

THE ST. MARY’S COUNTY COMPREHENSIVE PLAN

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Chapter 12: HUMAN SERVICES

12.1 PURPOSE

The Board of County Commissioners established the Human Services Council on March 11, 2008. The mission of the Council is to make a measurable positive impact on the health, safety, and self sufficiency of the County’s children, their families, and adults, persons with disabilities, and older adults through collaboration and integration of dollars and services available through public, private and business partners.

Also on March 11, 2008 the Department of Human Services was established by the Board of County Commissioners. The department’s mission is to provide recommendations to the Commissioners and to oversee collaborative efforts among the Department of Human Services and other human services agencies.

12.2 SYSTEM OF CARE

The “System of Care” model encompasses available County-wide services such as behavioral and physical health and social services organized into a coordinated network to meet the needs of the citizens.

The core values of the System of Care are:

- The service delivery system is driven by the needs of the client;
- The services are community based and are delivered in the least restrictive environment;
- The delivery of services is culturally competent.

This System of Care is used especially for vulnerable populations, such as persons with physical and mental disabilities, seniors, and low-income individuals and families.

The Department of Human Service seeks to examine disparities between various populations and to ensure equal access to a broad array of services and supports that are organized into a coordinated network. This empowers the clients to seek healthier and more environmentally viable options. Successful outcomes will then improve their quality of life of individuals and improve the community as a whole.

12.3 VULNERABLE POPULATIONS

Individuals with disabilities: Numbers for St. Mary’s County, between 2005 and 2007, available from the American Community Survey (U.S. Census Bureau), indicate that 11,275 individuals above the age of 5 are living with at least one disability (about 14% of the population). Of County residents, 6% are living with two or more types of disabilities such as physical health and mobility limitations, mental health conditions, and behavioral illnesses. For these individuals there is significant risk of income disparity. One fifth of individuals with a disability in this County, ages 5 years and up, are living below the poverty level.

Disabilities by Age Group

| Age | Number | % of Population |
|---------------------------|---------------|------------------------|
| 5 – 15 years of age group | 1, 135 | 7.0% |
| 16-64 years of age group | 6,584 | 10.9% |
| > 64 years of age group | 2,338 | 29.1% |
| Total | 10,057 | 11.9% |

Types of Disabilities 5 years and older

| Type | Number |
|------------|--------|
| Sensory | 2,340 |
| Physical | 4,855 |
| Mental | 2,963 |
| Self-Care | 1,522 |
| Employment | 4,969 |
| 65+ years | 3,876 |
| TOTAL | 11,724 |

Emerging Issues in Health and Human Services for St. Mary’s County, 2007

Seniors: Seniors (persons age 65 and up) comprise 9% of the population. A recent study suggests that this age group will triple between 2005 and 2030, an increase to 20% of the population. Income disparity can strongly impact this population of typically fixed income individuals. Census data from the 2005-2007 American Community Survey show that poverty is impacting over 10% of all seniors in St. Mary's County.

Low Income Individuals and Families: 8% of County residents live in poverty, and 8% of children live below the poverty level. 5% of all families live in poverty with female headed households at 20% below the poverty level. Homeless persons represent 0.61% of the population (Annual Report on Homelessness Services in Maryland, 2005).

Poverty statistics shed only partial light on the extent of the economic struggle. Families with incomes of \$42,800 (50% of median income for a 4-person household) can be in financial distress. 28 out of 100 households with incomes up to the area 50% median cannot find affordable and available housing in St. Mary's County (National Low Income Housing Coalition, 2009). Median income for African-Americans households and for female householders is significantly below the overall median income level for this County.

| > 64 years | % of population | % of male | % of female | % live alone | % of disability | % of poverty |
|------------|-----------------|-----------|-------------|--------------|-----------------|--------------|
| 8,045 | 8.6% | 47% | 53% | 25.3% | 29.1% | 8.6% |

12.4 AREAS OF ACTION

Access to Care: According to 2005 census statistics for St. Mary’s County, an estimated 13.4 percent of individuals under age 65 are uninsured. More than 12,000 veterans live in St. Mary's County. While these populations are of particular concern, disparities in access to care face the entire County due to documented shortages in healthcare professionals. St. Mary’s County currently has federal designation as a Maryland Health Professional Shortage Area for dental care and mental health. The Maryland Physician Workforce Study (2008) documents a statewide shortage of physicians and indicates that Southern Maryland rural regions are among

those facing the greatest shortages. Southern Maryland showed critical shortages in 25 of 30 categories. These shortages translate to an 86% shortage in physicians to serve the population, as compared to the rest of the state.

