



# **Community Capacity Assessment**

## **Summary Report**

February 2005

### ***Connecting Communities for Kids***

Jefferson County Division of Human Services

Systems of Care Project

*Produced by*

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*Knowledge to Go Places*

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## EXECUTIVE SUMMARY

A community capacity assessment was conducted for Jefferson County Human Services “Connecting Communities with Kids” project to identify the *formal* and *informal* resources in targeted high-needs areas of Jefferson County. A data collection method known as cognitive mapping was used to identify resources available in communities as well as identify resource strengths and weaknesses. Service providers (public and non-profit), current Jefferson County clients, community leaders/residents, and targeted ethnic enclaves participated in the assessment process. In addition, lists of resources from Jefferson County guide books, community providers, and cultural groups were added to the database.

Forty-two mapping workshops were held resulting in a total of 247 participants. The participants were provided with a large, blank sheet of paper, colored pencils, and markers. Following step by step instructions, participants created maps of their self-identified communities with labeled resources representing commercial businesses, community resources, government agencies, community strengths, and community weaknesses. Each map was then entered into a Geographical Information Systems (GIS) to enable aggregate analysis of resource availability.

Identification of community resources provides (1) a comprehensive database of services available in Jefferson County; (2) a basis upon which Jefferson County can build communication networks and cooperation among county and community providers; (3) the ability to create an efficient system that avoids duplication of efforts; (4) an understanding of the geographical distribution of resource types to build community-based delivery systems (systems of care); and (5) the ability to identify areas where resources are lacking in Jefferson County.

All identified resources were provided to Colorado’s 2-1-1 system, which is the national abbreviated dialing code for free access to health and human services information and referral (I&R). 2-1-1 is an easy-to-remember and universally recognizable number that makes a critical connection between individuals and families in need and the appropriate community-based organizations and government agencies. Housing the data with 2-1-1 allows statewide access to resources and bi-annual updating to keep the information current.<sup>1</sup>

## KEY FINDINGS

### TOTAL RESOURCES IDENTIFIED

- The mapping process identified 1480 organizations that provide services or resources that were not included in Jefferson County resource guidebook and lists.
- Jefferson County resource guidebook and lists contained 535 resources and services, of which there were 339 separate addresses (multiple services were offered at some locations).
- Mapping participants identified 318 (59.4%) of the resources already included in the Jefferson County resource guidebook and lists.
- A total of 1819 unique organizations were identified through the combination of the mapping process and compiling existing lists.
- A total of 760 resources not currently in the Colorado 2-1-1 database were identified and provided to 2-1-1.

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<sup>1</sup> 2-1-1 information can also be accessed on the web at <http://www.211colorado.org/>

## GENERAL MAPPING OUTCOMES

- The mapping process identified significantly more resources than were listed in the Jefferson County resource guides in nearly all the resource categories.
- Jefferson County Resource guides were devoid of Social and Spiritual resources, a category that was the fourth highest in number of resources identified in the mapping process.
- The most commonly identified resources were education, recreation, health care, safety and legal services, social and spiritual support, emergency services, housing, and mental health services.
- Providers and clients knew about different resources and services in the communities. There was very little overlap in identification of resources with the exception of the Education and to a lesser extent, Recreation.
- Childcare resources were one of the categories that had a great disparity in identified information between the providers and clients. Most providers identified childcare that was before and after school care. Most clients identified childcare for preschoolers.
- Some resource types included in the Jefferson County guide and lists were largely unknown to the mapping participants, both providers and clients, indicating a problem with information dissemination. Examples include Aging and Adult/Senior Services and to a lesser extent Family Assistance and Nutrition.
- The mapping sessions increased the knowledge of health care resources three-fold.
- Mapping sessions identified many resources in Denver County, especially along Colfax. Some of these Denver resources are in the Jefferson County resource guide and lists but most are not. Since providers recognize the Denver-located resources are used by Jefferson County clients and the clients identify the Denver resources as places they use, this information is critical to include in resource lists.
- Some resources are mainly identified as existing in Denver, indicating there are service gaps in Jefferson County or lack of knowledge about certain resources in Jefferson County.
- Jefferson County resource guide and lists identify some categories of services as existing mainly in Denver, while the mappers identified the services as located in Jefferson County and Denver. Examples include Developmental Disabilities Services, Emergency Services, and Transportation Services.
- There are fewer resources and services identified in the Littleton area than the other study areas. This was true in both the Jefferson County Resource guidebook and lists and by the participants in the mapping process.
- Services participants felt were lacking included affordable housing dispersed throughout the county, affordable and year-round childcare, mental health care especially for clients with less severe needs, after school programs, a comprehensive public transportation system, health care providers who accepted Medicaid, special needs services, and culturally responsive services.

