homeless people are served by Cornerstone, which provides 3 meals every day. A number of other meal options exist for the homeless at churches and Sunday morning in the park. While these are major boosts, the locations of these meals are not where the working poor want to go. Additionally, these meal sites are not accessible for those who live outside town and do not have transportation. In general, a more challenging area exists with food distribution to the working poor without adequate transportation.

Feeding South Dakota has excellent warehouse, refrigeration, and office facilities, as well as a publicly accessible food pantry. It appears to have physical space necessary to expand. Staff and transportation appear to be more limited. Its backpack program provides a large number of packs, but it is unclear how
many unmet need still exists. Additionally, backpack items tend to be small in quantity and low in nutritional value.

WSDCAP has an active education program to help low-income clients with financial management tasks such as tax preparation and how to navigate access to a range of social services. They also have a commercial kitchen in which they conduct classes on health food preparation and demonstration gardens.

Churches have been responsive over the years. Several churches participate in feeding programs in one form or another (e.g. soup kitchens and community meals). Feeding South Dakota notes that churches tend to be eager to respond when they are aware of needs in the community. It is unclear the degree to which the community is aware of these programs and feel comfortable accessing them if they are not parishioners of a given church.

Youth and Family Services provides on-site meals. It operates 3 commercial kitchens; one at Plaza, one at Monroe, and one at East Adams. It receives CACFP (Child and Adult Care Food Program) federal funds for after school meal provision. It also offers free, reduced, and paid meals, similar to schools. With this program, YFS does not have to collect applications disclosing income. YFS can now feed people 18 and under when they eat after school snack and supper.

Summer meals are provided well throughout Rapid City. YFS, YMCA, Club for Boys, and RCAS also offer summer meals to children through the federally funded Summer Food Service Program (SFSP). East Adams and Monroe provide free breakfast and lunch all summer, while a site at Mother Butler Center only provides lunch. Cisco Food and Reinhart Food Service are their major vendors, but YFS also sources food from Feeding South Dakota and local farmers. YFS works with 110 registered (required) daycare providers and reimburses the providers for the meals they feed to the children. About ¾ of these providers are in Rapid City.

Western South Dakota Senior Programs offers Seniors Meals in Rapid City, both at 3 locations and in home, on a donation basis.

**Success Stories/Model Programs**

Food shelves around the country are moving to a client-focused approach. Rapid City should adopt the goals of these programs. They include:

- Reduce barriers to food access through food shelves and other partners (e.g. increased hours, frequency of visits allowed, locations, etc.)
- Receive the quantity and quality of food needed, including healthy, culturally appropriate, transportable, and able to be prepared
- Increased awareness and use of other food-related resources (e.g. where to find, reduce mindset of “other people need it more”)
• Ensure a welcoming and supportive environment for those visiting a food shelf

**Provider Recommendations**

Two or more service providers recommended each of the following:

1. **Bus the extra half-mile to the Food Bank:** It is not that far! One of the greatest barriers to getting food is transportation to a pantry. Apparently Feeding South Dakota’s statewide board does not have local Rapid City individuals strong enough to demand this change. As one provider stated: “The community should demand it.”

2. **Health and hunger intersect:** The American Academy of Pediatricians recently called for all pediatricians to systematically screen patients for food security. Such connections between hunger and health are on the rise around the nation. Food banks and health care systems are partnering to do such things as:
   - Establishing food shelves in hospitals and clinics
   - Distribute food boxes/bags with contents designed specifically for managing such chronic conditions as diabetes
   - Establishing food security screening and referrals to food bank in health system electronic medical records

3. **One-stop food provision, centralized food assistance management:** There are many community-based organizations engaging in hunger relief. While this hypothetically increases client’s access to food resources, it may also be confusing and create unintentional inefficiencies for clients. This is particularly true if and when different programs have differently eligibility requirements. The more individuals and families have access to ‘one-stop’ service provision, the more effective the system will be as a whole. There should be further exploration of opportunities for integration of SNAP (food stamps) application assistance, with distribution of CSFP/NAPS (supplemental food programs for seniors) senior boxes, with child designated food and meals. Further efficiencies as well as stigma re-education can be achieved with integration of hunger relief with other sector service provisions such as health care, education, housing, and employment

4. **Food guru:** As mentioned above, there are many organizations committed to hunger relief in various forms. It is likely that there are efficiencies to be gained with increased coordination among organizations. Coordination will reduce any duplication of effort that may exist, result in sharing of lessons learned and resources, and the opportunity to support each other in joint ventures of awareness and fundraising campaigns, community engagement, outreach and inter-agency referrals. Building a stronger interagency working
5. **Leverage data for increased understanding of the issue:** There is an opportunity to access more data to fine tune strategy development to better serve food insecure people. A focus on pounds of food distributed describes one aspect of service delivery, but may not accurately capture the true gap in missing meals. A closer look at the types of foods distributed through hunger relief programs could provide a better understanding of the nutritional value of the food being provided. Such data could increase understanding and if necessary support to ensure that Feeding South Dakota has the right amount and the right types of food to meet need.

6. **Design delivery models to best meet people’s needs:** Limiting visits to a food pantry to one time each month or two helps ration food, but often falls short of helping people with the greatest need. Service delivery models could be designed in a way that allows more frequent visits for those who need greater access. While backpack programs are helpful, they also carry significant limitations in the amount and type of food that can be provided to a child’s household. There is merit in exploring ways to expand the amount and type of food that can be provided to families with young children on weekends and during vacations. There is much innovation in hunger relief nation-wide, but it often is catalyzed by grant funds to food banks from national and local grant sources, private or public. Examples include grants that allow food pantries to pay farmers to cover the cost of harvesting food that the farmers might otherwise let rot in fields due to low market prices, an infrastructure of funds to help community-based organizations start new food pantries, an increased use of mobile pantry service delivery, and an investment in information technology tools to help with such things as volunteer recruitment and management.

