# CITY OF ROCKVILLE

## NEEDS ASSESSMENT AND GAP ANALYSIS

### 2024

HMA

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## ACKNOWLEDGEMENTS

## EXECUTIVE SUMMARY

The City of Rockville engaged Health Management Associates, Inc. (HMA), to conduct a Human Services Needs Assessment and Gap Analysis. The City recognized that the demographics of its community were changing and it was imperative to assess how well the City was aligning availability of human services with the growing need for these services.

The City requested that the needs assessment identify human services roles that would complement existing county and state services and distinguish those that would be duplicative. They particularly wanted answers to two questions:

1. How can the City's resources support county and state services?

2. How can the City more effectively work in concert with county programs and grants?

The tasks assigned to HMA also included a final report that synthesizes our findings and captures:

- Trends
- Best practices
- Recommendations for programming

The City's solicitation clearly articulated their approach to this needs assessment, which is defined by the three Cs: Coordination, Cooperation, and Collaboration. The three Cs are support economic mobility, social safety net and stability, and prosperity for all its residents. The City has a regulatory and compliance role in the delivery of human services, with the goal of being viewed as a coordinating entity for human services that has both visibility and reach. Using this approach, the City would like to delineate its contribution to ensuring that Rockville residents have access to the following services:

- Case management when residents are experiencing crises
- Navigation and coordination during non-crisis situations for residents
- Workforce training for both residents and City employees
- Support of residents' economic mobility goals
- Identification of any resource and service gaps and partnerships with county programs and grants to close those breaches

The City will use the assessment to lead to more strategic, robust, and focused efforts that address the most pressing issues and close the identified gaps to facilitating economic stability and self-sufficiency for the people who live in Rockville. City leaders voiced concerns that future reductions in federal funding and subsequent cuts at the state and county levels would place greater strain on already limited funds needed to fill these fissures.

The assessment's discovery process included engagement, review, and analysis of primary and secondary data sources using a mixed methodology, which included looking and publicly available data, reviewing reports and data sources that City staff provided, conducting key informant interviews and focus groups, and administering a citywide survey. In addition, HMA reviewed national best practices for developing findings and actionable recommendations in response to the needs assessment.

The City is an inclusive and supportive community. Using a braided approach that leverages City, County, and State resources, people living in the City of Rockville have access to a multitude of services across several human services domain areas, including:

- Income supports
- Food
- Housing
- Transportation
- Behavioral health, especially crisis response services
- Healthcare
- Early childhood services
- Out of school time programming
- Case management and navigation services

The needs assessment discovery process identified the following key gaps:

1. Need for navigation services that enable residents to identify the services they require and how those supports can be accessed. All segments of Rockville residents who access services need these supports.

2. Need for additional behavioral health services, including mental health and substance use treatment. All age groups in need of these services are captured in this identified gap.

3. Lack of affordable housing, which leads to overcrowding and high rent burdens—particularly for low-income households and seniors on fixed incomes.

4. Need for a more nuanced rate structure for people living just outside the City limits in the larger Rockville area of Montgomery County, so they can access City of Rockville community services, such as those offered through the community centers or the senior center.

This report outlines the needs assessment discovery process, its findings, and recommendations for next steps that will enable the City to better align its human services ecosystem with the needs of its changing demographics.

## INTRODUCTION

The City has a changing population with an increasing demand for specific services in the post-COVID delivery ecosystem and is experiencing a workforce shortage. This situation creates an imperative to strengthen partnerships, to make strategic investments, and to be more outcomes driven. It is also important to center all planning and delivery on the people who need these services and who have lived experience.

Health Management Associates, Inc. (HMA), began this engagement in August 2024 and collaborated with key staff in the Department of Housing and Community Development (DHCD) and a carefully curated advisory committee to conduct this needs assessment and to confirm our findings. We met biweekly through most of the engagement to ensure that the project stayed on time, on budget, and to mitigate all risks.

Our key informant interviews and focus groups were conducted both on site and virtually and covered a vast constituency. In addition, HMA administered a survey that the City distributed. We used the findings from both of these sources and other publicly available resources, as well as data that the City provided, to complete our gap analysis and to identify focus areas and suggest some solutions to build the path forward.

This report provides a comprehensive human services needs assessment arrived at after engaging in a thorough discovery process, identifies key areas of need, and proposes some solutions for the City leadership's consideration and for staff and stakeholders to explore and pursue.

## METHODOLOGY

The needs assessment used a numbers-based (quantitative) and narrative-based (qualitative) approach.

**The Numbers Approach**. Quantitative data are measurable and express a certain number, amount, or range. It is used to determine the scope of a problem; that is, how many people are affected, how often a situation occurs, or how frequently services are used. Data are generated through a systematic, verifiable, replicable process and are subject only to objective analysis.

Quantitative data are used in health and human services to draw comparisons and may involve counting people, behaviors, conditions, or other discrete events. This assessment used quantitative data to identify demographic and economic trends by examining how a particular indicator has changed over time to help us understand the changing needs of the community to plan and prioritize ways that will foster greater economic stability and self-sufficiency.

**The Narrative Approach**. Primary qualitative data include almost any non-numerical data. This information can be observed but not measured and is subjective rather than objective. Qualitative data can be collected through various means, including opinion-based surveys, meetings, focus group discussions, and key informant interviews. Qualitative data are used in needs assessments to offer context, additional detail, and interpretation of quantitative data. They also can be used to explain trends revealed in the data.

Using these approaches, the needs assessment process includes data collected through the following methods:

- Engagement of a needs assessment Steering Committee
- A citywide community survey
- Focus groups and interviews
- Secondary data collection, review, and analysis
- Resource inventory assessment

Findings from the data collection and analysis will guide the city's strategic plan.

## About the Steering Committee

HMA kicked off the project on August 15, 2024, and at the first meeting, a decision was made to convene a Steering Committee to advise and guide the Human Services Needs Assessment process. Frederika Granger, Community Services Manager, DHCD, and Sarah Maizel, Grant and Program Analyst, DHCD, carefully curated the membership of the Steering Committee, and the following members were added to the panel:

- Tosha Dyson – Rockville Housing Enterprises
- Deborah Moore – Human Services Advisory Committee, Community Member
- Scott Mengebier – Human Services Advisory Committee, At-Large Member
- Sarah Basehart – Community Reach of Montgomery County
- Mariella Correal – City of Rockville Senior Center, City of Rockville Employee
- Natalie Phillip – Twinbrook Community Center, City of Rockville Employee
- Kellan Vanscoy – Lincoln Park Community Center, City of Rockville Employee
- Sarah Maizel – Housing and Community Development, City of Rockville Employee
- Frederika Granger – Housing and Community Development, City of Rockville Employee

The Steering Committee initially agreed to meet bimonthly through November 2024 to support the project launch and initial key informant engagement. Subsequently, the meetings shifted to a monthly cadence. The Steering Committee met or will meet on the following dates:

| August 2024 | September 2024 | October 2024 | November 2024 | December 2024 | January 2025 | February 2025 |
|---|---|---|---|---|---|---|
| August 15 August 26 | September 6 September 20 | October 8 October 18 | November 15 November 20[1] | December 13 | January 10 January 30 | February 24 |

Meeting slide decks presented to the Steering Committee are included in Appendix F. The Steering Committee received status updates during each meeting, and their questions informed the discovery process. The committee undertook several key tasks, including defining human services, reviewing interview and focus group discussion guides, and reviewing and approving the survey. Members identified key informants, resource directories, and data sources for HMA to research and use in the discovery process.

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[1]Meeting of the full Human Services Advisory Commission.

The Steering Committee and key informants described the scope of the needs assessment, defining human services and the cluster of programs for inclusion in the assessment's data collection and analysis. The following services and programs were identified:

- Housing
- Food
- Childcare
- Healthcare
- Basic needs
- Employment
- Child Development
- Child Welfare: Well-being and safety of children

- Before and after school: Multiple Programs
- Safety
- Transportation
- Recreation
- Vulnerable population
- Seniors
- Mental health
- Financial literacy

## Primary Data Methods

The needs assessment included the City of Rockville Human Services Needs Survey ("Human Services Needs Survey"), which comprised three community surveys designed to gather diverse perspectives on health and human service's needs, gaps, and priorities in the City of Rockville from residents, City partners and grantees, and City staff. The surveys complemented the community data review and provided input on potential strategies to address identified issues. The questionnaires were distributed online using Qualtrics, allowing participants to use a computer, tablet, or cell phone to respond via a weblink or QR code. The Human Services Needs survey was available in English, Spanish, French, Chinese, and Russian. The survey questions were primarily close-ended with the opportunity for respondents to share additional information in the comments. The surveys were distributed with the support of City staff and the Steering Committee. In addition, City of Rockville partners were encouraged to share the survey among their clients/population served/networks. The survey was available to respondents November 3 through December 21, 2024.

The Human Services Needs Survey comprised 30 questions, including 13 demographic questions, designed to identify the needs of City of Rockville residents who use or need City services and resources. The areas of exploration in the survey are described in Figure 1. The survey instrument is available in Appendix A.

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## Figure 1. Resident Community Needs Assessment Survey Domains

**Priorities**
- What are your top three priority programs for the City of Rockville to create or expand to better serve residents?
- Quality of life assessment.

**Awareness of Services**
- What services and resources in the City of Rockville are your household least familiar with?
- To help improve communication about services and resources, what services and resources in the City of Rockville would your household like to know more about?

**Accessibility of Services**
- In the past year, have you or anyone in your household used any of the following services and resources in the City of Rockville?
- How easy is it to access those services (very easy/somewhat easy/difficult/very difficult, not applicable)?
- What barriers do you face in accessing these services (transportation, cost, language, etc.)?
- Select all the services and resources that you or your household needed but did not receive in the past year.

**Effectiveness/Quality of Services**
- How satisfied are you with the following services and programs in the City of Rockville?
- Please rank how important you think these 11 services and programs are to you and your household's quality of life, including health and wellness.

**Service Delivery**
- Where or who do you usually go to if your household needs help getting non-healthcare resources, such as jobs, food, childcare, or housing?
- How do you prefer to receive services?
- What are the most convenient locations for accessing services?
- To what extent do you agree that the following statements describe City of Rockville?
  - Does a good job increasing knowledge and awareness of community programs
  - Does a good job working with community partners
  - Does a good job serving all residents living in the City of Rockville

The staff and grantee/partner survey included modified questions to the service delivery domain (see Figure 2).

**Figure 2. Staff and Partner Community Needs Assessment Survey Modifications**

| Service Delivery |
|---|
| •What area of service best represents the work of your partnership/grantee relationship with the City of Rockville? |
| •In the past year, approximately what percent of the time were you able to provide/connect the residents you serve to the resources they needed? |
| •What are the most requested services and programs among the residents of the City of Rockville that you serve? |
| •What could help you better educate and/or connect residents to needed services? |

A total of 412 people responded to at least 80 percent of the questions in the Human Services Needs Survey. Another 41 participants opened the survey but completed less than 80 percent of the questions. These 41 respondents were removed from the analysis. Most (82%, n=338) identified as a City of Rockville resident who uses or would use resources and services provided in the City, followed by City of Rockville staff (17%, n=68), and City of Rockville partners/grantees (1%, n=6), as Figure 3 demonstrates. Additional demographic information is provided in Appendix B.

**Figure 3. City of Rockville Human Services Nee Survey Respondents**

Please choose the category that best describes the perspective
from which you will answer the survey

| | |
|---|---|
| City of Rockville Partner/Grantee | 1% |
| City of Rockville Staff | 17% |
| City of Rockville Resident who uses or would use resources and services provided in the City of Rockville | 82% |
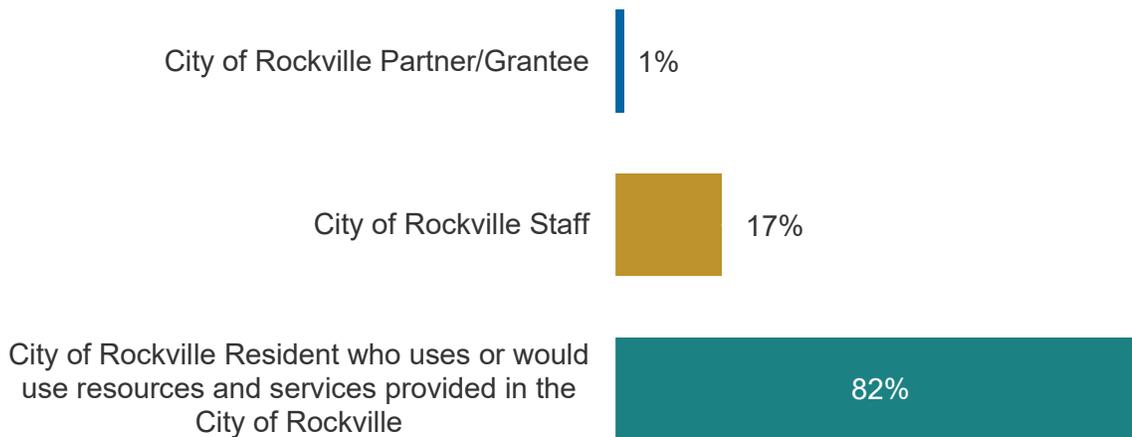
*Source: City of Rockville Human Services Needs Survey, November–December 2024.*

City of Rockville residents were asked to share demographic information, which HMA used to benchmark the representation of the survey respondents against the US Census Bureau estimates. More than half (58.3%) of the residents who responded to the survey were White, reflecting an over representation against the US Census, which estimated that 48 percent of the people living in Rockville are White. Residents identifying as Black or African American comprised 13 percent of the survey respondents, slightly higher than the 11 percent Census estimate. Asian respondents accounted for 10 percent of the survey participants, notably lower than the 22 percent Census estimate. Less than 2 percent of respondents identified as Native Hawaiian or Other Pacific Islander or American Indian[2] or Alaskan Native compared with 0 percent in the Census. In addition, 5 percent of respondents identified as "a race not listed," and 12 percent selected "prefer not to answer" (see Figure 4).

**Figure 4. City of Rockville Human Services Need Survey Respondents—Residents**
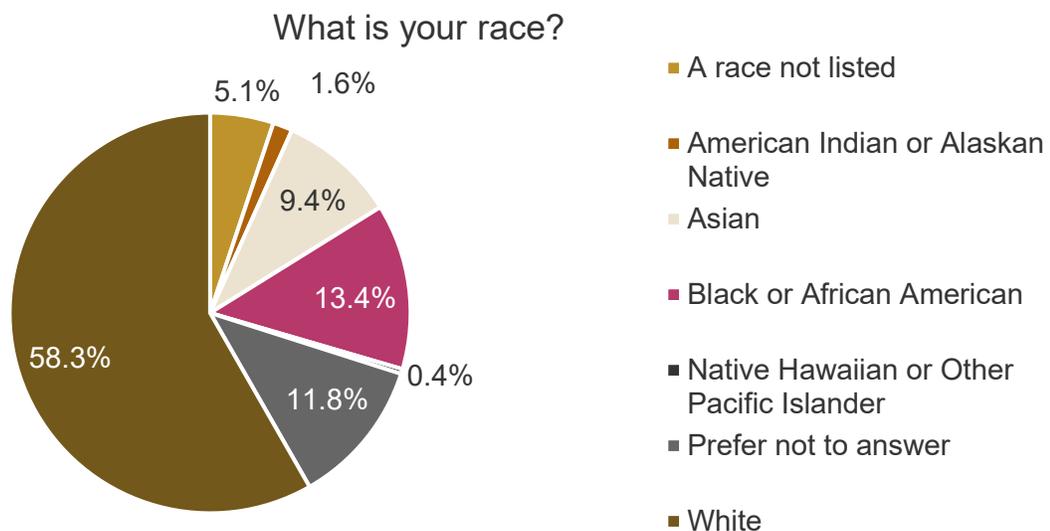


What is your race?

- A race not listed
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Prefer not to answer
- White

5.1%   1.6%   9.4%   13.4%   0.4%   58.3%   11.8%

*Source: City of Rockville Human Services Needs Survey, November−December 2024.*

City of Rockville residents were asked to share their age group. This information was used to assess representation of the survey respondents against the US Census demographic estimates. When comparing the survey respondents' age distribution with the census estimates, several discrepancies were notable:

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[2] The federal government classifies Indigenous US residents as American Indian, so that terminology is used when referring to Census data. HMA's preferred term is Native American or Tribal populations.