## **PROVIDERS**

- Providers often knew about many resources not included in the Jefferson County resource guidebook and lists. This information gap significantly disadvantages providers new to service delivery in Jefferson County and disadvantages their clients. Examples include Developmental Disabilities Resources, Drug and Alcohol Abuse Treatment Centers, Employment Services, Family Assistance Resources, Health care, Housing Assistance, Mentoring and Advocacy Services, and Offense-Specific Resources.
- The lack of a comprehensive central resource list necessitates informal networking among providers to meet the needs of their clients. A referral information system built on informal networks is inefficient, incomplete, and likely inaccessible to many providers and clients.
- Knowledge about different provider-sponsored resources and services were largely limited to the group that provided the service. For example, government providers identified mainly government resources; community non-profit providers identified mainly non-profit resources; and faith-based identified mainly faith-based resources. This lack of a shared knowledge base indicates the need to actively engage and bring together providers from all sectors to build an integrated systems of care.
- The faith-based community was the most difficult provider group to recruit into the process. Building a comprehensive, community-based system of care using the wrap-around approach will require special efforts to create partnerships with the faith-based community.

## **CLIENTS**

- Clients had more knowledge about certain resources than Jefferson County resource guide and lists or Jefferson County providers. Examples include Health care services.
- Client satisfaction and dissatisfaction was closely aligned with the client group they were in. Foster parents were generally satisfied with the level of support and services available to them. Adoptive parents, many of whom were prior foster parents, were angry because they experienced a severe reduction in services once their foster child had been adopted by them.
- The most frequently used services by the client participants were family assistance, recreation and churches.

## **ETHNIC ENCLAVES AND FOCUS GROUPS**

- The ethnic enclaves differed significantly from each other in their knowledge of services, access to services, and desire to use services even though they had similar unmet needs.
- Russian immigrants were the least knowledgeable about resources or their potential eligibility to receive government services. Utilization is impeded by cultural views of the role of government and self-reliance. This was especially evident in the discussion of workforce resources since employment among this group is viewed as a personal responsibility.
- The Latino population makes up the largest minority group in Jefferson County. East-central areas bordering Denver County are over 25% Latino. Important resources used by this population include libraries and they indicated a need for bi-lingual staff and resources,

specific health care clinics that provide sliding scales or accept Medicaid, and organizations that provide activities for children and youths. Participants were frustrated with the lack of employment opportunities, which is partly related to the discounting of education and skills obtained in their home country. A lack of health insurance was a common problem among the Latino population as well as other ethnic groups.

- Native Americans were concerned about obtaining housing, medical care, and resources for their children. Unlike the other groups, the Native Americans talked about going in and out of homeless shelters and identified a wide array of housing assistance services. They felt there are a lack of resources intended to help families stay intact, help buy and maintain a car, and provide stable housing options. Many resources used were provided by community non-profit organizations targeted at Native Americans.
- Youths at The Road, a drop-in youth center that targets youths and young adults with mental health needs, identified resources used by many young people. These included recreation centers, movie theatres, and libraries. In addition, vocational schools and training programs, health clinics, and low cost clothing stores were identified.

## COMMUNITY STRENGTHS

- More strengths than weaknesses were identified in the mapping process indicating the study area communities have significant assets upon which to develop a community-based service delivery system.
- *Recreation facilities* were the most commonly identified strength. Included in this category were city recreation centers, local parks, bike paths, public libraries, and even indoor shopping malls. Participants rated this category high primarily due to the low costs, safe environments, and availability of youth activities.
- Education-related resources were also seen as strengths. *K-12 schools*, *Head Start* programs, and *Red Rocks Community College* were specifically mentioned. Education in general was the reason for valuing the resource but some included additional programs such as free breakfast and lunch programs, and childcare and educational support provided by *Head Start* programs.
- Participants indicated some health care resources as strengths. *Lutheran Medical* and *The Children's Hospital* were listed often, as were various *WIC* offices. Some reasons given were affordability, and willingness to work on a sliding scale or to file with Medicaid.
- Most of the identified strengths were government-sponsored agencies followed by non-profit agencies.

