

Comprehensive Regional Growth Plan for the Fort Bragg Region

Assessment and Recommendations



Chapter 7

Social Services & Childcare

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DISCLAIMER

This report is intended as an aid to planners, managers, elected officials, and other decision makers in the Fort Bragg region. Our aim is not to dictate what should be done, but to assist in ongoing efforts to achieve goals and objectives identified and valued by the residents of the region. The recommendations presented in this report are suggestions for how the region could work towards those goals and objectives, based on best available information and current understandings.

The information, projections and estimates in this report are based upon publicly available data and have been prepared using generally accepted methodologies and formulas. The projections and needs presented in this report are based upon best estimates using the available data. It is important to note that currently available information and understandings are incomplete and cannot account for the inevitable, but unpredictable, impacts of unexpected global, national, state, and/or local events. Actual results and needs may differ significantly from the projections of this report due to such unforeseen factors and conditions, as well as inaccuracy of available data, and/or factors and conditions not within the scope of this project. Persons using this information to make business and financial decisions are cautioned to examine the available data for themselves and not to rely solely on this report.

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Chapter 7: Social Services and Child Care

Because many social-service providers in the Fort Bragg area are already operating at or above capacity, they will not have sufficient funding, facilities, or personnel to accommodate the needs of the region’s post-Fort Bragg expansion population. The provider community’s highest priority will be to ensure the availability of affordable, high-quality child-care; health-care services appropriate to the needs of military families and soldiers returning home from tours of duty; adequate mental-health services; and transportation and other modes of access to existing resources.

A. Introduction

County-level Division of Social Services (DSS) agencies, which are located in all eleven counties in the Fort Bragg region, are available to all income-eligible families. North Carolina has a “federally mandated, state supervised, county administered, social services system.” This means that the Federal Government authorizes national programs and a majority of the funding; the State Government provides oversight and support—primarily under the auspices of the Department of Health and Human Service; and the county Departments of Social Services deliver services and benefits.

Work First Family Assistance Program is a statewide welfare-reform initiative that focuses on work and personal responsibility and offers welfare recipients

job training, job placement, retention counseling, child care and transportation assistance to help them leave welfare for work. Substance-abuse treatment and domestic violence counseling are available when needed. It provides financial/medical assistance, Temporary Assistance to Needy Families (TANF), to families that meet state and federal eligibility requirements. The county Department of Social Services also provides training, technical assistance, and consultation to their staff members.

Nonprofit organizations, including those that are faith-based, are also important components of the social services network. No comprehensive list of nonprofit social-service providers exists for the eleven-county Fort Bragg area, however, and there is at present no formal coordination among these providers.

Table 1. Types of Existing Services by Categories, Among the Respondents to the Social Service and Community Resources Survey.

Routine Support	Counseling / Emotional Support	Routine Medical Support	Emergency Support	Special Needs Support	Total	
Bladen	3	5	2	3	6	19
Cumberland	16	16	8	7	14	61
Harnett	18	9	8	7	11	53
Hoke	12	8	3	5	8	36
Lee	10	6	2	4	10	32
Montgomery	5	3	2	2	5	17
Moore	11	9	3	5	9	37
Richmond	6	4	1	3	6	20
Robeson	7	7	3	4	7	28
Sampson	5	4	5	5	7	26
Scotland	4	4	2	4	6	20
Total	97	75	39	49	89	

Social services will play a key role in enhancing the area's quality of life as it absorbs the population increases generated by the expansion of Fort Bragg. The term "social services" includes a wide range of activities and programs designed to support, strengthen, and improve the overall well being of individuals and families. These services typically include counseling, child care, and physical and mental-health care. This report will focus on five social service categories:

- Routine Support: daycare, short-term child care, Head Start, afterschool care, transportation or shuttle service, life-skills training, English as a Second Language (ESL) classes, literacy classes, supportive housing, etc.
- Counseling or Emotional Support: informal group therapy, parent counseling, case management, grief (and other kinds of) support groups, marital/domestic violence therapy or mediation, etc.
- Routine Medical Support: non-emergency medical services of any kind, including dental care, immunizations, screenings, vision care, etc.
- Emergency Support: emergency financial support for food, housing, or utilities; respite care; safe house for spouses or children at risk from domestic violence; homeless or emergency shelters, etc.
- Special Needs Support: legal services; occupational therapy or job training for returning veterans, etc.

