

# Howard County Human Services Capacity Study in Support of Base Realignment and Closure

September 10, 2009



**BRAC Human Services Capacity Study  
Towson University**

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and  
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On behalf of  
The Howard County Department of Citizen Services  
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### **1.0 Executive Summary**

The Regional Economic Studies Institute and the Department of Occupational Therapy at Towson University have been tasked by the Howard County Department of Citizen Services with analyzing three human services areas (childcare, older adult and mental health services) while taking into consideration the impact the 2005 Base Realignment and Closure decisions may have on these services. To begin this endeavor, the project team reviewed the following categories within each service area:

- the current capacity in the county,
- the expansion capacity of existing facilities,
- the capacity for the creation of new facilities,
- the ability to meet the changing needs of a diverse community, and
- the various special considerations within the three human services areas addressed.<sup>1</sup>

The results of this study should be viewed in the context of the available information as of the writing of this report, as database information; especially where childcare providers are concerned can change from month to month. The findings for each human service area are as follows:

#### **Childcare**

- With an estimated increase of 930 children due to the inflow of BRAC households, Howard County's childcare center utilization rate could be as high as 121.0 percent, excluding normal population growth trends.
- Howard County's family provider's utilization rate is currently 40.4 percent. Family providers may be able to respond more quickly to additional demand imposed on the County by BRAC.
- The majority of childcare centers (84.8 percent) cited "no expansion room" as the main barrier to growth. In addition, 46.8 percent of childcare center respondents felt that their staff was in need of training before expansion could commence.
- Staff training, adequate and qualified staff and availability were areas most cited as in need of improvement. If these issues remain unaddressed they could impact the ability of the County to meet an increase in demand.

#### **Older Adult Services**

- The older adult population in Howard County is estimated to be the fastest growing among all counties in Maryland between 2000 and 2020. In addition, it is estimated that approximately 360 incoming BRAC households could be in need of immediate care.

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<sup>1</sup> "Maryland State BRAC Action Plan Review." Howard County BRAC Task Force (June 2008). Accessed January 2009.

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- According to survey data, services such as Assisted Living, Senior Center Plus/Social Daycare, Recreation, Social, and Education Services, and Volunteer Opportunities are all operating at capacity utilization rates above 80.0 percent.
- Many providers (87.9 percent across all program types) indicated they had plans to expand, which may cover future increases in demand for older adult services. Financial barriers and labor constraints were the most commonly cited barriers.
- Assisted Living, Adult Daycare, and Senior Center Plus/Social Daycare programs will most likely need to expand to meet the possibility of growing demand. A large majority of provider respondents in each program type indicated plans to expand.

### **Mental Health Services**

- Infants and toddlers are served by only 23.7 percent of mental health services respondents, confirming the general opinion that these services are underrepresented in Howard County.
- An average of 41.9 percent of all respondents maintained wait lists even though many claimed to be operating at or near capacity. With the possibility of capacity being self-limited as many providers are private entities, incoming BRAC households which demand mental health services may cause strain on the current overall capacity in the County.
- The barrier to mental health service delivery most often cited is funding; 35.7 percent of all respondents felt this was a significant barrier.
- Programs for adolescents and children are very limited for the County. With a little less than half of respondents verifying outpatient services of children, and only one hospital equipped with an inpatient psychiatric unit for adolescents.
- Respite services, a relatively new mental health service, is severely lacking in the County. Currently, only one respondent confirmed that they have such services.

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## 2.0 Introduction

### 2.1 Objective

The Howard County Department of Citizen Services is faced with the task of planning and determining the scope of the County's support for human services while taking into account the expected inflow of households from the Base Realignment and Closure (BRAC) process and their resulting effect on supply and demand of human services in the County. Such planning requires an assessment of current County capacity in a number of human services areas. Howard County has expressed particular interest in the areas of childcare, older adult services, and mental health services with attention given to the following subject areas as identified in the Howard County BRAC Task Force's 2008 report *Maryland State BRAC Action Plan Review*:

- the current capacity in the county,
- the expansion capacity of existing facilities,
- the capacity for the creation of new facilities,
- the ability to meet the changing needs of a diverse community, and
- the various special considerations within the three human services areas addressed.<sup>2</sup>

The Regional Economic Studies Institute of Towson University and the Department of Occupational Therapy at Towson University (the project team) have been tasked by the Howard County Department of Citizen Services with analyzing these three human services areas while taking into consideration the aforementioned subjects areas. The following is a brief overview of BRAC and its estimated impact on Howard County according to previous studies.

### 2.2 BRAC and Howard County

The 2005 BRAC decisions were developed by the federal government in order to decrease spending and increase the efficiency of the military base structure in the fairest and most politically manageable manner.

RESI previously estimated the impacts of BRAC on Howard County and Maryland as a whole in its 2006 report *Job and Household Allocation, Expected Tax Revenue, and DoD BRAC Movements into Maryland*.<sup>3</sup> The inflow of households due to the 2005 BRAC decisions was analyzed in three distinct phases covering the following periods: Phase I (2006-2011), Phase II (2012-2015), and Phase III (2016-2020). In order to quantify the economic impact of the BRAC decisions considered in this analysis, RESI utilized the IMPLAN input/output model. For more information regarding IMPLAN, please refer to Appendix A.

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<sup>2</sup> "Maryland State BRAC Action Plan Review." Howard County BRAC Task Force (June 2008). Accessed January 2009.

<sup>3</sup> "Job and Household Allocation, Expected Tax Revenue, and DoD BRAC Movements into Maryland." The Regional Economic Studies Institute of Towson University (December 2006).

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The original estimates for the number of jobs and households produced by RESI in their 2006 report have been updated by the Howard County Fort Meade Task Force Plans and Analysis Committee (PAC). Based upon census commuting patterns and information provided by Fort Meade, the location of households by County for the incoming jobs was estimated.

Using PAC’s estimates, the project team found that an approximate total of 4,348 jobs and 4,741 households were expected to move to or be created in Howard County through 2020.<sup>4</sup> Of these jobs, approximately 58.9 percent will be located at Fort Meade. Another 39.0 percent will come from Aberdeen Proving Ground, and 1.6 percent will come from Andrews Air Force Base, which is illustrated in Figure 1. It is expected that the majority of these households would look for housing in the eastern part of the County, whether traveling southeast or east up to Interstate 95 and then north toward Harford County.

**Figure 1:** Howard County BRAC Jobs and Households by Installation

<b>Installation</b>	<b>Jobs</b>	<b>Households</b>
Aberdeen Proving Ground (APG)	1,696	1,849
Andrews Air Force Base	73	80
Fort Meade	2,579	2,812
<b>Total</b>	<b>4,348</b>	<b>4,741</b>

Source: RESI

It is expected that the movement of BRAC related households will occur in three phases. The first phase will be on-base jobs, civilian Department of Defense and embedded contractors as well as some non-embedded contractors. The second phase will likely be additional contractors as well as support jobs. The third phase will likely be jobs related to household growth from phases one and two. In Figure 2, the number of jobs by phase is illustrated.

**Figure 2:** Howard County BRAC Jobs and Households by Phase

<b>Phase</b>	<b>Jobs</b>	<b>Households</b>
Phase I (2006-2011)	560	610
Phase II (2012-2015)	3,550	3,870
Phase III (2016-2020)	238	261
<b>Total</b>	<b>4,348</b>	<b>4,741</b>

Source: RESI

Since the majority of positions moving to Howard County will be located at Fort Meade it is worthwhile to look at the projections for this installation in further detail. Those transferring to Fort Meade are involved in adjudication activities, media activities, and the Defense Information Systems Agency (DISA). Positions at Fort Meade are likely to require educational backgrounds in business administration and management, finance, computer science, engineering, electronic engineering, information systems technology,

<sup>4</sup> “Job and Household Allocation, Expected Tax Revenue, and DoD BRAC Movements into Maryland.” The Regional Economic Studies Institute of Towson University (December 2006).

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human resources management and development, and operations research.<sup>5</sup> Among civilian positions, an estimated 71.0 percent require education beyond a bachelor's degree, with approximately 40.0 percent requiring at least a graduate degree. Among contractor positions, an estimated 55.0 percent require a bachelor's degree and approximately 17.0 percent require at least a graduate degree.

A report from the Howard County Task Force on Affordable Housing released in 2006 reported an average single family home sale price of \$485,000.<sup>6</sup> This figure suggests that the average household income will have to be in the high income range if households are to purchase a home in Howard County. The report also found that average rents ranged from \$960 to \$1,500 per month.<sup>7</sup>

The average household income for direct, non-embedded contractors and indirect employment as a result of BRAC movements is estimated to be \$138,505.<sup>8</sup> Currently 63.8 percent of households within Howard County have an income at or above \$75,000. At the level of \$150,000 and above in income, the percentage of households is still quite high at 27.5 percent.<sup>9</sup> Approximately 14.0 percent of these new BRAC related households will rent living space, while the other 86.0 percent will buy homes.<sup>10</sup>

A BRAC awareness survey conducted in May 2008 by DISA—one of the largest agencies to move to Fort Meade—and the Joint Task Force-Global Network Operations (JTF-GNO) polled 1,664 of those assigned to DISA/JTF-GNO.<sup>11</sup> In addition to seeking demographic information and asking respondents whether or not they are aware of and intend to be a part of the BRAC move, the survey also asked questions relating to demand for childcare and older adult services. These findings will be discussed in following sections. Of the respondents, approximately 63.0 percent were aware of the DISA Human Resources Transfer plan to move to Fort Meade. When asked if they plan to transfer, 14.5 percent of all the surveyed respondents said they plan to transfer to Fort Meade and move their residences, while 25.5 percent plan to transfer to Fort Meade and commute from their current residences. The demographics of those surveyed show only 22.8 percent currently living in Maryland.

It should be noted that in the *Howard County Transportation Development Plan Preliminary Recommendations*—released in June 2008 by the Public Transportation Board—the County has proposed increasing transportation options to Fort Meade to

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<sup>5</sup> “Educational Needs Assessment: Supply and Demand of Educational Programs Likely to Support the DOD BRAC Movements into Maryland.” The Regional Economic Studies Institute of Towson University (June 2006).

<sup>6</sup> “Report of the Howard County Task Force on Affordable Housing.” Howard County Housing Commission (November 2006).

<sup>7</sup> Id.

<sup>8</sup> “Maryland BRAC Report.” Maryland Department of Planning (December 2006). Accessed June 2009.

<sup>9</sup> 2005-2007 American Community Survey 3-Year Estimates. U.S. Census Bureau (2007). Accessed June 2009.

<sup>10</sup> “Maryland BRAC Report.” Maryland Department of Planning (December 2006). Accessed June 2009.

<sup>11</sup> DISA/JTF-GNO Base Realignment and Closure (BRAC) Awareness Survey. DISA/JTF-GNO (May 2008).

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remedy the current lack of public transportation.<sup>12</sup> To do this, it has been recommended that a new route be created via MARC stations in Jessup and Dorsey that reaches Fort Meade and the National Security Agency.<sup>13</sup> It is likely that this project, once adopted and completed, could foster increased public transportation use from within the County.

In summary, the expected inflow to Howard County will be modest and will occur throughout a number of years. Incoming households should be predominantly high income and professional in nature. Lacking further information on household size, the population of incoming older adults, or the incoming population in need of mental health services, the assumption for the purpose of this analysis is that these households will consume childcare, older adult services and mental health services at the same rates as the current population of Howard County.

Given the complexities and issues surrounding the empirical measurement of the demand for human services, the project team assumed that the current provision of services bears a close relationship to an economically feasible level of demand for these services. As a result, the project team relied on a survey of providers to determine both demand and capacity. The following are discussions of the current population, special considerations, survey results, conclusions, and recommendations in regard to each of the three identified areas of human services.

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<sup>12</sup> “Howard County Transportation Development Plan Preliminary Recommendations.” Public Transportation Board (June 2008). Accessed January 2009.

<sup>13</sup> Estimated operating expansion cost of new route is \$294,000.

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### **3.0 Childcare**

#### **3.1 Overview**

In order to more accurately assess the impact of incoming BRAC households on the demand for childcare services in Howard County, it is useful to know the current state of this service and the current population of providers in the County. In the following section, the project team seeks to define and identify the current population of childcare service providers and determine the estimated BRAC population which may have an effect on demand.

##### **3.1.1 Current Childcare Provider Population**

Before conclusions can be drawn regarding the childcare capacity currently available in Howard County, it is important to determine the current population of providers. The project team utilized data provided by Child Care Administration Tracking System (CCATS) reports.<sup>14</sup> The population varies from month to month, but totaled 623 at the time the samples were drawn for survey purposes in May of 2008.<sup>15</sup> Of these, 458 were family providers and 165 were center providers. Family providers are adults caring for children in their own homes; with capacity limited by law to eight children (the family's own children must be subtracted from that maximum). The average capacity for family providers in the County is a little over seven children. Centers are larger operations with much larger staffs and an average capacity of 67 children in Howard County.

The comparison of the capacities of these two types of providers demonstrates their differences. The largest centers require an important investment in real estate, often in areas of high property value and near transportation routes. Their success depends on a well-formulated business plan, substantial capital investment, and a coherent marketing strategy. The two largest local chains of childcare centers combine to provide 16 percent of center capacity in the County—Kincaid's Columbia Academy chain with a total of 868 childcare slots, and Young's Young School, with 442 slots.<sup>16</sup> The national chains of Celebree, Childtime, Kindercare, and La Petite Academy provide at least another 10.0 percent, for a chain total of 26.0 percent—a concentration which is significant, but not enormous. In contrast, the Columbia Association controls 12.0 percent of total slots, and Howard County—through Recreation and Parks—controls 23.0 percent.

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<sup>14</sup> While CCATS data has been used to determine capacity, enrollment, and utilization, it cannot provide a completely accurate picture. Data may not always be input into the system in a timely manner, causing some inaccuracies for any given point in time. More importantly, data on participants at a particular center or home are input in three ways: 1) Capacity (how many children in a particular age group a center/provider is licensed to accept at any one time; 2) Enrollment (how many children are participants in the center; 3) Attendance (how many children are attending on the day a center/home is inspected. None of these give a totally accurate utilization rate. Enrollment figures are frequently higher than capacity figures because some full-time slots may be filled by two part-time children. Attendance depends on a variety of factors which may keep a particular child out on the day of inspection.

<sup>15</sup> Child Care Administration Tracking System (CCATS) Management Reports. Licensing reports 003 and 022. Maryland Department of Human Resources Office of Technology for Human Services. Accessed May through September 2008.

<sup>16</sup> Id.

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While family providers operate much smaller operations and are more limited when it comes to expansion, their presence is just as significant as center providers. Unlike many other family businesses, becoming a childcare provider does not require substantial capital. Capacity for family providers is strictly limited; therefore economies of scale are also limited, with greatest profitability achieved at the limited maximum capacity. These differences make for entirely different provider populations, a fact which was reflected in the survey data collected. This is discussed in greater detail in following sections.

Profitability is often low for both family and center childcare providers. Family providers often stay home to care for their own children and accept other children into their care to supplement income, generally without a strict objective of profit maximization. Centers are somewhat more dedicated to profitability than family providers, though they generally experience low profitability as well. Data obtained from the Risk Management Association in 2002 suggest that the average “small” childcare center (with “small” centers defined as those earning under \$1 million in annual sales) in the U.S. made an average operating profit of roughly \$8,600, or 1.7 percent of revenues based on annual sales of \$507,000. Average profits for small businesses in those sales categories should normally fall in the 5-10 percent range. Since owners’ annual salaries averaged \$78,000, it is apparent that excessive salaries did not cause the shortfall.<sup>17</sup> It was noted by a licensing manager during the survey process that real profitability in center operation only came when enrollments exceeded 150 children.

The results of the BRAC Awareness Survey conducted in May 2008 at the Defense Information System Agency (DISA) have provided viable information to garner outcomes of BRAC movements.<sup>18</sup> The survey asked questions regarding childcare and found that 19.6 percent of respondents anticipated a need for childcare after the 2010-2011 DISA relocation periods. Of those who identified a need for childcare, 11.8 percent would seek full-time childcare, 2.8 percent would seek part-time childcare, 0.9 percent would seek before school childcare, and 5.6 percent would seek after school childcare. Though these figures do not represent the entire BRAC household inflow, it provides a point of reference in determining the expected demand for childcare in relation to BRAC inflow in Howard County.

### **3.1.2 Special Considerations**

In addition to the basic questions regarding existing capacity, expansion and creation capacity, and the ability to meet the changing needs of a diverse community, there were several special questions posed for consideration in regard to childcare:

- adequate and appropriate space for childcare facilities,
- service area,
- adequate and qualified staff available within the existing labor force,
- initial and ongoing staff training, and
- transportation.

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<sup>17</sup> Industry Studies. 10/1/00 to 3/31/01 data. The Risk Management Association (2002).

<sup>18</sup> DISA/JTF-GNO Base Realignment and Closure (BRAC) Awareness Survey. DISA/JTF-GNO (May 2008).

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These special considerations were addressed in the administered surveys and the relevant findings will be discussed in the survey results section.

**3.1.3 Survey Overview**

A survey of both family and center-based childcare providers was created in order to pose questions directly to the owners and directors of these operations in Howard County. While this may seem like a straightforward endeavor, there were many complexities which are addressed in detail in Appendix C. The survey was constructed with input from the Howard County Department of Citizen Services staff and was administered in September 2008.

Of the 123 surveys mailed out to a random sample of family providers in the County, 49 completed responses were received (a response rate of 39.0 percent). With the cooperation of the Howard County Family Child Care Association, a convenience sample of an additional 44 responses from a pool of approximately 80 attendees at a September training session was added. These 93 responses represented approximately 20.0 percent of the family providers registered in the County.

Gathering responses from center providers proved more challenging. The cooperation of the Columbia Association and Howard County Parks and Recreation provided useful data for the 54 programs that the two organizations represent. Aside from these responses, another 24 were received, resulting in a response rate of 15.0 percent of the total center provider population thus representing over one third of total County capacity. A summary of response rates for all surveys administered can be found in Figure 3.

**Figure 3: Childcare Survey Response Rates**

<b>Provider Type</b>	<b>Number of Responses</b>	<b>Response Rate</b>	<b>Response as % of capacity</b>
School-based Before and After Care Only*	54	100.0%	20.0%
Private Centers**	24	12.0%	34.0%
<b>Total Centers</b>	<b>78</b>	<b>N/A</b>	<b>54.0%</b>
Family Providers (Mail)	49	39.0%	11.0%
Family Providers (Meeting)	44	60.0%	12.0%
<b>Total Family Providers</b>	<b>93</b>	<b>N/A</b>	<b>23.0%</b>

\*These centers are run by the Columbia Association and Howard County Recreation and Parks in all Howard County elementary schools and some middle schools.

\*\* These centers may be for-profit, non-profit, or faith-based.

Source: RESI

Although the United States was in a recession during the period when the surveys in this study were conducted, the unemployment rate in Howard County—at 3.4 percent and 3.6 percent in September 2008 and October 2008, respectively—barely exceeded that seen in the most recent economic slowdown of 2001.<sup>19</sup> Since the childcare surveys referenced

<sup>19</sup> Local Area Unemployment Statistics. Bureau of Labor Statistics. Accessed June 2009.

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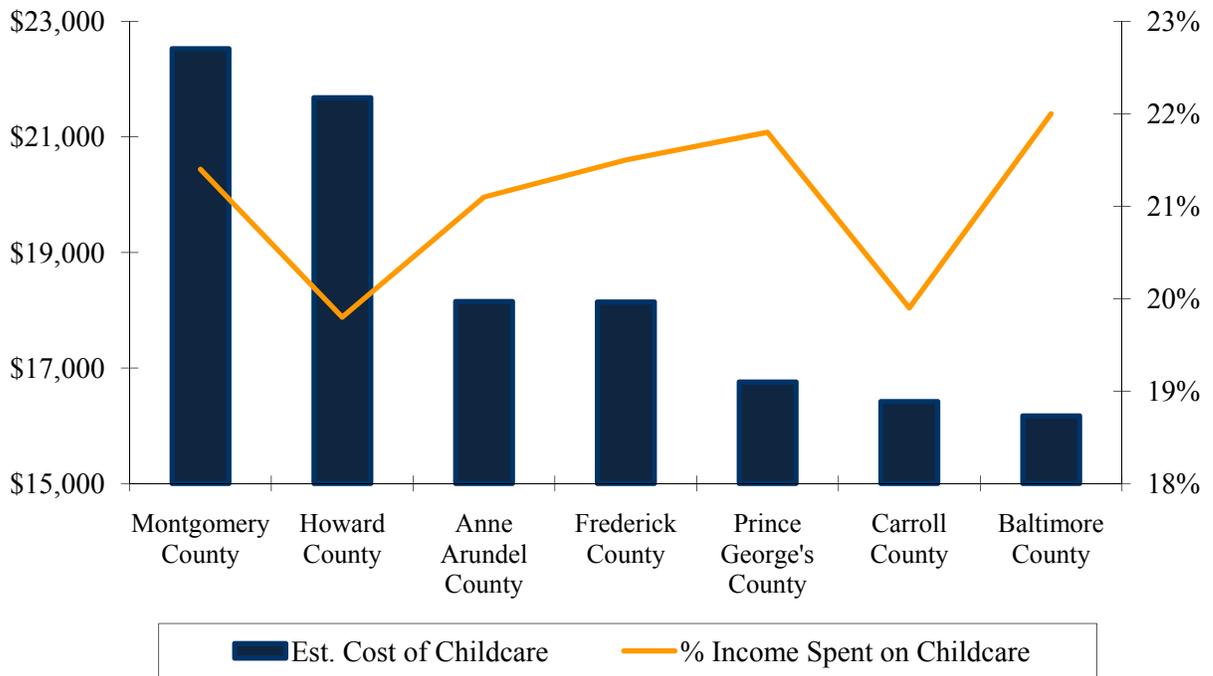
here were largely conducted in the period between September and October 2008, it does not seem as though economic factors would have unduly influenced these responses. There were a number of references among survey comments to the prevailing negative economic environment but there was no sense of impending crisis or great urgency in the written comments and concerns. A copy of the survey can be found in Appendix B.

