



Howard County Human Services Master Plan 2005-2010

Revised April, 2006

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A. EXECUTIVE SUMMARY

The Howard County Human Services Master Plan represents roughly a year of discussion, debate, research, planning and prioritization. The mission, vision, values, goals and desired outcomes detailed below are the result of collaboration among nonprofit providers, citizens, government agencies, subject matter experts and other stakeholders.

Though the process has been multi-faceted and involved many, the overarching goal of the Plan has always been clear. The Plan provides the community with frameworks and data required to identify the major unmet and future challenges facing Howard County through the year 2010, and likely beyond.

To do this, the Association of Community Services of Howard County, the Howard County Department of Citizen Services, and Sage Policy Group, Inc. (SPG), consultant to the project, helped to guide a process that ultimately led to the identification of three key populations that require continuing focus by the Howard County human services community. These are: 1) children, youth and their families; 2) seniors; and 3) persons with disabilities.

The study team also identified four issues that cut across populations. These are: 1) access to services; 2) housing affordability/homelessness; 3) transportation; and 4) coordination among human services and other elements of the support system. With respect to both the study of populations and cross-cutting issues, the study team focused on compiling both quantitative and qualitative information to shed maximum light on the magnitude of current and future needs.

MISSION STATEMENT

Howard County is a community providing a coordinated network of human services that identifies, anticipates and addresses needs while enhancing the quality of life for all residents through collaborations and partnerships.

VISION STATEMENT

Howard County is a model of excellence in human services with all residents participating to achieve and sustain their highest quality of life.

SYSTEM VALUES

The human services community in Howard County shares the following values:

- People-centered
- Affordable and Accessible
- Comprehensive and Integrated
- Collaboration
- Responsible
- Integrity and Trust
- Respect and Equity

COMMUNITY GOALS AND DESIRED OUTCOMES

Children, Youth, and Their Families

Community Goal 1: Healthy Children and Their Families

Desired Outcomes:

1. Families have access to a continuum of health and wellness services for their children and themselves.
2. Families have knowledge of child development (physical, emotional, social, and cognitive) and parenting skills appropriate to their children's age to guide and encourage their children from birth through adolescence.
3. Substance abuse declines and the availability of substance abuse services to those with and without private insurance increases.
4. The teen birthrate declines.
5. Families who are at-risk financially have access to resources to handle the challenges of child-rearing in a positive manner.

Community Goal 2: Children Enter School Ready to Learn

Desired Outcomes:

1. Children (0-5) have access to regulated early care and education programs that meet the needs of families, including full day options.
2. Families and early childhood professionals are knowledgeable about the importance of school readiness.

Community Goal 3: Children are Successful in School

Desired Outcomes:

1. Howard County students regularly attend school.
2. The number of students suspended from school declines, particularly among minority students.
3. Howard County students graduate and complete a high school program.

Community Goal 4: Children, Youth and Their Families Safe in their Homes and Communities

Desired Outcomes:

1. The identification of children who have been abused and neglected becomes more timely.
2. The number of children living in unsafe and unhealthy home situations declines.
3. The community provides supervised opportunities for youth that increase healthy behaviors.

Seniors

Community Goal 1: Howard County Seniors Maintain Optimal Mental and Physical Health

Desired Outcomes:

1. Older adults across the health continuum and family caregivers understand the individual's role in maintaining good health and making healthy choices.
2. Older adults have access to affordable and high quality dental care.
3. Mental health care will be available and accessible to all older adults in Howard County, including in-patient, in home/residence and community-based locations.
4. The number of mental health professionals willing to accept Medicare payment for community based mental health services increases.
5. Older adults have access to depression screening in physicians' offices, acute care settings, long term care facilities, and community locations, followed by affordable and effective treatment options.

Community Goal 2: Older Adults Enjoy Housing Options that are Attractive, Available at a Range of Prices, Designed or Modified to Promote Aging in Place, and Provide Access to Surrounding Communities

Desired Outcomes:

1. Implement the major goals of the Senior Housing Master Plan (2004).
2. Ensure that Howard County offers a continuum of housing options available to older residents.
3. Older homeowners are able to access knowledgeable people, obtain fact-based guidance and resources to promote home maintenance, renovation and modification.

Community Goal 3: Older Adults Live as Independently as Possible

Desired Outcomes:

1. Older adults enjoy access to health/human service centers, recreational and social activities, retail locations, and faith organizations.
2. Safe driver education programs are available to all older adults.
3. Pedestrian right-of-ways are developed to assist older adults in connection to bus stops, medical, health and human services facilities, banks, restaurants, religious facilities, services and shopping or other chosen destinations.
4. “Aging in Place” and “Livable Communities” will become concepts accepted and promoted by Howard County’s public, non-profit and for profit sectors.
5. Information about health and community based support services will be available for every older adult, family member or paid caregiver.

Community Goal 4: Howard County Residents Enjoy Maximum Personal Safety

Desired Outcomes:

1. Instances of abuse, neglect, self-neglect, and exploitation of vulnerable older adults are diminished.
2. Older adults living independently in the community, family caregivers, and assisted living facilities have the tools and emergency preparedness information to shelter in place with no outside assistance for 36 hours.

3. Assisted living facilities, senior housing and private apartment complexes with older residents are prepared for a disaster and can shelter independently in place for 36 hours.
4. Older adults will use effective strategies to keep themselves from becoming victims of preventable crime.

Community Goal 5: The Civic Engagement of Older Adults in the Community is Promoted to the Fullest Extent Desired by the Individual

Desired Outcomes:

1. Older adults will be aware of the volunteer opportunities available to them and the manner by which they may connect to these opportunities.
2. Older adults will have access to and will participate in social, cultural and performing arts, recreational and educational programs.
3. Older adults who desire or need employment either on a full- or part-time basis will have the opportunity to work.
4. Older adults will remain physically active.
5. Older adults will have options for and access to leadership roles in faith organizations, community boards and committees, civic organizations, and other places important to the individual and to the community.

Persons with Disabilities

Community Goal 1: Persons with Disabilities Enjoy the Same Opportunities as Others

Desired Outcomes:

1. Persons with disabilities will be able to obtain meaningful employment.
2. Persons with disabilities will have access to housing that is affordable and includes appropriate accommodations.
3. Persons with disabilities will participate in social and recreational activities.
4. Persons with disabilities will have access to affordable, quality medical treatment and preventive care.
5. Persons with disabilities will have access to adequate transportation.

Community Goal 2: Individuals with Disabilities Successfully Transition from High School to Higher Education or Work

Desired Outcomes:

1. The percentage of students with disabilities graduating from high school per year will increase.
2. Employers will have the tools they need to hire, train, and accommodate individuals with disabilities.
3. Adults with disabilities will have support to attend college and/or receive training for work that is suited to their interests and abilities.

Community Goal 3: Howard County Residents with Disabilities are Safe in their Communities

Desired Outcomes:

1. Persons with disabilities will be safe from abuse and neglect.
2. Prosecution for abuse will proceed at the same level/rate as the general population.
3. Persons with disabilities will be provided with clear instructions on how to seek help in a community emergency.

Community Goal 4: Children and Youth with Disabilities Who are Unable to Live in their Families' Homes Continue to Live in and be Valued Members of the Community

Desired Outcomes:

1. Children and youth with disabilities will continue to be integrated into the community to the maximum of their ability.

B. INTRODUCTION

Purpose of the Human Services Master Plan

The purpose of the Human Services Master Plan is to accomplish the following:

- Develop an agreed upon and clear set of human service goals to guide the community's funding, service delivery and policy decisions through 2010;
- Create an organizational framework that promotes collaboration among those in the human services delivery system; and
- Develop a structure of systems capable of routine assessment and evaluation of all human service programs.

The Draft Development Process

The Howard County Department of Citizen Services, the Association of Community Services, and Sage Policy Group developed a methodology for the planning process. The process included data collection, creation and convening of a steering committee, data analysis/research, plan drafting, community recommendations/feedback, and review.

Sage Policy Group worked closely with the Howard County Department of Citizen Services and the Association of Community Services to collect more than forty documents for data analysis. In this process, Sage Policy Group selected data that was presented to the Steering Committee for consideration in the development of the Human Services Master Plan.

The Department of Citizen Services and the Association of Community Services launched a public outreach campaign to alert the community about work underway. Candidates were recruited for the Human Services Master Plan Steering Committee. The Steering Committee is comprised of representatives of human services agencies, non-profit organizations, state and local agencies, expert consultants in the area of social work and human services, and community advocates.

During the data analysis/research phase, Sage Policy Group identified missing data needed to assess the quality and availability of services to Howard County residents. This research included data on current service systems and identifying missing components of the care system.

Sage Policy Group also conducted “best practices” research to augment local and state data on the development of the Human Services Master Plan. This research consisted of reviewing human services master plans, social services master plans, various strategic and comprehensive community plans and community needs assessments from several cities, counties and states within the United States.

The formation of the plan began with a series of Steering Committee meetings that ran from late October 2004 through early January 2005. During each meeting, a core topic within the realm of human services was discussed. These topics included:

Persons with Disabilities
Children, Youth and Their Families
Housing and Homelessness
Seniors and Aging
Health, Mental Health and Substance Abuse
Employment Assistance for Howard County Residents

During each meeting¹, Sage Policy Group delivered presentations focused on the demographics and trends relevant to the topic at hand. Data from the national, state and local levels were discussed. Subject experts were brought to the table to share their specific knowledge of environmental pressures, the funding outlook, and current demand for services in the field. The Steering Committee and invited experts identified the key issues in the topic areas to be considered in the plan.

Also during this period, the Steering Committee created a mission statement, a vision statement and described the values for the system. From mid-January 2005 through the end of February 2005, the work was done to create the preliminary master plan that was presented to the Steering Committee on March 10, 2005.

¹ The sole exception was the meeting focused on Housing and Homelessness in which community experts presented information.

After a brief review of the entire draft plan, the Steering Committee divided into four groups to review the sections of the Plan which were (1) Snapshot of Howard County; (2) Children, Youth, and Their Families; (3) Seniors and Aging; and (4) Persons with Disabilities. All recommendations from the groups were considered.

In April 2005, Sage Policy Group produced a second draft of the Plan. The Steering Committee reviewed it and the comments were integrated. On April 1, the Steering Committee presented this draft to County Executive Jim Robey who then presented it to the community on April 20 at a meeting of the Association of Community Services.

This presentation kicked off a six-week community comment period. The draft appeared on websites of both the County and the Association of Community Services. Six (6) community comment sessions were scheduled in the evening and during the day – with three of them being televised. During this time more than 80 individuals and groups provided feedback on the draft.

In July, the comments were compiled and the Steering Committee invited experts to join them as they drafted the final goals, indicators, outcomes and strategies. By mid-August, Sage Policy Group received this body of work for final research, review and editing.

Data Compendium for the Howard County Human Services Master Plan

The study team faced the challenge of providing meaningful data and narrative characterizing the circumstances in which Howard County human service providers and others operate while providing a report that is easy to read. In order to allow people easy access to key issues without burying them in detail a lengthy data compendium was produced. This compendium provides readers with detailed statistics and accompanying narrative in the areas of Howard County's general population, economic and employment trends, transportation, health and mental health. The compendium will also provide more valuable data on the areas of children, youth and families, seniors and persons with disabilities. The compendium will also include a listing of reports, data collected, and agencies and organizations responsible for updating data sources.

Integration of the Findings from the Study of the Needs of the Foreign Born

During this same time period, another important study was being conducted. With funding from the County's Community Service Partnerships Program and The Horizon Foundation, FIRN, Inc. contracted with the Association for the Study and Development of Community (ASDC) to examine the demographic characteristics and needs of the foreign born in Howard County. Their report, "Howard County's Foreign-Born Community: Dimensions, Growth, and Implications," was published in October, 2005.

Between 1990 and 2000, the foreign-born population in the county increased from 11,367 to 28,113, representing 27.6% of the county's population growth during this period. ASDC projected that the foreign-born population will continue to grow, reaching 39,400 in 2010 and 46,000 in 2015. This represents an increase from 11.3 % of the total population in 2000 to 14.4% in 2010 and 16.7% in 2015. The majority (54%) of the foreign born are from Asia, followed by 21% from North and Latin America. The top five countries of origin are Korea, India, China, the Philippines, and Mexico.

While it is often assumed that immigrants must be affluent to afford to live in Howard County, in 1999, 7.7% of the county's foreign-born population was below the poverty level compared to 3.4% of the county's United States-born population. The second wave of immigrants who began arriving in the 1990's, particularly Latinos, tend to have less education than earlier immigrants, work in the service and construction industries, and come from more rural areas. These newer arrivals have more needs and are more likely to seek assistance from service providers.

Limited English-language skills are a major barrier to accessing needed services, however. In 2000, 14% (32,166) of the county's total population aged five and older spoke a language other than English at home. Over 11,000 of those persons admitted to speaking English less than "very well;" more than 80% of this population is foreign born. The top non-English languages spoken were Spanish; Korean; Chinese (Mandarin, Cantonese, and Fukkien); French (including Patois and Cajun); and various African languages. Further complicating and compounding the language barrier, some economically-disadvantaged immigrants (particularly Latinos and Haitians) are illiterate in their native language.

The study found that all foreign-born groups shared the following challenges:

- encounters with prejudice and discriminatory practices,
- language and cultural barriers,
- struggles to navigate United States systems,
- struggles to manage family dynamics affected by the separation and reunification of family members, and
- stigma associated with certain health conditions and receipt of public benefits.

Specific concerns and barriers were identified in the areas of: language; education (both K-12 and adult); health; employment; housing (including for the elderly); family dynamics (including separation and reunification of families, differing rates and degrees of integration among parents and children, and parental lack of cultural awareness); domestic violence; and cross-cultural relations.

The report concludes that Howard County finds itself in the same dilemma as many caring and progressive communities in the region and across the country that are experiencing a fast growing influx of immigrants from all over the world. The demographic changes taking place in the county are putting pressure on the community-at-large, community institutions, and the newcomers themselves.

County leaders and residents are being forced to expand their definition of “integration” to include people who do not describe themselves primarily in racial terms, but rather ethnic and cultural terms. Service providers struggle to meet the multiple needs of their new clients, while developing the capacity to manage language and cultural barriers. Newcomers are expected to quickly assimilate and adopt mainstream values, behaviors and practices.

Findings from this report and examples of the distinctive issues faced by the foreign-born community were incorporated into the Human Services Master Plan in May, 2006 by LKM Consulting. The report’s recommendations have been added to the conclusion of the Master Plan. For more detail, the reader is referred to FIRN’s report.

Human Services Master Plan Steering Committee

Community Members

Karen E. Carter, Board of Directors, Arc of Howard County

Harry Chaiklin, PhD, Professor *Emeritus*, University of Maryland School of Social Work

Diane M. Huss, MSW, LGSW, Director, Elder Care Options

Chaya Kaplan, MSW, Social Worker, Community Advocate

Michelle Miller, Director of Community Services, Columbia Association

Sharon R. Smith, Marketing/ParaTransit Specialist, Corridor Transportation Corporation

Lori Somerville, Chief Operating Officer, Humanim

Cynthia Coulter Story, Deputy Director, Howard County Department of Social Services/Program Manager, Maryland Department of Human Resources

Sabina Taj, Program Officer, Columbia Foundation

Sue Wagner, Community Advocate

Staff and Consultants

Susan Rosenbaum, Director, Howard County Department of Citizen Services

Sharon Dawson, Deputy Director, Howard County Department of Citizen Services

Anne Towne, Executive Director, Association of Community Services of Howard County

Anirban Basu, Chairman & CEO, Sage Policy Group, Inc.

Elizabeth Debaugh-Stone, Ph.D. Senior Policy Analyst, Sage Policy Group, Inc.

Vanessa N. Francis, Policy Analyst, Sage Policy Group, Inc.

The Steering Committee will continue to advance the work of the Human Services Master Plan and will provide advice and guidance especially to the Department of Citizen Services and the Association of Community Services as implementation moves forward. The Committee wishes to acknowledge the Howard County Department of Citizen Services and Department of Housing and Community Development along with the Horizon Foundation for providing the funding for the development of this Plan.

Availability of the Human Services Master Plan

The Human Services Master Plan will be accessible on the Howard County Department of Citizen Services and the Association of Community Services websites. Comments, ideas and questions at any time can be sent to: citizen@co.ho.md.us or info@aschoco.org

Agency URLs:

Howard County Department of Citizen Services
http://www.co.ho.md.us/CitizenServices/CS_HomePage.htm

Association of Community Services
<http://www.acshoco.org/>

FIRN's study, "Howard County's Foreign-Born Community: Dimensions, Growth, and Implications," is also available at the above websites.

C. COMMUNITY PROFILE

Three population groups were selected by the Steering Committee for focused attention: Children, Youth and Their Families, Seniors, and Individuals with Disabilities. Data and other forms of information are provided for these three groups on the pages that immediately follow. Goals, desired outcomes, key indicators and suggested strategies for each of these groups may be found in Section E of the Plan.

Children, Youth and Their Families

Health Status of Infants and Children

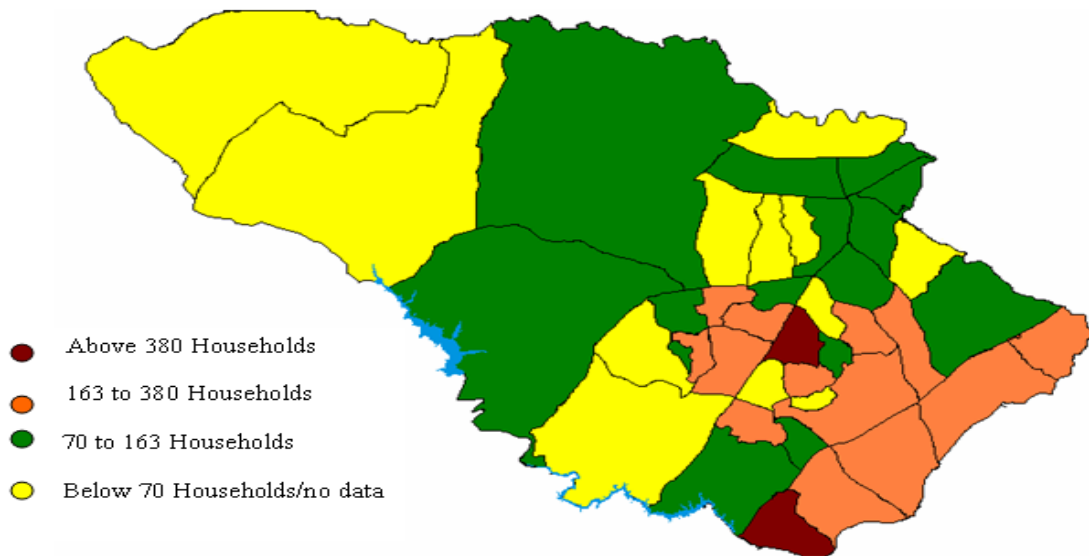
Though progress along the child welfare dimension has been broad-based in Howard County in recent years, a paradox has developed. While steady improvement has been recorded in many categories, the data indicate that in certain other important categories, negative outcomes are on the increase. The discussion below will focus on both positive and negative Howard County trends.