- The 18−24 age group is underrepresented in the survey, at only 2.5 percent of respondents versus the Census estimate of 6.4 percent.

- The 25−34 age group is also slightly underrepresented, with 11.2 percent of respondents versus the Census estimate of 14.7 percent.

Conversely, other age groups showed higher participation compared with Census estimates. People ages 35−44 were notably overrepresented, with 25.3 percent of respondents compared with the Census estimate of 14.3 percent. This trend continued among people in 45−54 (18.3% vs. 13.2%), 55−64 (16.6% vs. 11.6%), and 65−74 (12% vs. 9%) age groups, all of which had higher representation in the survey than in census data. The 75 and older age group showed relatively similar representation—10 percent of survey respondents compared with 9.1 percent in the census participants (see Figure 5).

**Figure 5. City of Rockville Human Services Needs Survey Respondents—Residents**

In which category is your age?



| | | |
|---|---|---|
| 18-24 | 2.5% | |
| 25-34 | 11.2% | |
| 35-44 | 25.3% | |
| 45-54 | 18.3% | |
| 55-64 | 16.6% | |
| 65-74 | 12.0% | |
| 75 years or older | 10.0% | |
| Prefer not to answer | 4.1% | |
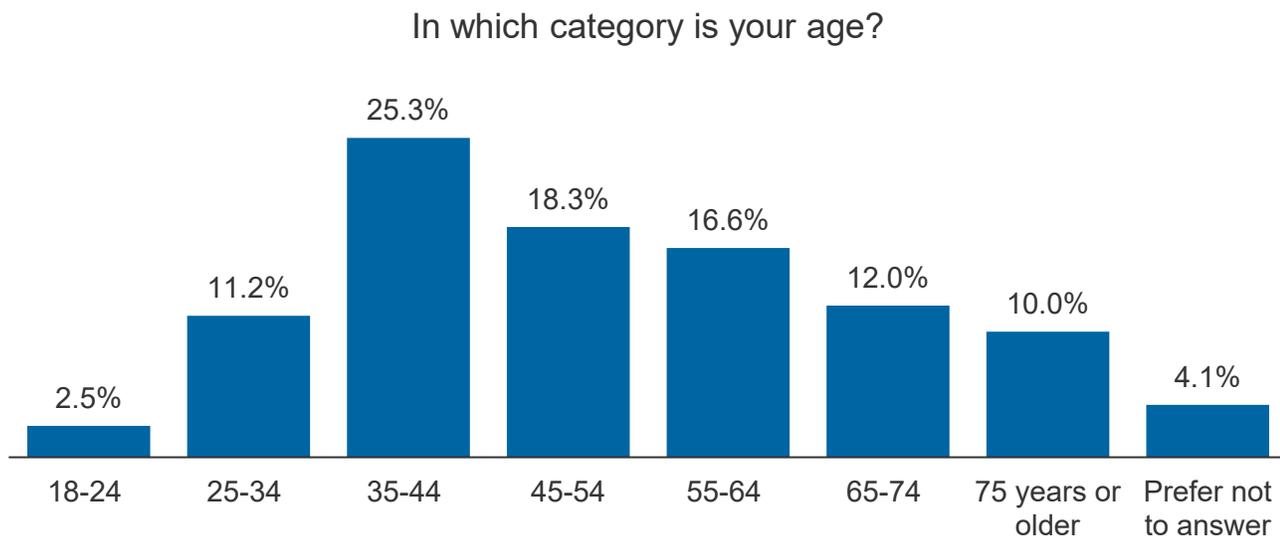
*Source: City of Rockville Human Services Needs Assessment Survey, November−December 2024.*

Survey analysis included calculating counts and percentages of every option for each question and creating cross-tabulated analyses to look for differences across the varying demographics of survey respondents.

## Focus Groups and Key Informant Interviews

Focus groups and key informant interviews are valuable tools for collecting qualitative data. They provide a way to gain in-depth insights into people's thoughts, feelings, and experiences. Focus groups allow people to interact with each other and the facilitator, who can guide the conversation to glean more nuanced insights than can be derived from surveys or questionnaires. Engagement through structured focus groups and key informant interviews also provide an opportunity to understand people's motivations and decision-making processes and to explore the factors that influence their behavior.

The objectives of these focus groups and interviews were as follows:

- Define the community understanding of human services
- Better understand the current human services delivery ecosystem
- Identify gaps in the current ecosystem
- Refine and compile the wish list of services to address these gaps

The HMA team developed interview and focus group discussion guides that the City of Rockville Project Team and the Steering Committee reviewed and approved (see Appendix B). HMA was on site for three days to conduct key informant interviews and focus groups. The remaining interviews and focus groups took place virtually. HMA facilitated 12 focus group sessions and conducted seven key informant interviews. We also met with the Human Services Advisory Commission and met bimonthly with the Steering Committee to inform and guide our discovery process. The team spoke with a multitude of people who reflected a diverse array of perspectives, including:

- City and County elected officials
- Key City and County officials responsible for the delivery of mental health and substance use services, County staff involved in the delivery of homelessness services, children and adolescent services, education, and public safety services
- Human Services Advisory Commission Members
- Community provider agencies
- Faith-based community leaders
- Community advocates
- Consumers

## Secondary Data Methods

Demographic and socioeconomic data were reviewed and analyzed to paint the picture of social, health, and economic stability in Rockville. Data sources included:

- US Census American Community Survey (ACS)

- Behavioral Health Risk Surveillance System (BRFSS)

- Centers for Disease Control and Prevention (CDC) Agency for Toxic Substances and Disease Registry Environmental Justice Index

- Environmental Protection Agency (EPA)

- The 2024 City of Rockville Community Survey

Secondary data were collected and analyzed to understand year-over-year trends, disparities between different groups of residents, and to benchmark the City of Rockville against Gaithersburg; Montgomery County; and the State of Maryland. When data permitted, community indicators were analyzed and reported at the subcounty geography level, primarily using Census tracts. When comparing years and/or benchmark regions with Rockville, confidence intervals were used to determine if the observed difference was statistically significantly. If the confidence intervals did not overlap, it was reported as nonsignificant. If the confidence intervals overlapped, it was reported as significant.

## Assessment Limitations

All data and assessments have limitations. In terms of content, this assessment was designed to provide a picture of economic stability in the City of Rockville and to identify where gaps in services and resources exist. Although this assessment is quite comprehensive, it would be unrealistic to measure all possible aspects of economic stability and conditions in the City of Rockville and, in particular, for all possible populations of interest. Hence, some voices are disproportionately represented. It must be acknowledged that these information gaps limit the ability to comprehensively and accurately assess disparities between communities and the entirety of the City's economic needs.

In each assessment, certain population groups, particularly people who are and have been marginalized historically—including communities of color, individuals experiencing homelessness, institutionalized or incarcerated people, and those who only speak a language other than English—are underrepresented in secondary data. Some population groups, including people who are pregnant, LGBTQIA+, undocumented and documented immigrants, and members of specific racial and ethnic groups might be unidentifiable or represented in numbers that are insufficient for independent analysis.

Moreover, surveys are inherently prone to respondent bias, are time-consuming, and often have limited response rates. For example, hard-to-reach populations often are inaccessible for participation. To mitigate common challenges such as language barriers and cultural differences, the survey and outreach materials were translated into Spanish and Chinese, and the City of Rockville collaborated with trusted community-based organizations (CBOs) to distribute the survey to people who speak these languages. In addition to electronic outreach (e.g., social media, email), the City publicized the survey in Rockville reports, posted flyers in physical locations, and handed out flyers at public events, including both Thanksgiving and December food drives. English language response rates were better than those for non-English language surveys. We combined all responses into a single report.

## COMMUNITY PROFILE

### About the City of Rockville

According to the Census Bureau's American Community Survey (ACS), 67,298 people lived in the City of Rockville in 2022, making it the fourth largest incorporated city in Maryland.[3] Rockville is the county seat of Montgomery County and covers 13.6 square miles of the Washington, DC, metropolitan area. In 2018−2022, the City had 4,935 residents per square mile, ranging from a low of 1,389.5 to a high of 14,015.4 (see Figure 6). Rockville's population grew by 8.2 percent (n=5,088 people) over the past decade, rising from 62,130 in 2009−2013 to 67,218 in 2019−2023. During that time, Gaithersburg saw an 11.9 percent increase to 69,225 residents, and Montgomery County's population increased by 6.9 percent to 1,057,586. Approximately 65 percent of these individuals (n=43,691) were citizens of voting age in 2019−2023.[4]

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[3] US Census Bureau. 2023 American Community Survey 1-Year Estimates, Table P012. Available at: https://www.census.gov/programs-surveys/acs/technical-documentation/table-and-geography-changes/2023/1-year.html/.

[4] US Census Bureau. American Community Survey 5-Year Narrative Profile, Montgomery County, Maryland, 2019-2023, Table DP03. Available at: https://www.census.gov/acs/www/data/data-tables-and-tools/narrative-profiles/2023/report.php?geotype=county&state=24&county=031.

## Figure 6. Population Density by Census Tract, 2018−2022
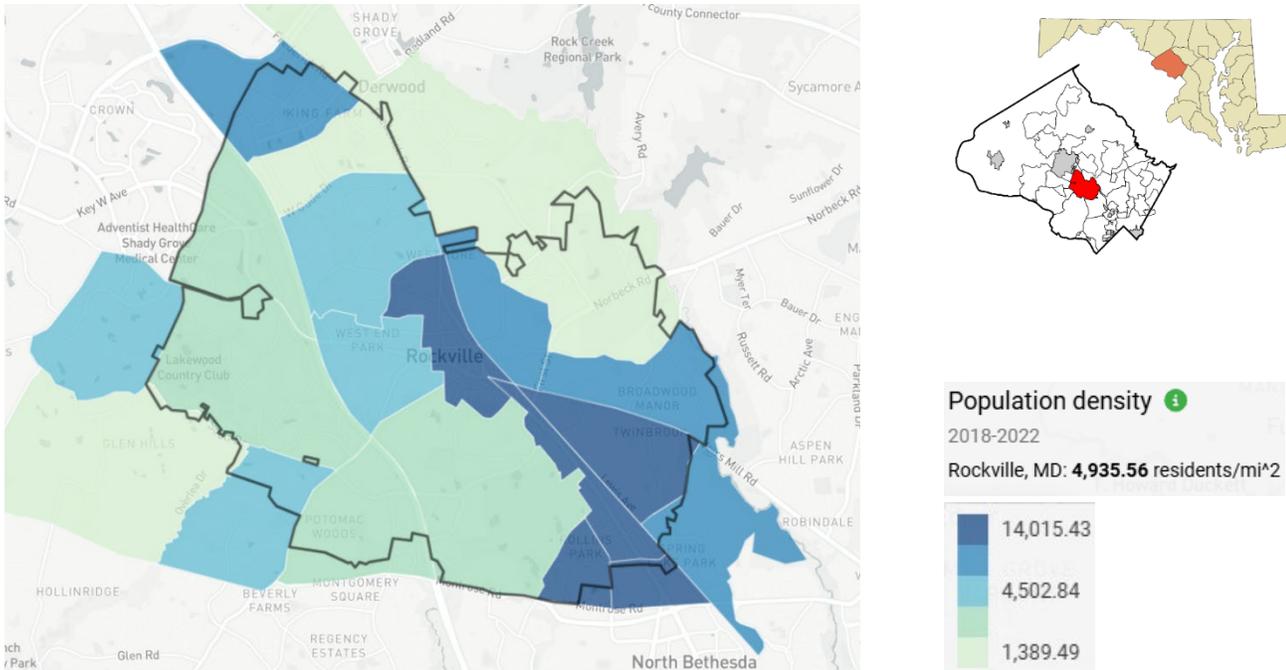


*Source: US Census. American Community Survey, 5-year estimate, 2018−2022.*

Rockville, situated within the Interstate 270 (I-270) technology corridor alongside Gaithersburg and Bethesda, is home to numerous software and biotechnology companies and several federal agencies and institutions. As a major retail hub in Montgomery County, the city boasts several upscale shopping centers.

I-270 is the primary highway serving Rockville, acting as the main northwest artery from metropolitan Washington, DC. It begins at Interstate 495 (the Capital Beltway) and extends northwest to Interstate 70 in Frederick, MD. Route 355, I-270's predecessor, runs parallel and now functions as the main commercial thoroughfare through Rockville and surrounding areas.

Rockville offers multiple transportation options, including access to the Washington Metro Red Line via Rockville and Twinbrook stations. The MARC's Brunswick Line connects to Washington, DC, and Amtrak trains also stop at Rockville Station. Bus service provides direct connections to Baltimore-Washington International Airport and downtown Baltimore via the Maryland Transit Administration's Inter County Connector Bus and the Baltimore Light Rail. Ride On provides local and countywide bus service, connecting Rockville to Gaithersburg, Clarksburg, and Silver Spring, MD.

## Demographic Profile

The demographic characteristics of a population are critical to understanding the economic risks, challenges, strengths, and opportunities of a city like Rockville. Characteristics such as race and ethnicity, age, and sex are intricately linked to economic outcomes.

### Sex and Age

Age and sex are fundamental factors to consider when assessing individual and community health status. Men tend to have a shorter life expectancy and more chronic illnesses than women; older individuals typically have more physical and mental health vulnerabilities and are more likely than younger people to rely on immediate community resources for support. When growth in the aging population outpaces that of people ages 18 and younger, it can have several negative consequences. One issue is the economic strain created when more people are retired because fewer people are working and paying taxes. Less tax revenue strains programs like Social Security, Medicaid, and Medicare.

Another challenge to the economy is the need for more workers. Workforce shortages make it difficult for businesses to hire and retain the staff they need and can also lead to higher wages and prices. Workforce shortages also affect the caregiver industry. Aging adults often rely on family members, paid caregivers, or both. Caregiver shortages put a strain on all caregivers and lead to burnout.

In 2019−2023, more than half of the population in the City of Rockville were females (52.2%) and working age adults (18−64 years old). Adults in the 18−39 and 40−64 age groups represented 30.7 percent and 31.1 percent, respectively, of the people living in the City of Rockville. Children and youth (18 years old and younger) represented approximately one in five residents (20.3%), and older adults (ages 65+) were at 18.0 percent. Compared with Gaithersburg, Montgomery County, and Maryland, the City of Rockville population included more working age adults (ages 18−64) and older adults, with lower representation among children and youth (Table 1).

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**Table 1. Age and Sex, 2019−2023**

| | City of Rockville | | Gaithersburg | Montgomery County | Maryland |
|---|---|---|---|---|---|
| | **Percent** | **Number** | **Percent** | **Percent** | **Percent** |
| Age | | | | | |
| Children and Youth (Under 18 years) | 20.3 | 13,625 | 22.6 | 22.9 | 22.3 |
| Young Adults (18-39 years) | 30.7 | 20,605 | 30.2 | 27.0 | 28.7 |
| Middle-Aged Adults (40-64 years) | 31.1 | 20,898 | 33.4 | 33.5 | 32.8 |
| Older Adults (65 and older) | 18.0 | 12,090 | 13.8 | 16.6 | 16.3 |
| Sex | | | | | |
| Male | 47.8 | 32,110 | 47.2 | 48.7 | 48.7 |
| Female | 52.2 | 35,108 | 52.8 | 51.3 | 51.3 |

*Source: US Census, American Community Survey 5-Year Estimate, Table DP05.*

Over time, between 2014 and 2023, the City of Rockville was aging. The older adult population (ages 65-plus) increased 15.8 percent from 10,436 in 2014−2018 to 12,090 residents in 2019−2023. Meanwhile, the number of children and youth decreased 5.6 percent from 14,433 to 13,625 residents during this same period. Infants and young children ages 0−4 experienced the most significant decrease (26.3%) dropping from 4,592 to 3,383 residents (Figure 7).