7. **Increase food sources for hunger relief.**
   - **Conduct targeted food item drives.** Sources of protein, vitamins, and minerals are particularly important and currently hard to access. Staff at Feeding South Dakota suggested, in particular, having a ‘meat drive.’ Churches could lead it, store the meat in their freezers, and Feeding South Dakota could collect the meat and distribute it. Access to some highly desirable items goes in cycles. When people know what Feeding South Dakota needs, others can help get the word out.
   - **Improve institutional and retail food rescue.** One of the fastest growing emergency relief food sources in the nation is rescue of food from waste in retail grocers and institutions. Perishable foods with limited shelf life are the food types that retail service points discard most often (large grocery stores, convenience stores, gas stations, etc.). These include fresh produce, dairy, and meat, which discarded items are also the most
desirable in terms of nutritional content. There is also an opportunity to collect excess meals produced by health care, education, and other large institutions. Managing the collection and quick distribution of these types of foods in a safe way requires careful oversight and management of the relationships with the food providers. With the right resources, Feeding South Dakota may be in a position either directly rescue more food or help others do so.

- **Maximize use of federal food and meal programs.** Food banks often are effective at leveraging such national USDA commodity programs as TEFAP and CSFP. There may, however, be opportunity to further expand assistance to people eligible for SNAP benefits—as well as to schools for national meal program assistance. Food banks that engage in this way often have a dedicated staff person with the relevant regulatory and program knowledge, as well as skill in outreach and assistance provision to school staff and individuals trying to apply for such resources.

### Some Basic Recommendations and Observations

Several of Rapid City’s programs are as good as anyone could find in any other city. There still remains a good deal of improvement that can be made. Some nonprofits understand their service areas and population groups quite well. But these nonprofits do not yet understand the best ways to address the needs of the community. Some needs are not being addressed because the programs have not been designed to address them. Indeed, there is no lack of intelligence among leadership. With the right kind of support, the community has the assets to address its needs.

I have included a number of basic recommendations and observations that grow naturally out of this report. These are not the kinds of recommendations that would limit what sector experts could design, however. The recommendations are intended to stimulate the kinds of collaborative creativity necessary to achieve the goals of Collective Impact and address the endemic, systemic obstacles in Rapid City.

**Using the network map.** Communities are built on connections. Better connections usually provide better opportunities. How do we build connected communities that create, and take advantage of, opportunities in their region or marketplace? The Rapid City Service Provider Network Map provides both a visual tracking tool for seeing the growth of connections as well as a talking document to support conversation about possibilities.

The kinds of questions we want to ask of our network map.

- Are the right connections in place? Are any key connections missing?
Who are playing leadership roles in Rapid City? Who is not, but should be?
Who are the innovators? Are ideas shared and acted upon?
Are collaborative alliances forming between local nonprofits?
What are we missing in serving the community?

Convene sector experts and focus groups to analyze the map, the sector brief and to create new solutions. There are many more gaps in service than there are overlaps. I deeply respect the challenge nonprofit EDs experience in managing complex expectations of current grants and programs, following the latest grant opportunities and taking care of their staff. Finding grant/funding sources for new programs for Rapid City depends on getting them together to brainstorm. Program heads need to prioritize the creation of new collaborative efforts to address Rapid City’s gaps and needs.

Each of the sectors discussed above should find ways to address the concerns and gaps of the sector. Some of this may be addressed in the systems mapping and modeling process of Phase 2 of RCCI. I am concerned, however, that the issues of Mental Health and Substance Abuse may not get the attention it needs given it is such a complex area. A process for improving mental health in Rapid City is needed.

Case management services need to increase. Some in the community provide case management services that help connect people to services with other organizations. There is too much confusion on the part of citizens as to how to navigate the system. For many of these individuals, more intensive support is needed.

1. Protocols for how case managers interact in a way that strengthens citizens’ cooperation with their case manager need to be identified and training provided.
2. There needs to be much more coordination of these services. Busy service providers need both the incentive and the help to support staff in working cross-organizationally to improve the lives of citizens. Finding the way around legal concerns can be created with intelligent collaboration.
3. More nurses should be hired as case managers. My many years of work in the area lead me to state this. I have asked several who are in a position to evaluate this in Rapid City, and I get strong agreement. The training of LPNs and RNs is such that they are problem solvers. They are creative in dealing with complex cases and find resources in unexpected places. What social workers do is more narrowly focused and deeper on some important issues people face; i.e., mental health and substance abuse.

Need for more wraparound services. In the city I have learned that the court expediter group comes together well. They ask the kinds of “Why” questions, such as “Why is Johnny breaking into cars?” Then they recognize family dynamics and seek for ways to provide a wrap-around model to support Johnny and keep him out of the system. The Systems of Care Collaborative does this kind of work as well: They have
included DSS is in their discussions of serving young people, and they have a strong support model of sharing information. As Staci Johnson commented, “We all come to the meetings and we can connect the dots with each other. Much of this has developed for me in the last year.” This is the kind of activity that needs to spread throughout the city’s service providers.

Wraparound plans are comprehensive and address multiple life domains across home, school, and community, including living environment; basic needs; safety; and social, emotional, educational, spiritual, and cultural needs. Another defining feature of wraparound is that it is unconditional; if interventions are not achieving the outcomes desired by the team, the team regroups to rethink the configuration of supports, services, and interventions to ensure success in natural home, school, and community settings. In other words, students do not fail, but plans can fail.

While wraparounds are commonly used for children and teens the concept has implications for adults and families as well. Here are a couple of beginning recommendations indicating the kinds of services that can be developed:

1. All incoming patients accessing Regional and other clinics/hospitals to be initially screened regarding income level to see if they are candidates for social service. If they are, then there is a longer screening to find out their top 2 or 3 social determinants for health. They are then referred for additional help. They are also screened for food insecurity, with a food shelf at the hospital/clinic or nearby.

2. When the school district visits truant children’s homes (and schools need help to hire staff to do more of this; it is critical, particularly for kindergartners) bring a box of food. Social workers and case managers do the same. This can help build trust and get people to open up more. The school district currently only has 2 staff members (Ryan and Glenn) doing this type of work. They need more, and the staff, as they build relationships with families, could provide excellent information to families and/or connect them with a case manager.

**Substance abuse prevention in schools should be expanded.** Lifeways has excellent data, both local and national, on the value of substance abuse prevention approaches. These type of approached should be provided, not just in high school, but in middle school and potentially even earlier.

**More engagement is needed from the school district.** From multiple reports of interviewees the schools could be more of collaborator in the city. There is good potential for new collaborative arrangements that would benefit the schools and the community. One example would be a potential place for teens to find a place to sleep instead of the couch surfing done by many on the edge of homelessness. Schools could collaborate with leaders in the mental health services community to create such a safe haven.
As well, it appears that too many teens fall through the cracks as schools, which, with limited staff, struggle to handle teens dealing with mental health issues. A good trend seems to be the addition of community gardens at General Beadle. Other schools should consider partnering with community organizations to create others. Fresh food would become more available, to say nothing of the health benefits that come to young people who work with nature.