### 3.2 Results

#### 3.2.1 General

Howard County’s central location within the state of Maryland has made it a desirable place to live. Its proximity to Baltimore and Washington, D.C. makes it an ideal place for families to live. When compared to the six counties surrounding Howard County, it is apparent that the cost of childcare in the County is high. In fact, the cost of childcare (based on the estimate of one infant and one toddler) in Howard County ranks second overall for the state and on average is only \$848 less than Montgomery County.

**Figure 4:** Estimated Cost of Childcare vs. Percentage of Income Spent for Surrounding Region



Source: Maryland Childcare Resource Network, Childcare Demographics 2009.

In 2009, the average family in Howard County would expect to spend roughly \$21,700 a year on childcare for an infant and a toddler. This equates to 19.8 percent of the median family income for the County. Since Howard County’s median income is so high (\$109,608), when compared to the six surrounding counties again, residents in Howard County spend the least amount of their income on childcare.

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In terms of age groups accepted by childcare providers, family and center providers differ substantially. By and large family providers accept all age groups from infants through five year-olds, with older children accepted by 62.4 percent of family providers. Center providers rarely accept infants, but do accept other age groups.

**Figure 5: Percentage of Children Accepted by Provider Type**

Category	Age of Children *	Families	Centers
Infant	Six Weeks to Eleven Months	89.2%	13.9%
Toddler	Twelve to Twenty-Three Months	84.9%	13.9%
Preschooler	Two to Three Years	88.2%	67.1%
	Four Years	88.2%	93.2%
	Before & After Preschool	61.3%	13.9%
School Age	Five Years	80.6%	89.9%
	Six Years and Older	62.4%	38.0%
	Before & After School	5.4%	81.0%
Other	Non-Traditional Care **	11.8%	82.3%

\* Age of children is based on the predetermined limits set within the survey.

\*\* Non-traditional care is childcare provided during non-traditional hours. These hours can include evening, weekend and overnight care.

Source: RESI

As can be seen from Figure 5, typically family providers care for the majority of children under the age of 24 months. While before and after school and non-traditional childcare are mostly provided by centers. When it comes to childcare in Maryland there are various rules and regulations which impact the distribution of childcare among centers and family providers. For example, a family provider (with one adult) may only care for a maximum of two children under the age of two. While a center provider's ratio is one adult for three infants (6 weeks up to 18 months). Furthermore, center providers cannot accept children under the age of six weeks.<sup>20</sup> These regulations support the discrepancy of acceptance rates of children less than two years at the different providers.

### 3.2.2 Capacity

To determine the appropriate utilization rate of family providers, the project team carefully examined licensing inspection data of these providers as of September 2008. Of the 458 family providers listed as registered within the County only 304 showed inspections during the last sixteen months. Of these 304, 208 were clearly active, with one or more children verified as enrolled; another 42 were verified as having no children enrolled. Fifty-four providers were noted as taking care of their own children but without any children enrolled on a paying basis, leaving some 154 missing all data, and thus either not inspected or with inspection data that was not entered into the automated system. The project team thus assumed that roughly 377 of the 458 family providers were current and active while the rest were dormant.

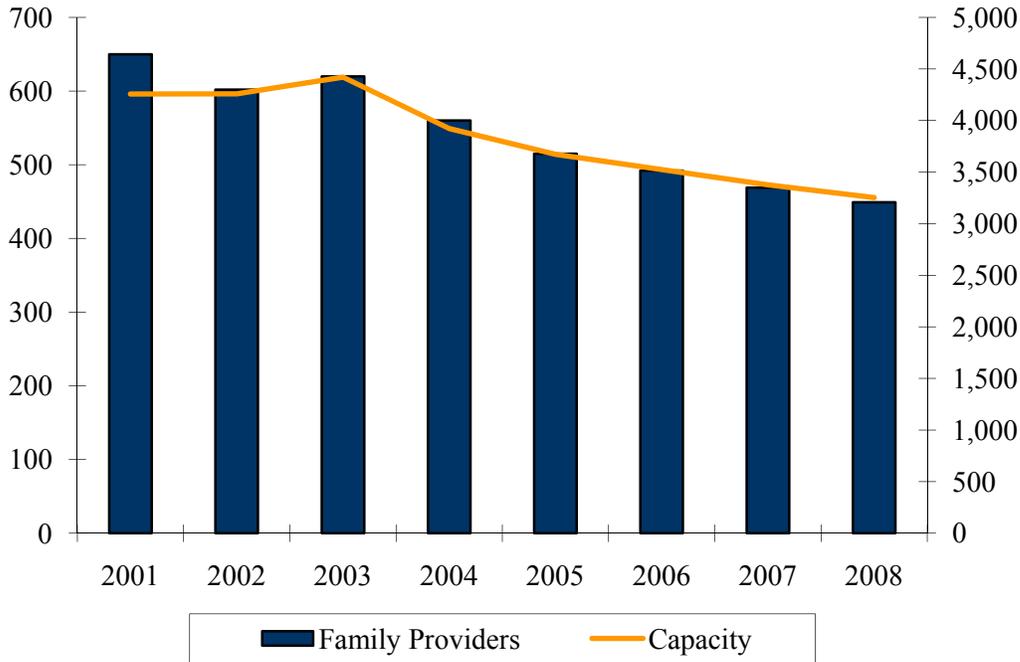
As can be seen in Figure 6, the number of family providers registered with the County has fallen from 650 in 2001 to 449 by 2008. This equates to a rate of decline of 30.9

<sup>20</sup> Code of Maryland Regulations, Title 13A State Board of Education.

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percent over the seven year period. The decline in the number of family providers has reduced the capacity of such providers to just over 3,250 children by the year 2008. Based on the CCATS data pulled in May of 2008, number of children enrolled versus the capacity at family providers yields a rate of utilization of 40.4 percent.

**Figure 6:** Family Childcare Providers vs. Capacity



Where capacity and utilization are concerned for center providers CCATS data was again employed in September of 2008. This data provides the most recent and accurate figures for the number of active childcare centers. According to the CCATS data there were 165 childcare centers registered during the time period. Of these centers, only 127 had been inspected within the last sixteen months, thereby suggesting that the other 38 centers were dormant or inactive. Using the 127 active centers as a basis, the average enrollment per center provider yielded 56.1 children per establishment.

Furthermore, when taking into consideration children under the age of 15 in the County enrolled at childcare centers, the enrollment figure was 7,174 children. Capacity for the County at childcare centers, however, was 8,138 resulting in a utilization rate of 94.0 percent. This total utilization rate is based on a weighted average.<sup>21</sup> Additionally, this utilization rate does not take into account part-time enrollees as CCATS figures are strictly a headcount of children enrolled.

Breaking this down further by age groups, the utilization rate per age group shows a very different story. Figure 7 conveys that enrollment for both toddlers and preschoolers are

<sup>21</sup> A weighted average takes into account the proportional relevance of each component, rather than treating them as equals as is the case with a straight average.

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either at or above capacity. While infancy care and school age children enrollment capacity has room for new enrollees.

**Figure 7: Average Childcare Center Capacity Utilization<sup>22</sup>**

<b>Name</b>	<b>Age Category</b>	<b>Utilization Rate</b>
Infant	6 Weeks to 17 Months	29.1%
Toddler	18 to 23 Months	208.5%
Preschooler	2 to 5 Years	114.2%
School Age	5 to 15 Years	70.0%
<b>Total</b>	<b>All Ages</b>	<b>94.0%</b>

Source: CCATS, RESI

**3.2.3 Expansion and Creation Capacity**

As it was a goal of this study to go beyond BRAC considerations and investigate larger issues for the County as well, attention should be given to the issue of expansion of childcare capacity. The cost of space is one of the major expense items on a center’s balance sheet, clearly outweighing labor, the second most important expense. A 2003 study from RESI regarding childcare centers in Calvert County supports this notion as findings suggest that the operation of a center would be profitable only as long as real estate costs were ignored.<sup>23</sup> For that reason, expansion is an expensive endeavor that cannot be undertaken easily.

During the interview process, a local licensing manager expressed the opinion that the cost of space is the most important item affecting both the success and profitability of a center’s business prospects. Smaller centers succeed when they have access to rents below the market rates, generally in churches or community centers, but often struggle otherwise. As such, it is generally the perspective of center directors that space considerations are one of the more significant barriers to expansion.

Center respondents generally were clear in expressing their opinions regarding the space issue in survey responses, either mentioning constraints or lack of constraints. Some comments were:

- “Owners are looking for real estate, but failing to find something. Also there is no room available in their current building.”
- “There is a current shortage of infant care space where we have the biggest waiting lists. There is just no room to expand in our three existing centers. We are adding 24 spaces in the new center at Maple Lawn due to open in November and most of the spaces are full already.”
- “If I were to expand, I would need room and it’s not available. It is a little house and would be difficult to expand.”

<sup>22</sup> Based on weighted averages.

<sup>23</sup> “Calvert County Child Care Center Projections.” The Regional Economic Studies Institute of Towson University (September 2003).

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Family providers have great difficulty in transforming their operation from the low expense, limited capacity structure of a family childcare provider to that of even a small childcare center. Expanding from a family provider with a capacity of eight to a small center, with a capacity of twelve, is not often pursued due to the hassle and cost of expansion. Therefore the likelihood that family providers will convert their operation into a center is minimal.

The survey responses indicated that the majority of Howard County childcare providers have considered increasing capacity during the last year. Eighty-two percent of center providers have considered increasing capacity within the last year.

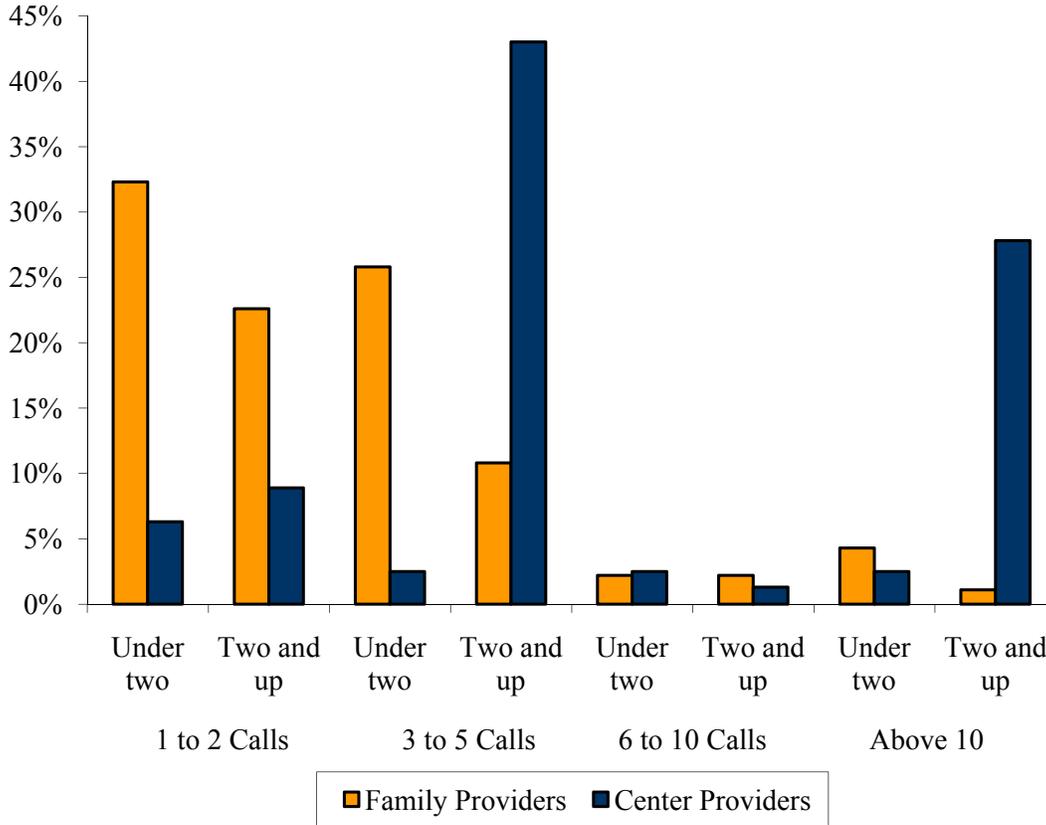
Offering support for the argument to increase the capacity of childcare centers are the wait lists maintained by the family and center providers. When asked whether the provider kept a wait list, 28.0 percent of family providers answered yes, while 48.0 percent of center providers did. Of those respondents affirming that they maintain a wait list, 14.0 percent of family providers do so regarding infants, versus 8.0 percent of center providers. As for school aged children, 22.0 percent of center provider respondents declared they maintained wait lists, while only 2.0 percent of family provider respondents stated the same.

Not all providers keep wait lists. Therefore surveying responses regarding the number of inquiries fielded per month were used to help gauge the need for a possible increase in capacity. Survey respondents were asked to indicate on a predetermined scale the number of phone calls received each month regarding space availability for children under the age of two and those over the age of two.

In Figure 8, the percentage of respondents who received inquiries regarding space availability each month was documented. Respondents were asked to indicate the number of phone calls received on average per month for children under two and those older than two.

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**Figure 8:** Percentage of Respondents Fielding Monthly Inquiries by Provider Type

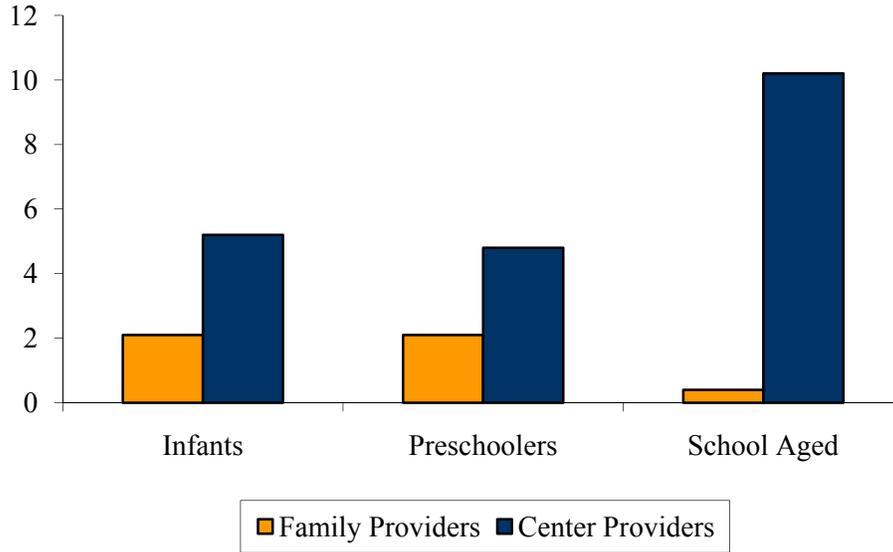


Source: RESI

On average family providers received 2.6 inquiries concerning infant and preschooler care per month, while center providers received less than 1. For older children, however, center providers received 5.6 calls per month on average, while family providers received only 1.2. This data reflects the general preference, noted in national research, for family care for infants and toddlers, rather than center care, with that preference reversed for older children. In Howard County, parents may rely more heavily on family providers because they offer greater availability for infant and toddler care and are less expensive, with the average cost for infant care at a childcare center at \$288.77 a week compared to \$213.61 per week for a family provider.

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**Figure 9:** Average Number of Inquiries by Provider Type



Source: RESI

As illustrated by Figure 9, both provider types have received numerous inquiries which they are unable to accommodate. At childcare centers, nearly 89.0 percent of inquiries made at the centers were not able to be fulfilled, versus 72.0 percent at family providers.

Barriers to expansion perceived among Howard County providers varied by the type of provider and may indicate that while there appears to be more demand for childcare especially for infants, various logistics may be keeping providers from expanding. Figure 10 shows that the majority of center providers (84.8 percent) cited “no expansion room” as their greatest barrier. Moreover, 46.8 percent of centers also responded that their staff was in need of training before expansion could commence. The top barriers to expansion among family providers included lack of demand, regulation and licensing, no expansion room and the expense of staff.

**Figure 10:** Barriers to Expansion Identified by Respondents by Provider Type

Barrier to Expansion	Families	Centers
Lack of Demand	32.3%	5.1%
Regulation and Licensing	29.0%	3.8%
No Expansion Room	18.3%	84.8%
Expense of Staff	12.9%	2.5%
Customers Cannot Pay	10.8%	8.9%
Other	9.7%	0.0%
Transportation to Facility Unavailable	6.5%	1.3%
Cannot Add New Features	5.4%	2.5%
Staff in Need of Training	3.2%	46.8%
New Customers Speak Different Language	2.2%	0.0%
Special Needs	2.2%	1.3%

Source: RESI

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Family providers which have been recently registered can be identified. Some 17.0 percent of family providers currently active in the County according to CCATS reports were registered within the last 16 months, and another 4.0 percent registered during the same period have already become inactive, suggesting a great deal of turnover.<sup>24</sup>

This seems to suggest that family providers are coming and going at a constant rate. This turnover suggests more adaptability to changing economic and social opportunities in the family provider community. It may be that the family provider community can respond more quickly to changing market conditions and opportunities than the center provider community. BRAC could very well be one of these opportunities.

Where BRAC is concerned, the project team used estimates for childcare need gathered from the DISA assessment survey. According to the survey, 19.6 percent of those workers relocating as a result of BRAC would be in need of childcare. As previously stated, the number of households in Howard County is estimated to increase by 4,741 during the three phases of BRAC. This increase could result in 930 new children requiring childcare within the County.

To better gauge the distribution of these children, the project team compared Howard County’s percentage of population under the age of 14 to the averages of counties in New Jersey and Virginia surrounding Ft. Monmouth and DISA which are most likely to be affected by BRAC. In Figure 11, it can be seen that the percentage of population under 14 is higher in Howard County, nearly 1.0 percent higher. The noticeable difference, however, between the two areas is the percentage of children under the age of five. The incoming regions on average have 0.7 percent more children within this age group. Just the reversal can be seen for children aged 5 to 14, where the incoming regions have 0.5 to 0.9 percent less children in these groups.

**Figure 11:** Average Percentage of Population by Age Group

Age Groups	Percentage of Total Population in Howard County	Percentage of Total Population from Incoming Regions
Under 5 Years	6.5%	7.2%
5 to 9 Years	7.2%	6.7%
10 to 14 Years	7.6%	6.7%
<b>Total % of Population Under 14</b>	<b>21.3%</b>	<b>20.5%</b>

Source: U.S. Census Bureau, 2005-2007 American Community Survey 3-Year Estimates

Currently Howard County’s center provider utilization rate is 94.0 percent. This utilization rate is based on the CCATS data pull from May 2008. While this utilization rate appears rather high, it does not take into account those children who may be part-

<sup>24</sup> Child Care Administration Tracking System (CCATS) Management Reports. Licensing reports 003 and 022. Maryland Department of Human Resources Office of Technology for Human Services. Accessed May through September 2008.

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time. For example, if all enrolled children at centers were part-time, the maximum utilization rate would be 200.0 percent.

With the addition of just the estimated BRAC children, the County's center provider utilization rate could potentially increase to 121.0 percent. Family providers, however, whose current utilization rate is 40.4 percent may be able to respond more quickly to the changing market and accommodate the overflow of capacity at childcare centers.

