

RESOLUTION NO. 3-97

RESOLUTION: To Create a Human Services
Advisory Commission

WHEREAS, the Human Needs and Services Advisory Task Force was appointed for the purpose of identifying the City's needs and resources for the delivery of human services and recommending a realistic approach to improving the quality of life for Rockville citizens; and

WHEREAS, in March, 1996 the task force submitted its recommendations to the Mayor and Council, which included recommendations that the City adopt a comprehensive human services policy and that an ongoing Human Services Advisory Commission be appointed; and

WHEREAS, a subcommittee was established to conduct research and make further recommendations concerning a formal human services policy and ongoing advisory commission; and

WHEREAS, the Mayor and Council has received and considered the recommendations of the subcommittee, and on January 27, 1997 approved a City of Rockville Human Services Policy; and

WHEREAS, it is the desire of the Mayor and Council to establish a Human Services Advisory Commission.

NOW THEREFORE BE IT RESOLVED by the Mayor and Council of Rockville, Maryland as follows:

1. There is hereby established a Human Services Advisory Commission, hereinafter referred to in this Resolution as the "Commission."

2. The Commission shall consist of nine members appointed by the Mayor and confirmed by the Council. Commission members shall generally reflect the gender and ethnic diversity of the City and represent the following constituencies: four members shall represent the community at large, three members shall be nominated by the Caregivers' Coalition of Rockville, and two members shall be current or former recipients of human services. All members shall be residents of the City, except that those members nominated by the Caregivers' Coalition shall either reside within the City or provide services, whether on a paid or volunteer basis, on behalf of residents of the City.

3. Except for the initial appointments, Commission members shall serve for terms of three years or until their successors take office, and may be re-appointed to succeeding terms. So as to provide for staggered terms the initial appointments shall occur as follows: three members, two representing the community at large and one representing the Caregivers' Coalition, shall be appointed for an initial term of one year; three members, one representing each of the three constituencies, shall be appointed for an initial term of two years; three members, one representing each of the three constituencies, shall be appointed for an initial term of three years. Thereafter, three members are to be appointed every year.

4. The Commission members shall elect a Chairperson from among those members representing the community at large and those members who have or are receiving human services. The Chairperson shall serve for a term of one year and thereafter until a successor takes office, and may be re-elected to additional terms.

5. A quorum for purposes of conducting Commission business shall be five members.

6. The purpose of the Commission is to provide advice and guidance to the Mayor and Council on human service needs and how best to address them. The Commission shall assist the Mayor and Council in deciding appropriate City roles in human services; shall monitor changes in, and help prioritize, human needs in the City; and shall participate in oversight and evaluation to ensure accountability and cost-effectiveness of City and outside providers of human services.

7. The Commission shall be guided by the City of Rockville Human Services Policy (a copy of which can be found in the official documents of the City located in the City Clerk's Office as document No. 1923) and the recommendations contained in the Human Needs and Services Advisory Task Force Final Report (1996) (a copy of which can be found in the records maintained by the City's Department of Community Services). Consistent with those recommendations, the Commission's responsibilities include:

a. Encouraging the continuation of the current City roles in human services as provider, grantor, advocate, and facilitator. The Commission shall explore whether the City's role as "Facilitator" should be expanded. In situations where the City provides or funds services, the Commission shall consider the respective advantages and disadvantages of contracting out, privatizing, and direct provision of services.

b. Encouraging and promoting ethnic diversity and cultural awareness, sensitivity, and competence among human services providers, including City staff.

c. Exploring ways to develop new or enhanced services in areas identified as serious problems and/or needs among City residents.

d. Assisting in finding the means to ensure that “safety net” services, such as food, emergency shelter, clothing and emergency financial assistance, are made available to City residents.

e. Assisting City staff in carrying out a coordinated, holistic approach to human service delivery that is people-centered rather than problem-centered. Access to services should be through a single point of entry, where possible.

f. Encouraging City-sponsored human services to integrate and coordinate with Montgomery County and other human services wherever feasible, including co-locating services. This should include the “one-stop shopping” concept where all of a person’s needs are addressed at one time.

g. Helping to promote and publicize human services programs.

h. Encouraging and promoting the development of a comprehensive information and referral service to assist citizens in gaining access to human services providers.

i. Assisting in the development and/or implementation of a process for the evaluation of City-funded human services based on measurable goals.

- Consider the use of periodic program audits, site visits, and client interviews as an adjunct to the evaluation process.

- Determine the need to continue each service.

- Determine the most cost-effective means of providing each service.

j. Assisting in the development of a formal, clearly-articulated, widely publicized and objective structural mechanism to be used in applying for and awarding City funding for human services programs.

- Provide for an annual assessment of the most critical of human needs.

- Provide for periodic, widely publicized community forums to gather resident input and make first-hand observations of human needs.

- Indicate which needs are greatest, and whether resources should be reallocated to meet these needs.

k. Exploring and/or recommending revenue-generating opportunities for human services.

l. Maintaining a liaison with other City Boards and Commissions with similar purposes, such as the Senior Commission and Human Rights Commission.

m. Encouraging the use of volunteers in human services planning and delivery.

8. To avoid both real and apparent conflicts of interest, the Commission shall not review annual requests for City General Funds or submit specific recommendations to the Mayor and Council concerning the expenditure of City General Funds. Commission members who work or volunteer for an agency providing human services to residents of Rockville shall not vote on matters affecting the present or planned funding of that agency. Commission members shall comply with all disclosure requirements and other requirements of the City's Public Ethics Ordinance.

I hereby certify that the foregoing is a true and correct copy
of a Resolution adopted by the Mayor and Council at its meeting
of February 24, 1997.



Paula S. Jewell, CMC, City Clerk

Maximizing Community Resources

**City of Rockville
Human Needs and Services Advisory
Task Force
Final Report**



March 1996

City of Rockville
Human Needs and Services Advisory Task Force

Acknowledgments

The Human Needs and Services Advisory Task Force (task force) wishes to acknowledge the assistance given by a very large number of citizens and public and nonprofit agencies over nearly 1 1/2 years of review, presentations, discussions, and deliberations. We appreciate all who filled out lengthy surveys, made presentations to the task force, attended focus groups, participated in the "Town Meeting," and/or helped this group in countless additional ways.

In particular, the task force thanks Mayor Rose Krasnow and the current and former council members for their support; former Mayor James Coyle for initiating the task force; City Manager Rick Kuckkahn; former City Manager Bruce Romer; former Assistant City Manager Cheryl Lampkin Thomas; former Community Services Department Director Josephine Roberts; Community Services Program Manager Mary Lou Jacobs; Community Services Intern Sharon Merisotis; Howard University School of Social Work Professor Philip Schervish; and the Arlington County, Virginia, Human Services Commission. Without their superb advice, assistance, and support, the work that follows would not have been accomplished.

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I. SUMMARY OF MAJOR FINDINGS AND RECOMMENDATIONS

This section outlines the major conclusions of the task force over 17 months of study (September 1994 to February 1996) of human needs and services within the city of Rockville. More details concerning both findings and recommendations can be found in the body of the report as indicated.

A. Major Findings

1. The proportion of senior citizens in the population of Rockville is increasing, and this trend will continue. (See section V-B-1)
2. The number of people living in family households will be decreasing, while the level of family stress will be increasing. (See section V-B-2)
3. Rockville can expect to see increasing ethnic diversity in its population, and particularly persons for whom language and culture may present barriers to human services. (See section V-B-3)
4. A significant majority (59%) of the 947 responses received from the task force citizens survey indicated that support of human services is "very important" (48%) or "important" (11%) relative to other uses of City resources. Respondents also indicated that no human service program should be reduced. (See section V-B-3)
5. Citizens, human service provider agencies, and clientele of human service provider agencies for the most part agree on the types of additional human services needed by Rockville residents. (See section V-C-4)
6. Crime, insufficient affordable housing, inadequate health care, and substance abuse have been identified as community problems of the most concern to Rockville residents. (See section V-C-4)
7. Many residents feel that human services are not sufficiently accessible to them, due to lack of knowledge about where services are located or available, lack of transportation, or cost of the service. (See section V-E-2)
8. Employment services, transportation, services for the aged, child and infant care, emergency financial assistance, housing, services for the disabled, home health care and services for families, children, and adolescents have been identified as significant human needs in Rockville. (See section VI-D)
9. The City has a number of documents stating the need for human services, but there is no formal policy statement. (See section VII-B-3)

10. The City has a working process of prioritizing and funding services; however, it is neither formal nor standardized. (See sections VII-C-3 and VII-D-3)
11. The City has neither specific standards nor a formal process in place to evaluate programs which it directly provides and/or funds. (See section VII-E-3)

B. Underlying Assumptions

- Citizens expect that their needs will be met.
- Montgomery County (County) is the main provider and funder of human services.
- There will be fewer services available through state and federal agencies.
- There will be an increased need for services.
- Rockville citizens are reluctant to support new taxes.
- New sources of revenue should be generated.

(See section II-F for more detailed information concerning underlying assumptions.)

C. Major Recommendations

1. The City's current multiple roles of direct human services provider, grantor, advocate, provider of last resort and facilitator of services should not be changed without further careful consideration; however, the City should consider expanding its facilitator role. (See section III)
2. The task force demographic study, which indicates increases in ethnic diversity, demonstrates a need for multi-cultural awareness, sensitivity, and competence among City programs and other service providers. (See sections V and VI-E)
3. Provision of new human services and enhancement of existing services should be explored in the areas identified as problems and/or needs by survey respondents. (See section VI-E)
4. Programs which provide a "safety net" for survival needs (food, emergency shelter, clothing, emergency financial aid) should always be available to City residents, and should receive priority for funding if not available through other resources. (See section VI-E)
5. Further development of a comprehensive information and referral service to assist citizens in accessing human services programs is needed. (See section VI-E)

6. Enhance community outreach and education with regard to the availability of human service programs. (See section VI-E)
7. Integration of City-sponsored human services with County services and coordination with the County Department of Health and Human Services and with other human services agencies helps to avoid duplication of services and maximize use of resources, and thus should continue. (See sections VI-E and VIII-B)
8. The City and County should continue discussions which may lead to a jointly-operated multi-service center for human services within the City. (See section VI-E)
9. The City's human service providers should join in the County's effort to develop a case management approach to human services. (See sections VI-E and VII-B)
10. The City should synthesize its various written statements and goals concerning human services into a formal, comprehensive policy. (See section VII-B)
11. An ongoing Human Services Advisory Commission should be appointed to monitor changes in human needs, assist in prioritizing human needs, evaluate human services that receive City funding, and ensure that human services are provided in a cost-effective manner. (See section VII-C)
12. Every applicant to the City for human services funding should provide an explicit, written plan with regard to how the proposed service will address an identified human problem(s) faced by City residents. The plan should include specific, measurable goals to assist in performance evaluation. (See section VII-D)
13. A standardized, formal review process for evaluating the performance of human services agencies which receive City funding should be developed and implemented as soon as possible. (See section VII-E)
14. Creative initiatives for generating increased revenue for human services, including the development and implementation of some form of community chest, should be actively pursued. (See section VIII-B)
15. Volunteer recruitment, training, and recognition should be enhanced. (See section VIII-C)

II. A VISION FOR MEETING HUMAN NEEDS

A. Purpose of Task force

To continue the proud tradition of a caring and responsive city that willingly seeks to assure that every citizen enjoys equal access to the best possible quality of life, the Mayor and Council of the City of Rockville established a Human Needs and Services Advisory Task Force to assess the current and future human needs of Rockville's citizens (see Appendix A). With the growing diversity of Rockville's population, the increased urbanization of the metropolitan region, and the reduced federal government role in supporting those citizens most in need of public assistance, a heavier burden has been placed on the City of Rockville to decide which human services should be provided and how these human services should be delivered to the citizens of Rockville within the limited amount of funds available. The purpose of the task force is to identify, for the Mayor and Council, Rockville's needs and resources for the delivery of human services, and to recommend a realistic approach to improve the quality of life for Rockville's citizens now and in the future.

B. Task Force Beginning

In the spring of 1994, the Mayor and Council decided to create a task force to examine the City's human services delivery system. Recognizing the growing diversity of the City's population, increasing urbanization of the entire metropolitan region, and the impending reductions in federal and state government support, our city's elected leaders realized that Rockville, like most cities across the nation, are being forced to assume a greater role in the prioritization, funding, and delivery of human services. The task force chair and vice-chair were appointed in April 1994, and began discussions with the Mayor and Council and City staff to create a framework for the task force, which was completed on May 20, 1994 (see Appendix B). The task force originally consisted of 18 members from a variety of backgrounds -- civic groups, business, government, nonprofit agencies, and the faith community. All of the members had some knowledge of, or have participated in, human services programs.

C. Task Force Method

The task force held its first meeting in September 1994, and completed its report to the Mayor and Council 17 months later in February 1996, with 14 members still active. Meetings were held biweekly through December 1995, then weekly until the report was complete. Originally the task force was to have finished its work in one year. However, the sheer enormity of the task soon dimmed those expectations. The task force members wanted to ensure that the final report would contain a thorough analysis with supportable and practical recommendations.

The initial meetings of the task force were spent developing definitions, goals, strategies, and sources of information. It soon became apparent that much more information was needed from the human service providers, their consumers, and Rockville residents. The task force spent

several meetings to complete a draft of a citizen survey. However, no one had experience in creating, distributing, and analyzing large surveys. The task force concluded that more expertise was needed to ensure validity and reliability of the information. To that end the City hired Dr. Philip Schervish, of Howard University, as a consultant to the task force. Dr. Schervish and his staff carried out a demographic analysis of the City and also developed and distributed three surveys -- to residents, service providers, and clientele of the providers. They also conducted "key informant" interviews. Dr. Schervish was responsible for the content of the surveys and the analysis of results. The surveys are the foundation upon which most of the task force recommendations were built. The task force members appreciate the professionalism of Dr. Schervish in successfully carrying out this daunting task.

The purpose of the remainder of our meetings included at least one of the following: presentations by a total of 36 individuals who were knowledgeable about human services (see Appendix C); consultations with Dr. Schervish; and deliberations to reach consensus.

D. Objectives

To accomplish its purpose, the task force set the following objectives:

- I. Determine Human Service Needs Within Rockville.
 - A. Determine Rockville's current and future needs.
 - B. Identify emerging needs that must be addressed.
- II. Match Needs with Types of Services Provided.
 - A. Identify who is providing needed human services.
 - B. Determine whether or not services being provided match human needs.
- III. Define and Analyze the City's Role in the Delivery of Human Services.
 - A. Define the City's role in delivering human services.
 - B. Examine whether or not the City is appropriately fulfilling its role.
 - C. Explore ways for the City to accomplish its role more effectively.
- IV. Define and Analyze the Role of Other Governments and the Private Sector.
 - A. Identify the role of the private sector in meeting human service needs.

- B. Recommend additional responsibilities that the City can advocate that federal, state, and county governments could undertake.
- V. Develop Policy and Strategy Recommendations for programs and services funded by the City.
 - A. Develop procedures for prioritizing and funding human services.
 - B. Develop methods to evaluate the effectiveness of human services.

E. Working Definition of Human Services

One of the first initiatives undertaken by the task force was to develop a working definition of Human Services in order to guide its study. After several sessions of reviewing the various types of social services generally available to meet human needs, the following statement was adopted by the task force¹:

Human Services are those services provided to individuals or families experiencing difficulty in meeting their basic needs for physical survival and safety; for adequate preparation for and help in sustaining gainful employment; for social support and interaction, especially in times of personal or family crises; for assistance in addressing specific health and mental health problems; and for help in gaining access to available appropriate services. These services may be either preventive or remedial in nature and help recipients attain the greatest possible level of independence and self-determination.

The task force developed its own list of needs in the five broad categories cited in the working definition, as well as target populations (See Appendix D).

F. Vision and Underlying Assumptions

The members of the task force agreed on a statement which expresses its collective vision for the City of Rockville and the well-being of its residents. It served as the task force's philosophy for decision-making concerning the human service system within the City:

The City of Rockville is a community which values diversity, endeavors to ensure that all people live and work together in human dignity, and strives to provide the opportunity for each person to develop to her/his full potential.

¹ Much of this language was drawn from the Human Services Policy of the City of Ann Arbor, Michigan.

In the course of its work, the task force was aware of the realities (some of them limitations) which the City faces as it continues to assure the provision of effective and responsive human services. To maintain some perspective on these realities, the task force concurred on the following underlying assumptions:

- **Citizens expect that their needs will be met.** The City has a strong commitment to, and tradition of, addressing the needs of its citizens. That commitment must be evident in Rockville's human services system.
- **The County is the main provider and funder of human services.** Rockville's human services system should continue to supplement the County system to meet identified human needs.
- **There will be fewer services available through state and federal agencies.** Both the Maryland and U.S. Governments have given strong indication of cutbacks in funding for human services.
- **There will be an increased need for services.** The federal and state cutbacks, the increase in the average age of Rockville residents, and other factors indicate a trend toward increasing human needs.
- **Rockville citizens are reluctant to support new taxes.** New and additional taxes to raise revenue for human services programs should be avoided, wherever possible.
- **New sources of revenue should be generated.** It is important to explore and create alternative means to generate revenue and resources for human services programs in Rockville.

G. Goals and Guiding Principles

The work of realizing the task force's vision for the City of Rockville must be guided by agreed-upon principles. The principles themselves should serve as program goals or as the basis for determining and achieving goals. They are also expected to influence decisions related to planning, resource allocation, and evaluation criteria for human services.

The task force reached consensus that the 13 concepts listed below are appropriate goals and guiding principles for attaining its vision and for making decisions concerning the delivery of human services to Rockville residents. It applied these concepts in the development of its policy and strategy recommendations for programs and services funded by the City. Along with the Vision Statement and Underlying Assumptions found elsewhere in this section, the Goals and Guiding Principles provide a framework for an effective human service system which is able to meet a range of critical needs.

Anticipation

Over time, human service needs and the priority of needs will change. Rockville's human services system should monitor, through ongoing needs assessment, any changes in both the priority and types of human needs of its residents, and have methods available to respond to those areas without undue burden to taxpayers.

Coordination and integration

Because integration in delivery of services avoids duplication and redundancy, Rockville's human service system should include good communication and coordination activities among service providers.

Equal opportunity

Every individual should have the same opportunity to develop to his/her full potential, as stated in the Vision Statement of this task force.

Facilitation

The City should encourage, promote, and help to coordinate human services in Rockville. Providing City funds to help leverage other sources of funding is but one way to accomplish this.

Innovation

Rockville's human service system should encourage creative ways to help solve human problems.

Prioritization

Our community's human service system should have the ability to prioritize the provision of services in Rockville based on identified needs.

Public/private partnership

The human service system in Rockville should be carried out by an alliance between the City and the other sectors of the community.

Quality assurance

Effective methods of evaluating the performance of service providers should be developed and carried out consistently.

Resident-ownership

The driving force for meeting human service needs within our community should be provided by the people who live here.

Responsibility

All sectors of the community (individuals, families, businesses, religious groups, service organizations, etc.) should be actively recruited to participate in a variety of ways to help in meeting the human needs of those within our community.

Responsiveness

It is important that the system of meeting human needs of Rockville citizens include ways to actively respond to any important human need when it is presented, regardless of whether it fits into the system's various eligibility categories. Those who are in a crisis situation in our community should receive a fast, efficient response, regardless of the nature of the crisis.

Stability

Functional, productive, emotionally secure, and mentally healthy individuals and families are important to the health and well-being of our community.

Volunteerism

Additional ways should be developed to foster opportunities for active community involvement and service in meeting human needs in our community.

III. THE ROLE OF THE CITY

The task force initially identified four main roles the City of Rockville currently has in the provision of human services:

- **Provider of last resort** City provides "safety net" programs designed to ensure that residents' most basic needs are met.
- **Direct provider** City employees deliver service using City funding, as occurs in some of its individual and family counseling, and recreation programs for youth.
- **Grantor** City allocates funds to private, nonprofit agencies which serve Rockville residents.
- **Advocate** City provides both advocacy for individuals and presents the needs of Rockville citizens at the County and State levels.

The City as "Safety Net" (Provider of Last Resort)

Although the County is the main government provider of services, and private for-profit and not-for-profit agencies contribute significantly to human services, the City has been the provider of last resort, or the "safety net," in situations in which Rockville citizens are in crisis and "fall through the cracks" in eligibility for County or other services. Crises which are included in this category are shelter, food, clothing, and required medications. This tacit safety net policy ensures that the City can carry out its adopted goal of "assur(ing) the opportunity for all persons to live in human dignity."

The City as Direct Provider

The reality is that the City rarely is the sole funder and provider of human services. Almost all City-run programs have some non-City component. A good example is REAP (Rockville Emergency Assistance Program), in which the City verifies the eligibility of persons requesting assistance, but funds a nonprofit agency, Community Ministries of Rockville, to provide the assistance. (See section IV-B for a complete description of City-operated programs.)

The City as Grantor

The City allocates funds to a large number of agencies which provide services to residents. The money is allocated directly, without benefit or burden of a contract. Homeless shelters, the Rockville Housing Authority, Community Clinic, Inc., and the Rockville Emergency Assistance Program (REAP), are a few major examples. (See section IV-C for a complete description of programs funded by the City.)

The City as Advocate

Advocacy is accomplished at the client level by providing case management/coordination of services, and educating the public about the services available in the community. For example, the Emergency Services staff in the Community Services Department links clientele who have multiple problems with many County and nonprofit services. They make the appropriate referrals, coordinate with all of the agencies involved with the client, and provide follow-up.

Advocacy is accomplished on the political level by working with the County and State to ensure that necessary services are provided to Rockville citizens. The advocacy may take the form of advocating for programs at the county or state levels which would serve the needs of Rockville citizens, or working with these governments to ensure that the City is provided with their fair share of state and county funds to allocate for human services.

Role Recommendations

The task force concluded that, in general, Rockville citizens are currently well-served in all of the roles described above. A proposed Mayor and Council-appointed standing Human Services Commission would, among other functions, assist the Mayor and Council in deciding which role is most appropriate in specific situations. (See section VII)

The City as Facilitator

The task force suggests that the City also is involved to some extent in a fifth role - as a "facilitator" - and recommends that the proposed Human Services Commission look into the possibility of expanding that role. Facilitation of service provision could include contracting for services (as opposed to simple allocation of funds); privatizing services now performed by City staff; cooperating with, or adding to an existing county or private program; facilitating access for Rockville's residents to agencies providing human services; and facilitating communication between programs.

The City already cooperates with the County Department of Health and Human Services in service delivery. It also facilitates communication among programs by participating in coalition groups such as Caregivers, the Maryland Association of Youth Services Bureaus (MAYSB), the Montgomery County Human Services Cluster group, and an interagency collaboration effort known as the Community Workstation Project. The City currently contracts with only two outside agencies for human services (Hispanics United for Rockville and Community Clinic, Inc.), and privatization of services by City staff has not been recently considered.

Task force members realize that contracting and privatization have both positive and negative consequences. For example, managing a contract may require additional staff resources. Contracts also can inhibit program flexibility. On the other hand, contracting can increase control over City tax dollars spent on the service. Privatization of services also was discussed. The task force members agreed that the recommended Human Services Commission, in cooperation with City staff, should carefully assess each program currently funded by the City, whether directly run or contracted, and determine if that program should continue (see section VII). If the program is to continue, the Commission should determine the most cost-effective means of providing the service. Included in this consideration would be contracting for or privatizing the service.

IV. DESCRIPTION OF CURRENT HUMAN SERVICES PROGRAMS

A. Introduction

This section of the report provides a brief description of the human service programs that are operated directly by the City of Rockville and those that receive some annual funding from the City. The descriptions are organized by human need area, consistent with the list of five human

needs adopted by the task force.² These need areas include: (1) physical survival and safety, (2) adequate preparation for, and help in sustaining gainful employment, (3) social support and interaction, especially in times of personal or family crisis, (4) assistance in addressing specific health and mental health problems, and (5) help in gaining access to available appropriate services. (See Appendix D) Other public and private human service programs used by Rockville residents are then discussed. This section concludes with a discussion of the programs and methods through which the City interfaces with other public and private agencies to provide outreach, information and referral, and service coordination activities.

B. City-Operated Programs

Many of the human service programs operated directly by City staff serve the purpose of providing social support services or assisting persons to access appropriate services. Appendix E provides a summary listing the City's human service programs for Fiscal Year 1995, as developed by the City's Finance Director. The Department of Community Services, through its Division of Youth, Family, and Community Services (DYFCS), coordinates a variety of counseling, outreach, and emergency assistance programs for youths and adults. DYFCS is certified by the Maryland Department of Juvenile Services as one of its seven Youth Service Bureaus in Montgomery County. Youth Service Bureaus are required to provide prevention and early intervention services to youth and families who are "at risk of becoming involved in the criminal justice and mental health care systems." Nine employees of DYFCS operate out of offices in City Hall, Lincoln Park Community Center, and the Bouic House, at 126 South Washington Street.

The Senior Services Division offers the senior citizens of Rockville a wide range of programs and services designed to meet their leisure, social and health needs. The Senior Services Division, which includes the Senior Center, Senior Social Services, Senior Recreation, and Senior Sports and Exercise sections, has 13 employees. The division is housed within the Department of Recreation and Parks, which also offers afterschool child care and recreation programs for Rockville families at various sites.

1. Employment

The City's involvement with job training in recent years has focused primarily on operation of a Summer Youth Employment Program. The program is funded with a grant from the Montgomery County Private Industry Council. In Fiscal Year 1995 (FY 1995), 41 low-income youth between the ages of 14 and 21 were enrolled in the six-week program, which provided academic remediation, career exploration, prevocational training, and supervised work experience; 80 percent of the participants (33 youths) resided in Rockville.

² The task force adopted its own needs categories prior to the distribution of the resident, provider, and consumer surveys.

The City's provision of job search assistance also is available only to youths. A staff member of the Youth, Family, and Community Services Division assists interested youth in locating temporary and seasonal employment with Rockville employers, in order to gain work experience and income.

As with job search assistance, the City's provision of reading and basic education services is limited to youth. The Youth, Family, and Community Services Division operates a tutoring program for youths with poor school performance. Participants are matched with volunteers who provide tutoring in the areas of math, reading, English, and social sciences on a twice-weekly basis. In FY 1995, 236 youths participated in the tutoring program.