**About 1500 families need affordable homes.** The Garfield coalition is a good example of public, private, and nonprofit coordination. Residents are involved in helping design the revitalization of Garfield. We need to use an assets-based community development model. The future is in neighborhood revitalization. There is a Black Hills Housing Coalition that can be strengthened and empowered.

**Increasing the work of network weavers.** (Bush Fellow Malcom Chapman, others)
I will not detail how this works, but there are roles that need to be recognized for the value they bring to a community:

- Connector Catalyst—gets network building started
- Network Guardian—helps put into place all systems needed for a network: communications, training, support, resources
- Self-organized project Coordinator—helps coordinate grass roots projects
- Network Facilitator—convenes people to set up a more explicit and focused network

Some of the work of the Bush Foundation's network weaving could benefit the community.

**Helping organizations measure micro-goals.** The organizations in Rapid City generally do not have ways to measure their success as organizations. This has been true nationally but is beginning to change. Rapid City needs to begin to change as well. The best way is to measure how one is in achieving their stated mission. With creativity and perseverance, nonprofit organizations can measure whether they achieved their mission in three ways: (1) by defining the mission to make it quantifiable, (2) by investing in research to show that specific methods work, or (3) by developing concrete micro-level goals that imply success on a larger scale. Since many nonprofits are not in a position to narrow the scope of the mission (option 1) or invest in research into outcomes (option 2) they can measure success by developing micro-level goals that, if achieved, would imply success on a grander scale. This allows for focused performance measures, which communicate a businesslike attitude and a high degree of competence. Training in this can be provided to the community.

**Continue building collaborations.** Our service provider leaders need to work together more. The service providers need to get to a place where they cannot live without each other. In one sense, leaders of programs need to work together until
they get to where they “love” each other. A few have reached this level, and generally, the services providers have a lot of respect for each other.

In cases where leaders have worked together closely over 2 or 3 hard years, I have seen glimmers of this relationship of “love.” For example, at the Systems of Care Collaborative, and during interviews, I would hear leaders describe others in the community with deep respect and admiration. These collaborations need to continue to build to develop this closeness to one another. Collaboration ensures key people know each other and service providers know of the other service providers and know they can trust one another.

Seek to build trust more quickly. Trust more quickly, and Rapid City will move forward. Rapid City is a small enough city that trust and relationships are critical. But the city is also large enough that new voices can get lost in the wind. These new voices need to be welcomed and heard.

What tools help build trust that might work for leaders in Rapid City? One tool is intrinsic: a person possesses enough awareness of one’s self to know one’s own worldview and how and why one views the world the way one does. The other half is an extrinsic tool: a person exhibits respect for others’ ways of thinking and other’s ways of doing things.

To build trust one has to start with a belief that there are other ways of looking at things. One must possess curiosity about and respect for different perspectives and a belief that the other perspectives can work with your perspective to achieve success in the long run.

I sense that introspective people will resonate with this. The question remains what we will do for those that do not understand, that do not have curiosity about and respect for different perspectives? While this is poverty of being, it is not permanent. Many people are simply unaware. You can’t know what you don’t know.
A RAPID CITY WAY FOR UNDERSTANDING POVERTY

3 TYPES OF POVERTY
SARA’S EXPERIENCE
OTHER PERSPECTIVES ON THE 3 TYPES OF POVERTY MODEL
THOUGHTS AND VIEWS SHARED BY RAPID CITY COMMUNITY MEMBERS

DEEPLY ROOTED CONTRADICTIONS AND OBSTACLES

SYSTEMS PUNISH SUCCESS AND INCENTIVIZE APATHY
THE DYNAMICS OF INTERGENERATIONAL POVERTY REINFORCES POVERTY AS THE STATUS QUO FOR MANY
A FORTRESS OF COMPLEXITY HIDES IMPACTFUL RESOURCES
NETWORKS OF HELPFUL CONNECTIONS DO NOT INCLUDE THOSE WHO NEED HELPFUL CONNECTIONS
EXTERNAL FORCES AND PERCEPTIONS TOWARD MANY NATIVE AMERICANS LIMIT THEIR ABILITY TO CONTRIBUTE TO SOCIETY AND PARTICIPATE IN DEMOCRACY
ESCALATING FEAR OF “THE OTHER” THREATENS TO UNDERMINE THE SHARED COMMONWEALTH
ADDICTIONS AND MENTAL ILLNESS AND THEIR STIGMAS DEBILITATE MANY
IMPACT OF SYSTEMIC OBSTACLES ON SECTORS

SECTOR BRIEF: HOUSING

PROBLEM
CURRENT REALITY
EXISTING CAPACITY
SUCCESS STORIES/MODEL PROGRAMS

SECTOR BRIEF: TRANSPORTATION

CURRENT REALITY
EXISTING CAPACITY
OTHER MODELS
QUESTIONS

SECTOR BRIEF: MENTAL HEALTH AND ADDICTION SERVICES

CURRENT REALITY
EXISTING CAPACITY
PROVIDER RECOMMENDATIONS
QUESTIONS

SECTOR BRIEF: FOOD SECURITY AND NUTRITION

CURRENT REALITY
EXISTING CAPACITY
SUCCESS STORIES/MODEL PROGRAMS
PROVIDER RECOMMENDATIONS
Demographics

The Rapid City metropolis covers 55 square miles and popluates over 72,600 people. It is located on the eastern side of the Black Hills and on the banks of Rapid Creek. Industry in Rapid City primarily consists of government, medical, tourism, and some manufacturing. Mean income per household is about $46,300. This places 16% of the Rapid City population (about 11,600 people) in poverty.
AreaVibes, a livability scoring website, ranks Rapid City 76 out of 100 (the highest ranking given to any city is 85), with high scores for amenities, cost of living, and education, mid-range scores for employment and housing, and low scores for crime and weather.


Livability.com rates Rapid City as the 16th best small- to medium-sized city in the United States.