### **3.2.4 Meeting the Changing Needs of a Diverse Community**

According to the 2005 study *Howard County's Foreign-Born Community: Dimensions, Growth and Implications* by the Association for the Study and Development of Community, foreign-born residents represented 11.3 percent of the overall population of Howard County (28,113 of 247,842 residents) as of 2000.<sup>25</sup> According to the report, the foreign-born population is growing (accounting for 27.6 percent of the County's population increase between 1990 and 2000) and will most likely continue to grow. Approximately 14 percent of the total Howard County population aged five and older identified a language other than English spoken in the home, and "more than 11,000 persons, of whom 80.0 percent were foreign-born, admitted to speaking English less than 'very well.'"<sup>26</sup> In addition, 1,165 Howard County residents did not speak English at all, according to the report. The non-English languages identified as those most frequently spoken in the home included Spanish, Korean, and Chinese. Latino, Ghanian, and Haitian residents were the most likely to have English language assistance needs.<sup>27</sup>

The survey received 14 responses from Howard County family childcare providers (or 13 percent of family provider respondents) who speak foreign languages in their facility, with Spanish, Arabic, Tamil, Hindi, and French Creole mentioned in survey comments. One interviewee estimated that one-third of family providers are foreign language speakers. If this estimate is accurate and since few center providers could afford to run a facility dedicated to a single ethnic or foreign language group due to their size, then it is family providers that are likely serving foreign language needs. Only three center providers mentioned having staff who spoke foreign languages and being open to children speaking non-English languages, with one provider noting, "We will take foreign speaking children, working with the language as best we can."

In light of this potential usefulness of family providers for the foreign language community, the turnover of family providers mentioned previously may be seen as an advantage in allowing new migrant communities to establish themselves with culturally sensitive childcare providers.

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<sup>25</sup> "Howard County's Foreign-Born Community: Dimensions, Growth and Implications." Association for the Study and Development of Community (October 2005).

<sup>26</sup> Id.

<sup>27</sup> Id.

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### **3.2.5 Special Considerations**

#### **Adequate and Appropriate Space for Childcare Facilities**

According to MSDE's licensing staff, the current 35 square foot per child requirement for both center and family providers is pretty standard nationwide. The Maryland Committee for Children's sample start-up budget for a childcare center suggests the same.<sup>28</sup> There are many experts, however, who claim that 42 or even 50 square feet would be a better standard, and there is some impressive scientific literature to validate that opinion.<sup>29</sup> At this point, the County is free to recommend higher space per child figures for new construction, but not to enforce them.

The Maryland Committee for Children's sample start-up budget estimates that for a childcare center to commence an investment of \$1 million is needed. The sample budget further estimates that 75.0 percent of the \$1 million will be spent on the land and building. In Howard County, the cost of land will usually be higher than other counties within the surrounding region.

#### **Service Area**

In a county with almost universal use of private automobiles, it is easy for families to choose from a wide variety of childcare providers, limited only by the time available to deliver and pick up their children. As an illustration of this, one family provider in the Columbia neighborhood of Long Reach reported that none of the children in her care came from her neighborhood. Some came from Ellicott City and were dropped off by their parents on the way to work. She attributed her success to her proximity to Route 100.

By considering areas of the County and the relative concentrations of childcare providers serving those areas provides an accurate basis for answering the service area question. While zip codes are not necessarily natural service areas, they do have the advantage of being readily available for study. By dividing up our enrollment figures by zip code, and comparing them to child population figures, we can at least form some theories about childcare service areas.

The largest concentration of children in care in comparison with the child population is predominately in the southern half of the County. These areas could be where childcare is local, or where commuters are coming in to jobs and are dropping off their children for care. Local care might plausibly be the case in the western areas of the County, such as 21209, 21036, 21104 and 21737, since they lack major commuting routes and employment centers. Columbia's 21044-46 zip codes, and 21723 to the south, in contrast, have both commuting routes and employment destinations, since most of the

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<sup>28</sup> Maryland Committee for Children, "Sample Budget for Child Care Center Start-Up in Maryland", (August 2003).

<sup>29</sup> White, Randy, Vicki Stoecklin, "The Great 35 Square Foot Myth", White Hutchinson.

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County's employment is concentrated in those areas. Columbia's childcare is certainly also to some degree local.

### **Staff Training and Adequate and Qualified Staff**

The *Professional Qualification and Retention Survey of 2006* concluded that "Maryland's childcare center workforce is poorly educated . . . nearly two-thirds lack the educational background necessary to ensure consistently high quality childcare services", which could potentially apply to Howard County as well. Furthermore this report states that over three-quarters of childcare staff interviewed made less than \$29,000 a year, and ranked in terms of annual income slightly above janitors and cleaners and slightly below crossing guards and home health aides. Of the 46 states requiring entry-level childcare teachers to complete a minimum amount of training in early childhood education related topics, Maryland had the second-lowest requirement.<sup>30</sup>

As found earlier, staff training is a big concern for nearly half of center providers. Those who responded to the survey attested that it was their second largest barrier when it came to expanding. Although the state's drive for additional credentials for childcare staff may cause difficulties in the future, the benefits for both employees and children could be a huge pay-off.

A greater concern than training is the barrier of staff availability, especially during non-traditional hours. Anecdotal evidence suggests that this is one of the major barriers in establishing the after care programs which are so important to parents engaged in shift work. As one center director responded when asked about nontraditional hours care, "where would I find the staff to work those hours?"

### **Transportation**

Howard County's suburban sprawl indicates that 89.0 percent of workers sixteen years of age and older commute to work using private vehicles.<sup>31</sup> The Census Bureau data goes on to show that some 3.5 percent commute to work using public transit, while just 1.0 percent walked to work, and another 1.0 percent used other means. These are similar to figures for automobile commuting in adjoining suburban counties, including Prince George's, Anne Arundel, Frederick and Carroll. Although Howard County's proportion of population using public transit, however, is somewhat higher than those counties.

Survey respondents were asked whether any children arrive at the providers' facility using public transit. Only 6.0 percent of providers responded in the affirmative, a figure not directly comparable, yet clearly in line with the figures above. A recent customer survey by the local nonprofit Vehicles for Change, an organization dedicated to recycling

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<sup>30</sup> "Professional Qualification and Retention Survey (2006)." Maryland State Department of Education Division of Early Childhood Development (autumn 2006).

<sup>31</sup> 2005-2007 American Community Survey 3-Year Estimates. U.S. Census Bureau (2007). Accessed June 2009.

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used vehicles into the hands of lower income families, showed that 100.0 percent of those surveyed used the acquired vehicle to transport their children to childcare.

### **3.3 Conclusions**

While the project team experienced some challenges in collecting information from providers, the surveys resulted in enough data to reasonably draw conclusions regarding childcare in Howard County and how it is likely to be affected by the inflow of BRAC households. The following are the project team's conclusions.

The average family in need of childcare in Howard County can expect to spend approximately \$21,700 on an infant and a toddler (or 19.8 percent of median family income) annually as of 2009. Howard County's median income is relatively high at \$109,608 and the majority of BRAC households are expected to have average household incomes of \$138,505. As such, it is likely that many of these households will be able to find reasonably affordable childcare in the County.

Data regarding capacity utilization for childcare centers indicates an overall utilization rate of 94.0 percent. It is estimated that the inflow of BRAC households will generate a need for approximately 930 childcare slots. With the addition of these children, Howard County's childcare center utilization rate could potentially increase to 121.0 percent. While it is likely that childcare centers will be able to meet the demand for childcare by BRAC households, family providers—with a current utilization rate of 40.4 percent—may be able to respond more quickly to any additional demand once BRAC is fully under way depending on the age of the child for which childcare is needed.

Barriers to expansion perceived were numerous, though the majority of childcare centers (84.8 percent) cited “no expansion room.” In addition, 46.8 percent of childcare center respondents felt that their staff was in need of training before expansion could commence. The main barriers to expansion identified by family providers included lack of demand, regulation and licensing, no expansion room, and the expense of staff.

Anecdotal evidence suggests that family providers serve a number of foreign language-speaking communities, and are better equipped to quickly form to serve new communities as they arrive than childcare centers.

Due to the almost universal use of private automobiles in the County, it is relatively easy for families to choose from a wide variety of childcare providers. When comparing enrollment figures by zip code to child population figures, the largest concentration of children in care is predominantly in the southern half of Howard County. Columbia's zip codes and surrounding areas contain both commuting routes and employment destinations, though childcare in those areas is certainly local to some degree as well.

Staff training of adequate and qualified staff remains an area in need of improvement as Maryland has very low requirements when compared to other states. The state's drive for additional credentials for childcare staff may cause some difficulties in the future, but

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could result in substantial benefits for both employees and children. Of greater concern is the barrier of staff availability, especially during non-traditional hours.

Only six percent of childcare providers responded in the affirmative when asked whether or not any children arrive at the facility using public transportation. In light of this low proportion and the fact that the vast majority of Howard County residents use private vehicles to commute, it is unlikely that BRAC households in need of childcare will cause undue strain on the current public transportation system.

In summary, it seems reasonable to assume that the current state of childcare in Howard County is relatively well-equipped to handle the expected increase in childcare demand due to the inflow of BRAC households. If demand increases in the future, it is likely that family providers will be more adaptable to these changes and will be able to fill gaps in available capacity. Most BRAC households should also be able to afford childcare. Of greatest concern in regard to deficiencies in childcare in Howard County are labor-related; staff training, adequate and qualified staff, and staff availability. These areas were most often cited for in need of improvement and could hinder a rise in demand if not addressed.

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### **3.4 Lessons Learned**

For future endeavors, the project team suggests that a random sampling survey or interview be implemented. While statistical sampling methods establish ideals for this sort of endeavor, achieving those ideals under realistic conditions is a challenge. As such, the vast majority of surveys—this one included—result in “convenience” samples, or data from contacts that can be acquired with reasonable and affordable levels of effort, and which should not deviate too far from the ideal.

Another lesson learned deals with the complexity of calculating the capacity utilization rates (enrollment divided by capacity). Data available through the CCATS database covered a more significant portion of the providers within the County—78.0 percent of centers and 76.0 percent of family providers—in comparison to results that could reasonably be obtained from survey data.<sup>32</sup> Licensing specialists periodically visit providers and inspect enrollment records, theoretically ensuring complete accuracy. Enrollment figures were divided by provider capacity as shown in licensing records to calculate utilized capacity, or the “utilization rate.”

Further complicating this issue is that a sizeable number of children are in childcare in the County part-time; this figure has never been fully calculated. Statistics gathered by the Maryland State Department of Education Licensing Office report enrollment as a head count of children, where every child enrolled is counted equally regardless of part-time or full-time status. Therefore, a calculation of the utilization rate from raw licensing data overlooks the question of part-time enrollees and arguably overestimates enrollment.

To address this issue in the future, the project team suggests using the random sampling of surveys and interviews for a better source of information. The random sample will provide more accurate statistical understanding and allow a team to calculate the percentage of error. Additionally, capturing the percentage of children who are in childcare only part-time would prove most beneficial in garnering a proper utilization rate. Random sampling could achieve this through statistical methods.

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<sup>32</sup> Child Care Administration Tracking System (CCATS) Management Reports. Licensing reports 003 and 022. Maryland Department of Human Resources Office of Technology for Human Services. Accessed May through September 2008.

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### **4.0 Older Adult Services**

#### **4.1 Overview**

In order to more accurately assess the impact of incoming BRAC households on the demand for older adult services in Howard County, it is useful to know the current state of this service and the current population of providers in the County. In the following section, the project team seeks to define and identify the current population of older adult service providers and determine the estimated BRAC population which may have an effect on demand.

##### **4.1.1 Current Population**

#### **Older Adult Services in Howard County**

Before quantifying the current population of older adult services providers in Howard County, it is important to note that there is no one specific and consistent method to determine the population which qualifies as “older adult.” Therefore, eligibility for services will differ according to the provider. These variations are taken into account; “older adult” will refer to age 50 and above reflecting the requirements established in a particular service area. Regardless of the specific definition of older adult, the services and support needed by individuals as they age are on a continuum. Some will progress from independent living to medical care in the home and progressively supervised living environments.

Many of the areas within the County are compatible with the vision articulated in AARP’s *Beyond 50.05: A Report to the Nation on Livable Communities Creating Environments for Successful Aging*.<sup>33</sup> The concept of livable communities is particularly relevant to community-dwelling individuals who are 50 or older. According to the AARP report, “A livable community is one that has affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together facilitate personal independence and the engagement of residents in civic and social life.”<sup>34</sup> While there are areas within the County that do not have all of these elements, the range of services available to older adults in Howard County is comprehensive.

Countywide, there is an array of affordable and appropriate housing from independent living to nursing home care. Some of the options are established specifically for the older adult population, such as active adult communities (ages 55 and above), while others provide living opportunities for people of all ages, such as individual homes and apartments. The active adult homes incorporate accessibility features which support the popular desire of many older adults to age in place. Additional housing options which will be considered as part of the continuum of living choices include assisted living

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<sup>33</sup> “Beyond 50.05: A Report on the Nation on Livable Communities: Creating Environments for Successful Aging.” AARP (May 2005).

<sup>34</sup> Id.

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facilities which are available throughout the County from small homes to large complexes. Howard County's builders and contractors have become more familiar with and supportive of this desire to age in place and have learned how to offer and incorporate principles of universal design and accessibility in new home construction and renovation.

Supportive community features and services and adequate mobility options are other aspects of a livable community, which offers services to individuals within their immediate area and helps support participation and engagement. Grocery stores, places of worship, and medical and healthcare service delivery locations are all important in this respect. Mobility options in Howard County include fixed route transportation, accessible transportation, and volunteer driver programs giving door-to-door transportation. Ambulance and taxi services are also available.

Engagement in civic and social activities was identified in the AARP report as a factor which contributes to health and wellness. Community participation can take the form of involvement with volunteer activities, attending religious programs, being politically involved, or attending educational and recreational activities. According to the Center for Disease Control and Prevention, participation in social, educational, and recreational activities stimulates an individual's well-being and reduces the likelihood that older adults will become frail and in need of more healthcare services at an earlier age.<sup>35</sup>

Interviews conducted for this survey highlighted the following issues:

- Stigma and/or ageism limits participation in some community-based programs. For example, the young-old and many old-old are reluctant to participate in programs that are labeled for "seniors."
- Providers need to market their services; simply offering services is not enough.
- There needs to be an ongoing educational process to inform medical providers and others regarding age-related changes in order to raise awareness.
- The general public needs to be exposed to additional education regarding how normal aging appears, as well as the developmental milestones which occur.
- Since mental illness is a common problem among the old-old, the availability of mental health services needs to be better publicized and children need to be educated regarding the warning signs of depression and age-related dementia, as well as what to do if these symptoms are observed.
- The problem of elder abuse includes social isolation. Initiatives need to be developed which consider identifying and solving these problems.

The Maryland State Data Center and the Howard County Office on Aging have projected changes in the older adult population. Figure 12, adapted from the *Howard County Human Services Master Plan 2005-2010*, presents growth projections for the County

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<sup>35</sup> Healthy Aging for Older Adults. Centers for Disease Control and Prevention. Department of Health and Human Services (May 2009).

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from 2000 to 2030.<sup>36</sup> According to the Master Plan report, of all Maryland jurisdictions, Howard County is projected to have the fastest growing older adult population between 2000 and 2020.<sup>37</sup>

**Figure 12:** Projected Older Adult Population in Howard County by Age Group

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

Source: Howard County Office on Aging

According to the report, the older adult population in Howard County will experience the highest growth rate (155.8 percent) of all counties in Maryland between 2000 and 2020, compared with 72.4 percent growth in the state as a whole.<sup>38</sup> The influx of BRAC households will contribute to the growing number of older adults in Howard County. In addition to older adults already present in BRAC households, many of those with BRAC-related occupations may be nearing retirement age themselves. Detailed information on these households and individuals would certainly aid in the planning process, though such information is somewhat difficult to obtain.

**Older Adults and BRAC**

The DISA/JFT-GNO BRAC Awareness Survey conducted in 2008 found that 17.7 percent of individuals (or 296 persons) identified themselves as age 56 or older. If this figure is taken to be broadly indicative of the age distribution of those moving into the County, it is likely that these households will desire older adult services in the County through 2015. A smaller number of households will arrive through 2020, at which point many of those households moving during earlier phases will begin to reach ages 65-70.

The survey also indicated that 7.6 percent of respondents anticipate a need for adult care. The type and level of care needed are not identified, so it is difficult to determine what services the individuals would require. If that percentage is applied to the 4,741 household maximum derived previously, approximately 360 households could be in need of immediate care. Many of these households would be incoming during the Phase II process (2012 to 2015), according to RESI’s estimates in a previous study.<sup>39</sup> In addition, the aging of the younger incoming individuals could count as some 800 households in the Howard County older adult population, primarily by 2015.

<sup>36</sup> “Howard County Human Services Master Plan 2005-2010.” Howard County Department of Citizen Services. Association of Community Services of Howard County (September 2005). Revised April 2006.

<sup>37</sup> Id.

<sup>38</sup> Id.

<sup>39</sup> “Educational Needs Assessment: Supply and Demand of Educational Programs Likely to Support the DOD BRAC Movements into Maryland.” The Regional Economic Studies Institute of Towson University (June 2006).

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According to previous RESI reports relating to BRAC, the age distribution of those whose jobs will be affected shows that approximately 11.0 percent are aged 60 or above as of 2005.<sup>40</sup> If this is applied to the maximum estimate of 4,741 incoming BRAC households, 522 of those would fall under the category of older adults that may potentially be in need of older adult services.

### **4.1.2 Special Considerations**

In addition to the basic questions regarding existing capacity, expansion and creation of capacity, and the ability to meet the changing needs of a diverse community, there were several special questions posed for consideration in regard to older adult services:

- adequate and appropriate assisted living facilities,
- support for families (i.e. caregiver information and support groups),
- adult daycare and senior center plus programs,
- senior center programs, and
- health and wellness programs.

Transportation was added to this list of special considerations due to the realization that older adults' access to services may be attributable in part to the availability of a range of transportation services. These special considerations were addressed in the administered surveys and the relevant findings will be discussed in the survey results.

### **4.1.3 Survey Overview**

The development of the older adult services survey was a collaborative process between the Howard County Department of Citizen Services, including its Office on Aging, and the project team. To create a list of programs and providers to survey, the project team consulted the Coalition of Geriatric Services' *A Guide of Services for Seniors 2008-2009*, *Howard County Resource Guide for Older Adults, Persons with Disabilities and Caregivers 2008* from the Howard County Office on Aging, the Howard County Department of Citizens Services' *Human Services Guide 2005*, and lists developed by the Office on Aging and the State of Maryland.

The survey was also distributed to members of the Coalition of Geriatric Services (COGS). The challenges encountered in the survey administration process are discussed in more detail in Appendix C.

The final result was a return of 40 responses, constituting a response rate of 28.8 percent. The provider respondents offered a total of 147 services. A copy of the survey can be found in Appendix B. The full accounting of the responses and response rates by origin of the lists used is presented in Figure 13. This sample is not random, as it is based on openness to responding to the survey, solicitation at the Senior Expo, and the original sample.

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<sup>40</sup> "The Impact of BRAC on the Old Line State." The Regional Economic Studies Institute of Towson University (January 2007).

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**Figure 13:** Selected Older Adult Services Survey Response Rates

<b>Program Type</b>	<b>Surveys Sent</b>	<b>Surveys Returned</b>	<b>Response Rate</b>
Assisted Living	45	14	31.1%
Family Support	13	13	100.0%
Senior Center Plus/Social Daycare	3	3	100.0%
Health and Wellness	71	20	28.2%
<b>Total</b>	<b>139</b>	<b>40*</b>	<b>28.8%</b>

\* Many respondents offered multiple services; therefore, the sum of total respondents offering a service is not necessarily equal to the total number of surveys returned.

Source: RESI

Survey respondents were questioned regarding the various types of older adult programs they offer. These programs were separated into ten headings in the survey:

1. **Assisted Living**, which is residential facilities that are licensed in Maryland according to three levels of care. The care level responds to the level of care that the facility can offer to residents, from low to high.<sup>41</sup>
2. **Adult Daycare**, services provided in a protective environment and in a group setting for individuals who require assistance during the daytime.
3. **Senior Center Plus/Social Daycare** services: these programs are “certified Social model day care programs.” Daily programs include a snack, lunch, structured, stimulating functional activities which are paid for using sliding fee scales and potential assistance through public funding. The Centers are directed by Occupational Therapy Assistants.
4. **Personal Care**, non-skilled services provided in the home for individuals who need assistance with activities of daily living, e.g., bathing, dressing.
5. **Crisis Services**, including Elder Abuse, which are services that may be formal or informal and respond to the emergency needs of an older adult, or a family member/caregiver of an older adult.
6. **Family Support** services. Families who provide care for older adults often need assistance through support groups, crisis management, and information and referral to help them address the complex needs of their aging family member.
7. **Companion Services** offer the older adult in-home non-medical care, e.g., meal preparation, shopping, light housekeeping, transportation to appointments and other supportive activities.
8. **Health and Wellness** services. A range of services are combined in this category, including those meant to foster knowledge of proper exercise and nutrition, engage peer support, and improve the ability to cope with the psychological and physical health changes of aging.
9. **Recreation, Social and Education** services, which are meant to improve the quality of life of older adults and to allow them to remain active members of the community.