## COMMUNITY WEAKNESSES

- Fewer weaknesses than strengths were identified in the mapping process; however, a greater proportion of the weaknesses were found on or north of Colfax Street.
- The most commonly cited weaknesses were areas rather than resources. "*Bad areas*" had drugs, prostitution, gangs, and crime or more generically were places that felt unsafe. Many of the bad areas were on or near Colfax Street.

- Many participants cited transportation as a weakness. In particular, *public transportation* was not scheduled frequently enough, late enough, and did not serve enough areas. Some participants also mentioned particular intersections where accidents were frequent.
- Despite the large number of participants who viewed recreation opportunities as community strengths, a few saw community weaknesses in this area. Participants who listed recreation resources as weaknesses generally discussed *unsafe public parks* or *parks lacking in playground equipment*. In addition, *lack of after-school programs* and a *lack of sufficient activities for older children* were cited as weaknesses.

## SUMMARY REPORT

To create a comprehensive picture of resources in Jefferson County, it was essential to include a full array of participants. Community resource providers included not only County employees, but employees of other government-sponsored, non-profit, and faith-based agencies. Client participants included TANF, child welfare, adoptive/foster, Tri-County Workforce, and Head Start clients. Community residents were invited to participate from diverse groups such as fire and police departments, other city agencies, Chambers of Commerce, special-interest support and discussion groups, school parent-teacher associations, and other proactive community groups. Special sessions were held with members of the dominant ethnic groups, identified using census data, including Latino, Native American, and Russian community residents.<sup>2</sup>

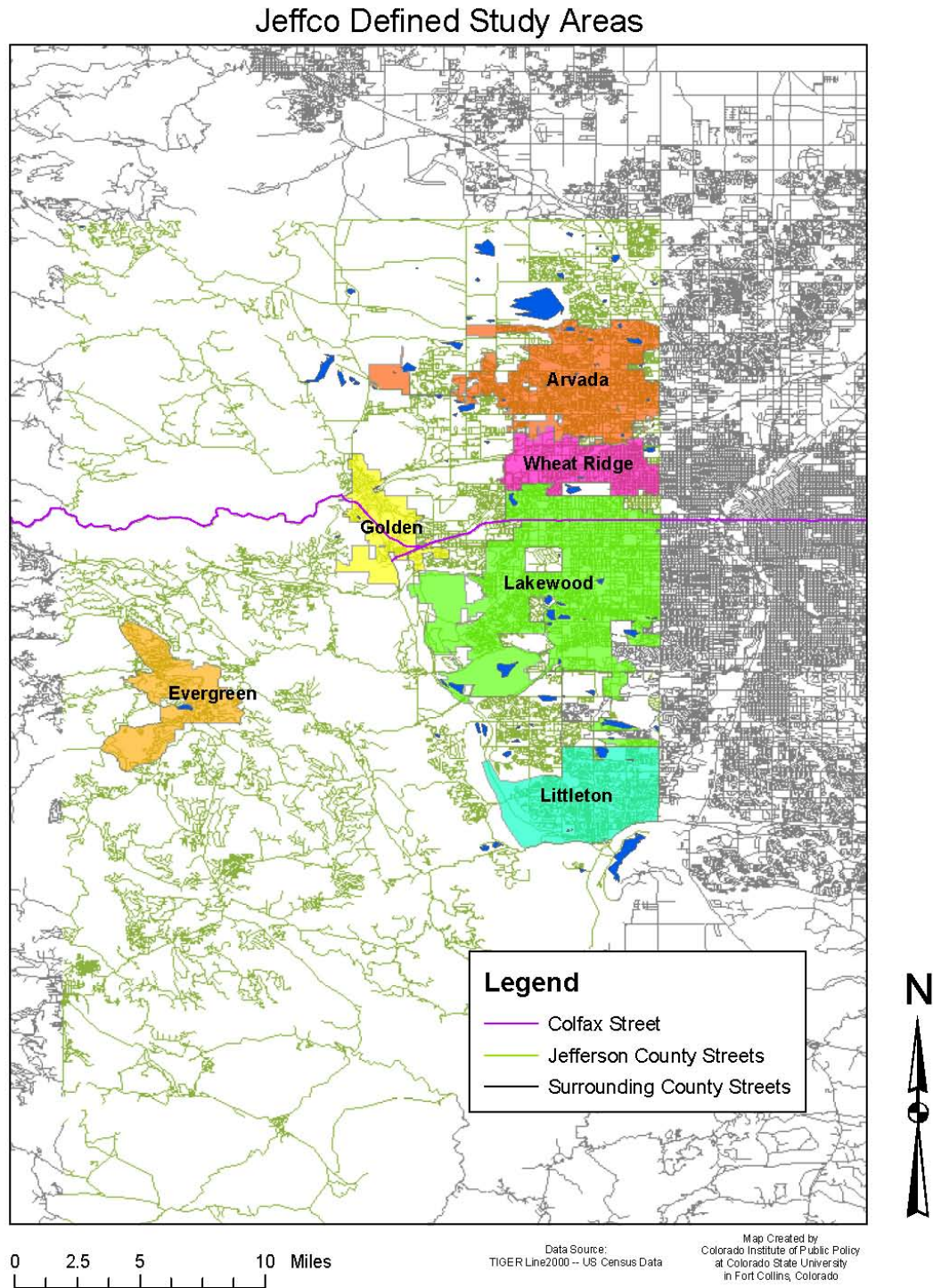
Seven Jefferson County cities were the focus of the mapping project. Clients and community resident groups were drawn from these areas: Lakewood, Arvada, Wheat Ridge, Golden, Littleton, and the mountain communities of Conifer and Evergreen. See Figure 1 below.