The information presented here is based on the findings of a series of community-based focus groups, interviews with key Army personnel, and input from local nonprofit service providers. A web-based survey was developed that solicited input from a diverse mix of service providers throughout the Fort Bragg region. In total, 119 individuals responded to the survey, including representatives from ninety-four organizations that provide various types of social services to all or part of the region (**Table 1**). Since these respondents do not constitute a representative or random sampling, quantitative analysis of the survey results is not recommended. In particular, the numbers cannot be interpreted as evidence for actual differences in availability of services among counties or among categories.

B. Current Conditions

Organizations that participated in the BRAC social-services survey were questioned as to their ability to serve their target populations. Three different types of resources were considered: financial, physical (space and equipment), and personnel (employees and volunteers). Most of the organizations are currently operating at or beyond capacity in all three areas. Results of the survey indicate that the region's social-service provider organizations will not have sufficient funding, facilities, or personnel to readily accommodate pending increases in the numbers of people that will need their services. The survey was conducted during a time when a large proportion of active-duty personnel stationed at Fort Bragg were deployed, mostly to Iraq and Afghanistan. As these soldiers return to Fort Bragg, it is likely that demand for some social services will increase. Key capacity-related findings include:

- A total of 64.7% (eleven) agencies are operating at full financial capacity; an additional 23.5% (four) of the agencies stated that they do not have sufficient funds to meet their current needs. Only two agencies reported that they have enough funding to meet the needs of their communities.
- A total of 47.1% (eight) agencies are operating at full physical capacity, while an additional 29.4% (five) of the agencies stated that they do not have enough physical space or equipment to serve their current needs.
- A total of 52.9% (nine) agencies are operating at full personnel capacity. An additional 35.3% (six) of the agencies reported that they are not staffed well enough to serve the needs of their communities. Only two agencies stated that they have enough employees and volunteers to meet current community needs.

The BRAC social-services survey also asked "What are the top social-services challenges that your community faces as a result of Army growth and BRAC?" Most commonly mentioned was the need for more children's services of all types. Another need reported by several respondents involved transportation and other modes of access to services. Many respondents also emphasized issues relating to the deployment of soldiers—counseling and

emotional support, for example. The following discussion addresses each of the major social service categories (routine support, counseling or emotional support, routine medical support, emergency support, and special needs support) and highlights critical current needs in specific program areas.

1. Routine Support

a. Child Care

The child-care needs of military families are similar to those of other families in the region. The need for high-quality, affordable child care is especially important for junior enlisted soldiers, whose incomes are often so modest that their spouses must find employment outside the home.

Fort Bragg Child Development Services provides developmental child care in two delivery systems: four child development centers and a program of Family Child Care Homes. Child-care provisions can be made for children ranging from four weeks to twelve years of age. Enrollments can be full-day, part-day, hourly, extended, long-term, and special-needs.

Most soldiers (27%) report that they prefer on-post child-care centers to any other type of provider—including friends or relatives (23%) or off-post centers (19%). In actuality, however, most Army families live off-post and use off-post child care. In 2004, for example, soldiers were twice as likely to use off-post providers for their day-to-day child care needs (and were also more likely to be satisfied with off-post child care (74%) than with on-post child care (57%).

Beginning in 2001, the Army has substantially increased its support for child-care, providing more than one million hours of new services. These services include supplemental care during pre-deployment, extended-duty care, respite care for the “suddenly single” custodial parent, reduced fees for deployed soldiers, hourly care during the reunion period, and on-site group care during Family Readiness Group meetings. The Army is also taking the lead in implementing Operation: Military Child Care, a Department of Defense initiative designed

to support the needs of deployed, geographically dispersed military parents—both active duty and reserve.

Despite these substantial contributions from the Department of Defense and the Army, military families continue to be challenged by issues involving the availability and cost of child care. A 2005 study¹ found, for example, that single-earner military families (including those of some junior officers) who lived in civilian housing and had children younger than six were in many cases unable to meet child-care expenses. Living in military housing reduced this risk, and single-earner military families tended to fare better overall than did comparable civilian families. A family’s ability to meet its child care expenses can be negatively affected by its other financial commitments, civilian housing costs, transportation costs, and the failure to qualify for waivers or subsidies for their military child-care fees.