- The Number of Single-Parent Families is on the Rise

Based on a community needs survey conducted in 2000, the Department of Citizen Services reported that parenting skills were viewed as an area of need along with community support for single parent families.² As the map below indicates, single-parent female-headed households are concentrated in certain county communities. Households of this type have been on the rise. According to the Census, the number of female-headed households with children rose from 5,361 in 2000 to 6,564 in 2004 (estimate), an increase of 22.4 percent over a relatively short timeframe.

² CHPS Consulting (2002) Howard County, Phase 1: Health and Human Services Needs Assessment.

Figure 1: Female-Headed Households with Children by Howard County, MD Census Tract, 2004 estimates



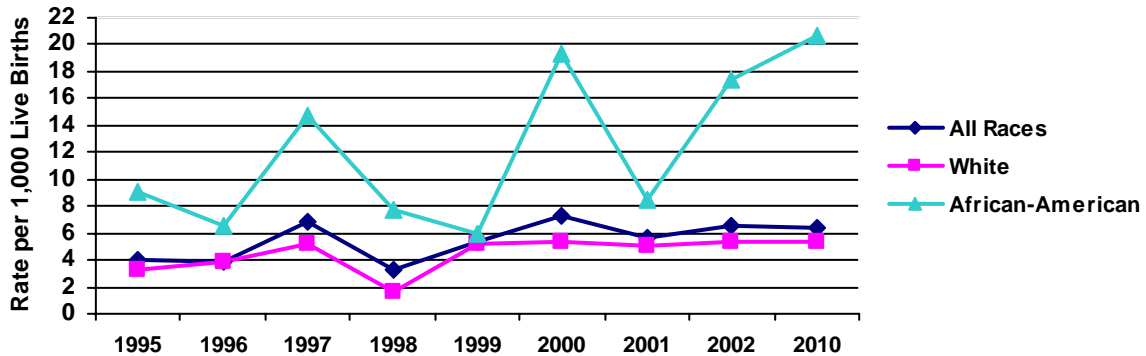
Source: U.S. Census Bureau; ACCRA

- Services Needed for Expectant Mothers and those with Younger Children

While programs for youth and teens are routinely viewed as a high priority, it was also noted that services for families with children ages zero to three years are needed. Indeed, service provision should begin before birth. In Howard County, non-white women experience greater rates of infant, neonatal and fetal deaths. This disparity is clearly linked to receiving prenatal care in the later stages of pregnancy or not receiving prenatal care during pregnancy.³

³ CHPS Consulting (2002) Howard County, Phase 1: Health and Human Services Needs Assessment.

Figure 2: Infant Mortality Rates in Howard County (2010 forecast)



Source: Maryland Department of Health and Mental Hygiene

Infant mortality is higher among the African-American population in Howard County. This pattern is similar to that seen statewide and in neighboring jurisdictions. Reasons for this health disparity are complex. Many factors that impact infant mortality rates among different racial and ethnic groups in the county are not fully known.

According to the American Public Health Association, there are several potential reasons for disparities in infant mortality nationwide. Age is one factor. Younger and older mothers are more likely to have pre-term birth rates.⁴ Other potential reasons include, but are not limited to:

- Cigarette smoking;
- Alcohol consumption;
- Obesity;
- Unequal access to prenatal care;
- Maternal educational attainment.

The last two possible reasons merit further examination. In the 2003 report, “National Healthcare Disparities Report” by the U.S. Department of Health and Human Services, the rate of prenatal care (an essential component of healthcare for expecting mothers) for various racial and ethnic groups varies widely.

In the U.S., 85 percent of white mothers receive prenatal care compared to 74 percent of African-American mothers.⁵ Education also stands out as an

⁴ “Disparities in Infant Mortality Fact Sheet.” (2004). American Public Health Association

⁵ “National Healthcare Disparities Report” (2003). U.S. Dept. of Health and Human Services.

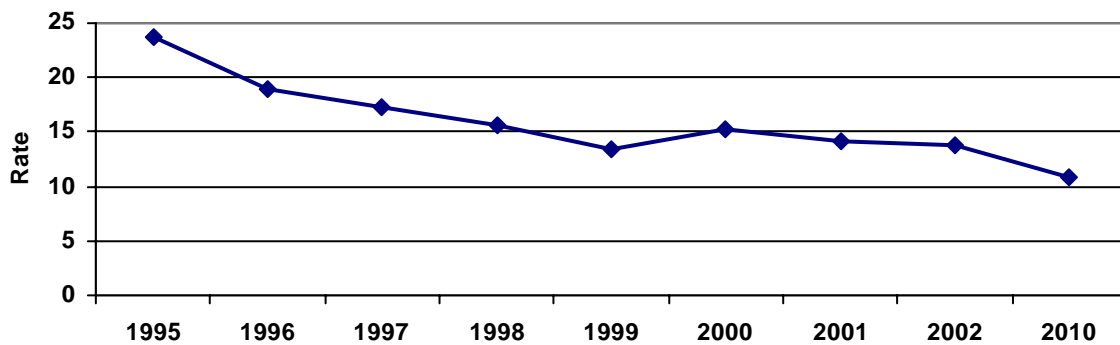
important factor. The report found that expectant mothers with more education have greater rates of prenatal care during the first trimester of pregnancy than less educated expectant mothers.⁶

In Howard County, both white and African-American mothers receive high levels of prenatal care. Approximately 99.5 percent of white mothers and 98.5 percent of African-American mothers received prenatal care, with 95.7 percent of all white mothers receiving care in the first trimester compared to 90.1 percent of African-American mothers.

While a disparity does exist in obtaining prenatal care, it cannot completely explain the differences seen in infant mortality. As a result, other factors must be explored and, potentially, programs must be changed or created to address these factors.

Adolescent birth rates have been trending lower in the county since at least 1995, though progress between 1999 and 2002 was slower than during the prior several years. Declining adolescent birth rates are both an indication of better youth outcomes and a generator of future improvement.

Figure 3: Adolescent Birth Rates, Howard County 1995-2010 (forecast)



Source: Maryland Department of Vital Statistics, Maryland Department of Human Resources

Among foreign-born residents, however, a high teen pregnancy rate was noted among Latino girls, along with their limited use of health clinics for birth control and other reproductive health-related questions. In addition, immigrant women & children who have been in the United States less than five years are no longer covered by the Maryland Children's Health Insurance Program, reducing their access to health care.

⁶ Id.

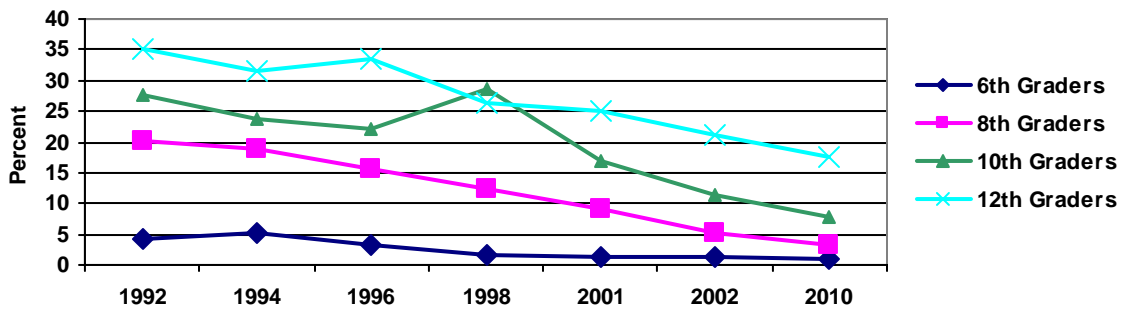
Substance Abuse in Howard County Youth and Their Families

The demand for substance abuse services is growing as is the gap between supply and need.⁷ It has been estimated that only 50 percent of those who would benefit from substance abuse treatment obtain treatment.

- There is Good News on the Substance Abuse Front . . .

There is positive news on the substance abuse front. The percent of students who report using cigarettes fell dramatically between 1992 and 2002, and is anticipated to fall further by 2010 according to our demographic projections. Reported marijuana and alcohol abuse are also sharply lower among county 6th, 8th, 10th and 12th graders, and recent trends remain optimistic.

Figure 4: Tobacco Use among Howard County Students (2010 forecast)

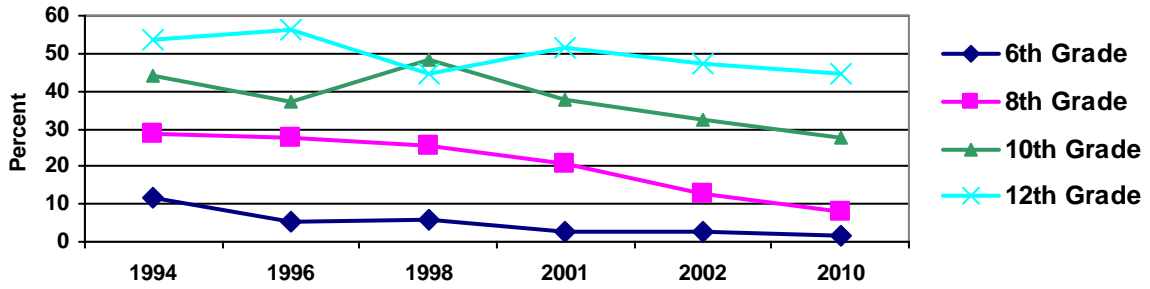


Source: Maryland State Department of Education

But highly troubling trends are emerging, too. Paradoxically, while reported use of tobacco, alcohol, and marijuana has been declining among the county's youth, use of more dangerous substances is on the rise. This is a pattern repeated time and again in the county. While the broader population seems to be enjoying improved outcomes over time, a small but growing group is engaging in dangerous behaviors with menacing consequences.

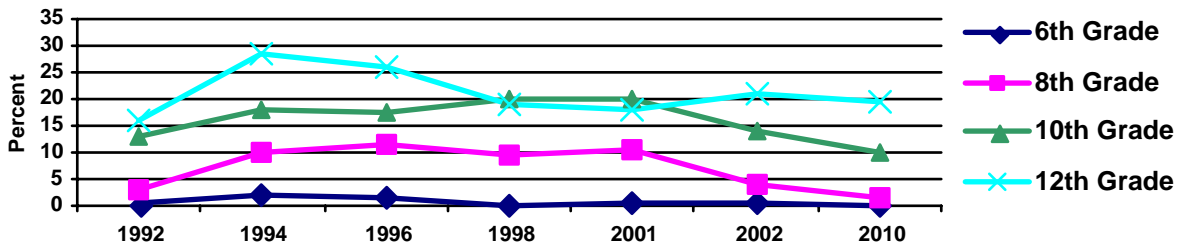
⁷ CHPS Consulting (2002) Health and Human Services Study Howard County, MD Phase 1: Health and Human Services Needs Assessment.

Figure 5: Alcohol Use among Howard County Students (2010 forecast)



Source: Maryland State Department of Education

Figure 6: Marijuana Use among Howard County Students (2010 forecast)

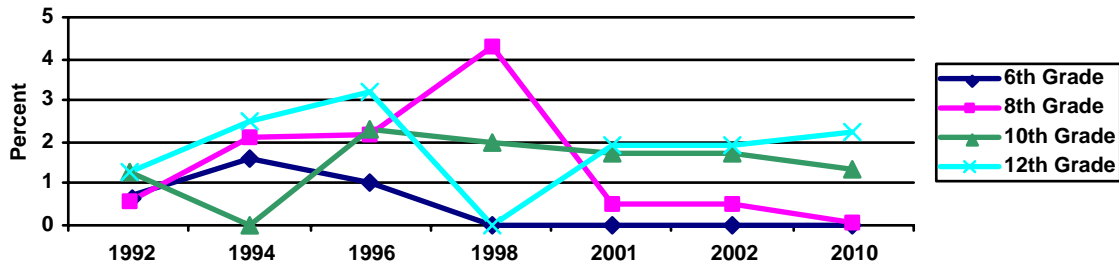


Source: Maryland State Department of Education

- . . . and there is Bad News

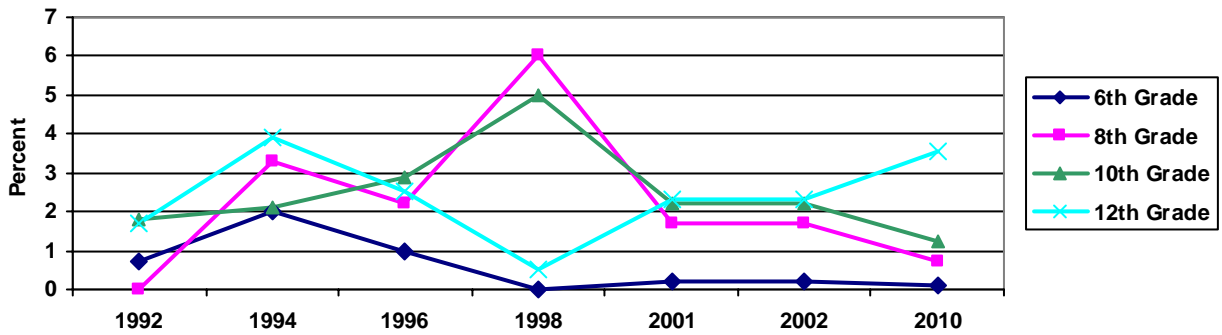
Perhaps the most troubling data are reflected in two figures below. Among 12th graders, heroin and crack cocaine usage is on the rise. These 12th graders have now graduated, and many now live in the community. The figures highlight the possibility that substance abuse may become a persistent problem among certain populations if left untreated. As the proportion of substance abuse in a particular population increases, more people come to view it as “normal” behavior.

Figure 7: Percent of Howard County Students who reported using Heroin (2010 forecast)



Source: Maryland State Department of Education

Figure 8: Percent of Howard County Students who reported using Crack Cocaine (2010 forecast)



Source: Maryland State Department of Education

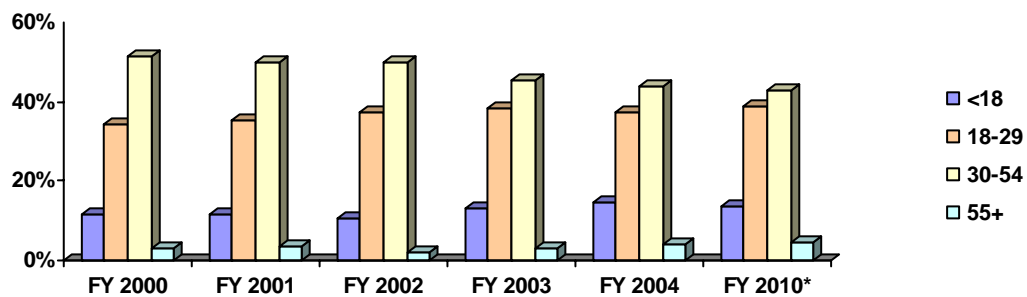
- Trends in Howard County Resident Admissions to Substance Abuse Programs Mixed

Between fiscal year 2000 and 2004, the number of adult and adolescent admissions to substance abuse treatment services has remained relatively unchanged. Over this time period, an average of 1,390 adults were admitted, with a high of 1,421 in fiscal year 2003 and a subsequent low of 1,312 in fiscal year 2004. A low of 166 adolescent admissions was seen in fiscal year 2002 and a high of 229 admissions experienced in fiscal year 2004 compared to an overall average of 204 admissions per year for this population.

- Younger Residents Increasingly Driving Demand for Substance Abuse Treatment

As a result, the proportion of residents admitted to substance abuse treatment services under the age of 18 rose from 12 percent in 2000 to 15 percent in 2004. The proportion of those aged 18-29 and 55+ also rose, while the 30-54 share declined.

Figure 9: Howard County Residents Admitted to Substance Abuse Treatment Services, Share of Admitted by Age (forecast)



Source: Howard County Health Department; *2010 is estimated

Nearly 80 percent of those admitted to substance abuse services in Howard County are white. Approximately 18 percent are African-American, which means that African-Americans may be slightly over-represented among the population of the treated. According to the 2003 American Community Survey, African-Americans represent 14 percent of the county's population.

- Among those Receiving Services, the Most Common Substance Abused is Alcohol

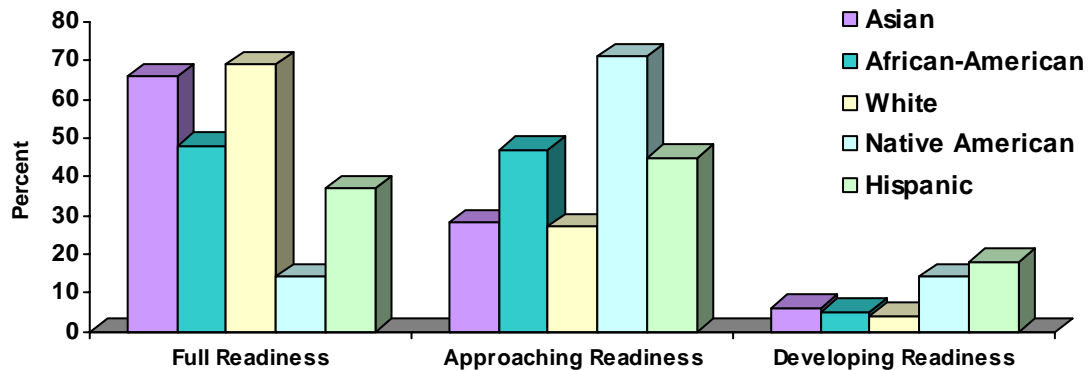
Among those admitted for services, the most common substance abused is alcohol. In fiscal year 2004, 67.6 percent of those admitted had a problem with alcohol. Over 35 percent reported marijuana use, while 23 percent and 21 percent reported issues with cocaine/crack and heroin. Many of those admitted had problems with more than one substance. Viewed jointly, these data suggest that there is still a tremendous need for alcohol addiction treatment for males. This need may today be overlooked as society has come to focus its attention on crack cocaine, heroin and other highly dangerous substances. Data indicate however, that alcohol treatment is still very much a need in Howard County.

Are Howard County’s Children Ready to Enter School and Ready to Learn?

- There are now Sizable Disparities in School Readiness in Howard County

In the area of early childhood education, disparities in school readiness have become evident in the data. During the 2003-04 school year, only 37 percent of Hispanic children, 48 percent of African-American children and 14 percent of Native American children in Howard County entered kindergarten “fully ready to learn.”⁸ Comparatively, 66 percent of Asian children and 69 percent of White children enter kindergarten ready to learn.

Figure 10: Percent of Howard County Children Entering Kindergarten Ready to Learn, by Race/Ethnicity



*Please see Appendix for definitions of Full, Approaching and Developing Readiness
Source: Maryland State Department of Education

There is also apparent disparity with respect to students’ readiness to learn in the area of English proficiency. Twenty-five percent of children with limited English proficiency entered kindergarten fully ready to learn. By contrast, 65 percent of children who were proficient in English entered school fully prepared.