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**Figure 7. Population by Age, City of Rockville**

Population by Age, City of Rockville



Number of Residents

| Age | 2014-2018 | 2019-2023 |
|---|---|---|
| 0-4 years | 4,592 | 3,383 |
| 5-17 years | 9,841 | 10,242 |
| 18-39 years | 20,746 | 20,605 |
| 40-64 years | 21,447 | 20,898 |
| 65 and older | 10,436 | 12,090 |

■ 2014-2018  ■ 2019-2023
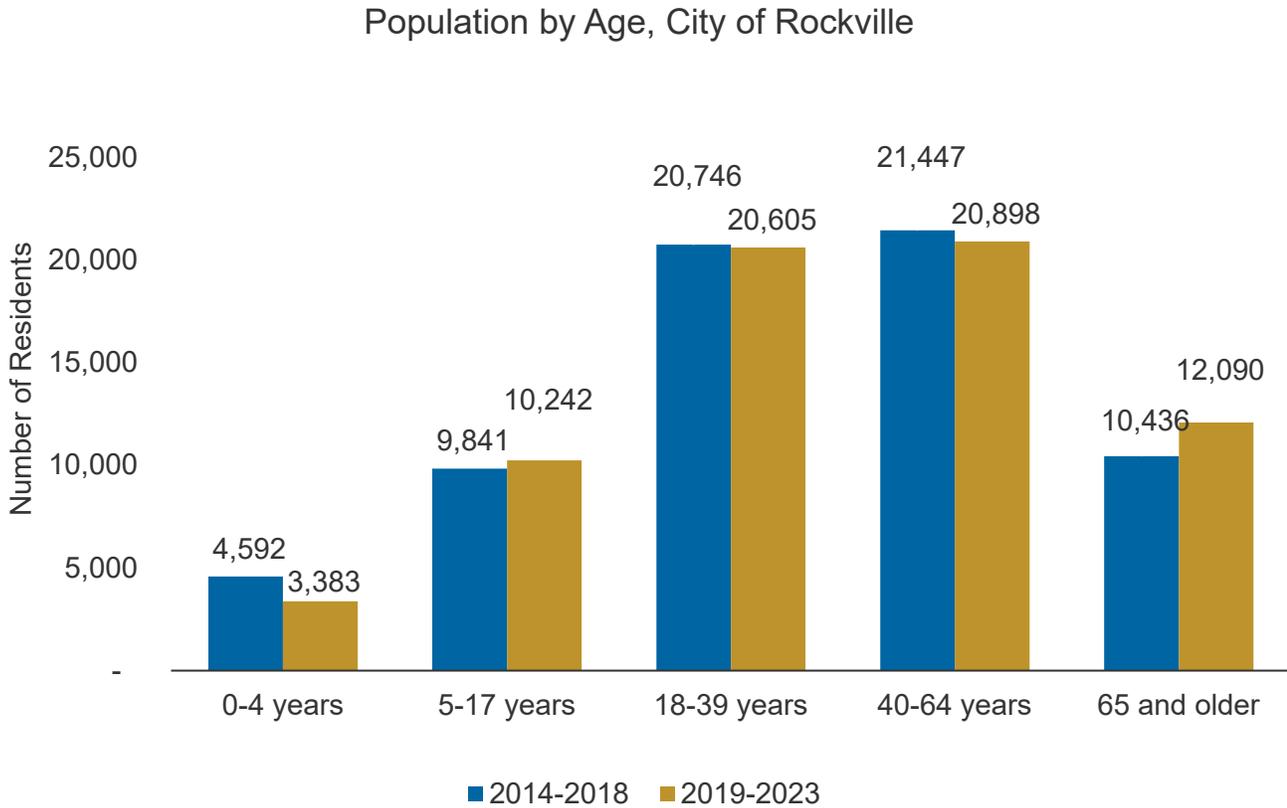
*Source: US Census, American Community Survey 5-Year Estimate, Table DP05.*

## Race and Ethnicity

Racial and ethnic diversity were increasing in the City of Rockville as measured by the Race-Ethnicity Diversity Index.[5] The index for Rockville was 0.712 in 2019−2023, an increase of 0.067 points from 2009−2013 when it was 0.645. Diversity in the City of Rockville has increased faster than in Gaithersburg, Montgomery County, and Maryland (see Figure 8). Compared with all other Maryland towns, the City of Rockville was among the top 75 percent and had the highest race/ethnicity diversity index score at 0.727. The range in Maryland was 0.558 to 0.770.

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[5] The Race-Ethnicity Diversity Index measures the probability that any two randomly chosen residents belong to different racial and ethnic backgrounds. A score of 0 represents a perfectly homogenous community; the higher the score, the more diverse the area. The highest possible score is 0.875, not 1.0.

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## Figure 8. Race-Ethnicity Diversity Index

Race-Ethnicity Diversity Index
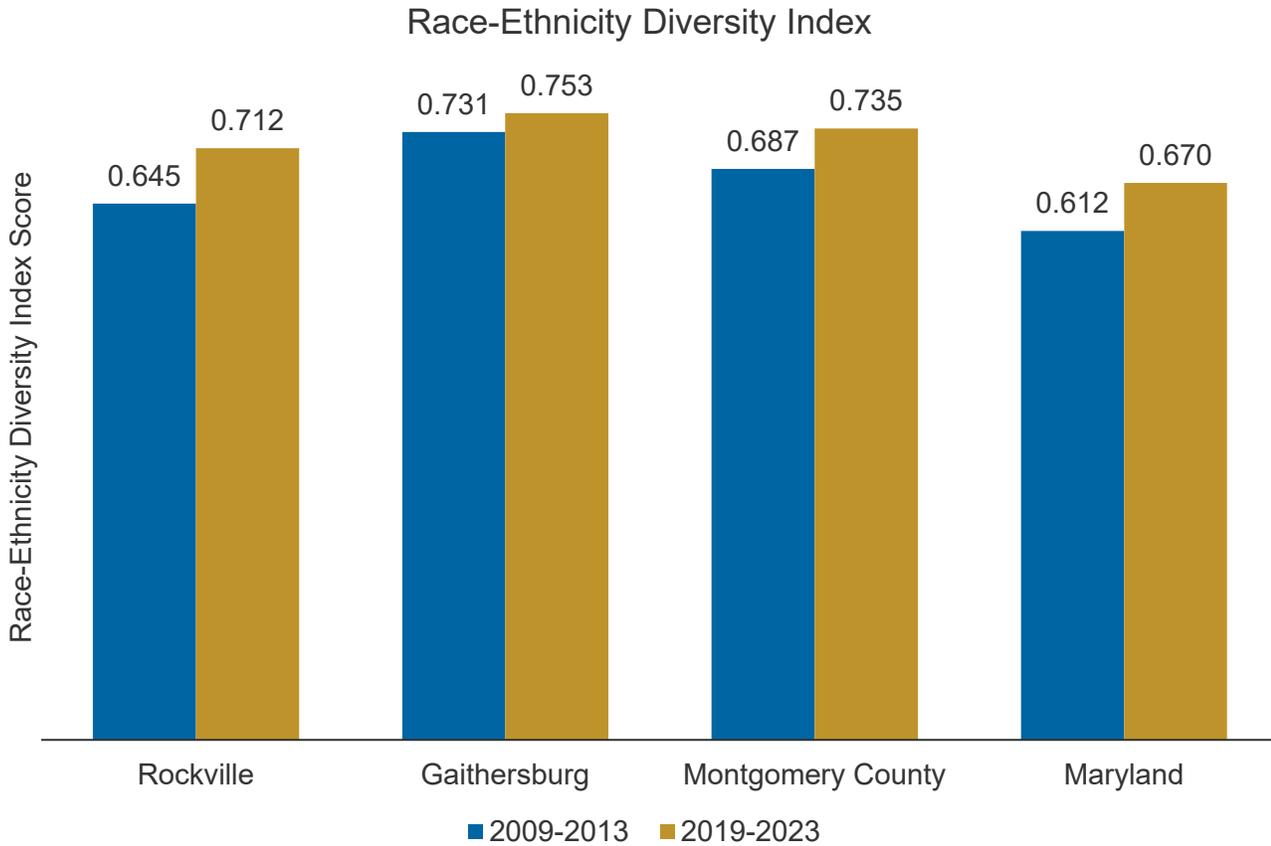


*Source: US Census Bureau. American Community Survey 1-Year Estimate, Table B03002.*

The increase in racial diversity in the City of Rockville was reflected in the higher proportion of the population who were Asian, Black or African American, multiracial (two or more races), and another race in 2019−2023 compared with 2009−2013 (see Figure 9). Among the Asian residents, 42.1 percent were Chinese (5,310), followed by Asian Indian (18.0%, n=2,274), other Asian (13.6%, n=1,709), Filipino (10.2%, n=1,284), Korean (9.3%, n=1,176), Vietnamese (3.6%, n=460) and Japanese (3.2%, n=398).

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## Figure 9. Racial Demographics, City of Rockville, 2009−2013 to 2019−2023

### Race, City of Rockville
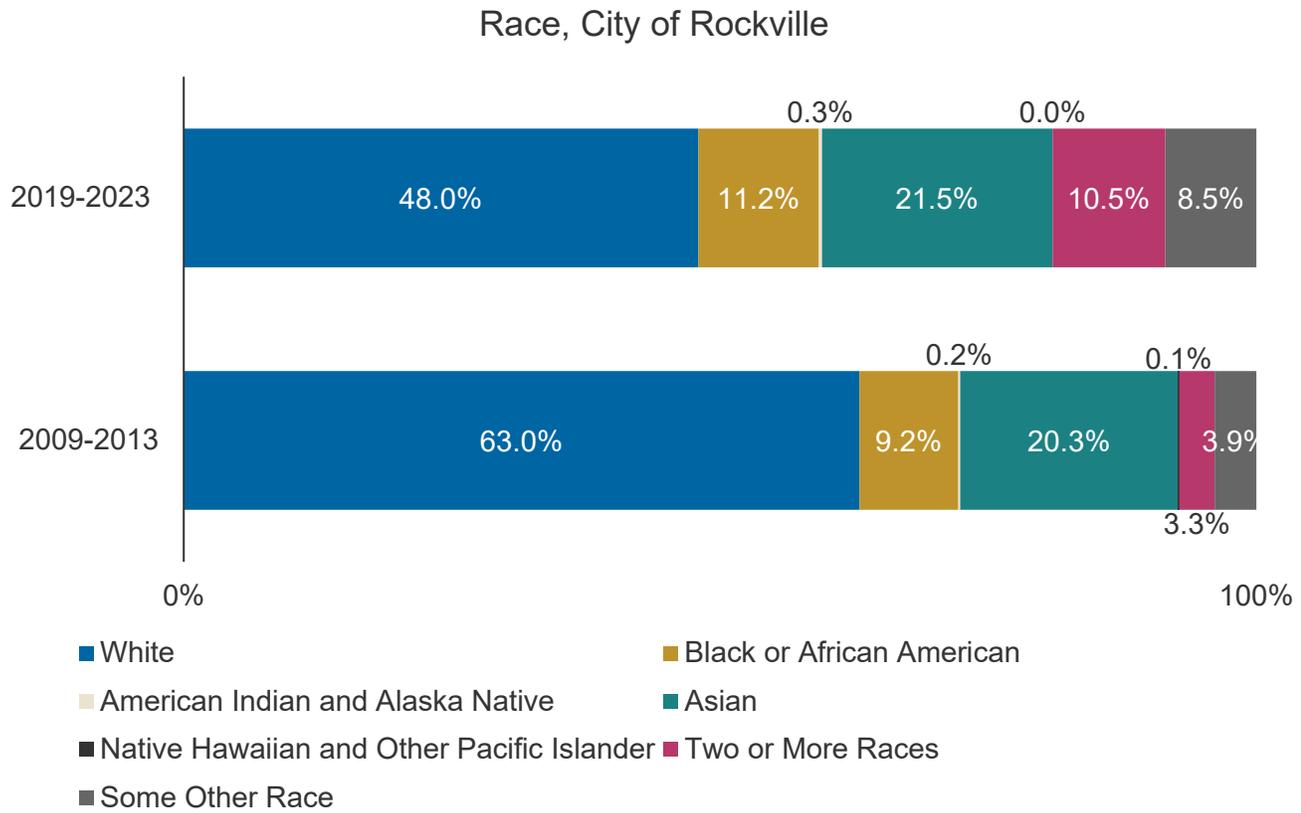


*Source: US Census Bureau. American Community Survey 5-Year Estimate, Table DP05.*

Between 2019 and 2023, Hispanic or Latino[6] residents comprised 17.8 percent of Rockville's population. This was an increase from 14.2 percent between 2009 and 2013.This figure was lower than Gaithersburg's 29.5 percent and higher than Maryland's 12.1 percent. It was similar to the percentage in Montgomery County (see Figure 10). Similar increases occurred across benchmark regions: Maryland rose from 8.5 percent, Montgomery County from 17.5 percent, and Gaithersburg from 25.0 percent (all figures represent increases from 2009−2013 rates).[7]

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[6] The Census Bureau continues to use the term "Latino" for people of Latin American/Spanish-speaking Caribbean origin. The preferred nongender-specific term today is Latine.

[7] US Census Bureau. American Community Survey 5-Year Estimates, 2009-2013. Montgomery County Demographic and Housing Estimates, Table DP05. Available at: https://data.census.gov/table?q=DP05&g=050XX00US24031.

**Figure 10. Ethnicity, 2009-2013 and 2019-2023**

## Ethnicity



Bar chart showing Percent of the Population by location:

| Location | 2009-2013 | 2019-2023 |
|---|---|---|
| Rockville | 14.2 | 17.8 |
| Gaithersburg | 25.0 | 29.5 |
| Montgomery County | 17.5 | 20.6 |
| Maryland | 8.5 | 12.1 |
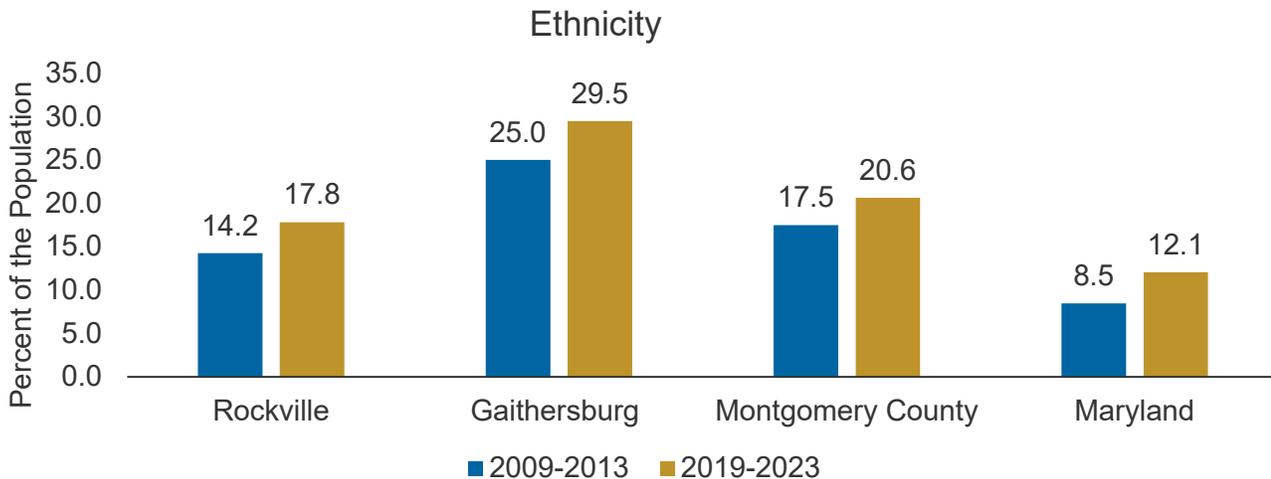
*Source: US Census Bureau. American Community Survey, 5-Year Estimates, 2019-2023, Table DP05.*

## Language Spoken

Between 2019 and 2023, nearly half (44.7%, n=28,523) of Rockville residents older than age 5 spoke a language other than English.[8] One in five (20.8%) Rockville residents speak English less than "very well."

Rockville had 2,635 limited English-speaking households, or nearly one in 10 households (9.8%). Among these households, 31.1 percent (n=1,333) spoke Asian and Pacific Island languages, followed by Spanish (21.1% n=724), other languages (16.1%, n=196) and other Indo-European languages (11.6%, n=382). Nearly three in four of residents who spoke a language other than English at home were foreign-born (71.5%), 57.6 percent of whom were naturalized US citizens.

## Families and Households

Among the 26,838 households in the City of Rockville in 2019−2023, 27.2 percent (n=7,304) had children younger than 18 years old. Approximately 6.0 percent (1,664) of households were headed by a single parent who had a child or children younger than age 18; 4.3 percent of households with children in this age group (n=1,154) were led by a single woman.

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[8] US Census Bureau. American Community Survey 5-Year Estimates, Montgomery County, 2019−2023, Table S1601: Language Spoken at Home. Available at: https://data.census.gov/table/ACSST1Y2023.S1601?g=040XX00US42_050XX00US24031_160XX00US4260000 0.