In 2004, 20% of enlisted soldiers and more than 37% of Army officers reported that they paid \$500 or more per month for child care. A recent Department of Defense survey² found that nearly 30% of enlisted soldiers lacked child-care arrangements that met the demands of their work schedules and that—because of this lack—24% of them had missed nine or more days of work in the previous twelve months.

Extended absences resulting from deployments pose special challenges for military families. In effect, spouses of deployed soldiers become single parents for months at a time. Often these young parents are without a network of family members that can offer child-care support. Families that are new to a community, which is commonly the case for transient military families, may also lack a social network. Although the Army provides parenting classes and counseling to help in such situations, key Army personnel state that these services are underutilized by enlisted soldiers and their families.

1. U.S. Army, Family and Morale, Welfare and Recreation Command, *What We Know About Army Families: 2007 Update*, page 110.

2. U.S. Army, Family and Morale, Welfare and Recreation Command, *What We Know About Army Families: 2007 Update*, page 111.

The challenge is still greater for single parents. During deployments and temporary duty, single parents must seek out child-care providers who can be with their children for the entire time the parent is away, which can be anywhere from two weeks to several months or even longer. The children of deployed single parents live full-time with the child-care provider, and that provider becomes a kind of foster parent—one who does not receive any official stipend or any monitoring.

Child-care services are off the base throughout the Fort Bragg region. These Child Care Centers and Family Child Care Homes are issued star rated licenses. Facilities earn stars in order to more accurately reflect indicators of a program’s quality. Under the present star rated license system, facilities are evaluated on program standards and staff education. All programs must have a compliance history that meets minimum standards. This system allows child care programs to be recognized for the higher quality care that they are already providing. Additional information on the star rated license system can be obtained by contacting the State Division of Child Development or visiting their website at <http://ncchildcare.dhhs.state.nc.us>

Table 2 compares the number of children (infants through four years old) that were enrolled in August 2008 to the available number of licensed slots in the seven Tier One Counties. This data includes all licensed Family Child Care Homes and Child Care Centers. The utilization rates range from a low of 25.94% in Cumberland County to a high of 54.13% in Richmond County.

The subsidized child care rates for four-star child care centers in the region are approximately \$550 to \$600³ per month. Subsidized rates for four-star Family Child Care Homes range from \$400 to \$425⁴ per month. There is a significant shortage of child care subsidies available to eligible families in the region. Depending on the county, only 20% to 30% of eligible families in September 2008 were receiving subsidies.

In 2003, the United Way of Cumberland County conducted a needs assessment using data obtained from 496 household surveys, sixty-one key stakeholders, and a focus group of fifteen homeless individuals. This assessment confirmed the lack of affordable child-care and after-school programs as major concerns. Additionally, the Cumberland County Head Start program has a 750-child waiting list; and the Cumberland County Department of Social Services has 1,345 children waiting for subsidies to support their attendance at preschool or day-care facilities. Military personnel add to this load; currently, about 300 children are born to military families in Cumberland County every month. There is no doubt that the existing low utilization rates in **Table 2** are a directly related to the lack of childcare subsidies for lower-income families in the region.

b. Transportation and Access to Services

A lack of transportation is a serious impediment for those wishing to access child-care facilities, doctor’s offices, and other community resources. Fort Bragg’s Transportation Installation Office does provide an on-base shuttle-bus service, but this service offers a limited number of stops and does not provide

3. Based on a two-year old per the N.C. Division of Child Development – October 1, 2007.

4. Based on a two-year old per the N.C. Division of Child Development – October 1, 2007.

Table 2 – Childcare Utilization in the Fort Bragg Region as of August 2008

	Enrollment	Licensed Slots	Present Utilization
Cumberland	7,409	28,561	25.94%
Harnett	1,550	4,354	35.60%
Hoke	887	2,727	32.53%
Lee	1,271	2,834	44.85%
Moore	1,654	3,789	43.65%
Richmond	878	1,622	54.13%
Robeson	3,365	6,996	48.10%

direct access to needed on-base services. Existing off-base, public transportation systems also tend to be inadequate, consisting primarily of a few local-level transit systems like the Fayetteville Area System of Transit and the Harnett Area Rural Transit System. Nonprofit organizations provide limited transportation for special populations. The Regional Coordinated Area Transportation System (RCATS), for example, provides residents of Montgomery and Randolph Counties with advanced-reservation, public transportation services for older adults and persons with disabilities. Transportation is of particular concern for families of junior enlisted (E-1 to E-4) personnel because their incomes are not always sufficient to support the purchase of two vehicles.