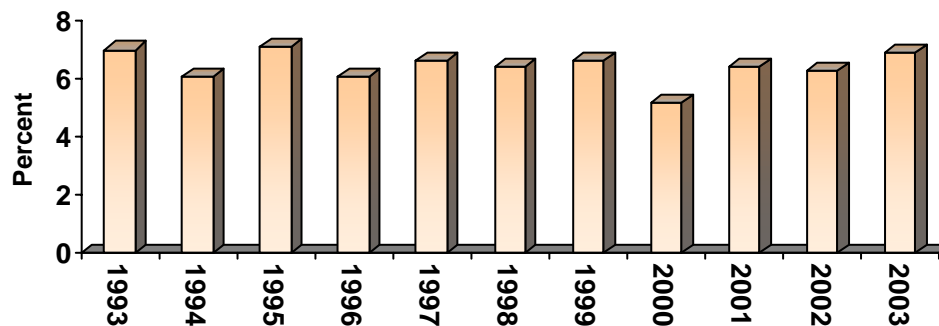
⁸ Entering School Ready to Learn: School Readiness Information, MD State Dept. of Education 2003-04.

Are Howard County's Children Successful in School?

- Attendance Challenge

The percent of Howard County students absent more than 20 days from school has been roughly flat over the past decade. However, between 2000 and 2003, the last years for which data are available, the percentage has gradually risen from 5.2 percent to 6.9 percent.

Figure 11: Percent of Howard County Students absent more than 20 days from school



Source: Maryland State Department of Education

- Growing Disparities in School Performance

Moreover, despite broad progress made on student assessment tests, the percent of public school students in the eleventh grade that demonstrated basic skills by passing three Maryland functional tests (reading, writing and mathematics) actually fell in the county between 2000 and 2002. In 2000, 97.9 percent passed these three tests. By 2002, that number had slipped to 97.6 percent.

Academic achievement is a major challenge for children with limited English proficiency. In the 2005-06 School Year, there were 2,046 students enrolled in English-As-A-Second-Language (ESL) classes; representing more than a 238% increase from 1995 to 2005. The top five languages spoken at home by ESL students were Spanish, Korean, Chinese (Mandarin, Cantonese and Fukkien), Urdu, and Vietnamese. (It is important to note that not all students in ESL classes are foreign born, however.)

Foreign-born groups reported other concerns related to academic achievement, including: 1) students who are behind grade level due to limited schooling in their home country; 2) mislabeling of children with limited English skills as learning disabled; and 3) wanting the school system to respect the religious and traditional practices of foreign-born students.

Foreign-born parents' lack of familiarity with the school system, the significance of GPA's and the SAT, and suspension policies can also impact their children's academic performance. Immigrant parents may not be involved in the educational system because the parent works multiple jobs and lacks the time, or because of cultural norms of respect for teachers that inhibits parents from raising questions.

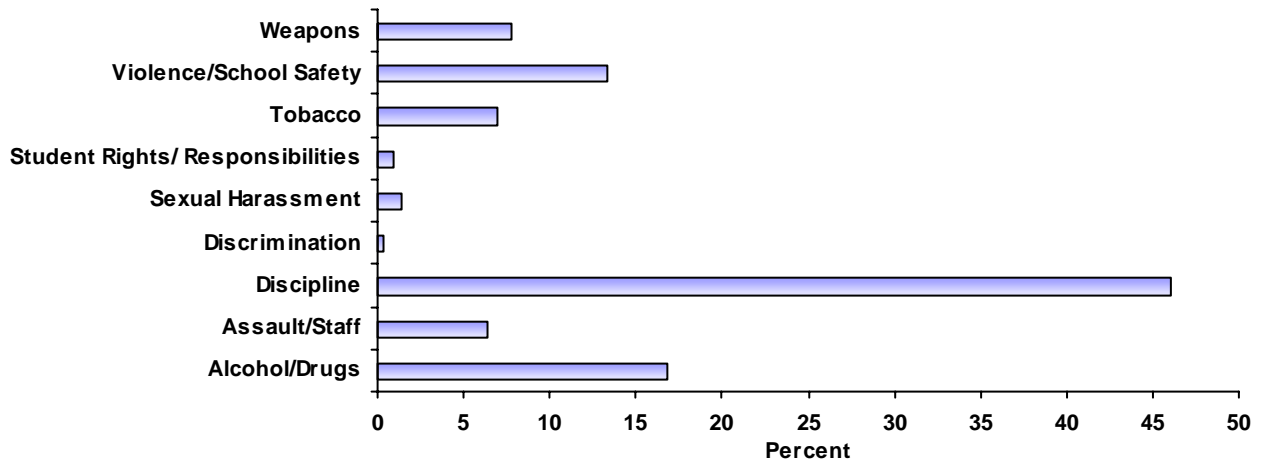
There is concern about Latino students, whose rates of academic achievement lag behind the average for Howard County students. (Again, it is important to note that not all Latino students are foreign born.) The passing rates for Latino students on the four high school assessments in 2005, for example, were 10.8 – 25.8% below the county average. Also in 2005, the drop-out rate among Latino students was 2.36%, compared to a county average of 1.44%.

The good news is that the school system is described as the mainstream institution with the most extensive infrastructure for responding to foreign-born students and families.

Discipline in Schools

The leading cause of school suspensions during the 2003-2004 Howard County school year was discipline. This is in and of itself not particularly troubling. What is troubling is that other major causes of school suspensions included alcohol/drugs, violence, weapons, assault on staff and tobacco. Less prominent causes included sexual harassment and student protest.

Figure 12: Percent of Howard County students suspended by Cause, School Year 2003-2004



Source: Board of Education of Howard County, 2004

- African-Americans and Males Disproportionately Represented in Suspended Population

Within the suspended population, suspension rates are higher among African-American young men. In the 2003-2004 school year, African-Americans only represented 18 percent of the population of the Howard County Public School System. However, they comprised 45.5 percent of the students suspended from school. On a system-wide basis the respective percentages of suspension by gender was 77 percent males and approximately 23 percent for females.

- Cross-cultural relations

ASDC found reports of conflicts between foreign-born and native-born students to be common. Relationships were described as unfriendly between African-Americans and African-born immigrants, between Latinos and African-Americans, and between Whites and immigrants of color.

The Safety of Children, Youth and Their Families in Howard County

Rates of indicated child abuse and neglect in Howard County declined between 1997 and 2003, from 3.5 per 1,000 of child abuse or neglect Child Protective Services' investigations to 2.9, But the rates of unsubstantiated abuse or neglect during those same years more than doubled from 1.3 to 3.0.

Projections for 2007 of rates of indicated child abuse and neglect will drop slightly to 2.6 per 1,000.

Table 1: Rates of Indicated* and Unsubstantiated Child Abuse and Neglect in Howard County (forecast)**

Rate per 1,000	1995	1996	1997	1998	1999	2000	2001	2002	2003	2007***
Indicated	4.2	4.6	3.5	4.2	3.2	3.8	3.9	3.0	2.9	2.63
Unsubstantiated	2.0	1.8	1.3	2.0	2.2	2.1	2.9	3.0	3.0	4.09
Total	6.1	6.4	4.8	6.2	5.4	5.9	6.8	6.0	5.9	6.45

Source: Maryland Department of Human Services *Indicated: Where credible evidence is not satisfactorily refuted **Unsubstantiated: Where insufficient evidence is found to support a finding; ***forecast; Source: Maryland Department of Human Services

Latchkey children are an issue within the Korean and Latino communities. Korean parents who operate their own business and Latinos who work multiple jobs have very little time to spend with their children. The parents of these children have a limited ability to develop healthy and open lines of communication with their children, due to the demands on their time, their lack of cultural awareness, and language barriers. These children are at increased risk for engaging in high-risk behaviors.

Between 1999 and 2002, the number of reported domestic violence crimes in Howard County also rose (5.5%). This correlates with the rise in the rate of children placed in out-of-home care. The rate of children placed in out-of-home care⁹ in Howard County per 1,000 children rose from 3.2 in 2000 to 3.8 in 2003.

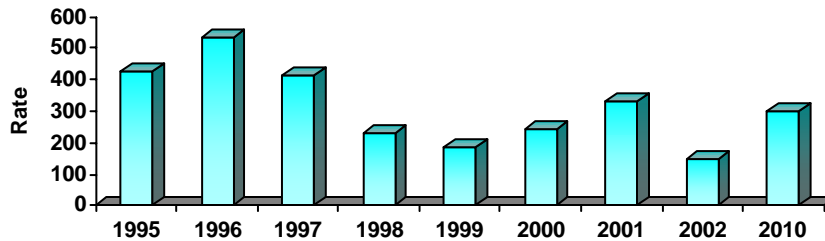
The incidence of domestic violence is underreported within the foreign-born community due to fears of being deported, and the shame attached to being victimized. According to community leaders, foreign-born victims of domestic violence do not feel comfortable with the services offered in the county, which they perceive to be culturally insensitive and lacking interpretive services.

⁹ Children placed in foster care, the juvenile justice system, mental health and substance abuse treatment and out-of-home education placements.

- Juvenile Crime Forecast

Figure 13 shows that juvenile violent offense arrest rates have fallen substantially since 1995, though rates rose between 1999 and 2001 before falling substantially in 2002.

Figure 13: Juvenile Violent Offense Arrest Rates per 100,000 population (10-17 years of age), Howard County (2010 forecast)



Source: Maryland State Police, Uniform Crime Reporting Division

Juvenile arrest rates and the number of youth entering the justice system by race are also cause for concern. According to the 2004 publication *Howard County Disproportionate Minority Contact Report*, of the juvenile arrests that took place in the 2003, 46 percent arrested were African-American (up from 39 percent in 2002) and 50 percent were white. African-Americans represent 18 percent of Howard County’s school age population.

Family Dynamics

Foreign-born families must cope with a number of unique challenges related to family dynamics, which may impact many of the issues described above. If parents and children migrated at different times, the children may act out as they try to understand why they had been left behind. Children integrate more quickly than do their parents, leading to conflicts over cultural norms. Parents may rely on children to interpret and translate for them, which leads to a blurring of roles. Lack of cultural awareness may prevent parents from anticipating and addressing social challenges faced by their children.

Children also bear the stress of living up their parents expectations. In some cultures, the expectation is to excel academically, in others it is to contribute to the family income when they reach working age. In either case, children struggle to meet parental expectations while adjusting to a new environment.

Senior Population

The Demographics of Age

The “older” adult population knows no precise age. Public programs establish age eligibility criteria or target populations that start at 50, 55, 60, 62, or 65. Retail outlets offer discounts at age 60 or 62. AARP opens membership to people age 50 and above and older adults themselves are retiring in their 50’s or working into their 90’s. For the purposes of this narrative, this variety in age will be reflected in tables and charts starting from age 55 to age 65 as a beginning point to describe the senior population. The narrative indicates when other ages are pertinent.

According to the Census Bureau, there were 17,057 individuals age 65 or older residing in Howard County in 2000, or approximately 7 percent of the county-wide population, the smallest percentage of persons that age of any jurisdiction in Maryland.¹⁰ However, Table 2 reflects that the population of individuals age 55 or over in Howard County is projected to more than double from 39,223 in 2000 to 75,760 in 2015 and then rise to nearly 100,000 by 2030 (this for a county that today accommodates approximately 250,000 residents). Howard County is projected to have one of the most rapidly aging populations in the State over the next 10-20 years.¹¹

Table 2: Howard County, MD Older Population by Age

Howard County’s Senior Citizen Population by Age							
Age Group	2000	2005	2010	2015	2020	2025	2030
55-64	20,755	28,234	33,147	36,490	41,391	40,861	35,402
65-74	10,370	13,201	18,337	24,617	28,541	30,935	35,056
75-84	5,955	7,107	8,232	10,167	13,698	17,631	20,050
85+	2,143	3,009	3,836	4,486	5,012	5,786	7,243
Total	39,223	51,551	63,552	75,760	88,642	95,213	97,751

Source: Howard County Office on Aging (2002). Study of demographics and needs of the senior and middle-age populations in Howard County.

¹⁰ Howard County Office on Aging (2002). Study of demographics and needs of the senior and middle-age populations in Howard County.

¹¹ Id.

ASDC also found that many adult immigrants who participated in the foreign born study planned to bring their parents to live with them for various reasons, adding to this growth of the older adult population. According to the Maryland State Data Center, Howard County is projected to have the fastest growing senior population of all Maryland jurisdictions between 2000 and 2020. During that 20 year period, the senior population is projected to grow 155.8 percent. This compares to the 72.4 percent growth projected in Maryland

Table 3: Top 5 Maryland Jurisdictions for Senior Population Growth, 2000 to 2020

Rank	Jurisdiction	Senior Population Growth, 2000-2020
1	Howard County	155.8%
2	Calvert County	144.3%
3	St. Mary's County	138.2%
4	Frederick County	115.9%
5	Harford County	114.6%

Source: Maryland State Data Center

Regional Demographic Characteristics within Howard County

The Office on Aging reports some key demographic characteristics to highlight similarities and differences across regions of Howard County. For instance, there exist regional differences in terms of the residence of the county's senior population. Roughly 39 percent of residents age 65 or older live in Columbia, while approximately 30 percent live in Ellicott City, 16 percent live in Western Howard County, and 16 percent live in the Route 1 Corridor.¹² In the same age category, the gender distribution is similar in Columbia, Ellicott City, and Western Howard County, with generally equal proportions of males and females. In the Route 1 Corridor, however, the senior population is 70 percent female and 30 percent male.¹³

Table 4: Percent of Howard County's Senior Population by County Region, 2000

Age Group	Rt. 1 Corridor	Western Howard County	Ellicott City	Columbia
55 to 59	16.6%	20.6%	21.1%	41.8%
60 to 64	18.4%	20.1%	22.7%	38.9%
65 to 74	18.7%	19.4%	27.5%	34.5%
75 to 84	18.3%	15.8%	30%	35.9%
85+	9.9%	13.4%	29.2%	47.5%

Source: Howard County Department of Planning and Zoning, Research Report, Issue 5, April 2002.

¹² Id.

¹³ Id.

Health and Howard County Seniors

- Several Troubling Health Indicators

Figure 14 presents health issues self reported by the senior population in Howard County, where residents generally compare unfavorably to available national data. Approximately 62 percent of seniors in Howard County reported suffering from hypertension or high blood pressure, which greatly exceeds the rate of 45 percent of seniors 70 years of age or older found in a national study.¹⁴ Approximately 36 percent of seniors in Howard County reported suffering from a heart condition, compared with 21 percent of seniors nationally. Approximately 11 percent of seniors in Howard County reported having suffered a stroke, compared with 9 percent of seniors nationally. Approximately 21 percent of seniors in Howard County reported suffering from some form of cancer or malignancy, compared with 19 percent nationally.

In Howard County, low income and middle aged adults have higher rates for chronic illnesses. These conditions place a financial burden on seniors, their families and the health care system.¹⁵

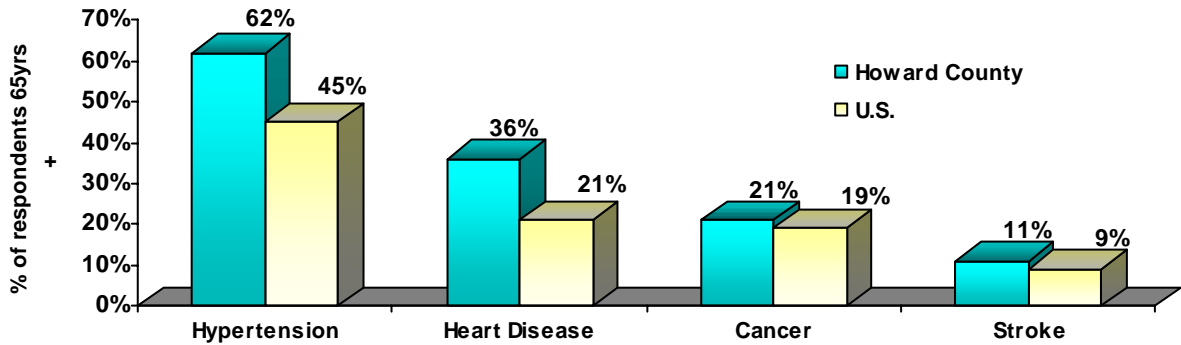
Most Howard County seniors are fortunate, however, to have health insurance. However, many low income seniors delay health care and prescriptions due to cost. Ten percent indicate that they do not have the financial ability to take care of necessities.¹⁶

¹⁴ Id.

¹⁵ REDA International, Inc. for Howard County Office on Aging (2001) Status of Seniors in Howard County and the Aging in Place Initiative.

¹⁶ Id.

Figure 14: Self Reported Health Concerns among Seniors in Howard County, MD, 2002



Source: Howard County Office on Aging (2002) “2002 Howard County Office on Aging Study of Demographics and Needs of the Senior and Middle Age Populations in Howard County.”

Housing Quality and Affordability

Nearly 66 percent of Howard County seniors live in a single-family home, while 12 percent of seniors live in townhouses, 21 percent live in apartments, and 2 percent live in mobile homes.¹⁷ The Office on Aging reports that housing status varies dramatically across the county. In Western Howard County, over 90 percent of seniors reside in a single-family home, compared with 80 percent in Ellicott City and 67 percent in the Route 1 Corridor. Only in Columbia do fewer than half of all seniors reside in single-family homes (44%).¹⁸

Income is a crucial determinant of the type of housing in which seniors reside. Low-income seniors in Howard County are less likely than their higher-income counterparts to live in single-family homes, and more likely to live in townhouses, apartments, or mobile home parks (most of which are scheduled to close by 2010). Fewer than half of low-income seniors in Howard County reside in single-family homes (43%), with the same proportion living in apartments.¹⁹

Nearly two-thirds of seniors in the middle-income range reside in a single-family home, while 14 percent of middle-income seniors reside in a townhouse, 14 percent reside in an apartment, and 2 percent reside in a mobile home. More than half of the middle-income seniors own their residences outright (58.5%). Seniors in the upper-income group are more

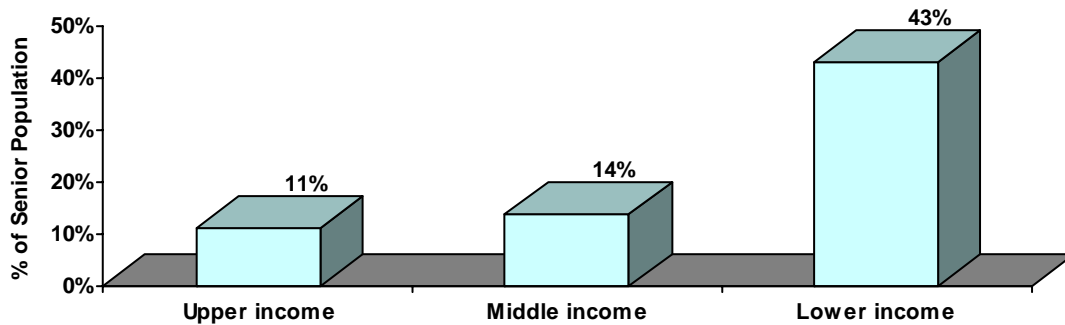
¹⁷ Id.

¹⁸ Id.