## Quality of Life

Respondents to this community needs assessment survey generally agreed with statements about the quality of life in their neighborhoods. The 2024 City of Rockville Community Survey offers further evidence that City of Rockville residents were satisfied with their quality of life, with about nine in 10 respondents to that survey rating their overall quality of life as excellent or good.

Nonetheless, respondents of the Human Services Needs Survey disagreed with statements concerning economic opportunity for themselves and their families, the presence of support networks during times of stress and need, and whether their neighborhood is a good place for older adults (see Figure 11).

**Figure 11. Quality of Life in Rockville**
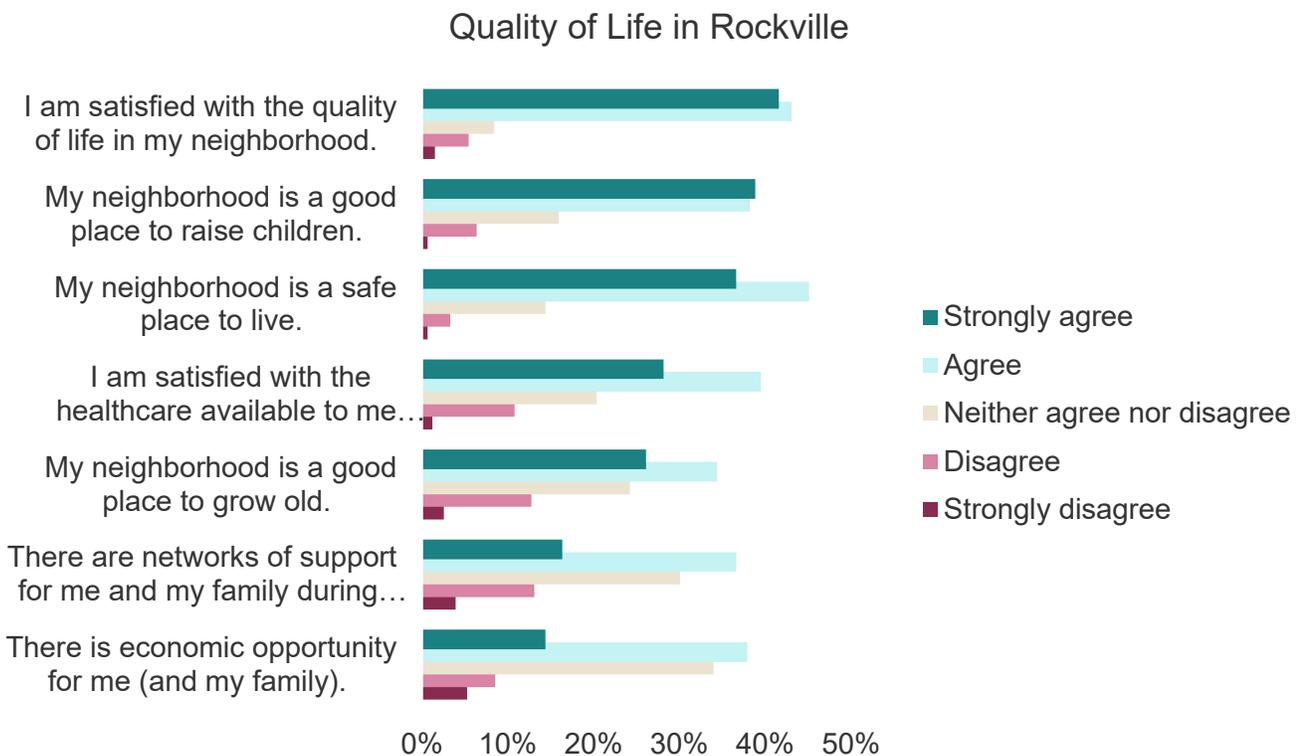


*Source: City of Rockville Human Services Needs Assessment, November−December 2024, n=207.*

According to the 2024 City of Rockville Community Survey, two-thirds of respondents thought the cost of living was poor or fair, and one-third thought it was exellent or good. More than half (57%) said that employment opportunities in Rockville were excellent or good. This same community survey also identified that just over half (55%) of residents believed that Rockville was a good or excellent place to retire and that residents have excellent or good connections and engagements with their community (59%).

## Economic Status

Economic stability means that people have the resources essential to a healthy life.[9] Economic stability is directly tied to people's ability to meet their healthcare needs. People are less likely to live in poverty and more likely to be healthy when they have steady employment. Without sufficient financial resources, individuals may, for example, have inadequate access to health insurance, transportation to get to doctor's appointments, or ability to pay for nutritious food.

As Figure 12 demonstrates, Rockville households with limited resources were defined as those with low incomes, vehicles, and/or a computer or smartphone. In 2019−2023, Rockville showed a significantly higher percentage of households with no earnings (17.5%) than Gaithersburg (13.3%). Though the number of households without earnings increased significantly in Montgomery County and Maryland between the periods of 2014−2018 and 2019−2023, this number remained stable in both Rockville and Gaithersburg (data not shown).

The percentage of households without computing devices (including smartphones and tablets) between 2019 and 2023 was significantly lower in Rockville, Gaithersburg, and Montgomery County than in the State of Maryland. Rockville also had a lower percentage of households without a vehicle compared with Montgomery County overall.

**Figure 12. Households with Limited Resources, 2019−2023**
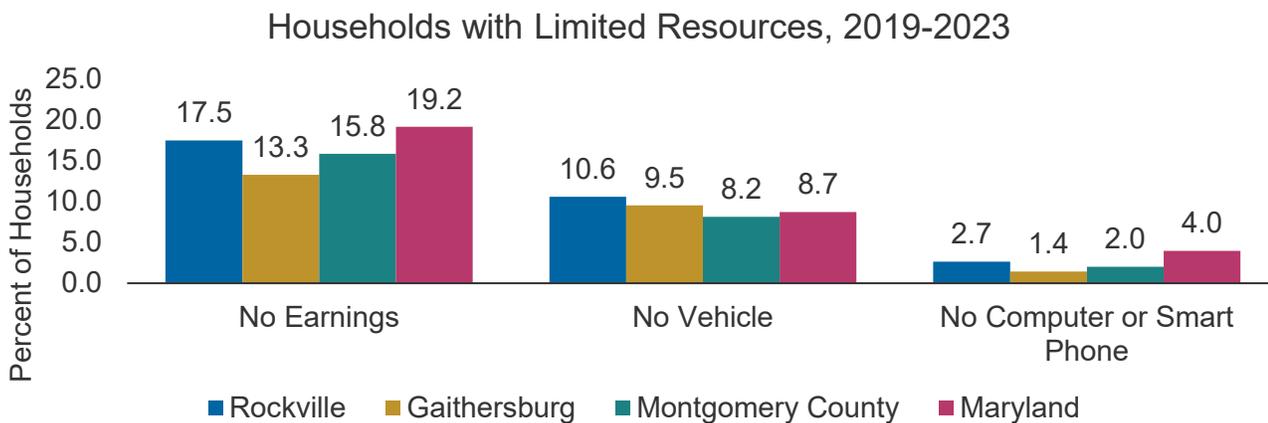


*Note: Households with no earnings are those without any source of income for the past 12 months. Earnings are defined as the sum of wage or salary income and net income from self-employment. They do not include income from sources like government programs (Social Security, public assistance), interest or rent income, or other non-wage payments. Source: US Census Bureau, American Community Survey, 2019-2023.*

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[9] The Network for Public Health Law. Economic Stability. 2025. Available at: https://www.networkforphl.org/resources/topics/covid-19-health-equity/economic-stability/.

The hardship index is a composite score the reflects economic challenges in the community (higher values indicate greater hardship), revealing a more nuanced state of economic stability in the City of Rockville. The hardship index incorporates unemployment, age, dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics and poor health outcomes. The higher the score, the greater the hardship. It takes into consideration some of the influential factors that better define poverty. In 2019−2023, the City of Rockville had a lower score (27.0) than the benchmark regions of Gaithersburg (44.3), Montgomery County (32.0) and Maryland (37.4). In all regions, including Rockville, the hardship index score increased between 2013−2015 and 2019−2023 (Figure 13).[i]

**Figure 13. Hardship Index**
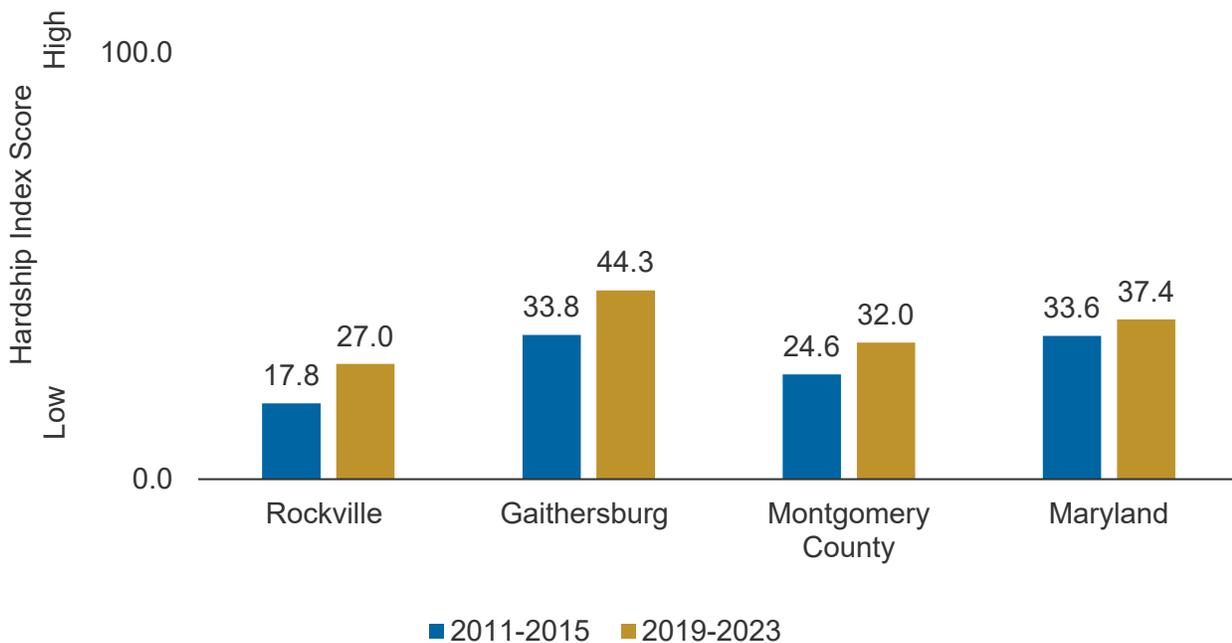


*Note: The hardship index was developed by Richard P. Nathan and Charles F. Adams, Jr., of the Brookings Institution, 1976. Source: American Community Survey, 2019-2023. Calculated by Metopio.*

In the City of Rockville, the hardship index ranges from a low of 2.8 to a high of 72.0. In Figure 14, the darker the blue, the greater the economic hardship. Communities with the greatest hardship in Rockville were Census tracts located in the southeast areas of the city.

**HMA**

## Figure 14. Hardship Index by Census Tract, 2019-2023
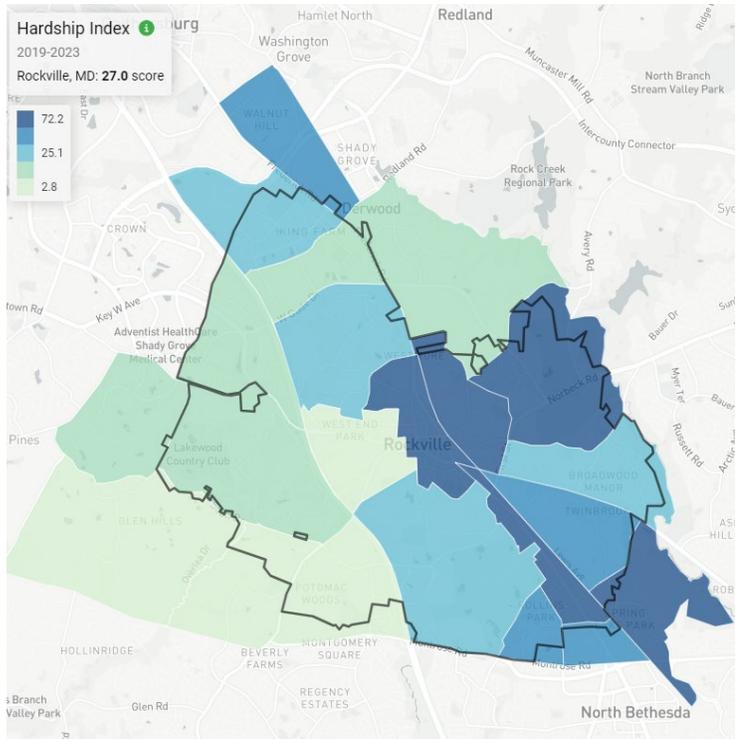


*Source: The hardship index was developed by Richard P. Nathan and Charles F. Adams, Jr., of the Brookings Institution, 1976. Source: American Community Survey, 2019-2023. Calculated by Metopio.*

We reviewed the following additional measures to assess economic stability in the City of Rockville.

**Financial Resources:** Sufficient income allows individuals to afford basic necessities like housing, food, and healthcare.

- Poverty
- Median household income
- Transportation burden
- Housing burden

**Employment:** Stable and good paying employment provides financial security and access to health insurance.

- Labor force participation
- Unemployment
- Poverty rate among workers

**Housing Security:** Secure housing provides a safe and stable environment for physical and mental health.

- Housing occupancy
- Housing costs

**Food Security:** Access to nutritious food is essential for maintaining a healthy diet.

- Access to Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as food stamps

## Financial Resources

### *Poverty*

In 2010−2023, the poverty rate among Rockville residents was 7.9 percent, which was similar to that of the benchmark regions of Montgomery County (7.1%), Gaithersburg (8.8%), and Maryland (9.3%); however, the poverty rate in Rockville was trending upward between 2009−2013 and 2019−2023 (see Figure 15) and surpassed Montgomery County's rate in 2018−2022.

**Figure 15. Poverty Rate**
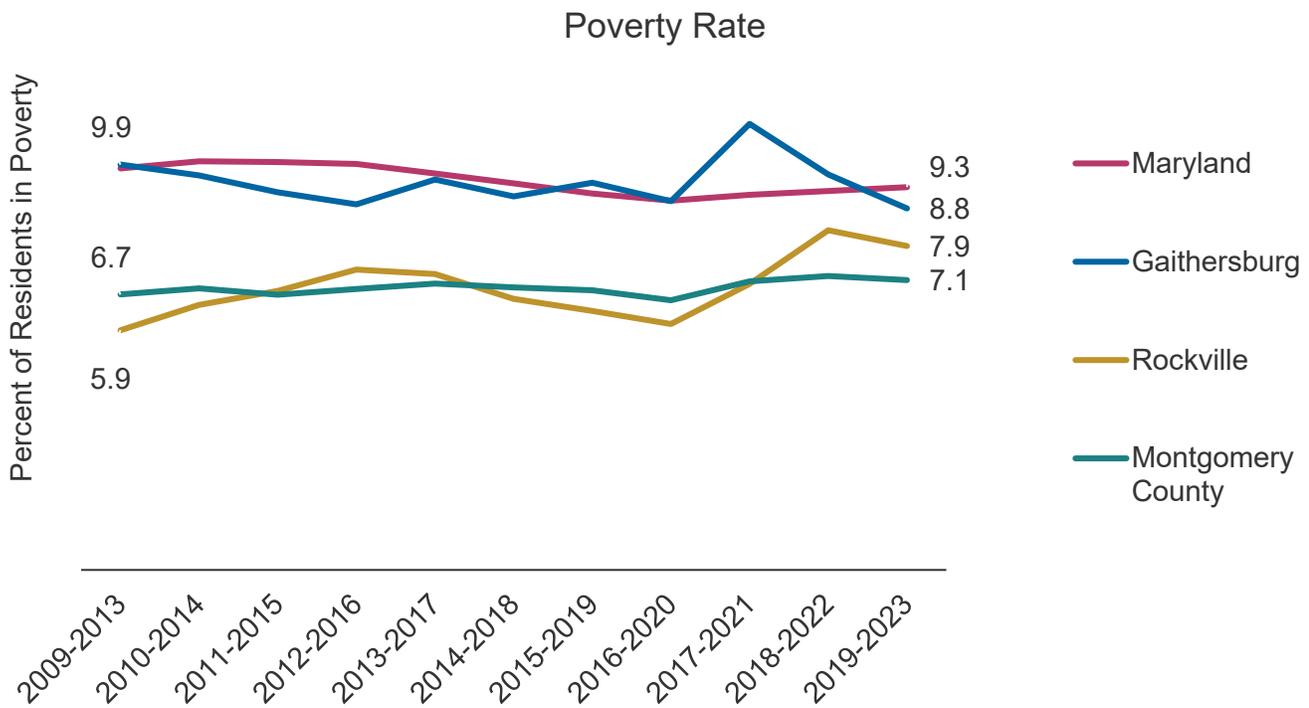


Source: US Census Bureau. American Community Survey, 5-Year Estimates, 2019-2023, Table B17001.