c. Respite Care

The difficulties associated with raising children are especially challenging for those who are caring for special needs children (more commonly known in the Army as exceptional family members). The need for respite care, which provides periods of rest for parents and other caregivers, is ongoing and important, especially perhaps for military families.

There are currently 3,100 families stationed at Fort Bragg who are enrolled in the Exceptional Family Member Program (EFMP). In FY 2007, over 1,050 hours of respite care were provided to twenty-three families.⁵ The Womack Army Medical Center's Pediatric Clinic, the county's mental health departments, and the public schools are all identifying families that would benefit from the Exceptional Family Member Program. Recommendations are also coming from Fort Bragg's Educational & Developmental Intervention Services, which provides early intervention for children—from birth to age three—who have medical conditions or who are suspected of having developmental delay. The expansion at Fort Bragg is expected to increase the need for this service. The Fort Bragg Child Care Homes Program can recommend options to single parents.

5. U. S. Army EFMP Respite Care Program. *Army Respite Newsletter*, February 2008, Volume 1, Issue 1.

d. Social Services Provided Through Public Schools

The North Carolina Department of Public Instruction (www.ncpublicschools.org) takes a holistic approach to education, as is evidenced especially in the workings of its Student Support Services Division. Student support services include prevention, intervention, transition, and follow-up services for students and their families. Student-support-services professionals provide direct services for all children and youth, especially those who are experiencing problems that create barriers to learning. Direct services are delivered via such means as education, counseling, consultation, and individual assessment. In addition, student-support-services personnel (school counselors, nurses, social workers, and psychologists) provide and administer in-service training, parent education, and community collaboration. Student support services are a vital part of comprehensive school program success. In general, the region's school-based social workers are working over capacity. Most serve multiple schools (often three or four) in multiple locations, and most are responsible for serving large student populations.

2. Counseling or Emotional Support

The Army Community Services (ACS) Program offers a variety of programs and services that can be tailored to address the specific needs of soldiers and their families. At seven locations on-post and within surrounding local communities, the program provides services associated with relocation, budgeting and personal finance, deployment and reunion, and family and relationships. An additional discussion of behavioral-health providers in the region is provided in the Health Care chapter of this report.

a. Domestic/Family Violence

Domestic/family violence continues to be a critical concern that merits the close attention of Army decision makers. According to the Family Violence Prevention Fund (<http://www.endabuse.org/resources/facts/Military.pdf>), the Army—among all branches of the U. S. Department of Defense—consistently has the highest rate of domestic violence. Social isolation from family and friends due to relocation makes military spouses (civilian females in most cases) even more vulnerable than is the case in the

general population. Emergency shelters for women and children fleeing domestic violence are routinely filled and operating at capacity. Victims of domestic violence are turned away because of the lack of space. Social-service providers who address the needs of victims of rape and domestic violence lack stable funding and staff to provide adequate services.

Counseling and Support Groups (for grief, anger, etc.): Counseling and support groups can play critical roles in helping members of a family unit remain stable and mentally healthy. Circumstances associated with relocation, deployment, Post-Traumatic Stress Disorder (PTSD), bereavement, parenting, and social isolation are among a host of issues that can place a tremendous amount of strain on soldiers and their families. The Army assesses each returning veteran's mental health and briefs each soldier on parenting, anger management, recognizing PTSD, and other common post-deployment problems. Assessments take place upon the soldier's return and are repeated six months later. Key Army Community Services personnel predict that the need for support groups, emotional support, and counseling will increase as currently deployed soldiers return home and readjust to family dynamics or introduce PTSD-related anger into households.