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<sup>2</sup> Some community residents were providers and coded as such; others were users of services and included in the client category.



**FIGURE 1. JEFFERSON COUNTY COGNITIVE MAPPING AREAS**

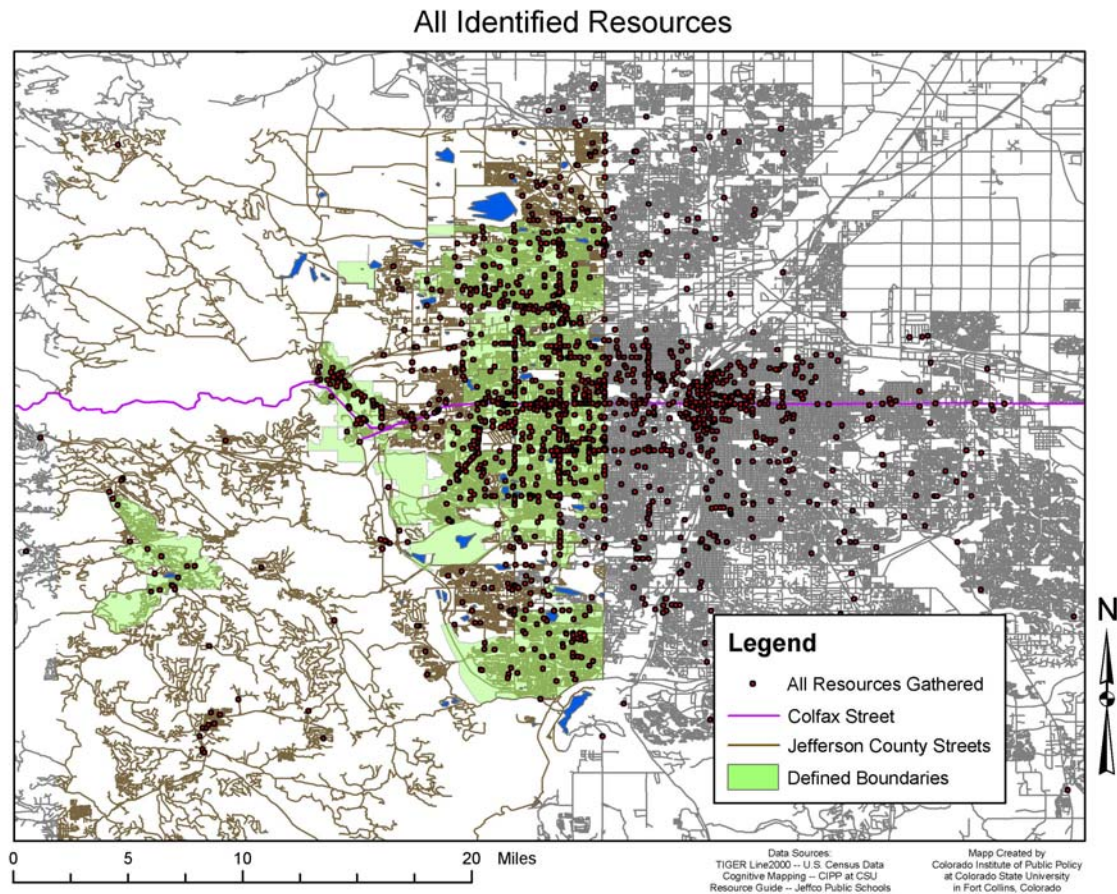


Two hundred forty-seven participants identified resources and services. The address of each resource was entered into an Excel spreadsheet, along with the type of service provided. Participant group and demographics were also entered. The spreadsheet was imported into Arc Map and the addresses were coded to place the identified resources on the map.

Figure 2 below shows 1,819 unique address locations of resource/service providers identified and mapped.



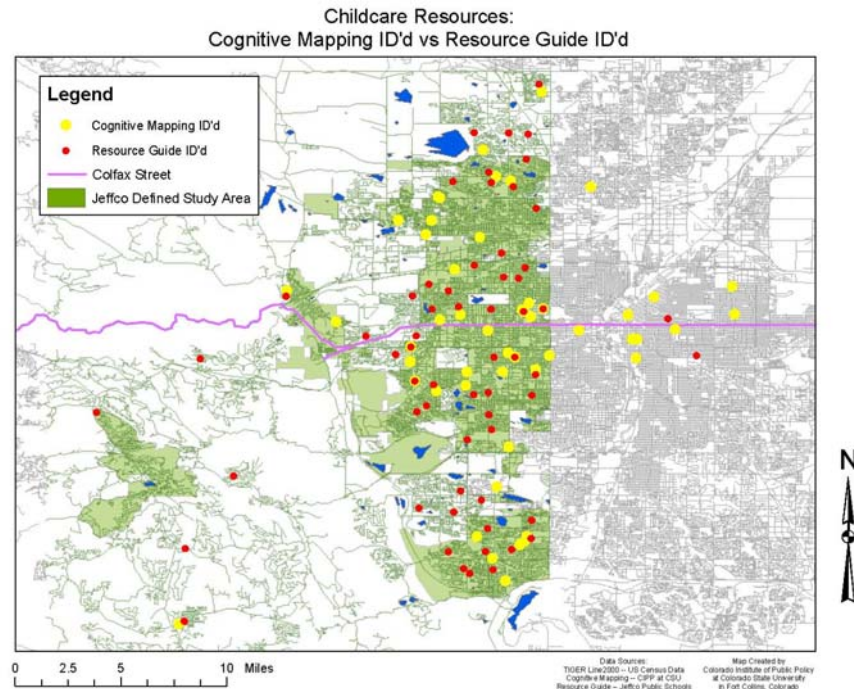
**FIGURE 2. ALL JEFFERSON COUNTY RESOURCES IDENTIFIED BY PARTICIPANTS AND RESOURCE GUIDES.**