Transportation: While general ridership of St. Mary's Transit System (STS) has been increasing, the demand for para-transit services has seen a dramatically sharp increase of 68% in FY 2009. The 2008-2009 Regional Work Plan released by the Tri-County Council for Southern Maryland seeks to address the needs of a growing population of individuals with disabilities, seniors, and low income persons. The plan calls for government agencies, private providers and non-profits to work together to resolve gaps in the system.

Addressing gaps in the transportation system's capacity will counterbalance the non-profit community's decreased ability to provide transportation to the special populations served by agencies. Recent cuts in programs and funding for programs have led to a shortage of available transportation assistance from private agencies, centering the responsibility for transportation services on the County.

Housing: Disparities in affordable housing are significant in St. Mary's County communities, both for renters and home-owners. Foreclosure rates in the County increased by 272% in the first quarter of 2009 as compared to the first quarter of 2008; the state saw a decrease of 19% during the same time period. Only a few other counties in Maryland experienced an increase. St. Mary's County has three HUD (United States Department of Housing and Urban Development) and State documented foreclosure hot spots, with two located in Lexington Park and one in Chaptico. These foreclosure hot spots include prosperous neighborhoods as well as those in which affordable housing was historically available.

For economic stability, households should spend no more than 30% of income on housing costs. Recent U.S. Census data shows that 42% of renters in the County are spending 30% or more of their income on housing. Shortages have been identified in affordable housing most strongly for vulnerable population groups, to include low income individuals and families and/or persons with disabilities. Trends documented in 2008 included a 20% increase in requests for direct financial rental assistance and a 22% increase in requests for other types of housing assistance reported by DSS (Maryland State Department of Social Services). The use of housing services for homeless individuals and families also increased at area emergency and transitional housing programs, with a 13% increase in admissions for men and a 50% increase in admissions for families.

Employment: Of particular concern in St. Mary's County is the lack of depth in employment opportunities in the County. Disparities in educational attainment contribute to this issue for many facing disparities in employment opportunities. St. Mary's County has the highest high school drop-out rate in the Tri-County area, minimizing employment opportunities at a living or housing wage in a high-tech, military base-dependent environment. The County has also seen a 21.7% increase in its drop-out rate between 2003-2008. Unemployment is highest (at 7.8%) for individuals with less than a high school graduation than all other educational levels. With only 25.8% of individuals in the County holding a bachelor's degree or higher, the majority of residents are not in a strong position to compete for new technology jobs.

In general, the County lacks diversity in employment. For example, the number of individuals working for the government is disproportionately high at 24.7% of workers; the national average is 14.5%. Conversely, the percent of the County's industry devoted to manufacturing is at only 2.1%; the national average is at 11.3%. The Human Service Council strongly believes that the County is dangerously dependent on military base and contract work and considers this dependence to be a contributing factor to the lack of employment opportunities with upward mobility for individuals unprepared for the high-tech government or government-

support sector jobs. The result has been a relegation of a significant number of citizens to lower-paying jobs in the service sector without opportunities for real income advancement; this situation perpetuates income disparities in St. Mary's County.

Lastly, disparities in employment available to vulnerable populations are a serious concern, as evidenced by:

- 48% unemployment for individuals with disabilities ages 16-64 years of age,
- 90% unemployment for persons with mental illness, and
- 50% unemployment for those being treated for substance abuse.