The City operates several licensed after-school child care programs at various sites in Rockville that address the child care needs of working parents to a limited degree. Kindergarten Activity Time (K.A.T.) is a licensed recreational program for five year olds enrolled in kindergarten at four elementary schools. The program is not held on holidays or when school closes early; in addition, the program ends mid-afternoon. The Student Total Enrichment Program (STEP), a before-and after-school program for children in grades K-5, is located at the Rockville Senior Center and two elementary schools. As with K.A.T., STEP does not operate when the schools are closed. The City also operates nonlicensed drop-in programs at several locations.

2. Provision of Social Support

Adult Services

Adults in crisis may be referred by other agencies or "self-refer" to the Division of Youth, Family, and Community Services (DYFCS), which works collaboratively with Community Ministries of Rockville to operate the Rockville Emergency Assistance Program (REAP). The REAP program is described in the following section. DYFCS staff also work closely with the Montgomery County Sheriff's Office around the issue of eviction. As they are informed of impending evictions, DYFCS staff offer information about affordable housing options and other needed community resources and help the person(s) being evicted to move or store their belongings.

Rockville residents who are in conflict with their neighbors over noise issues, property neglect, parked cars, loitering, barking dogs, etc., may obtain assistance from the City's Community Mediation program to resolve the dispute. Sponsored by the City's Human Rights Commission, the Community Mediation program utilizes trained mediators to assist the involved parties to reach a mutually-agreeable solution. Participation in the program is entirely voluntary.

Youth Services

Youth presenting behavioral management problems, poor school performance, and other high risk behaviors may be referred to the DYFCS for counseling services. In addition to self-referrals, the youths may be referred by school personnel, police, parents, the Department of Juvenile Services, and other agencies. Counseling services can be provided on an individual and family basis. DYFCS specialists are typically responsible for providing regularly-scheduled counseling to 17 youths at any given time. In addition, the DYFCS specialists provide informal counseling to a large number of youths who are experiencing some difficulties in their lives, but prefer periodic contact with a counselor to getting involved in counseling on a regular basis. In FY 1995, DYFCS staff provided 2,847 counseling sessions to 247 youths and their families.

In collaboration with Rockville-area schools, the DYFCS staff coordinate Students Helping Other Students (S.H.O.P.) groups in Richard Montgomery and Rockville high schools and Julius West middle school (the latter group is an English for Students of Other Languages group). The average number of youth participants in these groups is fifteen. They typically are involved in community service activities such as planning and providing a Halloween party for younger children in homeless shelters. These groups are not only a social and caring support system for participating youths, but also represent a substance abuse prevention education effort between DYFCS and Montgomery County Public Schools. Another drug abuse prevention program operated by the City is Code Blue, an after-school support group for youths, ages 6 - 18. Conducted at the Boys' and Girls' Club of Rockville, students meet experts in the field of drug abuse and participate in recreational activities.

DYFCS staff have made a special outreach effort to pregnant teens, teen mothers, and girls at high risk for pregnancy in Rockville high schools. In FY 1995, the division, in collaboration with Richard Montgomery high school, Mark Twain School and the Rockville Senior Center, developed and implemented an intergenerational mentoring project. Funded in part with a Montgomery County Community Partnership grant of \$2,500, the project was designed to prevent the teens from dropping out of school, and improve their school attendance and self-esteem.

Staff of DYFCS have developed two successful programs for students at Mark Twain School. The Inner Vision Quest program involves girls who participate with adult volunteers in the shared experience of dance and special creative activities that are culturally relevant and designed to lead the girls to a greater appreciation of self, and development of a personal ownership for their behaviors. A mentoring program for predominantly African American male youth matches adult mentors, who spend at least one hour per week through the school year with their student. DYFCS staff also coordinate a mentorship program with the Rockville Housing Authority.

In addition to the supportive services provided by DYFCS, the Department of Recreation and Parks offers a variety of recreational opportunities for Rockville youths. Year-round

supervised recreation activities are available for youths of all ages at seven gyms. A supervised summer program for children ages 5-12 is operated at 17 playgrounds around the city. A community recreation program for mentally and physically disabled students from Rock Terrace High School is offered through Alternative Opportunities. A youth awareness program, EYE (Expand Your Environment), offers cultural enrichment, promotion of healthy lifestyles, and positive alternative activities for residents of Lincoln Park, David Scull, Maryvale, and Twinbrook communities. Teen Clubs at Robert Frost and Julius West middle schools offer dances, trips, etc., while "Under 21" activities, cosponsored by Montgomery County, offer alcohol-free events for older teens.

Senior Services

The Rockville Senior Center in Woodley Gardens has and continues to provide a central location for many programs, services, and activities the City offers its residents ages 60 years and older. The Senior Center provides "one stop" convenience for all Rockville senior citizens to obtain services and staff support. Many services are offered in both English and Spanish to senior adults.

The Pump House is another City of Rockville senior citizens activity center where services, programs, and activities are conveniently located for seniors in the East Rockville area. Membership is open to all City residents 60 years old and older. During hours of operation, a staff person with the City's Senior Social Services Division is available to provide information and assistance concerning the City's senior adult programs.

The Rockville Senior Citizen Commission serves the citywide senior population. Working with the Senior Citizens Commission, the City offers social and health services and transportation to its senior population. The City also focuses on locating senior residents, identifying their needs, and linking them with helping systems. Spanish speaking seniors are offered help, social services, and recreation programs. Interpreters are available for them.

The Senior Services Division has a very extensive social services program which includes:

- operation of the Loan Closet, which makes sick room medical equipment available for short term loans;
- operation of the Pet Loan program;
- subsidized Sunday dinner meals for seniors;
- legal and financial services;
- health and education screenings and workshops for over 3,000 participants;
- the weekly Carnation Supper Club, serving over 5,000 dinner meals;
- noon meals provided by the Montgomery County Division of Elder Affairs;
- programs, classes and service assistance to over 3,600 Hispanic senior citizens;
- enlist volunteers from civic and church groups to help with nutrition, transportation, and home repair;

- working cooperatively with the Community Ministries of Rockville to provide home care to Rockville seniors;
- celebration of National Grandparents Day; and
- Grandparents Support Group for grandparents raising their grandchildren.

3. Access to Services

In addition to information and referral assistance, which is described in section IV-E, the City strives to eliminate discriminatory practices within the city through enforcement on its Human Rights Ordinance. The ordinance³ makes it illegal to discriminate against a person because of race, creed, color, age, sex, sexual orientation, presence of children, marital status, national origin, or mental or physical disability in the areas of employment, housing, law enforcement, education, City services and programs, and public accommodations. The ordinance also establishes the Human Rights Commission and charges it with the responsibility of working towards elimination of discriminatory practices through community education and outreach programs. Support for the Commission is provided by staff of the City Manager's Office.

C. City-Funded Programs

As indicated in Appendix F, the City has a long history of funding local nonprofit agencies that provide human service programs to Rockville residents. In Fiscal Year 1996 (FY 1996), the City is providing funding to 17 private nonprofit agencies. Generally, the service goals of these agencies are consistent with the City's goal of assuring that citizens' basic and emergency needs are met. Nine of the 17 agencies provide services related to physical survival and safety. Three of the agencies provide employment-related services, three agencies provide social support, one agency provides general medical care, and one program assists persons to overcome language barriers. The Director of Community Services serves as liaison to the private nonprofit agencies that receive funding from the City.

1. Physical Survival and Safety

Long-term housing assistance is available for eligible first-time homebuyers who have lived and/or worked in Rockville for the past three years through the REACH (Real Estate Effort for Affordable Community Housing) program. The program is a joint venture between the City and Housing Charities, Inc., a nonprofit corporation comprised primarily of real estate professionals. The program provides loans for the downpayment and/or closing costs to purchase a house in Rockville.

Long-term housing assistance also is provided to income-eligible individuals and families by the Rockville Housing Authority (RHA), a public nonprofit organization. RHA maintains over 178 units of public housing at two locations and scattered sites in Rockville, and administers a

³ Chapter 11 of the Rockville City Code

Section 8 Voucher Program covering 108 units that pays a portion of participants' rent directly to the landlord. A total of 345 persons per year are served by RHA. While the agency maintains a waiting list of 100 households, there is little turnover and no preference is given to present Rockville residents. RHA provides supportive services such as Narcotics Anonymous, drug prevention education, job search assistance and recreation outreach services geared to increase residents' stability and self-sufficiency. The City maintains close coordination with RHA by having several Mayor and Council designees serve on the agency's board of directors. Community Services, Recreation and Parks, and Police department staff maintain frequent communication with RHA staff to coordinate services and resolve community problems. In FY 1996 the City's financial support of RHA includes a General Fund allocation of \$36,792 for refuse service and an allocation of \$106,856 in Community Development Block Grant funds for residential management services, facility improvements, and youth employment.

Emergency shelter is available in Rockville for homeless women only during the months of November through March at Rainbow Place, a shelter operated by the Rockville Presbyterian Church. The shelter can house 25 people per night. In FY 1995, the program operated at 92 percent capacity, providing 3,475 bednights of emergency shelter out of a possible 3,775 bednights. A total of 102 homeless women were served, including 26 women (25 percent) whose last mailing address was in Rockville. A majority of the women suffer from chronic mental illness in addition to poverty and homelessness. In FY 1996, the agency will receive \$8,400 from the City of Rockville, which represents approximately 19 percent of the agency's total operating budget of \$45,000.

Four organizations in Rockville provide transitional housing for up to two years to homeless individuals and families. Chase Partnership Shelter, operated by Community Ministries of Rockville, serves homeless men at its location off East Gude Drive. The shelter can house 40 people per night. In FY 1995, the program operated at 66 percent capacity, providing 9,674 bednights of housing out of a possible 14,600 bednights. A total of 86 homeless men were served; approximately 23 percent of these men reported their last mailing address, prior to entering the program, was in Rockville. Chase Partnership, a facility within the County's homeless shelter system, primarily provides programs for men who have alcohol or other drug addiction problems and who agree to participate in outpatient treatment services provided by the County. Intake for the program is coordinated through the Montgomery County Department of Health and Human Services. In FY 1996, the agency will receive \$21,700 from the City of Rockville, which represents 11 percent of the agency's total operating budget of \$201,000.

Dorothy Day Place, operated by Catholic Charities, is a transitional housing program for homeless women with mental and emotional problems or substance abuse problems. The program can house 20 women per night. In FY 1995, the program operated at 72 percent capacity, providing 5,219 bednights of housing out of a possible 7,300 bednights. A total of 41 homeless women were served, including 7 women (17 percent) whose last mailing address was in Rockville. Dorothy Day also is a facility which provides services within the County's homeless

shelter system; intensive case management and supportive services are available onsite. Intake for the program is coordinated through the Montgomery County Department of Health and Human Services. In FY 1996, the agency will receive \$10,000 from the City of Rockville, which represents 4 percent of the agency's total operating budget of \$253,945.

Homeless families can be referred to one of two transitional housing programs located in Rockville. Helping Hands Shelter, operated by Mount Calvary Baptist Church, is located in the Lincoln Park neighborhood. For most of FY 1995, the shelter facility consisted of five bedrooms which could house a total of 10 to 14 women and children per night. In early May 1995, private funds were used to more than double the size and capacity of the Helping Hands Shelter; it can now house 24 to 28 women and their children per night. In FY 1995, a total of 54 homeless women and their children were served, including 40 (74 percent) whose last mailing address was in Rockville. For that year, the agency received \$16,000 from the City of Rockville, which represented 28 percent of the agency's total operating budget of \$58,000. The agency requested only a modest \$1,000 increase in its City grant for FY 1996, despite doubling its capacity, but it hopes to obtain a larger increase for FY 1997.

Stepping Stone Shelter, which provides both emergency and transitional housing to homeless families and single adults, has the capacity to serve 16 individuals per night in its seven-bedroom facility. The program does not admit people with an active alcohol, drug, or mental health problem. In FY 1996, the agency will receive \$2,000 from the City of Rockville.

Emergency financial assistance is available to Rockville residents through the Rockville Emergency Assistance Program (REAP). Eligibility determination for REAP is conducted by the Youth, Family, and Community Services Division of the Department of Community Services, while Community Ministries of Rockville dispurses the REAP funds to approved applicants. Emergency financial assistance is provided to eligible applicants who have a verifiable emergency that was not precipitated by neglect, and who have resided in the city for at least six months. A maximum of \$750 per family unit is available in any 12-month period, and applicants are required to explore other sources of assistance before applying to the REAP program. In FY 1995, the City processed 215 REAP applications; 193 adults and 211 children were assisted. In FY 1996, the City has earmarked \$45,000 in General Funds for the program.

Emergency food assistance is available from Manna Food Center, which served almost 35,000 people in FY 1995. Sixteen percent of these individuals (approximately 5,500 people) were Rockville residents. In FY 1996, the agency will receive \$6,000 from the City of Rockville, which represents 2 percent of its total operating budget of \$264,875.

Interfaith Clothing Center, operated by Community Ministry of Montgomery County, collects and distributes free clothing, furniture, and household items to low-income individuals and families who are referred by public or private social service agencies. More than 350 individuals and families with approximately 800 children are served each month; approximately 20 percent of these individuals are Rockville residents. In FY 1996, the agency will receive \$1,500

from the City of Rockville, which represents approximately 6 percent of its total operating budget of \$27,256.

2. Employment

The City allocates funds to Hispanics United for Rockville (HUR) and the Rockville/Montgomery Chapter of the Southern Christian Leadership Conference (SCLC) to offer technical training classes to Rockville residents. In FY 1995, HUR provided classes in computers, computer repair, automotive repair, heating/air conditioning repair, tailoring, and English. The enrollment rosters for these classes totalled 512 people; 20 percent of these individuals were Rockville residents. In FY 1996, the agency will receive \$5,000 from the City of Rockville. SCLC provided computer training to 34 Rockville residents in FY 1995. The City has earmarked \$5,000 for SCLC in FY 1996.

Many people require child care services to obtain and maintain employment. The City contracts with Child Care Connection, Inc. (CCCI) to assist parents with locating a suitable child care provider. CCCI maintains a computerized database with nearly 2,000 legally operating day care providers. In FY 1995, CCCI provided information and referral assistance to more than 3,400 individuals; over 100 of these callers (3 percent) resided in Rockville. In addition, CCCI is a state-approved training agency that delivers training workshops to more than 1,000 family day care providers per year; in FY 1995, 54 of these providers resided in Rockville. In FY 1996, the agency will receive \$2,000 from the City of Rockville, which represents 1 percent of CCCI's total operating budget of \$178,880.

3. Provision of Social Support

Cordelia House, operated by Rockville United Methodist Church and Jerusalem/Mt. Pleasant United Methodist Church, is the only day shelter program for homeless women in Montgomery County. Located in the old Jerusalem UMC parsonage in Rockville, the day shelter provides food, clothing, bus tokens, phone, laundry facilities, and space where service providers (including a mental health case manager from the Mental Health Association) can meet with their clients. Many of the women spend their nights at Rainbow Place. In FY 1995, Cordelia House served 143 homeless women, including 10 women (7 percent) whose last mailing address was in Rockville. In FY 1996, the agency will receive \$12,500 from the City of Rockville, which represents over 50 percent of the agency's cash income for the year. The agency also relies on \$60,000 in in-kind donations to operate its program.

The Elderly Ministries Program, operated by Community Ministries of Rockville, provides a range of services to maintain frail, elderly Rockville residents in their homes. These residents are typically low-income and suffer from chronic disease or health problems (e.g., severe arthritis, diabetes, heart and other circulatory problems, respiratory problems, blindness). Services include weekly visits by a home health aide, follow-up case management, and quarterly visits by a nurse. In addition, a corps of volunteers provides personal services ranging from friendly visiting to

doing yard work and home repairs. The cost of materials used for any home repairs currently are covered by a Community Development Block Grant that the program receives from the City of Rockville. Rockville Senior Social Services is the primary screening and referral source for the program. Clients are transferred to the County's home care program when they are eligible. In FY 1995, the program provided 1,979 hours of home health care to 23 elderly Rockville residents. In FY 1996, the program will receive \$35,000 in General Funds and \$7,240 in Community Development Block Grant funds from the City of Rockville, which represents 62 percent of the agency's total operating budget of about \$68,000.

Teen mothers can find support from the MOMS Program (Mothers Offering Maternal Support). Run by the Mental Health Association of Montgomery County, the MOMS Program focusses on mental health and health issues such as self-esteem, infant care, substance abuse, social services and other issues that affect the teen mothers and their children. An adult volunteer from the community is matched with each teen mother in a one-to-one relationship for at least one year. The volunteer functions as an advocate, role model, and friend. The program's goal is to link the teen mother with appropriate community resources and enhance her coping skills by modeling options in behavior. The program is designed to serve 38 teen mothers per year. In FY 1996, the program will receive \$2,000 from the City of Rockville, which represents almost 4 percent of the program's total operating budget of \$53,691.

4. Health and Mental Health

Homeless and low-income people may obtain affordable primary health care services from Community Clinic, Inc. a non-profit health care agency. Founded by the City in 1968 as the Rockville Free Clinic, the agency now operates clinics in Rockville, Silver Spring, Germantown, and Hyattsville. Staffed with board-certified physicians, adult nurse practitioners, registered nurses, social workers, and addiction specialists, the agency's services include acute and chronic care, well-child care, immunizations, and nutrition counseling. The Rockville clinic is expected to handle 4,768 patient visits in FY 1996. For the past several years, the City's allocation to Community Clinic has remained unchanged at \$50,000, which represents approximately 3 percent of the agency's total operating budget of \$1,705,047 for FY 1996.

5. Access to Services

The City funds two agencies, Hispanics United for Rockville (HUR) and Community Ministries of Rockville, to provide assistance to Spanish-speaking residents in Rockville. In FY 1996, HUR will receive \$21,500 in Community Development Block Grant funds, which will provide continued funding for its outreach worker. The outreach worker provides interpretation services for Spanish-speaking people who need help understanding various legal procedures and legal papers they have received, and also provides information and referral to various community services.

The Latino Outreach Program operated by Community Ministries provides language classes in basic English, English in the workplace, and Spanish literacy for Spanish-speaking adults who wish to learn English, but can neither read nor write in their native language. Seven classes are taught each semester at Twinbrook Baptist and Crusader Lutheran churches by volunteer instructors. Tutoring classes are offered to the children of participants at the same time parents are in class. The children also receive drug abuse prevention education during this time. Tokens for public transportation are provided for those families not having a car. In 1995, 75 adults and 25 children participated in the Latino Outreach Program; approximately 67 percent were from Rockville. In FY 1996, the program will receive \$8,500 in General Funds and \$5,000 in Community Development Block Grant funds from the City of Rockville, which represents 34 percent of the program's total operating budget of \$40,000.

D. Other Public and Private Programs Used by Rockville Residents

Many Rockville residents are able to make use of human service programs that are neither operated by the City nor receive City funding. Residents are fortunate that many of these programs are located in the city. However, other residents travel to the Silver Spring area or other parts of the Washington metropolitan area to access specialty services.

As part of its needs assessment process, the task force surveyed 178 service providers in Montgomery County and nearby jurisdictions to determine the extent to which needed services are available and utilized by Rockville residents. The survey list was compiled with the assistance of the codirector of Community LINC, a local computerized information and referral service. Unfortunately, less than a third of the service providers responded to our survey and their responses were often incomplete; hence, a thorough discussion of other public and private programs is not possible at the present time. However, a full listing of the 178 service providers, including address, telephone number, population(s) served, and type of services provided, is included in Appendix G.

E. Service Coordination, Outreach, and Information and Referral

1. Advocacy and Service Coordination

Staff of the City's Department of Community Services work at both the community level and individual client level to coordinate existing service efforts and advocate for additional resources to address the needs of Rockville residents. Department staff participate in a variety of professional associations, agency coalitions, and staffing groups where information about service programs, resources, funding trends, legislative initiatives, etc. is shared. For example, the director of the department is a member of the Human Services Cluster, a management team of the Montgomery County Department of Health and Human Services. The department also has participated in the recent County-initiated Community Services Workstation Project. This project is charged with determining the feasibility of creating an automated, interactive communication

network of human service providers in Montgomery County. The network would provide for a common application process and collaborative case management services.

Advocacy efforts take several forms. On a community level, for example, department staff attend meetings of the Women's Issues Committee of the Montgomery County Coalition for the Homeless to monitor needs and services for the homeless. Staff recently has assisted in efforts to apply for a Community Development Block Grant that would establish an additional homeless shelter for women in Rockville. On an individual client level, staff serve as advocates through eviction prevention and other crisis intervention. Collaboration with City-funded as well as other organizations, such as Community Ministries of Rockville, Rockville Housing Authority, the Emergency Assistance Coalition, Hispanics United for Rockville, and Montgomery County Department of Health and Human Services, is regularly conducted to assure that all possible resources are utilized for those citizens in need.

In addition to providing direct counseling services, staff of the DYFCS serve as an advocate for troubled youth. City staff work with the Montgomery County Department of Juvenile Justice, the Montgomery County Public School System, and other organizations to assure that youth are fairly represented. DYFCS staff also serve an advocacy role for pregnant teens and teen parents to ensure that there is proper prenatal and postnatal care. In addition to serving the role of advocate, staff may also provide case management services including follow-up and assistance in obtaining additional services appropriate to client needs.

2. Outreach

The Senior Services Division (SSD) has a very extensive outreach program. In addition to responding to over 5,000 information and referral calls and providing emergency food, money, or transportation to 247 seniors, SSD staff provided 593 home visits or in-depth services to homebound or frail elderly in FY 1995. The staff includes several outreach workers who are fluent in Spanish.

In terms of transportation, door-to-door bus service to the Rockville Senior Center is available. In FY 1995, the Senior Services buses provided 35,116 rides to the Senior Center, Pump House, shopping centers, and special trips. Call 'n Ride Taxicab transportation coupons also may be purchased at the Senior Center by elderly people or people who have a disability; rates are based on income and family size.

Community outreach also is an important part of the City's recreation program. When developing and evaluating programs, the Department of Recreation and Parks works with a variety of civic associations, community organizations, and Parent-Teacher Associations (PTAs). One of the department's special programming efforts focuses on cultural diversity and trying to help communities to understand and celebrate different cultures (e.g., through events such as the Latino Festival and Parade).

3. Information and Referral

Many City staff provide general information and referral services to those needing assistance in obtaining services from both City-operated and non-City programs. In 1994, the Department of Community Services compiled and produced the Community Resource Directory for Persons with Disabilities.

The City's Housing Information program assists people who are looking for housing as well as subsidized housing. The housing information specialist handles about 20 calls per week.

Information and Referral is also provided by DYFCS staff when there are specific problems revealed in counseling, such as drug and alcohol abuse, severe depression, and other crisis situations. Citizens are often referred to support groups, counseling centers, or activities that may help to meet their specific needs in addition to receiving direct service from City staff. In instances where citizens are requesting emergency financial assistance, staff may provide a number of case management services such as assisting them with the procedures necessary to obtain housing, food, and services such as medical care.

The DYFCS serves as both an advocate and an information and referral source for youth seeking employment. Staff coordinate the Hire-a-Youth program, where they recruit, provide orientation, and make referrals for youth to provide services, such as yard work and snow removal, primarily to senior citizens and people who have a disability.

V. HUMAN SERVICE NEEDS ASSESSMENT

A. Introduction

The task force constructed four needs assessment for the City of Rockville:

- Demographic/Statistical Profiles
- Resident Information Survey
- Key Informant Focus Groups
- Provider and Recipient Surveys

The results are presented in this section. The next section deals with some of the implications the data hold for the human service needs of the citizens of Rockville.

B. Demographic Statistical Profiles

Information pertaining to current descriptors, trends, and projections in areas of public concern can be collected from available public records. Statistical information obtained from the

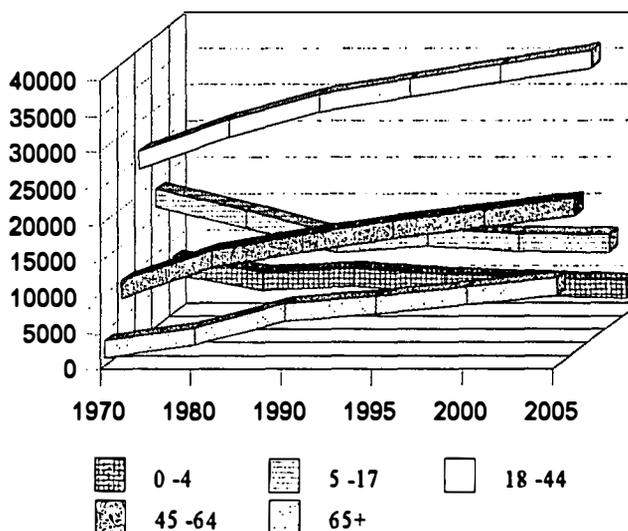
State of Maryland Department of Planning includes population characteristics by census tract⁴ for age, gender, race, households, and household composition for the years 1970, 1980, and 1990. This demographic information provided a means for constructing current community profiles as well as projecting future profiles. In addition, demographic and statistical information provides a basic framework for interpreting key informant and resident response sufficiency.

Estimates of the demographic characteristics were made for 1995, 2000, and 2005. Projections were made using the average of three forms of trend analysis --moving average, linear projection, and exponential smoothing. In the absence of multi-variate factors which include business projections, the average of these three forms of trends analysis provides a rough estimate for use in constructing future scenarios.

1. Population Age

Using Census tract information, the population has grown steadily since 1970. The population of the city of Rockville is projected to continue to grow. However, this growth will slow over the next 10 years. During this time, a decided shift in the age composition of the population is projected to occur. Most notably, the population under the age of 17 years will decrease, while the population over the age of 65 years will continue to grow. If current population trends continue, by the year 2005, there will be as many people over the age of 65 years as there are between the ages of 5 - 17 years, and as many over the age of 85 as are under the age of 5.