Through ACS, families gain access to numerous support groups and counseling opportunities. Hiring a private professional counselor or practitioner can be expensive and is simply not a feasible option for many families. Fortunately, many nonprofit organizations, including churches, offer various types of counseling services and support groups. Roughly two-thirds of the respondents to the BRAC social-services survey stated that they provided some form of individual or group counseling services. More than half of these organizations, however, reported that they were already operating at or above capacity.

b. Parental Counseling

Although the Army provides parenting classes and counseling, key Army personnel state that these services are underutilized by enlisted soldiers and their families. Higher priority should, therefore, be given to the improvement of outreach and program awareness efforts in the Fort Bragg community.

Throughout the region, county-level Department of Social Services agencies oversee parenting classes for the families they serve. Parental counseling is also offered by a number of United Way partnering agencies and area churches (the Partnership for Children of Sampson County, the North Carolina Cooperative Extension's Successful Family Program, and the Presbyterian Counseling Center, for example). Several related resources and links are available through NC 2-1-1 or NC Resources (www.NC-Family-Resources.com).

c. Caseworker Services

Fort Bragg recently hired fifty clinical social workers whose responsibilities include reaching out proactively to enlisted soldiers in social settings (bowling alleys and clubs, for example) and offering them basic counseling and referral services. This kind of intervention allows soldiers to receive—on an informal basis—mental health or other kinds of guidance and referral, without any record of the conversation or interaction. This program shows great promise, but more space is needed for its operations.

While the Army offers counseling and emotional-support services, military families rarely utilize this service, fearing the possibility of stigmatization or labeling. If there is a record of a soldier (or a member of the soldier's family) having received behavioral counseling, that soldier fears that his or her future promotions may be in jeopardy. The Army works to protect the privacy of enlisted personnel, but there is a general suspicion/perception that records can be reviewed by senior officers responsible for promotions. Another reason cited for underutilization of ACS programs is that soldiers and their families are simply not aware of the extent of services to which they have access.

One way in which Fort Bragg is attempting to deal with the problem of getting soldiers the help they need is by expanding the Military Family Life Consultants Program.⁶ This Army program is designed to provide free, anonymous, confidential support to soldiers and their family members, especially those who are returning from deployments. Fort Bragg personnel

6. <http://host1.arcdesignnc.com/~mwr/consultant.php>

also have access to off-base counseling services provided by private practitioners.

3. Routine Medical Support

The expected growth in military-related personnel in the Fort Bragg region will strain the medical resources to provide vision and dental screenings, immunizations and other routine medical support. Medical issues are examined in more detail in the Health Care chapter of the Fort Bragg Regional Growth Assessment.

4. Emergency Support

The Army Emergency Relief Fund provides interest-free loans to soldiers and their families. These funds can be used to help pay for unexpected medical expenses, rent, food, and the like. Army program administrators state that poor financial management is often at the root of enlisted soldiers' financial problems. Families that meet the income level requirements are also eligible to apply for food stamp benefits at the local county Department of Social Services offices.

In addition to their base salary, enlisted soldiers receive a Basic Allowance for Housing (BAH), which can be used to rent on- or off-post, or to buy an off-post home. Fort Bragg soldiers at the lowest rankings (E1-E4) receive an \$898 BAH. Financial counselors at the Soldier and Family Assistance Center are available to help soldiers develop personal budget and spending plans. Army Community Services staff report that this service is currently underutilized by soldiers and their families.

Fort Bragg personnel also have access to Individual Development Accounts (IDAs). IDAs are savings accounts that can be used for educational or job-training expenses, purchasing a first home, or starting a small business. Contributions from lower-income participants are matched by funds secured from private and public sources. All participants receive economic literacy training—primarily workshops for improving one's credit, establishing budgeting and savings schedules, and developing other money-management skills. County-level programs

are available through the Kingdom Community Development Corporation (Cumberland County) and Johnston-Lee-Harnett Community Action, Inc.

C. Future Conditions

Many of the new residents expected by 2013 will be parents, some of whom will be single parents. The increased number of school-aged children residing in the area will place additional demands on local school systems (as is discussed in the K-12 Education chapter of the Fort Bragg Regional Growth Assessment), as well as on children's social and recreational programs. The incoming population will also include, of course, children who are not yet of school age—children who will create an increased demand for affordable, quality child care.