Behavioral Health Issues: Current substance abuse outpatient treatment programs are reaching only 25% of the approximately 4,000 adults in St. Mary's County estimated to be in need of substance abuse services. A similar discrepancy between need and individuals served is seen in mental health treatment. Roughly 6% of the population is estimated to have a serious mental illness and national studies (National Institute of Mental Health, 1990-1992) indicate that 30% of Americans complain of mental health disorder symptoms. Current data shows that individuals with mental health and/or substance abuse issues are strongly impacted by unmet access to care, healthcare, transportation, employment and housing needs. Data also indicates that roughly half of all persons with a mental illness have a co-occurring addiction. A large number of these individuals are indigent and/or uninsured. The St. Mary's County Detention Center has seen a 300% increase of individuals admitted to substance abuse treatment at the center in the past year, with consistent re-entry and pre-trial programs for this population (especially incarcerated women) going under-funded. Providers also report limited access to case management, transportation and employment opportunities for those impacted by mental illness, addiction and/or disabilities, along with increased demand for affordable housing, sober housing, assisted living facilities, nursing homes and youth/adolescent group homes.

Lack of access to care as discussed above poses strong challenges to St. Mary's County and its most vulnerable residents. Five of nine community groups contributing feedback community evaluation efforts named healthcare as a major concern, particularly in terms of lack of access to behavioral care and healthcare for the uninsured and working poor.

Deficits in health impact an unacceptable number of children, the County's most vulnerable residents of all. St. Mary's County's infant and child mortality rates are higher than those of Maryland and higher than the national standard, Healthy People 2010:

- The 2007 infant mortality rate for the County is 10.9 per 1,000 live births, with the Maryland rate at 8.0 and Healthy People 2010 objective at 4.5.
- The 2007 mortality rate for children aged 1 to 4 is 41.2 per 100,000 children, with the Maryland rate at 25.9 and the Healthy People 2010 objective at 18.6.

12.5 SYSTEMS OF CARE – GOALS, OBJECTIVES, POLICIES

12.5.1 **Goal:** Assure integrity of health, behavioral health and human service systems of care, within the scope of its authority and responsibility.

A. **Objective:** Development - the County will collaborate with other services and agencies for system development, through the Human Services Council and the Department of Human Services to:

- i. Identify the systems of care for a local health system.
- ii. Delineate core services.
- iii. Assess the gaps in the systems relative to core services.

- B. **Objective:** Delivery – Localize health and human services and help to promote effective delivery of services:
 - i. Develop an action plan appropriate to the County’s responsibilities and authority.
 - ii. Allocate funds and prioritize areas of greatest need and gaps in service.
 - iii. Sustainability – Advocate for sustainable systems of care and funding to accomplish this.
 - iv. Advise the County annually regarding system of care issues.
 - v. Assist the County to identify funding to address gaps in core services, and maximize the use of funds.

12.6 HUMAN SERVICES – GOALS, OBJECTIVES, POLICIES

12.6.1 **Goal:** Foster a seamless delivery system of care for human services that enhances the citizens’ quality of life and promotes cohesive communities.

- A. **Objective – Access to Care:** Assure access to healthcare for all citizens of the County across their life span.
 - i. Provide technical assistance to veterans in gaining medical benefits.
 - ii. Encourage collaboration of all stakeholders to guarantee services for underserved and vulnerable populations.
 - iii. Devise strategies to address the shortage of healthcare providers.
 - iv. Develop programs to reduce infant and child mortality.
- B. **Objective – Transportation:** Support and promote increased public transportation options that will address deficits for targeted populations.
 - i. Encourage the County to create and fund a position for mobile management.
 - ii. Encourage implementation of recommendations of transportation consultants contributing to the County and the tri-County area.
 - iii. Identify evolving needs of public rider ship and expand rider ship by outreach and education programs.
 - iv. Seek funding to improve transportation for vulnerable populations and improve quality and access to service.
 - v. Develop a plan for public and private stakeholders to improve transportation options.
- C. **Objective Housing –** Assist the County to meet the fundamental housing needs of individuals and families in our communities.
 - i. Provide quality housing and housing services to meet client needs with respect to accessibility, affordability, location, and diversity of cost.
 - ii. Ensure service to clients of limited resources.
 - iii. Include stakeholder input in planning process for new housing.
 - iv. Provide capacity to offer emergency and transitional housing to clients.
 - v. Plan for new housing and encourage “green” practices, energy

conservation, as well as weatherization for redevelopment.