Population Age Projections



This gives rise to a growing phenomenon referred to as the sandwich generation. Young adults and middle age people are finding that they must care for their parents at the same time that they are caring for their children. This can become particularly troublesome since 80 percent of

⁴ Census tracts do not conform completely to the political boundaries of any particular political jurisdiction. Also, census tracts have been redrawn over the years. In order to provide the most comparable information, the State of Maryland provides data corresponding to the most current census tracts. The State Planning Office then reconstructs the data from previous years to conform to the current tracts. In doing so, population figures do not always match those developed by local jurisdictions. The census tracts used in this study encompass all of the city of Rockville. As such, they also extend beyond the political city limits slightly in all directions. The end result is that the numbers reported in these analyses are slightly larger than those maintained by the City itself. Nonetheless, the trends reflected in these analyses are reflective of the City's experience and future.

those over the age of 75 suffer from some form of chronic condition which presents an impairment to daily functioning. The limitations presented by this chronic condition may be as minimal as trouble buttoning shirts and blouses, or as debilitating as needing assistance to get into and out of bed.

In addition to the chronic conditions of the elderly, it has been determined that people over the age of 70 are three times as likely to be hospitalized as those under the age of 60. Once hospitalized, these individuals are likely to require a stay that is three times longer than their younger counterparts.

While advances in medical technology have increased our longevity, they also have contributed to the morbidity of the very young. What were causes of neonatal and infant mortality as little as 25 years ago today result in a living but, at times, chronically ill or disabled child.

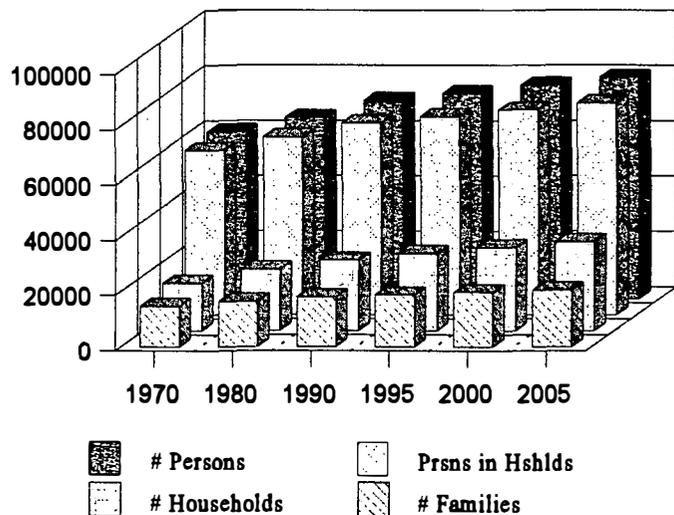
Exacerbating the situation for this sandwich generation are the demands of today's economy. The traditional concept of the family --father working, mother at home, two children-- now applies to fewer than 10 percent of the family households in the country. It appears the citizens of Rockville are not exempt from this condition.

2. Living Arrangements

Paralleling the change in the age composition is a shift in the living arrangements of the population. While the relationship between the number of persons and the number of households is projected to remain relatively constant, the number of people living in family households will decrease relative to the number of people living in non-related / non-family households.

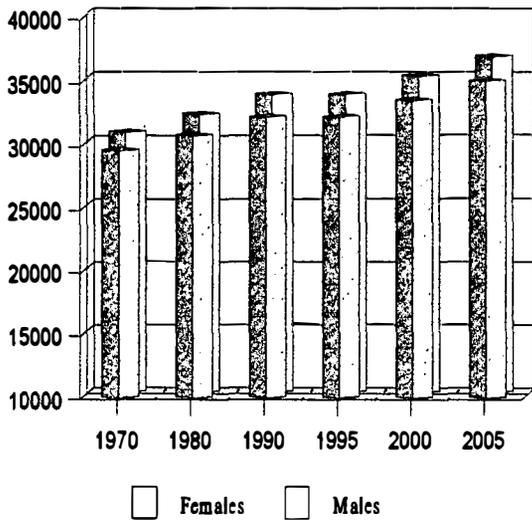
This shift in projected housing patterns may have implications for future human service needs. To the extent that family is dissipating, the need for services may increase. Conversely, to the extent that identified needs are a result of "family" related issues and situations, these problems should decrease.

Population & Housing



3. Gender and Racial Diversity

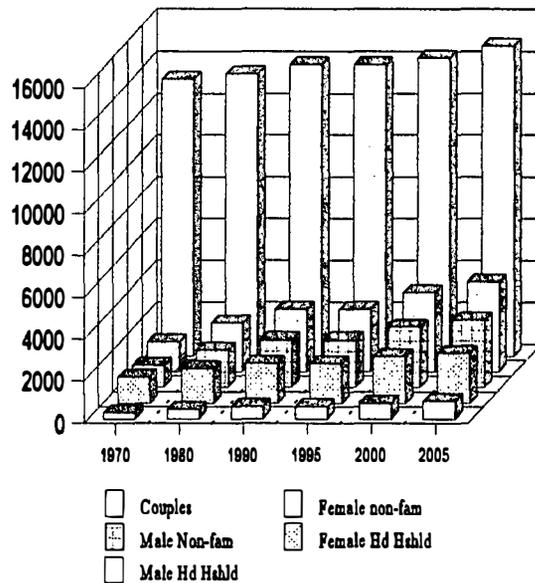
Gender Distribution in Population



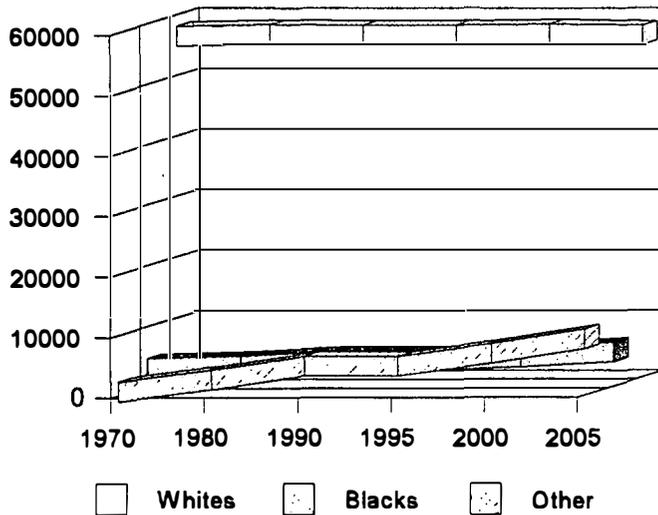
Projections indicate that over the next 10 years, the number of females in the population will grow at a slightly higher rate (19.4 percent) than will the number of males (18.4 percent). This trend will be reflected in the housing patterns. Female-headed households in the population will grow at a slightly faster rate than the number of male-headed or married couple-headed households. As seen above, non-family households will increase faster than family households.

When considered in conjunction with the shifts in age and housing discussed above, one can anticipate a situation in which unsupported, single individuals increasingly are required to care for a child and/or parent. If the individual in question is female, she will have to perform this task with less income than the male citizens. While women are firmly entrenched in the labor force, it remains that, even when controlling for experience and education, women are paid only about 90 percent of what their males counterparts receive.

Housing Composition



Racial Composition of Population



Racial diversity in the city also is increasing. The Maryland Department of Planning provided only three ethnic/racial categories; however, the focus group participants were able to elaborate on this topic (discussed later). Based on trends found in the census data, Rockville can expect to see an increase in the proportion of African-American and other non-white population groups. The proportion of non-white/non-African-American residents will increase at a faster rate than will either of the other two groups. It is estimated that by the year 2000 there will be more non-African-American minorities

in the population than African-Americans. These population groups increasingly are likely to be comprised of foreign born individuals and families.

4. Changing Demographics

The City of Rockville has enjoyed a relatively stable, well-educated, upper middle- income population. A large portion of the citizens of Rockville indicates no problems or the ability to handle their problems on their own. However, census data and professional opinions indicate that this situation is changing.

An aging population

The demographic data suggests that the composition of the citizenry of Rockville will change over the next five to ten years. Chief among these changes are those found in the age and housing patterns of the population. As the age of the population continues to bifurcate into old and young, stresses associated with those life stages will increasingly be felt. Senior citizens represent the fastest growing segment of the population. As the number of seniors increases, so too will the needs and demands of this population. Health and transportation services are most often identified as needs of this age group. The federal government is debating a reduction in the services targeted to this age group. The insurance industry is shifting from demand payments to managed care and restricted service payments. These events will place a significant strain on the ability of seniors to meet their own needs. Subsequently, we can anticipate an increase in the demand for human services related to maintenance of life and lifestyle by this age group.

Increasing Family Stress and Diminishing Families

Population trends indicate the number of people living in family households will be decreasing. The primary reason given by those who indicate no need for human service assistance is that they have families to turn to for assistance. However, at the same time, the amount of stress experienced by intact families is increasing. Single-parent households are increasing. Dual-income households are more and more a necessity, rather than luxury. Families with needy members are increasing. As the number of families decrease and the stress placed on families increases, we can expect more people turning to non-relative human service providers for assistance.

New Populations

Rockville is experiencing an increase in the number of immigrants to this country. These individuals and families will need assistance in adaptation and assimilation to our society. Cultural differences in family interaction and response to self and others will present new demands and opportunities for the City.

C. Resident Information

Of principal importance in community-oriented needs assessment is resident data. Resident data collection can be accomplished through mass surveys and individually interviewing with the adult population in the geographic area. The task force chose to gather data through mailed surveys included in one edition of **Rockville Reports**⁵, Rockville's newsletter for its citizens.

The information collected from residents include data which reflect 1) personal problems and needs; 2) perceived community problems and needs; 3) residents' awareness and use of available services; and 4) residents' attitudes toward problems of living and the services designed to assist people in dealing with such problems.

⁵ Surveys were included in all copies of **Rockville Reports**, those mailed and those made available at City service sites such as day care centers and libraries. It is possible that some of the mailed surveys were delivered to businesses where employees did not necessarily live within the geographic boundaries of the City. In addition, service users may not live within the City boundaries. Some facilities are serviced by Rockville designated post offices, although, the facility itself does not reside within the City. In total, less than two percent of the respondents reported a non-city zip code of residence. All valid responses were included because they added to the overall level of information.

1. Overview and Representativeness of Responses

There were 947 respondents to the citizens survey. Responses were received from all parts of the city.

Zip Code	% of Respondents
20850*	46.1
20851*	26.3
20852*	15.9
20853*	0.2
20854*	10.0
20855*	0.2
20857**	0.3
20859**	0.3
20878***	0.2
Unknown	0.5
*mixed residency **Rockville address but not in corporate city limits ***Outside Rockville	

The housing arrangements of the respondents varied with those in single family homes responding at a higher rate than did those in multifamily dwellings relative to the general population. Identified among the respondents was a small segment of the population living in shelters for the homeless. Those who own their homes responded at a higher rate than did those who rent, relative to the general population.

Type of Housing ⁶	% of Citizens	% of Respondents
Single-family Detached	63.4	72.7
Single-family Attached	13.3	11.3
Multi-family	21.3	11.5
Shelters	n/a	2.1
Other	n/a	2.1
Unknown	n/a	0.3
Own	66.0	81.0
Rent	34.0	15.0
Unknown	n/a	4.0

Single person households were more represented among the respondents than in the general population.

Size of Household		
Size	% of citizens	% of respondents
1	19.7	28.9
2	30.4	37.0
3	19.9	12.6
4	18.3	13.0
5	7.9	3.7
6 or more	3.8	2.1
Unknown		2.8

⁶ Here, and in following tables, not all of the categories used in the survey match exactly with categories readily available through the City Planning Office. Blanks in the tables indicate categories which are mismatched or for which no data is regularly collected.

The racial distribution of the respondents, when factoring in the standard error allowed for this sample size (discussed later), reflects the distribution in the general population.

Race	% of Citizens	% of Respondents
Asian	9.7	5.3
Black	8.2	5.7
Hispanic	8.2	7.9
Native American	n/a	0.6
White	79.4	77.0
Other	2.7	1.4
Unknown		2.1

Individuals over the age of 64 responded at a higher rate than would be indicated from the general population. This suggests that responses to the question of need should be analyzed by age of respondent to determine if there is a significant influence in identified needs created by this response rate.

Age of Respondent	% of Citizens	% of Respondents
Under 18	23.0	0.3
18-24	9.2	1.6
25-34	18.4	13.1
35-44	17.5	17.4
45-54		20.9
55-64	21.5 (45-64)	15.8
65-74		22.0
75 and older	10.3 (65 and older)	8.5
Unknown		0.5

Females responded at a higher rate than did males.

Gender	% of Respondents
Female	61.7
Male	35.9
Unknown	2.4

The response rate from married and single (never married) individuals differed from that found in the general population. As with age distributions, this suggests that needs should be analyzed by marital status to determine if significant differences exist. Among the respondents 0.9 percent were single fathers and 3 percent single mothers.

Marital Status	% of Citizens	% of Respondents
Single	28.7	11.8
Married	54.8	61.7
Widowed	6.4	11.2
Separated	2.8	2.9
Divorced	7.4	11.6
Unknown		0.8

2. Human Service Needs of Respondents

The respondents do not seem to indicate a large number of human service benefit receivers or users. Sixty-six percent of the respondents indicate they receive no public benefits.⁷ Twenty-seven percent of the respondents receive only one source of public benefits. Very few of the respondents receive more than one public benefit. The largest single public benefit received by the respondents is Medicare (25.8 percent of respondents).

⁷ Assuming various levels of representation between the respondents and the total population, the characteristics of the respondents and the rate of response allows the Task force to make inferences about the general population at a 90% confidence with $\pm 4.0\%$ - 6.6% ; and at the 95% confidence level with $\pm 6.0\%$ to 10.0% .

Total number of benefits being received	
Number of benefits	% responding
None	66.4
1	27.0
2	5.1
3	1.4
4 or more	0.2

Benefits Being Received	
Benefit	% of Respondents
SSI	3.7
AFDC	0.6
Rent Subsidy	2.6
Medicaid	3.8
Medicare	25.8
School Lunch	2.1
WIC	1.0
Child Care Voucher	0.6
Other	2.7

Consistent with the number of respondents participating in public human services, 68 percent indicated they believed they have no personal need for human services. A larger number indicated they had never used human services of any kind.

Total Number of Services Identified as Needed and Being Used		
Number of Services	Need	Used
0	68.0	73.9
1	12.1	12.3
2	7.7	7.5
3	5.6	3.7
4	2.8	1.2
5	1.4	0.2
6 or more	2.5	1.2

An indication of one type of human service need may be found in the reasons respondents indicated for not using available human services. Here, only 13 percent indicated they had no need for services, while 24.7 percent indicated they did not know what was available.

Factors Preventing Use of Human Services	
Factor	Percent of Respondent
Don't know location	24.7
Negative experience	8.9
Cost	8.6
Hours of operation	7.5
Fear of what others think	6.4
Location	6.1
No help	5.4
Transportation	4.6
Language	3.0
Other	12.0

Beyond having no need, negative personal experience (8.9 percent), cost (8.6 percent) and hours of operation (7.5 percent) are the leading reasons for not accessing human services indicated by respondents. Not knowing what is available, the location of the services and a lack of transportation to the service providers combine to present a significant barrier to obtaining human services. This might suggest a potential area of response for the city.

3. Support for Human Services

Despite a relative lack of human service use by the respondents, 77 percent indicated they believed the support of human services is important relative to other uses of the City's resources. Only 10 percent of the participants indicated a low importance for human services relative to other uses of the City's resources.

Relative importance of humans service	
Level of importance	Percent of respondents
Very important	47.8
Important	11.0
Somewhat important	18.7
Somewhat unimportant	6.9
Not at all important	2.7
No response	12.9

The following patterns were identified as significant in response to the question of the importance of support for human services. Women indicated a stronger support for human services than did men. People who had been married gave more importance to the support of human services than did those who had never been married. Non-whites indicated a stronger importance for the support of human services than did whites. Those receiving more benefits, using more services, and indicating a need for more services gave the support of human services more importance than did those not using or feeling a need for these services. Students and retired individuals placed less importance on the support of human services than did respondents from other occupations.

4. Areas of Potential Problems and Needs

Each of the areas listed in the survey were indicated as being a potential problem by some of the respondents. The largest area of concern appears to be crime related. Crimes against property, crimes against persons, substance abuse, and delinquency were those areas most frequently identified as community problems by the respondents. The two crime categories were identified as serious by the largest percentage of the respondents.

Identified Community Problems		
Problem	Percent indicating	Percent serious
Crimes against property	62.2	42.1
Crimes against persons	51.3	33.3
Affordable Housing	46.4	27.1
Substance abuse	45.0	28.3
Health care	40.5	23.2
Senior citizens	30.2	12.7
School related	27.9	12.5
Delinquency	27.9	15.6
Homelessness	27.7	12.3
Poverty	25.9	11.1
Job training	25.3	9.4
Racial conflict	22.4	9.4
Domestic violence	22.4	8.2
School age care	22.2	9.7
Language	21.8	8.2
Infant/pre-school care	21.2	9.6
Child abuse	21.1	8.6
Single parenting	21.1	8.0
Teen pregnancy	20.1	8.0
Evening care	19.1	6.0
(list of problem areas continued on next page)		

Problem	Percent Indicating	Percent Serious
People with Disabilities	18.5	6.8
Unemployment	17.9	8.6
AIDS	17.7	9.6
Transportation	16.6	6.6
Child rearing	15.8	5.8
Adult care	14.6	7.0
Family conflict	14.6	5.1
Mental illness	13.1	3.7
Sexually Transmitted Diseases	11.9	5.5
Financial emergencies	11.7	4.1
Marital conflict	8.8	2.1
Mental retardation	4.1	1.6
Other	5.8	

Beyond crime, affordable housing, affordable health care, concerns of senior citizens, homelessness, school-related problems, and poverty were the areas most frequently indicated as potential problematic by respondents. Of those, housing and health care were identified as among the most serious by the largest number of respondents.

In response to the series of questions regarding personal need for and use of human services, respondents did not indicate a strong need or use. Among those most frequently cited as needed were: employment services, transportation, infant care, services to the aged, personal counseling, and educational support.

Services Needed and Used		
Service	Percent indicating need	Percent having used
Employment services	26.3	6.1
Transportation	24.4	10.3
Infant care	19.7	10.8
School age care	19.2	7.5
Personal counseling	18.8	6.6
Services for the aged	18.3	6.6
Education support	16.9	3.8
Housing assistance	16.0	5.2
Emergency finance	11.7	4.2
Home health	11.3	3.8
Disabilities services	10.8	2.3
Family services	10.3	4.2
Evening care	9.4	2.3
Mental health services	8.9	5.2
Substance abuse services	8.9	4.2
Hospice/respice	7.0	3.3
Adoption/Foster care	3.3	1.4
English language	7.5	5.6
Nutrition services	7.5	4.2
Vocational rehab services	7.5	3.3
(List of service needs and use continued on next page)		

Service	Percent indicating need	Percent having used
Family planning	7.5	2.3
AIDS ed/prevention	7.0	3.8
EPSDT (early childhood)	4.7	2.8
Meals on wheels	4.7	2.3
Mobile health services	4.2	1.4
AIDS services	2.3	0.9
Teen pregnancy services	2.3	0.2
Child abuse services	1.9	0.9
Victim assistance	1.9	0.5

5. Advanced Analysis of Responses

Earlier (in the demographics of the respondents), it was suggested that differences between the age and race of the respondents and the general population may present special problems when interpreting the results of the survey. The questions of “identified problems” and “need for services” were analyzed to determine if there was significant differences in the responses based on the race of the respondent and the age of the respondent. Despite the differences suggested by the distribution of these characteristics among the respondents, no difference was found in the problems identified, nor the needs indicated based on race or age. This suggests that the percentage of respondents indicated in the above tables can be used to make inferences regarding the general population, within the confidence and error parameters discussed earlier.

6. Favored Increases and Decreases in Services

In addition to the forced response categories, respondents were asked three open-ended questions:

- 1) Please list three existing human services you would like to see expanded by the City.
- 2) What additional services are needed in the city?
- 3) What, if any, human services should be reduced?

Approximately 48 percent of the respondents took this opportunity to offer an opinion on one or more of these questions. Some of the services requested for expansion or addition fell outside the purview of this Task force (e.g., increased trash pick up, increased police patrols, fixing the streets and curbs). A content analysis of the remaining responses revealed some useful patterns.

The pattern of responses to the questions indicates, above all else, that it is not clear to the citizens of Rockville exactly which human services are supported and which are not. This finding is based on two observations. First, a number of respondents indicated that they did not have enough information with which to answer these questions. Second, the top responses for both the question regarding services to expand and services to add were the same. In decreasing order of occurrence;

- low cost housing,
- support for senior and disabled citizens,
- low cost medical care, and
- transportation services with neighborhood pick-up points

were the service areas most respondents felt should be expanded. These services account for 80 percent of the responses to that question. The same four services accounted for 70 percent of services which should be expanded or added to those supported by the City. Other services frequently mentioned in these two categories include:

- after school and before school child care,
- infant child care,
- year round shelters for homeless women,
- shelters for homeless men,
- food/meal programs for the poor,
- job training and skill development,
- employment services,
- English as a second language,
- tutoring programs for children,
- programs and community centers for the youth, and
- family support programs.

Respondents reflected the same problem confronting policy makers in this area. In response to the question of which services should be reduced, the overwhelming response was none.

Also evident in the responses to these questions was a small anti-dependency and anti-immigrant sentiment. A small, but noticeable, group of respondents indicated a desire to support only those programs which promote independence for those who want to work. This same group of respondents wanted services to focus on "legal citizens" only.

D. Key Informant Information

Key informants are defined as persons having direct contact with individuals living in the community. Information may be drawn from any of a number of relevant informant populations, including clergy; law enforcement personnel; lawyers; medical doctors; nurses; school

administrators; school counselors; school teachers; and social agency personnel. Data collection from key informants can be efficiently accomplished through the use of structured focus groups.

Two focus groups were conducted (see Appendix H). One was comprised of members from the community having particular knowledge related to children and families. The second focus group was comprised of individuals having particular knowledge related to the situation of adults and senior citizens. Key informants were asked to provide information on how professionals perceive community problems and need from their vantage point. Data was gathered, too, regarding ways in which the working relationship between in-community care givers and professional service providers could be enhanced as well as their views of the appropriate role for the City of Rockville.

Ten people gave their time to share their perspectives on the situation of children and families. Eight participated in the focus group on adult and senior citizens. Several common themes emerged during the discussion in both groups. As with housing and other population groups, the demographics of children and families is changing.

- The number of single parents is increasing. This is due both to family breakup and to an increasing number of never-married women choosing to have children.
- There is an increasing racial and ethnic diversity among families. The fastest growing segment of the population appears to be those of Hispanic background. Increasingly, these also are foreign born individuals. This presents a unique set of problems related to family re-integration, intergenerational problems, and interracial conflicts among youth.
- Participants observed an increase in child abuse and youth-on-youth violence and a rise in “gang” activity.
- Participants also offered that there is an increase in the number of homeless and unaccompanied minors.
- There is an increasing senior population. This population is experiencing isolation and problems in living alone.
- There is an increasing number of adults with chronic mental illness and physical disabilities living in the community as opposed to institutions and hospitals. These individuals need housing and assertive case management services.

Federal funds for addressing the problems of children, families, and adults are decreasing at the same time that program participation requirements are becoming more restrictive. Where once families could receive some assistance through the public sector programs, now they are finding that although in need, they earn too much to qualify for assistance. Tensions are building in families and these are spilling out of the house into the community.

Racial tensions between youth are increasing as is the violence that accompanies such tension. Increasingly, the schools are being called on to mediate these situations. More and more, families are turning to teachers and other school personnel as the only service providers available to the family.

Beyond cultural sensitivity, there is a need for the development of true cultural competence in addressing the situation of these families. This calls for a recognition of the strengths that exist in the family and community. One area yet to be explored is to tap into the natural self-help and extended family/community orientation of many foreign cultures. Another, strongly supported, specific recommendation was that the City hire culturally competent individuals in all areas of City services.

Other trends that were identified include:

- Problems with children are surfacing at a younger age.
- Succumbing to the pressures of daily living, parents are becoming less tolerant of their children and less willing to become involved in extended interventions.
- In all cases, the need for some form of assistance and/or support was indicated long before anything was provided.
- Family supports need to be institutionalized as preventive measures and interventions need to be targeted earlier and with younger children.

Participants indicated a need for information and referral services, case management and service coordination, and basic family supports. This was voiced several times and not just in response to family dysfunction. As discussed earlier, there is an increasing number of children and adults with chronic physical and emotional conditions. Often, the family needs supportive assistance and assertive case management just to get by. As with the citizen surveys, transportation and language services were identified as being high on the needs list.

Respondents also stated that service coordination is important. The City needs to recognize that there are many services available in the county. What is not being done is true service integration and coordination. The adoption of a central intake, referral, and case management process was identified as an innovative activity in which the City could engage.

In addition, the City was encouraged to become more involved in innovative community-based programs. In essence, to become the initiators of community/neighborhood self-help and development programs. Suggestions of activities in which the City could become involved include City-sponsored family nights at neighborhood locations, with child care provided during these functions so that parents can attend informational/skill development programs.

E. Service Providers and Service Recipients

A final part of the needs assessment process was a survey questionnaire distributed to service providers and service recipients. Community Services staff identified 178 service providers to receive the provider questionnaire. Each service provider was given 20 recipient questionnaires to distribute to their clients. Forty-eight of the service providers returned their questionnaire; 273 of the recipient questionnaires were returned.

1. Service Providers

Providers returning questionnaires represented three sectors of human service providers: 37 respondents were private not-for-profit organizations; 10 respondents were public/government agencies; 1 was from a private for-profit group. Providers were asked to indicate the area of need(s) addressed; type of service (prevention or intervention); target population; approximate number served; percent of clients from Rockville; size of waiting lists; percent of capacity being used; and general trends in demand and funding for service(s). Returned questionnaires indicated problems in full completion of the questionnaires. Respondents indicated constraints on time, client tracking systems, and types of service(s) provided as reasons for partial completion of the questionnaires. In sum, there was insufficient information to conduct a meaningful statistical analysis of the provider responses. However, meaningful information can be derived from the patterns of responses that were submitted.