<sup>41</sup> “Assisted Living in Maryland: What You Need to Know.” University of Maryland School of Law (2002).

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10. **Volunteer Opportunities**, unpaid work available to older adults in a variety of settings. Volunteer engagement can meet the individual's personal, professional needs while serving the community.

Seven requests for interviews were sent to providers and three formal face-to-face interviews were conducted. Two interviews were conducted with the directors of Senior Center Plus programs and provided perspective and many of the comments regarding these programs. Two informal surveys were completed with residential programs in Howard County. The information gathered during these site visits was considered in the overall picture of Assisted Living and life care retirement communities. The results of these interviews can be found in the following sections.

It should be noted that survey respondents did not mention BRAC or whether or not they expected an inflow of households as a consideration in regard to expanding capacity. The survey did not pose questions regarding BRAC's relation to possible needs for expansion, so it is somewhat unclear how aware providers in Howard County are in regard to BRAC and its expected impacts.

Where appropriate in the results, percentages are calculated according to the number of respondents who identified the program as an offered service and then opted to answer a particular question regarding that program rather than the total number of respondents who identified the program as an offered service.

### **4.2 Results**

#### **4.2.1 General**

Figure 14 shows the number of provider respondents who reported offering each of the ten types of older adult care, including those who identified "other" services. The percentage in each case indicates how many of the 40 respondents answered "yes" to the question regarding whether or not the specific type of service is offered.

The 40 respondents offered a total of 140 programs and services, for an average of 3.5 services per provider. The most multi-faceted provider respondent offered eight services. Many of these services were offered by the Senior Centers. It should be noted that while three respondents identified Adult Daycare as an offered service, little further data were obtained through the surveys.

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**Figure 14:** Number of Older Adult Services Offered

Program Type	Number of Respondents Offering Service	Percentage of Respondents Offering Service
Assisted Living	14	35.0%
Adult Daycare *	3	7.5%
Senior Center Plus/Social Daycare	3	7.5%
Personal Care	17	42.5%
Crisis Services	11	27.5%
Family Support	13	32.5%
Companion Services	9	22.5%
Health and Wellness	20	50.0%
Recreation, Social, and Education Services	17	42.5%
Volunteer Opportunities	17	42.5%
Other Services	16	40.0%
<b>Total</b>	<b>140</b>	<b>N/A</b>

\* Adult Daycare is omitted from following figures as there was a lack of data in many subject areas.  
Source: RESI

Returning to the full count of services recorded, the greatest percentage of respondents reported offering Health and Wellness services (50.0 percent of all respondents), while the lowest percentage—7.5 percent (or three providers)—reported offering Adult Daycare or Senior Center Plus/Social Daycare services. A total of 35.0 percent of survey respondents offered Assisted Living services.

Respondents were also asked to identify the ages served by each program. In Figure 15, respondents’ answers are organized into three age ranges: those serving ages 18 and older, those serving ages 50 and older, and those serving ages 65 and older.

**Figure 15:** Percentage of Respondents Serving Age Groups by Program Type

Program Type	Serves Ages 18 and Older	Serves Ages 50 and Older	Serves Ages 65 and Older
Assisted Living	25.0%	58.3%	100.0%
Senior Center Plus/Social Daycare	0.0%	100.0%	100.0%
Personal Care	50.0%	75.0%	100.0%
Crisis Services	70.0%	80.0%	100.0%
Family Support	72.7%	81.8%	100.0%
Companion Services	85.7%	100.0%	100.0%
Health and Wellness	44.4%	88.9%	100.0%
Recreation, Social, and Education Services	14.3%	85.7%	100.0%
Volunteer Opportunities	62.5%	87.5%	100.0%
Other Services	53.3%	93.3%	100.0%
<b>Average</b>	<b>47.8%</b>	<b>85.1%</b>	<b>100.0%</b>

Source: RESI

Overall, 47.8 percent of respondents indicated serving all adults (some of which served all ages in certain circumstances), 85.1 percent served only adults age 50 and older, and all respondents served ages 65 and older, so the trend of serving the young-old continues

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to spread. Companion Services, Volunteer Services, Family Support and Crisis Services tend to deal with younger age groups as well.

Other more general questions regarding older adult services sought to determine which types of payment are accepted for each program type. The table below summarizes the percentage of respondents accepting each payment type by program. The majority of all respondents accepted cash/credit as a form of payment.

**Figure 16:** Percentage of Respondents Accepting Payment Types by Program Type<sup>42</sup>

Program Type	Percentage Accepting Payment Type						
	Cash/ Credit	Private Insurance	Medicare	Medicaid	VA/ Tricare	Other, Public	Other
Assisted Living	91.7%	41.7%	16.7%	75.0%	33.3%	16.7%	33.3%
Senior Center Plus	100.0%	0.0%	0.0%	100.0%*	0.0%	100.0%	100.0%
Personal Care	75.0%	50.0%	16.7%	25.0%	33.3%	33.3%	33.3%
Crisis Services	57.1%	71.4%	42.9%	57.1%	42.9%	42.9%	42.9%
Family Support	42.9%	57.1%	28.6%	42.9%	42.9%	42.9%	57.1%
Companion Services	71.4%	71.4%	14.3%	28.6%	42.9%	28.6%	57.1%
Health and Wellness	62.5%	18.8%	12.5%	18.8%	12.5%	25.0%	43.8%
Rec, Soc, and Ed	58.3%	16.7%	16.7%	33.3%	16.7%	8.3%	41.7%
Volunteer Opps	33.3%	33.3%	33.3%	33.3%	33.3%	16.7%	66.7%
Other	71.4%	28.6%	14.3%	21.4%	21.4%	21.4%	42.9%
<b>Average</b>	<b>70.5%</b>	<b>47.8%</b>	<b>23.3%</b>	<b>49.6%</b>	<b>32.4%</b>	<b>37.3%</b>	<b>49.8%</b>

\* Only if enrolled in the Medicaid Waiver Program.

Source: RESI

The option of identifying other payment types accepted in the survey may hold the explanation for some apparent anomalies in the data. For example, not all providers indicated cash/credit as an accepted form of payment. In most of these cases, respondents indicated that their services were aided by public funding, or were free or supported by private donations.

Respondents offering Senior Center Plus services had the highest incidence of citing Medicaid as an accepted form of payment, followed by Assisted Living. Medicare was accepted by fewer respondents overall; an average of 23.3 percent of respondents accepted this form of payment, compared with an average of 49.6 percent accepting Medicaid. Less than half indicated that they accepted private insurance. While not the

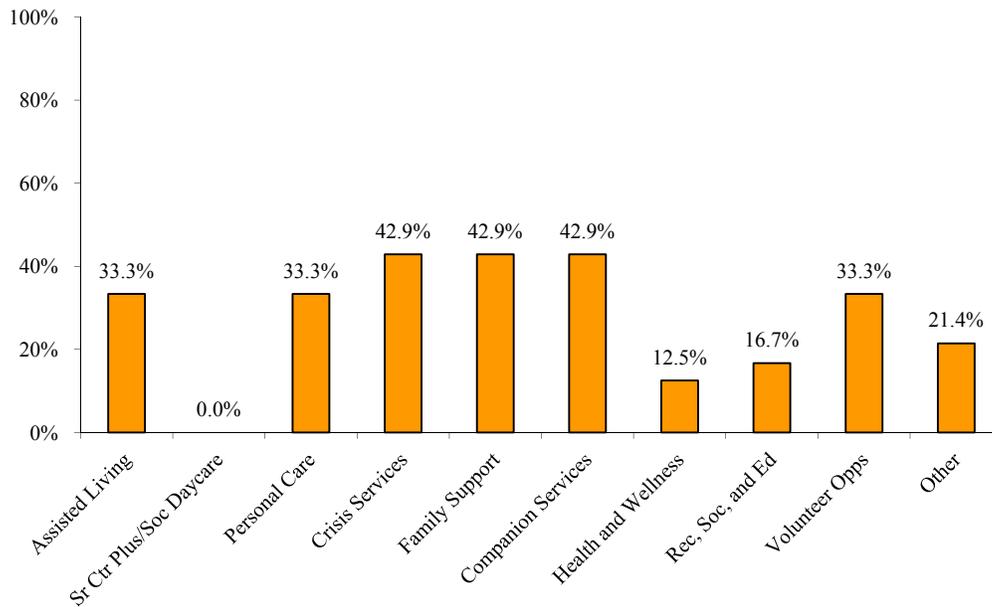
<sup>42</sup> Figures were calculated as a percentage of all respondents who answered the question regarding accepted payment types. The averages for each payment type are weighted.

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form of payment least often accepted, VA/Tricare was accepted by almost a third of all respondents.

Acceptance of payment via VA/Tricare is important in terms of the BRAC household inflow and resulting increase in demand for older adult services as incoming individuals may seek to pay for services using this form of payment. Across all program types, almost one third of respondents indicating accepted forms of payment responded that VA/Tricare is accepted.<sup>43</sup>

**Figure 17:** Percentage of Respondents Accepting VA/Tricare by Program Type



Source: RESI

The survey did not pose questions regarding BRAC's relation to possible needs for expansion, so it is somewhat unclear how aware providers in Howard County are in regard to BRAC and its expected impacts. Many of the respondents who chose to answer the question reported plans to expand and generally did not see or mention any significant barriers. Survey respondents did not mention BRAC or whether or not they expected an inflow of households as a consideration in regard to expanding capacity.

### 4.2.2 Capacity

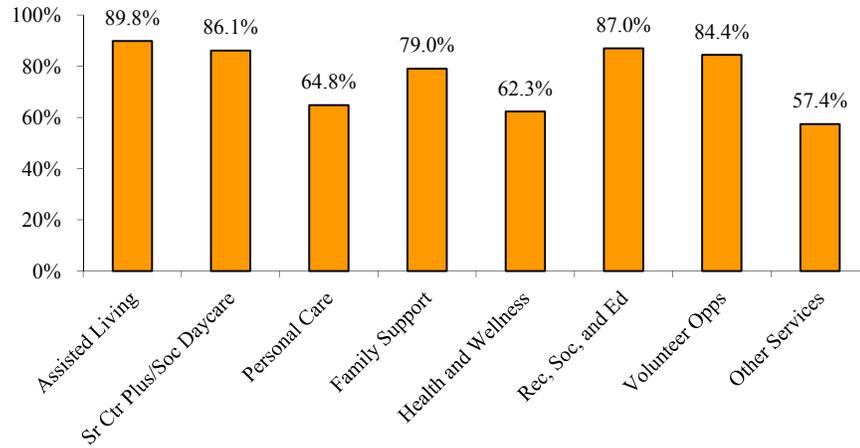
Most respondents did not choose to report capacity and enrollment numbers, however, those that did can be found in Figure 18, organized by program type (those program types

<sup>43</sup> An April 2008 Air Force Print News article stated that VA/Tricare awareness is fairly high and acceptance increased in FY 2007, but many regions of the country still lacked sufficient coverage. Anecdotal sources have argued that human service providers are often reluctant to accept VA/Tricare due to low reimbursement rates and extensive paperwork.

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with no respondents in regard to enrollment and capacity are omitted). The utilization rate is the average capacity utilization of those survey respondents who offered both enrollment and capacity figures. The utilization rates obtained from survey data demonstrate that some providers are operating comfortably near capacity while rather more are operating below capacity.

**Figure 18:** Average Capacity Utilization by Program Type<sup>44</sup>



Source: RESI

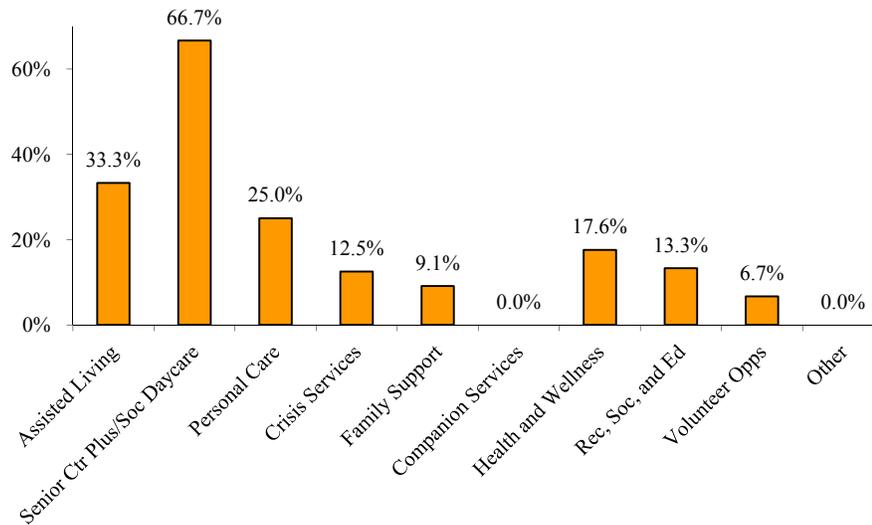
As shown in Figure 18, programs falling under certain categories such as Personal Care, Family Support, Health and Wellness, and Other Services are—according to respondents’ enrollment and capacity figures—operating below a 80.0 percent capacity utilization rate. Other services, such as Assisted Living, Senior Center Plus/Social Daycare, Recreation, Social, and Education Services, and Volunteer Opportunities are operating closer to capacity.

Given the limitations imposed by the lack of geographical focus on Howard County, there were some uncertainties regarding capacity figures. Respondents were asked whether they maintain wait lists in order to better estimate capacity and capacity utilization. The percentage of respondents maintaining wait lists by program type can be found in Figure 19.

<sup>44</sup> Program types for which less than three respondents offered capacity and enrollment figures are omitted from the figure.

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**Figure 19:** Percentage of Respondents Maintaining a Wait List by Program Type



Source: RESI

Of those respondents offering Senior Center Plus/Social Daycare services, two-thirds indicated that they maintained wait lists. The majority of providers of all services did not report maintaining wait lists. The relatively high percentage of Senior Center Plus/Social Daycare services maintaining wait lists most likely corresponds with the relatively small pool of respondents offering this service as well as the relatively high capacity utilization rate for this service.

Other program types in which maintaining wait lists is more common include Assisted Living and Personal Care. In the case of the former, this result again corresponds with the fact that this program type has a relatively high capacity utilization rate. There were not a sufficient number of responses to the question regarding a process for regularly reviewing the wait list. It is likely, given that most programs do not seem to maintain wait lists on a regular basis, that they do not periodically review them either.

In general, it seems that the combination of capacity figures and wait list data confirms that many providers are currently operating below capacity, with the exceptions falling in the areas of Assisted Living, Senior Center Plus/Social Daycare, Recreation, Social, and Education Services, and Volunteer Opportunities, all of which are operating at capacity utilization rates above 80.0 percent.

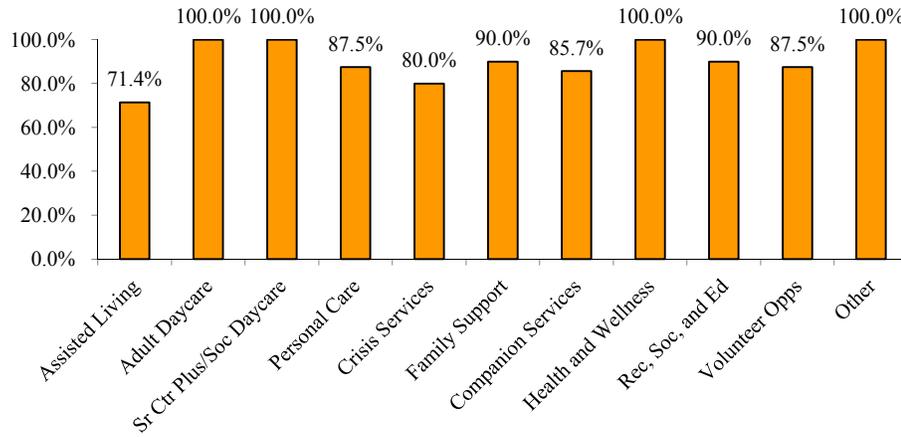
**4.2.3 Expansion and Creation Capacity**

Respondents were asked whether or not they had plans to expand capacity. Figure 20 examines the percentage of provider respondents who indicated plans to expand by program type. Of all respondents answering the question, an average of 89.5 percent responded “yes.”<sup>45</sup>

<sup>45</sup> Based on weighted averages.

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**Figure 20:** Percentage of Respondents Identifying Plans to Expand by Program Type



Source: RESI

Respondents were also asked which barriers to expansion (financial, regulations, labor, etc.) they might face. Figure 21 indicates the percentage of respondents answering the question by program type that identified each particular barrier and the average percentage of respondents that identified each barrier.

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**Figure 21:** Barriers to Expansion Identified by Respondents by Program Type

Program Type	Plans to Expand	Barriers					
		Financial	Regulations	Labor	Physical Plant	Organizational	Other
Assisted Living	71.4%	50.0%	25.0%	0.0%	0.0%	0.0%	50.0%
Adult Daycare	100.0%	100.0%	33.3%	66.7%	0.0%	0.0%	33.3%
Senior Center Plus	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Personal Care	87.5%	50.0%	25.0%	50.0%	0.0%	0.0%	50.0%
Crisis Services	80.0%	0.0%	0.0%	33.3%	33.3%	0.0%	33.3%
Family Support	90.0%	40.0%	0.0%	20.0%	0.0%	0.0%	40.0%
Companion Services	85.7%	66.7%	0.0%	66.7%	0.0%	33.3%	33.3%
Health and Wellness	100.0%	40.0%	40.0%	20.0%	20.0%	20.0%	20.0%
Rec, Soc, and Ed	90.0%	40.0%	0.0%	20.0%	40.0%	40.0%	20.0%
Volunteer Opps	87.5%	33.3%	33.3%	33.3%	0.0%	33.3%	33.3%
Other	100.0%	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%
<b>Average</b>	<b>89.5%</b>	<b>42.7%</b>	<b>14.2%</b>	<b>32.7%</b>	<b>8.5%</b>	<b>11.5%</b>	<b>28.5%</b>

Source: RESI

The majority of respondents who chose to answer reported plans to expand and generally did not collectively see or mention any significant barriers. The most notable of the barriers mentioned across all program types were financial barriers, with an average of 42.7 percent of all respondents who chose to identify barriers indicating that financial barriers were a concern. Labor constraints were also quoted more frequently as a concern in regard to expansion.

**4.2.4 Meeting the Changing Needs of a Diverse Community**

Anecdotal evidence relating to the changing needs of a diverse community in relation to the demand for human services in Howard County shows that there have been some instances of adaptation to the increasingly diverse community in older adult services. One of these anecdotes came from the Howard County Office on Aging, where the recent hiring of employees speaking Korean at senior centers has resulted in increased attendance from members of the Korean community in the County.

Due to the limitations of the survey, including the intention of avoiding a lengthy survey, detailed questions were not asked regarding foreign language outreach or capabilities. Not surprisingly, foreign-language providers did not provide responses, nor were there funds to hire foreign languages interviewers. As such, there continues to be a lack of information regarding the full extent of older adult service providers' ability to respond to the needs of Howard County's increasingly diverse community.

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### **4.2.5 Special Considerations**

#### **Adequate and Appropriate Assisted Living Facilities**

The first topic for special consideration in regard to older adult services is adequate and appropriate Assisted Living facilities. Assisted Living facilities of varying sizes are located throughout Howard County. The intention of community-based services is to offer services convenient for consumers' use. Aging-in-place and livable communities philosophies articulate the importance of delivering services to consumers conveniently in their own communities.

The current distribution of Assisted Living facilities for people currently living in western Howard County does not meet those ideals. The distribution of older adult services slots resembles, to a certain extent, the distributions seen among childcare providers in previous sections. The majority of older adult services slots is located in Columbia and Ellicott City (1,218 slots, or 81.0 percent of all slots in the County) with the south and southwest of Howard County counting between 37 and 52 slots per zip code. Few providers serve the sparser western areas of the County. The earlier analysis of childcare providers is relevant here. No doubt the proximity of transportation routes (for family visiting), as well as convenient services and entertainment (for the older adults themselves), has helped guide this pattern.

Data collected through the surveys can be evaluated to determine the adequacy and appropriateness of the Assisted Living facilities in the County. Eight of the respondents offering Assisted Living providing capacity information (with all capacity referring directly to the County) and averaged 89.8 percent utilization, which must be considered successful for the owners of these businesses, though perhaps less encouraging from the point of view of in-migrants, such as relocating BRAC households.