- vi. Assure that comprehensive County planning includes plans for preservation and development of affordable and accessible housing.
- vii. Prompt the County to conduct regular assessments of housing needs and trends to ensure availability of workforce and affordable housing.

D. **Objective** – Employment: Promote a continuum of employment opportunities with emphasis on vulnerable populations.

- i. Help the County provide economic and business incentives for companies to locate in St. Mary’s County, especially those that would offer employment for vulnerable populations.
- ii. Provide support for vulnerable populations seeking higher education and training opportunities for job placement with appropriate agencies.
- iii. Develop partnerships with local business and employment groups to foster and support employment opportunities for vulnerable populations.
- iv. Establish standards and accountability with outcome metrics for employment programs and providers funded by the County.
- v. Work toward a seamless transition of the education system, service providers and local employers to assist youth and adults toward employment opportunities.

12.7 BEHAVIORAL HEALTH – GOALS, OBJECTIVES, POLICIES

12.7.1 **Goal:** Support behavioral health through a system providing recovery-oriented services for prevention of recurring problems through treatment.

A. **Objective** – Core Sources: For core services establish funding of core behavioral health treatment to assure health, safety and quality of life for citizens.

- i. Collaborate with community partners to fund core behavioral health, treatment and prevention services; serving veterans, disabled persons and seniors.
- ii. Make recommendations annually from the Department of Human Services to the County Commissioners concerning behavioral health.

B. **Objective** – Available Core Services: Periodically assess the availability of core behavioral health services.

- i. Assess core treatment services as defined by SAMHSA.
- ii. Prompt the Department of Human Services to collaborate with other entities to see that the needs of veterans and special populations are addressed.

C. **Objective** – System Management: Promote the attributes of system care for behavioral health clients.

- i. The Department of Human Services will coordinate the County’s participation in a comprehensive, integrated system of care.
- ii. The Department will collaborate with behavioral fund sources to achieve uniformity and standardization of outcomes.
- iii. Support and foster the integration of behavioral and physical health

services by focusing on care coordination across the whole system of care.

- iv. Provide a forum for collaboration to develop the best possible behavioral care system.

D. **Objective** – Prevention and Early Intervention: Support prevention and early intervention efforts by community partners and other stakeholders.

- i. The Department of Human Services will collaborate with other partners to define prevention and early intervention activities.
- ii. The Department will identify youth in need and make appropriate referrals with the help of the school system, law enforcement, and other providers of services.

12.8 LOCAL HEALTH SYSTEM – GOALS, OBJECTIVES, POLICIES

12.8.1 **Goal:** Using the local health system, promote, protect, maintain and improve the health and safety of residents and visitors.

A. **Objective** – Core Services: Promote core services with collaboration of the local Health Department, St. Mary’s Hospital, and the Department of Human Services.

- i. Ensure that Human Services, St. Mary’s Hospital and the Health Department plan, monitor and provide effective care for improved outcomes for clients.
- ii. Focus support with respect to prevention and intervention to protect health and safety.
- iii. Work with the local health system to fund, support and train and retain healthcare workers and safety workers.
- iv. Assist and support the local health system by promoting disaster and emergency plans.
- v. Help clients affected by the criminal justice system through the system of care to maintain and improve their place in the community.

B. **Objective** – Recognize and encourage community design that adheres to principles for promoting safe physical activity.

- i. Collaborate with other appropriate agencies, such as Recreation and Parks, to promote healthful and safe physical activities, and to enhance the health of citizens by physical activity.

12.9 IMPLEMENTATION

12.9.1 **Goal:** Promote and implement an integrated human service system in St. Mary’s County. Implementation will be consistent with directives from the Board of County Commissioners. This integrated system will come about through the collaborative partnership with all members of the community.

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