Services vs. Demand

Respondents indicated a large range of services and populations served. Services included: housing; job training and employment services; child care; family and individual counseling and mental health services; food and nutrition services; medical services; medical and disability support equipment; and transportation. Providers engage in all forms of service from direct service provision to referral to service providers. Providers indicated offering services to all population age groups. It was difficult for providers to assess what percentage of their clients and waiting lists are residents of Rockville. Many left this question blank stating, "we serve all of Montgomery County." Others indicated that they do not regularly keep data that would indicate the residence of the client. Still others indicated that, due to manual records systems, it was impossible to determine residency of the clients beyond Montgomery County.

All of the direct service providers indicate that the request for service is exceeding the ability of these groups to respond. Three primary reasons were given for turning away prospective clients. In order of importance, they were:

1. No room on the caseload
2. Insufficient agency funds
3. Client cannot afford co-payment or fees for service.

Respondents further indicate that demand for service is increasing, while funding for services is decreasing.

Most direct service providers maintain some form of waiting list. Those who do not maintain a waiting list offered reasons which may indicate an area of need that could be met by the City of Rockville. One commonly given reason for not maintaining a waiting list was that such a list is too hard to maintain. Service users, when denied service from one source, might seek and receive services from other sources and not inform the first organization. Some needs are transient to the user, so that the need may not exist at a later date when services are available. Rather than "chasing" potential clients on a waiting list, some providers only accept clients present at the time that resources are available. Other providers indicate that the nature or duration of services are such that it is known that once the caseload is full, or resources have been committed, the provider will not be able to service others during any current operating year. In these cases, it is not helpful, to the agency nor the person in need, to maintain a waiting list.

Unmet Needs

Service providers identified several types of unmet needs. Among those most frequently identified were:

1. Case management for clients having multiple needs.
2. Client transportation services.
3. Space for client services--more services might be provided if space were available.
4. Financial support for service copayments, and medicine.
5. Housing--both affordable housing and the number of available housing units.
6. In-home support services for senior citizens and people with disabilities.
7. Jobs or employment opportunities--regardless of skill level.
8. Job training and skill development.
9. Affordable child care.
10. Family and individual counseling/mental health services.

Provider Suggestions

Providers were asked to provide suggestions as to how the City of Rockville might assist in meeting these needs, other than by increasing funding. The primary response to this question fell into the area of coordination. Coordination of services, transportation, intake, and volunteer services were all cited as the primary ways services could be enhanced and assisted without significantly increasing funding to the providers.

A second area in which the City of Rockville might meaningfully address human service needs was in the development and strengthening of public/private partnerships with industries and employers.

2. Service Recipients

Approximately 8 percent of the distributed service recipient questionnaires were returned. Returns were limited by the number of service providers who do not see clients directly (e.g., phone referral services). Responses indicated patterns of impediments to service access and several unmet needs. The information derived from recipients of service tends to validate that received from citizens and key informants.

Impediments to Receiving Service

Recipients indicated a general accessibility of human services, with less than 20 percent of those responding identifying one or more specific impediments to services. Of those who did indicate problems in accessing services, factors related to location of services were primary impediments. The largest impediment identified, by those who responded to this question, was knowledge about where services are located or available (21.4 percent). The second and third highest rated impediments appear to be related. Location of services was identified as an impediment by 16.1 percent of the respondents while transportation to services was identified by 15.6 percent of the respondents. Beyond location, cost of services was a significant impediment for 13.7 percent of those who responded.

Factors Preventing Use of Human Services	
Factor	Percent of Respondent
Don't know location	21.4
Location	16.1
Transportation	15.6
Cost	13.7
Language	8.3
Hours of operation	7.5
Negative experience	2.2
Fear of what others think	0.0
No help	0.0
Other	3.4

As with responses from citizens, and consistent with the increase of foreign-born individuals identified by the key informants, 8.3 percent of the respondents indicated language as a problem in accessing services. Most did not identify the specific language they required.

Beyond location, cost and language, respondents indicated hours of operation as a significant impediment to receiving services.

Service Needs

Of those who responded to the questions about specific service needs, the largest number, 22.6 percent, indicated employment services as a need. Second, and consistent with the information on impediments to services, 21.2 percent of the respondents indicated a need for transportation services. Both of these might be considered related to the fifth highest identified need--emergency financial assistance. Reflecting the changing population demographics, and consistent with opinions of the key informants, services to senior citizens and those with disabilities were indicated as needs by 18.3 percent and 16.7 percent of the respondents, respectively.

Repeatedly, we have heard from service providers and key informants the need for coordination of services and case management for those receiving services. The relative consistency with which those receiving services identify service needs tends to indicate that those receiving services are in need of multiple services.

Serviced Needed and Used		
Service	% indicating need	% having used
Employment services	22.6	12.2
Transportation	21.2	20.6
Services for the aged	18.3	13.2
Disabilities services	16.7	6.9
Emergency finance	16.4	2.4
Infant care	16.3	10.8
School age care	14.2	5.7
English language	13.8	6.8
(List of service needs and use continued on next page)		

Service	Percent indicating need	Percent having used
Vocational rehab services	12.7	9.9
Home health	12.5	3.8
Housing assistance	12.0	10.4
Family services	10.3	8.4
Evening care	9.4	4.6
Mental health services	8.9	10.4
Substance abuse services	8.9	2.4
Personal counseling	8.8	5.7
Nutrition services	7.5	8.4
Family planning	7.5	3.2
Hospice/respite	7.0	3.2
Mobile health services	6.8	5.2
Education support	6.3	7.6
Meals on wheels	4.9	3.6
Child abuse services	3.6	0.9
Adoption/Foster care	3.3	1.8
Victim assistance	3.6	0.5
Teen pregnancy services	2.3	0.2
AIDS ed/prevention	1.8	1.8
EPSDT (early childhood)	1.8	1.8
AIDS services	1.8	0.9

VI. MATCHING NEEDS WITH SERVICES

A. Overview

As noted in Section I, the task force was asked to match the human needs of Rockville residents with the types of services being provided to them. Meeting that objective required the completion of three tasks: assessing the human service needs of Rockville residents; identifying the services which are available to meet those needs; and finally, determining whether or not the available services are appropriate and adequate for addressing the needs of the citizenry.

The actual and anticipated human service needs of residents were assessed through a number of information-gathering mechanisms, including demographic profiles, a citizens' survey, key informant focus groups, surveys of service providers and service recipients, a televised town hall meeting with call-in opportunities, the establishment of a comment phone line, and presentations by service providers to the task force. Section V discusses the results of that process, and draws conclusions about the current and projected human service needs of Rockville residents.

The second step was completed by the preparation of inventories of services to which the City of Rockville devotes resources as well as non-City services available to Rockville residents. This research resulted in a comprehensive listing of public and private programs available to Rockville residents (see Appendix E). It is organized according to the Needs Listing developed by the task force early in its work. Section IV of this report offers a description and discussion of current human services programs and initiatives that are funded in whole or part by the City.

The remaining step became one of determining whether services corresponding to the known human needs of City residents are sufficiently available, or whether there are unmet needs revealing "gaps" in services. This section of the report builds on the previous two analyses in an effort to identify problem areas with regard to need.

Determining the existence of "gaps" in the provision of human services goes beyond counting the number of programs or even the amount of resources devoted to meeting a given need. The responses of public, non-profit and for-profit service providers who completed a questionnaire-type survey conducted by the task force illustrate this point. All of the direct service providers indicate that requests for services exceed their ability to respond. Prospective clients are turned away for any number of reasons, and most agencies maintain some form of waiting list. Furthermore, demand for services is increasing while funding for services declines. Accordingly, the task force decided to approach the question of whether necessary services are sufficiently available to Rockville residents by analyzing survey data.

B. Areas of Unmet Need

1. Survey Data

A number of clients of agencies providing services accessible to Rockville residents completed a questionnaire in which they were asked to indicate their specific service needs. Results revealed that there were 12 broad categories of services for which 10 percent or more of the respondents indicated a need. These are, from highest to lowest:

1. Employment services (including job training)
2. Transportation Services
3. Services for the Aged
4. Services for People with Disabilities
5. Emergency Financial Assistance
6. Child Care (infant/pre-school age)
7. Child Care (school age, before/after school)
8. English language services
9. Vocational rehabilitation services
10. Home Health Assistance
11. Housing Assistance
12. Services for Families, Children and Adolescents

Respondents to the general citizens' survey also were asked to review a list of human services and to indicate whether they or anyone in their household had a need for that service. Two of every three respondents (68 percent) believed they had no personal need for human services. However, as in the service recipients' survey, there were 12 specific areas for which at least 10 percent of respondents experience a need. Interestingly, employment services and transportation services **again** were the areas of greatest need. The only services that appear on the list of the dozen greatest needs of the general citizenry that do not also appear on the listing of the top needs of those already receiving services are personal counseling services and educational support and tutoring (replacing English language services and vocational rehabilitation services).

A contributing factor to the "gap" between need and use of services is that available services are not known or are not sufficiently accessible to many Rockville residents. Survey data reveal that by far the greatest factor that prevents the use of human services by both the general public and the recipients of agency-provided services is not knowing where the services are located (24.7 percent and 21.4 percent of respondents, respectively). The location of the agency, lack of transportation and the cost of services were the only other impediments experienced by 10 percent or more of respondents (service recipients).

As noted above, the task force also assessed citizens' needs for human services through a mail survey of provider agencies identified in the inventory of available services. Unfortunately,

the provider survey had a low response rate, but the responses reveal a pattern that serves to corroborate the areas of unmet human needs identified above. Respondents identified the following areas of need, all of which also appear on the general public's list of greatest needs: transportation services, financial supports, housing, in-home support services for senior citizens and people with disabilities, employment services, child care, and counseling and mental health services. Only counseling and mental health services is missing from the service recipients' list of greatest needs.

The surveyed providers frequently mentioned the lack of case management for multiple-needs clients, and called on the City to increase its assistance in coordinating client services and transportation services. Key informants participating in structured focus groups conducted on behalf of the task force indicated a need in the community for information and referral services, as well as case management and service coordination. Their remarks also confirmed the need identified by service recipients for language services.

2. Provider Presentations

Representatives of a number of public offices and private agencies working to provide services to Rockville residents were invited to brief the task force on the demand for their services and issues related to service provision. Although primarily designed to give the task force members a "hands on" education on the scope of services available in the community, a content analysis of the presentations, completed by City staff (see Appendix I), provides information which further highlights areas of unmet need in Rockville.

Remarks by presenters reveal "gaps in service" in all five major categories of human needs identified by the task force in its needs listing:

1. Physical survival and safety.
2. Adequate preparation and help in sustaining gainful employment.
3. Social support and interaction, especially in times of personal and family crisis.
4. Assistance in addressing specific health and mental health problems.
5. Help in gaining access to available, appropriate services.

Specific areas of concern that were voiced included but were not limited to: affordable housing, emergency shelter, job training, quality child care, services for home-bound elderly persons, emergency financial assistance, language and cultural barriers, affordable health care, domestic violence, mental health, and assistance for teenage mothers. Additionally, several presenters addressed the need for residents to have easier access to available appropriate services through such innovations as case management, centrally located point(s) of services, and increased communication between service agencies.

One area that deserves further mention, because of a unique set of problems in delivering this service, is affordable child care. Child care was studied in depth in 1989 by the Rockville

Child Care Task force, which offered a number of substantive recommendations to assure the availability of adequate, quality child care. Our task force was made aware of the issues of obtaining affordable child care during a presentation by representatives from the Child Care Connection, and through follow-up materials which we requested. The first issue is child care affordability vs. fair wages for the employees. The difference in quality is frequently related to the difference in wages received by the person(s) performing the service, i.e., the more the provider agency can pay its staff, the more likely the provider will be to attract the higher quality employees. The second issue concerns child care for parents who have lower incomes. According to the presenters, state funding has been severely reduced for working single parents who are already employed and do not receive public assistance, but whose incomes are too low to afford child care. Montgomery County operates an innovative child care subsidy program (Working Parents Assistance) for these parents, but county funding resources are finite.

C. Programs Provided to City Residents

The task force recognizes that the City of Rockville has been successful in ascertaining the needs of its citizens and taking appropriate steps to meet them. Rockville has been providing--directly and through grants--services which address issues identified by residents, human service providers, and service users as areas of greatest need. Although the information which follows does not represent an all-inclusive listing of services that address the areas of greatest need among Rockville residents, they are examples of the City's activity in this arena. (For a complete description of City-operated and City-funded human service programs, see section IV.)

In response to issues concerning an aging Rockville population and the need for transportation, the City offers a Senior Center, which offers a wide range of services to its older residents, including senior bus service to shopping, events, the Sunday Dinner program, and other excursions. The Senior Aide program offers escorted transportation to medical appointments. The seniors themselves have a great deal of input into developing and carrying out services. Moreover, seniors who use the center solicit donations and initiate fundraising events which contribute substantially to the upkeep of the center.

To help meet the need for emergency financial assistance, the City is in alliance with the United Way and the church/synagogue-sponsored Community Ministries of Rockville (CMR). In addition to its Rockville Emergency Assistance Program (REAP), which successfully prevents evictions, utility cut-offs, and other personal catastrophes, CMR has been on the cutting edge of creativity in addressing contemporary community issues. Examples include its Personal Living Quarters for employed, homeless adults and English programs for Spanish immigrants.

To assist in meeting the need for affordable housing, the City supports the Rockville Housing Authority (RHA), which administers 178 public housing units, and 108 Section 8 subsidized housing units serving over 500 persons. It is important to point out, however, that RHA has about 1300 people waiting to be added to its waiting list, which, by policy, is kept at no more than 100. Rockville also provides funding to six homeless programs.

The City contributes to affordable health care for residents through its continued support of the Community Clinic Incorporated, a nonprofit agency which provides a range of high quality, affordable primary health care services. In addition, Elderly Ministries, a program of CMR, provides home health care services to frail homebound seniors.

Although crime is not usually associated directly with human services efforts, crimes against property and crimes against persons were the top concerns among City residents who responded to the survey question designed to identify serious issues in Rockville. The City responds through various crime prevention efforts which touch the realm of human services. To address the problem of substance abuse, and to help meet the need for personal counseling and crime prevention, the City offers one of seven Youth and Family Service programs designed to provide support to troubled youth and their families, with the goal of keeping children from committing crimes, getting involved with substance abuse, or engaging in other destructive activities. This service is funded through a unique partnership among the city, Montgomery County, and Maryland governments. The City is an identified leader in crime prevention through efforts of its Police Department's Community Oriented Policing programs, including Rockville Employees Assisting the Law, Neighborhood Watch, Business Watch, "Saturday in the Park," and the continuation of the police satellite station in the Lincoln Park community.

D. Major Problem Areas

Information gathered through surveys and other methods of data collection reveal inadequate levels of existing services, the need for additional services, and/or problems with accessing services within the City of Rockville. "Filling the gap" becomes a matter of either initiating new services and/or expanding and removing barriers to existing services.

Services in at least 14 broad areas apparently are not being provided to Rockville residents at levels which are sufficient to alleviate a significant need for them. There is presently an acute need for initiating additional services to Rockville residents to address 10 categories of need which are evident in **both** the citizens' and service recipients' surveys. Chief among these are employment services and transportation services. The other eight areas of widespread need are for services targeted to the aged, people with disabilities and families, and for services to help meet the emergency financial, child care (both pre-school and school age), home health, and housing needs of Rockville residents. Four additional areas of need revealed by the citizens survey (for personal counseling and educational support) or the service recipients survey (for vocational rehabilitation and English language assistance) also require expanded services at this time.

Virtually all sources of information tapped into by the task force identified a lack of adequate service coordination and case management for service recipients, many of whom have multiple needs for assistance. Dr. Phil Schervish, consultant to the task force, reported that no human service agency or organization is now funded or staffed to perform service coordination.

The issue of accessibility overlays all areas of need. Making services more accessible through such means as translation, information and referral, increased hours of operation, and reducing the number of intakes and points of entry will help not only individuals and families in need, but the entire community, by making the City's investment in its residents more effective.

E. Recommendations

Taking these findings into consideration, the Task force makes the following recommendations for bringing about a closer match between the human needs of Rockville citizens and the human services which might alleviate them:

1. Devote additional City and community resources to address the 10 categories of human need which are common to those survey respondents who currently receive and those who do not receive human services. (See Section V for a description of the extent to which the City of Rockville operates and/or funds programs and services in these areas). The needs are listed from highest to lowest (calculated by using the percentages of respondents from the citizens' and service recipients' surveys who identified specific needs):

- a. Employment services (including job training)
- b. Transportation Services
- c. Services for the Aged
- d. Child Care (infant/pre-school age)
- e. Child Care (school age, before/after school)
- f. Emergency Financial Assistance
- g. Housing Assistance
- h. Services for People with Disabilities
- i. Home Health Assistance
- j. Services for Families, Children, and Adolescents

2. Increase efforts to facilitate access to human services to address all areas of identified need (see Section V) through such means as:

- a. **Information and referral (I & R):** The City should maintain or otherwise work to ensure that a comprehensive and easily updatable listing of services is available to Rockville residents and is widely accessible. This would ideally take the form of a computerized database which can be accessed both with a modem and through a human operator. Recorded information accessible via voice mail, much like the City's Arts Information Hotline, also should be explored. To avoid any unnecessary duplication, consideration should be given to supporting and promoting existing I & R services, such as Community LINC and services available through Montgomery County.

b. **Community outreach and education:** The City should continue to actively seek to provide information to Rockville residents about available human services. This should occur through existing communications vehicles, such as its cable channel and **Rockville Reports**. New mechanisms, such as community forums in neighborhood locations and multilingual outreach capabilities, also should be developed. (Cultural awareness and sensitivity is a "must" among service providers. The demographic analysis indicates increasing diversity in the City's population).

Updatable written material in the form of one-page fact sheets or brochures is essential for this activity. Distribution points should include service providers and other points of entry into the human services system.

One citizen calling the task force comment line suggested that a human services resource booklet with contact information be sent to all City residents. The City presently produces and delivers a booklet describing refuse and recycling collection services, so there is a precedent for this form of information dissemination. The City should seriously investigate this option for human services information.

c. **Coordination:** The task force has learned that the City and County governments have initiated preliminary discussions which could lead to the development of a multi-human services center within the Rockville city limits. The task force strongly encourages the continuation of this dialogue because it promotes integration of services, and "one-stop-shopping"--a real convenience for service users. The City should aggressively pursue this possibility. Alternative means of implementing the "one-stop shopping" concept in Rockville, such as the Linkage to Learning program operated in four County schools, should be explored.

3. Develop and implement an ongoing process for assessing the human services needs of city residents (individuals and families) for purposes of planning and prioritizing resources. Section VII of this report outlines possible ways to accomplish this activity.

4. Continue participation in the nonprofit Community Workstation project, a process to develop an electronic system of cross-agency case management. Otherwise establish formalized ties with other service providers within the county and in other jurisdictions to coordinate service delivery and provide for more effective use of available resources.

For example, the County is in the process of streamlining its human service delivery system. Among the goals of this restructuring is a focus on "single point of entry" for service users, which emphasizes a holistic, person-centered approach rather than one problem at a time. This approach is necessary because most people who request human

services present more than one problem. An important part of that goal is to develop case managers for each client so that the service user has a single point of contact, and an advocate who can assist in arranging the range of services necessary to address all of the presented problems. The City's human service providers should join in that effort to develop a case management approach to human services, which can significantly increase efficiency in delivery.

5. Provide "safety net" programs/services to help meet the basic needs of residents (e.g., shelter, food, clothing, medication) which cannot be met through other means. In addition, work toward the development of initiatives to prevent adverse human/social conditions from evolving into crises. As Dr. Schervish stated in his report, this includes a group of services that can be classified as basic support services, "services which, if provided, help ...prevent the need for other more complicated interventions." Among these are child care, job training and placement, language skill development, homemaker/handyman services, etc.

VII. HUMAN SERVICES POLICY & DELIVERY STRUCTURE

A. Overview

Previous sections examined Rockville's human needs and the services currently provided to meet them. This section focuses on the formal policy and process that the City (and other jurisdictions) utilize, on an ongoing basis, to assess those needs; make decisions concerning the types and level of services that will be provided to address them; and evaluate the performance and success of both the City and outside agency providers' delivery of such services. Each section of this chapter concludes with a number of recommendations and/or options that Mayor and Council might consider with regard to process and policy. Explanations of these recommendations, and how they might be achieved, are included in the text. The major recommendations again are listed together at the conclusion of the chapter.

B. Basis for the City's Involvement in Human Services

1. Rockville's Policy

Numerous sources provide documentation or evidence of Rockville's policy towards meeting the human needs of its citizens. Among the most prominent:

- a. In the City of Rockville Charter, Section 1a., among the types of ordinances the City Council is broadly empowered to pass are those "for the protection and promotion of health, safety, comfort, convenience, welfare and happiness of the residents of the City and visitors thereto and sojourners therein." Section 1b., paragraph 13 more specifically empowers the Council to adopt *Community service* ordinances "To provide, maintain, and operate community and social services for

the preservation and promotion of the health, recreation, welfare, and enlightenment of the inhabitants of the City."

b. In 1989, the Mayor and Council adopted a comprehensive document entitled Goals...Rockville, which lays out a vision for the future of the city and its residents, setting forth seven specific goals, one of which provides among the most explicit and detailed discussions of human needs available to the task force. That goal is: "The City should strive to assure the opportunity for all persons to live in human dignity, and to fully develop their capabilities."⁸ Within this goal are findings and recommendations under the areas of General Trends and Conditions, Human Rights, Social Services, Day Care/Latchkey Children, Senior Citizens, Recreation Programming, Homelessness/Crisis Support, Substance Abuse, and Cultural Arts. Of particular note is the Social Services area⁹. Its three findings:

- "Most human service programs for City residents are provided through State and County agencies. The City's current role is referral to, and case management through, the County system. Cooperation with Montgomery County is essential in the provision of services. Inadequate transportation to service providers hinders fulfillment of social service needs.
- "The social service bureaucracy is confusing; this confusion discourages many people from seeking assistance. There are long waiting lists for access to adult counseling services provided by Montgomery County and the State of Maryland.
- "The City directly provides youth and family counseling services, and, in 1989, is providing outreach and education to families experiencing child abuse.

Its three recommendations:

- "Case management and referral appears to be a necessary and appropriate role in human services provision for a city the size of Rockville.
- "The City should facilitate transportation service so that citizens needing social services can have access to the providers.

⁸ Goals...Rockville, Adopted September 25, 1989, p. 36.

⁹ Ibid, p. 39.

- "The City should be an advocate for its citizens to Federal, State, and County governments to ensure that human services provided by these entities are available and adequate."

Another of the seven general goals in this document is that "the City should continue, initiate, and/or undertake activities that foster and promote a wide variety of housing, affordable to all sectors of the community without discrimination."¹⁰

- c. The statement establishing the Human Needs and Services Advisory Task force, adopted by City Council May 20, 1994, (see appendix B) also provides extensive guidance regarding to City's current roles and policies on human services. After referencing the City's human services goal (see #2 above), the statement points out that:

"Traditionally, the City has sought to meet this goal by providing staff and programs that facilitate access for Rockville residents to the county, state and federal agencies responsible for social services delivery. The City provides emergency services (shelters, medicine, counseling, etc.) where other county, state and federal resources have been exhausted or do not apply to the situation. In addition, the City understands the importance of family and individual stability and provides services that enhance individual and community quality of life (swim center, youth employment and services, crisis intervention, etc.)"

Noting that "the City must provide the basic services as outlined in the charter," (see #1 above), the statement goes on to underscore that, with limited taxing authority, "the City must also look to the Federal, state, and county governments, not-for-profit organizations, and the private sector to provide the majority of needs in health, welfare, education, transportation, and social services." The statement concludes by outlining some options which other cities have chosen for responding to local needs, and calls on the task force to "identify a realistic approach" for the City of Rockville.

- d. The City's 1993 Master Plan, although primarily a guide "for determining the direction of the physical development of the city,"¹¹ contains language that either directly or indirectly address human needs. Among the Plan's underlying principles are an explicit concern about housing affordability: Rockville must continue to "encourage a more economically balanced mix of new housing...maintain a

¹⁰ Ibid, p. 29.

¹¹ Approved and Adopted Master Plan, Rockville, Maryland, Adopted October 25, 1993, p. 1.

satisfactory balance between rental and owner-occupied housing...[and] ensure that housing opportunities are equally available to all people." The principles also call for continuation of facilities such as the Senior Center.¹²

Chapter Eight of the plan (Housing), identifies as major issues housing affordability and accessibility, especially for those with special needs such as the elderly, physically handicapped, mentally ill, underemployed, unemployed, and single-parent households. These issues are incorporated into the Housing chapter's policies and recommendations.¹³ Chapter Nine of the plan (Community Facilities) includes as goals the need for adequate adult and child care facilities "to meet the needs for this type of service in the community." Such needs are increasing, the plan observes.

- e. The City's Annual Reports provide written guidance on the goals and functions of in-house agencies with regard to human services. The FY1994 Annual Report, for example, provides the following descriptions of human service agencies:

Community Services Department: "...is responsible for the overall coordination and integration of human services and addresses the gap between the demands for services and declining county, state, and federal resources. This is achieved through communicating, planning, and working with public, private, and voluntary organizations as well as with citizens and community groups."

Human Rights: "The Human Rights Division (formerly under the Community Services Department and transferred on July 1, 1995, to the City Manager's Office) enforces Chapter 11 of the Rockville City Code, which covers discrimination based upon race, sex, ancestry, age, creed, national origin, marital status, color, handicap, sexual orientation, and presence of children in areas of employment, housing, law enforcement, education, City services and programs, and public accommodations. The Human Rights Commission is an 11-member volunteer board charged with working toward elimination of discriminatory practices through investigation, conciliation of complaints of discrimination, special education programs, and community outreach programs."

Youth, Family, and Community Services: "The City's Youth, Family, and Community Services Division (within the Community Services Department) provides outreach, counseling, advocacy, crisis intervention, alternative recreation, and other human service programs to troubled and needy youths and their families for the purpose of preventing and controlling juvenile delinquency."

¹² Ibid, p. 2.

¹³ Ibid, pp. 115-120.

While the above documents provide a written basis for a formal City policy, the task force believes that the series of individual decisions by the Mayor and Council to appropriate funds for human service activities--whether they are to be provided by outside public or private agencies, or by the city's own Community Services Department (or other Departments)--taken together over time are perhaps the most instructive indicators of the City's policy toward human services. The written documents merely provide a statement of **intent**. However, the actions of elected officials, and, more specifically, how they choose to commit public funds to specific programs, projects, and activities, both tell us how this policy is being carried out, and help define the policy itself.