## SELECTED RESOURCE FINDINGS

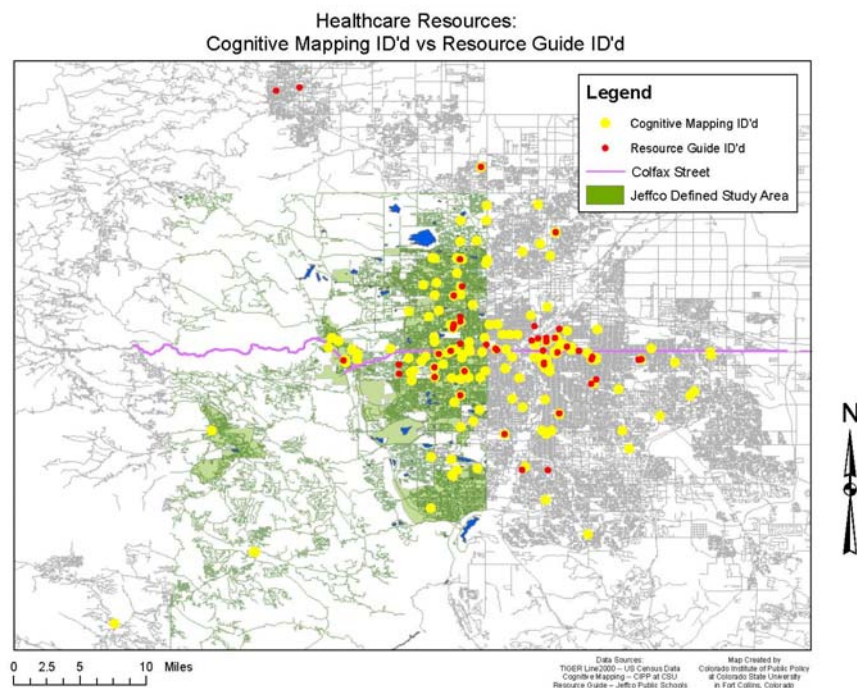
**Childcare:** One hundred and eleven different providers were identified. As Figure 3 below shows, there is very little overlap in knowledge between the Jefferson County resource guide and lists and the participants in the mapping workshops. This could indicate (1) clients and providers are not familiar with the childcare resources Jefferson County has identified; and (2) Jefferson County is not effectively disseminating this information. Many of the childcare resources identified in the Jefferson County resource guide and lists are before-school and after-school care programs. In contrast, the cognitive mapping participants were more likely to identify pre-school childcare facilities rather than before and after-school programs as childcare. Based on this analysis, the current guides and lists are lacking in pre-school childcare resources. It is likely this information is housed with a specific organization rather than listed within Jeffco's resource guides; however, *a consolidated database such as 2-1-1 will facilitate resource integration, information referral and client access.*

**FIGURE 3. CHILDCARE RESOURCES IDENTIFIED BY PARTICIPANTS VERSUS JEFFERSON COUNTY RESOURCE GUIDES**



**Health Care Resources:** Of the 190 health care resources, 140 were identified by the cognitive mapping process with only one third of the services identified by both participants and the Jefferson County resource lists. However, as seen in the Figure 4 below, the Jefferson County resource lists also have information about several health care services in Denver. Most of the Denver and Jefferson County services were also identified by the cognitive mapping process. *Information from the cognitive mapping process adds significantly to the health care knowledge base for Jefferson County.*