¹⁹ Id.

likely than their lower-income counterparts to reside in a single-family home: 77 percent of upper-income seniors live in a single-family home, 14 percent live in a townhouse, and 11 percent live in an apartment.²⁰

Figure 15: Proportion of Howard County Seniors Living in Apartments by Income, 2002



Source: Howard County Office on Aging (2002) “2002 Howard County Office on Aging Study of Demographics and Needs of the Senior and Middle Age Populations in Howard County.”

The overwhelming majority of seniors in Howard County are satisfied with their housing situation, with only 2 percent reporting that they have an “unmet need” in housing. Younger seniors are more likely to report an unmet need in housing than are older seniors. Over 7 percent of 60-64 year old seniors report an unmet housing need, while only 2 percent of seniors ages 65-74 and 1 percent of seniors age 75 and older report an unmet housing need.²¹

Asian families report struggling to find housing that is sensitive to their cultural needs. The Korean community has begun to make efforts to address the housing needs of their seniors by establishing the Korean American Senior Association of Howard County.

- Demographics Altering the Nature of Housing Demand

Howard County’s changing demographics are creating a demand for housing developments and individual units designed for older adults that are smaller, easier to maintain and offer a first floor bedroom. A Senior Housing Master Plan completed in December 2004 includes goals, strategies and short-, mid- and long-term recommendations for implementation. The Human Services

²⁰ Id.

²¹ Id.

Master Plan does not duplicate the work of the plan, but rather incorporate its findings into the larger human services picture.

Table 5: Senior Housing Communities, December 2003

# of Housing Communities	Type of Housing Community	Number of Housing Units	Number of Beds
8	55+ active adult community ²²	675	
1	55+ active adult community ²³	156	
4	Independent living: subsidized, low-income apartments	446	
5	Independent living: moderate-income apartments	476	
2	Retirement communities	110	
1	Life care community		294
7	Large assisted living facilities		827
81	Small assisted living facilities		594
2	Nursing homes		533

Source: Howard County Senior Housing Master Plan

The Office on Aging explored future housing plans among those surveyed. Nearly one in five seniors currently residing in Howard County plans to move within the next five years.²⁴ Of the twenty percent of seniors that plan to move, approximately 45 percent intend to simply relocate to another region of the county while 55 percent plan to move out of the county. Persons in Western Howard County are most likely to remain settled. While 19 percent of seniors residing in Ellicott City, 20 percent of seniors residing in Columbia, and 18.5 percent of seniors residing in the Route 1 Corridor are planning to move within the next five years, only 10 percent of seniors residing in Western Howard County plan to move within the next five years.²⁵

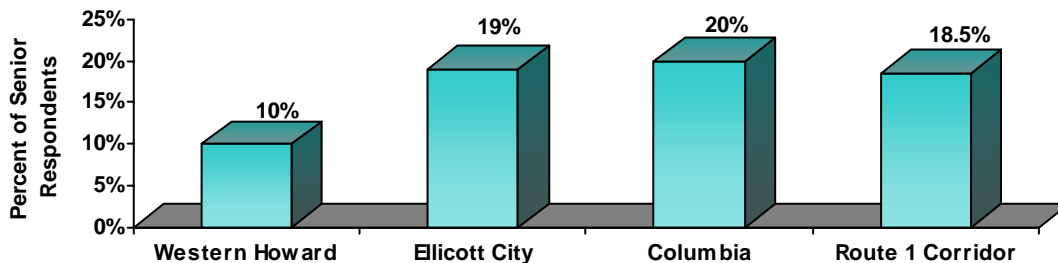
²² Available to purchase.

²³ Available to rent.

²⁴ Id.

²⁵ Id.

Figure 16: Percentage of Howard County’s Older Population that Plan to Move within 5 Years by Region



Source: Howard County Office on Aging (2002) “2002 Howard County Office on Aging Study of Demographics and Needs of the Senior and Middle Age Populations in Howard County.”

The Office on Aging also explored the type of housing that seniors intend to occupy in the future. Overall, 40 percent of seniors report that they will either buy or rent a home, townhouse, or apartment. More than one-third of seniors, however, intend to move into a living situation that provides some support in terms of income or personal services: Approximately 15 percent of Howard County seniors intend to move into a life care facility, 12 percent intend to move into senior subsidized housing, and 7 percent intend to move into a private home with services.

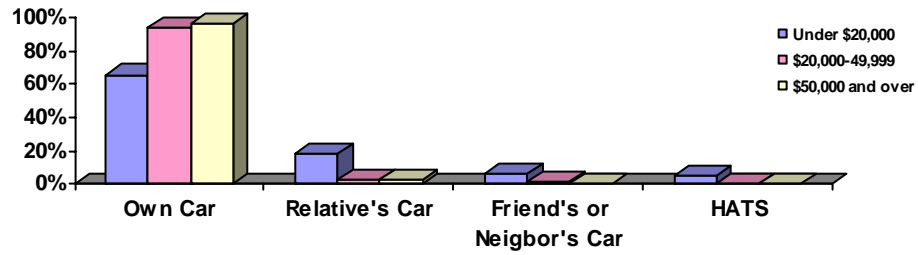
Seniors and Transportation

- Transportation is a Serious Obstacle to Senior Quality of Life

Seniors in Howard County are relatively independent in terms of transportation. Approximately 86 percent of seniors rely on their own car as their usual means of transportation. Roughly 10 percent depend on their relative, friend, or neighbor’s car for transportation, while less than 2 percent utilize local transportation services.²⁶ In regards to yearly income of seniors, only 65 percent of seniors with an income less than \$20,000 a year have their own care as a primary source of transportation. For seniors earning \$20,000-\$49,999 and \$50,000 and above, over 90 percent use their own cars as their primary source of transportation

²⁶ Id.

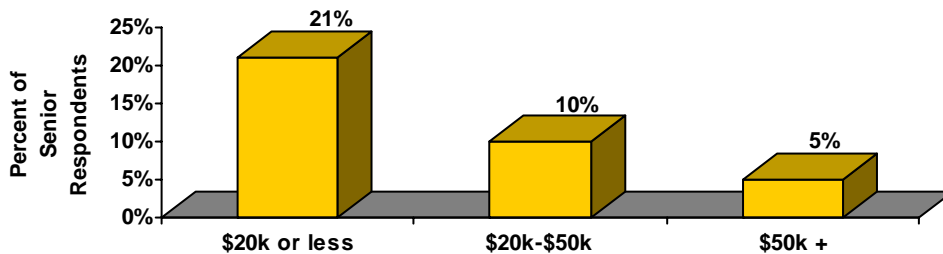
Figure 17: Usual Means of Transportation for Seniors in Howard County, by Income



Source: Howard County Office on Aging (2002) “2002 Howard County Office on Aging Study of Demographics and Needs of the Senior and Middle Age Populations in Howard County.”

The Office on Aging reports that transportation is the greatest unmet need facing seniors in Howard County. Overall, 11 percent of seniors report that they have an unmet need when it comes to transportation.²⁷ Unmet needs for transportation are highest among seniors in the Route 1 Corridor, where 16 percent of senior residents report an unmet need. Approximately 16 percent of seniors aged 75 or older in Howard County report an unmet need for transportation, compared with 14 percent of seniors aged 60-64 and 7 percent of seniors aged 65-74.²⁸

Figure 18: Unmet Need for Transportation for Seniors by Income Level in Howard County, 2002



Source: Howard County Office on Aging (2002) “2002 Howard County Office on Aging Study of Demographics and Needs of the Senior and Middle Age Populations in Howard County.”

Senior Social Connection and Isolation

The ability to preserve social connections and reduce social isolation is essential to the lives of seniors. The importance of social connections include the sense of belonging, personal meaning and relevance an individual has when they are part of a social network.²⁹ Social connections

²⁷ Id.

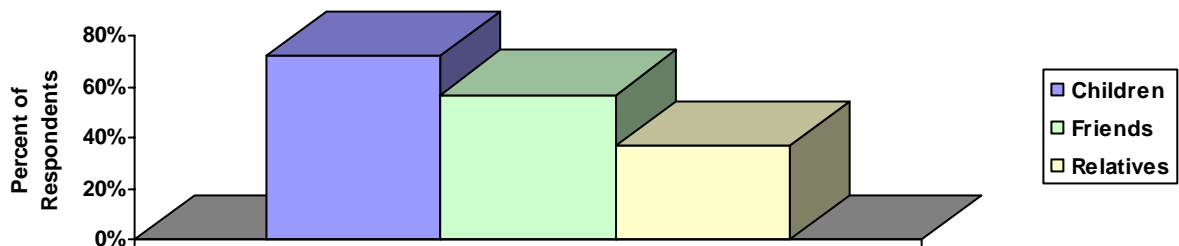
²⁸ Id.

²⁹ Aging Futures Partnership. (2003). “Social Connections Workgroup Report.”

also serve as a buffer against stress.³⁰ Sources of social connection include spouses, children and other family members, participation in community organizations, clubs, events and activities. Employment and volunteer work are also very important social connections.

In the County, many seniors have regular contact from relatives and friends. For example, 72 percent of seniors visit or are visited by their children one or more times a week. Fifty-two percent of seniors visit their friends one or more times per week and 37 percent of seniors visit with other relatives one or more times per week.³¹

Figure 19: Social Contact of Howard County Seniors by Relationship One or More times a Week, 2002



Source: Howard County Office of Aging

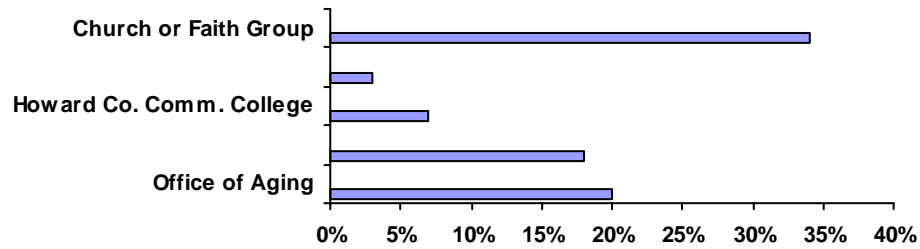
Seniors in Howard County also participate in community activities and events at a high rate. In 2002, 34 percent of seniors participated in activities sponsored by a church or faith group, 20 percent participated in activities sponsored by Howard County’s Office on Aging, seven percent participated in activities given by Howard County Community College and three percent participated in activities held by the Howard County YMCA.³² Eighteen percent of Howard County’s seniors participated in programs and activities sponsored by Howard County Department of Parks and Recreation.

³⁰ Id.

³¹ Op. cit., Howard County Office on Aging (2002).

³² Id.

Figure 20: Percent of Seniors Participating in Community Organizations, 2002



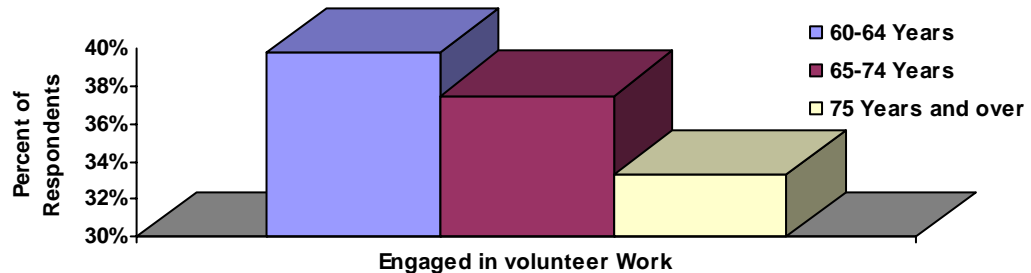
Source: Office on Aging

Isolation is of particular concern among foreign-born seniors, particularly in the Asian community. Language barriers, not knowing how to drive, and lack of familiarity with American culture all contribute to their isolation and creates a heavy dependence on their children.

Civic Engagement of Howard County Seniors

Howard County seniors also participate in work and volunteer activities that broaden their social connections to the greater community. In 2000, the majority of seniors in the County were retired (72%), however, approximately 11 percent of the County’s seniors worked full-time and 15 percent of the senior population worked part-time.³³ With a high percentage of retired seniors, many pursue volunteer work or activities. In the senior age categories of 60-64 years, 65-74 years and 75 years and above, every category had volunteer participation rates of between 30 percent and 40 percent.³⁴

Figure 21: Volunteer Work of Howard County Seniors, 2002



Source: Howard County Office on Aging

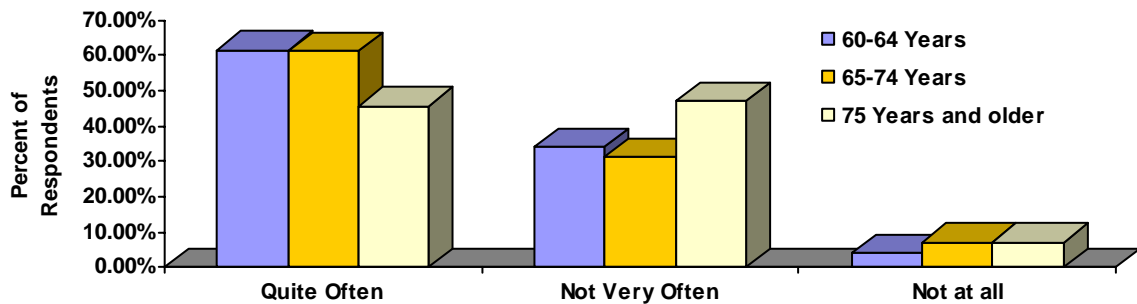
³³ Id.

³⁴ Id.

While many of the County’s seniors have adequate social connections, a subset of the senior population copes with social isolation. The primary reasons for social isolation is lack of mobility of an individual, health issues that keep a person confined to their home.

In Howard County, a number of seniors reported not going out of their homes to participate in leisure activities (i.e., the movies, dinner, concerts, etc.) very often or not at all. According to the 2002 Howard County Office on Aging Study of Demographics and Needs of The Senior and Middle Age Populations in Howard County, 38 percent of seniors participating in the study reported not going out very often and 7 percent reported not going out at all. Below is a graph that describes the frequency of seniors going out by age group.

Figure 22: Frequency of Going out of Howard County Seniors, by Age Group 2002



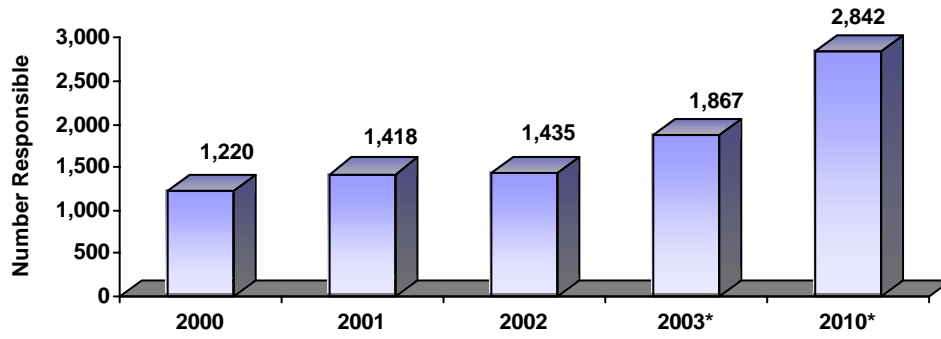
Source: Howard County Office on Aging

Seniors Raising Families

With growing frequency, grandparents and other relatives are subsidizing or providing childcare for their grandchildren and child relatives.³⁵ This highlights the need to consider the spectrum of services that may be relevant to a single household, and which cuts across identified populations. Figure 23 illustrates the rate of growth in grandparents as caregivers in Howard County.

³⁵ Institute for Community Health (2004) CAC Needs Assessment Report 2003-2004: (*Public Forum-focus groups*)

Figure 23: Grandparents as Caregivers for Own Grandchildren in Howard County, MD 2000 through 2010*



*Note: 2003 estimates are upper bound estimates. 2010 estimated.
Source: U.S. Census Bureau; Maryland Department of Planning

Persons with Disabilities

Disability is a Common Phenomenon

More than one in ten Howard County residents has a disability. The Americans With Disabilities Act of 1990 defines an individual with a disability as having a physical or mental impairment that substantially limits one or more of the major life activities; having a record of such an impairment; or being regarded as having such an impairment.

There are broad categories of disability type, including learning disabilities, physical disabilities, sensory disabilities, cognitive disabilities, developmental disabilities, and psychiatric disabilities. However, the thousands of known disabilities complicate a community's capacity for the delivery of human services to individuals with a disability.

According to the National Organization on Disability (N.O.D), "everyone knows people with disabilities and anyone can acquire a disability at any time." Keeping that in mind, it is essential that Howard County fully embrace individuals with disabilities as members of the community.

During the development of the Human Services Master Plan, it became evident that while progress has been made in serving individuals with disabilities, there are still significant gaps. The ultimate goal for all individuals with disabilities is full inclusion in the community; however, many people with disabilities still remain at a disadvantage. Full participation in the community cannot be achieved without the elimination of barriers such as those found within architectural structures, technology, organizational policies and practices, and social attitudes. The stigma attached to mental illness, for example, is a barrier to treatment among the foreign born.

Members of the Steering Committee, professionals working in the field of disabilities, and individuals with disabilities recognize that there is much that is unknown about our community members who have disabilities. It is recommended, therefore, that a countywide needs assessment be undertaken during the next five years to assess the quality of life and standard of living of Howard County residents with disabilities. This will complement the goals outlined currently in this Plan.

Consideration should be given to modeling such an assessment on that conducted by the National Organization on Disabilities (N.O.D.). On five separate occasions since 1986, N.O.D. and Harris Interactive have studied the attitudes, experiences, and levels of participation of Americans with disabilities. Ten key indicators have been developed measuring the quality of life and standard of living of Americans with disabilities. In addition to measuring progress on the ten indicators (employment, income, education, health care, access to transportation, entertainment/going out, socializing, attending at religious services, political participation, and life satisfaction), N.O.D. and Harris assessed the impact of the Americans with Disabilities Act (ADA) on the lives of individuals with disabilities, including changes in lifestyle, access to facilities, and public attitudes.

Maryland Department of Disabilities and the 2005 State Disabilities Plan

Maryland's services for people with disabilities are delivered through a complex and fragmented system. According to the Maryland Department of Disabilities, more than 70 state agencies administer \$2.6 billion in funds (exclusive of nursing homes and other programs to the elderly population) to individuals with disabilities.

The Office for Individuals with Disabilities, elevated to a cabinet level department in 2004, has been tasked with overseeing, consolidating, improving, unifying, coordinating, and evaluating disability services and funding across all units of state government.

The State Disabilities Plan is the first statewide effort to consolidate vision and policy under the auspices of the Maryland Department of Disabilities. The plan provides strategies to improve and assess self-directed, long-term and attendant care, housing, transportation, employment and training, education, health and mental health, accessible and universal-designed technology, and support services for families.

The State's planning efforts and recommendations revolve around five principle areas of focus.