Of the additional individuals and families expected to be residing in the Fort Bragg area by 2013, only a limited number are expected to live in military housing (that is, in base barracks, new rental units being developed by Picerne Military Housing, or family housing units to be developed in the Linden Oaks area in Harnett County). The remaining individuals and families will choose to live in civilian housing throughout the surrounding counties. This means that families relocating to the area will interact with, and integrate themselves into, local civilian communities.

In addition, approximately 17,000 soldiers who have been deployed to the Middle East are returning to Fort Bragg beginning this year. Many of these soldiers have experienced extended tours and multiple rotations in combat zones. Interviews with key stakeholders, including ACS personnel, suggest that the behavioral health and rehabilitation of returning troops are going to be major issues and that TRICARE does not have the capacity to serve the expected number of soldiers needing this type of service. Individuals with severe Traumatic Brain Injuries (TBIs) are already seeking care outside of the region, and those with less severe TBIs are seeking services from places like Womack Army Medical Center (Womack). Womack and the Cape Fear Valley Medical Center are already operating at capacity, and regional hospitals are not always properly equipped

or staffed to receive overflow patients or to provide appropriate supplemental services. In addition, as is discussed in the Health Care chapter, there is a lack of physicians, nurses, dentists, medical specialists, and other health-care providers throughout the region.

1. Routine Support

The transportation needs of military personnel and their families are expected to increase due to the recent rise in gasoline prices as well as the projected growth in the number of junior enlisted personnel to be stationed at Fort Bragg.

The lack of affordable child-care throughout the Fort Bragg region will also worsen. **Table 3** suggests that the number of licensed slots available in 2008 throughout the region (50,883) is more than sufficient to accommodate the projected demand for child care services in 2013 (34,334). It is important to note however, that several counties, including Harnett, Richmond, and to a lesser extent Hoke, will likely experience a shortage of licensed slots if additional slots are not licensed prior to 2013. Head Start waiting lists and waiting lists for DSS child-care subsidies are expected to increase throughout the region and the availability of licensed capacity in selected counties will become limited.

Counseling or Emotional Support

According to the results of a 2002 survey conducted by the University of North Carolina at Chapel

Hill,⁷ military families that are adjusting to new communities typically experience loneliness, difficulty managing finances, social isolation, and health problems. The Army has programs in place—in particular the Relocation Readiness Program—to help military personnel and their families prepare for and adjust to relocation. The 2002 survey found that each year approximately one-third of all Army families are relocated. The use of Army relocation services is increasing, but satisfaction with these services is only low to moderate. Relocation adjustments tend to be successful when they have the support—real or perceived—of Army leaders and relevant agencies.

Based on interviews with key ACS personnel, it is expected that there will be an increased need for emotional counseling and support groups as soldiers return home from active duty. Independent of any population growth in the Fort Bragg region, the return of such a large number of soldiers from combat tours is expected to place a strain on the region’s social services providers. Deployment to war, with its long separations, can put serious stress on military families; studies have shown that multiple deployments heighten the likelihood of combat trauma, which, in turn, increases the risk of domestic violence.⁸ As was to be expected, soldiers serving their third or fourth deployments in Iraq were more

7. Orthner, D. K. (2002). Relocation adjustment among Army civilian spouses. *The University of North Carolina Chapel Hill*.

8. New York Times, February 15, 2008. “When Strains on Military Families Turn Deadly.”

Table 3 – Projected Demand for Child Care in 2013¹

	# Children 0-4 (2013)	Participation Rate	Projected Demand - 2013	Licensed Slots - 2008	Over/(Under) Capacity
Cumberland	25,334	52.59%	13,323	28,561	15,238
Harnett	8,863	57.68%	5,112	4,354	(758)
Hoke	5,088	55.12%	2,805	2,727	(78)
Lee	4,566	59.53%	2,718	2,834	116
Moore	5,183	59.70%	3,094	3,789	695
Richmond	2,898	64.11%	1,858	1,622	(236)
Robeson	9,982	54.33%	5,423	6,996	1,573
TOTAL	61,914		34,334	50,883	16,549

1. Child care providers that are not required to be licensed by the state are not included in this analysis.

likely to report mental-health problems than those on their first or second deployments.⁹

2. Emergency Support

Half of the soldiers returning from these deployments are expected to be experiencing mental health or substance-abuse problems. Unfortunately, denial and the reluctance to seek on-base counseling frequently contribute to an escalation of these problems. Help is often not requested until problems have become extremely serious; by then emergency support is often needed.