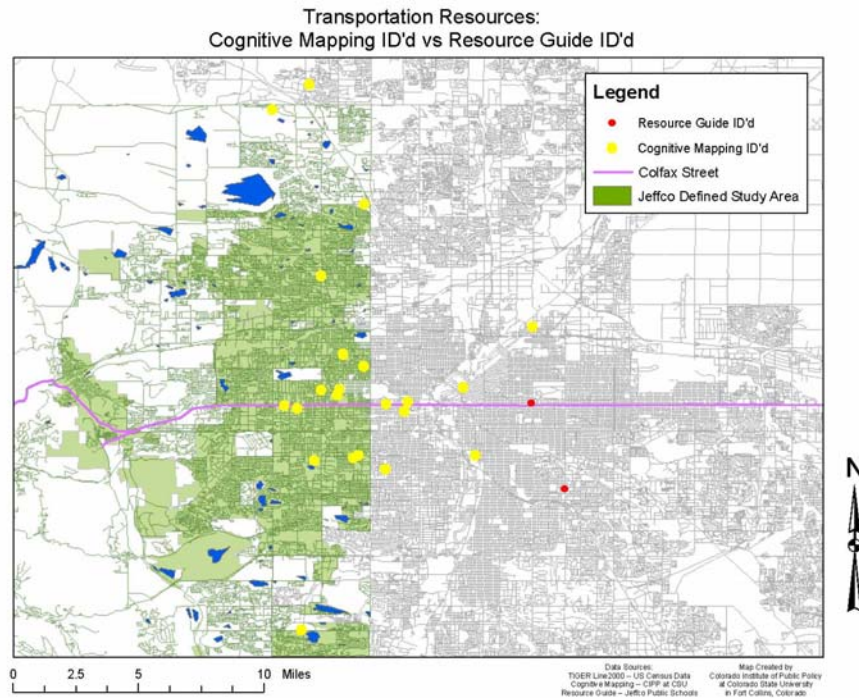
**FIGURE 4. HEALTH CARE RESOURCES: COGNITIVE MAPPING VERSUS RESOURCE GUIDES**





**Transportation Resources:** As shown in Figure 5, the 25 *transportation resources were largely identified through the mapping process* with the exception of two resources located in Denver. These two resources are, however, important transportation services provided to disabled individuals. It is interesting to note that the Jefferson County resource lists only have these two Denver-based services listed and do not list the three transportation services for the disabled in Jefferson County.

**FIGURE 5. TRANSPORTATION RESOURCES: COGNITIVE MAPPING VERSUS RESOURCE GUIDES**



**Education:** There were 366 education resources identified. This is the category that Jefferson County guides and lists had the most resources