Summary of Those interviewed

In September 2015, I began interviewing Executive Directors of nonprofits (46), heads of government programs (8), directors of nonprofit programs (12), faith community leaders (5), and other community leaders (22). I sought to learn: 1) What programs serve Rapid City? 2) What collaborations exist? 3) What challenges surface to improving quality of life for Rapid City citizens?

RCCI also interviewed 70 individuals from local nonprofits, government programs, and faith communities to map connections between agencies and determine gaps and duplications in service areas.

Interestingly, those interviews identified many of the same needs, which are consistent with those expressed in the Black Hills Assessments. The word graph below notes the community needs identified by interviewees. The larger the
word, the more times the need was identified. From the word graph, the three needs mentioned most include: Housing, Transportation, and Mental Health.

Interviewees also reported on systemic problems. The word graph below shows that those interviewed identified Racism and Poor Cross-Cultural Understanding most often, followed by Chemical Dependency and Mental Health Issues. Interviewees did not as frequently identify the lack of living wage or employment. This is a change from the 2001, 2006, 2011 Assessments. The change may be due to the wording used in the earlier written surveys compared the questions asked of interviewees reporting on systemic problems in Rapid City.
The Service Provider Network Map

During the past several months we have created a network map of service providers in Rapid City, including nonprofit agencies, government programs and faith community programs. We used 2 types of software for this work, Dedoose, an analytical database, and Kumu, a mapping software. To convert data from Dedoose to the mapping software (Kumu), we coded the interviews by “Services” and “Populations served.” We used labels for these services and population groups common in Rapid City and consistent with 211 Helpline.

The services categories are:

- Advocacy/Case Management
- Basic Needs
- Behavioral/Mental Health
- Children’s Services
- Community Resources/Activities
- Crisis/Disaster Management
- Cultural & Intercultural Awareness
- Education/Life Skills
- Employment
- Faith based
- Finance & Financial Awareness
- Food/Nutrition
- Health
- Housing/Supportive Housing
- Justice System and Reentry
- LGBT
- Recovery/Addiction
- Resources for families
- Special Need Services
- Suicide Prevention/Support
- Veterans Services
- Women’s Leadership Services
- Youth engagement

Populations served are:

- Adults
- Chemically dependent
- Children
- Cycles of Poverty
- Elderly
- Families
- Fathers
- Homeless
- Incarcerated/Rehabilitated
- Mothers
- Native American
- Youth/Teen

The “Services” and “Populations Served” categories make up the network map. The network map also includes the organization mentioned in this report. When using the network map, one can take any service or population served and separately and analyze it (e.g., Behavioral/Mental Health). Or one can combine a service and a population served and analysis them in conjunction (e.g., Food/nutrition for Veterans).

This report provides a deep dive into 5 distinct categories—Mental Health, Transportation, Housing, Food Insecurity, and Understanding Poverty. These categories represent the top categories listed by the service providers during interviews as needing attention. It is hoped, also, that at least a couple categories will provide opportunities for quicker “wins” in Collective Impact.
Previous Studies of the Area

A consortium of 17 organizations in the Black Hills commissioned the South Dakota Public Policy Institute and the Chiesman Center for Democracy to conduct a Community Needs Assessment study in the Black Hills area in 2001, 2006, and 2011 (Black Hills Assessment). The research studies intended to cover common community challenges: housing, employment, crime, transportation, and mental health. Randomly selected individuals 14 years of age or older completed a paper and/or web-based questionnaire (method and design varied slightly each year).

The Black Hills Assessments (South Dakota Public Policy Institute Community Needs Assessment) included the 6 counties located within the Black Hills with a population roughly 200,000. Pennington County’s population of approximately 105,000 is the largest of the 6 counties. Rapid City accounts for roughly 70% of Pennington County’s population and a bit more than 1/3 of the population of the 6 counties in the Black Hills area.

For the 2011 Black Hills Assessment, over 33,012 questionnaires were mailed in December 2010 to a random sample of households in six counties in the area. The Top Ten Community of Neighborhood Issues were identified as follows:

<table>
<thead>
<tr>
<th>2011 Ranking</th>
<th>2006 Ranking</th>
<th>2001 Ranking</th>
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<tbody>
<tr>
<td>Lack of good paying jobs (91.3%)</td>
<td>Lack of good paying jobs (79.4%)</td>
<td>Lack of good paying jobs (62%)</td>
</tr>
<tr>
<td>Alcohol use and abuse (81.7%)</td>
<td>Lack of job opportunities (56.7%)</td>
<td>Tobacco use (54%)</td>
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<tr>
<td>Drug use and abuse (80.7%)</td>
<td>Alcohol use and abuse (57.1%)</td>
<td>Breakdown of family (51%)</td>
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<tr>
<td>Lack of jobs (76.4%)</td>
<td>Drug use and abuse (56.7%)</td>
<td>Lack of affordable medical care (48%)</td>
</tr>
<tr>
<td>Unemployment (75.7%)</td>
<td>Lack of affordable medical care (53.9%)</td>
<td>Lack of affordable dental care (48%)</td>
</tr>
<tr>
<td>Lack of affordable medical insurance (72.5%)</td>
<td>Shortage of affordable housing (47.3%)</td>
<td>High school dropouts (47%)</td>
</tr>
<tr>
<td>Shortage of affordable housing (72.0%)</td>
<td>Unemployment / underemployment (45.9%)</td>
<td>Gambling (47%)</td>
</tr>
<tr>
<td>Domestic violence (70.2%)</td>
<td>Lack of medical insurance (46.1%)</td>
<td>Lack of positive youth activities (45%)</td>
</tr>
<tr>
<td>Child abuse and neglect (66.6%)</td>
<td>Tobacco use (44.3%)</td>
<td>Shortage of affordable housing (44%)</td>
</tr>
<tr>
<td>Vandalism (66.0%)</td>
<td>Affordable youth activities (42.3%)</td>
<td>Poor road or traffic conditions (44%)</td>
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</table>
You will note that some of the same community challenges appear in the top ten ranking for all the years the Assessment occurred. For example, housing, employment, medical care, and drugs/alcohol are ranked as a top ten community need consistently over time.


For service providers, this trend is consistent with that illustrated daily by the people they serve.