2. Observations from Other Jurisdictions

There was no attempt on the part of the task force to obtain an overview of how jurisdictions throughout the country address the issue of human needs and services. Emphasis was placed on gathering information among mostly local jurisdictions to get a sense of not only how, but whether a comprehensive system exists in the planning, funding and evaluation of human services.

In most of the jurisdictions, the planning is anchored to at least some of the following: mission statement; goals; a set of values; and/or a philosophy for the direction and types of human services that it offers. There also is an indication that the development of policies and guidelines for planning and delivery of human services by local governments is in its infancy.

For example, in Arlington County, Virginia, the mission is a commitment to maintaining a healthy, stable, and safe community by providing quality, integrated, community-based services to the people of Arlington through assessment and monitoring of human needs, to ensure that basic, critical services are provided to residents either by the county or by others. The City of Hampton Roads, Virginia, places a high priority on development of youth and families, which they indicate is tied to that city's mission of making Hampton Roads "the most liveable community (in) Virginia."

On February 8, 1994, Montgomery County issued a press release indicating that the County Council had adopted a health and human services policy (Resolution #12-1491) to be used as a framework for decision making, which they asserted is "believed to be the first in the nation." The comprehensive, eight-page document outlines "the basic obligations of County Government, the roles of the public and private sectors, the parameters of the health and human services system, the quality of service delivery, the roles of prevention initiatives and program evaluation, and volunteerism." The policy is, in part, attached to "a vision of an attainable, secure and healthy future for each County resident". In addition, each public human services program has its own mission and goals. Montgomery County's planning process is sequential and cyclical, beginning with problem definition, followed by policy development, planning, program implementation, program evaluation, then redefining the nature and extent of the problem over time.

3. Conclusions and Recommendations

Rockville, through its *Charter, Goals*, and other means, has extensively and articulately addressed its responsibility with its residents' human service needs. These documents contain numerous statements alluding to the City's policy and its objectives in providing such services. However, Rockville's goals and policies are broadly drawn, and do not provide much in the way of practical, specific guidance to City agencies and the outside provider community to help them plan for, prioritize, fund, and evaluate the effectiveness of human services.

In short, it is not clear that the City's goals provide the necessary framework for needed decision-making. Its goals and policies might be likened to the building materials left at a construction site. They may be of high quality, but they have not been erected into a foundation and framing around which a house of services can easily be built by workers--in this case, the staffs of City agencies and private providers.

In order to have a solid foundation for human services planning, the City must consolidate, focus, and synthesize its goals and statements into a formal and comprehensive policy for addressing human services needs. This could best be achieved through the official adoption by Mayor and Council of the "Goals and Guiding Principles" developed by the Human Needs and Services Advisory Task force.

However, simply adopting these "Goals and Guiding Principles" will not be adequate. In order to effectively steer City policy, they must be made a part of the "institutional culture" of Rockville's human services system. More specifically, all City staff and agencies must fully understand them and must incorporate them into their operations. These "Goals and Guiding Principles" should be utilized, to the fullest extent possible, in assessing and prioritizing human needs; designing services and allocating resources to address such needs; and evaluating the performance of service delivery by the City and by outside providers.

C. Assessment and Prioritization of Human Needs

1. Rockville's Process

Rockville's process for examining and prioritizing needs is an informal one. One way the City attempts to identify gaps in the types of services provided citizens is through the budget development process (see below, "Funding of Human Services"). Members of the Caregivers Coalition, through their ongoing work with clients, can measure, some with greater and others with lesser degrees of accuracy and objectivity, the needs of their clients.

City staff's own process for needs assessment also is based largely on their ongoing work with provider groups and with clients in need who contact them for assistance. Staff also routinely make use of research, surveys, and other materials provided by other governments (e.g., Montgomery County and State agencies), of Census demographic data, and of needs listings and

priorities set by the local United Way and by other private groups. Additionally, several years ago, the City did undertake a more formalized survey of human needs, which, due to resource and other constraints, proved of limited value.

2. Observations from Other Jurisdictions

A survey of local jurisdictions by City staff revealed a few examples of specific methods of how human needs are determined to guide human services funding decisions. However, that only a small number of examples were found leads to a belief that, in the main, assessment and prioritization of human needs is not a high priority within many, if not most jurisdictions.

In Arlington County, Virginia, a Commission on Human Services studied current human services issues, and made recommendations to County Commissioners concerning the focus and direction of human services programs. Arlington County's recently released "Report of the Arlington County Human Services Commission"--a task force with a charge similar to this task force--recommended that the priority of its human services system should be focused on prevention and on fostering independence and self-sufficiency. Neighboring Fairfax County, Virginia, relies on oversight committees in each human service area in making their decisions.

Montgomery County maintains its own demographic data to identify trends in human services needs "with particular emphasis on vulnerable and special populations". The Health and Human Services (HHS) Department oversees all public human services agencies in the County, and manages numerous private sector contracts. HHS publishes a summary of human services trends in a number of areas on a quarterly basis to assist the County Executive and Council in making decisions.

3. Conclusions and Recommendations

In the City of Rockville, assessment of needs--current or future--is neither systematic nor tied to any established set of human service priorities, guiding principles, or objectives. Put another way, the City's elected officials and staff have never formally established a system of priorities, guiding principles, and/or objectives for funding and implementing human services (beyond the general statements of policy discussed above). This includes the lack of a strategy and structure for reviewing, updating, and prioritizing human needs on an ongoing basis. As a result, the City is vulnerable to criticism that its human service decisions are arbitrary, capricious, and politically expedient, despite the best intentions of its elected officials and staff and of the Caregivers Coalition.

The City should develop and implement an ongoing process for assessing the human services needs of its residents, both to anticipate and plan for changes, and to ensure that limited city resources are focused on the areas of highest priority. Although "ongoing" has several meanings and implications, some specific possibilities include:

- Appointment of a standing Human Services Commission, appointed by the Mayor and Council to provide advice and guidance regarding human services needs and how best to address them. This commission should include a fair and reasonable balance of representatives of (a) organizations which either provide, or advocate for, human services; (b) recipients of such services; (c) Rockville citizens/taxpayers at large. The existing experience and demonstrated commitment of the Caregivers Coalition should be recognized, and tapped, in the initial formulation of this new commission.
- An annual assessment of the most critical human service needs, with an annual formal report presented by the Human Services Commission to the Mayor and Council, which should include recommendations, the necessity, if any, of reprioritizing needs, and the reallocation of resources, prior to the next funding cycle.
- City staff and the new commission should conduct periodic, widely-publicized community forums--not only at City Hall but in local neighborhoods and at service delivery sites--as a means for both resident input and first-hand observations about human service needs.
- The City should adopt, as a goal, its intent to conduct a more statistically and methodologically rigorous needs assessment once every five years in order to test the validity of its ongoing assessment and prioritization process.
- Because a more "systematized" needs assessment process will likely be undertaken within budgetary constraints, its accuracy and effectiveness might be maximized by piggybacking onto, and coordinating with, similar efforts undertaken by other entities, i.e., State and county agencies, private charities such as United Way of Montgomery County, etc.
- Program monitoring and evaluation procedures should, to the extent feasible, include methods to monitor and identify changes in need.

D. Funding of Human Services

1. Rockville's Process

Rockville's process for funding human services follows two tracks, which converge each spring in the annual budget deliberations before the Mayor and Council, who hold public hearings and work sessions in May and adopt a final budget in early June for the fiscal year beginning July 1. One track is the development of funding requests from, and decisions about, outside agency providers. The other track is the internal budgeting for the staff and programs of the City's own Community Services Division, and related agencies.

Outside Agencies: The process for awarding annual grants to outside service providers has been described by those involved as a "personalized" rather than a formalized system. The Mayor and Council rely on the leadership and advice of the Caregivers Coalition, which is not a city-chartered organization or agency, but does have the Council's tacit acceptance as an appropriate venue for the development of funding recommendations. The Coalition is an informal group of private provider organizations that meets periodically to discuss human needs in the City, share information, and, to the extent possible, coordinate efforts.

The process itself begins when the chairman of the Caregivers Coalition asks, at an early winter meeting, the member organizations to indicate their funding requests to the City for the fiscal year starting the following July 1.¹⁴ Following this meeting, these funding requests are discussed, and the Coalition as a whole tries to reach a consensus on which requests, and at what level, it can support.

A listing of requests with the Coalition's imprimatur is next conveyed to the City Manager via the Director of the Department of Community Services. At an ensuing meeting, the City Manager, the Department Director, the chairman of the Caregivers Coalition (and recently, a City Council Member) discuss the funding list to determine how it fits within the City Manager's preliminary allocation of funds for outside agencies for the coming budget cycle. A recommendation is developed and transmitted in the spring to the Mayor and Council. The Mayor and Council have final say over each outside provider's funding from the City, and they often reduce the levels below what the Caregivers Coalition has endorsed due to budgetary constraints and/or other reasons.

Internal Budgeting: At a December budget kickoff meeting, department heads, including the head of the Department of Community Services, receive their preliminary targets for developing budgets for the coming budget year. Community Services (like the other departments) then develops the details of its budget, including what services and programs it will be offering, along with justifications and other supporting material. This budget is transmitted to the City Manager in early February, who formulates recommendations as part of the City's overall budget for presentation to the Mayor and Council by early spring.

2. Observations from Other Jurisdictions

Local jurisdictions make final decisions for funding human services the same way as for other programs/agencies. The programs are submitted annually through the budget process for approval by the executive branch, with ultimate approval by the legislative branch. Historically, the recommendations for funding come mainly from within the agencies which are responsible for carrying them out. The agencies almost always "prove" the worthiness of their programs through written justifications, which can be quantitative, qualitative (though less often), narrative in

¹⁴ City funding accounts for only a portion, and in general a small portion, of the total budgets of most of these outside provider agencies.

response to a particular question from the budget office, executive or legislative staff, or even anecdotal to add emphasis to a particular point. There is little evidence of funding decisions which go beyond the fiscal year under consideration.

In some of the jurisdictions noted above, macro funding decisions follow the specified mission, policies and goals. For example, Montgomery County and Arlington County emphasize prevention as a primary goal. Funding decisions naturally follow a path toward programs which share this emphasis.

However funding decisions are arrived at, the results are admittedly imperfect. There is general acknowledgment that there have been significant unmet needs even when resources were relatively more available, as was the case in the Washington, D.C., region in the mid-1980s. Today, with chronically dwindling revenues at the local level, and general voter dissatisfaction with their tax burden, agonizing decisions must be made. In the article "Social Services and Reality" (Governing, May 1995), a point is made that as federal human services budgets are slashed, the local governments and nonprofits which deliver services will not be able to pick up the slack because many of their programs are partially dependent on federal funding. The federal money flows to the state, then to the local jurisdictions, and in some cases, directly to nonprofit human service programs--"Government is the root. It's the stable base from which the rest grows."

A comment was made by a participant in the Town Meeting held on July 25, 1995, sponsored by this task force that cuts in programs such as SSI, Medicare, Medicaid and the like will have a "ripple effect" in funding at the local level and a direct effect on the most vulnerable populations. The Maryland state government is also likely to cut taxes, with a corresponding decrease in human services funding. According to an October 29, 1995, article in the Washington Post: "(Governor) Glendening already has said that Maryland welfare benefits may be slashed 30 percent, and that money for schools, environmental efforts, and other programs will be lost." (See Appendix J) Thus, the ability of these local programs to take over where the national and state governments have left off will be less, not more, because the vulnerable will have increased needs, and the providers for the needs will have fewer resources to meet them.

Montgomery County, in a December 1994 discussion paper regarding the streamlining of its health and human services system, makes the following revelation and ends with a distressing question:

"Within our current resources, we are able to meet some of the more critical needs of our clients. In an integrated, holistic approach, if we do not have additional resources, we must make the policy decision, in fact the ethical decision, that may result in fewer people with more services, turning away many people with critical presenting problems like homelessness, emotional crisis and abuse. Who should make these decisions and upon what principles should the decisions be based?" (see Appendix K)

3. Conclusions and Recommendations

According to City staff and elected officials, each year the City receives many requests, in addition to those from the Caregivers, for support of human services. Yet, with relatively constant budgets in recent years, support generally has not been extended to new outside agencies (one exception being the Latino Outreach Program).

More specifically, the City maintains no formal process or standardized procedure for outside agencies--whether or not they are currently grantees--to apply for City funding. Furthermore, while new applicants are not specifically blocked from the process which does exist (as described here), this process is not well understood by them. Their efforts to obtain funding are exacerbated by the absence of any structural mechanism on the part of the City to solicit requests based upon a listing of identified needs and priorities. Inherent in this gap is the lack of much participation by Rockville citizens at large in the process.

At its best, the present "system" has brought together and fostered the efforts of a small, dedicated and conscientious group of providers, working with City staff and elected officials, to ensure that the most pressing needs of residents are being addressed within the constraints provided. At its worst, it could become an evolved ritual which provides outside providers who already are in the City's outside agency budget, and also involved in the Caregivers Coalition, with an advantage over new requestors, notwithstanding questions of effectiveness and service need.

City staff, with the advice of the Human Services Commission, and approval of Mayor and Council, should develop a formal, clearly-articulated, widely publicized, and objective structural mechanism to be used for applying for and awarding City resources for the provision of human services. All current and potential Caregivers should be identified and educated on how this process works, on the Goals and Guiding Principles that underpin the funding process, current priorities, etc. In developing this structural mechanism, the City should consult with funders such as Government agencies, private foundations, and United Way for appropriate ideas and models. The task force recommends specifically that the mechanism ensure that every applicant for City human services funding must provide an explicit, written plan with regard to how the proposed service will address an identified human problem(s) faced by City residents. The plan should include specific, measurable goals to assist in performance evaluation. It should also provide a means for a reliable count of the number and percentage of City of Rockville residents it serves.

The City should use its Goals and Guiding Principles as the first frame of reference in considering its funding of human services. All funding decisions should be consistent with the City's philosophy and approach toward addressing human service needs and with recognized limitations and constraints.

The City should use its ongoing needs assessment as the second frame of reference in considering its funding of human services--both those provided directly by the City, and those

provided through outside grantees. All funding decisions should be reconciled against the best available information about needs and the most effective ways of meeting them.

E. Evaluation of Program Performance

1. Rockville's Process

Once outside agencies receive City funds, subsequent requests are rarely denied. Until recently, an agency's performance was not reviewed until the Mayor and Council did so at its next budget cycle. Even then, the review was (and is) primarily through a cursory examination of data on persons served, allocation of funds, etc.

However, on July 1, 1994, the City initiated a more systematic and ongoing review of how its human service dollars were being spent. Community Services staff developed quarterly report forms, tailored to the kind of service the organizations provide, that each grantee must fill out and return. (At the start of the year, once the Mayor and Council make decisions and providers are notified of their funding awards, Community Services staff meets with individual providers if necessary to explain the form and its purpose.) The governing principle for the reporting system is to extract helpful evaluative information without imposing an excessive reporting burden on providers. Once all quarterly reports are received, staff prepares a summary of them that is transmitted, as a progress report, to the City Manager and Mayor and Council.

This staff-prepared, summary progress report for each quarter is used to identify any inconsistencies, discrepancies, and/or other problems. Recently, for example, information received from grantees who were providing emergency shelter suggested that facilities were not being fully utilized despite other reports of at-capacity operation and long waiting lists. As a result, the City has asked the shelter programs to provide additional information on utilization rates.

2. Observations from Other Jurisdictions

Nearby local jurisdictions are recognizing the need to develop more systemized, effective evaluation tools, partially as a result of the need to streamline human services, which, in turn, is due to dwindling funds. Montgomery, Arlington, and Prince William counties have recently given much thought to new evaluation strategies.

Montgomery County holds that not only its programs, but its human services policies should be evaluated "based on measurable goals and proven research methodology" (Resolution 12-1491). Their program evaluation is based on six principles:

1. The achievement of desired outcomes.
2. The measurement of quantifiable outcomes.

3. The relationship of the program to the other parts of the health and human services system.
4. Whether there are more appropriate, more effective, more efficient, or less costly ways to achieve the desired outcomes.
5. Whether prevention measures exist which could eliminate the need for the program.
6. The relationship of the program to other programs within its own service system.

The Arlington County Human Services Commission has made two emphatic recommendations with regard to evaluating programs. First, each program must develop outcome goals, which must include measurable objectives or benchmarks. In addition, the Commission has recommended the establishment of a Commission on Children and Families to monitor programs, assess current human needs and provide for community involvement in the evaluation process.

Prince William County has developed a "Performance Analysis Measurement System: using three types of performance measures:

1. Output measures: Quantify production -- i.e. answers question: "How many...?"
2. Efficiency measures: Quantify cost of program components
3. Outcome measures: Quantify success of clientele following delivery of service.

The common thread among these systems is the establishment of uniform standards, or measurement principles, to apply to all human services programs.

3. Conclusions and Recommendations

Despite relatively recent efforts to strengthen evaluation of the services funded and to ensure more accountability among grantees, City staff and provider groups themselves apparently agree that the system has weaknesses--which could become more acute in the future, particularly if Federal, State, and County human service cutbacks begin to place more pressure on the City to provide for more of such services.

The City relies primarily on the review of data and information in written reports to determine effectiveness and accountability. Examples of other methods of evaluation--none of which the City has attempted--include: periodic site visits to view programs and meet clients first-hand; occasional, more intensive audits of selected grantees and/or internal City-run services; and interviews of randomly-selected clients (users of services).

Client interviews--namely, those conducted both **before** a service is provided and again as a **follow-up** to service provision--are an example of "outcome-based evaluation." Both the Arlington County and Prince William County models (see above) speak to this type of evaluation.

To summarize, simply looking at output measures like service utilization data does not answer the question of whether the service helped the client. Outcome measures attempt to measure not merely what was provided to whom, but the effect that the provision of that service had on the client. As a simple example, did job training and search assistance result in that person obtaining a job? This type of evaluation is not done by Rockville--perhaps in part because of a lack of staff and other resources, and also because the area is a relatively new one in the social service field, and methodologies and tools for evaluation are still being developed and refined.

The task force agrees that it is difficult to quantitatively measure the success or failure of services provided. However, as noted above, jurisdictions which practice more systematic evaluation share a common thread: unlike Rockville, they have an established set of standards, or measurement principles, to apply to all human services programs. Such standards or principles are not necessarily developed by the municipalities; in some places the program or agency itself is asked to develop its own outcome goals, which must include measurable objectives or benchmarks. One way to do this is to encourage those requesting funds to identify and define-- **with every application for funds**--what their outcome goals are, something that Rockville does not currently require in its application process.

To ensure accountability in the use of City resources for the provision of human service programs, and to increase the effectiveness of the use of these resources, the City must undertake a more aggressive, proactive process of evaluating program performance. The following options could be considered for achieving these goals:

- Asking each human services program the following four questions (as Arlington County has already suggested in its own report):
 1. What is the need?
 2. What is the goal in terms of seeking to meet that need?
 3. What is the cost of meeting that need?
 4. Is there a more effective way of meeting that need?
- Actively involving the proposed human services advisory commission in oversight and evaluation. More specifically, the commission should serve as the eyes and ears for Mayor and Council with regard to accountability and effective performance in human service delivery by both City and outside providers.
- Establishing and enunciating a consistent set of **general** performance standards and principles by which the City will evaluate, and hold accountable (fiscally and otherwise), all human services programs. Continuous quality improvement is a desirable element of such standards/principles.
- Incorporating the program evaluation process into the annual human service budgeting and funding cycle.

- Whenever possible, emphasizing both **output** and **outcome** measures to gauge program performance, and utilizing them in future funding decisions.
- Whenever possible, requiring all providers--both in-house agencies and outside Caregivers--to develop, spell out, and include with their applications/proposals, what their **specific** outcome and/or output goals (using any existing measurable performance benchmarks and proven research methodologies) will be. The task force recognizes the necessity of scaling such a requirement to the size of the grant and/or grantee, many of whom operate with extremely limited resources. However, every program must strive to understand the concept of outcome and output goals and to articulate, for benefit of Mayor and Council, to what extent performance standards and output/outcome goals were met.
- Continuing the policy of requiring providers to submit quarterly progress reports to City staff. These provider reports, along with the City staff-prepared summaries of them, should be made available to the Council-appointed advisory commission.
- Considering the use of periodic program audits, site visits, and client interviews as a means for the advisory commission (or a designee) to check on the accuracy and usefulness of the structured evaluation process.

VIII. CONCLUSION: MAXIMIZING COMMUNITY RESOURCES

A. Overview

There are a number of factors at work which lead to the conclusion that the City of Rockville should seek and develop creative ways to raise additional revenue to fund human services and to leverage additional human and in-kind resources:

1. Results from the resident surveys clearly indicate that a majority of residents feel that City support of human services is important relative to other uses of City resources (see section V).
2. The surveys of both City residents and service providers also revealed that there are significant needs in the community in a number of areas (see section V) Service Providers indicated a need to reorganize human services by integrating services through a holistic, case management strategy, rather than a problem oriented approach. Many providers also indicated that they keep waiting lists and cannot keep pace with service demand.
3. Demographic data indicate that Rockville residents will have increased family stress as well as a decrease in the number of two-parent families.

4. Current indications from both the state and federal government are that services to the poor will be reduced, and in response to a general anti-tax atmosphere among citizens in general, the tax burden will also be reduced. For example, see the Washington Post articles in Appendix J.

This information, when digested as a whole, indicated to the task force a need to tap additional resources to supply either new services or enhance existing services, avoiding if possible an additional tax levy to support the increases.

B. Financial Resources

Several alternatives for enhancing revenue for human services were suggested. Among the most attractive was the idea to create a form of community chest. Task force members subsequently learned that the City of Rockville has also been strongly considering the idea over the past several months, and has made some inroads into implementation. For example, the Minutes from the Mayor and Council Meeting # 30-95 (May 23, 1995, page 2) indicate that the Finance Department is working on the "issuance of water bills that would give residents an opportunity to include a donation towards the Rockville Emergency Assistance Program (REAP)." The task force endorses the concept of raising additional human services funds under the umbrella of some type of community chest, and offers additional suggestions for carrying it out:

1. Set up a system which would allow donations through bequests.
2. Apply entry fees to events, or solicit donations at events such as Hometown Holidays, Rockville Day, the Antique & Classic Car Show, Oktoberfest, etc.
3. Sponsor fundraisers to raise money solely for the community chest. An example is the "Heart of Silver" ball held in a prestigious location each year in Montgomery County on behalf of the Heart Association.
4. Form partnerships with businesses. Businesses can be, and in many cases are important human services providers. They can offer any number of benefits and other programs to help their employees and the surrounding community. Examples include child care centers for employees, flex-time, telecommuting, release time for volunteering in the community, Adopt-A-School, etc. The City should encourage these efforts and, where feasible form alliances to assist in these efforts.

The task force also considered other means to maximize financial resources. The task force recommends that priority be given to grant seekers who can best provide matching resources. Certainly the Senior Center provides an excellent example. Through generous

individual donations and fundraisers, senior volunteers contribute many thousands of dollars themselves to maintain and improve the center and its services.

Developing partnerships with the federal, state and county governments through block grants, research projects, and other grant-funded ventures is also a possibility, although as already pointed out, government funding for human services at all levels is shrinking rapidly. (The City's Youth, Family and Community Services Program is a good example of this kind of intergovernment liaison, which is run with significant ongoing funding from the County and State.)

C. In-kind Resources

Besides financial resources, in-kind services and volunteers also are valuable contributors in City human service programs. The task force encourages the optimization of these assets as well. One example is having the City provide space within a City facility for self-help groups. In-kind resources also includes sharing of equipment and technology with Montgomery County, the State of Maryland, and local businesses.

With financial resources being less and less available, contributions from volunteers become exponentially more valuable. Some programs such as Manna Food and Rockville Friendly Immediate Sympathetic Help (FISH) rely almost entirely on volunteer help. The relatively small financial investments in these programs result in a yield which is many times greater. The task force recommends that programs which demonstrate extensive use of volunteers to meet identified important human needs should also receive priority consideration in deciding among funding applicants.

Furthermore, the City should increase its efforts to recruit, train and maintain volunteers. City human services staff should continue to participate in county and national volunteer groups. Staff should work with these groups to help its human services agencies tap into available resources such as the student community service requirement, and national volunteer programs like Americorps. **Rockville Reports** and the City cable channel should list volunteer opportunities for all programs which City residents use, especially those which receive City funding (both public and private). The City should consider sharing training costs for volunteers who serve in nonprofit agencies which assist City residents. Where feasible, City staff should assist programs in developing meaningful job descriptions for volunteers. The Rockville City Police should continue to help providers by carrying out background checks as needed on volunteers and staff, particularly those who work directly with clientele.

The City should also develop and/or enhance methods and activities for recognizing volunteers who provide services directly for City programs, as well as those in the private sector who serve City residents, most notably the Caregivers. In 1985, task force member Viola Hovsepian suggested a program for recognizing private volunteer providers (see Appendix L). The task force appreciates the City's efforts already taken in this regard, such as the Volunteer

Appreciation Party. Finally, the task force recommends that a City staff person be designated as a Volunteer Coordinator to help develop and carry out the above tasks.

IX. CONCLUDING REMARKS

The task force expects that the application of its recommendations¹⁵ will serve to "continue the proud tradition of a caring and responsive city that willingly seeks to assure that every citizen enjoys equal access to the best possible quality of life." The task force members are impressed with all that the City has accomplished to meet the needs of its citizens. Many programs are creative "cutting edge" services, such as the Latino Outreach Program. Many other programs, such as the Rockville Emergency Assistance Program and Manna Food organization ensure that City residents can rely on a sturdy "safety net" in times of greatest need. The recommendations, taken as a whole, including the establishment of a Human Services Advisory Commission, are refinements that task force members feel certain will make a successful system of human service delivery even better.

¹⁵ See Section I for a listing of all major recommendations.