*Median Household Income*

The median household income was significantly higher in Rockville than in Gaithersburg and the State of Maryland. The median household income in Rockville was $122,384 compared with Gaithersburg at $107,496 and Maryland at $101,652. The median household income had been decreasing in Rockville since 2016−2020, when it was 10-year peak of $132,315 (see Figure 16).

**Figure 16. Median Household Income**
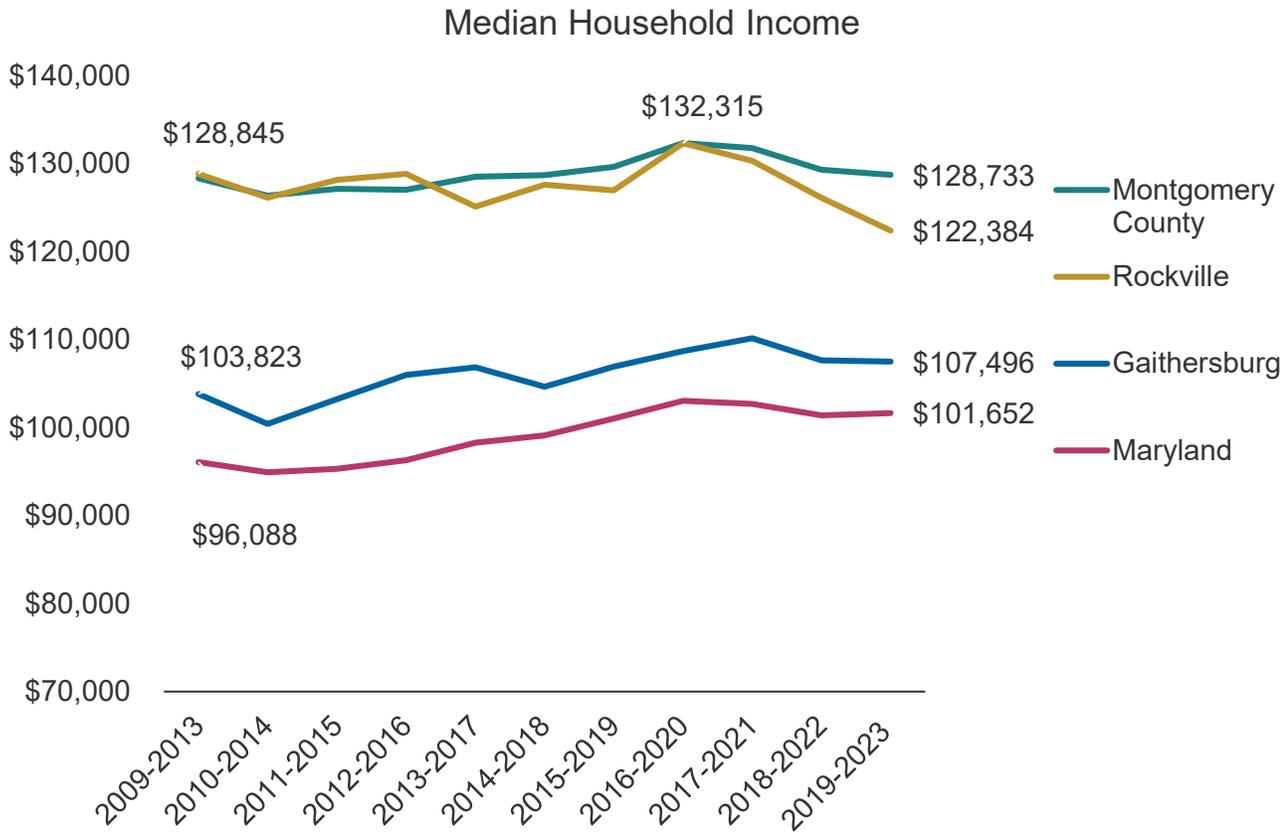


*Source: US Census Bureau, American Community Survey, 2019-2023, Table S1903 (in 2023 inflation-adjusted dollars).*

Median household income among different racial and ethnic groups were disparate. Compared to the overall population of the City of Rockville, Hispanic/Latino and non-Hispanic Black households were significantly more likely to have lower median household incomes—$94,596 and $77,148, respectively. Non-Hispanic White households had significantly higher median incomes of $141,684. Over the past 10 years, non-Hispanic Black households experienced a significant decrease in median household income from $84,711 in 2009−2013 (see Figure 17).

**Figure 17. Median Household Income by Race and Ethnicity, Rockville**

Median Household Income by Race and Ethnicity, Rockville

Median household income in Rockville varied widely by community, ranging from $66,394 (light green in Figure 18) to $212,619 (dark blue in Figure 18).

## Figure 18. Median Household Income by Census Tract, 2019-2023
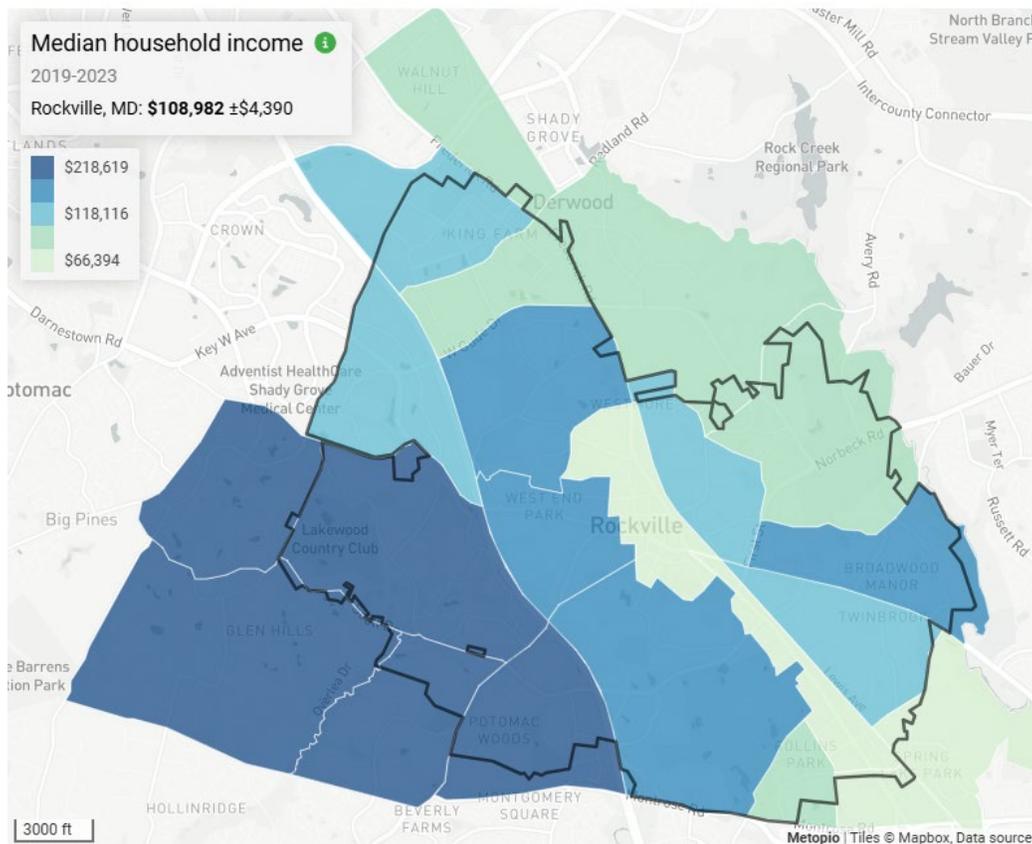


*Source: US Census Bureau. American Community Survey, 5-Year Estimates, 2019-2023, Table S1903 (in 2023 inflation-adjusted dollars).*

*Transportation Burden*

Though City of Rockville residents have access to public transportation, some communities experienced a greater transportation burden than others. The Department of Transportation (DOT) created a measure of this burden, which considers average relative cost and travel time relative to all other Census tracts within the city. Areas with high transportation burden percentiles (e.g., above the 75th or 90th percentile) face significant challenges. Residents in these areas spend a large portion of their income on transportation, leaving less money for other essential needs. Several factors can contribute to high transportation burden, including lack of affordable housing near job centers, limited access to public transportation, or high vehicle ownership and operating costs.

As Figure 19 illustrates, DOT data show that some communities in the City of Rockville are in the 69th percentile for transportation burden (shown in dark blue). Parking fees, Metro fares, and vehicle costs are all expensive propositions for renters in transit-oriented development sites, which represent most of Rockville Pike (darker blue sites on the map).

# Figure 19. Transportation Burden by City of Rockville, Percentiles
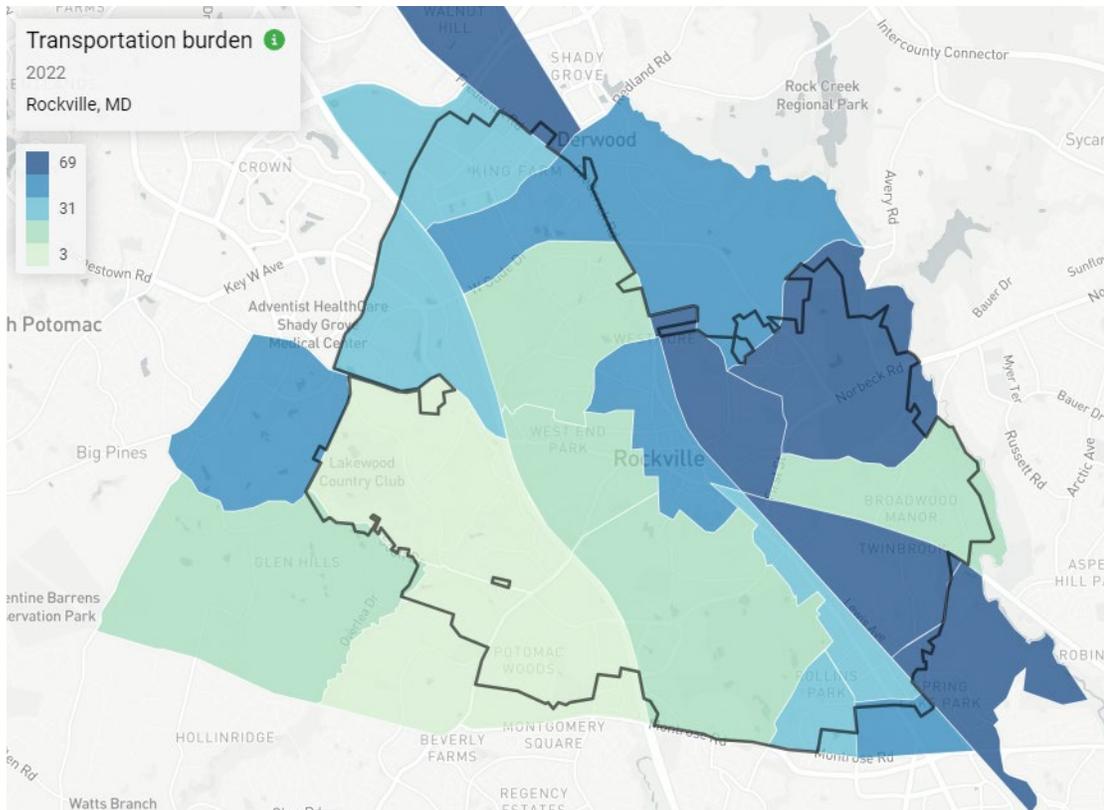


*Note: The map shows how a specific Census tract compares with others in Rockville using percentiles. For example, if a Census tract is in the 90th percentile for transportation burden, it means that 90 percent of other areas have lower transportation cost burdens.*

*Source: Department of Transportation via Council of Environmental Quality's Climate and Environmental Justice Screening Tool and accessed through Metopio.*

## Employment

### *Labor Force and Employment*

Labor force participation refers to the segment of a population that is either employed or actively seeking work. It is a key metric for understanding the health and dynamism of an economy. The percentage of residents participating in the labor force has been significantly decreasing in the City of Rockville, dropping from 70.9 percent in 2014−2018 to 68.4 percent in 2019−2023. Labor force participation also significantly decreased in Montgomery County and Maryland during this same period (see Figure 20). More than four-fifths of the people in the labor force (83.1%) were ages 40−64, followed by ages 18−39 (79.0%), and ages 65 and older (24.9%). Compared with the benchmark communities, age group participation in the labor force were similar.

**Figure 20. Labor Force Participation**

## Labor Force Participation



Percent of residents 16 and older who are currently employed, enlisted in the armed forces, or actively seeking employment

| | Rockville | Gaithersburg | Montgomery County | Maryland |
|---|---|---|---|---|
| 2014-2018 | 70.9 | 74.0 | 71.5 | 67.8 |
| 2019-2023 | 68.4 | 73.0 | 70.0 | 67.2 |
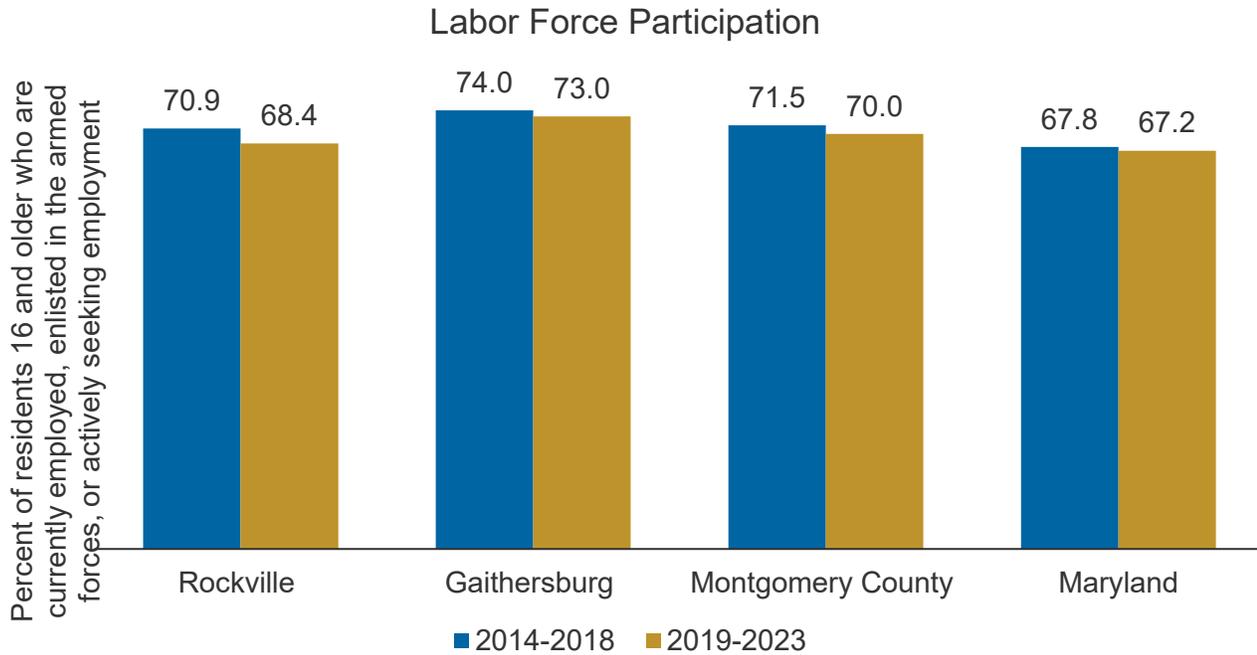
*Source: US Census Bureau, American Community Survey, 5-Year Estimates, Tables B23025, B23001, and C23002.*

The City of Rockville's unemployment rate[10] in 2019−2023 was 3.7 percent, which had been decreasing modestly since 2014−2018 when it was at 4.6 percent. The unemployment rate was significantly lower in Rockville than in Montgomery County (4.8%) and Maryland (4.9%).[11] A small percentage (3.1%) of residents ages 16−19 were neither working nor enrolled in school—often referred to as "opportunity youth."[12] Compared with the benchmark communities, Rockville's rate of opportunity youth was similar and remained stable between 2014−2018 when it was 5.0 percent and 2019−2023. Among workers residing in the City of Rockville, 3.8 percent were living at or below the poverty line.[13] The COVID-19 pandemic, we believe, impacted the 2019−2023 labor participation data, but the recovery in the post-pandemic years has been quite impressive.