The respondents were largely small facilities, however, averaging only 72 slots each. Lorien, with 253 slots was the largest, while AAH-TUL Care, Ltd. of Columbia and Where We Live of Jessup reported eight and five slots, respectively. If it is assumed that the other Assisted Living facilities in the County have the same 89.8 percent utilization rate as those surveyed, however, the 1,502 Assisted Living slots now figured to be in Howard County implies 153 slots available. Given this limited number of slots and the expected growth in the older adult population in Howard County, the percentage of Assisted Living providers that had indicated plans to expand (71.4 percent) is not surprising.

#### **Adult Daycare and Senior Center Plus Programs**

Senior Center Plus/Social Daycare programs and Adult Medical Daycare were another area of special consideration. Adult Daycare programs are defined as follows:

On-site programs that offer supervision, health care management and social activities to adults who are frail or with special

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disabilities that require constant attention. These services are provided in a protective setting by trained staff, which assists clients with socialization and activities of daily living, such as eating, exercise, and hygiene. Currently, in Howard County there are two Medical Adult Daycare Programs.<sup>46</sup>

Further investigation through the *Howard County Resource Guide for Older Adults, Persons with Disabilities and Caregivers 2009* revealed six Adult Daycare providers located in Howard County.<sup>47</sup>

As people with medical, cognitive, and mental health disabilities live longer, they may want and need more community-based services. Since there are a limited number of Adult Daycare providers in the County at this time and the older adult population is expected to grow at the fastest rate within the state, the demand for Adult Daycare providers by the families or caregivers may dramatically increase. Anticipating that older adults will have these conditions and may need medical supervision and support during the day may place a demand on Howard County to encourage a greater continuum of care for individuals with complex needs, including Adult Daycare providers.

**Health and Wellness and Family Support Services**

The third area of interest in regard to special considerations includes Health and Wellness and Family Support services. According to the Center for Disease Control and Prevention, engagement in leisure-time activities tends to decrease with age.<sup>48</sup> When looking at physical activity participation for people of all ages, if participation in these activities is not sustained, seniors’ physical well-being, social engagement and cognitive stimulation may suffer, creating a population which is more frail and dependent on health services. This is a challenge worthy of public attention, because the wider community will clearly benefit from a more energetic, engaged and sociable older adult community.

The National Center for Health Statistics reported older adult activity levels in 2006.<sup>49</sup> A summary of findings can be found in Figure 23.

**Figure 22:** Activity Levels of Older Adults

Physical Activity	Age Group	Percentage of Older Adults
No Leisure-Time Physical Activity	Persons aged 65 to 74 years	48.0%
	Persons aged 75 and over	59.0%
Regular Physical Activity	Persons aged 65 to 74 years	26.0%
	Persons aged 75 and over	17.0%

<sup>46</sup> Frequently Asked Question. Howard County Office on Aging. <Hhttp://www.howardcountymd.gov/OA/Aging\_FAQs.htm#anch10218H>.

<sup>47</sup> “Howard County Resource Guide for Older Adults, Persons with Disabilities and Caregivers 2009.” Howard County Office on Aging (2009).

<sup>48</sup> Healthy Aging for Older Adults. Centers for Disease Control and Prevention. Department of Health and Human Services (May 2009).

<sup>49</sup> CDC Wonder Data 2010. National Center for Health Statistics (2009). Accessed January 2009.

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Source: National Center for Health Statistics

The relationship between physical and cognitive activity was considered such an important factor to maintaining overall health and wellness that it was identified in *Healthy People 2010* as a targeted activity.<sup>50</sup> Engagement in leisure-time activities (physical, cognitive, social) is important for people of all ages, but it becomes a greater challenge as people age. The lack of participation in these activities is a risk factor for seniors placing them at risk for becoming frail and dependent on health services. Sustained physical well-being, social engagement and cognitive stimulation help to keep older adults stronger, healthier, and with a higher quality of life than those who are sedentary.

The Montgomery County Office on Aging and Adult Services in Pennsylvania sponsored a year-long study to assist in its future planning for aging services with an emphasis on the baby boomer generation. This report mirrored, in part, some of the thoughts of a subject expert who stated in a personal interview that services which will appeal to the boomers need to be developed or reinvented. When promoting new services for current seniors and potential users, the services need to be flexible, convenient, based on an individual's strengths, rather than deficits, and attract minority participants.

The report (the BoomerANG Project) recommended expanding the Senior Center focus to address the Health and Wellness service needs of the community and forming partnerships with community services to deliver coordinated services. This project report mentioned that education is needed for service providers to enable them to meet the diverse needs of this expanded group of aging individuals.<sup>51</sup>

Located throughout the Howard County community, Senior Centers are hubs for recreational, educational, and social activities. They offer line dancing, classes, book discussions, and other leisure activities. The Columbia Association, Department of Recreation and Parks, and Howard Community College also offer a wide range of activities. Some Health and Wellness activities provided in Howard County are free, while others charge fees. A sampling of the Health and Wellness activities includes the following:

- Living Well
- Healthy IDEAS
- A Matter of Balance
- Adapted Physical Activity
- Wellness Programs
- Life Style Counseling
- Emotional Wellness

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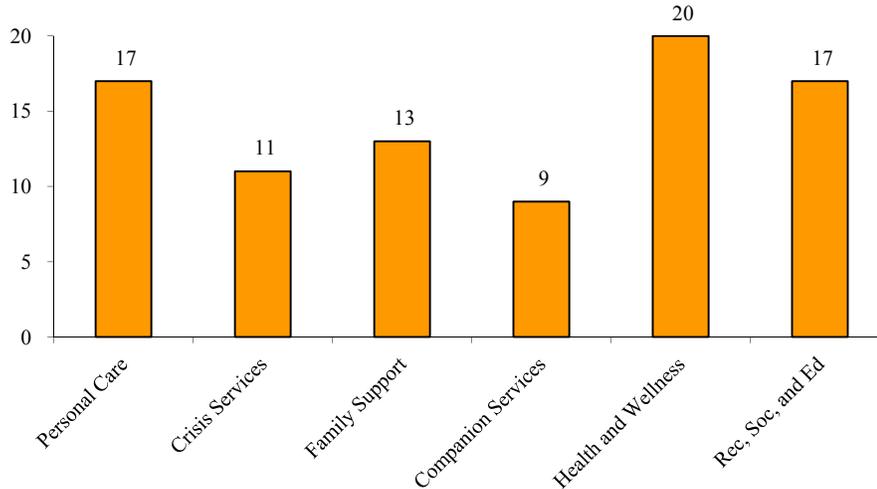
<sup>50</sup> "Healthy People 2010." Office of Disease Prevention and Health Promotion. United States Department of Health and Human Services (2005).

<sup>51</sup> "Boomers—Aging's Next Generation." Montgomery County Office of Aging and Adult Services (2007).

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Thirty-seven responses were received from providers who stated that they provide services covering the areas of Health and Wellness and Family Support. The average number of offerings per provider was 2.2, but 11 providers offered only one service, while another 11 offered three.

**Figure 23:** Respondents Offering Health and Wellness and Family Support Services by Program Type



Source: RESI

The broad spectrum of Health and Wellness services is provided by 37 of the 40 respondents, or 92.5 percent of all respondents, including the Senior Center Plus/Social Daycare programs. It is an advantage for providers to offer multiple services to their clientele, and with low barriers to entry and low labor costs, Health and Wellness and Family Support services are a natural addition to service offerings.

Family Support and Health and Wellness programs were estimated at 79.0 and 62.3 percent capacity utilization, respectively, according to survey respondents. Averaged together, these two programs have an estimated capacity utilization rate of 68.9 percent and an average of 96.1 percent had plans to expand.<sup>52</sup> As such, it seems that access to Health and Wellness and Family Support services is varied and will expand in the future.

Respite Services are considered in the Mental Health Services survey and have relevance to the caregivers of older adults. Although this was not a major focus of this survey, the availability of these important services is incorporated into Health and Wellness and Family Support discussions. As older adults choose to age in place and their families and unpaid caregivers do their best to satisfy those needs, planners need to ensure elders' health and safety. Providing this infrastructure support will allow the caregivers to continue to engage in work, family and meaningful life activities. Full time caregivers need to have breaks from their stressful lives to help them sustain their health and quality

<sup>52</sup> Based on weighted averages.

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of living. Respite care's importance will presumably grow in need and demand with the inflow of BRAC households.

According to the Center for Personal Assistance Services, "In Maryland there are an estimated 12,984 home and personal care workers (2.4 per 1,000 people). For each 1,000 people with self-care difficulties, there are an estimated 108.4 home and personal care workers."<sup>53</sup> The question is whether or not there will be enough workers to meet the need for personal care if the projections stated earlier regarding older adult population growth are accurate. Perhaps agencies will need to increase their training, recruitment, and salaries to meet the need and reduce staff turnover. Overall, Health and Wellness and Family Support services appear many and varied with some available capacity and the possibility of expanded capacity in the future.

### **Transportation**

It seems many older members of the baby boom generation have stories about fighting with their aging parents about when they should stop driving. At some point, if they live long enough, older adults must find other means of transportation. Thus, in the *Howard County Human Services Master Plan 2005-2010*, the Office on Aging describes "transportation as the greatest unmet need facing seniors."<sup>54</sup>

Generally speaking, public transportation becomes the most viable option. To prevent social isolation and removal from necessary services, seniors of all ages and abilities will benefit from a strong and coordinated community mobility program. Unlike the situation with children of working parents as previously discussed, public transit is a useful resource for older adults, who have the time necessary to take advantage of the service. Howard Transit has done an admirable job of arranging bus routes to serve high density residential areas, and the additional lines proposed in the recent *Howard County Transportation Development Plan* promise further improvements.<sup>55</sup> Adequate public shelters, sidewalk connections, and lighting are very important if older adults are expected to use the service in inclement weather, and improvements are clearly needed there.<sup>56</sup>

Though improvements have been considered and made, the inflow of BRAC households will undoubtedly increase the demand for public transportation in addition to the overall projected older adult population growth through 2030 discussed previously. The map "Relative Transit Need by Percentage of Transit Dependent Persons" in the *Howard County Transportation Development Plan Public Transit Board Presentation* released in June 2008, which shows numerous areas in Howard County—largely in the west—where

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<sup>53</sup> Center of Personal Assistance Services. Accessed January 2009. <<http://Hwww.pascenter.orgH>>.

<sup>54</sup> "Howard County Human Services Master Plan 2005-2010." Howard County Department of Citizen Services. Association of Community Services of Howard County (September 2005). Revised April 2006.

<sup>55</sup> "Howard County Transportation Development Plan Public Transportation Board Presentation." Public Transportation Board (June 2008). Accessed January 2009.

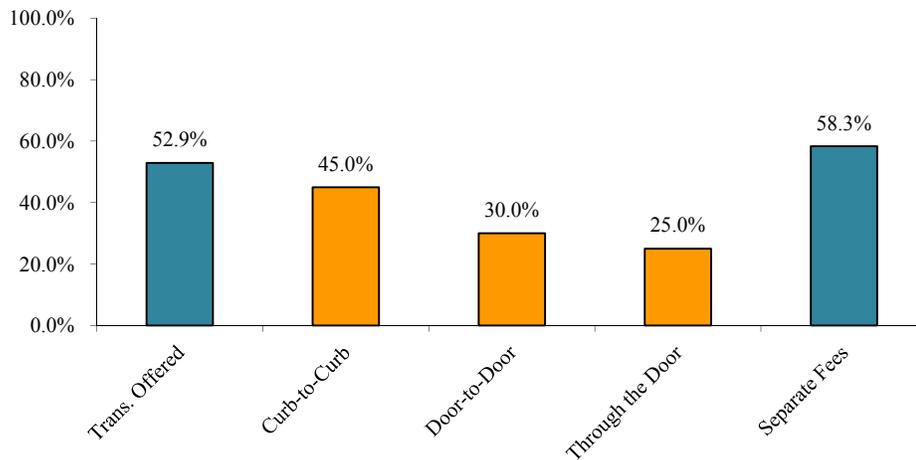
<sup>56</sup> "Howard County Transportation Development Plan Preliminary Recommendations." Public Transportation Board (June 2008). Accessed January 2009.

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percentages of transit-dependent persons are deemed “high,” reinforces this impression.<sup>57</sup> The proposed addition of taxi subsidies in the *Howard County Transportation Development Plan Preliminary Recommendations* may make progress toward filling those deficits, but it remains to be seen how extensive that subsidy program might be.<sup>58</sup> It would have to be extensive to cover the needs of transit in a County with such a dispersed settlement pattern.

Public transportation is not the only solution. The survey asked questions regarding the provision of transportation services by older adult service providers themselves. Of the 34 respondents who chose to answer the question, 18 responded that they did. Figure 25 summarizes the responses.

**Figure 24:** Transportation Types Offered by Older Adult Service Provider Respondents



Source: RESI

Of all respondents to the question, 52.9 percent responded “yes” when asked whether or not they offered transportation services. Twenty of the respondents who offer these services provided additional detail regarding what type of transportation they offered. Approximately 45.0 percent of the 20 respondents indicated that they offered curb-to-curb transportation services. Another 30.0 percent offer door-to-door and 25.0 percent offer through the door transportation services. When asked whether or not separate fees were charged for these services, 24 respondents chose to answer the question. Of these respondents, 58.3 percent indicated that they do charge separate fees.

Finally, when asked what proportion of their customers drive to their program, the vast majority of providers responded with figures in the 90.0 to 100.0 percent range. Given

<sup>57</sup> “Howard County Transportation Development Plan Public Transportation Board Presentation.” Public Transportation Board (June 2008). Accessed January 2009.

<sup>58</sup> “Howard County Transportation Development Plan Preliminary Recommendations.” Public Transportation Board (June 2008). Accessed January 2009.

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the survey responses, it seems that transportation is reasonably available in the older adult services community, but could be expanded. In light of the general older adult population growth estimates and the estimated number of BRAC households expected to arrive, the transportation needs of older adults will remain a challenge.

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### **4.3 Conclusions**

While the project team experienced some challenges in collecting information from providers, the surveys resulted in enough data to reasonably draw conclusions regarding older adult services in Howard County and how they are likely to be affected by the inflow of BRAC households. The following are the project team's conclusions.

Averaged across all program types, the majority of survey respondents accepted cash/credit (69.0 percent) and private insurance (47.8 percent). Though these figures may seem low, it must be noted that some providers indicated that their services were aided by public funding, or were free or supported by private donations.

Acceptance of VA/Tricare is far from universal, with less than half of survey respondents in each program type indicating acceptance of this form of payment. An average of 32.4 percent—less than a third—accepted VA/Tricare across all program types. Military personnel and veterans may have difficulty locating an appropriate older adult services provider which accepts VA/Tricare as a result.

Data regarding capacity utilization indicate that certain services such as Assisted Living, Senior Center Plus/Social Daycare, Recreation, Social, and Education Services, and Volunteer Opportunities are all operating at capacity utilization rates above 80.0 percent. Assisted Living programs are operating at an estimated 89.8 percent utilization rate. All program types were operating above half capacity on average.

One third of Assisted Living respondents maintained wait lists, which corresponds with the relatively high capacity utilization rate for this type of program in Howard County. Other program types in which maintaining wait lists is more common include Senior Center Plus/Social Daycare (66.7 percent) and Personal Care (25.0 percent). In the case of the former, this result again corresponds with a relatively high capacity utilization rate.

Though it is difficult to determine whether or not current available capacity will be sufficient as BRAC in-migrants age, many providers (89.5 percent across all program types) indicated they had plans to expand, which may cover future increases in demand for older adult services. Financial barriers were the most commonly cited issue in regard to expansion; an average of 42.7 percent of all respondents to the question indicated this as a barrier to expansion. Respondents also felt that labor constraints would pose a barrier to expansion. The percentage identifying barriers was relatively low, indicating that providers did not collectively see or mention any significant barriers to expansion. As such, it is likely that the number of slots in many program types will increase, allowing more older adults—including those incoming due to BRAC—to benefit from older adult services in Howard County.

In regard to the special consideration of Assisted Living, it is estimated that 153 vacancies in Assisted Living are currently available in Howard County. Given this limited availability in addition to the projected growth in the population of older adults in

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the County, it is not surprising that 71.4 percent of respondents providing Assisted Living services had plans to expand their capacities.

Adult Daycare and Senior Center Plus/Social Daycare programs are operating close to capacity, with Senior Center Plus/Social Daycare programs operating at an estimated 86.1 percent capacity utilization rate (the second highest utilization rate out of all program types behind Assisted Living programs). Therefore, it seems this service may not be able to meet the needs of BRAC households unless capacity is expanded. All Adult Daycare and Senior Center Plus/Social Daycare program respondents had plans to expand.

Access to Health and Wellness and Family Support programs appears varied, and these services are often offered with other older adult services by the same provider. Averaged together, these two programs have an estimated capacity utilization rate of 68.9 percent and an average of 96.1 percent had plans to expand.

When asked whether or not they provided transportation services, 52.9 percent of all respondents to the question answered “yes,” indicating that transportation is reasonably available in the older adult services community, but could be expanded. Expansion of public transportation in Howard County is currently being discussed, but the transportation needs of older adults will likely remain a challenge in light of the general older adult population growth estimates and the estimated number of BRAC households expected to arrive in Howard County.

In summary, current capacity utilization rates as well as the percentage of older adult services providers who cited plans to expand seem to indicate that existing and future capacity will be sufficient in most services types for the inflow of BRAC households. An area of ongoing concern is the lack of acceptance of VA/Tricare as a payment option for older adult services. In addition, it seems that current available capacity in Assisted Living, Adult Daycare, and Senior Center Plus programs may need to expand to meet the potential demand for these services from BRAC households, while current Health and Wellness and Family Support services offered seem to be sufficient to meet BRAC household needs. Another area that may be in need of improvement due to the projected older adult population growth in addition to the inflow of BRAC households is public transportation.

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### **4.4 Lessons Learned**

It would be useful for future studies to consider the limitations encountered by the project team in regard to the older adult services survey. In terms of survey administration, the project team discovered that a web-based survey format resulted in the most detailed, accurate, and useable responses. In addition, a further analysis of geographical location and service area should be considered in the future as older adult service providers serving Howard County older adults are located outside county lines.

Another important consideration is older adult service providers' awareness of BRAC and its implications for human services demand in the County. This particular topic was not addressed in the surveys created by the original project team; therefore an analysis of this consideration was not included. The inclusion of BRAC considerations could potentially change future plans for expansion or services offered by providers. The responses received could be separated between those aware of and planning for BRAC household inflow and those not aware of or planning for BRAC household inflow, allowing for a more detailed analysis of available capacity.

While these topics could not be addressed due to the fact that the survey designed the project team and subsequent data obtained from respondents does not include these considerations. It is important to note these topics for future analysis and planning efforts related to BRAC so that an even more detailed and in-depth picture of older adult services in Howard County could be obtained.

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### 5.0 Mental Health Services

#### 5.1 Overview

In order to more accurately assess the impact of incoming BRAC households on the demand for mental health services in Howard County, it is useful to know the current state of this service and the current population of providers in the County. In the following section, the project team seeks to define and identify the current population of mental health service providers and determine the estimated BRAC population which may have an effect on demand.

##### 5.1.1 Current Population

Data regarding mental health services in Howard County is somewhat difficult to obtain. However, it is important to understand the general structure and current trends within that sector of human services.

According to the *Howard County Mental Health Needs Assessment 2008-2010* prepared for the Howard County Mental Health Authority, several County trends will affect planning efforts.<sup>59</sup> Population trends include slowing of overall population growth, an aging of the population, and most growth occurring in non-white and Hispanic communities. In terms of overall mental health service trends, the report revealed that there was a slight decrease in the number of persons treated, with a slight increase in expenditures.

In the *Human Services Master Plan 2005-2010* released by the Howard County Department of Citizen Services and the Association of Community Services of Howard County, concerns regarding access to and coordination of services were voiced, including a lack of awareness of existing services.<sup>60</sup> Both mental health and substance abuse services were identified as areas in need of improvement. In addition, the *Howard County Mental Health Operational Plan* reports for fiscal years 2007 and 2008 identified developing effective partnerships to address the complex needs of individuals with serious mental illnesses as a top priority for the Howard County Mental Health Authority.<sup>61</sup>

The sector of mental health services is indeed different from many other sectors of human services. Understanding these differences is a necessary precondition to understanding the sector and undertaking planning efforts. Two points stand out when considering the mental health services sector:

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<sup>59</sup> Edds, Rachel and Nathanson, Josef. "Howard County Mental Health Needs Assessment 2008-2010." Howard County Mental Health Authority (2007).