- Accountability
- Service Integration and Operational Improvements

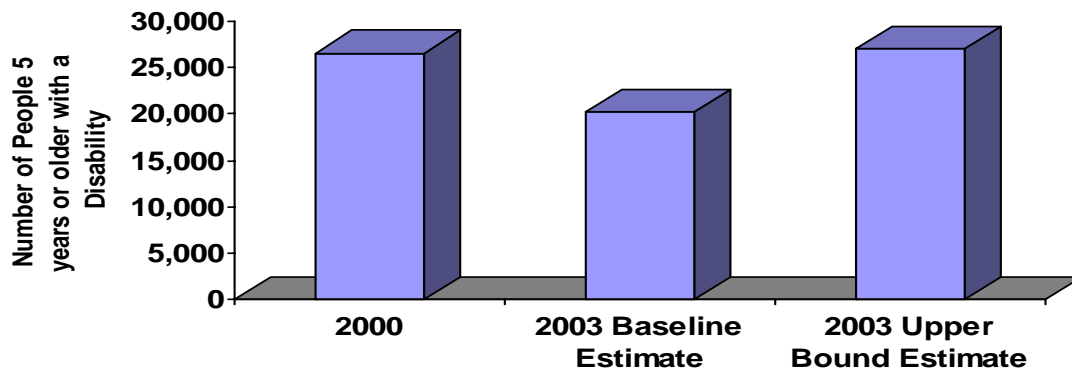
- Alignment of State Policies and Practices with Principles of Empowerment
- Capacity Development
- Olmstead Compliance

The recent release of the State Plan dovetails with the development of the Human Services Master Plan. It will provide a framework for advancing the goals and strategies outlined in the Master Plan.

Disability Trends

Whether disability is on the rise in Howard County is unclear, at least according to Census data. In 2000, there were 26,533 people in the county with at least one disability. The 2003 American Community Survey provides three estimates for the number of individuals with disabilities in Howard County: baseline, lower bound estimate and upper bound estimate. According to the survey, the baseline estimate of people with disabilities in the county was 20,267. However, given the ongoing aging of the population, that upper bound estimate that the census provided in 2003 of 26,956 or 1.6 percent above the 2000 Census figure (see Figure 24) appears more accurate.

Figure 24: Trends of Persons with a Disability in Howard County, 2000 vs. 2003 Estimates



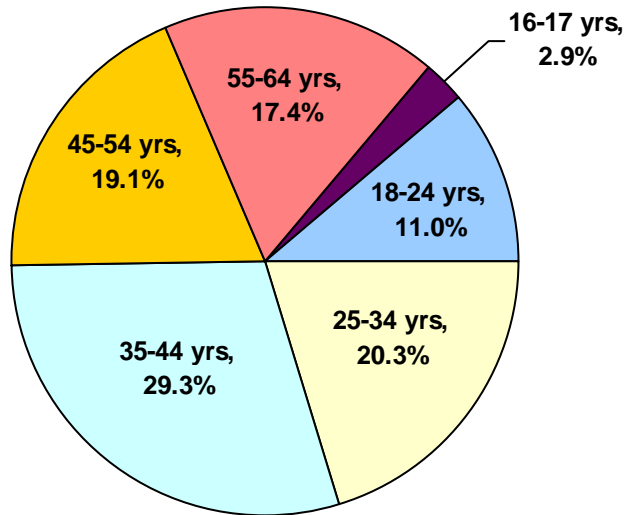
Source: American Community Survey, 2003

Unemployment, Underemployment and Low Incomes

- People with Disabilities often Lack Opportunities to Generate Income

In 2000, an estimated 1,698 Howard County residents who were 16 to 64 years old and had a disability had an income below the poverty level. This made up roughly 30 percent of all persons aged 16 to 64 living below the poverty level. The age group with the highest number of residents with disabilities earning under the poverty level was in the 35 to 44 age group.

Figure 25: Proportion of Howard County Disabled Residents Earning Below the Poverty Level by Working Age (16 to 64), 2000



Source: Census Bureau

The over-representation of people with disabilities among the ranks of the impoverished comes as little surprise. The human services needs assessment conducted by CHPS Consulting in 2000 reported that underemployment³⁶ among persons with disabilities is a crisis.³⁷ It is difficult to quantify the level of underemployment, however, the assumption can be made that it significantly contributes to a decrease in the overall quality of life for individuals with a disability.

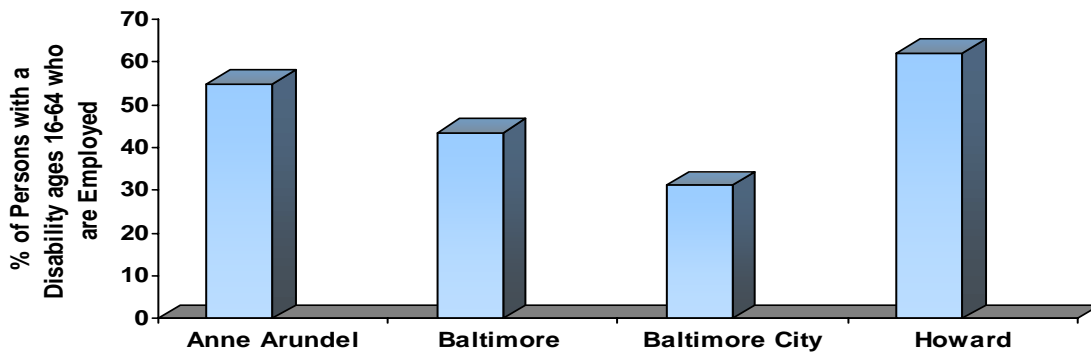
Though persons with a disability living in Howard County are less likely to be employed than those without a disability, the proportion of persons with a disability who are employed is high in Howard County relative to Maryland, the U.S., and all analyzed Baltimore metropolitan area jurisdictions.

³⁶ Underemployment is defined as the [employment](#) of workers with high [skill](#) levels in low-[wage](#) jobs that do not require such abilities.

³⁷ CHPS Consulting (2002) Howard County, Phase 1: Health and Human Services Needs Assessment.

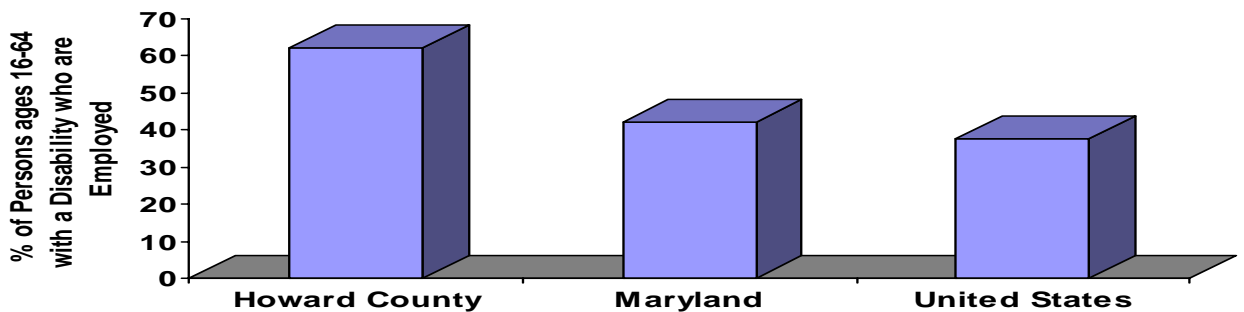
The relatively high proportion of people with disabilities in Howard County who are employed is perhaps a reflection of the depth of the county’s job market and the educational levels of its residents. Nonetheless, more than 30 percent of Howard County residents with a disability are unemployed, with little known about the underemployment of residents with a disability.

Figure 26: Comparison of Persons ages 16-64 with a disability who are employed, Howard County vs. Select Baltimore Metropolitan Area Jurisdictions, 2003 Baseline Estimates



Source: American Community Survey, 2003

Figure 27: Comparison of Persons ages 16-64 with a disability who are employed, Howard County v. Maryland v. United States



Source: American Community Survey, 2003

Housing Needs of Individuals with Disabilities

- Persons with Disabilities Disproportionately Require Housing Subsidies

Persons with disabilities may require modification of an existing housing unit for accessibility, provision of an accessible unit, or a supervised home.

Persons with disabilities need affordable housing³⁸ and approximately 40 percent require support with a housing subsidy.³⁹ Among people with disabilities, 26.4 percent reside with their family and 5.5 percent are in an alternative living unit or supervised home.⁴⁰

Housing for individuals with disabilities must be integrated into the community. There must be a full continuum of independent and supported housing options, which must be accessible and affordable.

A recent study by the Technical Assistance Collaborative and the Consortium for Citizens with Disabilities Housing Task Force titled *Priced Out in 2002* demonstrated that people with disabilities, particularly those receiving federal disability benefits, are some of the poorest people in the nation. As a result of their limited incomes, most people with disabilities are unable to afford to rent a modest studio or one-bedroom apartment anywhere in the nation. Specifically, the report documented that the average rent for a one-bedroom rental unit in the United States was equal to 105 percent of monthly Supplemental Security Income (SSI) benefits.

To further detail the local housing situation, a study concerning rental housing in Howard County was examined. The study, published in 2004 by the University of Maryland Baltimore County and titled *Affordable Housing in Metropolitan Maryland: A Policy Analysis*, reported that almost 33 percent of renters in Howard County pay in excess of 30 percent of their income on housing.⁴¹ The study also stated that approximately 82 percent of individuals in Howard County earning between \$10,000 and \$19,999 experience a housing cost burden.⁴² Among low-income individuals and families, 74 percent experienced as housing cost burden.⁴³

Strategies to relieve individuals with a housing cost burden may include:

- Ensuring housing affordability for people with disabilities by creating deeply subsidized housing;
- Providing bridge rental subsidies for people with disabilities; and

³⁸ Institute for Community Health, (2004) Community Action Council of Howard County Needs Assessment Report 2003-2004.

³⁹ Howard County Department of Housing & Community Development, Howard County, MD (2004) Annual Action Plan, Fiscal Year 2004

⁴⁰ Id.

⁴¹ “Affordable Housing in Metropolitan Maryland: A Policy Analysis” (2004). University of Maryland Baltimore County Dept. of Public Policy.

⁴² Id.

⁴³ Id.

- Expanding the availability of accessible housing units.

Of particular concern are individuals with disabilities considered to be chronically homeless, which is defined by the United States Department of Housing and Urban development, as “an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.” Essential to stabilizing individuals who are chronically homeless is the offering of a full continuum of housing options from emergency shelter to transitional shelter to permanent housing with supportive services to permanent housing. For people with disabilities, the amenities associated with this continuum must be sufficient to accommodate their physical needs.

Health Costs for Individuals with Disabilities

Some people with disabilities are caught by spiraling costs while on limited and fixed incomes. People who are eligible for and receiving Medicare, Medicaid, SSI, or SSDI do not make enough money to afford the high cost of living in Howard County. Persons covered by Medicaid only can experience limited access to physicians who can close their practices to new patients, unless the person is part of a Medicaid HMO. Persons on Medicaid and Medicare (the dually eligible) may experience similar limitations, although the current capacity of physicians accepting Medicare appears to be adequate.

Individuals with disabilities who are without prescription coverage are pinched by the high cost of prescriptions. Even with the new Medicare prescription coverage, there are gaps in coverage. Some medications are expensive and not covered, making those medications unaffordable for persons with disabilities who have limited incomes.⁴⁴

For persons with disabilities who are fortunate enough to have private health insurance, some conditions leave them woefully underinsured. This is particularly true for individuals with psychiatric disabilities. Coverage limitations on mental health services compromise the health, well-being, and stability of individuals with a psychiatric disability.

⁴⁴ Institute for Community Health, 2004.

Transportation Needs of Individuals with Disabilities

Transportation is a major barrier to independent living, accessibility to services, and employment for persons with disabilities. The current bus transportation system in Howard County is not fully meeting the needs of persons with disabilities. Some bus routes require up to two hours to arrive at a destination. The location of bus stops may not be easily accessible or convenient for individuals with disabilities.

Private transportation is unaffordable for the majority with an average cost varying between \$55 and \$120 (wheelchair van)⁴⁵ per round trip. The closure of URTA in June 2004 has placed additional pressure on the remaining providers by forcing them to substantially increase capacity in order to accommodate persons served through URTA.

Howard Transit, the primary provider, is a medium sized suburban transportation system operating fixed route bus service through Eastern Howard County, including Ellicott City, Columbia, Clarksville, Annapolis Junction, North Laurel, Savage, Elkridge, and other locations including the Baltimore Washington International Airport. In FY 2004, it carried approximately 750,000 riders. While the system has been successful in meeting the needs of many consumers with limited financial resources, there is still work to be done.

Unmet transportation needs for people with disabilities stems from both demand and availability of transportation during the times and from the locations that people need to travel. In addition, many need training in order to successfully use the system. Also, some individuals with disabilities require door-to-door transportation. While it is recognized that pick-up and delivery of clients to the door is desired, current vendors cite insurance liability as being a primary factor in their decision not to pursue this alternative.

Continued federal and state cuts of transportation services have placed an increasing burden on local government. Local government has a responsibility to meet its obligation because persons with disabilities and

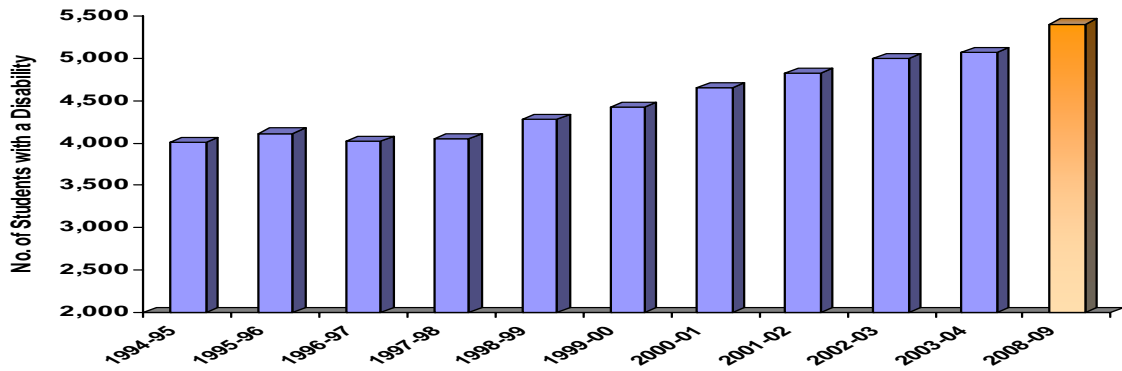
⁴⁵ Winter Growth of Howard County and 101 Destinations (2005). Poll conducted by Sage Policy Group, Inc.

seniors are dependent on a strong transportation system to maintain their independence and self-sufficiency.

- The Number of Howard County Students with a Disability is on the Rise

There is an increase in the number of students with disabilities in Howard County. Between 1994-1995 and 2003-2004, the number of students reporting at least one disability rose from 4,004 to 5,070, an increase of 26.6 percent. Our demographic trending suggests that this number will rise to 5,407 by 2008-2009.

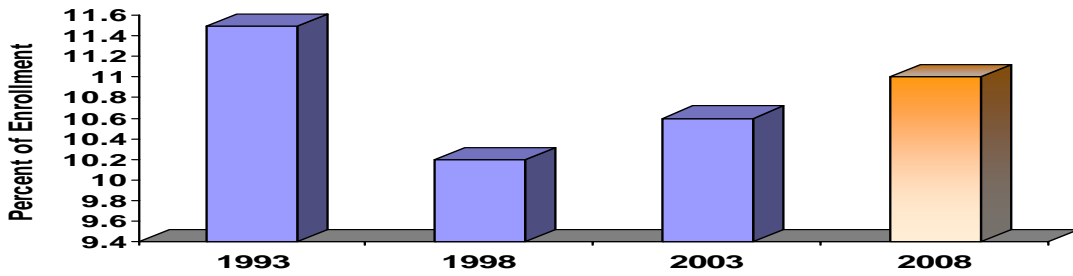
Figure 28: Students in Howard County Public Schools with a Disability (2008-09 projected)



Source: Howard County Public Schools

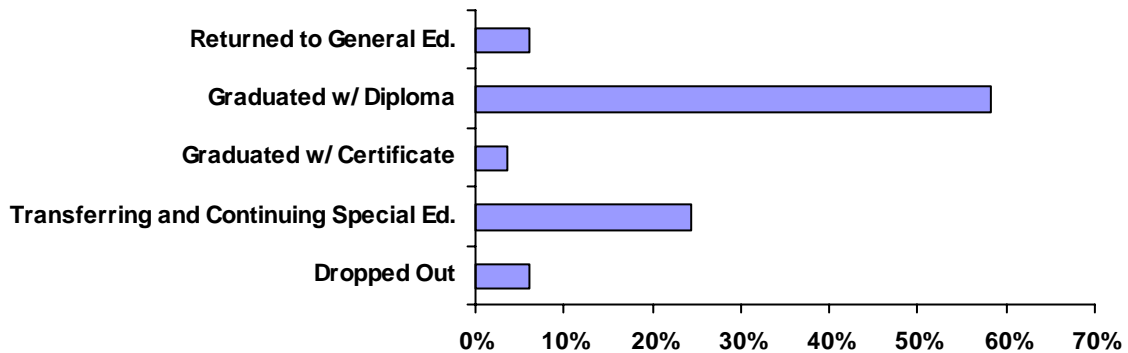
In proportion to Howard County student enrollment, disability trends are less clear. Between 1993 and 1998, the percentage of students with at least one disability fell from 11.5 percent to 10.2 percent, though this may have been due to changes in the manner of diagnosis and classification. According to available data, since 1998, the proportion of students with a disability has been on the rise, from 10.2 percent in 1998 to 10.6 percent in 2003. Our demographic projection estimates this proportion could rise to 11.0 percent by 2008-2009.

Figure 29: Students with Disabilities (October 31st) as Percent of September 30th Enrollment: Howard County Public Schools (2008 figure is a projection)



Source: Maryland State Department of Education

Figure 30: Students with Disabilities Exiting Special Education, by Reason: Howard County Public Schools, 7/03 – 7/04



Source: Maryland State Department of Education

The Vulnerability of People with Disabilities to Abuse and Violence

Abuse is a serious threat to many individuals with disabilities. Research in the area of abuse against persons with disabilities is alarming. One study estimates that 83 percent of women and 32 percent of men with developmental disabilities experience sexual abuse.⁴⁶ Although local data is not available on abuse and violence against individuals with disabilities, data available on the national level is troubling. Therefore, it is essential that Howard County begin to look closely at this important issue, recognizing that much work will need to be undertaken in the community to inform, educate, and prevent violence and abuse of individuals with disabilities.

⁴⁶ Disability Services ASAP – A Safety Awareness Program, 2001.

D. COMMUNITY ISSUES

Access to Services

- Lack of Awareness Weakens Community's Capacity to Respond

One of the most frequently reported barriers to access to human services is simply the lack of knowledge about existing services. The knowledge barrier is especially important with respect to human services because many are targeted to the needier members of a community, and who, by definition, are most likely to have less knowledge and ability to seek information. For example, many information services are increasingly sponsored by radio, television, newspapers or via the internet. However, those in need of specific services may not have access to these particular forms of information.