Relocation, deployment, PTSD, bereavement, parenting problems, and social isolation are among a host of issues that can place a tremendous strain on soldiers and their families. The Army assesses each returning veteran's mental health and briefs each soldier on parenting, anger management, the recognition of Post-Traumatic Stress Disorder (PTSD), and other important issues. Assessments take place upon the soldier's return and are repeated after six-months. ACS personnel predict that the need for emotional support, support groups, and counseling will increase as currently deployed soldiers return home.

According to ACS personnel, studies show that certain socio-economic factors—such as poverty and frequent relocations—are often precursors to domestic violence and substance abuse. Military personnel who had such problems prior to enlistment may find that their problems have worsened since that time. Population growth at Fort Bragg is certain to enlarge the number of military families participating in the Base's Exceptional Family Member Program.

3. Special Needs Support

As deployed soldiers return home, the need for occupational therapy and job training is expected to increase. In order to enhance occupational and employment training opportunities for disabled soldiers, Army leaders should partner with the North Carolina JobLink Career Center (which already

provide services for Veterans). For details on the Wounded Warrior Program and the BRAC Regional Task Force's new pilot program, please refer to the Workforce and Higher Education chapter of this report.

D. Gaps

Although a number of social services are available in the Fort Bragg area, most of its social-services providers are already operating at or beyond capacity. As military-related growth enlarges regional populations, this capacity gap is expected to grow. In the near term, this gap will be widened by the return of large numbers of soldiers from deployments in the Middle East. Shortages of counseling and emergency support seem especially likely. Important, gap-reducing measures include:

- Increasing the numbers of social service providers
- Improving access to on-base services
- Improving public transportation options so as to expedite travel between residential areas and key social-service-provider locations
- Increasing the quality and number of affordable child-care providers, especially those serving pre-school children
- Coordinating the delivery of social services so as to avoid duplication of effort and inefficient use of scarce resources
- Informing military personnel that use of social services will not jeopardize their careers in the military

9. <http://www.armymedicine.army.mil/news/releases/20080306mhatv.cfm>

E. Recommended Actions

Critical Action 1: Secure Additional Child Care Subsidies.

Description: The waiting lists for subsidies are long in all of the region’s counties. In recent years, the NC General Assembly has authorized child care subsidy funding to Cumberland County specifically for military families. This past year these funds were expended months short of the new state fiscal year. Efforts to increase the funding for this program and to expand to other counties with a significant military presence should be encouraged.

Responsible Parties: Child care advocacy groups are encouraged to work closely with the BRAC RTF to secure additional funding sources.

Important Action 2: Promote dialogue between Fort Bragg and Smart Start Local Partnerships in the region.

Description: Smart Start is a public-private initiative that distributes early education funding (provided by the North Carolina General Assembly and private sources) to all of the state’s 100 counties. Smart Start funds are administered at the local level through local nonprofit organizations called Local Partnerships.¹⁰ These Local Partnerships, which work with different local agencies that provide services to children and their families, seek to identify program and services needs and to locate sources of funding to meet those needs. Currently, 30% of all Smart Start direct-service allocations are being spent on child-care subsidies. In addition to direct child-care subsidies, Smart Start funds go to teacher education and support.

Responsible Parties: The BRAC Regional Task Force should support the aggressive application for funding to increase the availability of high-quality, affordable child care in the Fort Bragg region.

10. Links to information about the Local Partnerships for each county in the Fort Bragg region can be found at www.smartstart-nc.org/about/localpartnerships.htm.

Important Action 3: Design a multi-purpose, on-base facility where access to counseling is not distinguishable from access to other types of services

Description: Army Community Services (ACS) reports that the stigma and perceived lack of confidentiality associated with the use of on-base counseling services is a barrier to full utilization of these services. A structure designed to house service providers of all kinds (that is, not just counselors) would reduce the likelihood that social-services visitors would be recognized as such.

Responsible Parties: Army Community Services should lead the design team.

Important Action 4: The base's shuttle-bus routes should be expanded so as to provide easier access to major on-base services.