The reports by Helpline Center classifying their top 5 caller needs based on calls taken in 2013 and 2014, showed the same top 5 needs

- Basic Needs: food, housing, material goods, transportation and utilities
- Organizational, Community, and International Services: broad spectrum of services that benefit entire communities, such as government services, disaster response, and donations to nonprofits
- Mental Health and Substance Abuse: preventive, diagnostic and treatment services for mental health and substance abuse issues
- Individual and Family Life: personal, social, and spiritual development; i.e., recreational programs, volunteer opportunities, and assistance with disaster recovery
- Healthcare Programs: physical well-being

Helpline Center also reported the top unmet needs for callers, when the caller has exhausted known resources, is ineligible, or there are no programs to meet need.

- Housing: rent payment or deposit assistance, shelter or moving assistance
- Transportation: gas money, bus tickets/fares and car repair
- Utilities: payment of electricity, gas, and other utilities
- Holiday: holiday gifts and Thanksgiving and Christmas food baskets
- Lawn Care/Yard Work: lawn care for elderly or low-income individuals


Industry

Industry in Rapid City primarily consists of government services, medical, tourism, and some manufacturing. Women-owned business comprise 22.6% and Native-owned comprise 3.1%. The largest industry sector in Rapid City is government including local, state, and federal. The government industry includes Ellsworth Air Force Base (with 8000 residents), the Army National Guard at Camp Rapid, the National Park Service, U.S. Forest Service, and the Indian Health Service. The largest employer is Rapid City Regional Hospital Health Care System with 8,000 employees. Tourism is also a major industry in Rapid City due to it proximity to Mount Rushmore, Sturgis, Deadwood, and other
attractions in the Black Hills. There are 30 privately-owned casinos in Deadwood (legalized in 1989) and of the 10 Tribal casinos in South Dakota, one is located 110 miles south of Rapid City on Pine Ridge Indian Reservation. Industrial manufacturing includes a Portland cement plant, Black Hills Ammunition, several custom sawmills, a lime plant, a computer peripheral component manufacturing plant, and several farm and ranch equipment manufacturers. Rapid City is also the center for the manufacture of Black Hills gold jewelry. (Source: en.wikipedia.org/wiki/Rapid_City,_South_Dakota)

Rapid City Regional Hospital, located in Rapid City, is the largest hospital Regional Health owns and operates. Regional Health is a tax exempt, community-based organization committed to preserving and strengthening health care for people in the region. The mission of Regional Health is to — provide and support health care excellence in partnership with the communities we serve Regional Health and its affiliates provide health care services to the 380,000 people who live in the Black Hills and the surrounding region, as well as thousands of visitors each year. Regional Health serves a 38-county region comprising western South Dakota, southeastern Montana, northeastern Wyoming, southwestern North Dakota and northwestern Nebraska. Rapid City Regional Hospital serves as the tertiary hospital for Regional Health’s four rural hospitals; three of which are designated Critical Access Hospitals. Rapid City Regional Hospital employs more than 3,400 team members (clinical and non-clinical) and has an inpatient bed capacity of 417. Rapid City Regional Hospital is one of the region’s largest employers and is the tertiary referral hospital for Indian Health Service facilities that provide health care to approximately 60,000 Native Americans from four of the eight reservations in the state. Directly to the east of the City is Ellsworth Air Force Base, home of the 28th Bomb Wing. Rapid City Regional Hospital is the major medical referral center for the Base’s workforce of more than 4,000 men and women.  


Recent History of Rapid City

1870-1890  
- Custer Expedition brought influx of people with hopes for gold but gold was not found. So Rapid City became the gateway to the Black Hills and a supply town for miners and pioneers. The railroads came, and along with the automobile, Rapid City became a popular tourist destination. In the 1890 Wounded Knee Massacre, United States troops killed more than 200 Lakota men, women, and children, an additional 51 were wounded.

1940-1948  
- Ellsworth Airforce Base opened. Population increased from almost 14,000 to nearly 27,000 people, with the opening of the Base.

1970s  
- The worst natural disaster in South Dakota history, the Rapid City Flood, occurred on June 9, 1972. Heavy rains caused massive flooding within Rapid Creek. More than 250 people lost their lives, and the flood
destroyed more than $100 million in property. The devastation of the flood, the outpouring of private donations, and millions of dollars in federal aid led to clearing an area along Rapid Creek to make a public park. The flood also led to another building boom a decade later.

- The Wounded Knee incident began on February 27, 1973, when approximately 200 Oglala Lakota and followers of the American Indian Movement (AIM) seized and occupied the town of Wounded Knee, South Dakota, on the Pine Ridge Indian Reservation. Following the end of the 1973 stand-off, the Pine Ridge Indian Reservation had a higher rate of internal violence. Residents complained of physical attacks and intimidation by president Richard Wilson’s followers, the so-called GOONS or Guardians of the Oglala Nation.

1980s-2000s
- In the 1980s, growth was fueled by an increase in tourism, increasingly tied to the Sturgis Motorcycle Rally, followed by another decline in the late 1990s. Fears that Ellsworth Airforce Base would close as part of the massive base closure process in the 1990s and 2000s, led to attempts to expand other sectors of the economy. Growth continued and the City expanded significantly during this period.
- In 1980 in United States v. Sioux Nation of Indians, the Supreme Court of the United States ruled that the Federal government of the United States had illegally stolen the Black Hills from the Sioux people when the government unilaterally broke the treaty that guaranteed the Black Hills belonged to the Sioux. The court decision offered money, but the Sioux declined on principle that the theft of their land should not be validated. The Sioux still demand the return of the land. This land includes Rapid City, which is by far the largest modern settlement in the Black Hills. As of 2010, the dispute has not been settled. (Source: https://en.wikipedia.org/wiki/Rapid_City

RCCI Interview Process
With the more than 90 interviews, I kept conversations specifically related to Rapid City. All interviewees were either based in Rapid City or related primarily to an agency’s involvement in Rapid City. A by-product of the interview question related to systemic issues in Rapid City introduced discussions related to the Black Hills surrounding communities, particularly the nearby reservations and the transient population that ebbs and flows in and out of Rapid City to and from the reservations.

The format I used for the interviews:
1. At what locations do you serve people with your programs?
2. What do you do well? What are your strengths?
3. What don’t you do well? What are your weaknesses/needs?
4. How do you define who your clients/consumers are?
5. How do you engage with clients and locate them?
6. What are your current collaborations and partnerships?
7. Are you involved in the formation of collaborative alliances?
8. What gaps do you see in your service arena?
9. Who plays leadership roles in your service arena?
10. Who are the innovators you look to? Are ideas shared and acted upon?
11. How do you measure the quality of your services?
12. Do you have potential applicants for “emerging leaders?”
13. What do you want to offer to the community?
14. What skills does your org need?
15. How does doing what you do affect the system as you see it?
16. What is it you are trying to change? What part of the system?
17. How do you think change best happens?