People generally express three levels of difficulty within the knowledge barrier. The first is the most general difficulty: finding out what is available, where information about a service is available, and in what form (pamphlet, face-to-face, etc.). Second, some find that although information is available, it is not useful information. Many times, due to policy or service changes, information is likely to be out of date. Third, the information available is difficult to read or understand, badly presented and requires clarity. The knowledge barrier is an even greater obstacle to the foreign born, who may not understand U.S. systems or have limited language proficiency.

Breaking the knowledge barrier can be a difficult task. However, researchers do offer a few simple techniques:

- put information about services where ordinary people and those who will most likely need the services will see it;
- provide information in multiple languages and/or hire bi-lingual staff;
- take a proactive approach, such as contacting those likely to benefit from a particular service;
- present confusing or unclear information in a face-to-face interaction; and
- understand the anxiety about the increased use of IT as an access route for services, especially for the senior population.

Other barriers have also been documented. Location-related barriers, for example, can discourage those in need who do not have access to transportation. However, the expansion of mobility and transportation services could significantly help this type of obstacle.

Administrative issues have also been a consistently documented barrier to access to human and social services. One reason is the tendency for the use of any type of service requires a certain amount of paperwork and administrative formality. This serves as a disadvantage to those who may be illiterate, unfamiliar with U.S. formalities and language, or have mental or psychological problems.

Another administrative barrier relates to the way people can access information. Researchers found that people expressed difficulty in “getting through to the right person” for information.

There is also evidence that people feel a genuine fear or anxiety about approaching people for help. Some may feel this way if they perceive that a negative stigma of having to need certain services exists. This is especially true among some foreign-born communities. Foreign-born residents first turn to their family and friends for help, then to their faith institutions and schools that their children attend, followed by FIRN and other advocacy groups. Only if these sources prove unhelpful will they turn to public agencies and services.

Cultural barriers also restrict access to services. The list of cultural differences is endless, and it would be unreasonable to expect service providers to know the traditions of all the cultures with which they interact on a daily basis. However, a basic level of cultural competency can be extremely helpful in mediating an initial interaction to set the context for building trust.

One last issue relates to economic barriers. Although many human services are essentially free at the point of use, hidden costs exist. For example, transportation, time lost from work or other activities and costs of childcare may also limit access.

Identified Areas of Service Shortfalls

In many cases, the service simply does not exist. As has been documented in other sections of this report, there is a shortage of numerous service categories, including employment assistance, housing/homelessness services, transportation services, English-as-a-Second-Language classes, interpretation and translation services, and mental health services, services to people with disabilities, substance abuse treatment and many other categories. Readers should turn to relevant sections for additional detail. The only solution to these service shortfalls is to invest more resources in these service categories, and ensure that each dollar spent generates a high social rate of return.

Transportation

Like most suburban communities, the majority of Howard County residents rely on their own vehicles as a primary source of transportation. However, a growing number of residents are beginning to use public transportation and view it as a practical alternative for traveling to work, shopping areas, health care centers (i.e., hospitals, clinics, etc.) and social functions. The following sections focus on the types of public and private transportation available in Howard County and the emerging need for more transportation options for Howard County residents.

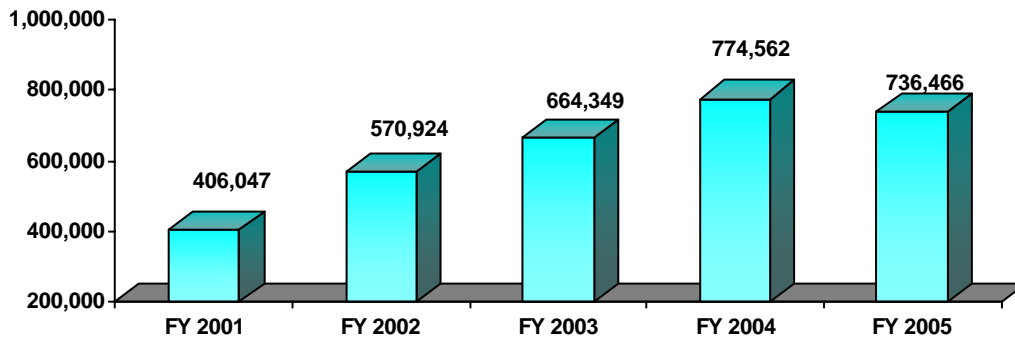
Public Transportation

Howard County Transit

Howard Transit provides a fixed route bus service in Clarksville, Columbia, Ellicott City, North Laurel, Savage and Elkridge. Service is also available to BWI Airport, selected MARC stations, and industrial parks along the US 1 corridor in Howard County. Most routes operate Monday through Saturday, and selected routes offer Sunday services.⁴⁷ In fiscal year 2005, the annual ridership for Howard Transit was 736,466 passengers. During that same time period, the average daily ridership for Howard Transit's fixed-route service was 2,266 passengers.

⁴⁷ Howard Transit. <http://www.howardtransit.com/services/Default.asp>.

Figure 31: Annual Ridership of All Howard County Transit Services, FY 2001- FY 2005



Source: Corridor Transportation Corporation: Howard Transit Public Transportation Board, June 2005 Meeting.

Connect-a-Ride

Serving four counties in the Baltimore-Washington corridor, Connect-a-Ride operates a local bus service and express service in and around Laurel, MD. The E route operates between Laurel and Columbia and the C route operates in the Whiskey Bottom area of Howard County. Service is also available between Laurel and College Park, MD.⁴⁸

Maryland Commuter Rail Service (MARC)

MARC is the commuter rail service that operates three rail lines in Maryland, Washington, D.C. and West Virginia. Technically, there are no MARC train stops located in Howard County, however, there are several stops located near the Howard County line in Anne Arundel County and Prince George's County. These stops are located in Jessup (Anne Arundel County), Savage, Baltimore-Washington International Airport (BWI), Dorsey, Laurel and Odenton. MARC serves as an important transit option for Howard County residents who commute to the Washington D.C. metropolitan area for work.

Paratransit Options

Paratransit is a specialized, curb-to-curb service for people with disabilities who are not able to ride fixed-route public transportation including lift-equipped buses. It is also a service that is available for people with disabilities who cannot get to boarding/alighting locations.⁴⁹ The current

⁴⁸ Howard Transit. <http://www.howardtransit.com/services/Default.asp>

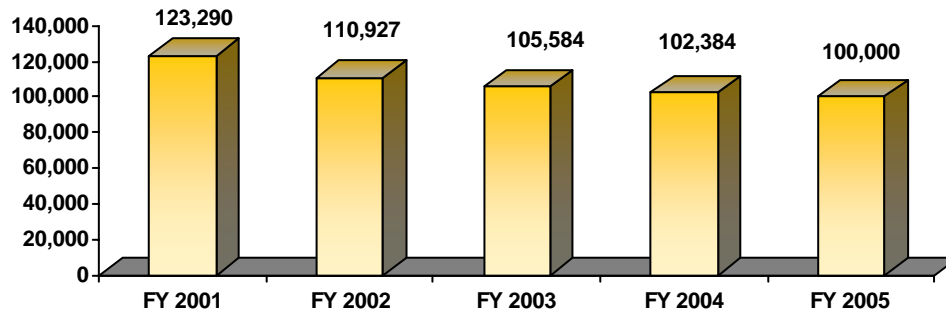
⁴⁹ Maryland Transit Administration. <http://www.mtamaryland.com/services/mobility/whatis/mobility/>

paratransit system in Howard County consists of transport services funded and operated by various public agencies, for profit transit providers and private non-profit social services.⁵⁰

Of this system, the largest service provider of paratransit service is the HT Ride program of Howard Transit. HT Ride provides responsive transportation for persons with special mobility needs as well as ADA compliant paratransit services which complement the fixed route service. Persons in the special mobility needs category include senior citizens and persons with disabilities. These services are managed by Corridor Transportation Corporation (CTC) under contract to Howard County and operated by Connex Transportation.⁵¹

Other paratransit services are delivered through many non-profits whose focus is human services. These groups provide paratransit services to their client base to assure their participation in the organizations' programs.⁵²

Figure 32: HT Ride Ridership Totals, FY 2001-FY 2005



Source: Corridor Transportation Corporation: Howard Transit Public Transportation Board, June 2005 Meeting.

Unmet Transportation Needs

Despite these various transportation options, there are still significant areas of unmet need. During the planning process, the key planning group and the human services master plan steering committee identified the following areas of transportation needs in the County:

⁵⁰ Howard County Transit Development Plan, Howard Transit (2001).

⁵¹ Ibid.

⁵² Ibid.

Children, Youth and Their Families

- Children and youth who participate in after school care or recreational programs and have parents or guardians who are working outside of Howard County lack transportation options to travel home.
- Children who have parents or guardians working during the day lack transportation options to health appointments.
- Children with special needs, including in-home care, respite care and lack transportation options.
- Economically disadvantaged families may not be able to afford the money or time for public transportation when taking their children to school, child care programs or recreational activities

Seniors

- Eleven percent of Howard County's seniors report an unmet need for transportation.⁵³
- Transportation options need to expand to meet the growing need for the increase of the Senior population.
- Seniors residing in the Route 1 Corridor of Howard County require the most transportation needs.⁵⁴
- Roughly 16 percent of Seniors aged 75 years and older have an unmet need for transportation services.

Children and Adults with Disabilities

- People with disabilities have trouble accessing public transportation.
- There is a lack of transportation options in rural areas and many urban areas of Howard County.
- In some instances, using public transportation involves long bus trips.
- Solutions to transportation barriers and access issues could include fixed and customized routes to serve individuals with disabilities.

These emerging needs will continue to develop well into the 21st century. In order to continue to ensure the safety and well-being of children and youth, alternative transportation options will need to be developed. For the

⁵³ REDA International, Inc. for Howard County Office on Aging (2001) Status of Seniors in Howard County and the Aging in Place Initiative

⁵⁴ Ibid.

county's seniors and individuals with disabilities, transportation services need to be expanded and upgraded to enhance quality of life.

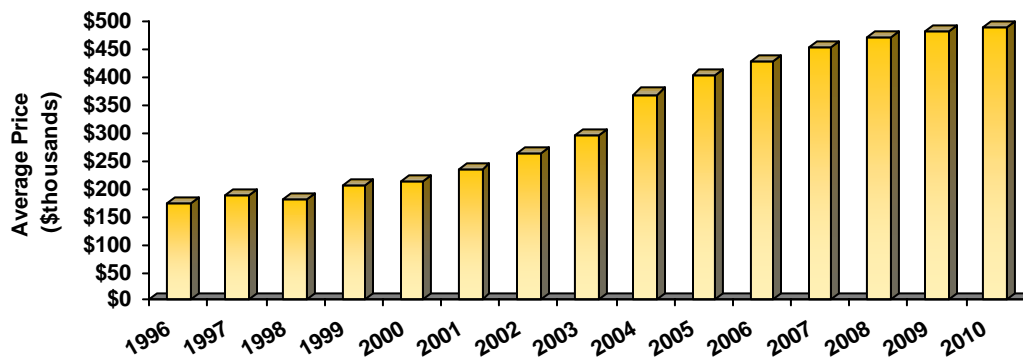
Though transportation was not identified as a specific need among the foreign born in FIRN's study, it should be noted that the On-Board Customer Survey conducted by Howard Transit in May, 2005 found that English was not the first language of 22% of the 545 riders who responded.

Housing/Homelessness

Cost of Housing in Howard County

The average home price in Howard County has been steadily increasing since 1996, from an average of approximately \$180,000 in 1996 to nearly \$400,000 in January 2005. From 2003 to 2004, average home prices in Howard County increased significantly, by approximately \$100,000 per home over the one-year period.

Figure 33: Average Home Price in Howard County, Maryland, 1996 through December 2010 (forecast)



Source: Maryland Association of Realtors

In 2003, the Howard County Department of Housing and Community Development sponsored a detailed assessment of Howard County's rental market, finding that the county's housing stock included over 20,000 rental units. The following are key findings on the county's rental market:

Multifamily Units

- The stock of multifamily housing in Howard County includes 15,612 market-rate rental units.
- Among stabilized communities, 474 of 14,905 units were reported vacant, or 3.2 percent.
- Two-bedroom units, accounting for 53% of the market-rate rental stock, were renting for an average of \$1,032 for 1,011 square feet.
- The average annual rent increase for one-, two-, and three-bedroom units were the highest recorded in 15 years. One-bedroom rents increased by 7.8 percent, two-bedrooms increased by 8.4 percent, and three-bedrooms increased by 8.6 percent.

Scattered Site⁵⁵ Units

- The median rent of scattered-site units in Howard County is \$973. Townhouse units rent for an average of \$1,133. Single-family detached dwellings rent for an average \$1,319. Scattered-site apartment units rent for an average of \$753.
- Average scattered site rents increased 6.6 percent in 2002, compared to a 3.3 percent between 2000 and 2001.
- The average rent for scattered-site units in Columbia is \$1,044. The average rent for scattered-site units outside Columbia is \$1,121. More than half of all rentals in Columbia were townhouses, compared to 37 percent in the rest of Howard County.
- The typical tenant in a scattered-site rental unit has lived there for 3.7 years.
- The average rent for new tenants outside Columbia was \$1,183 or 8.3 percent higher than the average rent for new tenants inside Columbia (\$1,092).

⁵⁵ Individual units located throughout the county.

Discriminatory Practices

According to ASDC's research, Human Rights personnel have found that some landlords refuse to honor Section 8 vouchers, and that newly hired property managers often assert that they will not accept such vouchers. The Human Rights Office has recently found itself enforcing fair housing laws more often than employment issues. The situation has prompted the Office to conduct workshops on human rights laws for landlords and property managers.

ASDC also found reports that landlords charged higher rental fees from foreign-born tenants, primarily Latinos, and/or did not respond to their maintenance requests. As a result, families end up living in unsafe conditions (e.g., no heat or functional cooling systems). Foreign-born tenants most often do not report this kind of treatment for fear of being evicted.

Introduction to Homelessness in Howard County

Counting the number of people who are homeless is an extremely difficult undertaking. In the absence of utilizing an extraordinarily labor-intensive data collection methodology, most states and local jurisdictions rely on the next best thing: surveys of existing homeless shelters and the populations they serve from one period to the next. It is clear anecdotally, however, that there are many homeless people who never appear at the doorstep of a shelter. Thus, while these estimates provide useful indicators of the overall problem of homelessness, they likely undercount the true homeless population and provide an incomplete picture of the true extent and nature of the problem.

Still, available data for Maryland and Howard County are instructive in important ways. Utilization of existing capacity is on the increase in Maryland and Howard County. Available data clearly show that Howard County is serving females and family members in numbers disproportionate to statewide averages, where individual males are more likely to be the ones requiring services. This suggests orienting Howard County services toward assistance to families, with particular attention paid to households headed by females. The data suggest that this is the source of greatest need.

Detailed Data on Howard County's Homeless Population⁵⁶

On January 28, 2005, the Howard County Department of Citizen Services, in collaboration with the Howard County Local Board on Homelessness, conducted a street and shelter survey of the homeless to estimate the size of the homeless population and to gather data to assist in planning services for individuals and families who face homelessness or are at risk of becoming homeless. The following are key findings of the survey:

- 201 individuals were found to be homeless in Howard County.
- The population included 119 adults and 82 children.
- In terms of family/household type, there were 38 families with children; there were also 28 families headed by single mothers.
- Of the adult homeless population counted, 47 percent responded that they were employed.
- Of the 201 individuals counted during the survey, 33 were housed in an emergency shelter; 36 were housed at the Cold Weather Shelter (a temporary, seasonal shelter); 74 were residents of traditional housing; 49 were living in motels; and 9 reported not having a shelter at all.
- The survey also showed that 16 persons met HUD's definition of being chronically homeless⁵⁷.
- In comparison to the 2003 Point-in-Time Street and Shelter Survey, there was a nine percent (9%) decrease in the total number of homeless persons counted. However, it is believed that due to the bitterly cold weather conditions existing on the day of the 2005 survey, a significant number of individuals may have sought shelter from the cold in places unknown to the survey teams and therefore were not visible and as a result, not counted in the survey.

⁵⁶ Language taken directly from 2005 Point-in-Time Street and Shelter Survey Preliminary Report

⁵⁷ Defined as an unaccompanied individual with a disabling condition who has either been homeless for a year or more or has had at least four episodes of homelessness within the past three years.

Howard County's Continuum of Care⁵⁸

Howard County's Continuum of Care is a collaborative effort between government, nonprofit service providers, faith based organizations, community advocates, the business community, and residents to reduce homelessness by providing an integrated service delivery system offering a myriad of housing options and supportive services. The continuum of care system is designed to address the critical problem of homelessness through a coordinated community-based process of identifying needs and building a system to address those needs. The approach is predicated on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying, unmet needs, including physical, economic, and social needs.⁵⁹

Capacity and Number Sheltered: Howard County and Maryland

The last year for which data are available for both Howard County and Maryland is FY2004. In that year, there were 153 shelter beds available in Howard County. Of that number, there were 60 emergency beds and 93 transitional beds. There were 6,264 shelter beds available in Maryland. Of this figure, there were 2,733 emergency beds, 3,213 transitional beds and 318 undesignated beds⁶⁰.

The Office of Transitional Services counts the number of bednights as the number of nights that available shelter beds were occupied. In FY04, a total of 51,593 bednights were provided by Howard County shelters. In that same year, a total of 1,515,699 bednights were provided by Maryland shelters.

Most Recent Howard County Data from Homelessness Services Survey (FY2005)

A recent survey provides the latest demographic detail on individuals served by 5 homeless shelters in Howard County, including Baptist Family & Children's Service, Congregations Concerned for the Homeless, Domestic Violence Center of Howard County, Grassroots Crisis Intervention Center,

⁵⁸ Language taken directly from Howard County Continuum of Care for Homeless Services Report

⁵⁹ Department of Housing and Urban Development (2005). "Continuum of Care." www.hud.gov

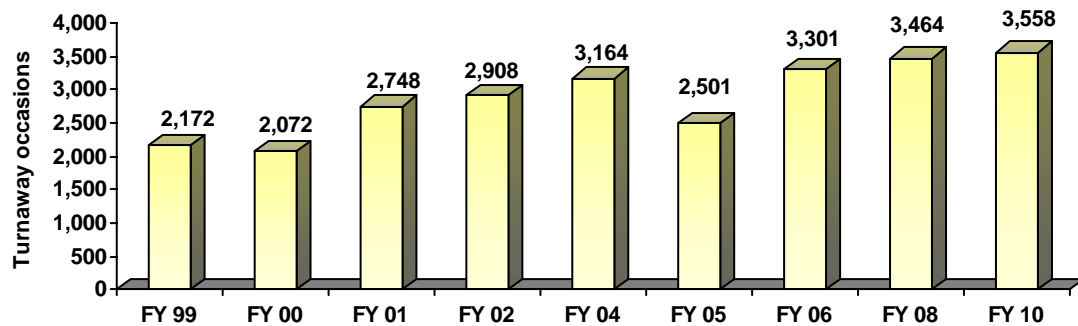
⁶⁰ Maryland Department of Human Resources, Office of Transitional Services. According to the Office of Transitional Services, some shelters categorize their beds as "undesignated" when the beds are used as either transitional housing or emergency shelter depending on the shelter's needs.

and St. John’s Catholic Church. These five shelters provided a total of 152 beds in FY05, including 62 emergency beds and 90 transitional beds. The facilities provided a total of 47,535 bednights to people in need in FY05, including 15,101 emergency bednights, 27,319 transitional bednights, and 5,115 motel bednights. It must be noted, however, that one of the Domestic Violence Center’s shelters was not available for part of the year.