**Human Needs and Services Advisory Task Force
Membership**

Rusty Wallace, Chairperson

Eleanor Northway, Vice Chairperson

Audrey Beck*

Geoffrey Becker

Marjorie Collins

Raul Garcia*

William Goodwin

Lucinda Hall*

Viola Hovsepian

David L'Heureux

Bob Lane

Donna Perry

Art Rossi

Richard Rothenberg

Anne Taylor

Frances Vaughan

Ralph Williams*

Jack Young

* resigned

CITY OF ROCKVILLE

HUMAN NEEDS AND SERVICES ADVISORY TASK FORCE

MAY 20, 1994

Rockville has a proud tradition as a caring and responsive city that willingly seeks to assure that every citizen enjoys equal access to the best possible quality of life. Our citizens provide leadership in identifying community needs, both human and material, and donate many hours of time and many dollars to help meet these needs.

Four All-America City awards since 1957 attest to Rockville's commitment to citizen participation in the governance of the community. Our citizens demand, and have always been willing to pay for, high quality services, good government, carefully planned economic growth, and the maintenance of a family-friendly, community character.

The growing diversity of Rockville's population, the increased urbanization of the metropolitan region, and the reduced federal government role in supporting those citizens most in need of public assistance have placed a heavier burden on state and local government and private institutions. Many cities are being forced to assume a greater role in the delivery of human services and in deciding which services should be provided in their communities and who will provide them.

The Rockville community needs to assess the current and future human needs of our citizens and review the adequacy of the public, private, and nonprofit human services delivery systems. The Mayor and Council has established the Human Needs and Services Advisory Task Force to fulfill this mission.

Human Needs and Services Advisory Task Force (HNASATF)

The purpose of the Human Needs and Services Advisory Task Force will be to identify for the Mayor and Council, the City's needs and resources for the delivery of human services and recommend methods to improve the quality of life for all.

To accomplish this purpose the task force will have the following objectives:

- I. Determine human service needs within the city of Rockville
 - A. Ascertain the current human service needs of city residents.

- B. Determine any current trends that indicate emerging needs which may need to be addressed in the near future.
 - C. Project future human services needs in Rockville over the next five years.
- II. Assess whether the types of services offered to Rockville residents meet the current needs.
- A. Determine which organizations are providing human services used by Rockville residents.
 - B. Define the need each organization is attempting to address.
 - C. Determine how each service is provided.
 - D. Evaluate the extent to which each service is provided.
- III. Determine the effectiveness of the public, private, and nonprofit sectors which currently provide critical roles in the delivery of human services in Rockville.
- A. Define the current responsibilities of each sector in meeting human services needs in Rockville.
 - B. Analyze the effectiveness of each of the sectors in terms of their current roles.
 - C. Determine any additional responsibilities each of the sectors should undertake in meeting current or future needs.
 - D. Emphasize how the City of Rockville government can best accomplish its human services responsibilities in the most efficient and effective way.

Task Force Composition – Task force members will be appointed by the Mayor and Council and will consist of a culturally and economically diverse group that is representative of the Rockville community. This group will have between 15 and 20 members. At least two-thirds of the members will be city residents. The task force also will include representatives from the business community.

Role of Social Service Agencies – The task force will not include representatives from any organizations that currently receive funding from the City or provide the types of services that will be reviewed. However, these service organizations will be asked to play an important role in providing background information and assistance in understanding the current situation.

Time Frame – The task force will complete its work within one year and issue a report to the Mayor and Council.

Staff Support – Staff support will be provided by the City Manager's Office.

Appointment Procedures – Anyone interested in applying for the HNASATF or who would like any additional information may contact the City Clerk's Office at 309-3310.

A Perspective on the Provision of Human and Social Services

Background

The City of Rockville's adopted goal for the delivery of City services is to "provide and maintain adequate public facilities and services to support the residential and business districts of the community, while enhancing environmental quality, public and individual health, security, and safety."

In the area of human services, the adopted goal is "to assure the opportunity for all persons to live in human dignity, and to fully develop their capability." Traditionally, the City has sought to meet this goal by providing staff and programs that facilitate access for Rockville residents to the county, state, and federal agencies responsible for social services delivery.

The City provides emergency services (shelters, medicines, counseling, etc.) where other county, state, and federal resources have been exhausted or do not apply to the situation. In addition, the City understands the importance of family and individual stability and provides services that enhance individual and community quality of life (swim center, youth employment and services, crisis intervention, etc.). As the city becomes increasingly diverse, its changing socio-economic environment demands expanded or new services that ensure a good quality of life for all citizens.

Some of the demand on the City for increased human services is caused by federal, state, and county policies, and by budget constraints and reductions. Other needs are generated by deteriorating family structures and conditions such as crime, unemployment, abandonment, illness, and death. One major socio-economic trend that will continue to place demands on City resources is the rapid expansion of the senior population, which is not unusual for a mature post-World War II community. The following statistics illustrate this environment.

Demographic Characteristics of Importance to the Issue

City of Rockville Population

1990 population 44,835

Age Distribution

Under 5	3,106	7%
5-17	7,235	16%
18-24	4,109	9%
25-34	8,201	18%
35-44	7,786	17%
45-64	9,613	21%
65 and over	4,687	10%

Racial Composition

White	35,491	79%
Black	3,699	8.3%
Asian-Pacific Island	4,394	9.8%
Other	1,132	2.5%

Hispanic origin (all races) 3,863 8.6%

Household Type

Family households	11,332	72%
Non-family households	4,328	28%

Income

1989 Median household income	\$71,550
1989 Median family income	\$67,492

Resource Base and Allocation

Although Rockville's charter requires the provision of basic services, our taxing authorities are limited by state law. Our primary tax source is the property tax, which includes commercial, retail, manufacturing, and residential property taxes. Additionally, to provide better and more equitable charges for unique services, state law has recognized the appropriateness of user fees for certain quantifiable services, such as water and sewer, electric, recreation (beyond general), and refuse collection and disposal.

User fees have allowed the City to dedicate funds to a specific service, thus enhancing the equity of the charges across the city population.

With this limited taxing authority, the City must provide the basic services as outlined in the charter. The City must also look to the federal, state, and county governments, not-for-profit organizations, and the private sector to provide the majority of needs in health, welfare, education, transportation, and social services.

Current Trend: Locally and Nationally

In the face of declining county, state, and federal funds, local governments are providing more of the critical human and emergency services. Due to their revenue limitations and charter requirements, many cities and towns, like Rockville, are stepping back to review their current involvement in human services in order to make critical policy and resource decisions for their residents. We cannot provide all of the critical services needed with our limited local funds.

In some instances, cities are finding that they can respond to local needs without providing a particular or expanded service directly. Through grants, contracts, loans, or nonrevenue action such as partnerships with public and private organizations, cities are finding innovative ways to address these unmet needs while preserving their limited resources for more traditional municipal services. A few cities have been able to help establish private organizations that provide services previously delivered in the public sector. In other cases, cities have simply stopped providing a service to let the marketplace decide its importance and continued provision.

It is the Mayor and Council's hope that the work of the Human Needs and Services Advisory Task Force will identify a realistic approach for the City of Rockville in its general leadership role and its limited resources for human services.

Human Needs and Services Advisory Task Force
Presenters

September 10, 1994

Josephine Roberts, Director of Community Services, City of Rockville
Charles Short, Director, Department of Health and Human Services, Montgomery County
Reverend Mansfield Kaseman, Coordinator, Caregivers Coalition
Judy Morenoff, President, League of Women Voters

November 9, 1994

Kevin Deckard, Director of Finance, City of Rockville

November 30, 1994

Larry Pignone, Executive Director, Montgomery United Way

January 25, 1995

Stacy Wood, Planner, City of Rockville
Victor Sajauskas, Superintendent of Housing and Community Development, City of Rockville
Ed Duffy, Assistant Chief of Economic Development, City of Rockville
Phil Bryan, Superintendent of Recreation, City of Rockville
Karen Earley Rawlins, Recreation Program Supervisor, City of Rockville
Gwendolyn Tolbert, Executive Director, Rockville Housing Authority

February 8, 1995

Charles Wilkinson, Supervisor, Division of Youth, Family and Community Services, City of Rockville
Terry Treschuk, Chief of Police, City of Rockville
Wayne Ferrell, Community Services Crime Prevention Officer, Montgomery County Police
Barbara Bonnin, Supervisor of Screening Unit, Montgomery County Child Welfare Services Division
Norma Baynard, Coordinator, MOMS Program, Mental Health Association of Montgomery County
Galo Correa, Sr., Executive Director, Hispanics United for Rockville

March 8, 1995

Lorraine Schack, Senior Citizens Social Services Coordinator, Rockville Senior Center
Virginia Onley, Rockville Senior Citizen Commission
Estelle Berberian, Rockville Senior Citizen Commission
Marty Roney, Rockville Senior Citizen Commission
Sylvia George, Coordinator, Elderly Ministries, Community Ministries of Rockville

Presenters List Continued

March 22, 1995

Ann Reiss, Community LINC

Larry Pignone, Community Workstation Project, Montgomery United Way

April 12, 1995

Lenora Sherard, Senior Health Educator, Montgomery County Health Department

Mark Langlais, Executive Director, Community Clinic, Inc.

June 14, 1995

Bob Dorsey, Councilmember, City of Rockville

Rose Krasnow, Councilmember, City of Rockville

Rick Kuckkahn, Acting City Manager, City of Rockville

Reverend Mansfield Kaseman, Coordinator, Caregivers Coalition

August 9, 1995

Gwendolyn Tolbert, Executive Director, Rockville Housing Authority

Donna Tucker, Director of Social Services, Rockville Housing Authority

Patricia Byrd, Resident Manager, Rockville Housing Authority

Carolyn Chase, Resident Manager, Rockville Housing Authority

August 23, 1995

Ann Chapman, Director, Helping Hands Shelter

Norma Fagan, Cordelia House

September 6, 1995

Carol Walsh, Executive Director, Child Care Connection

Debbie Shepard, Program Manager, Office of Child Care Subsidies, Montgomery County Department of Health and Human Services

Judy Sokal, Volunteer, Working Parents Assistance Trust Fund

November 8, 1995

Charles Short, Director, Department of Health and Human Services, Montgomery County

CITY OF ROCKVILLE

HUMAN NEEDS AND SERVICES ADVISORY TASK FORCE

Definition of Human Services/Needs/Target Populations

DEFINITION OF HUMAN SERVICES (UPDATED 10/12/94).

Human Services are those services provided to individuals or families experiencing difficulty in meeting their basic needs for physical survival and safety, for adequate preparation for and help in sustaining gainful employment, for social support and interaction, especially in times of personal or family crises, for assistance in addressing specific health and mental health problems, and for help in gaining access to available appropriate services. These services may be either preventive or remedial in nature and help recipients attain the greatest possible level of independence and self-determination.

NEEDS LISTING (UPDATED 1/24/95).

1. Physical Survival & Safety

Long-term housing*

Subsidies#

Utilities#

Furnishings#

General housing search and location;

Emergency home repair

Special housing needs (e.g., group homes)#

Emergency shelter*#

Transitional housing/services for homeless+

Emergency financial assistance*

Food & nutrition*#

Clothing:#

2. Adequate Preparation for/Help in Sustaining Gainful Employment

Job Training*#

Child/afterschool care*#

Employment*# Procurement

Reading/basic educational skills*#

Employment needs of special population: youth, disabled, elderly, and other disadvantaged

3. Social Support & Interaction, Especially in Times of Personal or Family Crisis

General

- Adult/spousal abuse*
- Individual/family counseling*
- Family violence#
- Legal assistance*#
- Other temporary/day care (ex: disabled)#
- Elder care (long or short-term)*
- Alcohol/drug abuse*
- Homemaker needs/in-home aid (non medical)##+

Social Support & Interaction, Especially in Times of Personal or Family Crisis

- Crime victim support (general)/emergency crisis intervention+
- Senior companionship/escort/related needs+
- Financial/tax/credit problems
- Sexual assault victim support+
- Consumer advocacy/assistance
- Personal tragedy management#

Children/youth

- Child/afterschool care* Teen pregnancy*
- Child abuse*# Foster care/adoption help+#
- Youth recreation* Learning support/tutoring+
- Troubled youth*#
- School violence#
- Conflict resolution

4. Assistance in Addressing Specific Health & Mental Health Problems

Affordable (basic) health care*

- General medical care*##+
- Immunizations+
- Dental+
- Hearing/vision screening+
- Children's health+
- Women's health+
- Minority Health
- Nutritional counseling# and education#
- HIV/AIDS prevention/care/treatment*+
- Teen pregnancy*
- Problems directly related to physical disability*
- Physical therapy
- Family planning
- Health education
- Prenatal care

Assistance in Addressing Specific Health & Mental Health Problems (cont.)

Mental health

- Mental illness (general)*#+
- Special education#
- Adult/spousal abuse*
- Child mental health (general)+
- Child abuse*#
- Alcohol/drug abuse*
- Suicide prevention+
- Traditional/assisted housing+

Care assistance

- Hospice care--home & institutional
- Respite care+
- Home care
- Elder care (long or short-term)*
- AIDS care/treatment*
- Long-term care#

5. Help in Gaining Access to Available Appropriate Services

- Complex forms/red tape
- Discrimination# [including equal employment opportunity]
- Immigrant/refugee settlement
- Lack of information/outreach needs/hotlines#
- Language barriers*#
- Legal assistance*#
- Physical disability problems/accommodation (e.g., ADA)#**
- Poor program service/mismanagement
- Transportation*#

* - 1993 Rockville Community Survey; # - David's Original List; + - Other Materials

TARGET POPULATIONS LISTING (presented 10/12/94)

- Adult Day Care
- Developmentally Disabled
- Frail Elderly
- Homelessness
- Illiterate
- Indigent
- Language Impaired
- Low Income
- Mentally Ill
- Minorities
- People with Disabilities
- School Drop-out
- Substance Abuse
- Terminally Ill
- Working Parents (Latchkey Kids, Daycare)
- Youth at Risk

FISCAL YEAR 1995 CITY OF ROCKVILLE FUNDING FOR SOCIAL SERVICES PROGRAMS

PROGRAM DESCRIPTION	TOTAL BUDGET	LESS REVENUE SUPPORT	TOTAL COST IN LOCAL TAX DOLLARS
COMMUNITY DEVELOPMENT DEPARTMENT:			
(1) REACH Program(down payment assistance for home buyers)	105,000	105,000	0
(2) Referral system for snow removal assistance for elderly and disabled persons	0		0
(3) Community Development Block Grant, Year 20 Programs			
Administration	60,000	60,000	0
Single Family Home Rehabilitation(includes free paint)	128,000	128,000	0
Resident Management Aides for Housing Authority	21,500	21,500	0
Community Ministries	9,000	9,000	0
MHA/Special Friends	5,000	5,000	0
Public Housing Improvements	101,000	101,000	0
Hispanic Family Support	21,500	21,500	0
COMMUNITY SERVICES DEPARTMENT:			
Administration	174,227	0	174,227
Human Rights(discrimination complaints, Martin Luther King Day, hate/violence monitoring)	156,534	70,000	86,534
Youth, Family, and Community Services(counseling, eviction assistance, Holiday Drive, income tax assistance, Summer Youth Employment)	471,201	117,179	354,022

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FISCAL YEAR 1995 CITY OF ROCKVILLE FUNDING FOR SOCIAL SERVICES PROGRAMS

PROGRAM DESCRIPTION	TOTAL BUDGET	LESS REVENUE SUPPORT	TOTAL COST IN LOCAL TAX DOLLARS
RECREATION AND PARKS DEPARTMENT:			
Community Recreation(minority and low-income family participation in latch-key and youth sports programs	9,000	9,000	0
Senior Social Services((meals, transportation assistance, language translation, social activities)	349,652	47,000	302,652
Youth Scholarships	27,655	27,655	0
Senior Scholarships	7,370	7,370	0
Kindergaten Activity Time prorgams	123,613	154,422	(30,809)
Student Total Enrichment Program	102,013	104,706	(2,693)
Community Recreation Youth Programs	155,000	15,420	139,580
OUTSIDE AGENCY CONTRIBUTIONS:	255,144		255,144
CAPITAL PROJECTS FUND			
Lincoln Park Neighborhood Enhancements	364,779	364,779	0
GRAND TOTALS	2,647,188	1,368,531	1,278,657

HISTORY OF OUTSIDE AGENCY FUNDING

Organization	FY 1985	FY 1986	FY 1987	FY 1988	FY 1989	FY 1990	FY 1991	FY 1992	FY 1993	FY 1994	FY 1995	Totals
Agency Comm.-Education		10,000										10,000
Chase Shelter-CMR		10,000		15,000	15,000	15,000	15,000	15,000	15,000	17,700	19,700	137,400
Chase Shelter (1)										6,000		6,000
Child Care Connection						4,000	5,500	5,500	5,000	1,000	2,000	23,000
Children's Place		10,000										10,000
Comm. Min. Rock (2)											9,000	9,000
CMR Senior Asst.				22,000								22,000
CMR Senior Asst. (1)					3,000							3,000
CMR Single Occupancy (1)							50,000					50,000
Community Clinic				46,063	46,063	46,063	46,063	46,063	46,063	50,000	50,000	376,373
Cardalia House								8,000	8,000	12,000	12,500	40,500
Dorothy Day Place							7,500	10,000	10,000	10,000	10,000	47,500
Economic Devel. Comm.					4,200							4,200
Helping Hands Shelter		39,740			8,000	8,000	7,500	10,000	10,000	10,000	15,000	114,240
Helping Hands Shelter (2)							5,000					5,000
Hisp. United Rock. (1)								9,600				9,600
Hisp. United Rock. (2)								17,410	21,000	20,000	21,500	79,910
Hisp. United Rock.										10,000	10,000	20,000
Hist. Dist. Comm.	10,000						4,000	4,000				18,000
Hist. Dist. Comm. (4)									4,000	2,000	2,000	8,000
Home Health-CMR (2)					20,000	22,000						42,000
Home Health Care-CMR					8,000	22,500	20,000	30,000	30,000	33,000	33,000	176,500
Human Rights Comm.	6,000		5,500									11,500
Interfaith Cloth.-CMR							2,000	2,500	2,500	2,500	1,000	10,500
Latino Outreach-CMR											5,000	5,000
LPCS (2)	39,000	22,619	19,000									80,619
Manna Food (3)			1,810	4,272		8,637	7,553					23,272
Manna Food (2)			8,500		4,250	5,136						17,886
Manna Food (1)												19,000
Mary's House (1)	5,000							14,000	14,000	5,000	5,000	46,000
Mental Health Assn.									5,000	5,000	4,000	14,000
M.C. Historical. Soc.		26,917	65,389	4,000								96,306
Human Relation Comm.					2,500							2,500
Mt Calvary Day Care					21,360							21,360
Nat'l Chamb. Orch.		2,500				20,000	31,000	33,000				86,500
Nat'l Chamb. Orch. (7)											15,000	15,000
Nat'l Chamb. Orch. (5)									5,000	5,000	5,000	15,000
Peerless Rockville	3,000				12,500	3,000	2,000	5,000				25,500
Peerless Rockville (4)									1,566	3,124	2,500	7,250
Rainbow Place Shelter					7,500	7,000	7,500	7,750	7,750	7,900	8,400	53,300
R.M.H.S.						40,000						40,000
Rockville Arts Place					15,000	75,000	75,000	75,000	67,500	50,000	50,000	407,500
Rock. Consortium						3,000	3,000	3,180	3,180	3,000	3,000	18,360
REAP-CMR (6)	24,000	40,000	25,000	35,000	20,000	20,000	20,000	30,000	35,000	35,000	35,000	319,000
Rock. Football League							6,000	4,000				10,000
Rock. Hsng. Auth.	22,850	27,500	11,500	44,020	107,791	71,623	79,300	35,391	20,000	20,000	38,544	472,519
Rock. Hsng. Auth. (2)	36,200	32,500	13,000	92,200	98,000	101,000	99,078	80,000	82,625	82,400	122,500	839,503
Rock. Seniors Inc	10,000											10,000
Rock. Sister City	300				2,000	2,000	2,000	2,000				8,300
Society for Arts-Rock.	11,000											11,000
SCLC									10,000	10,000	5,000	25,000
Stepping Stones	5,000		10,000				7,500	10,000	10,000			42,500
Suburban MD Fair Hsng						3,000	3,000	8,000				14,000
Victory Housing	26,300											26,300
Victory Housing (1)								150,000				150,000
Totals:	198,650	221,776	159,699	262,555	395,164	476,959	505,499	615,394	413,184	405,684	425,544	4,143,203

- (1) Property Management Fund
(2) Community Development Block Grant
(3) Community Services Operating Budget
(4) Community Development Operating Budget
(5) Recreation and Parks Operating Budget
(6) Additional prior years' funding: FY 1982 100,000, FY 1983 40,000, and FY 1984 40,000
(7) Maryland State Arts Council Grant

Sources used: Proposed and Adopted Operating Budgets, Rockville Resorts, CDBG contracts, and in-house Outside Agency files.

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HUMAN SERVICES PROVIDER ORGANIZATIONS

CATEGORY: Housing

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Rockville Housing Authority 14 Moore Drive Rockville, MD 20850	424-6265	Subsidized public housing units; Section 8 rental assistance vouchers	Low-income individuals and families
Housing Opportunities Commission 10400 Detrick Avenue Kensington, MD 20895	933-9750	Subsidized public housing; Section 8 rental assistance vouchers; elderly housing	Low income individuals and families
Rockville REACH Program Housing Charities, Inc. PO Box 10743 Rockville, MD 20849	590-2014	Assistance with purchase of first house in Rockville	People who live or work in Rockville and are first time home buyers
Congregation Based Shelter Community Ministries of Montgomery County 114 W. Montgomery Avenue Rockville, MD 20850	762-8682	Emergency shelter	Single homeless adults
Rainbow Place Shelter 215 W. Montgomery Avenue Rockville, MD 20850	762-3363	Emergency shelter (operates November - March)	Homeless women
Stepping Stones Shelter PO Box 712 Rockville, MD 20848-0712	251-0567	Emergency shelter; transitional housing (up to 2 years)	Homeless adults and families
Chase Partnership Shelter Community Ministries of Rockville 600 E. Gude Drive Rockville, MD 20850	424-1880	Transitional shelter	Homeless addicted men

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Dorothy Day Shelter 251 N. Stonestreet Avenue Rockville, MD 20850	762-8314 839-7957 (TDD)	Transitional housing (up to 2 years)	Homeless women
Laytonsville Haven 5834 Riggs Road Laytonsville, MD 20882	330-6738	Transitional housing	Women, including persons with chronic mental illness
Helping Hands Shelter Mt. Calvary Baptist Church 622 N. Horners Lane Rockville, MD 20850	340-2796	Transitional shelter	Homeless families
Town Center 90 Monroe Street Rockville, MD 20850	424-5450	Subsidized housing for seniors	Low-income seniors
Heritage House 95 Dawson Avenue Rockville, MD 20850	762-8620	Subsidized housing for seniors	Low-income seniors
Bethany House 199 Rollins Avenue Rockville, MD 20852	881-0700	Residence for senior citizens in moderate to low-income bracket	Senior citizens meeting moderate to low income criteria

CATEGORY: Financial Assistance

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Montgomery County Department of Health and Human Services - Crisis, Income and Victim Services 5630 Fishers Lane Rockville, MD 20850	468-4353	Emergency financial assistance; shelter funds	General population
Rockville Emergency Assistance Program Community Ministries of Rockville 114 W. Montgomery Avenue Rockville, MD 20850	309-3380	Emergency financial assistance	Rockville residents with verifiable financial emergencies

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
MANNA Food Center 614 Loftstrand Lane Rockville, MD 20850	424-1130	Emergency food (once per month)	Low income population
Rockville Fish PO Box 1624 Rockville, MD 20850	650-7449	Emergency food, assistance with transportation	Low income population
Lord's Table/Soup Kitchen 201 S. Frederick Avenue Gaithersburg, MD 20877	330-5812	Walk-in dinners	Homeless persons
Interfaith Clothing Center Community Ministries of Montgomery County 751 Twinbrook Parkway Rockville, MD 20851	424-3796	Clothing, linens and household items	Low income population
Rockville United Methodist Church Thrift Shop 112 W. Montgomery Avenue Rockville, MD 20850	(301) 762-2288	Clothing	Low income population
Upscale Resale Jobs Unlimited, Inc. 1075 Rockville Pike Rockville, MD 20852	738-7723	Thrift shop selling clothes, jewelry, furnishings, collectibles	General population
Consumer Credit Counseling 11426 Rockville Pike, Suite 105 Rockville, MD 20852	251-5833	Financial counseling to resolve credit problems	Persons experiencing financial problems

CATEGORY: Day Programs for Adults

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
The ARC/Respite Care Registry 11600 Nebel Street Rockville, MD 20852	984-5777	Day program for ill infants/children; vocational day program for persons with developmental disabilities; support groups and referral services for parents of developmentally disabled children	Persons with developmental disabilities and their families

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Kennedy Institute/Community Options 1010 Grandin Avenue Rockville, MD 20851	251-2860	Day program providing individualized assistance to enable persons with multiple disabilities to participate in community activities	Adults, 21 years and older with severe or multiple handicaps
Cordelia House 17 Wood Lane Rockville, MD 20850	340-7157	Day program that provides food, transportation assistance, clothing and telephone services	Homeless women
The Support Center 1010 Grandin Avenue Rockville, MD 20851	738-2250	Day program for frail or impaired adults, including social and therapeutic activities, and personal care	Adults at risk of institutionalization

CATEGORY: Counseling

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Affiliated Community Counselors 51 Monroe Street, Suite 104 Rockville, MD 20850	251-8965	Individual counseling and psychotherapy; couples and family counseling; group counseling; psychological testing	Children, ages 8 through older adults
Community Psychiatric Center 2424 Reddie Drive, 3rd Floor Wheaton, MD 20902	933-2402	Clinical and outreach mental health services for children, adolescents, adults, and seniors	General population
Family Services Agency 640 E. Diamond Avenue, Suite A Gaithersburg, MD 20877	840-2000	Individual, marriage, family, group, child and adolescent counseling; substance abuse prevention programs, employee assistance programs	General population
Pastoral Counseling PO Box 39 3017 Chain Bridge Road Oakton, VA 22124	281-1870	Pre-marital, marriage and family counseling; counseling for adolescents	General population
Montgomery County Adolescent Treatment and Family Therapy Services 401 Hungerford Drive, 6th Floor Rockville, MD 20850	217-1430	Individual, family and group counseling for youths with drug, alcohol, behavior or mental health problems; psychiatric evaluations and medication prescription; alternative recreation programs	Age 13 - 18