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[10] Unemployment is defined as the percent of residents 16 and older in the civilian labor force who are actively seeking employment.

[11] US Census Bureau. American Community Survey, 1-Year Estimates, Employment, Tables B23025, B23001, and C23002. Available at: https://data.census.gov/webpages?g=050XX00US24031.

[12] US Census Bureau. American Community Survey, 1-Year Estimates, Table B14005

[13] US Census Bureau. American Community Survey, 1-Year Estimates, Table B17005.

**HMA**

## Housing Security

Affordable housing is defined as reasonably priced houses or multiunit buildings in relation to income, ensuring that housing costs consume a sustainable share of a household's financial resources. Rent burden is defined as the percentage of renters who direct more than 30 percent of their monthly income toward rent and utilities. Severe rent burden is ascribed to the small percentage of renters who spend more than 50 percent of their monthly income on rent and utilities. Affordable housing is a crucial determinant of health and well-being as it addresses not only the basic need for shelter, but also plays a pivotal role in reducing stress, promoting physical health, and fostering a sense of belonging within the community.

In 2019−2023, Rockville maintained a 95.3 percent housing unit occupancy rate, comparable to benchmark communities. Among Rockville's occupied units, 46.9 percent were renter-occupied, similar to Gaithersburg (48.7%) but significantly higher than Montgomery County (34.7%) and Maryland (32.5%) as Figure 21 shows. The percent of renter-occupied housing units in Rockville significantly increased from the 43.6 percent rate observed in 2014−2018. Gaithersburg and Montgomery County conversely, maintained stable rates during the same period.

Rental housing conditions, affordability, and stability can affect an individual's physical and mental well-being. Poor housing conditions, such as mold, pest infestation, or inadequate ventilation, can lead to health problems. The financial strain of renting, especially in expensive markets, can limit access to healthcare and nutritious food. Moreover, frequent moves because of rent instability can cause stress and disrupt social connections. Overall, being a renter is closely connected with health and wellness, and the quality of rental housing and the stability it provides can significantly affect an individual's overall health.

**Figure 21. Housing Occupancy, by Type**
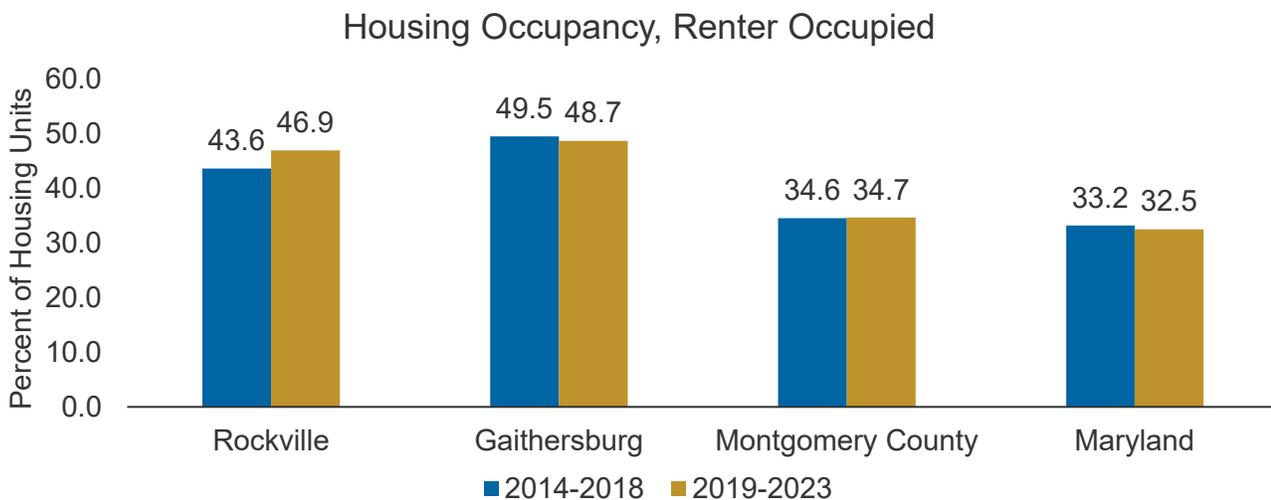


*Source: US Census Bureau. American Community Survey, 2019-2023, Table B25003.*

Some Rockville communities have a high density of renter-occupied housing units. The percentage of these units by Census tract range from a low of 6.02 percent (light green) to a high of 99.68 percent (dark blue) as seen in Figure 22. More detail on housing cost burden is provided further in the report.

**Figure 22. Renter Occupied Housing Units by Census Tract, 2019-2023**
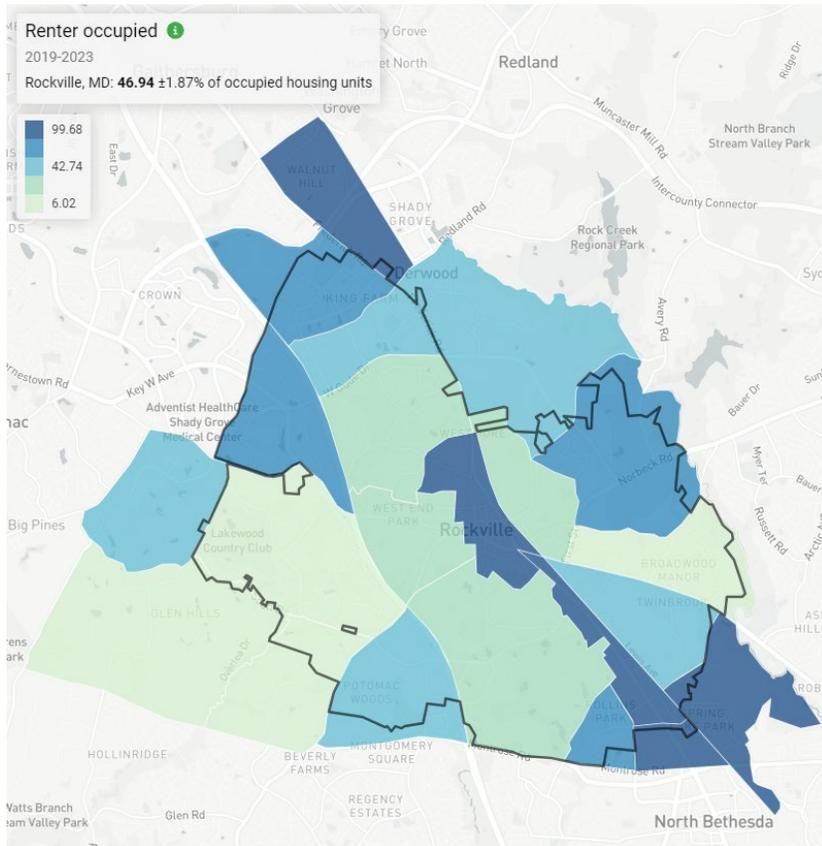


*Source: US Census Bureau, American Community Survey, Five-Year Estimates, Table B25003.*

Affordable housing is becoming more difficult to find in the City of Rockville. As noted previously, the median household income had been declining in Rockville since 2016−2020, when it was at a 10-year peak of $132,315 (see Figure 16, page 28). Meanwhile, the median home value increased 3.0 percent to $658,300 in 2019−2023 from $639,223 in 2016−2020.[14] The median rent remained stable at $2,244 in 2019−2023 (slightly down from $2,265 in 2016−2020); however median rent was significantly higher in Rockville in 2019−2023 than in Gaithersburg ($2,008), Montgomery County ($2,030), and Maryland ($1,662).[15]

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[14] U.S. Census Bureau, American Community Survey, 5-Year Estimates, Table B25077.

[15] U.S. Census Bureau, American Community Survey, 5-Year Estimates, Table B25064.

From 2019 to 2023, one-third (33.3%) of Rockville households were housing cost-burdened, meaning they spent more than 30 percent of their income on housing. This rate was comparable with Montgomery County (31.6%) and Maryland as a whole (30.9%). Although Gaithersburg's rate was higher (37.2%), the difference was statistically nonsignificant compared with Rockville (see Figure 23).

Among these households, 15 percent were severely housing cost-burdened, meaning they spent more than 50 percent of their income on housing. These rates were comparable with Gaithersburg (16.4%), Montgomery County (14.5%) and Maryland (14.1%). People experiencing severe housing cost burdens were disproprtionately renting units. Approximately one in five (21.2%) rental households were severely cost-burdened in Rockville. The rates were similar to the benchmark communities, although slightly lower (nonsignificantly).

**Figure 23. Housing Cost Burden, 2019−2023**



Housing Cost Burden, 2019-2023
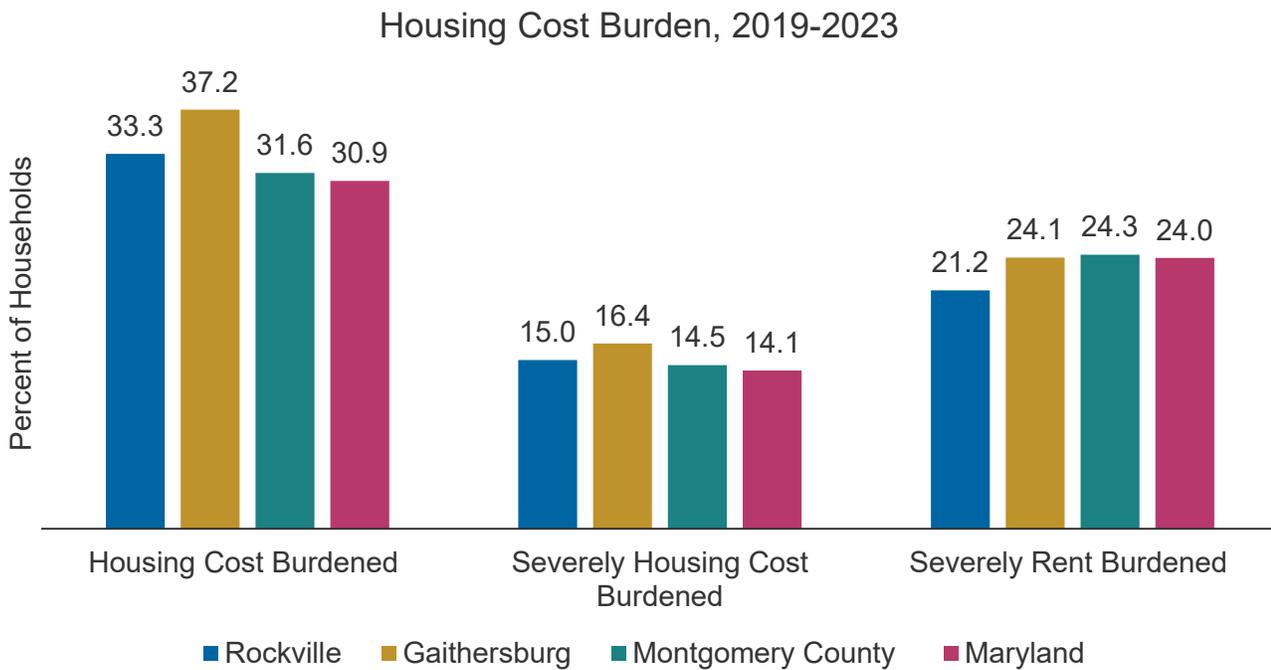
Source: US Census Bureau, American Community Survey, 2019-2023, Tables B25070/B25091

Among households experiencing severe housing cost burdens, 20.3 percent were non-Hispanic Black households, followed by Hispanic/Latino (16.4%), Asian (13.5%), and non-Hispanic White (12.9%) households.[16] Compared with all households in the City of Rockville (15.0%), none of these racial/ethnic groups experienced a significantly disproportionate housing cost burden.

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[16] U.S. Census Bureau, American Community Survey, 2019-2023, Tables B25070/B25091

## Food Security

Nearly one in 10 residents (8.8%) in the City of Rockville as of 2019 had very low food access defined solely by distance.[17] In 2019−2023, 7.0 percent of households received SNAP benefits in the previous 12 months.[18] This rate was signfiicantly lower than in Gaithersburg (11.3%) and Maryland (11.0%) (see Figure 24).

**Figure 24. Households With SNAP Benefits**



Households With SNAP Benefits
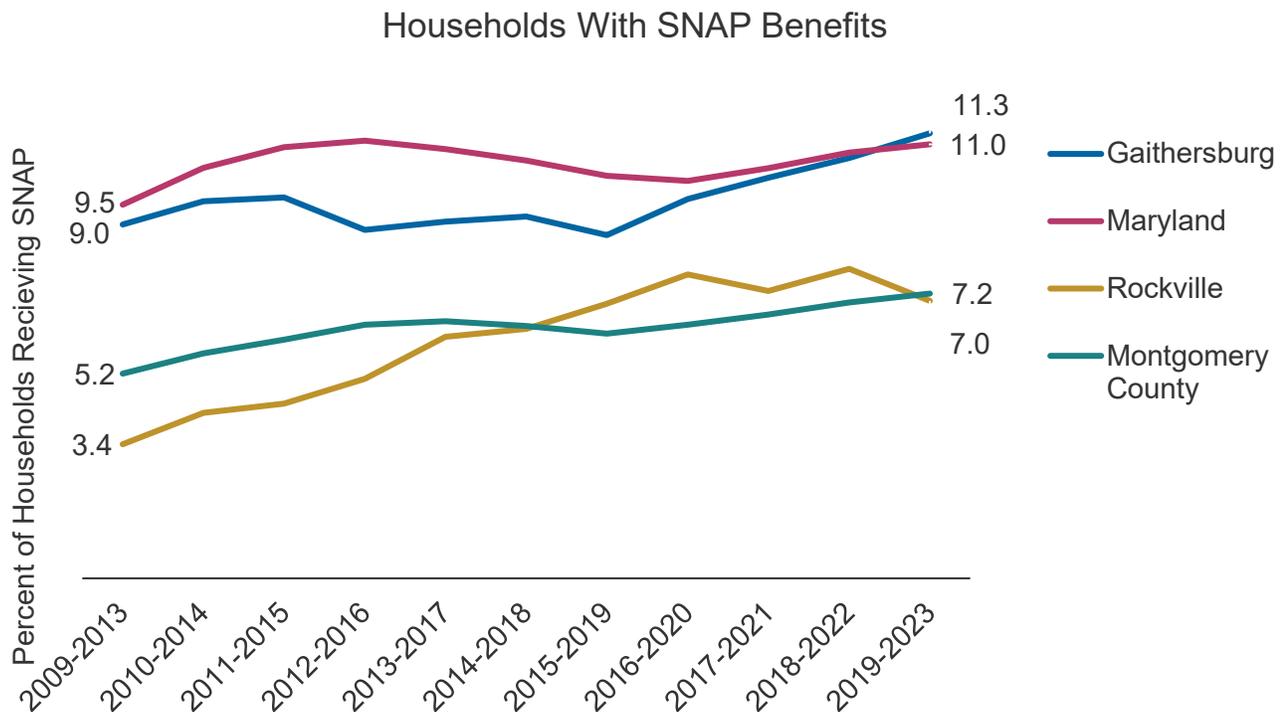
*Source: US Census Bureau, American Community Survey, Tables B22003, B22005, and S2201*

Household with SNAP benefts were predominantely non-Hispanic Black households in the City of Rockville, followed by Hispanic/Latino (11.2%), Asian (9.0%), and non-Hispanic White (3.3%) households (see Figure 25).

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[17]USDA Food Access Research Atlas. Very low food access is defined as the percent of residents who live further than 1 mile from the nearest supermarket in an urban area, or further than 20 miles in a rural area.