<sup>60</sup> "Howard County Human Services Master Plan 2005-2010." Howard County Department of Citizen Services. Association of Community Services of Howard County (September 2005). Revised April 2006.

<sup>61</sup> Howard County Mental Health Operational Plan FY 2007 and Howard County Mental Health Operational Plan FY 2008. Howard County Mental Health Authority.

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- the long history of under-funding of mental health services in the United States, and
- its remarkable fragmentation as a delivery system.

There is no single system of care; rather, several components comprise the system. Due to growing costs of inpatient care, the development of evidence-based, effective treatments, and a growing consumer movement relative to the civil rights of individuals with mental illness, most mental health services are provided within the community. Due to the range of conditions and individual presentation of need, there are many outpatient services and programs that have been developed over the last three decades.

In recent years, the federal government has articulated the need to transform the mental health delivery system by using research evidence to design services that promote the recovery of the individual and support full participation in daily life in the community. This is a result of an explosion of knowledge about recovery and mental illness gleaned from neuroscience and basic and clinical research over the past two decades. The federal government supports such initiatives through transformation grants, designed to support state innovations. Maryland is one of few states to receive such a grant.

Mental health care delivery can be described as falling into four main sectors, as described by their historical evolution, primary medical model, and access to funding:

- specialty mental health,
- general medical/primary care,
- human services, and
- voluntary support services.<sup>62</sup>

### **5.1.2 Special Considerations**

In addition to the basic questions regarding existing capacity, expansion and creation capacity, and the ability to meet the changing needs of a diverse community, there were several special questions posed for consideration in regard to mental health services:

- insurance types accepted by providers.
- existence and availability of day programs for children,
- existence and availability of respite services for families, and
- capacities of organizations dealing with domestic violence, child abuse and elder abuse.

These special considerations were addressed in the administered surveys and the relevant findings will be discussed in the survey results.

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<sup>62</sup> Regier, D. A., et al. "The De Facto U.S. Mental and Addictive Disorders Service System: Epidemiologic and Catchment Area Prospective One-year Prevalence Rates of Disorders and Services." *Archives of General Psychiatry*, Feb. 50(2): 85-94 (1993).

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### **5.1.3 Survey Overview**

The mental health survey was a collaborative effort between the Howard County Department of Citizen Services, Howard County's Mental Health Authority, and the project team. The charge for the mental health aspect of this project was primarily limited to self-assessment of capacity and the availability for children's day programming, respite services, and services for victims of domestic violence. However, the administered survey asked respondents about the full continuum of mental health services in terms of their services, as well as perceived areas of need.

The goal of the survey was to receive detailed responses from a smaller pool of respondents. Ultimately, the survey data provided considerable detail from a very small number of respondent providers. Large group and individual providers were identified through the Howard County Mental Health Directory. Key contacts were identified either through the directory or the provider website when available. These individuals were emailed the survey if possible, or called and recruited by telephone with the option to complete the survey over the telephone or have it emailed, faxed, or sent via postal mail. Individual providers were recruited through the Maryland Psychological Association, which distributed links to the survey on its electronic mailing list.<sup>63</sup>

Additional recruitment occurred in person by attending a Howard County Association of Community Service's mental health meeting, the County Senior Expo, and other key community events. Individuals from the National Alliance of Mental Illness (NAMI), Mosaic, and Sheppard Pratt agreed to follow up with individual telephone interviews. General results were reviewed and discrepancies were clarified by a subject expert via telephone.

One key respondent from a large behavioral health provider in central Maryland agreed to a telephone interview to discuss expansion and service delivery. This data was incorporated into the analysis, but the participant requested anonymity. Another important respondent was the executive director of a prominent mental health advocacy group in the community.

Fourteen separate program categories were identified and incorporated in the survey, with categories six through thirteen only available to individuals eligible for publicly funded services:

1. **Inpatient (I/P)**, treatment delivered via overnight stay in a hospital.
2. **Partial Hospitalization Program (PHP)**, a hospital-based ambulatory behavioral health program in which individuals with mental illnesses reside at home but attend an intensive program of individual and group therapies provided by a multidisciplinary team of mental health professionals. These therapy sessions can take place as often as seven days a week, typically for four to six hours per day.

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<sup>63</sup> A response rate could not be calculated for the area of mental health services due to the manner in which emails were disbursed. The total number of surveys sent out could not be determined.

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3. **Intensive Outpatient Program (IOP)**, an ambulatory behavioral health program that is more intensive than general outpatient service, but less so than a Partial Hospitalization Program.
4. **Outpatient Clinic Services (O/P)**, a behavioral health service, including services such as individual, group, and/or family psychotherapy, or psychopharmacology visits, delivered on an outpatient basis.
5. **Behavioral Consultation**, which involves working with the child, family, and/or school staff to promote a child's ability to function successfully and adaptively at home, in the community, and/or at school.
6. **Crisis Services**, a broad term for interventions for individuals facing an emotionally stressful event or traumatic change which are beyond a family's abilities to manage.
7. **Case Management**, a service that helps individuals and families arrange for appropriate services and supports, since the mental health treatment system is difficult to navigate. There may also be direct service delivery to a client with various models of Case Management.
8. **Mobile Treatment**, a type of ambulatory behavioral health service that meets the needs of those with serious mental illness in the community context, such as the individual's home.
9. **Psychiatric Rehabilitation**, also Psychosocial Rehabilitation, in which interventions are provided individually or in groups that may include development and maintenance of community living skills, self-care, or social skills training.
10. **Residential Rehabilitation Program (RRP)**, which includes housing support of varying levels to support the individual rehabilitation and recovery needs of people with serious mental illnesses in the community.
11. **Respite Care**, the provision of short-term, temporary relief to those who are caring for family members who might otherwise require placement in a facility outside the home.
12. **Supported Employment (SE)**, a range of individualized services that prepare and support the vocational needs and goals of people with serious mental illnesses in the community.
13. **Residential Treatment**, treatment in a facility for overnight stay which is not a hospital. Residential treatment is usually more long-term than Inpatient hospitalization. This is a service for youth, whereas the Residential Rehabilitation Program described previously is for adults.
14. **Other**, for whenever respondents might feel that their practice was not sufficiently described. Respondents in this category included "psychological evaluation," "education and training," "early childhood mental health," "parenting programs," "school advocacy," and "outpatient substance abuse treatment."

Howard County was broadly interested in private mental health capacity with two specific areas of focus: day programs for children and adolescents and respite services for families. The survey was broadened by the Howard County Department of Citizen Services in an attempt to obtain a larger picture of private mental health capacity across the continuum of care and across the lifespan. The areas comprising day programs in the mental health literature are partial hospitalization programs (PHPs), intensive outpatient

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programs (IOPs), and psychiatric/psychosocial rehabilitation programs (PRPs). For more detailed information regarding these programs, please refer to Appendix D.

**5.2 Results**

**5.2.1 General**

Twelve of the fourteen categories of mental health services listed in the previous section were represented among the respondents, with only mobile treatment unit responses missing. Most respondents offered multiple services; three offered only one service. As can be seen in Figure 26, the average number of programs offered by the respondents was approximately 3.3, but went to a maximum of nine. The total of all services offered by all respondents was 59.

**Figure 25:** Number of Mental Health Services Offered

Service	Number of Respondents Offering	Percentage of Respondents Offering
Inpatient (I/P)	2	11.1%
Partial Hospitalization Program (PHP)	1	5.6%
Intensive Outpatient Program (IOP)	6	33.3%
Outpatient Clinic Services (O/P)	11	61.1%
Behavioral Consultation	11	61.1%
Crisis Services	6	33.3%
Case Management	7	38.9%
Mobile Treatment	0	0.0%
Psychiatric Rehabilitation Program (PRP)	3	16.7%
Residential Rehabilitation Program (RRP)	1	5.6%
Respite Services	1	5.6%
Supported Employment (SE)	1	5.6%
Residential Treatment	1	5.6%
Other	8	44.4%
<b>Total</b>	<b>59</b>	<b>N/A</b>
<b>Average</b>	<b>3.3</b>	<b>N/A</b>

Source: RESI

Outpatient and behavioral consultation services had the largest number of services offered, with 11 each, while numerous services only benefited from the response of Mosaic. Mosaic accounted for the single PHP, RRP, respite care and supported employment (SE) responses.

Other services identified by respondent providers included the following:

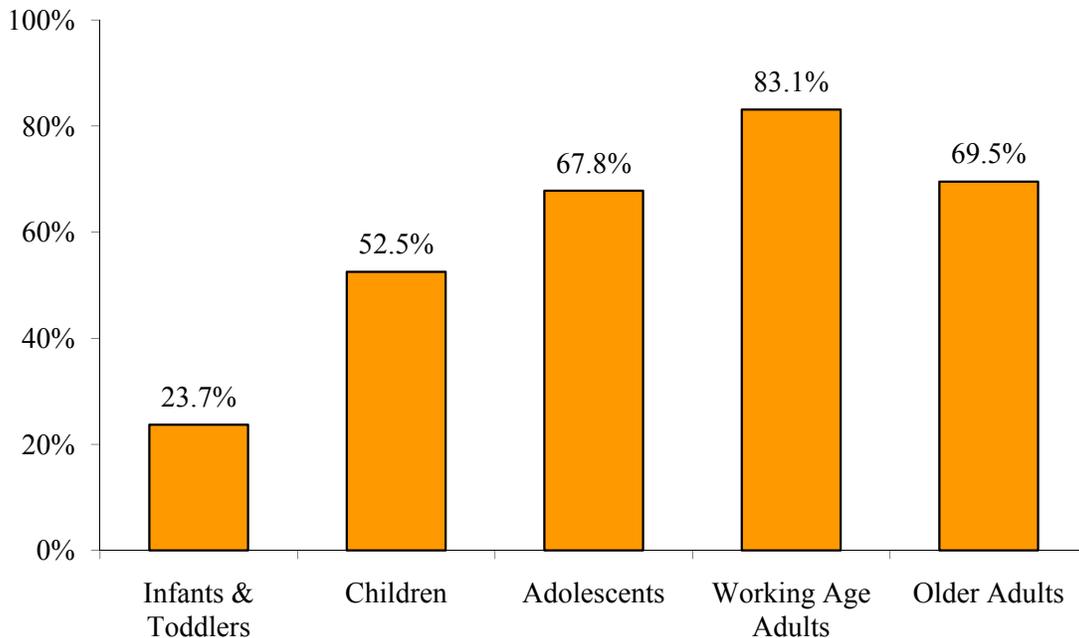
- psycho-educational testing and school advocacy,
- parenting program and parent/child relationships,
- neuropsychology,
- early childhood mental health,
- outpatient substance abuse,
- psychiatric evaluation and medication management, and
- psychological evaluation.

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### 5.2.2 Capacity

Figure 30 examines the ages served by those survey respondents who offer each of the 13 types of treatment, as well as those who offer other services. Of respondents who reported offering mental health services, 83.1 percent reported treating working age adults. Additionally, 69.5 percent of respondents offering mental health services provide treatment to older adults and 67.8 percent provide treatment to adolescents. More than half of these survey participants reported serving children, while 23.7 percent serve infants and toddlers, confirming the general opinion that these services are under-represented in the County. Identifying mental health problems in younger children, infants, and toddlers is likely more difficult than with an older adult population. This could help account for an underrepresentation in the age group's demand for mental health services.

**Figure 26:** Percentage of Respondents Serving Age Groups



Source: RESI

One hospital surveyed has a designated inpatient psychiatry unit that serves adolescents and adults. Inpatient service for children under the age of eleven is provided out of the County. There is one licensed outpatient clinic provider which also provides IOP and PHP. This provider has successfully developed relationships with most private insurance providers and more than 50.0 percent of its business comes from the private insurance companies.

A total of six IOP responded, representing services across the various age groups. One respondent indicated serving infants and toddlers, two respondents indicated serving children, and four indicated serving adolescents. It is noteworthy that only one of those responding accepted VA/Tricare. This was the area identified in the comments by respondents as most in need for children and adolescents. Eight out of the 19 outpatient

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providers served children and ten of the 19 served adolescents. It is noteworthy that only three of the ten total outpatient provider respondents accepted VA/Tricare insurance.

Of those providers who indicated that they offered Behavioral Consultation programs, seven out of twelve indicated serving children and nine indicated serving adolescents. None indicated a waiting list, and only one of the eleven who answered this question accepted VA/Tricare insurance.

Respondents who answered the item asking for identified mental health gaps and needs in Howard County identified IOP for children and adolescents as the primary need (64.0 percent).

Only one respondent indicated providing respite services and it was not clear from the data whether services were for families of children and adolescents. This area has been identified as a priority in several prior planning documents as well as in this survey when participants were asked to identify areas of need relative to gaps in mental health service delivery in Howard County. Of those who responded to this question, 57.0 percent indicated that this was a pressing mental health need for families in Howard County. This continues to be articulated as demonstrated by survey results.

Only one provider specifically addressed the area of crisis services. In retrospect, the survey question that asked respondents to detail the provision of “crisis services” appears too broad to interpret with any degree of confidence. All licensed clinic providers in the public mental health system are required to provide crisis services to individuals with whom they have a current open case. In addition, the County provides services through the mobile crisis team and a dedicated psychiatric emergency room at Howard County General Hospital. An interview with a key leader of a mental health advocacy organization praised these two initiatives as enhancing rapid and appropriate access to crisis services, but other respondents did not identify services or needs specific to this area. One respondent commented that the “community has benefited from the dedicated psychiatric emergency room at Howard County General and the mobile crisis team.”

Overall, there was little mention of wait lists for providers’ own services, yet the majority of providers described themselves as at or slightly under capacity. Many of the respondents were private, individual providers who do not accept insurance and, in these instances, there is control over the caseload. This implies that capacity is most likely self-limited, and providers manage their practices to maintain a profitable caseload that is at or near capacity. Figure 28 shows the percentage of respondents who indicated they maintain a wait list for each type of treatment offered. As a whole, for those services where responses were received 19.6 percent of service types maintain a wait list. The analysis of this data is open for interpretation as it could be that wait lists are not kept because demand is constantly renewed and utilization is high. However, it could be indicated that capacity is low and wait lists are, therefore, unnecessary.

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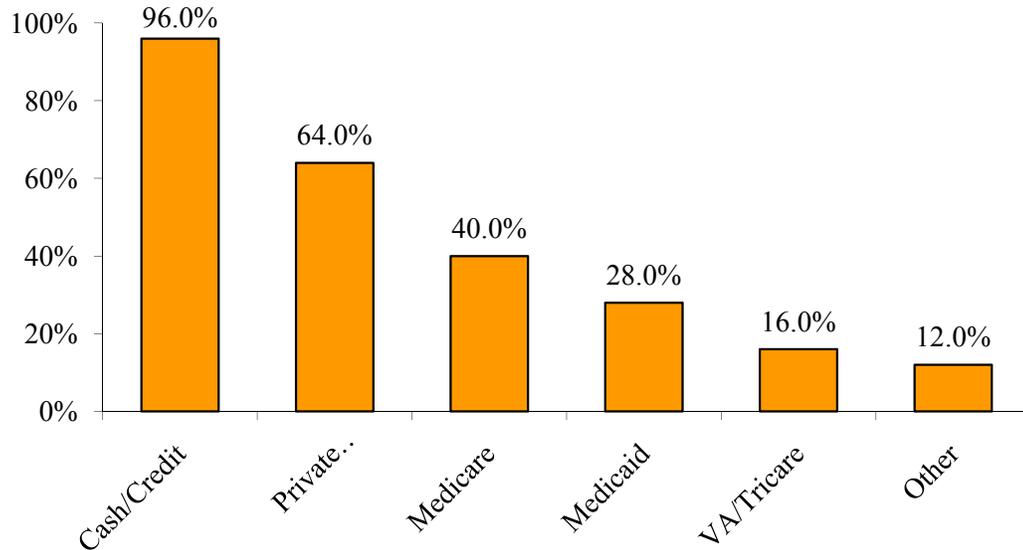
**Figure 27:** Percentage of Respondents Maintaining a Wait List by Service Type

Service Type	Percentage Maintaining a Wait List
Partial Hospitalization Program	100.0%
Residential Rehabilitation Program	100.0%
Supported Employment	100.0%
Psychiatric Rehabilitation	50.0%
Intensive Outpatient Program	40.0%
Case Management	20.0%
Crisis Services	20.0%
Outpatient Clinic Services	20.0%
Other Services	11.1%
<b>Total</b>	<b>19.6%</b>

Source: RESI

Figure 29 examines the customary payment methods accepted by those survey respondents who offered each of the 13 types of treatment, as well as those who offered other services. Cash or credit was accepted by nearly all providers of the various services (96.0 percent). Private insurance was accepted by nearly two-thirds of respondents (64.0 percent). Medicare was accepted by 40.0 percent of respondents, compared to 28.0 percent who accepted Medicaid. Only 16.0 percent reported accepting VA/Tricare, and 12.0 percent reported as other.

**Figure 28:** Percentage of Respondents Accepting Payment Types by Service Type



Source: RESI

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In order to better understand those accepting private insurance as payment, respondents were asked to identify any and all insurance they accept. Figure 30 below illustrates the types of private insurance accepted by survey respondents. United Healthcare and Blue Cross/Blue Shield Federal Employee Plan were most frequently accepted by the nine respondents who answered this question.

**Figure 29:** Percentage of Respondents Accepting Private Insurance

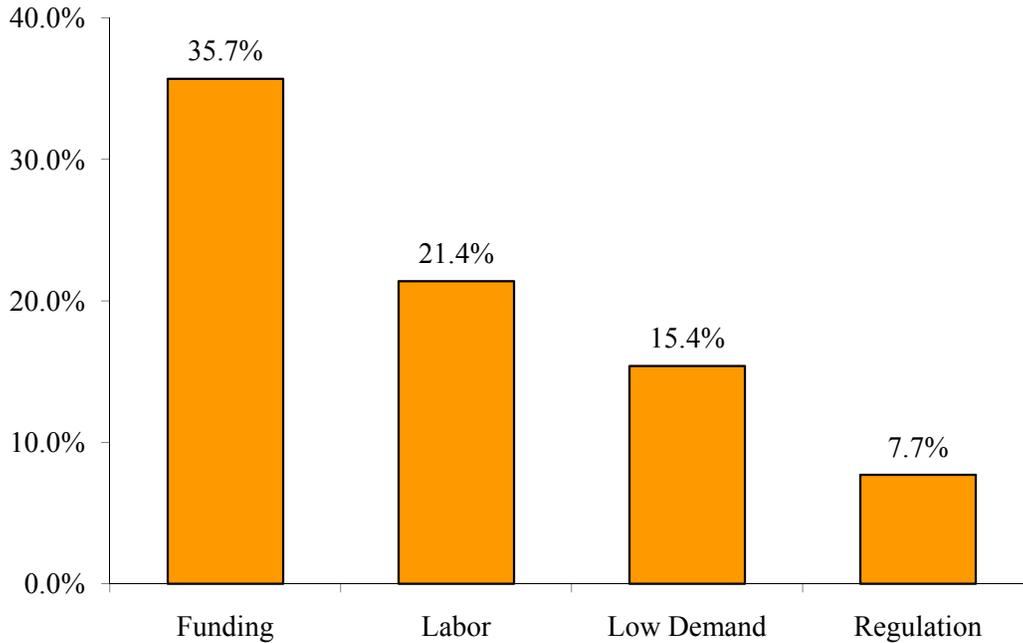
Insurance Company	Percentage of Respondents that Accept as Form of Payment
United Healthcare	88.9%
Blue Cross/Blue Shield Federal Employee Plan	88.9%
Blue Cross/Blue Shield State Plan	77.8%
Kaiser Permanente	66.7%
Aetna	66.7%
Allied Health	44.4%
Humana	22.2%
Other	66.7%

Source: RESI

Further examination of payment sources, reveals that 100.0 percent of hospital-based service respondents accepted all types of insurance. Of the outpatient private mental health service providers who responded, 100.0 percent accepted cash, 60.0 percent accepted some type of private insurance, 50.0 percent accepted Medicare, and 30.0 percent accepted Medicaid or VA/Tricare.