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Frost School and Counseling Center 4915 Aspen Hill Road Rockville, MD 20853	933-3451	Combination school and therapy program for emotionally troubled adolescents	Age 13 -18
Catholic Charities 1504 St. Camillus Drive Silver Spring, MD 20903	434-2550	Individual, family, marriage counseling; emergency assistance to households in crisis; counseling of unwed parents; counseling, information and referral for the elderly	General population
Jewish Social Services Agency 6123 Montrose Road Rockville, MD 20852	881-3700	Individual, family and group therapy for parents, families and adolescents; psychiatric evaluation, psychological testing and treatment for children and teenagers; marriage counseling	General population
Montgomery County Crisis Center 4910 Auburn Avenue Bethesda, MD 20014	656-9161	24-hour walk-in and telephone counseling service for people having any personal and family crisis	General population
SEASONS: Suicide Bereavement Cedar Lane Unitarian Church 9601 Cedar Lane Bethesda, MD 20814	493-8300	Group counseling and suicide bereavement for survivors of a suicide death	General population

CATEGORY: Community and Family Violence

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Montgomery County Department of Health and Human Services Abused Persons Program 4905 Del Ray Avenue Bethesda, MD 20814	986-5885	Crisis intervention for physically abused spouse and children, including short-term shelter	General population
Montgomery County Department of Health and Human Services - Child Protective Services 5630 Fishers Lane Rockville, MD 20852	217-4417	Investigation of child neglect or physical or sexual abuse complaints; case management services for family support	Children under 18 years of age

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Montgomery County Department of Health and Human Services - Victims Assistance and Sexual Assault Services 401 Hungerford Drive, #401 Rockville, MD 20850	217-1355	Crisis and ongoing counseling; 24-hour outreach counseling	Victims of crime, including sexual assault
Montgomery County Human Relations Commission 164 Rollins Avenue Rockville, MD 20852	468-4265	Support to victims of hate/violence acts	General population
City of Rockville Community Mediation 111 Maryland Avenue Rockville, MD 20850	309-3308	Structured program for resolving person to person conflicts	Rockville residents
Youth Stand Against Violence Rockville Youth, Family, and Community Services 126 South Washington Street Rockville, MD 20850	309-3390	Educational and advocacy activities to discourage school violence	Rockville residents

CATEGORY: Adult Care Facilities

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Victory Housing/Raphael House 1515-17 Dunster Road Rockville, MD 20854	217-9116	Group assisted living; provides 3 meals a day; cleaning and laundry services; 2 activities per week; beautician services	Seniors citizens 62 years and older; ambulatory and continent
Mary's House 600 Viers Mill Road Rockville, MD 20852	279-2080	Shelter and living for frail elderly requiring 24-hour staff assistance	Senior citizens 62 years and older meeting requirements
Potomac Valley Nursing Home 1235 Potomac Valley Road Rockville, MD 20850	762-0700	Long term housing; provides 3 meals a day including snacks; laundry services; rehabilitation and therapeutic services	Adults only who can't take care of themselves; have a physical disability

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Rockville Nursing Home 303 Adclare Road Rockville, MD 20852	279-9000	Long term housing; fully skilled nursing facility; rehabilitation services	40 years of age and up; have a physical disability
Collingswood Nursing Home 299 Hurley Avenue Rockville, MD 20850	762-8900	Long term care; fully skilled nursing facility; National Rehabilitation Hospital Services	38 years of age and up; must be disabled and require rehabilitation

CATEGORY: Senior Services

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Rockville Senior Center 1150 Carnation Drive Rockville, MD 20850	309-3025	Social, recreation, health and transportation services; supportive services, outreach and information and referral	Rockville residents, 60 and older

CATEGORY: Child/Afterschool Care

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Child Care Connection 332 W Edmonston Drive Rockville, MD 20852	279-1773	Information and referrals on licensed day care providers; continuing education training for family day care providers	General population
Rockville Department of Recreation 111 Maryland Avenue Rockville, MD 20850	309-3340	Licensed afterschool child care programs; licensed recreational programs for kindergarten students	Rockville residents
Montgomery County Child Care Services Children's Resource Center 332 West Edmonston Drive Rockville, MD 20852	279-1260	Information and referrals; information on licensing for day care providers	General population
Rockville Day Care Association, Inc. 622 Hungerford Drive, Suite 26 Rockville, MD 20852	762-7420	Child and afterschool care	General population

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Family Day Care Association of Montgomery County, Inc. 14237 Briardwood Terrace Rockville, MD 20853	871-6810	Association for in-home child care providers	
Organization of Child Care Directors Children's Resource Center 332 W. Edmonston Drive Rockville, MD 20852		Association for group facility child care providers	

CATEGORY: Youth Recreation and Development

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Rockville Parks and Recreation Department 111 Maryland Avenue Rockville, MD 20850	309-3340	Supervised recreation program at 7 gyms; supervised summer program at 17 playgrounds; teen programs	Rockville residents
Montgomery County Department of Recreation 12210 Bushey Drive Silver Spring, MD 20902	217-6820 217-6891 (TDD)	Youth recreation activities; community recreation centers	Children 6-18 years old; pre-school ages 2-5
B'Nai B'rith Youth Organization 6101 Montrose Road Rockville, MD 20852	984-6073	Youth development through community service and religious work; has youth scholarships; speakers bureau; summer exchange programs; leadership training; children's camp	Children 13-18 years old of Jewish parent
Catholic Youth Organization PO Box 29260 Washington, DC 20017	853-4591	Youth development; athletic programs; cultural activities; teen club and young adult division; community services activities	Ages 6-19 for sports
Big Brothers of National Capital Area 1320 Fenwick Lane, Suite 800 Silver Spring, MD 20910	587-4315 587-0021	Youth development	Ages 8-16

CATEGORY: Youth Services

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Rockville Youth, Family and Community Services 126 South Washington Street Rockville, MD 20850	309-3390	Counseling, crisis intervention, employment assistance, tutoring, mentoring, court advocacy	Rockville residents
Maryland Regional Institute for Children and Adolescents (RICA) 15000 Broschart Road Rockville, MD 20850	251-6844	Day and residential treatment center for emotionally disturbed children and adolescents; counseling for families	Children and adolescents, ages 6-20, with emotional disorders
MOMS Program Mental Health Association 1000 Twinbrook Parkway Rockville, MD 20851	424-0656	Parenting skills training/mentorship program for teen mothers	Teen mothers, ages 15-21

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CATEGORY: Foster Care/Adoption

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Montgomery County Department of Health and Human Services - Child Foster Care and Adoption 5630 Fishers Lane Rockville, MD 20852	468-4314 468-4367 (TDD)	Case management and temporary care services for children needing foster care; services to place foster children with adoptive parents	Children whose families cannot meet their parental responsibilities
Adoptions Together 3837 Faragut Avenue Kensington, MD 20895	933-7333	Foster care/adoption help; intercountry adoptions	General population

CATEGORY: Learning/Tutoring

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Headstart Montgomery County Public Schools 4910 Macon Road Rockville, MD 20852	230-0676	Educational program; health and social services; parental involvement	Economically disadvantaged preschool children
Community Services for Autistic Adults and Children 751 Twinbrook Parkway Rockville, MD 20851	762-1650	Information and referral; vocational and residential programs; advocacy group; education program for adolescents	Persons with autism and other developmental disabilities
Literacy Council of Montgomery County 11701 Georgia Avenue, Lower Level Wheaton, MD 20902	942-9292	Individual tutoring in basic reading and writing skills; conversational English for foreign-born adults	Montgomery County residents 16 and older
City of Rockville, Youth, Family, and Community Services Division 126 South Washington Street Rockville, MD 20850	309-3390	Mentorship programs; intergenerational senior citizen/youth advocacy project	Rockville residents

CATEGORY: Employment

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Maryland State Department of Rehabilitation Services (DORS) 6110 Executive Boulevard Rockville, MD 20852	881-1770	Employment related services (e.g., assessments, referrals, job counseling)	Persons with disabilities
Montgomery County Private Industry Council 8500 Colesville Road Silver Spring, MD 20910	495-0440	Career Center services include assessment, job preparation, placement, on-the-job-training, summer youth employment	Low income persons, ages 14 and older; AFDC recipients

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Montgomery College/Gudelsky Institute for Technology - Rockville Campus 51 Mannakee Street Rockville, MD 20850	251-7905	Assessment Center, skills training in building, automotive, printing and other technical trades	General population
Employment Support Center 900 Massachusetts Avenue, NW Room 444 Washington, DC 20001	(202) 783-4747	Training, individual job consultation	General population
Montgomery County Conservation Corps 12210 Georgia Avenue Wheaton, MD 20902	929-5554	Conservation work experiences for unemployed, out of school young adults	Unemployed persons ages 17-23 who are out of school
Hispanics United for Rockville 326 N. Stonestreet Avenue Rockville, MD 20850	340-1541	English classes and skills training in computer repair, car repair, heating and air conditioning	Hispanic Rockville residents
Southern Christian Leadership Conference (SCLC) - Montgomery County Chapter PO Box 1493 Rockville, MD 20850		Computer training courses	Rockville residents, ages 14 and older
Maryland Department of Economic and Employment Development (DEED) 2730 University Blvd. - Wheaton Plaza Wheaton, MD 20902	929-4350 (info) 929-4386 (application services)	Assessment, employment referrals/job finding	General population
New Phase Career Center and Displaced Homemaker Service 255 N. Washington Street. 4th Floor Rockville, MD 20850	279-1800 279-1034 (TDD)	Assessment, skills training and job placement	Women 35 and older

CATEGORY: Vocational Services for Persons with Disabilities

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
The ARC of Montgomery County 11600 Nebel Street Rockville, MD 20852	984-5777 984-5795 (TDD)	Vocational services for persons with developmental disabilities	Persons with disabilities
Transcen, Inc. 451 Hungerford Drive, Suite 700 Rockville, MD 20850	424-2002	Coordinates with employers to hire individuals with disabilities	Persons with mild to severe disabilities
St. Luke's House, Inc. 6040 Southport Drive Bethesda, MD 20814	493-0047, ext. 267	Transitional rehabilitative residential program	adults with chronic mental illness
Threshold Services, Inc. 10920 Connecticut Avenue Kensington, MD 20895	949-6213	Housing and supportive mental health day program services disabilities	Persons with long-term mental illness who need intensive supervision
Supported Employment Enterprise Corporation 622 Hungerford Drive, Suite 9 Rockville, MD 20850	251-0711	Places persons with developmental disabilities in community living and jobs; provides job coaching and support	Persons with disabilities
Rock Creek Foundation 700 Roeder Road Silver Spring, MD 20910	589-8303	Residential services; day treatment; outpatient psychiatric and vocational services	Adults with chronic mental illness or dual diagnosis (developmentally delayed/psychiatric)

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CATEGORY: Affordable Health Care

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Montgomery County Department of Health 100 Maryland Avenue, Suite 240 Rockville, MD 20850	217-1714	Operates five family health clinics; school-based student health services; health education activities; special services for persons with TB or STD/AIDS	General population

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Community Clinic, Inc. 1450 Research Boulevard, Suite 300 Rockville, MD 20850	340-7527, ext. 14	Affordable (primary) health care services, including acute and chronic care, well child care, immunizations and nutrition counseling	Low-income persons
Mobile Medical Care, Inc. 4511 Bestor Drive Rockville, MD 20853	460-3533	Family medicine; routine and episodic care	General population
Planned Parenthood Association Gaithersburg Clinic 19650 Clubhouse Road, Suite 104 Gaithersburg, MD 20879	208-1300	Clinic service for birth control, pregnancy testing, counseling, education services	General population

CATEGORY: Mental Health

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Montgomery County Department of Health and Human Services - Mental Health and Substance Abuse Program 401 Hungerford Drive, 5th Floor Rockville, MD 20850	217-1350	Specialized treatment and rehabilitative programs; housing support and referral services; crisis services and referrals; case management; vocational programs and services	Adults with long-term mental illness
Mental Health Association of Montgomery Co. 1000 Twinbrook Parkway Rockville, MD 20851	424-0656	Advocacy and education activities concerning mental health and mental disorders; mental health services (prevention, intervention, therapy, case management); volunteer programs	Children, teens, families, seniors, persons with long-term mental illness
Suburban Hospital 8600 Old Georgetown Road Bethesda, MD 20814	896-3100	Psychiatric and mental health treatment; acute care facility	12 years of age and older
Chestnut Lodge 500 West Montgomery Avenue Rockville, MD 20850	424-8300	Psychiatric rehabilitation and employment services for people with mental illness or emotional disorders	Adults with mental illness or emotional disorders
Montgomery General Hospital 18101 Prince Philip Drive Olney, MD 20832	774-8850	Inpatient/outpatient psychiatric care; day program; extended care program; dual diagnosis program; crisis intervention and evaluation; medical clinic; individual therapist	13 years of age and older; Emergency Room or doctor admittance

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Washington Adventist Hospital 7600 Carroll Avenue Takoma Park, MD 20912	891-7600 - inpatient 891-5600 - outpatient	36 room inpatient facility and outpatient services; group and individual therapy; occupational, recreational, and art therapy	General population; Emergency Room or doctor admittance
Community Psychiatry Clinic 8311 Wisconsin Avenue, Suite C-19 Bethesda, MD 20814	656-5220	Individual and group therapy	5 years of age and older
Alliance for the Mentally Ill of Montgomery Co. 7300 Whittier Boulevard Bethesda, MD 20817	229-7811	Family/support/advocacy program for families of mentally ill relatives and friends	General population

CATEGORY: Alcohol and Drug Treatment

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Montgomery County Department of Health and Human Services - Outpatient Addiction Services 751 Twinbrook Parkway Rockville, MD 20851	217-1680	Outpatient addiction services; Mother and Tot Enter Recovery Program; program for homeless men in recovery; Methadone program;	Adults only
Montgomery County Department of Health and Human Services - Residential Addiction Services Program 1 Lawrence Court Rockville, MD 20850	279-1202	Residential half-way house (90-180 day stay)	Adult men and women who are alcohol and drug dependent
Montgomery General Hospital 18101 Prince Philip Drive Olney, MD 20832	774-8850	Dual diagnosis; in/out patient detox/rehabilitation; day program and extended day program; crisis intervention and evaluation	13 years of age and up; Emergency Room or doctor admittance
Washington Adventist Hospital 7600 Carroll Avenue Takoma Park, MD 20912	891-5615 891-5617	Mostly outpatient facility, however will provide detox only if primary diagnosis of psychiatric illness or substance abuse is detected; provides acute care	13 years of age and up

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Addiction Treatment Center 8600 Old Georgetown Road Bethesda, MD 20814	896-2522	Inpatient/detox/rehabilitation services; partial day and intensive outpatient services; 30 session aftercare program	13 years of age and older
Second Genesis, Inc. 7910 Woodmont Avenue Bethesda, MD 20814	656-1545	Therapeutic residential program	Persons 14 years and older with drug and alcohol related problems

CATEGORY: Care Assistance

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Montgomery County Department of Health and Human Services - Aging and Disability Services Division / Adult Assessment Center 5630 Fishers Lane Rockville, MD 20852	468-4240	Multidisciplinary health/social assessments; care planning and case management services; adult protective services	Frail seniors
Visiting Nurses Association 2730 University Boulevard W, Suite 500 Wheaton, MD 20902-1949	946-4414	Health care services by nurses, social workers, occupational therapists, physical therapists and home health aides	Homebound of all ages
Homemaker Health Aid Service of Montgomery County 11501 Georgia Avenue, Suite 300 Wheaton, MD 20902	946-6762	In-home non-medical care assistance	Persons in need of in-home assistance
Elderly Ministries Community Ministries of Rockville 114 West Montgomery Avenue Rockville, MD 20850	762-8682	Homemaker health aide services to enable frail elderly Rockville residents to live independently; housing repair and modifications	Frail, elderly Rockville residents
Jewish Social Services Agency 6123 Montrose Road Rockville, MD 20851	881-3700 984-5662 (TDD)	Supportive counseling, psychotherapy and case management services for persons with developmental disabilities and hearing impairments; Meals on Wheels program	Persons with disabilities; homebound services

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Rockville Meals on Wheels Crusader Lutheran Church 1605 Viers Mill Road Rockville, MD 20851	340-1559	Home delivered meals	Seniors
Washington Wheelchair Society 912 Thayer Avenue Silver Spring, MD 20916	942-7612	Loans wheelchairs, hospital beds, other medical equipment	General population
Montgomery Hospice Society 1450 Research Boulevard Twelve Oaks Office Park Rockville, MD 20850	279-2566	Home care and inpatient care including physician, nursing, counseling, spiritual care, bereavement counseling	County residents with terminal illness
Shapiro Jewish Community Hospice 22C Montgomery Village Avenue Gaithersburg, MD 20879	990-6880	Home care including skilled nursing, home health aides, counseling services	Persons with terminal illness
American Red Cross 2020 East West Highway Silver Spring, MD 20910	588-2515	Volunteer shoppers network	Persons needing assistance

CATEGORY: Health Education

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
American Kidney Foundation 6110 Executive Boulevard, Suite 1010 Rockville, MD 20852	881-3052	Information; speakers bureau; organ donor card program	General population
American Heart Association 839 Quince Orchard Boulevard, Suite E Gaithersburg, MD 20878	990-8900	Literature, films, speakers, training	General population
American Lung Association 814 West Diamond Avenue, Suite 270 Gaithersburg, MD 20878	990-1207	Information, educational materials and programs	General population

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
American Cancer Society, Montgomery County 11331 Amherst Avenue Silver Spring, MD 20902	933-9350	Research and education; information and referral; counseling; sickroom equipment	Montgomery County Cancer patients
Alzheimer's Disease and Related Disorders Association of Greater Washington 7910 Woodmont Avenue, Suite 1100 Bethesda, MD 20814	652-6446	Information and referral; publications; monthly support group meeting	Families and friends of those with Alzheimer disease
Arthritis Foundation 4455 Connecticut Avenue, NW, Suite 300 Washington, DC 20008-2302	202-573-6800	Information and referral; support groups; equipment services; health programs	General population
American Speech-Language-Hearing Association 10801 Rockville Pike Rockville, MD 20852	897-5700, ext. 199	Information, referrals, education materials	General population
Alexander Graham Bell Association for the Deaf 3417 Volta Place, NW Washington, DC 20007	202-337-5220	Information, lending library, educational meetings and training	Parents of deaf and general public

CATEGORY: Discrimination

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Rockville Human Rights Commission 111 Maryland Avenue Rockville, MD 20850	309-3308	Enforcement of anti-discrimination ordinance	General population
Montgomery County Human Relations Commission 164 Rollins Avenue Rockville, MD 20852	468-4265	Enforcement of anti-discrimination codes	General population

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Suburban Maryland Fair Housing, Inc. 2419 Reddie Drive Wheaton, MD 20902	942-5006	Compliance and testing services concerning discriminatory housing practices; advocacy and community action to promote affordable housing	General population

CATEGORY: Immigrant/Refugee Settlement

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
CASA de Maryland 310 Tulip Avenue Takoma Park, MD 20912	270-0442	Food, clothes, housing and job referrals, legal assistance, survival English classes	Hispanic immigrants
New American Program Jewish Community Center of Greater Washington 6125 Montrose Road Rockville, MD 20852	881-0100, ext. 368	Cultural events, recreation and English classes to promote social adjustment	Yiddish, Hebrew and Russian immigrants
Spanish Catholic Center 402 E Diamond Avenue Gaithersburg, MD 20877	417-9113	Immigrant and refugee settlement	Hispanic immigrants
Hispanics United for Rockville 326 N. Stonestreet Avenue Rockville, MD 20850	340-1541	Job training and referrals; English classes; outreach, translation and interpretation services	Hispanic immigrants

CATEGORY: Information/Outreach Needs

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Community LINC 1000 Twinbrook Parkway Rockville, MD 20851	217-0500 424-1087 (TDD)	Information and referral help line; computer bulletin board on subjects of interest to persons with disabilities; computer adaptive equipment resource center	General population

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Montgomery County Department of Health and Human Services - Crisis Center 4910 Auburn Avenue Bethesda, MD 20814	656-9161	24-hour crisis services (telephone, walk-in and mobile outreach); crisis stabilization services to prevent hospitalizations or suicides	Persons experiencing situational, emotional or mental health crises
Montgomery County Hotline Mental Health Association 1000 Twinbrook Parkway Rockville, MD 20851	738-2255	24-hour crisis intervention and suicide prevention phone service	General population
Jewish Council on Aging-Information and Referral 11820 Parklawn Drive, Suite 200 Rockville, MD 20852	881-8782 881-5263 (TDD)	Information and referral services on services and programs for seniors	General population

CATEGORY: Classes/Translation Services

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Latino Outreach Community Ministries of Rockville 114 West Montgomery Avenue Rockville, MD 20850	762-8682, ext. 115	Basic English, workplace English, Spanish literacy classes	Hispanic-Americans and immigrants
Hispanics United for Rockville 326 N Stonestreet Avenue Rockville, MD 20850	340-1541	English and GED classes	Hispanic-Americans and immigrants
Montgomery County Counseling & Career Center 255 North Washington Street Rockville, MD 20850	279-1800 279-1034 (TDD)	Testing services and classes and counseling related to personal and career issues	Women in Montgomery County
Korean Community Services Center 7720 Alaska Avenue, NW Washington, DC 20012	(202) 882-8270	Translation, service referrals	Korean-Americans and immigrants

CATEGORY: Legal Assistance

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
CASA of Maryland (Court Appointed Special Advocate) 50 Monroe Street, Suite 301 Rockville, MD 20850	340-7458	Recruits, trains and matches volunteer advocates to abused and neglected children	Abused and neglected children
Legal Aid Bureau 12118 Heritage Park Circle Silver Spring, MD 20906	942-8100 942-3633	Legal assistance	Low-income persons
American Veterans Committee 1717 Massachusetts Avenue, NW Washington, DC 20036	667-0090	Legal assistance	Veterans
Office of Public Defender State of Maryland 27 Courthouse Square Rockville, MD 20850	279-1660	Defense of indigents for jailable offenses	Indigent adults, juveniles and children

CATEGORY: Physical Disabilities/Accommodations

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Spinal Cord Injury Network 250 Hungerford Drive, Suite 115 Rockville, MD 20850	424-8335	Personal care aide registry; architectural barrier counseling and removal	Persons paralyzed by spinal cord injury
Washington Wheelchair Society 912 Thayer Avenue Silver Spring, MD 20916	495-0277	Loans wheelchairs, hospital beds, other medical equipment	General population
Metropolitan Washington Ear 35 University Boulevard E Silver Spring, MD 20901	681-6636	Closed circuit radio reading and information service	Legally blind persons
Head Injury Rehabilitation and Referral Service 1 Church Street, Suite 102 Rockville, MD 20850	309-2228	Group diagnostic and treatment services, including cognitive retraining, vocational assessment, supported employment and residential services	Persons, ages 16 and older, with acquired brain injuries

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Volunteers of Visually-Handicapped 8720 Georgia Avenue, Suite 210 Silver Spring, MD 20910	589-0894	Braille classes, counseling, short-term instruction in orientation and mobility	Visually impaired or blind

CATEGORY: Transportation

AGENCY NAME/ ADDRESS	PHONE	SERVICES PROVIDED	POPULATION SERVED
Rockville FISH PO Box 1624 Rockville, MD 20849	294-4884	Transportation for medical and social service appointments	Persons in need of emergency assistance
Community Ministries of Rockville 114 West Montgomery Avenue Rockville, MD 20850	762-8682	Transportation (tokens)	Rockville residents
American Red Cross 2020 East West Highway Silver Spring, MD 20910	588-2515	Transportation for medical purposes	Montgomery County residents
American Cancer Society 11331 Amherst Avenue Silver Spring, MD 20902	933-9350	Transportation for treatment	Persons with cancer
Rockville Senior Center 1150 Carnation Drive Rockville, MD 20850	309-3053	Transportation to Senior Center, shopping, special trips	Rockville residents

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FOCUS GROUP on CHILDREN, YOUTH, & FAMILIES
KEY INFORMANT ATTENDEES
November 16, 1995

Mr. Hardy Bennett
Montgomery County Department of Health and Human Services

Ms. Maureen Breslin
The Open Door Shelter

Ms. Ann Chapman
Mt. Calvary Baptist Church

Mr. Dennis M. Davis
Montgomery County Department of Juvenile Justice

Ms. Mika Farer
Montgomery County Private Industry Council

Ms. Gaye Monaghan
Headstart/Transition

Rev. James Moone
Southern Christian Leadership Conference

Mr. John Randall
Richard Montgomery High School

Ms. Diana Roche
Montgomery County Department of Health and Human Services
Child Welfare Service

Ms. Ruby Rubens
Montgomery County Public Schools/Board of Education

Ms. Charlotte Sorrells
Rockville FISH

FOCUS GROUP on ADULTS AND SENIOR CITIZENS
KEY INFORMANT ATTENDEES
November 17, 1995

Ms. Monica Barberis-Young
Community Ministries of Montgomery County/Friends in Action

Ms. Claire Funkhouser
Montgomery County Commission on People with Disabilities

Ms. Jeanne Kandel
Alliance for the Mentally Ill

Mr. Jay Kenney
Montgomery County Department of Health and Human Services

Rev. Andy C. Lee
Bethesda Korean Presbyterian Church

Elizabeth Ortega-Lohmeyer
El Montgomery

Ms. Helen Roberto
Montgomery County Commission on Aging

PHYSICAL SURVIVAL AND SAFETY

Gaps in Service	Source	Suggestions
1. Lack of government subsidized low-income housing	Presentation by Ann Chapman, Helping Hands Shelter, to HNASATF, 8/23/95	Develop a competitive process for low-income Rockville residents to rent/purchase a housing unit.
2. High rate of turnaway in shelters (34% in Rockville-based shelters)	Ibid	Provide more shelter beds, particularly for single parents with children.
3. Lack of year-round emergency night time shelter, particularly for women	Presentation by Norma Fagan, Cordelia House to HNASATF, 8/23/95	Provide an entry-level, single-sex shelter that would be open year-round.
4. Lack of job skills training and placement	Ann Chapman	Develop volunteer program to train clients for employment. -Form partnerships with businesses to hire clients and provide "tax incentive" programs for Rockville businesses that hire.
5. Lack of subsidized child care	Ibid	Provide subsidy or loan for child care with a state licensed center.
6. Limited case management time	Norma Fagan	Provide a structured volunteer program to work with and assist professional case managers.