- Turn-Away Occasions Rising in Howard County

The best available measure of the unmet need for shelter services is the count of “turn-away occasions,” or the number of occasions on which people were refused shelter or motel placements because of lack of space or adequate funding. Shelters in Howard County reported in FY 2005 that people were refused shelter or motel placements on 2,501 occasions.⁶¹

Figure 34: Turn-away Occasions in Howard County Shelters, FY1999-FY2010 (FY2006, 2008, and 2010 Forecast)

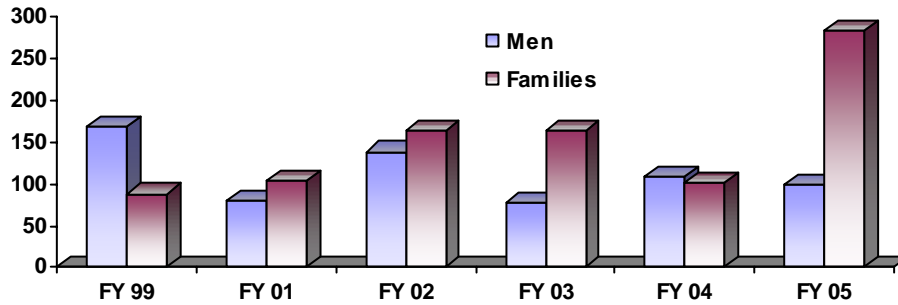


Source: Howard County Department of Citizen Services

In Howard County (which breaks out average length of stay according to men and families), the average length of stay for families was 283 nights. The average length of stay for men was 99 nights.

⁶¹ The actual number of turnaway incidents is unknown, citing individuals that attempt to be admitted to shelters on multiple occasions.

Figure 35: Average Length of Stay in Howard County, FY1999-FY2005, Men and Families



Source: Howard County Department of Citizen Services

Coordination with Other Elements of the Support System

The magnitude of divisions created over time between service categories is substantial. This is unfortunate because individuals requiring services often have demands that can only be satisfied by a combination of human services, health services, educational services, and or services provided by the criminal justice system.

As an example, the proportion of inmates and ex-offenders that have a serious mental illness (including co-occurring disorders) is 16 percent. These people are likely to need a suite of services, including services provided by the mental health system, criminal justice system, job training system, and other portions of the provider network.

The County’s educational system provides its own array of human services, including psychological services, transportation services, health services, job training and child care. Partnerships with the broader human services community could augment both capacity and expertise as well as generate cost saving efficiencies.

The health and mental health system also touches populations that generate enormous demand for human services. Among these populations are people with disabilities, the homeless and seniors. Opportunities to coordinate various service provider communities should be fully availed, and could help to set Howard County apart as a model for service provision.

The increasing diversity and growth of the foreign born population challenges service providers to respond to an assortment of needs as part of their daily work. Service providers, particularly front line staff, raised the need for more exchange among themselves to 1) learn more about the resources available in the county, 2) learn from each other's experiences and knowledge, 3) identify opportunities for collaboration, and 4) provide support to each other. They believed that such exchange would allow them to refer immigrants to the appropriate sources of help if the need was beyond their capacity, resulting in a more coordinated and seamless system of care. This would also benefit long-time economically-disadvantaged residents who require similar services.

E. COMMUNITY GOALS, DESIRED OUTCOMES, KEY INDICATORS & SUGGESTED STRATEGIES

It is assumed that, wherever possible, data for key indicators will track any differences among racial and ethnic groups, to ensure that each group is achieving the desired goals.

CHILDREN, YOUTH AND THEIR FAMILIES

Community Goal 1 Healthy Children and Their Families

Desired Outcomes

- 1. Families have access to a continuum of health and wellness services for their children and themselves.**

Key Indicators

- Number of and percentage of individuals who have health coverage in the community, both private pay and public assistance compared to those who are not insured.
- Percentage of total births to Howard County women accessing prenatal health care in the first trimester.
- Percentage of births and number of babies born at low birth weight by race and ethnicity.
- Percentage of babies born premature by race and ethnicity.
- Percent of full term babies born to mothers living in Howard County.
- Rate of infant mortality by race and other demographic indicators.
- Rate of child injuries that require inpatient hospitalization.
- Rate of hospital admissions for chronic diseases like asthma or diabetes in children.
- Percent of children fully immunized by age two.
- Obesity rates for the county's population.
- Rate of school absenteeism for chronic illnesses like asthma.
- Number of children receiving a health check-up within the past year.
- Percentage of youth reporting they have visited a dentist or dental clinic within the past year.
- Number of children receiving service from the Health Department's Oral Health Program.

- Number of children in residential treatment centers due to mental health disorders.
- Rate of psychiatric hospitalization for children and youth, by number and frequency.
- Number of children determined to be Emotional Disturbed by the Howard County Public School System.

Suggested Strategies

- Develop and distribute information on locating health resources for the community.
 - Maximize enrollment in the Maryland Children’s Health Program (MCHP)
 - Increase in number of medical providers including OB/GYN, pediatricians, dental, mental health providers, etc. accepting Medical Assistance and Medicare.
 - Develop media communication campaign on health and wellness services available.
 - Explore the feasibility of a 24-hour “warm-line” for assistance related to child rearing, adolescent behavior, potential child abuse and other information needs.
 - Offer education programs on the importance of early prenatal care with a focus on minority and at-risk populations.
 - Provide after school programs that include participation in non-competitive physical activities (“new games”) that encourage participation by all children.
 - Encourage all youth to participate in supervised after-school, weekend recreation and leisure programs.
 - Encourage youth and families to visit a dentist or dental clinic regularly for check-ups.
 - Advocate for affordable oral health services in the community.
 - Develop centralized information and referral services for mental health resources.
 - Increase intensive community resources for youth, including school-based services.
 - Increase the number of mental health services available to pre-school children.
- 2. Families have knowledge of child development (physical, emotional, social, and cognitive) and parenting skills appropriate to their**

children's age to guide and encourage their children from birth through adolescence.

Key Indicators

- Number of parenting programs availability in the community.
- Number and percent of parents who complete parenting skills programs by referral source.
- Number and percent of parents who complete home visitation programs by referral source.

Suggested Strategies

- Expand developmentally appropriate parenting skills classes throughout the community that are accessible to all parents.
- Develop support programs for parents with questions about child rearing.
- Promote in-home visitation services to families that are culturally competent, community-based, family-centered and strength-based.
- Provide parenting materials prior to postpartum to all new mothers prior to hospital discharge.

3. Substance abuse declines and the availability of substance abuse services to those with and without private insurance increases.

Key Indicators

- Emergency room use and admissions related to substance abuse.
- Estimate of the number and percentage of county residents with health insurance that does not provide a benefit for substance abuse services.
- Number of individual and length of time on the Health Department waiting lists to substance abuse treatment receive services.
- Percent of students reporting use of alcohol and drugs.
- Admissions to substance treatment services by age and type of substance.
- Number of treatment slots available to county residents.
- Number of persons on treatment waiting lists.
- Number of Children in Need of Assistance (CINA) petitions related to parents' abuse of substances.

Suggested Strategies

- Reframe county perception of substance as an illness.
- Develop a common definition of substance abuse for use by the community.
- Provide information and tools for families and the community to deal with youth individually about substance abuse.
- Increase substance abuse services by expanding and improving the continuum of care, including in-patient services.

4. The teen birthrate declines.

Key Indicators

- Rate of births to teens.
- Number of adolescents utilizing Health Department family services.

Suggested Strategies

- Create strategies based on the latest research in teen pregnancy.
- Emphasize primary pregnancy prevention for both males and females.
- Recognize that preventing first pregnancies requires different strategies than does reducing subsequent pregnancies.
- Ensure programs are comprehensive, integrated and multi-faceted.
- Involve community members and teens in program planning, service delivery and evaluation.
- Acknowledge that effective pregnancy prevention efforts involve major challenges and require taking calculated risks.
- Apply for state and federal grant money to support programs on abstinence.

5. Families who are at-risk financially have access to resources to handle the challenges of child-rearing in a positive manner.

Key Indicators

- Rate of homelessness among adults and children.
- Percentage of children under 18 whose families live below the poverty level.
- Number of families receiving TANF support

- Number of families receiving purchase of care vouchers for child care.
- Collection of child support payments v. amount owed
- Number of single parents receiving timely child support payments.
- Unemployment rates.

Suggested Strategies

- Increase timely and regular child support payments.
- Provide information on parents’ rights and how to apply for child support.
- Provide information on financial assistance programs.
- Offer information programs for families on household budgeting, eviction preventions and other welfare avoidance strategies.

**Community Goal 2
Children Enter School Ready to Learn**

Desired Outcomes

- 1. Children (0-5) have access to regulated early care and education programs that meet the needs of families, including full day options.**

Key Indicators

- Number of children (with and without disabilities) enrolled in early care and educational programs as a proportion of children in relevant age categories.
- Number of available slots in Howard County for early childcare and educational programs.
- Cost of early care and education programs.
- Number of children on the Purchase of Care waiting list.
- Number of children on waiting lists for programs serving financially stressed families.

Suggested Strategies

- Develop a child care assistance program for families who cannot afford the cost of care, but who do not qualify for Purchase of Care subsidy.
- Encourage the development of employer-sponsored child care solutions.

- Provide financial incentives (grants, loans, tax breaks) as part of proposed legislation to support lowering costs of early childcare and educational programs.
- Work with the community to develop and implement an Early Head Start.
- Provide incentive to retain current family child care providers.
- Annually review available child care data to develop plan to increase affordable child care.

2. Families and early childhood professionals are knowledgeable about the importance of school readiness.

Key Indicators

- Percent of children entering kindergarten fully read to learn.
- Number of school readiness workshops provided to families.
- Number of school readiness workshops provided to early childhood professionals
- Number of families completing school readiness workshops.
- Number of early childhood professionals completing school readiness workshops.

Suggested Strategies

- Ensure families and early childhood professionals understand the achievement gap among children.
- Increase available training for families in school readiness domains.
- Increase available training for early childhood professionals in school readiness domains.
- Ensure families and early childhood professionals understand the achievement gap among children.
- Provide families and early childhood professional with the tools and resources to offer referrals to services for identified learning problems.
- Develop widespread public engagement campaign to improve the understanding of the importance of school readiness.

Community Goal 3 Children Successful in School

Desired Outcomes

1. Howard County students regularly attend school.

Key Indicator

- The percent of students who are absent more than 20 days from school annually.

Suggested Strategies

- Ensure families are notified if a student does not arrive at school.
- Intervene with families with highest absentee rate.
- Develop county-wide focus on school attendance through incentive programs.
- Provide support for current absenteeism initiatives.

2. The number of students suspended from school declines, particularly among minority students.

Key Indicators

- The number of children suspended from elementary, middle or high school.
- Number of children suspended disaggregated by population and infraction.
- Reports of bullying incidents handled by HCPSS.

Suggested Strategies

- Increased early identification and assessment process of young children who demonstrate behavioral problems
- Provide more tools and training for classroom teachers to address common characteristics and behavioral indicators of suspended students.
- Cultural competency training for teachers to assist them in dealing with students.

3. Howard County students graduate and complete a high school program.

Key Indicators

- Graduation rate by population.
- Percentage of public school students in 3rd, 5th, 8th, and 10th grades scoring proficient or advanced on the Maryland School Assessment (MSA) disaggregated by population.

Suggested Strategies

- Recruit culturally sensitive and language proficient adult mentoring for at-risk children and youth for long-term support with an emphasis on academic support and achievement.
- Improve and stabilize minority youth trends for academic achievement, office referrals, and suspensions.

Community Goal 4 Children, Youth and Their Families Safe in their Homes and Communities
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Desired Outcomes

- 1. The identification of children who have been abused and neglected becomes more timely.**

Key Indicators

- Number of reports of abuse and neglect over time by referral source.
- Number of reports of abuse and neglect v. number of indicated cases v. number of unsubstantiated cases v. ruled out cases.

Suggested Strategies

- Educate and train school system, child care community, parent organizations and police department on identifying children at risk and how and when to report abuse/neglect.
- Increase/coordinate communication among agencies.
- Initiate prevention efforts i.e. parent education, behavior management.

2. The number of children living in unsafe and unhealthy home situations declines.

Key Indicators

- Number of children removed from unsafe homes over time.
- Percentage of investigation where families that have more than one indicated or unsubstantiated findings.
- Number of domestic violence reports where children are present.
- Number of “sheltered” families where children are present.
- Number of families enrolled in family preservation programs.

Suggested Strategies

- Increase the availability of respite care.
- Increased the availability of sheltered care for families who are victims of domestic violence.
- Broad criteria and increase availability of family preservation programs.
- Make parent-aide programs available for stressed families.
- Educate the community on domestic violence issues.

3. The community provides supervised opportunities for youth that increase healthy behaviors.

Key Indicators

- Number of after-school programs by age and type.
- Number of youth enrolled in after-school programs over time.
- Number of recreational/leisure programs by age and type.
- Number of youth enrolled in recreational/leisure programs over time.
- Arrest rate for youth ages 10-17 for serious crimes over time.

Suggested Strategies

- Increase structured community programs for youth when they are out of school.
- Promote programs that develop youth leadership.
- Educate parents in conflict resolution, anger management and family dynamics and associated resources.
- Develop coordinated and comprehensive juvenile justice plan.

- Identify and provide early intervention for youth with behavioral difficulties.
- Educate parents on identifying risky behaviors and strategies for encouraging healthy choices.
- Expand mentoring programs.

SENIORS

Community Goal 1
Howard County Seniors Maintain Optimal Mental and Physical Health

Desired Outcomes

- 1. Older adults across the health continuum and family caregivers understand the individual’s role in maintaining good health and making healthy choices.**

Key Indicators

- Number of programs promoting health education on the new dietary guidelines, smoking cessation, stress reduction, and weight control,
- Number of organizations sponsoring physical activity programs.
- Number of persons age 50 and over reporting regular physical activity.
- Number of programs and persons using those programs which are based on evidence based approaches in educating older adults on effective personal strategies for better health and wellness.

- 2. Older adults have access to affordable and high quality dental care.**

Key Indicators

- Number of dentists providing reduced fee dental services.
- Number of older adults using the Health Department Dental Initiative.
- Number of older adults reporting lack of access to dental care.

- 3. Mental health care is available and accessible to all older adults in Howard County, including in-patient, in home/residence and community-based locations.**

Key Indicators

- Number of in-patient beds available in Howard County for older adults with mental illness.
 - Number of older adults seen by the Mobile Crisis Team.
 - Number of voluntary and involuntary admissions to psychiatric unit of hospital.
- 4. The number of mental health professionals accept Medicare payment for community based mental health services increases.**

Key Indicator

- Number of mental health professionals willing to accept Medicare payment for community based mental health services.
- 5. Older adults have access to depression screening in physicians' offices, acute care settings, long term care facilities, and community locations, followed by affordable and effective treatment options.**

Key Indicators

- Number of older adults screened for depression at their primary care provider's site, hospital emergency department, assisted living facilities, nursing homes, senior centers, or other community locations
- Number of calls or web searches at Maryland Access Point of Howard County regarding mental health resources.

Suggested Strategies

Individual role in health maintenance:

- Emphasize the impact of personal life style choices on one's health and wellness status through the 50+EXPO, activities promoted by public and private organizations, and articles in the popular press.
- Implement evidence- based programs with proven health outcomes, which are coordinated across the health and community service sectors to assist persons with chronic conditions maintain optimal functional health.
- Promote health and wellness programming for older adults at faith organizations, senior centers, community centers, adult day care, assisted living facilities, nursing homes, and other suitable settings.

- Integrate the Older Adults and Mental Health modules of the Health Department's ten-year Comprehensive Health Improvement Plan with the Human Services Master Plan to fully address the physical and mental health needs of older adults.
- Promote courses/resources for family caregivers on maintaining physical and mental health.
- Promote education to consumers and availability of professional consultation about medication usage and strategies to increase ease of compliance.

Access to dental care:

- Public and private dental health providers and dieticians will develop a coordinated plan for public education on the importance of good dental health and available resources.
- Incorporate questions about dental health into the screening given older adults at primary care setting.
- Educate service organizations and parish nurse programs on importance of dental health and dental care resources.
- Develop accessible alternatives to emergency departments through clinics and urgent care centers for older adults and family caregivers.

Mental Health Care:

- Integrate existing mental health goals and objectives of the Health Department, Mental Health Authority, and the Coalition of Geriatric Services/Interagency Aging Committee with the Human Services Master Plan to fully address the physical and mental health needs of older adults.
- Increase of mental health providers accepting Medicare.
- Provide continuing education to assist current mental health providers to better serve older adults.
- Identify and collaborate with the mental health providers currently accepting Medicare to develop new strategies of increasing this number in Howard County
- Increase access to regular depression screening.
- Develop community education programs for the general public to increase understanding of depression symptoms and other emotional conditions in older adults.

Community Goal 2

Older Adults Enjoy Housing Options that are Attractive, Available at a Range of Prices, Designed or Modified to Promote Aging in Place, and Provide Access to Surrounding Communities

Desired Outcomes

1. Implement the major goals of the Senior Housing Master Plan (2004).

Key Indicators

- Ratio of MIHUs (Middle Income Housing Units) developed each year versus other housing types.
 - Number of homes built or renovated with features of universal design to promote aging in place.
- #### **2. Ensure that Howard County offers a continuum of housing options available to older residents.**

Key Indicators

- Number of assisted living facilities that serve low-moderate income adults.
- Amount of public subsidies for low- to moderate-income residents of assisted living facilities.
- Number and price range of rental units available to older adults.
- Percentage of new housing stock that is affordable to moderate income persons as defined by the Department of Housing and Community Development (50% to 80% of the county median income.)

3. Older homeowners have access to knowledgeable people, obtain fact-based guidance and resources to promote home maintenance, renovation and modification.

Key Indicators

- Number of contractors who are certified as Certified Aging in Place (CAP) Specialists and active in Howard County.

- Number of older adults who receive public or volunteer assistance to renovate or modify their homes to “Age in Place.”
- Number of families that apply to community-based organizations for renovations/modifications.
- Number of consumer education program on home modification and repair.

Suggested Strategies

Implement Senior Housing Master Plan:

- Develop creative, effective incentives for housing options.

Continuum of Housing Options:

- Encourage development of affordable housing by promoting development that includes a range of housing types and price points.
- Encourage development of senior housing, particularly affordable housing.

Older Resident Access to Home Modification and Repair:

- Promote an increase in the number of local Certified Aging in Place Specialists which do business in Howard County.
- Promote universal design in all county construction (new homes, home renovation, remodeling and expansion projects)
- Expand the home repair/maintenance resources in the community
- Provide ongoing training for the building community on universal design techniques.
- Encourage contractors to become CAP Specialists.