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**Figure 30: Barriers to Expansion Identified by Respondents**



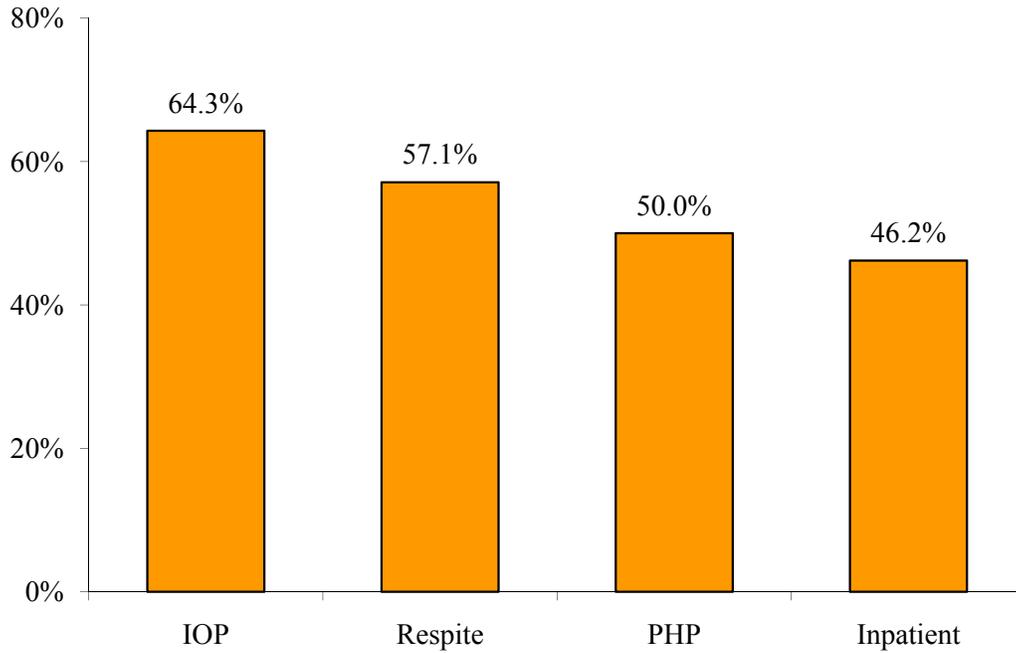
Source: RESI

Figure 31 illustrates that 35.7 percent of responses from providers mentioned that funding is a barrier to mental health care, while 21.4 percent mentioned labor as a barrier, 15.4 percent cited low demand, and 7.7 percent cited regulation. Outside of this, respondents also felt there are other constraints to mental health service delivery. These respondents provided three explanatory comments and of the comments, two of them were highly relevant. One respondent said: “Shortage of psychiatric services especially for medication,” and the other respondent said “locked into two more years of a lease and will not be able to expand further without acquiring more space.”

When prompted about the greatest gaps in Mental Health Services, a total of 64.3 percent of respondents mentioned a gap in IOP services, while 57.1 percent perceived a gap in respite care, 50.0 percent saw a gap in PHP, and 46.2 percent saw a gap in inpatient services for children and adolescents. The two major areas of need identified (IOP and respite) were the same as those identified by earlier Howard County Mental Health planning processes relative to capacity and need.

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**Figure 31:** Mental Health Services with Greatest Perceived Gaps by Service Type



Source: RESI

**5.2.3 Expansion and Creation Capacity**

Figure 33 illustrates that all of the inpatient, partial hospitalization, residential, and supported employment program respondents indicated that they had plans for expansion within the next three years. The lowest percent of planned expansions, 40.0 percent, was reported in Crisis Services. When analyzing the complete list of service types, only 66.0 percent of all respondents reported that they had plans for expansion.

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**Figure 32:** Percentage of Respondents Identifying Plans to Expand by Service Type

<b>Service Type</b>	<b>Percentage with Expansion Plans</b>
Inpatient	100.0%
Partial Hospitalization Program	100.0%
Residential Rehabilitation Program	100.0%
Supported Employment	100.0%
Outpatient Clinic Services	82.0%
Intensive Outpatient Program	67.0%
Behavioral Consultation	67.0%
Case Management	60.0%
Psychiatric Rehabilitation Program	50.0%
Other Services	50.0%
Crisis Services	40.0%
<b>Total</b>	<b>66.0%</b>

Source: RESI

**5.2.4 Meeting the Changing Needs of a Diverse Community**

Due to the necessary length of the survey for gathering general information, it was decided to exclude diversity questions. However, diversity was addressed in personal interviews. Large provider respondents did not identify meeting the changing needs of a diverse community as a particular area of concern.

During one in-depth interview with a large provider respondent, it was stated that if there was additional demand in mental health services for individuals for whom English was not the primary language, the provider had a template from services provided elsewhere (Montgomery County was one identified example) to assist in service delivery. Other means of addressing needs relative to diversity included using video teleconferencing as well as telephone interpreter services. Some respondents stated that the mental health needs were likely greater in diverse communities than was evident and that access issues might be due to cultural barriers or beliefs regarding mental health and illness care.

**5.2.5 Special Considerations**

**Insurance**

Limited acceptance of VA/Tricare at several levels of care may prove problematic in the light of BRAC inflow. Although the inpatient hospital accepted VA/Tricare, the only PHP in the County to respond did not. Only one in four IOP providers who responded to this survey question accepted VA/Tricare, compared to three of ten outpatient provider respondents. Only one in 11 behavioral consultation respondents accepted VA/Tricare, compared to one in six case management consultants. No crisis, respite, psychiatric rehabilitation programs, residential rehabilitation programs, or supported employment provider respondents indicated that they accept VA/Tricare. This is significant for

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BRAC in terms of expectations of access to all levels of care in the mental health delivery system.<sup>64</sup>

One respondent whose setting did accept VA/Tricare for inpatient treatment stated that, in general, many private providers eventually choose not to accept VA/Tricare since its expectations greatly exceed those of other licensing and credentialing bodies. The respondents provided an example of a requirement that an individual who lives within 50 miles of a base needs to obtain a “non-availability statement” in order for a claim to be paid. These are usually obtained when the base does not provide a service that is needed due to lack of capacity. This is common for child and adolescent services. The respondent gave one very specific example in which the private setting agreed to continue to provide active treatment with the explicit, written support of the base commander. Subsequently, after many months of non-payment, the private providing organization received a “cease and desist” letter from the Department of Defense with no payment. Concerns with rigidity of credentialing and poor payment were identified by one anonymous respondent during an interview conducted via telephone.

### **Programs for Children**

There is one hospital with a designated inpatient psychiatry unit that serves adolescents and adults. Respondents who answered the item asking for identified mental health gaps and needs in Howard County identified Intensive Outpatient Programs for children and adolescents as the primary need (64.3 percent). Another major issue specific to BRAC may be the need of families to pay for many outpatient mental health services for children and adolescents out-of-pocket due to the limited amount of providers who accept VA/Tricare as well as the reimbursement procedure.

Eight of the nineteen Outpatient Provider respondents served children and ten of nineteen served adolescents. It is noteworthy that only three of ten total outpatient provider respondents accepted VA/Tricare insurance.

Seven of the twelve who answered this question indicated serving children for Behavioral Consultation, and nine indicated serving adolescents. None indicated a waiting list, and only one of the eleven who answered this item accepted VA/Tricare insurance.

### **Respite Services**

Only one respondent indicated providing Respite services but did not identify whether services were provided for families of children and adolescents. This area has been identified as a priority in several prior planning documents as well as in this survey when participants were asked to identify areas of need in mental health service delivery in

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<sup>64</sup> An April 2008 Air Force Print News article stated that Tricare awareness is fairly high and acceptance had increased in FY 2007, but many regions still lacked sufficient coverage. Other more anecdotal sources have argued that human service providers are often reluctant to accept Tricare due to low reimbursement rates and extensive paperwork.

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Howard County. Of those who responded to this item, 57.1 percent indicated that this was a pressing mental health need for families in Howard County.

**Capacities of Organizations that Deal with Domestic Violence, Child Abuse, and Elder Abuse**

Survey responses did not specifically address this area, with the exception of one provider of Crisis Services whose services included a range of services and were grant-funded. The survey question that asked respondents to detail provision of Crisis Services appears, in retrospect, too broad to interpret with any degree of confidence. In addition, the County provides services through the Mobile Crisis Team and a dedicated psychiatric emergency room at Howard County General Hospital. An interview with a key leader of a mental health advocacy organization praised these two initiatives as enhancing rapid and appropriate access to Crisis Services, but other respondents did not identify services or needs specific to this area. One respondent commented that the “community has benefited from the dedicated psychiatric Emergency Room at Howard County General and the Mobile Crisis Team.”

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### **5.3 Conclusions**

While the project team experienced some challenges in collecting information from mental health service providers, the surveys resulted in enough data to reasonably draw conclusions regarding mental health services in Howard County and how they are likely to be affected by the inflow of BRAC households. The following are the project team's conclusions.

Among all program types, the age group to whom providers most frequently cater is working age adults (83.1 percent report treating this age group), followed by older adults and adolescents. Children are served by approximately half of respondents while infants and toddlers are served by only 23.7 percent of respondents, confirming the general opinion that these services are underrepresented in Howard County. However, it is possible that these services are less frequently offered to infants and toddlers as mental health problems in younger children are somewhat more difficult to identify. With the estimated number of households with children moving to the County due to BRAC, this may cause an increase in demand for such services.

An average of 41.9 percent of all respondents maintained wait lists even though many claimed to be operating at or near capacity. However, it must be noted that many providers were private entities and therefore can control their caseloads, making capacity self-limited. With capacity self-limited, incoming BRAC households which demand mental health services may cause strain on the current overall capacity in the County.

Cash/credit payments are accepted by nearly all providers, with the majority also accepting private insurance. Only 16.0 percent accept VA/Tricare. As with other human services, there is a gap in coverage of mental health services through VA/Tricare. Again, this could very well be a problem in the future as more BRAC households come into the County and demand mental health services with the expectation of using VA/Tricare as payment. Individuals will be limited in the number of providers from which they may choose to receive treatment.

The project team found that programs designated to help children and adolescents were very limited within the County. With only one hospital responding affirmatively as an inpatient psychiatric unit serving adolescents, the mental health capacity for children is seriously lacking. Outpatient providers offered more services for children, but less than half of the respondents provide this service.

The barrier to mental health service delivery most often cited is funding. Approximately 35.7 percent of all respondents felt this was a significant barrier. Labor, low demand and regulation were also cited as barriers. Mental health service gaps most often identified by respondents include Intensive Outpatient Programs, Respite Services, Partial Hospitalization Programs, and Inpatient programs. The top two identified service gaps in need of improvement were the same as those identified by prior Howard County mental health planning processes.

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Respite services, short term care allowing families to take a break from daily routine and stressors such as a chronically ill child, is offered by only one respondent. This service has been previously identified as an area of improvement. The majority of respondents to this survey cited respite service as being a primary area of need. The current lack of availability will only be exasperated once BRAC movements commence.

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### **5.4 Lessons Learned**

There were many limitations encountered by the project team in regard to administering the mental health survey. Even before the surveys were disseminated, it was discovered that a full and complete list of mental health providers was unattainable, which impacted the sample of possible survey respondents. The team also faced challenges in trying to define the geographical boundaries of mental health programs, since County borders are irrelevant boundaries for mental health providers.

In terms of survey administration, it became apparent that while the web-based survey resulted in the most detailed and useable responses, a majority of users were not computer savvy and some responses were lost due to technical mistakes. In the future, it would be helpful to invest resources to facilitate ease of use in order to obtain higher response rates.

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### **6.0 Appendix A—The IMPLAN Model**

The IMPLAN model enumerates the employment and fiscal impact of each dollar earned and spent by the following: employees of the new business, other supporting vendors (business services, retail, etc.), each dollar spent by these vendors on other firms and each dollar spent by the households of the new business' employees, other vendors' employees, and other businesses' employees.

To quantify the economic impact of a new business entering into an area, economists measure three types of economic impacts: direct, indirect, and induced impacts. The direct economic effects are generated as new businesses create jobs and hire workers to fill new positions. The indirect economic impacts occur as new firms purchase goods and services from other firms. In either case the increases in employment generate an increase in household income, as new job opportunities are created and income levels rise. This drives the induced economic impacts that result from households increasing their purchases at local businesses.

Consider the following example. A new firm opens in a region and directly employs 100 workers. The firm purchases supplies, both from outside the region as well as from local suppliers, which leads to increased business for local firms, thereby creating jobs for say, another 100 workers. This is called the indirect effect. The workers at the firm and at suppliers spend their income mostly in the local area, hypothetically creating jobs for another 50 workers. This is the induced effect. The direct, indirect, and induced effects add up to 250 jobs created from the original 100 jobs. Thus, in terms of employment, the total economic impact of the hypothetical firm in our example is 250.<sup>65</sup>

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<sup>65</sup> Total economic impact is defined as the sum of direct, indirect, and induced effects.

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**7.0 Appendix B—Surveys**

**7.1 Childcare**

Howard County Child Care Capacity Survey

Ms. Family Provider  
5700 Whatever Works Way  
Columbia, MD 21009  
Telephone Number

Put corrections here:
-----------------------

Dear Ms. Provider:

<p>Towson University is currently assisting Howard County’s Howard County Department of Citizen Services in examining current and future capacity for childcare services. As a childcare provider in Howard County, your input is important to us. The information you can give us here will help the county plan for current and future needs.* You may rest assured that we will keep your responses secure and will not quote your comments by name in reports unless you give us permission at the bottom of this form. <i>Thanks in advance for your assistance!</i></p>
---

1. If the primary language spoken in your facility is other than English, check here   
...  
and check the box that describes your language:

<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Farsi
<input type="checkbox"/>	Korean	<input type="checkbox"/>	Russian	<input type="checkbox"/>	Other (please specify):

2. In the table below, please circle Y if your program accepts or N if your program does not accept children of each age during the hours specified. Also, insert the number of children you currently care for in each category by full time (F/T) or part time (P/T) status. So if you normally accept but don’t have any children right now, you would put a Y in the first column, and then zeroes in the next two columns.

Age	Normal Hrs	Current Enrollment		Evenings/Weekends	Current Enrollment	
	Accept	F/T	P/T	Accept	F/T	P/T
6 wks to 11 months	Y N			Y N		
12 to 23 months	Y N			Y N		
2 - 3 years	Y N			Y N		
4 years	Y N			Y N		
5 years	Y N			Y N		
6 or more years	Y N			Y N		

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Before/after pre-school	Y N			Note: Count all children typically present during the week; very occasional drop-ins should be excluded.
Before/after school	Y N			
Evening/Nighttime	Y N			

3. Have you considered increasing your capacity during the last year? Circle: Y N
4. Do you have any plans to increase your capacity at this time? Circle: Y N
5. During the last year, have you, or has your organization been approached by people seeking childcare that you could not accommodate? Circle: Y N

If yes, approximately how many times?

For children under 2 only:	Check 1:	For children 2 and up:	Check 1:
1-2 times a month		1-2 times a month	
3-5 times a month		3-5 times a month	
6-10 times a month		6-10 times a month	
More often than that		More often than that	

6. If you maintain a waiting list for openings, how many children are on that list?

Don't maintain	
Number of Infants	
Number of Pre-Schoolers	
Number of School Aged	

7. What barriers do you see to increasing capacity? Check below all that apply, and add others if you see barriers not listed here. Add a comment to explain your thought. (For example, if you check "Can't add necessary features" in the Space section, say what features can't be added—fire escape, etc.)

Barrier	Detail	Applies to me? <input type="checkbox"/>	Comments
Space	No expansion room		
	Can't add necessary features		

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Not enough potential customers	No inquiries		
	New customers can't pay		
	New customers can't get here		
	New customers have different language		
Barrier	Detail	Applies to me? <input type="checkbox"/>	Comments
Staff	Not trained		
	Can't afford to pay them.		
	Don't have the right language		
Regulation and Licensing	→		
Special Needs	→		
Other (please list):			

8. One (or more) of my customers arrives using public transportation. Circle: Y N

9.  You may identify me as the author of the responses on this form.

Thank you for your participation. If you have any questions about the survey, please feel free to contact me directly.

Sincerely yours,

**BRAC Human Services Capacity Study  
Towson University**



John V. Spears III, PhD.

*Senior Human Services Consultant  
RESI of Towson University  
8000 York Rd.,  
Towson, Md. 21252  
410-843-3654*

\* The Howard County Human Services Capacity Survey is sponsored by a federal Base Realignment and Closure grant through Howard County Department of Citizen Services.

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**7.2 Older Adult Services**

Howard County Human Services Capacity Survey

Towson University is currently assisting Howard County’s Howard County Department of Citizen Services in examining current and future capacity relative to the need for older adult services.\* As a provider of aging services to Howard County residents, we are interested in your input. This will help the county plan for the needs of older adults in Howard County. You may rest assured that we will keep your responses secure and will not quote your comments by name in reports unless you give us permission at the bottom of this form. Thank you in advance for your assistance!

Program Name: \_\_\_\_\_

Headquarters Address:

St No. \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_ Zip \_\_\_\_\_

Address of location(s) providing service:  Check if same as above

1. St No. \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_ Zip \_\_\_\_\_

2. St No. \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_ Zip \_\_\_\_\_

3. St No. \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_ Zip \_\_\_\_\_

Program Director: \_\_\_\_\_

Primary Person Completing this survey: \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Email Address \_\_\_\_\_ Websites \_\_\_\_\_

You may identify my organization as the author of the responses on this form.

\* The Howard County Human Services Capacity Survey is sponsored by a federal Base Realignment and Closure grant through Howard County Department of Citizen Services.

1. Please indicate the current services offered by your program: current capacity and enrollment, which programs have a waiting list and the size of that waiting list (where appropriate), payments accepted and which programs or services you plan to expand in the next 3 years.

Offered	Ages Served	Current Capacity	Current Enrollment	Waiting List (Y/N)	Waiting list #	Payments Accepted*	Plan to Expand

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Example	√	<i>62 and up</i>	<i>23</i>	<i>21</i>	<i>N</i>	<i>N/A</i>	<i>1,2,3,4</i>	<i>No</i>
Assisted Living	<input type="checkbox"/>							
Adult Day Care (medical)	<input type="checkbox"/>							
Senior Center Plus/ Social Day Care	<input type="checkbox"/>							
Personal Care	<input type="checkbox"/>							
Crisis Services, incl. Elder Abuse	<input type="checkbox"/>							
Family Support	<input type="checkbox"/>							
Companions	<input type="checkbox"/>							
Health & Wellness Programs	<input type="checkbox"/>							
Recreation, Social & Education	<input type="checkbox"/>							
Volunteer Opportunities	<input type="checkbox"/>							
Other services not listed please describe _____	<input type="checkbox"/>							

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--	--	--	--	--	--	--	--	--

\* Payments accepted codes:

- |   |                      |             |
|---|----------------------|-------------|
| 1. Cash/credit  | 2. Private Insurance | 3. Medicare |
| 4. Medicaid<br>Public   | 5. VA/Tricare        | 6. Other,   |
| 7. Other, please list program and additional payments accepted: |                      |             |

2. If you plan to expand your programs, as listed above, please describe the barriers to expansion that you currently foresee. You may choose more than one. Feel free to expand on these categories as necessary, using the extra space provided on the following page\*.

**Explanation of listed barriers:**

Financial Constraints means a lack of financial support from government, or reimbursement from private insurances, or inability of clients to ‘private pay.’

Regulation Restrictions means restrictions in regulation that impede provision of service;

Labor Constraints means a lack of trained or skilled staff, or such staff available at feasible salary levels;

Physical Plant means the space available or procurable under current capital budget creates constraints;

Organizational means the lack of accreditation, current mission does not address expansion areas,

	Financial Constraints	Regulation Restrictions	Labor Constraints	Physical Plant	Organizational	Other (please specify)
Assisted Living	<input type="checkbox"/>					
Adult Day Care (medical)	<input type="checkbox"/>					
Senior Center Plus/ Social Day Care	<input type="checkbox"/>					
Personal Care	<input type="checkbox"/>					
Crisis Services, incl. Elder Abuse	<input type="checkbox"/>					

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Family Support	<input type="checkbox"/>					
Companions	<input type="checkbox"/>					
Health & Wellness Programs	<input type="checkbox"/>					
Recreation, Social & Education	<input type="checkbox"/>					
Volunteer Opportunities	<input type="checkbox"/>					
Other services not listed* please describe _____	<input type="checkbox"/>					

\*Additional comments on specific program and barriers to expansion:

3. If you have a waiting list, on average how long does it take to receive services? (Please indicate the type of service and average length of time clients wait for services.

4. Do you have a process for regularly reviewing your waiting list? If yes, please briefly describe the process and how often the waiting list is reviewed.

5. a. What percentage (approximately) of your participants drive to your program?  
\_\_\_\_ percent

b. Does your program offer transportation services?

Y  N

c. If you offer transportation services, is it: curb-to-curb

Y  N

(check all that apply)

door-to-door

Y  N

through the door

Y  N

d. Are separate fees charged for the transportation services offered by your program?  Y  N

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6. Which of the following transportation services do participants use to access your program? (Check all that apply.)

7. Are participants unable to	Connect-A-Ride	<input type="checkbox"/>	Personal Car	<input type="checkbox"/>
	Howard Transit	<input type="checkbox"/>	Taxi/Cab	<input type="checkbox"/>
	Maryland Transit Administration	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
	Neighbor Ride	<input type="checkbox"/>		<input type="checkbox"/>

attend your program due to their inability to access transportation services?  Y  N  
 Don't Know

If yes, please describe.