identified. As would be expected, the Jefferson County Public Schools Resource Guide lists all the primary and secondary public schools, as well as a few private schools in the county. Figure 6 below, shows there is very little additional information provided by the mapping sessions with regard to education resources in Jefferson County; however, the mapping identified a significant number of resources in Denver. The few Jefferson County education resources that were not identified in the resource guides were typically services such as breast-feeding classes located at hospitals, ESL classes available at community centers and/or libraries, and other educational services available at libraries.

**FIGURE 6. EDUCATION RESOURCES: COGNITIVE MAPPING VERSUS RESOURCE GUIDES**

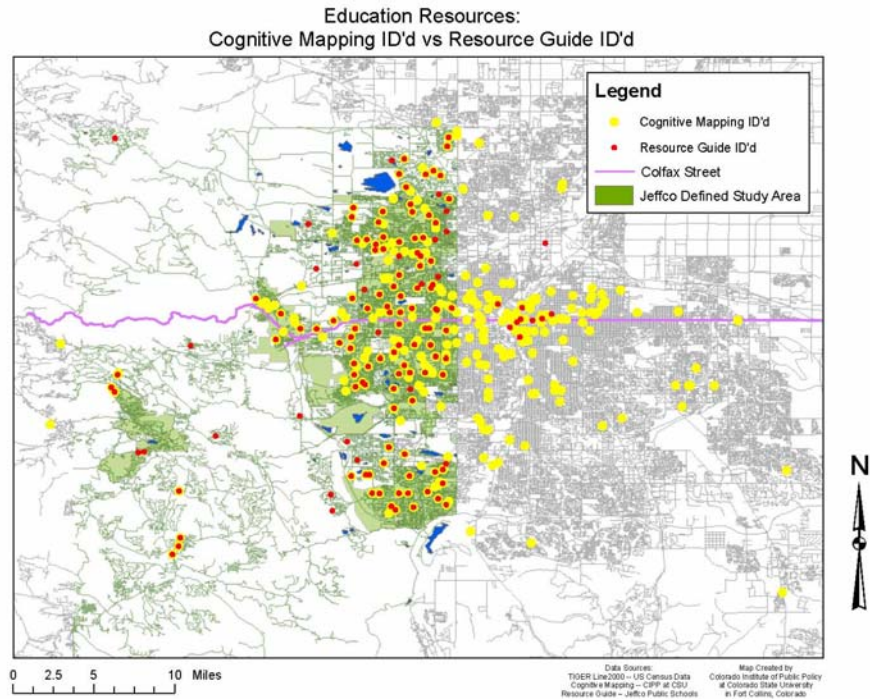
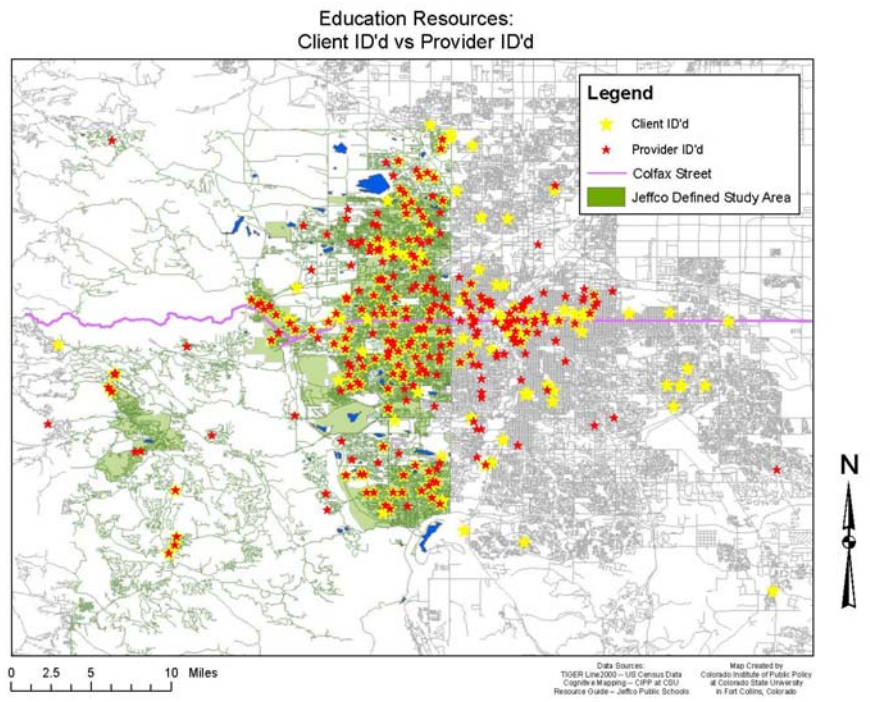