I recorded most of the formal interviews. I re-listened to the interviews and created a 2 or 3 page summary of each interview. These interview summaries/transcripts were loaded into Dedoose software to assist in analysis. These documents were coded by:

- Organization Description
- Funding
- Community needs
- Organization needs
- Populations served
- Relationships with other agencies
- Services
- Organizational strengths
- Systemic problems

Current Collaborations

Teen Up engages youth starting from a young age to help develop young people as leaders and involved members of the community. Between Teen Up and Partnership Rapid City’s Beyond the Books, in the 2014 school year, teens have contributed over 6,000 hours of service and leadership. Over 1,200 youth participate in Teen Up, according to Coordinator Kristin Kiner.

Starting Strong Rapid City provides pre-school experience for 30, 3 year olds and 30, 4 year olds per year. These children would not have that opportunity otherwise. They, for various reasons, do not qualify for Head Start, or there were no Head Start openings. Children attend 6 existing programs throughout Rapid City, programs that have ascribed to the Starting Strong quality requirements. An initial evaluation of the program showed a 10 to 11 month improvement in the children in all areas of development. Starting Strong currently works with the school district to evaluate kindergarten readiness for the 4 year olds. Children are also identified through early health screenings. The screenings result in referrals to physical and behavioral health services. A task force consisting of community leaders and educators with coordination by Early Childhood Connections raises funds, establishes standards, and supports local
providers. According to research, for every $1 spent on early education $7 or more is saved later on. Contact persons are Autumn Gregory or Kim Booth.

Black Hills Mental Health Substance Abuse Collaborative formed following the Black Hills Assessment released in January 2007. It indicated mental health, substance abuse, and suicide as major issues in the Black Hills. It formed with 39 cross-sector organizations (DSS, law enforcement, service providers, schools) to improve access to and awareness of mental health and substance abuse services. It resulted in the establishment of a 24/7 Crisis Care Center for adults, beginning January 2011. The Collaboration continues today under the name Human Services Collaborative. BMS was selected by the collaborative member to administer the Crisis Care Center with oversight by a steering committee:

In the first 3 years the Crisis Care Center operated, 2,789 people were admitted. It was determined that Pennington County saved $1.5 million, not including what law enforcement and the court system saved. Contact person is Randy Allen

The Collaborative also formed the Community Education Plan in response to learning that 34% of respondents to a 2012 survey did not know what services or providers were available. Through the education plan, the Collaborative printed a variety of resources and developed websites and TV commercials to help improve awareness. The Black Hills Assessment can be found at www.jtvf.org.

A Crisis Care Center Services Coordination meeting happens the first Wednesday of the month. Randy Allen from BMS facilitates the meetings. The point of this meeting group is to coordinate services for frequent users of the Crisis Care Center and Community Case Management. Regular attendees are CSS, Pennington County HHS, State’s Attorney, Community Health, Police Dept., YFS, City & County Alcohol Drug, HOPE Center, Regional Hospital’s ER. Randy Allen is the go-to person for questions.

Systems of Care Collaborative started as a statewide initiative in 2009 to promote interagency coordination of services to youth.

Arise Youth Center was created out of an agreement between Pennington County and LSS. The Center currently consists of a Reception and Reporting Center and Shelter Care. Shelter Care is for homeless and transitional youth program and is located at the Juvenile Services Center. When a young person is brought to the Reception Center for a risk assessment, LSS’s staff determines if the youth should be released or put into secure detention or an alternative program. LSS collaborates with a variety of community partners in this program including the judicial system, schools, and community service providers. Contact Staci Johnson for connections.
The Systems of Care Collaborative initiated the Intensive Family Support Program to represent youth-serving counseling agencies, the court system, schools, and DSS. The goal of this program is to keep families together rather than send youth to an out-of-home placement. The families meet with appropriate members of the Intensive Family Support Team and are assigned a Family Advocate and Coach to provide basic life skills training and mentoring if needed. YFS was chosen to administer this program.

CSS initiated the Uplifting Parents Coalition, which includes a variety of partners and creates a net of resources necessary for someone living in daily crisis. The program is intended to provide the person a foundation in order to rise out of poverty, for themselves and for the generations of children who will follow. Resources to participants may include: possible funding of up to $5,000 toward education or basic needs, bi-weekly mentoring, financial counseling and budgeting classes, parenting classes, emotional support and encouragement, and connection to community resources. Contact is Natalie Lecy of CSS, Love INC, BMS, Salvation Army, Dept. of Labor, Western Dakota Tech Student Success Facilitators, Seek Learn Grow, Cornerstone Women and Children’s Home, Big Bro Big Sis, VOA.

The South Dakota Center for Military Families Coalition is a result of First Lady Michelle Obama and Dr. Jill Biden’s Joining Forces Initiative, under the leadership of LTC Bryan Jacobson, Director. The National Guard led the creation of the Coalition. The Coalition is now its own nonprofit. It holds an annual symposium on relevant topics and tries to coordinate resources. (I am not up to date with what it does now.)

Arts Rapid City was established through a collaborative effort. Its mission is to create efficiencies through shared marketing services that may include, but are not limited to a centralized clearinghouse for organizational event planning and public informational event calendar, website, and social media.

United Way Grade Level Reading. Contact is Danita Simons of United Way. She can provide a list of the program connections.

Homeless Coalition has been active in the community for several years. The Coalition holds annual events to improve awareness about homelessness. It has a formal strategic plan, but not a paid coordinator. Without a paid coordinator, I think it is very difficult for the Coalition to accomplish much I can say the Coalition does the best it can with members all having full-time jobs outside of their work for Coalition.

Prosperity Initiative. Contact is Kelsie Lawrence of CSS. She can provide a list of connections for Prosperity Coaches Network.
Being a Poverty Informed Community is the heart of the Prosperity Initiative. The John T. Vucurevich brought Dr. Donna Beegle to Rapid City in 2014 to launch the Prosperity Initiative.