[18] U.S. Census Bureau, American Community Survey, 2019-2023, Tables B22003, B22005, and S2201

**HMA**

**Figure 25. Households With SNAP Benefits by Race and Ethnicity, City of Rockville 2019−2023**

Households With SNAP Benefits by Race and Ethnicity, City of Rockville 2019-2023

Percent of Households Recieving SNAP

| | |
|---|---|
| Full population | 7.0 |
| Non-Hispanic White | 3.3 |
| Non-Hispanic Black | 14.2 |
| Asian | 9.0 |
| Hispanic or Latino | 11.2 |
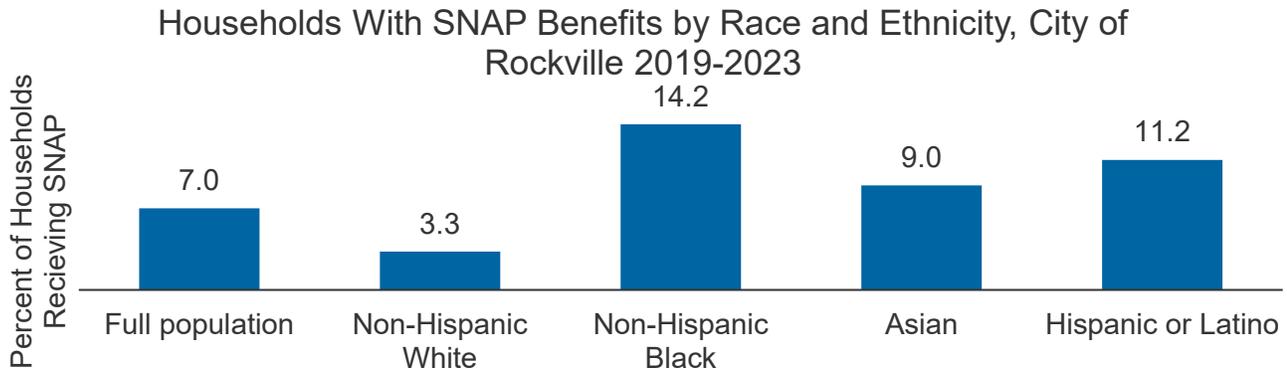
*Source: US Census Bureau, American Community Survey, Tables B22003, B22005, and S2201*

From 2019 to 2023, Rockville had a significantly higher percentage (70.3%) of people living at or below the poverty line who were not receiving SNAP benefits than did Gaithersburg (56.0%) and the State of Maryland (61.3%). This disparity indicates a potential need to improve SNAP access for eligible individuals and families in Rockville. Though Maryland and Montgomery County experienced significant increases in this percentage since the 2009−2013 period, Rockville and Gaithersburg maintained relatively stable rates (see Figure 26).

**Figure 26. Households in Poverty Not Receiving SNAP**

Households in Poverty Not Receiving SNAP

Percent of Households

68.4
65.4
56.9
53.1

70.7
61.3
56.0

— Montgomery County
— Rockville
— Maryland
— Gaithersburg

2009-2013  2010-2014  2011-2015  2012-2016  2013-2017  2014-2018  2015-2019  2016-2020  2017-2021  2018-2022  2019-2023
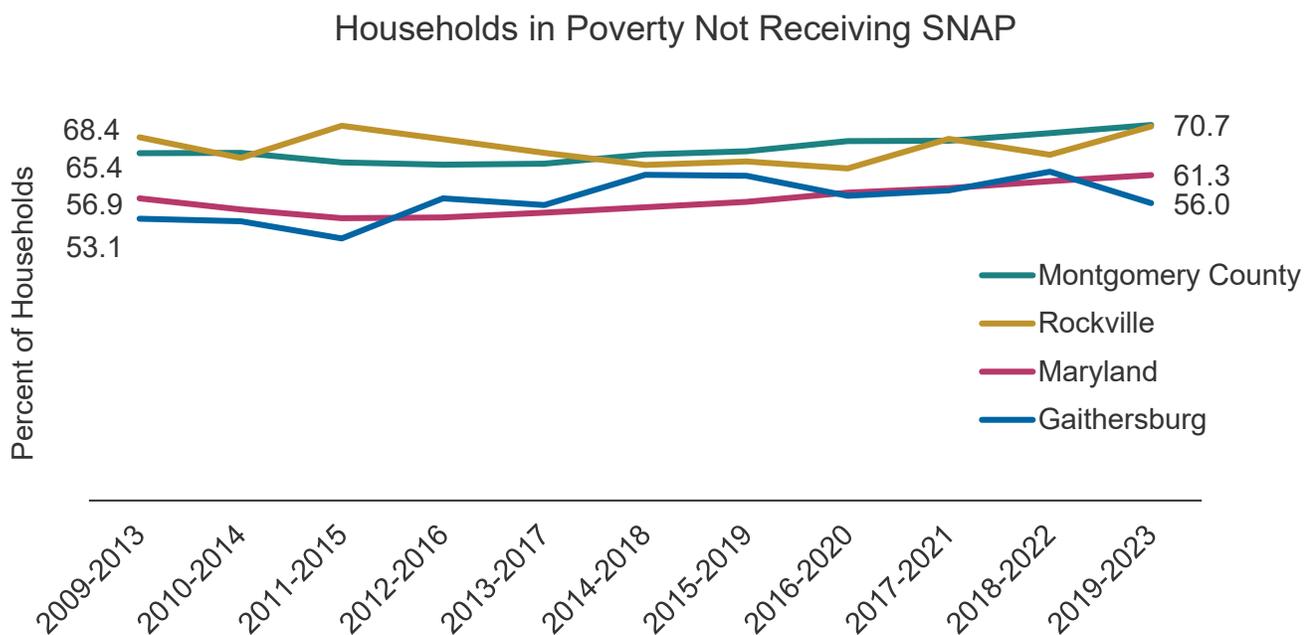
*Source: US Census Bureau, American Community Survey, Table B22003.*

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## Neighborhood and Physical Environment

Neighborhood and built environment refer to the places where people are born, live, learn, work, play, worship, and age and have a major impact on health and well-being.[19] A neighborhood's physical, social, economic, and environmental characteristics all play a role in shaping the quality of life for its community members. The interplay of these factors can result in widely varying living conditions and experiences, making the neighborhood an essential determinant of well-being and overall life satisfaction. This section of the assessment explored the environmental burden in the City of Rockville, as well as walkability and proximity to roads, railways, and airports.

## Environmental Burden

The City of Rockville has a higher environmental burden than the benchmark regions. Environmental burden is measured by a composite index consisting of a location's exposure to harmful environmental factors, such as air quality, pollution, and built environment. Higher percentile values indicate a larger burden relative to other areas. For example, a Census tract with a score in the 90th percentile experiences a higher environmental burden than 90 percent of other Census tracts.[20] In 2024, the environmental burden index in Rockville was in the 57.8 percentile, an improvement from the 73.8 percentile in 2022, but higher than Gaithersburg (53.5), Montgomery County (42.5), and Maryland (53.8). Rockville's environmental burden ranged from a low of 37.0 (light green) to a high of 89.0 (dark blue) as shown in Figure 27.

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[19]CDC Social Determinants of Health Framework, available at https://www.cdc.gov/about/priorities/social-determinants-of-health-at-cdc.html?CDC_AAref_Val=https://www.cdc.gov/about/sdoh/index.html

[20]Based on the CDC Agency for Toxic Substances and Disease Registry Environmental Justice Index, which is calculated by adding the percentile rankings of a location's exposure to ozone pollution, poor air quality, diesel particulate matter, air toxins, cancer risk, national priority list sites, toxic release inventory sites, treatment/storage/disposal sites, coal mines, lead mines, lack of recreational areas, houses built pre-1980, lack of walkability, high-volume roads, railways, airports, and impaired surface water.

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## Figure 27. Environmental Burden Index by Census Tract, 2022
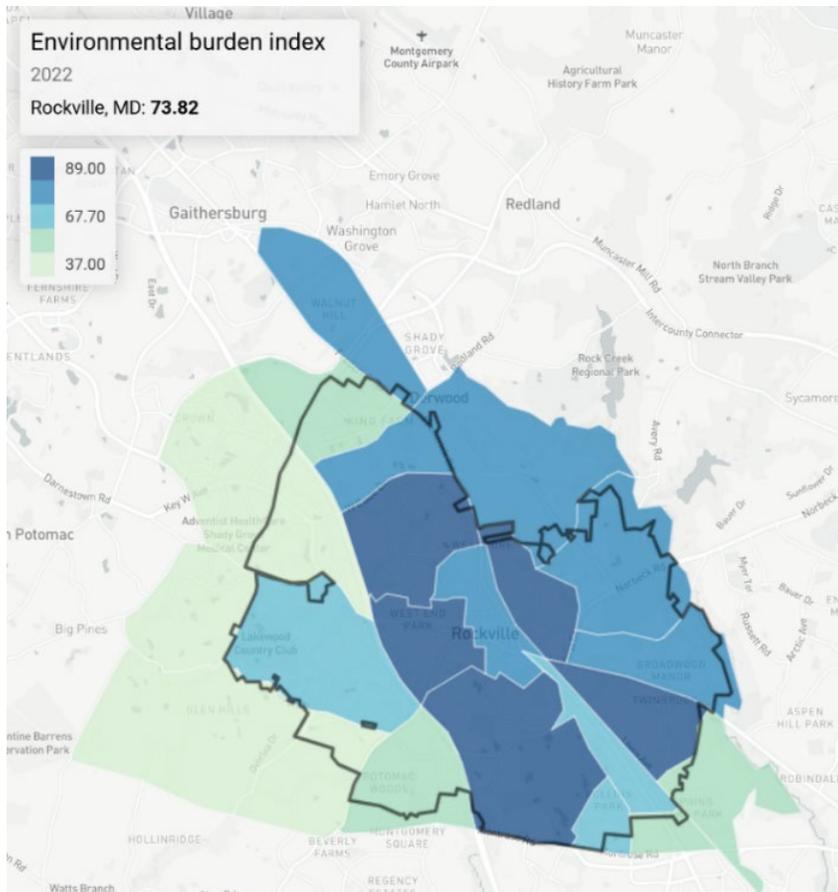


*Source. CDC Agency for Toxic Substances and Disease Registry Environmental Justice Index.*

## Proximity to Roads, Railways and Airports, Including Proximity to Traffic

Living near airports and high-traffic areas poses several health risks as the result of to increased exposure to air and noise pollution. Air pollution from vehicle emissions and aircraft exhaust contains harmful substances like particulate matter, nitrogen oxides, and volatile organic compounds, which can contribute to respiratory problems like asthma, cardiovascular diseases, and even certain cancers. In addition, constant noise from traffic and airplanes can disrupt sleep patterns, increase stress levels, and elevate the risk of hypertension and other cardiovascular issues. These combined environmental stressors can significantly impact both physical and mental well-being for those residing in close proximity.

Residents in the City of Rockville also rank high in proximity to airports, high-volume roads, and railways relative to benchmark regions, with the exception of Gaithersburg. In 2024, the City of Rockville was among the 51.5 percentile (i.e., larger burden relative to 51.5 percent of all other areas), lower than Gaithersburg, which was in the 55.1 percentile. All regions, including Rockville, increased in their rankings of proximity to airports, high-volume roads, and railways. Related is traffic intensity, or proximity to vehicular traffic.[21]

In 2019, there were 1,283.2 vehicles per 500 meters in the City of Rockville, slightly lower than in Gaithersburg (1,372.2) but higher than in Montgomery County (412.8) and Maryland (178.9), suggesting that Rockville has higher exposure to heavy traffic relative to elsewhere in the county and the state.[22] This rate dropped in all areas during 2020, the most recent data available, dropping to 310.1 in Rockville, 248.8 in Gaithersburg, 91.1 in Montgomery County, and 40.1 in Maryland.

## Walkability

Walkability plays a vital role in promoting health and well-being. It encourages physical activity by making it easier and more appealing to walk for transportation, recreation, and daily errands. Regular walking has numerous health benefits. It also helps maintain a healthy weight, improves cardiovascular health, strengthens bones and muscles, and boosts mental health by reducing stress and improving mood. Furthermore, walkable environments often foster social interaction and a sense of community, contributing to overall well-being. A ranking of an area's walkability is based on intersection density, proximity to transit, diversity of businesses, and housing density. Values range from one to 20, with 20 being most walkable. In 2014, the City of Rockville's walkability score was 13.7 out of 20, slightly higher than all three benchmark regions of Gaithersburg (13.5), Montgomery County (12.6), and Maryland (12.2).

## Individual Health Status

Individual health status refers to a person's the overall well-being, physical, mental, and social health. It encompasses factors such as nutrition, physical fitness, access to healthcare, lifestyle choices, and genetics. Self-reported health status (SRH) is a subjective measure of how individuals perceive their health. Understanding how individuals perceive their health is essential because it strongly predicts mortality and other health outcomes. People who report that their health is fair or poor are at an increased risk of death, even after adjusting for other factors such as age, sex, and socioeconomic status. SRH is also a predictor of other health outcomes, such as chronic diseases, disability, and use of healthcare services. The individual health status of each person in the City of Rockville contributes to the overall health and resilience of Rockville.

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[21]Defined as the annual average of the daily count of vehicles within 500 meters, divided by their distance in meters. Higher values indicate higher exposure to heavy traffic.

[22]Environmental Protection Agency (EPA) EJScreen: Environmental Justice Screening and the Department of Transportation.

## Adult Physical Health Status

In 2022, nearly one in 10 (8.8%) adults (18+ years) in Rockville had a SRH status of fair or poor. This rate was lower (not significantly) than in Maryland (10.4%) and Gaithersburg (10.0%). The rate has remained unchanged since 2018, despite a significant decrease in 2020 and 2021 (Figure 28).

**Figure 28. Poor Self-Reported Physical Health Status**
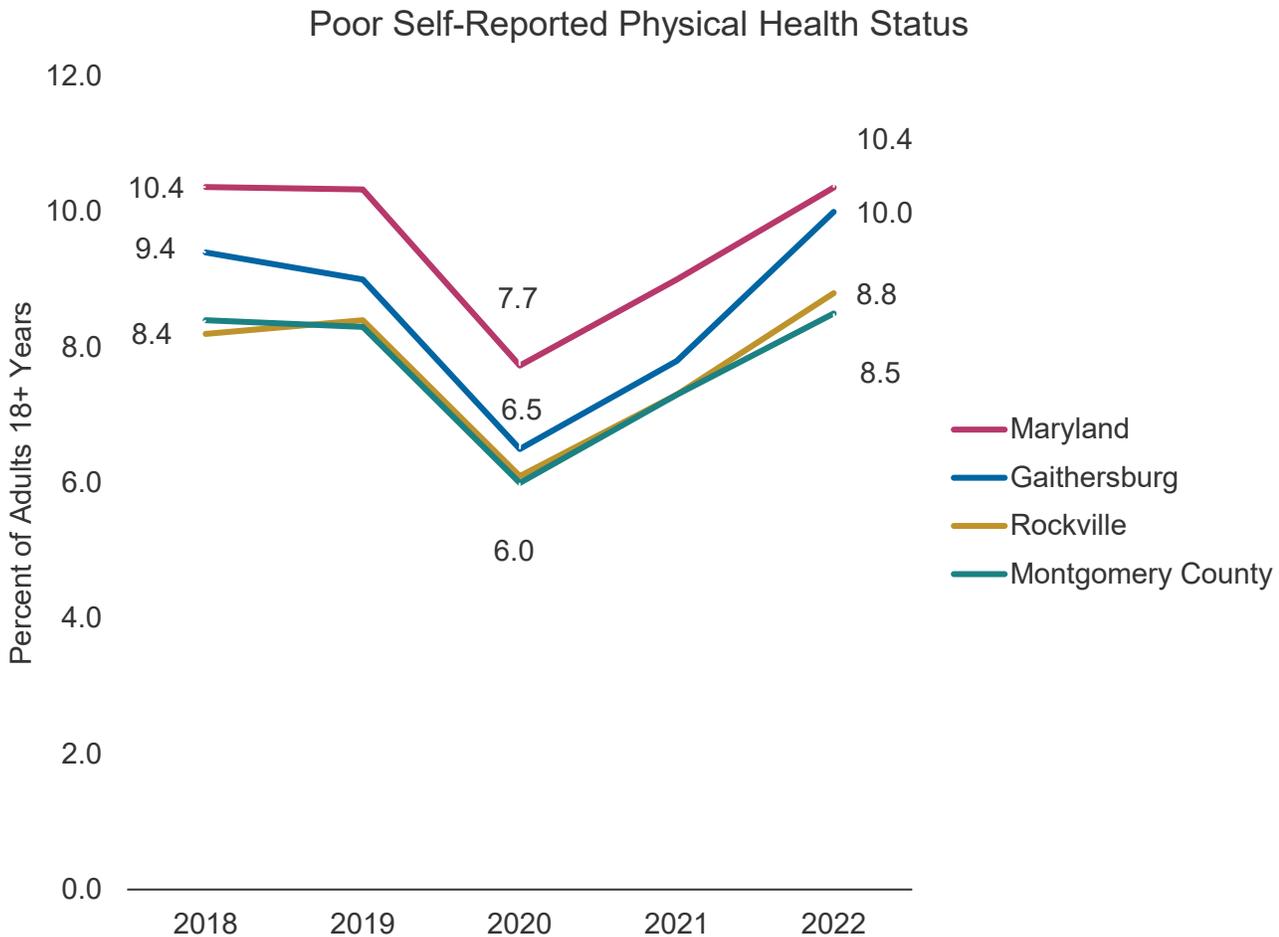


Poor Self-Reported Physical Health Status

*Note: Percent of resident adults ages 18 and older who reported 14 or more days in the past 30 days during which they experienced poor physical health. Source: CDC Places, BRFSS.*

In the City of Rockville, the percentage of adults who self-reported poor physical health status ranged from a high of 11.2 percent (dark blue) to a low of 6.7 percent (light green) of adults in 2022 as indicated in Figure 29.