Description: The on-base shuttle-bus service provides free transportation to twelve health care, school, daycare, and shopping stops. There is no Monday service and no service on federal holidays. The Base should consider expanding this service so as to include stops at all main locations, including Army Community Services offices as well as the hospital, grocery store, post exchange, child-development centers, and regional public transportation connections. (Refer to the Transportation chapter of this report for more details related to suggested on-base and regional transit actions.)

Responsible Parties: Army Community Services (ACS) should lead the effort to identify new shuttle-bus stops and days of service.

Important Action 5: Expand existing respite-care program for caregivers of children with special needs so as to include respite care for spouses of deployed personnel.

Description: Spouses with special-needs children already receive respite-care services. Action SS-4 would extend these services to include the spouses of deployed personnel.

Responsible Parties: Army Community Services (ACS) should lead the effort to identify particular needs and develop the program to match those who need assistance with appropriate volunteers.

Important Action 6: Increase the coverage area of NC 2-1-1 to include all counties in the Fort Bragg region.

Description: Supporting the NC 2-1-1 Program on a regional level is highly recommended. NC 2-1-1 is capable of providing local communities with access to non-emergency health and human service information from a central location. This program can also serve as a disaster-response tool to help coordinate and disseminate information. Within the Fort Bragg region, Lee and Robeson Counties have a 2-1-1 service in place. Cumberland, Harnett, and Moore Counties are scheduled to have 2-1-1 services by December 2008. More than 60% of North Carolina's population has access to 2-1-1 services. Last year, 2-1-1 helped more than 100,000 North Carolinians seeking help; more than 40% of the callers needed help meeting their most basic needs.

Responsible Parties: The BRAC Regional Task Force should coordinate support with the United Way of North Carolina.

Important Action 7: Convene region-wide networking task force of social-services providers.

Description: The local Continuum of Care coalitions formed to address the issue of homelessness include social-service providers. These groups should be the foundation of larger community task forces that include social-service providers in all disciplines. By meeting on a regular basis and sharing best practices information, social-services providers could avoid duplication of effort and increase their coordination and effectiveness in the delivery of services.

Responsible Parties: Staff at Fayetteville/Cumberland County Continuum of Care Planning Council, Sandhills Community Action Program, and NC Department of Health and Human Services are the lead contacts for the three Continuum of Care coalitions serving the counties in the Fort Bragg region. Along with local United Way agency directors, these staff members should form a steering committee to lead the formation of local social-service provider networks.

Important Action 8: Locate newly-hired clinical social workers and counselors in local DSS facilities and county Health Departments

Description: Additional social workers are needed to accommodate the families relocating to the Fort Bragg region and the soldiers returning home from their tours of duty. Counselors and social workers currently in the region are already providing services at full capacity. Assigning these new counselors in the immediate area would improve access for the soldiers, who mostly live in the community, and would decrease the need for space on base.

Responsible Parties: The Army should partner with the NC Department of Public Instruction, county Departments of Social Services, and county Health Departments to place newly hired social workers in locations off-base.

Important Action 9: Create reciprocity between graduates of the Army’s Child Care Training program and the North Carolina Community College System

Description: The Army provides an on-base training program for people who want to work with children. Graduates of this program often desire to continue working with children after leaving the military, but the licensure for child-care providers does not currently give credit for completion of the Army’s training program. Expediting the transition from the Army’s training program to full public licensure could add to the number of child-care providers available in the Fort Bragg area. Such partnering could also result in a co-operative educational/training program.

Responsible Parties: A steering committee comprised of representatives from Fort Bragg and Fayetteville Community College should meet for the purpose of establishing a co-operative agreement on this matter.

Important Action 10: Support local planning efforts designed to prevent rape and domestic violence and to provide emergency shelter and services for victims of rape and those fleeing domestic violence.

Description: Preventing domestic violence must remain a high priority. According to the Family Violence Prevention Fund (<http://www.endabuse.org/resources/facts/Military.pdf>), the Army consistently produces rates of domestic violence that are higher than those of any of the other branches of the U. S. Department of Defense. At this time, Cumberland County (a key location) does not offer full services to victims of domestic violence, and the local rape crisis center is in need of stable funding and volunteer advocates.

Responsible Parties: The Army should collaborate with the NC Coalition Against Domestic Violence, United Way of Cumberland County, and other local partners.