Donna Beegle trained approximately 35 people from nonprofit, government, and faith-based organizations. The people became Prosperity Coaches. Each coach is trained to serve as on-site experts for educating colleagues, providing leadership for eliminating barriers and developing system-wide approaches for improving outcomes for families. Many of the coaches meet on a monthly basis to help each other effectively and efficiently provide services and stay current on the doings of service providers in Rapid City.

The Prosperity Initiative is not a quick fix or a one-time grant to one organization. It is a collaborative approach to promote long-term and sustainable change. The coaches create a sense of shared responsibility. They also use their learning in their organizations, which serve different population groups, i.e., Salvation Army and The HOPE Center.

The chart below displays The Continuum of Success. The Continuum contains three benchmarks: Healthy Start, Education or Skill, and Job or Career. The benchmarks are color coded and surrounded by white circles. The white circles represent four cornerstones: Access to Basic Needs, Access to Healthcare, Substance and Violence Free, and Stable Home. The cornerstones describe needs throughout a person’s life. The purple, orange, and green circles represent needs in various stages of life.
Three substance abuse coalitions include: ASAP, LifeWays, and Oyate Okolakiciye. Linda Colhoff Glover is contact person for ASAP, Paula Wilkinson Smith for LifeWays, and Vonnie Ackerman and Kobi Ebert for Oyate Okolakiciye.

Currently, there is a group that meets regarding the MacArthur Grant application regarding criminal diversion. Contact persons include: Jim Castleberry, Barry Tice, and Kevin Thom.

There was a Housing Collaboration that met with Malcom Chapman facilitating. It was Habitat and Neighborworks and Barb Garcia.

Community Services Connection meets monthly for information sharing. Contact person is Carrie Churchill.

**Additional Notes on the Sectors**

**Additional Notes on Mental Health**

In fall 2012, Rapid City Regional Hospital embarked on a comprehensive process—a Community Health Needs Assessment—to identify and address the key health issues for its community. The study area for the survey effort comprises Butte, Custer, Fall River, Haakon, Jackson, Lawrence, Meade,
Pennington and Shannon counties. This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the Primary Service Area of Rapid City Regional Hospital. The 2013 Community Health Needs Assessment serves as a tool toward reaching three basic goals: (1) to improve residents’ health status, increase their life spans, and elevate their overall quality of life, (2) to reduce the health disparities among residents, and (3) to increase accessibility to preventive services for all community residents.

The following health priorities, including mental health, represent recommended areas of intervention:
### Areas of Opportunity Identified Through This Assessment

<table>
<thead>
<tr>
<th>Service Provider Program Report</th>
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</thead>
<tbody>
<tr>
<td><strong>Access to Health Services</strong></td>
</tr>
<tr>
<td>• Insurance Instability</td>
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<tr>
<td>• Emergency Room Utilization</td>
</tr>
<tr>
<td>• Routine Checkups (Adults &amp; Children)</td>
</tr>
<tr>
<td>• Top Focus Group Concern</td>
</tr>
<tr>
<td>▶ Barriers to Access: Insurance, Cost, Complex Health Care System, and Distance/Lack of Transportation</td>
</tr>
<tr>
<td>▶ Overuse of the Emergency Room</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
</tr>
<tr>
<td>• Deaths (Prostate Cancer and Female Breast Cancer)</td>
</tr>
<tr>
<td>• Pap Smear Testing</td>
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<tr>
<td>• Colorectal Cancer Screening</td>
</tr>
<tr>
<td><strong>Conditions of Aging</strong></td>
</tr>
<tr>
<td>• Alzheimer's Disease Deaths</td>
</tr>
<tr>
<td>• Activity Limitations</td>
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<tr>
<td>• Deafness/Trouble Hearing</td>
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<tr>
<td><strong>Injury &amp; Violence Prevention</strong></td>
</tr>
<tr>
<td>• Unintentional Injury Deaths (Including Motor Vehicle Accidents)</td>
</tr>
<tr>
<td>• Seat Belt Usage (Adults)</td>
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<tr>
<td>• Firearm-Related Deaths</td>
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<tr>
<td>• Firearms in the Home (Including Homes With Children)</td>
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<tr>
<td><strong>Maternal, Infant &amp; Child Health</strong></td>
</tr>
<tr>
<td>• Infant Mortality</td>
</tr>
<tr>
<td><strong>Mental Health &amp; Mental Disorders</strong></td>
</tr>
<tr>
<td>• Suicides</td>
</tr>
<tr>
<td>• Top Focus Group Concern</td>
</tr>
<tr>
<td>▶ Inadequate Number of Providers &amp; Facilities</td>
</tr>
<tr>
<td>▶ Stigma</td>
</tr>
<tr>
<td>▶ Suicides</td>
</tr>
<tr>
<td><strong>Nutrition, Physical Activity &amp; Weight Status</strong></td>
</tr>
<tr>
<td>• Overweight Prevalence</td>
</tr>
<tr>
<td>• Weight Control (Overweight Adults)</td>
</tr>
<tr>
<td>• Medical Advice on Nutrition, Physical Activity &amp; Weight</td>
</tr>
<tr>
<td>• Top Focus Group Concern</td>
</tr>
<tr>
<td>▶ Hunger</td>
</tr>
<tr>
<td>▶ Need for Nutritional Education</td>
</tr>
<tr>
<td><strong>Oral Health</strong></td>
</tr>
<tr>
<td>• Dental Visits (Adults)</td>
</tr>
<tr>
<td>• Top Focus Group Concern</td>
</tr>
<tr>
<td>▶ Preventive Care</td>
</tr>
<tr>
<td>▶ Dental Insurance</td>
</tr>
<tr>
<td><strong>Respiratory Diseases</strong></td>
</tr>
<tr>
<td>• Chronic Lower Respiratory Disease (CLRD) Deaths</td>
</tr>
<tr>
<td>• Chronic Lung Disease</td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
</tr>
<tr>
<td>• Cirrhosis/Liver Disease Deaths</td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
</tr>
<tr>
<td>• Current Smokers</td>
</tr>
<tr>
<td>• Use of Smokeless Tobacco</td>
</tr>
</tbody>
</table>

The 2011 South Dakota Public Policy Institute Community Needs Assessment, also found mental health to be a major community need. The assessment exposed four top community concerns when respondents were asked about having access to various mental health services and treatments. These concerns included suicide prevention services (44.5%), depression care and treatment (44.2%), stress and anxiety care and treatment (43.6%), and obesity or weight control education and treatment (43.6%).