III

CONTENT ANALYSIS OF PRESENTATIONS TO TASK FORCE

Appendix I

PHYSICAL SURVIVAL AND SAFETY

Gaps in Service	Source	Suggestions
1. Decrease in HUD Funding for low income housing subsidies	Presentation by Patricia Byrd, Carolyn Chase, Donna Tucker, and Gwen Tolbert, Rockville Housing Authority to HNASATF, 8/9/95 (from meeting summary)	
2. Need for continued education for youth	Ibid	
3. Need for lighting to curb drug trafficking	Ibid	
4. Need for centrally located point of service for social services	Ibid	
5. Insufficient police protection	Ibid	
6. Need for play equipment in common area.	Ibid	

HEALTH AND MENTAL HEALTH SERVICES -- ELDER CARE ASSISTANCE

Gaps in Service	Source	Suggestions
1. Lack of services for home-bound elderly (i.e. medical care, chore services, escorted transportation)	Presentation by Marty Roney, Rockville Senior Center, to HNASATF, 3/8/95	
2. Need for subsidized and other housing	Ibid	
3. Assistance with costs for medication, medical bills, and food	Ibid	
4. Language and cultural barriers that cause difficulty for non-English speaking elderly to locate or utilize services	Ibid	New multi-cultural events and Hispanic Outreach have been developed
5. Wait list for Homemaker Health Aid Services due to limitation of resources other than Rockville City	Presentation by Sylvia George, Community Ministries Elderly Assistance Program, to HNASATF, 3/8/95	
6. Inadequate resources to meet the demand for services that allow elderly residents to remain at home, such as transportation, home health care, and home maintenance of the fast-growing 65+ population	Ibid	Request increase in funds from City of Rockville

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HEALTH SERVICES

Gaps in Service	Source	Suggestions
<p>1. Access to care is limited by lack of insurance and lack of physicians participating in Medicaid</p>	<p>Presentation by Lenora Sherard, Montgomery County Health Department, to HNASAF, 4/12/95</p>	<p>Action plan which includes:</p> <ol style="list-style-type: none"> 1. The formation of a preventative health coalition to identify strategies to address priority issues 2. Updating and tracking of data to determine the impact of strategies on addressing the health care needs.
<p>2. Adolescent Health -Youth aged 19 and under accounted for 26.5% of reported gonorrhea and 15.4% of syphilis cases in 1993. -About half of the 12th graders reported use of alcohol and cigarettes in 1992. -Almost 1/4 of AIDS cases are believed to have been infected as teenagers. -Teen pregnancy rates have been increasing.</p>	<p>Ibid</p>	
<p>3. HIV/AIDS -African-Americans make up 49% of new AIDS cases -1 of 3 new AIDS cases is female</p>	<p>Ibid</p>	

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<p>4. Tuberculosis -TB is increasing faster in Montgomery County than in Maryland or the U.S. -Asians accounted for 48.4% of TB cases in 1992</p>	<p>Ibid</p>	
<p>5. Cancer/Other Chronic Diseases -Men have higher mortality rates for cancer, suicide, and motor vehicle accidents -Women's mortality rates for heart disease, diabetes, and cerebrovascular disease is increasing</p>	<p>Ibid</p>	
<p>6. Violence -Spousal assault reports have been increasing -Homicide and reported rape cases have increased from 1992-1993. -Resources are insufficient to meet the needs of vulnerable populations</p>	<p>Ibid</p>	
<p>7. Lack of mental health services in Rockville Community Clinic</p>	<p>Presentation by Mark Langlais, Director, Rockville Community Clinic to HNASATF, 4/12/95.</p>	
<p>8. Absence of pediatric services in Rockville Community Clinic</p>	<p>Ibid.</p>	<p>Have Rockville Community Clinic provide pediatric services.</p>

SOCIAL SUPPORT AND INTERACTION -- CHILDREN/YOUTH

Gaps in Service	Source	Suggestions
1. Need for programs to deal with increasing pre-teen violence	Presentations by Charles Wilkinson, Youth, Family, and Community Services Supervisor, City of Rockville, and Terry Treschuk, Chief of Police, City of Rockville, to HNASATF 2/8/95	-Increase capacity for delivery of parent training programs to increase parents' sense of control and enhance parenting skills -Mentorship program
2. Under-utilization of counseling services or emergency assistance by Spanish-speaking persons	Charles Wilkinson	
3. Programs that serve the increase in Spanish speaking clients	Galo Correa, President, Hispanics United for Rockville	
4. Teen parents experiencing difficulty in obtaining child care vouchers or affordable child care	Norma Baynard, Program Director, MOMS (Mothers Offering Maternal Support), Mental Health Association of Montgomery County	
5. Teen parents experiencing difficulty obtaining affordable housing or rental assistance	Norma Baynard	

HELP IN SUSTAINING GAINFUL EMPLOYMENT -- CHILD CARE

Gaps in Service	Source	Suggestions
1. Delivery of high quality child care	Presentation by Carol Walsh, Child Care Connection, to HNASATF 9/6/95	Adequately compensate caregivers
2. Sufficiently compensating caregivers	Ibid	Adequately compensate caregivers
3. Assuring that care is affordable to parents who work	Ibid Fran Abrams, letter to Rusty Wallace dated 7/28/95	Have City of Rockville provide funding for Working Parents Assistance (WPA) that would be used for Rockville residents.
4. Large numbers of parents are on a wait list to receive WPA, resulting in over 2,600 children without child care in Montgomery County, and many parents unable to work	Presentation to Debbie Shepard, Interagency Office of Child Care Subsidies, to HNASATF 9/6/95	Have City of Rockville provide funding for Working Parents Assistance (WPA) that would be used for Rockville residents.

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ACCESS TO SERVICES -- INTERAGENCY INFORMATION COLLABORATIVE EFFORTS

Gaps in Service	Source	Suggestions
1. Lack of communication among service providers, leaving clients to find and apply for their own resources	Presentation by Larry Pignone, Montgomery United Way, to HNASAFIT, 3/22/95.	-Vertical case management using multimedia technology -Using technology to improve communication between service agencies and coordination of service delivery

THE WASHINGTON POST - AUGUST 14, 1995

Md. Braces for the Price Of Federal Dependence

Cuts Threaten State Economy, Liberal Politics

By Michael Abramowitz
Washington Post Staff Writer

ANNAPOLIS—The halls of Congress have been ringing this summer with high praise for state governments that are supposed to be better equipped to run a range of health and social programs long considered the province of Washington.

But here in the historic capital of one of the 13 original colonies, Maryland's largely Democratic political establishment shares a jaundiced view of the latest theory of federalism.

That's because Maryland's unusual dependence on federal spending has exposed the state to more than

just the normal pain associated with cuts in government programs. Like many state governments, Maryland's faces the loss of billions of dollars it was expecting from Washington to cover everything from welfare to health care for the poor to the state's ambitious school reform initiative to programs to protect the Chesapeake Bay.

But the proposed retrenchment in federal roles and responsibilities also means the state's economy could take a major hit, particularly in the Washington suburbs, as U.S. agencies downsize to accommodate reduced budget targets set by President Clinton and the Republican Congress.



GOV. PARRIS N. GLENDENING

... state to face hard decisions

The almost weekly announcements of bad news affecting military installations and civilian agencies such as NASA's Goddard Space
See MARYLAND, A8, Col 1

New Federalism Threatens Md.'s Liberal Ways

MARYLAND. From A1

Flight Center in Greenbelt have federal workers terrified and state officials nervous about the rippling consequences for job growth and tax revenue. Coming on the heels of a state election that underscored voter discontent with expansive government, the impending federal retrenchment could mean the end of Maryland's long liberal political tradition and its reputation as an innovator in social policies.

Protecting the Chesapeake Bay and financing generous welfare programs are one thing when times are flush and the federal government is picking up a big part of the bill. They're another when the state is squeezed for revenue and locked in fierce competition with its neighbors for new businesses.

"In a way, this is like the best of times and the worst of times," Gov. Parris N. Glendening (D) said. "A lot of the changes will give a lot of flexibility to the states. It will permit us to manage better. But there's going to be a very significant reduction in federal dollars to help solve problems in Maryland and the rest of the country."

"We're a wealthy state with a very progressive tradition of caring for our own," Glendening added. "But financially we're not going to be able to pick up everything. We're going to face some very hard decisions."

Others assert that the cries of gloom and doom represent partisan nonsense from Maryland's Democratic establishment.

"It is going to be painful in the near term," said Robert O.C. Worcester, president of Maryland Business for Responsive Government. "I think that in the long term it is going to force the state to do what it has not done. Only with a sense of crisis will the state face up to the need to make this a more competitive state for the [nongovernment] jobs that go elsewhere."

No one is sure how much the federal budget will be cut this year or how far the restructuring of domestic entitlement programs will go, although it now appears that the most serious cuts—particularly those in health and welfare programs—won't be felt here for at least a year.

This is what state officials, interest groups and independent specialists see as likely long-term repercussions of the new federalism for Maryland:

- A gradual restructuring of a state economy now dependent on federal expenditures and payrolls for about 29 percent of its annual economic activity. From Goddard to the Social Security Administration complex near Baltimore, the state is full of federal facilities slated for cuts. As many as 20,000 jobs could go statewide over several years, including 12,000 in the immediate D.C. suburbs, according to the chairman of the University of Maryland's economics department.

- A period of brutal budget skirmishing in the General Assembly, which depends on the federal government for about \$1 of every \$4 in the state's \$14.4 billion budget. Although the legislature has set aside \$250 million in reserve funds to help offset the impact of possible federal cuts, nobody in Annapolis expects the state to make up for all the lost federal money. Legislative leaders already are eyeballing cuts in state assistance for education to help close the gap. Some predict renewed geographic bickering, as counties fight for their share of a diminishing pie, and bitter arguments over whether to replace federal cuts in school lunches, job training programs and other items.

- A substantially altered climate for environmental protection. The House of Representatives already has approved revisions in federal clean-water rules that would make it easier for builders to develop on wetlands, the marshy areas considered crucial by many preservationists. Although the Senate has yet to go along, environmental advocates worry that decades of work cleaning up the Chesapeake Bay could be undermined. Business groups say the changes would make a cumbersome regulatory system more predictable.

- Major changes in the way the state delivers services for the poor. Both the Senate and the House propose giving states much more flexibility in the way they run Medicaid, welfare and other social programs. Maryland officials say they like the concept but worry about the practical consequences: Under new funding formulas contemplated by Congress, the state could lose more than \$2 billion in anticipated federal money over five years, officials estimate.

Of all the potential effects of the new congressional agenda, many point to the economic fallout from federal downsizing as the single area in which the state is most vulnerable, probably even more so than in neighboring Virginia.

The reason is that Maryland has not done as good a job, they say, in pursuing economic development opportunities in the private sector. Job growth and corporate expansion in Maryland have lagged substantially behind Virginia's in recent years.

A major structural change already is underway, economists suggest. According to state figures, federal employment in Maryland hit a high of 137,578 in 1990, has declined by about 5,000 over the last five years and now accounts for about 7 percent of the total state work force.

It remains unclear how much further the congressional job cutting will go. The House already has approved budget cuts that could eliminate 3,000 positions at Goddard and several hundred jobs in the Silver Spring offices of the National Oceanic and Atmospheric Administration (NOAA). Those cuts would go beyond Clinton administration plans to eliminate 1,000 jobs each from the Department of Energy at Germantown and from the Navy laboratory at White Oak.

Mark Muncell, a 27-year-old cartographer, quit his job with private industry to join NOAA two years ago and now works in its Silver Spring offices. He recently bought a home in Crofton and moved in with his wife and infant daughter, but with Congress considering cuts in his agency, he said he thinks that's looking like a bad decision.

"I was betting on stability for my family," Muncell said. "I'm set up for prime disillusionment."

But some business leaders say the cuts will force the state to reevaluate policies they say retard private-sector growth, from high taxes and environmental regulations to favorable union rules. Many business leaders contend that Virginia's right-to-work rules, for instance, were a significant factor in the state's recent success in landing major high-technology facilities to be built by Motorola Inc., International Business Machines Corp. and Toshiba Corp.

James T. Brady, Glendening's top economic adviser, said Maryland's proximity to numerous federal agencies has masked the weakness of the state's private-sector economy. Maryland, he said, must "create a much more aggressive private economic development strategy that recognizes that these federal jobs are not coming back."

Another area in which Maryland could experi-

ence an immediate impact is in the way it takes care of poor people. Congress is preparing to give states substantially more discretion in running welfare and other social programs through a new system of lump-sum grants with fewer federal requirements on who should be eligible for benefits and what papers need to be filled out.

But state officials point out that the block grants can come with their own strings attached. Under the welfare reform bill the House passed in March, the grants would come with rules on everything from same-race adoptions to teenage pregnancies.

More worrisome to Maryland officials are the fiscal implications of block grants. Under the welfare bills being considered in Congress, federal spending would be set at a fixed level for each year from 1996 through 2000, with no automatic adjustment for population growth or economic downturns that could increase caseloads. Maryland has estimated that the spending formula approved by the House would cost the state nearly \$1 billion in nutrition, welfare, child-support and other federal funds it had anticipated receiving over five years.

Although the Senate is considering less drastic welfare cuts—the state says it could lose about \$421 million—other fiscal time bombs are floating about Capitol Hill. Maryland transportation officials estimate that the state could lose as much as \$200 million in federal money for highways and mass transit. A special Maryland housing insurance program that has made it possible for thousands of low-income people to buy homes also is at risk in the proposed overhaul of the Department of Housing and Urban Development, officials say.

"The state will be looking at significantly more needs, particularly coming out of Baltimore, that are not being met," said Bart Harvey, chairman of the Enterprise Foundation, a Columbia group that works to provide affordable housing. "This will further antagonize the two sides: those who have and those who have not."

The biggest time bomb of all could come in the congressional drive to curb federal health spending. In particular, state budget officials are terrified about a drive to cut \$180 billion from Medicaid over seven years and, possibly, send the remaining money to the states in a lump sum. Maryland estimates that it could lose \$2.5 billion out of \$13.5 billion in anticipated Medicaid receipts by 2003.

Within five years, many health officials predict, most Medicaid recipients will have to get care through health maintenance organizations or other managed-care groups that restrict patients' choice of doctors and, some believe, provide more cost-efficient services. Like many states, Maryland already is developing plans to move recipients in that direction.

But most health officials say they do not think that will produce enough savings. They say the state also will have to lop people off the Medicaid rolls, reduce payments to doctors and nursing homes and take other tough measures to compensate for cuts under consideration.

"It is a great opportunity for the state, provided there are no strings attached [to a block grant] and provided it is not underfunded," said Nelson J. Sabatun, a University of Maryland health care administrator who previously headed the state health department. "If this is just the newest version of Washington's policy of shift and shaft, then the state is in big trouble."

Md. Tax-Cut Plan Puts Democrats In a Quandary

*Some Say Situation Mirrors
U.S. Wave They're Fighting*

By Charles Babington
Washington Post Staff Writer

FREDERICK, Md., Oct. 28—They didn't want to discuss it, but the Maryland Democratic activists who gathered here today for a conference on "crafting a winning message for the '90s" face an awkward dilemma.

At the national level, their party is scoring political points by rebuking the Republican-led Congress for giving a tax break to the wealthy while trimming social programs for the poor and elderly. But in Maryland, Democratic Gov. Parris N. Glendening has a similar plan, pushing for income tax reductions while planning cuts in welfare and other programs because of the impending shrinkage in federal aid.

Even as 200 Democratic faithful applauded Glendening at today's conference luncheon, his tax-cut plan stalked the dining hall like a crazy relative everyone tries to ignore. In three hours of morning speeches, no one mentioned it. And when reporters brought it up in interviews, it generally prompted nervous pauses.

"It's a tough time to have a tax cut," said former governor Harry R. Hughes, the Maryland Democratic chairman. When asked whether it's an unwise move, he replied: "I

See DEMOCRATS, B4, Col. 2

Glendening's Tax-Cut Plan Puts Md. Democrats in a Quandary

DEMOCRATS, From B1

don't want to get into that. The governor has made that commitment, and I assume he intends to follow through."

Although many Democratic and Republican legislators support the tax-cut plan, there's growing resistance among some moderates and liberals, which could prompt a hard-fought battle in the General Assembly session that begins in January. Nearly all Maryland Democrats, however, agree on one thing: Tax cuts were pushed to the front of the political agenda because Ellen R. Sauerbrey, the 1994 Republican nominee, came within 6,000 votes of upsetting Glendening by campaigning for a 24 percent reduction in personal income taxes.

"Absolutely. I don't deny that," said state Sen. Gloria B. Lawlah of Prince George's, one of several Democrats interviewed before the conference. "Maybe she did us a favor."

One reason Lawlah supports Glendening's proposed tax cut, she said, is to rob the Republicans of

their sharpest campaign weapon. "That's where we were most vulnerable last time," she said. "We're going to close that up."

Glendening didn't mention his tax-cut plan until the 32nd minute of his 34-minute speech at today's conference at Hood College. He said it would help Maryland attract jobs.

Maryland's personal income tax rate is one of the country's highest, although its overall tax burden is more moderate, according to several studies.

Earlier in his talk, Glendening ripped congressional Republicans for slashing Medicare growth while passing a \$224 billion tax-cut plan this week "for the very rich." The plan would boost taxes on some lower-income workers and reduce taxes on capital gains, such as profits from stock sales.

Early this year, Glendening resisted a push from House of Delegates leaders to cut state income taxes immediately. In recent months, he has called for a 1996 income tax reduction of 5 percent to 10 percent, which would cost the state at least \$138 million a year when fully implemented.

In an interview today, Glendening said his state tax-cut plan isn't comparable to Congress's for two reasons: It's designed specifically to attract jobs, and it would benefit

Some Democrats say Glendening's strategies don't sound dramatically different from those of House Speaker Newt Gingrich.

"average working families" no matter how it was enacted.

Some Democratic lawmakers take issue. They note that Glendening and House of Delegates leaders want the tax cut to apply evenly to all income brackets. Some state Senate leaders say a tax cut should give more relief to low-income workers.

Glendening already has said that Maryland welfare benefits may be slashed 30 percent and that money for schools, environmental efforts and other programs will be lost. Given the situation, some say, Glendening's strategies don't sound dramatically different from those of House Speaker Newt Gingrich (R-Ga.).

"At the national level, the Republican plan is to give a tax cut to the richest Americans," said state Sen. Christopher Van Hollen Jr. (D-Montgomery). "And I don't see why the Democratic Party of Maryland should be mimicking that approach, especially if it means deeper cuts in education and public safety spending."

As for Glendening's claim that a 5 percent income tax reduction would attract new jobs, Van Hollen said: "Do you buy the argument that a small cut in the Maryland income tax rate is going to have CEOs lining up to move into Maryland? I don't buy it."

Even some conservative Democrats question Glendening's proposal—strongly backed by the state Chamber of Commerce—to apply a

state income tax cut evenly across all income brackets.

"I disagree with members who think that should be a flat cut, so the wealthiest people get the most money," said Del. D. Bruce Poole (D-Washington). He said the party must show it is fighting for "working-class families."

Poole, a speaker at the conference, said Gingrich is the Democratic Party's "greatest opportunity." The Republican speaker, Poole said, is seen as an extremist who cares mainly for the rich. "I hear people saying they don't want to cut Medicare in order to give a tax break for the wealthy," he said.

In Maryland, some Democrats are urging Glendening and the Democratic-controlled legislature to steer clear of similar complaints.

Until the full impact of federal budget cuts is known in Maryland, Del. Clarence Mitchell IV (D-Baltimore) said, "it really doesn't make sense to be talking about an income tax reduction—to get \$200 back in an envelope—when we could be talking about job losses and cuts in health care."



Montgomery County Government

Health and Human Services Secretariat

THE CHALLENGE OF SERVICE INTEGRATION A DISCUSSION PAPER OF THE HEALTH AND HUMAN SERVICES SECRETARIAT

The Health and Human Services Secretariat has determined that the delivery of human services should focus on total client needs and be provided in an integrated manner through collaborative efforts by public and private agencies. The Secretariat believes that, while some clients come to government agencies requiring single services, many of the clients seen by public human service agencies have multiple needs which cut across agency lines. To provide only a single service in a categorical manner when the client has other debilitating problems is not an efficient or effective use of the resources of the staff, client or taxpayer.

For those clients that have multiple needs, addressing only a single presenting problem is an inefficient use of scarce resources. While clients may get adequate services from an agency addressing a single problem, the effectiveness of this on the client's overall ability to become independent is likely to be compromised by other debilitating problems. When the full range of the client's needs are addressed, we can more likely expect a high rate of successful outcomes.

Staff resources are inefficiently expended because their best efforts, most committed attempts at intervention, may very well be offset by other problems which the worker has no ability to address and often no linkage to the appropriate agency that can address other client problems. Many repeated client failures are attributable to an uncoordinated and categorical delivery system causing great frustration and low moral among even the most dedicated human service worker.

The taxpayers are inefficiently served by the current categorical system because their resources are not being wisely and strategically used in a manner that will result in most people becoming independent, taxpaying citizens.

The Secretariat has set as its goal a revised system of services based on the principle of service integration. This system will empower and energize staff workers to access the various resources needed from several agencies, including the private sector, and to holistically address the needs of clients, thereby increasing chances for a more positive outcome. However, changing to such a system will require us to address some fundamental policy, fiscal and ethical issues. We want to encourage a community wide discussion of these critical issues.

Charles L. Short, Secretary
Director
Department of Family Resources

Herbert A. (Pete) Holt
Director
Department of Addiction, Victim
and Mental Health Services

Harold D. Gabel, M.D.
Director
Department of Health

Ann Travis Bishop, LCSW
Director
Department of Social Services

These issues must be addressed in moving to an integrated service system:

o Serving the full range of needs that clients have will require more service, typically, than is currently provided. While clients may receive several services today from multiple agencies, many do not receive all the services that they need. Substantially more resources will be required to meet these needs that will include, health, housing, child care, mental health, financial assistance, employment and others. Where will the additional resources come from?

o Within our current resources, we are able to meet some of the more critical needs of clients. In an integrated, holistic approach, if we do not have additional resources, we must make the policy decision, in fact the ethical decision, that may result in serving fewer people with more services, turning away many people with critical presenting problems like homelessness, emotional crisis, and abuse. Who should make these decisions and upon what principles should the decisions be based?

o In moving to an integrated service system, we must have the full cooperation and participation of private providers and agencies, contractors of the County or not, by them changing their service approach as well. How will these changes be engendered in the private sector?

o Integrating our services will require a very different way of managing the resources of the public and private sectors. There are multiple funding sources, often with very specific mandates that control programs. How do we manage resources in an integrated environment?

o Government funded services today are often reserved for those least able to afford services in the private sector. Focusing more services on fewer clients may result in some less functional clients receiving fewer services so that those with a greater chance of success are provided more services. How will such selection decisions be made?

o Regardless of our best efforts in an integrated system, some clients will fail to achieve their goals or will be unable to become independent. How will failures be addressed? How will an integrated system accommodate individuals who require permanent assistance?

o Some clients may not agree with our conclusions regarding the full complement of services they require. How will these differences be resolved?

While these are important and difficult issues which must be resolved, we must move forward wherever we can to implement an integrated, holistic system of services. Total service integration is a goal which will take us a long time to achieve. If we do not start sometime, we will never achieve our goal. The deputy directors of the HHS departments have developed a pilot program for implementation in the Germantown Government Center. This is a good place to test some of our thinking and address some of these issues.

CLS. December, 1994

ROCKVILLE CAREGIVERS

Affiliated Community Counselors
Associated Catholic Charities
Association of Retarded Citizens
Clinton AME Zion Church
Community Ministries of Montgomery County
Community Resources Department
Jewish Social Services
MANNA Food Center
Meals on Wheels
Mount Calvary Baptist Church
Rainbow Place
Rockville Community Clinic
Rockville FISH
Rockville Youth Services
St. Luke's House
Stepping Stones
Treatment Centers
Twinbrook Baptist Church
United Church Center for Community Ministries
A Woman's Place
Women's Interfaith

A
CELEBRATION OF
VOLUNTEER CONTRIBUTIONS:

ROCKVILLE CAREGIVERS

*October 2, 1985
7:00 P.M.*

ROCKVILLE SENIOR CENTER
1150 CARNATION DRIVE



Sponsored by:
MAYOR AND COUNCIL

PROCLAMATION

WHEREAS, the City of Rockville is concerned with the welfare of all its citizens and seeks to ensure that needs of the homeless, the infirm, the destitute, and the troubled are addressed; and,

WHEREAS, the services provided by volunteer and private, non-profit organizations is a vital component to meeting the needs of Rockville citizens; and,

WHEREAS, many Caregivers devote numerous hours and energy to assisting citizens in need, without expectation of reward or recognition, but just because the job has to be done, and they are qualified and eager to do it; and,

WHEREAS, the City of Rockville is also benefited by the work of these Caregivers, and is made a more responsive community through their efforts.

NOW, THEREFORE, I, VIOLA D. HOVSEPIAN, Mayor of Rockville, do proclaim the month of September, 1985 as CAREGIVERS' MONTH in Rockville and urge all citizens to acknowledge and appreciate the work of their neighbors who always lend a helping hand.

IN WITNESS THEREOF, I have hereunto set my hand and caused the seal of the City of Rockville to be affixed this twelfth day of August, 1985.

Viola D. Hovsepian
Mayor

PROGRAM

7:00 P.M.

Refreshments

7:15 P.M.

Welcome & Introductions
Reverend Mansfield Kaseman

Remarks
Mayor and Council

7:40 P.M.

Presentation of Certificates
of Appreciation - Mayor and
Council, Reverend Kaseman,
Heads of each Organization

8:45 P.M.

Closing Remarks
Reverend Kaseman

Refreshments