Figure 7 shows that the knowledge level between providers and clients regarding education services is relatively equal. Most of the points contain both a yellow star (client identified) and a red star (provider/resource guide identified), indicating there is *little improvement needed on information dissemination about education resources and services in Jefferson County*.

**FIGURE 7. EDUCATION RESOURCES: CLIENT VERSUS PROVIDER**



## **SUMMARY OF RESOURCES**

There are several trends that appear in almost all of the resource categories.

First, the Jefferson County resource guide and lists have limited information. Except in education and childcare, the resource guide and lists fell far short of the number of resources identified by the mapping participants. While there are many childcare resources in the Jeffco information guides, there is little overlap between the Jefferson County guide and the mapping identified resources.

Second, there are a significant number of resources in Denver that providers and clients could identify. Many times these resources are located on or near Colfax, easily accessible locations from east central Jefferson County. Accessibility as well as a lack of availability of the resources in Jefferson County may account for this trend.

Third, there is a large disparity in knowledge between clients and providers. Providers have more knowledge about traditional resources such as other agencies or governmentally-supported social services, while clients know about resources of a less traditional nature, such as churches, motels, and parks where teenagers gathered to socialize and engage in recreational sports activities. Although these informal resources are not referral services that providers typically pass along to clients, they are important community-based resources to share with clients. In creating a community-based SOC, providers need to be aware of the alternative methods clients use to meet their needs. In some instances, this new information will lead to the creation of government/community partnerships to more effectively and efficiently deliver services. In other circumstances, the additional knowledge of resources will provide clients with options and/or fill gaps in needs that traditional government and community providers cannot meet.

## **CONCLUSION**

Cognitive mapping combined with GIS analysis is a powerful method for identifying community resources. The addition of 1,480 resource locations within the seven study areas (only a portion of Jefferson County) nearly triples the number of resources and services listed in the Jefferson County guides.

It has always been a challenge to keep resource guides up-to-date; and even a greater challenge to distribute the information widely; but the partnership built with Colorado's 2-1-1 system greatly reduces both of these information barriers. All resources identified in this project, including the Jefferson County guides and lists, are housed with 2-1-1. Caseworkers as well as clients will be able to access the information either on-line or by calling 2-1-1.

Ultimately, service delivery in a systems of care is about building partnerships across the multiple services AND bringing in new, even sometimes untraditional, community partners. Family involvement is the key in this collaborative arrangement. Like untraditional community partners and resources, families as partners do not fit easily within current social service delivery structures, values, and beliefs. Recognizing, valuing, and partnering with resource providers identified by clients is one important step toward shifting practices.