<table>
<thead>
<tr>
<th>Service</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug and alcohol treatment</td>
<td>94</td>
<td>56</td>
<td>150</td>
</tr>
<tr>
<td>Depression or suicide</td>
<td>141</td>
<td>68</td>
<td>209</td>
</tr>
<tr>
<td>Other mental health issues</td>
<td>171</td>
<td>63</td>
<td>234</td>
</tr>
<tr>
<td>Dental services</td>
<td>1,052</td>
<td>101</td>
<td>1,153</td>
</tr>
<tr>
<td>Medical insurance</td>
<td>933</td>
<td>254</td>
<td>1,187</td>
</tr>
<tr>
<td>Health and wellness screenings</td>
<td>559</td>
<td>72</td>
<td>631</td>
</tr>
<tr>
<td>Sexual health (family planning &amp; reproduction counseling)</td>
<td>104</td>
<td>35</td>
<td>139</td>
</tr>
<tr>
<td>Sexual addiction treatment</td>
<td>63</td>
<td>27</td>
<td>90</td>
</tr>
<tr>
<td>Suicide prevention</td>
<td>65</td>
<td>48</td>
<td>113</td>
</tr>
</tbody>
</table>

Additional Notes on Housing

For those in poverty, often the challenges are multiple and overlapping. For example, low wages lead to inability to pay for housing. The inability to maintain housing leads to inconsistent attendance at work. And the cycle compounds and continues.

The United Way, in its 2015 report, state that 1 in 6 Black Hills area residents live below the poverty level and that there are 611 homeless school age children in Rapid City.

Low wage jobs and high rental rates create a housing cost burden that is putting more households at risk of homelessness. Median home values have risen 64% and median rent has risen 31% since 2000. All areas of town need to have more
affordable housing for low and very low-income residents. Although the rental rates represent the current market value, the rates are not affordable for Rapid City’s low and very low-income residents. This is because over 16% of the residents in Rapid City have incomes below the poverty level. And the majority of homeless persons and at-risk-of-homeless households make less than $1000 per month. For our low and very low-income residents, rental rates need to be half of what is charged at the fair market level.


No doubt, the lack of affordable housing has been a continual challenge for Rapid City. The Black Hills Assessments done by the South Dakota Public Policy Institute in 2001, 2006, and 2011 reported a shortage of affordable housing as a top ten need for all three survey years. And, although some low-income housing has been developed, such as the opening of the 23 unit Owens Apartments in 2008, the housing has not met demand. According to the Black Hills Assessment, the percentage of survey respondents stating shortage of affordable housing as a community need rose from 44% in 2001 to 47.3% in 2008 and took a leap to 72% in 2011.

<table>
<thead>
<tr>
<th>Table 3.0 Top Ten Community or Neighborhood Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011 Ranking</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>Lack of good paying jobs (91.3%)</td>
</tr>
<tr>
<td>Alcohol use and abuse (81.7%)</td>
</tr>
<tr>
<td>Drug use and abuse (80.7%)</td>
</tr>
<tr>
<td>Lack of jobs (76.4%)</td>
</tr>
<tr>
<td>Unemployment (75.7%)</td>
</tr>
<tr>
<td>Lack of affordable medical insurance (72.5%)</td>
</tr>
<tr>
<td>Shortage of affordable housing (72.0%)</td>
</tr>
<tr>
<td>Domestic violence (70.2%)</td>
</tr>
<tr>
<td>Child abuse and neglect (66.6%)</td>
</tr>
<tr>
<td>Vandalism (66.0%)</td>
</tr>
</tbody>
</table>
In addition to a shortage of affordable housing identified as a need, the responders identified the issue of substandard and overcrowded housing.

![Housing chart]

Housing needs for seniors is also a community concern. In 2012, the Rapid City Senior Need Assessment and Service Gap Analysis identified housing needs for seniors in three areas:

1. **Nursing Homes, Assisted Living, Respite Care for Ill Seniors, and End of Life Care:** The needs for more nursing home beds came in second on the list of needed resources for seniors. Participants were quick to point out that, even when people over 50 move here and are not in current need of these services, they still look at these resources for when they might need them in the future.

2. **Single-floor affordable housing:** Focus group participants identify that the housing stock in Rapid City is skewed toward family-type homes. These homes are multi-level and not attractive to a 50+ buyer who either wants to downsize or move to the community. The groups emphasized that housing for seniors has to be mid-range in pricing so to attract middle-income type older people.

3. **Low-Income Housing:** Focus group participants identified that in addition to housing for people 50+, there is a need for more housing options for people 50+ who live on very modest fixed incomes. This housing should include access to rent subsidy.

The 5-Year Consolidation Plan (2013-2017) created by the Community Development Division of Rapid City, assessed housing needs as follows:

- Although the Rapid City residential housing market has been slowed since the economic housing crisis in 2008, housing prices have not declined at rates consistent with the rest of the country, and they have started moving up again. Our housing stock is adequate for the
population; however wage scales for the area do not provide a livable wage. That means a housing cost burden affects almost 25% of all households, owners, and renters alike. A severe cost burden (paying more than 50% of gross household income) affects 11% of the cost burdened, putting households at risk of homelessness.

- In order to meet the needs of the community over the next 5 years, we must address the following housing needs:
  o Single Resident Occupancy units for single persons
  o Efficiency apartments for couples without children
  o Rehabilitation of existing housing stock for sustainability of affordable housing
  o Homeownership to encourage asset building and stability
  o Neighborhood Revitalization of deteriorating neighborhoods
  o Construction or conversion of housing units for handicap accessibility
  o Emergency shelter for homeless youth
  o Emergency shelter "suites" for homeless families with children
  o Transitional housing units for persons exiting institutions
  o Transitional housing units for persons displaced/evicted from substandard housing
  o Transitional housing units for homeless youth
  o Permanent housing with supportive services for persons with severe mental illness or substance abuse issues, developmentally disabled, and veterans
  o Permanent housing units to be placed in the Dakota Land Trust for permanent affordability - rentals and ownership
  o Rehab or demolish substandard housing

RCCI mapping identified fourteen agencies and programs offering housing/housing supporting services. This map illustrates the agencies and programs.

The many agencies and programs referenced above are providing services to help make housing affordable and livable. As with mental health and transportation concern, the housing issue is complex and overlaps with other issues.