Community Goal 3

Older Adults Live as Independently as Possible

Desired Outcomes

- 1. Older adults enjoy access to health/human service centers, recreational and social activities, retail locations, and faith organizations.**

Key Indicators

- Number of older adults using public transportation or other affordable methods of transit.
- Proportion of new public services facilities adjacent to a public transit stop.
- Number of older adults who are able to continue to safely drive.
- Number of older adults who walk on a regular basis for exercise, community engagement, or access to desired destinations.
- Number/proportion of communities with safe and accessible sidewalks.
- Number of alternative transportation options for older persons who do not drive.
- Number of organizations or business that offer nighttime transportation.
- Number of Neighbor Ride volunteers & number of seniors using Neighbor Ride.
- Number of transportation providers or volunteer transportation services offering services which assist persons to exit their house and enter the vehicle.
- Trend Rate for number of seniors with heart disease, diabetes, chronic obstructive pulmonary disease, stroke and other chronic health conditions.

2. Safe driver education programs are available to all older adults.

Key Indicators

- Number of older adults who drive their own car.
- Number of adults participating in safe driving courses, seek professional or self driver evaluation, who make modifications to their cars, or who are aware of appropriate cars to select that are proven for safer driving.

3. Pedestrian right-of-ways are developed to assist older adults in connection to bus stops, medical, health and human services facilities, banks, restaurants, religious facilities, services and shopping or other chosen destinations.

Key Indicator

- Number of sidewalks added to existing communities.

- 4. “Aging in Place” and “Livable Communities” will become concepts accepted and promoted by Howard County’s public, non-profit and for profit sectors.**

Key Indicator

- Number of promotional materials that use the features of Livable Communities and Aging in Place in promotional materials.
- 5. Information about health and community based support services will be available for every older adult, family member or paid caregiver.**

Key Indicators

- Percent of health and human service businesses and organizations serving adults over age 50 and younger adults with disabilities that make at least one referral a year to the information services of Maryland Access Point of Howard County (web site, phone, or person to person).
- Number of calls for information to MAP about services to seniors or family caregivers.
- Number of communication channels (print, web, word of mouth, newspaper, radio, formal training, public presentations etc.) which are utilized to inform the community about available resources.
- Number of outreach activities to grandparents raising grandchildren.

Suggested Strategies

Access of Older Adults to desired destinations in community:

- Develop safe driver and transportation programs, that include:
 - Alternatives for segments of the population that have limited options.
 - Public-private partnerships to address transportation needs of older adults.
- Locate health and human service facilities in buildings that are on transit routes and accessible by pedestrian connections.
- Expand fixed route and paratransit service options for transit-dependent individuals for access to health and human service care facilities.
- Explore the need for enhanced sidewalk, pathways and bike lanes in the community.

- Explore the use of shared community cars based on nationwide best practice models.
- Substantially increase public, volunteer, and private transit options in the county, and select as stops for public transit locations adjacent to service providers and medical facilities.
- Encourage seniors with the capacity to drive well to become Neighbor Ride volunteers.

Safe Driver Resource Programs:

- Offer an increased number of safe driving resources for older adults over 65 including widely available self screening for car and driver fitness
- Develop and distribute a mobility guide for seniors which includes transportation resources, safe driving techniques, family caregiver information on older drivers, and other pertinent information.
- Encourage driver assessment resources to older adults and family caregivers to allow drivers to gain expert advice on driving safety or referral to alternate transportation.

Pedestrian Access:

- Amend County Subdivision Regulations to enhance the County’s ability to require a range of pedestrian and transit facility improvements as part of the development review process for senior living facilities, nursing homes, medical facilities, etc.)

Aging in Place and Livable Communities:

- Develop public private partnerships to promote and sustain Aging in Place services in Howard County.
- Develop public/private partnerships at the local, state, and national level to identify and develop best practices that characterize a Livable Community.
- Promote local efforts in popular press
- Advocate for public policy supporting the characteristics of a senior friendly community
- Use findings from the Maryland Task Force on Senior Migration to develop strategies for retaining seniors in the community and providing a welcoming environment to new senior residents.
- Use the AARP Public Policy Institute Evaluation Guide for livable communities in partnership with seniors to assess strengths and weaknesses of Howard County for “livability.”

Information about Health and Community Services:

- Sustain Maryland Access Point of Howard County and increase the number of agencies and programs that work collaboratively to provide a single point-of-entry for information about services to older adults and adults with disabilities.
- Sustain and expand services to grandparents raising grandchildren.

Community Goal 4

Howard County Residents Enjoy Maximum Personal Safety

Desired Outcomes

- 1. Instances of abuse, neglect, self neglect, and exploitation of vulnerable older adults are diminished.**

Key Indicators

- Number of Adult Protective Service cases reported to and/or accepted by the Department of Social Services.
 - Number of police and domestic violence reports
 - Number of homeless older people requesting shelter or other homeless services.
 - Number of older adults on waiting list
 - Number of respite services provided to family caregiver.
- 2. Older adults living independently in the community and, family caregivers, and assisted living facilities have the tools and emergency preparedness information to shelter in place with no outside assistance for 36 hours.**

Key Indicators

- Number of older adults trained in community emergency procedures and who have prepared a “shelter place” for 36 hours in case of a major disaster.
- Number of information packets distributed to older adults and family caregivers.
- Number of community education presentations given to older adults, family caregivers, or the providers serving them.

3. Assisted living facilities, senior housing, and private apartment complexes with older residents are prepared for a disaster and can shelter independently in place for 36 hours.

Key Indicators

- Number of assisted housing facilities with a disaster plan and which regularly test that plan by drills or other simulated exercises.
- Number of emergency preparedness training sessions provided to apartment housing owners and managers, and public government staff responsible for assisted living facility oversight.

4. Older adults use effective strategies to keep themselves from becoming victims of preventable crime.

Key Indicators

- Number of reported crimes against the elderly including personal assault, financial exploitation, identity theft, or other types of crime.
- Number of incidents of domestic violence or abuse reported for older adults as compared to community as a whole.
- Number of programs delivered to the community on this topic.
- Number of communities with active Neighborhood Watch programs.
- Number of requests for Police Department and Office of Consumer Affairs speakers on personal crime prevention.

Suggested Strategies

Reduce Instances of Abuse, Neglect, and Financial Exploitation:

- Develop a coordinated system of multi-agency response to abuse by key stakeholder agencies (domestic violence, sexual assault network, mental health provider, social service agencies, shelter organizations, police and aging network).

Emergency Preparedness:

- Develop and present interactive informational programs on emergency preparedness at senior centers, libraries, and neighborhood associations.
- Recruit older adults and persons with a disability as disaster/emergency preparedness volunteers and place with appropriate organizations

- Identify public agencies in regular contact with assisted living facilities and provide them with coordinated training on emergency preparedness
- Provide training and technical advice on emergency preparedness to assisted housing providers.

Personal Role in Crime Prevention:

- Provide education and community awareness activities for older adults and family members on avoidance of crime
- Increase the number of Police and Office of Consumer Affairs presentations about scam and crime to seniors.

Community Goal 5
The Civic Engagement of Older Adults in the Community is Promoted to the Fullest Extent Desired by the Individual

Desired Outcomes

- 1. Older adults are aware of the volunteer opportunities available to them and the manner by which they may connect to these opportunities.**

Key Indicators

- Number/proportion of older adults who volunteer in the community.
 - Number of options for volunteering.
- 2. Older adults will have access to and will participate in social, cultural and performing arts, recreational and educational programs.**

Key Indicators

- Number of older adults who participate in recreational and social programs in the community.
- Number of older adults who participate in senior center programs.
- Number of older adults who attend cultural and performing arts programs.
- Number of older adults participating in educational activities as part of life long learning.

3. Older adults who desire or need employment either on a full- or part-time basis have the opportunity to work.

Key Indicators

- Number of older adults who are employed full and/or part-time.
- Number of businesses that are employment elder-friendly

4. Older adults remain physically active.

Key Indicators

- Number of persons over age 50 who participate in fitness programs.
- Number of persons over age 50 who report regular levels of physical activity and use of health food choices.

5. Older adults have options for and access to leadership roles in faith organizations, community boards and committees, civic organizations, and other places important to the individual and the community.

Key Indicators

- Proportion of community organizations and boards with a member of the community aged 65 or above.
- Number of media stories on leadership provided by older adults.
- Number of community awards given to older adults for leadership involvement.

Suggested Strategies

Knowledge Of and Access to Volunteer Opportunities:

Develop and train older adult advocates to be engaged in volunteerism, service delivery and outreach in each public or non-profit organization agency that provides services.

Access to social, recreational, arts, and educational activities:

- Provide opportunities for older adults to participate in social, recreational, educational and wellness activities through public/private partnerships.

Opportunity to Work:

- Develop partnerships between public, non-profit, and for profit organizations to encourage employment of older adults.

Remaining physically active:

- Increase health and wellness care programs and facilities for seniors.
- Provide opportunities for older adults to participate in formal and informal physical fitness activities.

Access to Leadership Roles:

- A partnership of relevant organizations should plan and implement a Civic Engagement Program which would be a participatory educational program for retirees (new and old) that promotes opportunities for working for the good of the community in retirement years. The scope of community could be local, state, or national.

PERSONS WITH DISABILITIES

Community Goal 1

Persons with Disabilities Enjoy the Same Opportunities as Others

Desired Outcomes

- 1. Persons with disabilities will be able to obtain meaningful employment.**

Key Indicators

- The percentage of persons with disabilities who earn a living wage.
- The unemployment data for people with disabilities.

Suggested Strategies

- Educate the Chamber of Commerce and Economic Development Office to identify employers with needs, training requirements, and accessibility requirements.
- Encourage employers, many of who report labor shortages, to train and/or hire people with disabilities.
- Raise the profile of home-based work arrangements as accommodative options for employers and workers.

2. Persons with disabilities will have access to housing that is affordable and includes appropriate accommodations.

Key Indicators

- Number of persons with disabilities who reside in supported housing.
- Number of persons with disabilities receiving Section 8 vouchers.
- Number of persons with a disability who receive housing and supportive services through the HUD funded Supportive Housing Program for homeless persons with a disability.
- Number of persons with disabilities on the waiting list for Section 8 vouchers.
- Number of persons with disabilities on the waiting list for the Supportive Housing Program for homeless persons with a disability.

Suggested Strategies

- Develop incentives for builders to create accessible units for adults under the age of 55.
- Advocate for changes to local legislation that allow residents with medically documented permanent disabilities under the age of 55 and their spouses to buy and/or rent in age restricted communities.
- Develop Single Room Occupancy (SRO) as a housing option for individuals who are homeless with a disability.

3. Persons with disabilities will participate in social and recreational activities.

Key Indicators

- The number of persons with disabilities in Recreation and Parks programs.
- The number of persons with disabilities in Columbia Association programs.
- The number of persons with disabilities utilizing privately owned, commercial fitness facilities.

Suggested Strategies

- Increase recreational programming for people with disabilities, taking into consideration age appropriateness and level of disability.
- Develop support programs for transitioning youth, particularly those offering peer support and opportunities for socialization to prevent isolation.
- Develop training for organizations on how to include persons with disabilities in all programs.

4. Persons with disabilities have access to affordable, quality medical treatment and preventive care.

Key Indicators

- The number of persons with disabilities who are uninsured.
- The number of healthcare providers accepting Medicaid and/or Medicare.
- The number of persons with disabilities participating in wellness and fitness programs.

Suggested Strategies

- Expand the Howard County Health Department's dental clinic.
- Develop health self-management programs for individuals with disabilities.
- Develop health promotion programs that focus on improving functioning across a spectrum of diagnoses and a range of age groups to reduce secondary conditions and outpatient visits among people with disabilities.

5. Persons with disabilities have access to adequate transportation.

Key Indicators

- Number of persons with disabilities riding public transportation and reaching their destinations on time.
- Number of persons with disabilities riding public transportation and the average length of time to reach their final destination.
- Decline in the percentage of persons with disabilities reporting unmet transportation needs.

Suggested Strategies

- Augment transportation alternatives for people with disabilities.
- Expand training programs for current and proposed riders, offering the programming more frequently and in locations convenient to individuals with disabilities.

Community Goal 2

Persons with Disabilities Successfully Transition from High School to Higher Education or Work

Desired Outcomes

- 1. The percentage of students with disabilities graduating from high school per year will increase.**

Key Indicators

- Percentage of students who graduate annually with a Maryland high school diploma.
- Percentage of students with disabilities annually who receive a certificate upon completion of high school.

Suggested Strategies

- Provide additional training and supports to teachers so they have the necessary tools to successfully accommodate students with a disability within the classroom environment.
- Develop in partnership with Howard County Public School System support systems for parents and families of students with a disability.

- 2. Employers have the tools they need to hire, train, and accommodate individuals with disabilities.**

Key Indicators

- Through Howard County nonprofits providing employment services, monitor the number of employers hiring, training, and accommodating individuals with disabilities.

- Through Howard County nonprofits providing employment services, monitor the attrition rate for employment of individuals with disabilities.

Suggested Strategies

- Create an awards program for businesses viewed as contributing to the quality of life and opportunity of people with disabilities.
- Provide a liaison between the public school system and employers to better understand employer needs and to link students with employment opportunities.
- Expansion of volunteer programs in public school system to provide support to students with disabilities, including (but not limited to) accompaniment to class, taping of notes, serving as scribes, and other support services.

3. Adults with disabilities will have support to attend college and/or receive training for work that is suited to their interests and abilities.

Key Indicators

- Number of Howard County residents with disabilities enrolled at Howard Community College.
- Expansion of local work training opportunities beyond those traditionally offered to persons with disabilities.
- Number and level of support services available to students with disabilities at Howard Community College.

Suggested Strategies

- Provide for special tutorial services for students with disabilities that require or want them.
- Encourage Howard Community College to market aggressively to people with disabilities and develop relevant course options, with tutorials and other needed accommodations.
- Develop and provide options for vocational training.

Community Goal 3
Howard County Residents with Disabilities are Safe in their Communities

Desired Outcomes

1. Persons with disabilities are safe from abuse and neglect.

Key Indicators

- Rate of incidents of domestic violence or abuse reported for persons with disabilities compared to the community as a whole.
- Number of reported crimes against persons with disabilities

Suggested Strategies

- Develop and present interactive informational programs on emergency preparedness from persons with disabilities, their families, friends and service providers.
- Develop a coordinated system of multi-agency response to abuse.
- Provide education and community awareness activities for persons with disabilities, their families and friends, community members and service providers.

2. Prosecution for abuse will proceed at the same level/rate as the general population.

Key Indicators

- Percentage of persons with disabilities defined as a reliable witness by the court system.
- Number of Court personnel seeking and receiving training on interacting with persons with disabilities in the legal system.

3. Persons with disabilities will be provided with clear instructions on how to seek help in a community emergency.

Key Indicator

- Number of persons with disabilities that are trained in procedures for community emergencies.

Suggested Strategies

- Recruit persons with a disability as disaster/emergency preparedness volunteers and place with an appropriate organization.
- Develop and implement trainings on community emergency response tailored to the specific needs of individuals with disabilities.

Community Goal 4

Children and Youth with Disabilities Who are Unable to live in their Families' homes will Continue to Live in and be Valued Members of the Community

Desired Outcome

1. Children and youth with disabilities will continue to be integrated into the community to the maximum of their ability.

Key Indicators

- Number of children with disabilities in out-of-home placements within the County.
- Number of children in out-of-home placements outside of Howard County.

Suggested Strategies

- Monitor residential placements and available services in Howard County.
- Ensure that family and individual supports are in place to prevent out-of-home placements for children with disabilities.
- If children with disabilities are unable to be maintained in their family homes, ensure that children are placed in homes that can meet their needs and are as close to the family as is possible.
- Development of financial planning programs specifically targeting families with younger children with disabilities.

F. CONCLUSION

The period 2005-2010 is a time during which Howard County must prepare for a predictable and dramatic rise in the demand for human services. In certain human service segments, growing demands for services are already manifest. An effective planning tool will help Howard County retain the “safety net” of human services its residents have come to count on. As such, the Howard County Human Services Master Plan is the first comprehensive human services plan to be written in Maryland and only one of a few in the country. It is hoped that the document will continually be used to guide the development of resources (services, human, and financial) and public policy to assure a high quality of life for all Howard County residents.

The Human Services Master Plan study team identified three population groups of overriding concern: children, youth, and their families, seniors, and people with disabilities. Four issues that cut across populations, including the general population, were also identified: access to services, transportation, housing/homelessness, and coordination among service providers.

Simultaneously with the development of the Human Services Master Plan, FIRN, through funding received from the County’s Community Service Partnerships Program and The Horizon Foundation, coordinated an assessment of the needs of the foreign-born population in Howard County. Key findings of this assessment have been integrated into the Master Plan to assure that it reflects the needs of all our county residents.

This Master Plan concludes that existing gaps in services are sometimes significant and will only expand without appropriate, expedient intervention. The human service areas suffering a shortage of services are almost too numerous to mention, but include affordable housing, homelessness prevention, transportation, employment support, substance abuse, support to people with disabilities, English-as-a-Second-Language classes, and interpretation and translation services. No one sector of our community can address these complex issues alone – it must be done in a partnership of the community, the government, and the human services delivery system.

To begin the process of addressing the gaps and needs, this plan provides broad goals, desired outcomes, indicators to measure progress, and

suggested strategies for each population of overriding concern. The Department of Citizen Services and the Association of Community Services will continue their collaboration in the implementation of the plan. The Steering Committee that was formed at the beginning of this process remains in place to guide the implementation of the plan and to assure that together we are making progress in pursuing these goals and strategies.

FIRN's study makes clear that improving services is not enough, and concludes that there needs to be a focus on community building, integration, and systems change in order to create a multicultural community that is healthy, just, and economically secure. Change will need to occur at the individual, organizational, and systems levels.

The report provides the following recommendations:

- Strengthen awareness and communication about different cultures.
- Develop and support cross- racial, -ethnic, and –cultural relations.
- Promote civic participation and trust in foreign-born and mainstream institutions.
- Identify, foster, and support the development of new and established immigrant leaders and bridge builders.
- Develop and sustain cross-culturally competent strategies and practices.
- Transform policies to ensure equal outcomes for foreign-born residents.

Some initial steps toward transforming polices include recruiting, retaining, and promoting diverse staff; offering and providing language assistance; and providing staff training in culturally and linguistically appropriate service delivery.

The Department of Citizen Services will use the Human Services Master Plan as a basis for internal strategic planning over the next year. The County's Community Service Partnerships Program will also be reviewed for its impact on the Plan.

The Association of Community Services will provide technical assistance, training programs, and will convene its members as appropriate to advance the work outlined in the Plan. The Association is particularly interested in

assuring that there are sufficient services in the areas of growth within human services.

With the guidance of the Steering Committee, the Department of Citizen Services and the Association of Community Services will continue to work with all sectors of the County to implement the important goals outlined in this plan.