Please submit this survey electronically by October 1, 2008 to [jascott@towson.edu](mailto:jascott@towson.edu). If you have any questions regarding this survey, please call Janie Scott at 410-704-4295.

If regular mail is required, please send to: Ms. Janie Scott, Department of Occupational Science and Occupational Therapy, Towson University, 8000 York Road, Towson, MD 21252

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**7.3 Mental Health Services**

Howard County Human Services Capacity Survey

Towson University is currently assisting Howard County’s Howard County Department of Citizen Services in examining current and future capacity relative to the need for mental health services.\* As a large provider of mental health services to Howard County residents, we are interested in your input. This will help the county plan for the mental health needs of Howard County. You may rest assured that we will keep your responses secure and will not quote your comments by name in reports unless you give us permission at the bottom of this form. Thank you in advance for your assistance!

Program Name: \_\_\_\_\_

Headquarters Address:

St No. \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Address of location(s) providing service:  Check if same as above

1. St No. \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

2. St No. \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

3. St No. \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Program Director: \_\_\_\_\_

Primary Person Completing this survey: \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Websites \_\_\_\_\_

\* The Howard County Human Services Capacity Survey is sponsored by a federal Base Realignment and Closure grant through Howard County Department of Citizen Services.

1. Please indicate the current services offered by your program, their current capacity and enrollment, which programs have a waiting list and the size of that waiting list (where appropriate), payments accepted and which programs or services you plan to expand in the next 3 years.

	Service Offered Y/N	Ages Served*	Current Capacity	Current Enrollment	Waiting List (Y/N)	Waiting List #	Payments Accepted**	Plan to Expand Y/N
Example-	Y	4,5	25	23	Y	62	1,3,4	Y
Inpatient								
Partial								

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Hospita lization								
Intensiv e outpatie nt progra m								
Outpati ent clinic services								
Specialt y services (specify ):								
Behavi oral Consult ation								
Crisis Service s								

Case Manage ment								
Mobile Treatm ent								
Psychia tric Rehabil itation								
Residen tial								

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Rehabilitation								
Respite Care								
Supported Employment (SE)								
Residential Treatment								
Other services not listed (Specify):								

**\*Age Groups codes:**

1. Infant and Toddler
2. Children
3. Adolescents
4. Working Age Adults
5. Older Adults

**\*\* Payments accepted codes:**

1. Self Pay (cash/credit card)
2. Private Insurance
3. Medicare
4. Medicaid
5. VA/Tricare
6. Other, please list: \_\_\_\_\_

2. If you stated above that you do not plan to expand your programs during the next three years, was that statement made because you perceive barriers to program expansion? If yes, please check all 'barriers' that may apply. Feel free to expand on these categories as necessary, using the extra space provided below.

**Explanation of listed barriers:**

Funding constraints means a lack of insurance coverage, or few clients are able to pay co-pay;

Regulatory Constraints means restrictions in regulation that impede provision of service;

Low Demand means lack of demand from target group of clients;

Labor Constraints means a lack of trained or skilled staff, or such staff available at feasible salary levels, staff turnover, inadequate access to training.

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	Barrier: Check if yes	Describe:
<b>Funding constraints</b> Example: Service does not meet medical necessity guidelines	<input type="checkbox"/>	
<b>Regulatory constraints</b> Example: Unable to offer sliding fee scale	<input type="checkbox"/>	
<b>Low demand</b> Example: Social stigma	<input type="checkbox"/>	
<b>Labor constraints</b> Example: Lack of experienced people to work with adolescents	<input type="checkbox"/>	
<b>Other (please specify)</b> Example: Inadequate transportation to services; lack of services for those for whom English is not the primary language	<input type="checkbox"/>	

3. In your experience, are there gaps in mental health services in Howard County (excluding your own programs that you addressed above)? Briefly describe the nature of gaps in any of the following areas:

	Yes	No	Briefly describe:
Inpatient	<input type="checkbox"/>	<input type="checkbox"/>	
Partial Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	
Intensive Outpatient Program	<input type="checkbox"/>	<input type="checkbox"/>	
Outpatient Clinic Services	<input type="checkbox"/>	<input type="checkbox"/>	

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Specialty Services (specify):	<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral Consultation	<input type="checkbox"/>	<input type="checkbox"/>	
Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	
Case Management	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile Treatment	<input type="checkbox"/>	<input type="checkbox"/>	
Psychiatric Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	

Residential Rehab/housing	<input type="checkbox"/>	<input type="checkbox"/>	
Respite Care	<input type="checkbox"/>	<input type="checkbox"/>	
Supported Employment (SE)	<input type="checkbox"/>	<input type="checkbox"/>	
Residential Rehabilitation Services	<input type="checkbox"/>	<input type="checkbox"/>	
Other services not listed (specify):	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

4. Do you have a formal process to review wait-listed services? (Check One)   
 Yes  No

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If you have a waiting list, on average how long does it take to receive services? (Please indicate the type of service and average length of time clients wait for service)

5. If you accept private insurance for payment, which do you accept?

- |  |   |
|--|---|
| <input type="checkbox"/> Allied Health                 | <input type="checkbox"/> Blue Cross Blue Shield Federal Employee Plan |
| <input type="checkbox"/> Kaiser Permanente             | <input type="checkbox"/> Blue Cross Blue Shield State Plan            |
| <input type="checkbox"/> Aetna                         | <input type="checkbox"/> Humana                                       |
| <input type="checkbox"/> United Healthcare             |   |
| <input type="checkbox"/> Other (please specify): _____ |   |

6.  You may identify my organization as the author of the responses on this form.

Please email (preferably) this survey by DATE to [bmerryman@towson.edu](mailto:bmerryman@towson.edu).

If regular mail is required, please send to: Dr. Mary Beth Merryman, Department of Occupational Therapy and Occupational Science, Towson University, 8000 York Road, Towson, MD, 21252

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### **8.0 Appendix C—Survey Challenges and Methodological Issues**

#### **8.1 Childcare**

##### **8.1.1 Survey Challenges**

Receiving viable survey responses may seem like a straightforward endeavor, but proved to have some difficulties. The most important of these is the difficulty of achieving comprehension of the question and appreciating the variability of the response, as well as the time and expense necessary to acquire the wide range of responses needed to make reasonable conclusions regarding a large and diverse population. While statistical sampling methods establish ideals for this sort of endeavor, achieving those ideals under realistic conditions is a challenge. As such, the vast majority of surveys—this one included—result in “convenience” samples or data from contacts that can be acquired with reasonable and affordable levels of effort, and which should not deviate too far from the ideal.

Gathering responses from center providers proved most challenging. The process of obtaining interviews to supplement survey data proved to be a complex process often necessitating repeated contact by telephone. There were a number of outright refusals, but the most typical situation was one of avoidance. Enrollments by age were the most difficult to gather, since they required checking enrollment records in the larger centers. This was a process many directors seemed reluctant to complete. Survey enrollment data was supplemented with licensing records to obtain a more complete picture of center enrollment in Howard County.

##### **8.1.2 Methodological Issues**

In addition to the challenge of obtaining responses, there were two methodological issues in particular which were necessary to consider in terms of analyzing childcare in Howard County: capacity calculations and the survey details.

The calculation of capacity utilization rates (enrollment divided by capacity) is somewhat complex. Data available through the Child Care Administration Tracking System covered a more significant portion of the providers within the county—78.0 percent of centers and 76.0 percent of family providers—in comparison to results that could reasonably be obtained from survey data.<sup>66</sup> Licensing specialists periodically visit providers and inspect enrollment records, theoretically ensuring complete accuracy. Enrollment figures were divided by provider capacity as shown in licensing records to calculate utilized capacity, or the “utilization rate.” All figures above 100.0 percent were then reduced to 100.0 percent. Capacity not currently utilized would be available to serve the inflow of BRAC households into Howard County.

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<sup>66</sup> Child Care Administration Tracking System (CCATS) Management Reports. Licensing reports 003 and 022. Maryland Department of Human Resources Office of Technology for Human Services. Accessed May through September 2008.

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Some elements of measuring capacity proved to be more complex. A sizeable number of children are in childcare in the county part-time; this figure has never been fully calculated. Statistics gathered by the Maryland State Department of Education Licensing Office report enrollment as a head count of children, where every child enrolled is counted equally regardless of part-time or full-time status. Therefore, a calculation of the utilization rate from raw licensing data overlooks the question of part-time enrollees and arguably overestimates enrollment.

It is important to consider whether or not the survey data reflects the overall population of childcare providers in the county. To err on the side of caution, utilization was overestimated to provide a conservative measurement of available capacity so that capacity available to the inflow of BRAC households is not overestimated.

To reduce the raw enrollment figures, capacity was reduced to account for part-time children only where it was certain that they exist—only where providers showed more than a 100.0 percent utilization rate, which occurred when providers have numerous part-time children enrolled. However, operating at more than 100.0 percent capacity is not permitted, and if most providers are obeying the law, they will not enroll more than 100.0 percent of their legal capacity. Once capacity figures for each provider were limited to 100.0 percent, the average was calculated. This is a conservative solution due to the fact that it makes no adjustment for part-time children enrolled in providers at less than full capacity and thus cannot underestimate the utilization rate. It understates capacity available as some greater portion of capacity at providers showing less than 100.0 percent capacity is available. Because this figure is relatively conservative, it serves the objective of estimating available capacity for BRAC inflow.

### **8.2 Older Adult Services**

#### **8.2.1 Survey Challenges**

A total of 178 older adult service providers were originally identified, 154 with email addresses. Surveys were emailed to all providers with known email addresses and sent by postal mail to those remaining. Approximately 39 surveys were returned with notices that they were undeliverable. Each of these providers was contacted by telephone and correct addresses were received, when possible, and surveys were distributed again.

Because of limitations in COGS' ability to distribute emails with attachments, as well as apparent difficulties in respondents' use of the Microsoft Word protected-form format, the survey was transferred to a web-based format using the commercial product Survey Monkey. COGS then issued a second appeal for survey completion using the web address for the survey. The Association of Community Services of Howard County also inserted a notice in its newsletter supporting completion of the survey.

In an attempt to increase participation in the survey process and the response rate, contract staff attended the county-sponsored "50+ Expo" on October 17, 2008. Individual provider booths were targeted and fliers with information regarding the electronic links to the Survey Monkey surveys, the cover letter from the Howard County Department of Citizen Services, and hard copies of the surveys were personally

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distributed. The outcome of this process resulted in four surveys completed onsite with many promises to visit the link and complete the survey. Six surveys were completed on or around October 17.

Every exercise of survey construction is an exercise in trade-offs. A longer survey typically generates a lower response rate. A shorter survey may increase response rates, but must collect less data regarding every respondent. The survey was designed to be deep rather than wide in the hope that this approach would gather a useful compendium of data from each willing respondent. This likely depressed the response rate, but provided extensive data regarding those who did respond. In light of the challenges encountered and the wide range of relevant providers to survey, the data results are still viable in this analysis.

### **8.2.2 Methodological Issues**

Most data that are collected by the county or state (for example, the Assisted Living Facilities and Senior Center Plus program capacity) are less challenging to analyze than demand for programs and services such as Crisis Services, which vary from day to day and are therefore more difficult to measure. Many providers may supply Crisis Services and interventions as needed, rather than offering structured programs during specific hours and days of the week. There are also recreation programs and support groups that are available to the public on a “drop-in” basis, or services such as Respite Services that may be offered informally and are not reflected on official lists. As this survey addressed a wide range of such programs, the ability to measure capacity varies greatly according to the service or program.

Many providers of older adult services, much like the providers of mental health services and unlike the childcare providers, cannot be studied within the strict geographical framework of the county—especially in a county as small in land area as Howard County. Many relevant providers are located outside the county lines, which became clear as data from the Coalition of Geriatric Services were examined. When possible, programs with a strict county focus and programs where such a focus is difficult are differentiated.

It should also be noted that while Senior Centers were included in the survey, there was no program category for Senior Centers. Adding this as another program category is therefore a consideration for future data collection and study, though it is important to remember that these providers’ services were counted within other program categories.

## **8.3 Mental Health Services**

### **8.3.1 Survey Challenges**

The survey was administered via printed surveys which could be returned by respondents via fax, postal mail, or email. A truncated version of the survey was developed based on feedback from one community leader who stated that directors of mental health providers receive several requests to participate in surveys each week, so a shorter one had a better chance to be completed. However, shorter surveys were not ultimately used as it seemed

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that length did not influence survey participation. The longer version of the survey was then converted to an online format using Survey Monkey, which enabled respondents to submit data without being required to save it first (a problem encountered earlier in the survey collection process). All surveys were loaded into this format to facilitate analysis.

Larger providers were initially identified through the Howard County Mental Health Directory. If a web address indicated a contact person, that individual was approached via a brief introductory email with two attachments, including a letter of support from the Howard County Department of Citizen Services and the online survey. If there was a telephone number but no web address or contact, the number was called and the study was briefly described with the request to connect to the best source of this information.

Once contact was made, the survey format options were presented—online, telephone, or by regular postal service. All respondents requested that the survey either be emailed or faxed to them. Repeated follow-up occurred up to three times per week. In the case of larger providers, there was often the desire to obtain multiple points of view, so the survey would often get passed around for input. In several such cases, the survey was never returned. However, in some cases, even though one survey was completed, responses reflected several program directors. This made the number of respondents difficult to fully quantify, although the survey does ask the individual to record his or her name if he or she is the person completing it.

Individual or small group providers were recruited from a contact with the Maryland Psychological Association. Although it was communicated that the group did not, as a rule, complete surveys, the contact agreed to forward the online survey and email descriptions to her email distribution list, assuring that several would be happy to participate. As the survey was forwarded by the contact, follow up was not possible unless the respondents chose to complete the survey. In two cases, individuals completed the survey but did not follow the directions to save it before sending it back, and the data was lost. When this information was shared with them and they were requested to complete the survey a second time, one declined and the other did so, after two additional email contacts. Generally speaking, it is important to realize that further investments of time in facilitating ease of use might be repaid in higher response rates.

Relevant contacts were personally recruited and handed the survey at the Howard County Senior Expo. No surveys were returned from this event. In addition, the project was briefly described and hard copies, along with the directions to access the Survey Monkey version of the survey, were distributed at a key Howard County Association of Community Services mental health meeting in October 2008. No surveys were returned from this event.

Survey Monkey seemed to be the most successful method to obtain participation; another attempt was made to send to a distribution list of key contacts generated from earlier attempts to recruit. All earlier surveys were loaded into the Survey Monkey format. It is important to note that, even with this format, several participants did not answer all items.

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There were several reasons for resistance to survey response. During the first three weeks, when no surveys were returned, the researcher approached two senior administrators of larger mental health organizations to review the survey and provide feedback. They hypothesized that perhaps people felt that this information was proprietary, the survey was too long, or that people were just too busy. In the case of these two individuals, both stated that they were too busy and that they were bombarded by email surveys each week. One did feel that some information was proprietary but both felt that the oral interview over the telephone with a cold call was what would be most effective. This was tried several times but reaching the correct individual and then having them follow through proved to be another challenge. In addition, a shorter version of the survey was designed but sending that did not seem to improve response.

The method of emailing key contacts did not always elicit the best outcome. Sometimes the contact was no longer there. Sometimes there was only a telephone number or web address and the person who responded may not have been the most knowledgeable contact. In the case of some larger providers, one person completed the report in some cases; in others, the survey was sent around to key personnel. In all cases, this led to no survey being returned, despite many follow-ups via telephone.

Appealing to the “greater good” did seem to be effective for the contact at the Maryland Psychological Association. However, this group contained the most contacts that did not complete the survey accurately, and was not available for follow-up. Most, if not all, were private practitioners and guarded their time carefully. When they did participate, they provided detailed comments, although it is possible that response was motivated by some particular issue or concern.

According to one subject expert, Howard County has tried to encourage private providers to attend a planning meeting and has tried to engage them in collaboration, but has met challenges. Apparently, the resistance encountered is not atypical. Although several of the private providers indicated a desire for better communication regarding hospital discharge to outpatient, and might be expected to be open to collaborative endeavors, this openness did not extend to the County’s need for planning information. Each of these stakeholders seems to have different needs and an apparent lack of time.

A substantial incentive might be necessary to achieve cooperation from more than those providers represented in the data. Pharmaceutical representatives have found success in buying lunch for the whole medical office to reserve an hour with the provider in busy offices. However, such expense might be prohibitive for any reasonable research study.

### **8.3.2 Methodological Issues**

Data regarding mental health services is lacking when compared with the rich data sources available as a result of Maryland’s childcare provider licensing process. Much of the information must therefore be gathered through an original survey.

Issues in this undertaking soon became apparent. First, there is the considerable fragmentation in the delivery system of mental health services as previously discussed.

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This fragmentation means that there is no full and complete list of mental health services providers in the county; the survey of providers supplied the majority of data used in the analysis.

Another issue—as with older adult services—was that county borders are exceedingly irrelevant boundaries for mental health providers. As such, it was difficult to determine whether enrollment data collected in the course of the surveys applied exclusively to Howard County. The case of Mosaic demonstrates this issue; with several offices in Catonsville and only one in the county (located on College Avenue in Ellicott City), that provider serves 6,000 individuals, though how many of those came from the county is unclear. Regardless of these issues, an analysis of the survey data was performed and should prove valuable considering the relative lack of data currently available.

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### **9.0 Appendix D—Mental Health Services Program Types**

Howard County was broadly interested in private mental health capacity with two specific areas of focus: “day programs for children and adolescents” and “respite for families.” The survey was broadened by the Howard County Department of Citizen Services in an attempt to obtain a larger picture of private mental health capacity across the continuum of care and across the lifespan. The areas comprising “day programs” in the mental health literature are partial hospitalization programs (PHPs), intensive outpatient programs (IOPs), and psychiatric/psychosocial rehabilitation programs (PRPs).

The first type, partial hospitalization programs (PHPs), can be either hospital-based or provided in the community. These programs are generally viewed as an ambulatory alternative to inpatient for patients who are able to live in the community but require four to six hours of active therapeutic intervention to address symptoms and issues affecting their ability to resume life roles due to a mental illness. These programs are the most intense ambulatory mental health programs and are sometimes hospital-based and regulated by the state, in which case they have strict staffing and other requirements (such as M.D. and R.N. and other licensed providers). Other hospitals in the Baltimore metropolitan area have services for children and adolescents that likely serve the Howard County population in addition to the programs available within the county. Private insurance companies vary in coverage but may be more likely to cover services rendered in some cases as PHPs are sometimes hospital-based and fall squarely within the medical model.

Intensive Outpatient Programs (IOPs) are less intensive than partial hospitalization programs, but more intensive than outpatient clinics. Program definitions are a bit less prescriptive than the PHP, and some may meet as little as five hours per week, while some may meet as many as 20 hours per week. Clients attend about one to four hours per visit. This level of care enables clients to resume life roles such as employment for adults and school for children or adolescents. Intensive Outpatient Programs typically address issues of transition and skill-building using real life to practice skills and report on challenges. Private insurance companies vary in coverage of this level of care because it varies in design and service delivery.

Psychiatric/Psychosocial Rehabilitation Programs (PRPs) typically serve a population with serious mental illness, requiring a more lengthy rehabilitation process. Clients served in these settings typically require a comprehensive set of services that may include case management (another type of care that is individualized but varies in level of intensity and focus), skills training by attending groups relative to various life skills, residential rehabilitation (also known as supportive housing, which can range from living in a congregate arrangement in which there is 24-hour staff support to living in an apartment and meeting two times per month with a housing case manager), and Supported Employment (SE)—or in the case of adolescents, supported education—in which clients receive individualized services to enable their engagement or re-engagement in productive activity that supports progress towards recovery and more independent living. These services are rarely supported by private insurance, and the

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data collected in this survey revealed that the one large provider of these services accepted Medicaid and out-of-pocket payments. There are currently no PRP providers who serve adolescents in Howard County.

Behavioral consultation is typically a short-term intervention in which an outpatient provider meets the individual with the goal of diagnosing and providing recommendations for an issue that is the purpose of the consultation. Provider respondents tended to accept out-of-pocket payments and had control of wait lists. Some intended to expand, and they provided such consultation across the lifespan. Private insurance varies in terms of coverage, and it depends on the reason for referral.

Respite services are a specific area of interest in the survey, and may fit a specific type of day service. Respite services are provided to support families caring for individuals with serious, typically long-term, or chronic conditions. The family member can be a child, adolescent, adult, or older adult. Programs vary widely from in-home services to day programs to programs in which the individual stays there, typically for a short period of time. Private insurance rarely pays for these services and it is clear from survey results, as well as needs assessments reviewed relative to Howard County, that this is a priority service.

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