**Figure 29. Poor Self-Reported Physical Health Status by Census Tract, 2022**
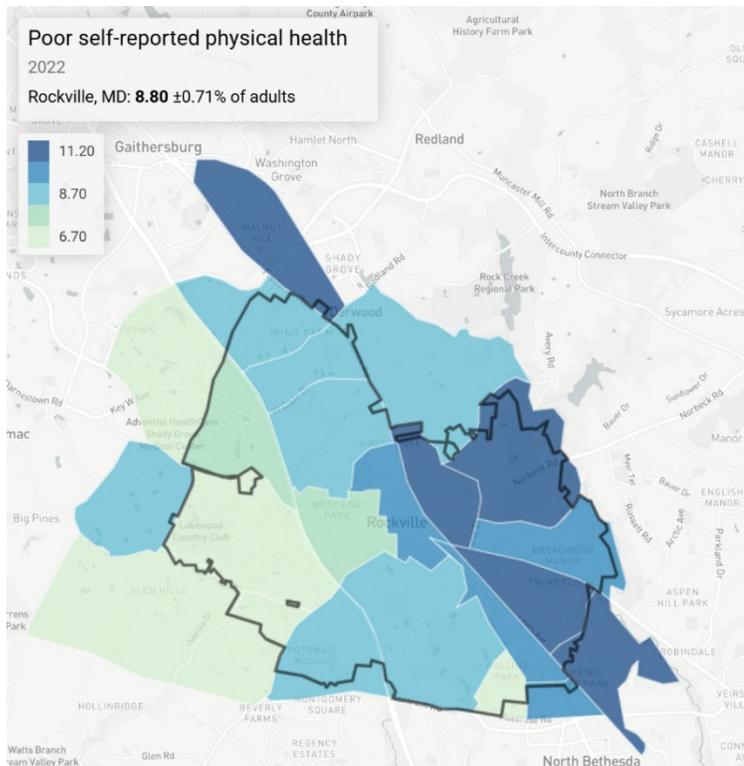


*Note: Percent of resident adults ages 18 and older who reported 14 or more days in the past 30 days during which their physical health was poor. Source: CDC Places, BRFSS.*

## Adult Mental Health Status

Mental health status refers to a person's emotional, psychological, and social well-being. It encompasses factors such as emotional stability, coping capacity, stress management, and the absence of mental health disorders. Good mental health is vital for an individual's quality of life, productivity, and overall life satisfaction. The mental health of community members collectively influences overall community health. Communities with a higher prevalence of mental health issues, such as depression or anxiety, may experience higher healthcare costs, lower workforce productivity, and higher crime rates. On the other hand, communities with individuals who are mentally healthy tend to be more resilient, productive, and supportive of one another.

In the City of Rockville, 12.7 percent of adults (18+ years old) reported poor mental health in 2022, which reflected a significant increase from 9.9 percent of adults in 2018. All benchmark regions experienced a significant increase during this same period. Nonetheless, adults living in the City of Rockville were significantly less likely to have poor self-reported mental health status than those residing in Maryland as a whole (15.9 percent). Rates in Gaithersburg and Montgomery County have consistently been slightly higher (nonsignificantly) than in Rockville (see Figure 30).

**Figure 30. Poor Self-Reported Mental Health Status**

## Poor Self-Reported Mental Health Status
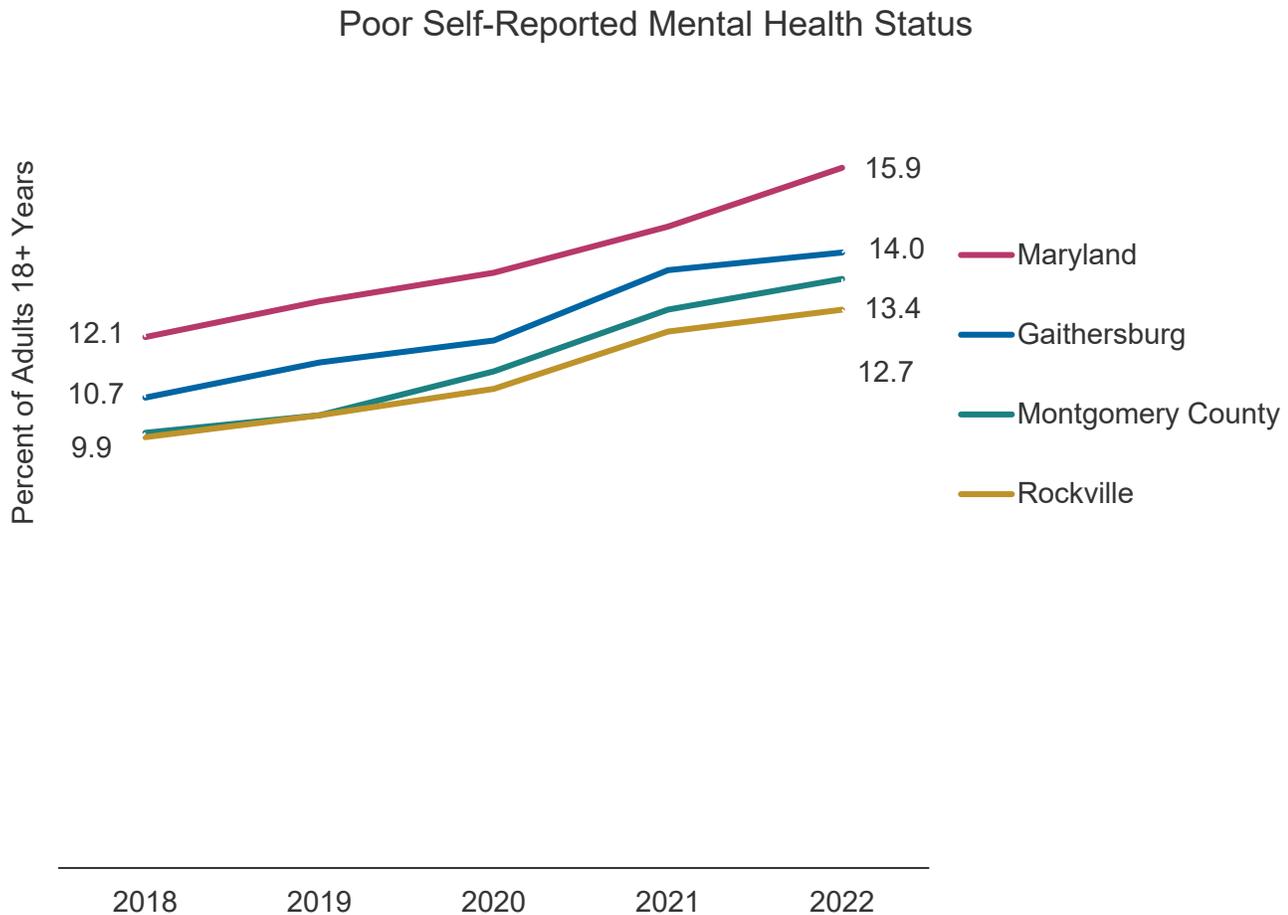


Note: Percent of resident adults aged 18 and older who reported 14 or more days during the previous 30 days when their mental health was not good. Source: CDC Places, BRFSS.

The percentage of adults (18+ years) with poor self-reported mental health ranged from a low of 9.0 percent of adults (light green) to a high of 17.2 percent, or nearly one in five adults (dark blue), as Figure 31 shows.

**Figure 31. Poor Self-Reported Mental Health by Census Tract, 2022**
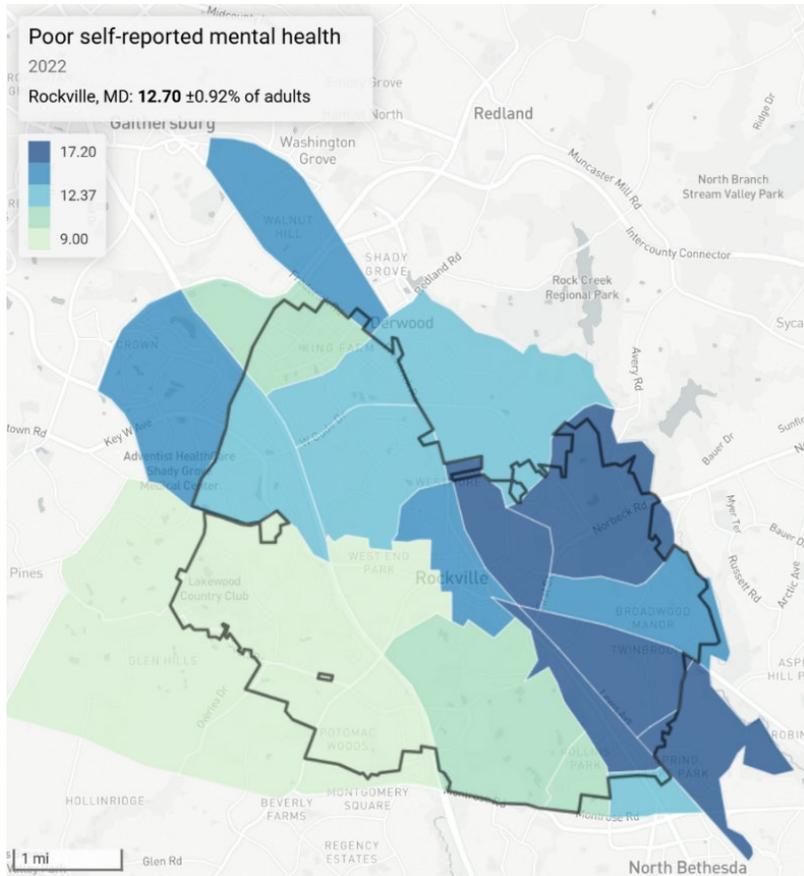


*Note: Percent of resident adults ages18 and older who reported 14 or more days during the previous 30 days when their mental health was not good. Source: CDC Places, BRFSS.*

## ASSESSMENT OF THE HUMAN SERVICES SYSTEM

The 2024 City of Rockville Community Survey found that about nine in 10 residents commended the overall quality of the services that the City of Rockville provides. Furthermore, residents rated all 44 City services favorably, with at least half of respondents rating each service as "excellent" or "good." Specifically, fire, public library, and ambulance services provided by Montgomery County received a rating of excellent or good from more than 90 percent of respondents. Playgrounds, services for youth, fire prevention and education, Rockville-provided water and sewer services, athletic fields, and Rockville-provided refuse collection received a rating of "good" or "excellent" from more than 85 percent of respondents.[23]

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[23] 2024 City of Rockville Community Survey.

The assessment of the human services system is informed largely by the primary data collected via the focus groups, key informant interivews, and community needs assessment survey.

## Community Health and Human Services Priorities

The needs assessment community survey asked respondents to select their top three priorities for the City of Rockville to create or expand to better serve residents. The 25 topics were aggregated into three domains: Social and Economic Factors, Physical Environment, and Health Promotion. The top three priorities were all all within the Physical Environment domain.

| Among all City of Rockville Human Services Needs Surve respondents, the top three priorities for the City of Rockville to create or expand to better serve residents: | |
| --- | --- |
| **Topic (Domain)** | **Percent of Respondents (n=282)** |
| Healthy environment (Physical Environment) | 63% |
| Affordable housing (Physical Environment) | 62% |
| Safe recreational facilities that are multigenerational (Physical Environment) | 58% |
| **In addition to these top three priorities, more than half of the respondents also prioritized:** | |
| Jobs that pay enough money to cover the cost of living (Social and Economic Factors) | 54% |
| Physical health and wellness programs (Health Promotion) | 53% |
| Affordable, healthy, and nutritious food (Health Promotion) | 52% |

Notably, staff and residents had some divergent views on their priorities.

- Residents were more likely to prioritize safe recreational facilities
- Provider staff were more likely to prioritize jobs that pay enough money to cover the cost of living

Residents, service providers, and partners were asked to share their perspective from among a list of services on what they felt should be central foci for the City of Rockville to best meet the needs of residents. The top five programs and services were housing stability, mental health, food security, education, and physical health services and programs, with staff more likely to report these services and programs as "very important/extremely important" than residents (see Figure 32).

**Figure 32. Important Services and Programs for the City to Focus on to Best Meet Resident Needs**

Please rank how important you think these 11 services and programs are for the City of Rockville to focus on so they best meet the needs of residents:
Percent Respondents Who Selected "Very Important/Extremely Important"

■ Residents  ■ Staff

| Service | Residents | Staff |
|---|---|---|
| Physical health services and programs | 73% | 68% |
| Education support services and programs | 67% | 81% |
| Food programs and services | 60% | 72% |
| Mental health | 57% | 85% |
| Housing services and programs | 54% | 83% |
| Civic engagement | 52% | 54% |
| Substance use services and programs | 49% | 74% |
| Shelter services | 47% | 60% |
| Employment services and programs | 45% | 74% |
| Navigation support services | 44% | 69% |
| Income/asset building services | 43% | 67% |

Percent of Respondents who Selected "Very Important/Extremely Important"

*Source: City of Rockville Human Services Needs Survey, November−December 2024, n=412.*

## Access to Services in the City of Rockville

Most survey respondents (55%) reported using at least one of 11 City of Rockville services or resources in the past year. Civic engagement (50%) and food programs and services (53%) were the most frequently used, with more than half therespondents reporting use of each (see Figure 33).

**HMA**

## Figure 33. Services and Resources Used

In the past year, have you or anyone in your household used any of the following services and resources in the City of Rockville? Select all that apply.
Percent of Respondents by Services/Resources Used

| Service/Resource | Percent |
|---|---|
| Food programs and services (e.g. food assistance, farmers markets, community gardens, nutrition education) | 53% |
| Civic engagement (e.g., Community event support, villages, boards and commissions, City Academy) | 50% |
| Physical health services and programs (e.g., clinic, doctor, and/or hospital visits, immunizations, screenings, health education, wellness counseling) | 22% |
| Education support services and programs (e.g., Linkages to Learning, after school programs, mentoring, camps and childcare, early childhood education) | 22% |
| Housing services and programs (e.g. MPDU (Moderately Priced Dwelling Units) rental and home ownership programs, Rockville Housing Enterprises, Housing assistance, landlord-tenant affairs, supportive housing) | 19% |
| Navigation support services (e.g., case management, information, and referral, accessing services, completing forms for services) | 14% |
| Mental health (e.g. child, youth, family counseling, educational workshops, seminars) | 7% |
| Employment services and programs (e.g., workforce development, professional skills development, career counseling) | 7% |
| Income/asset building services (e.g., financial skills, banking) | 4% |
| Substance use services and programs (e.g., substance use screening and referral for adults and for adolescents, peer support, education, prevention programs) | 2% |
| Shelter services | 2% |

*Source: City of Rockville Human Services Needs Survey, November–December 2024. n=123*

HMA

Resident Human Services Needs Survey respondents were asked to rate the ease with which they or someone in their household accessed services and resources in the past year. Housing and employment services and programs ranked among the most difficult to access, followed by navigation support services and income/asset building (see Figure 34).

**Figure 34. Accessibility of Services Used**



Among Services Used, How Easy Was It to Access Those Services?

Legend: N/A, Very difficult, Difficult, Somewhat easy, Very easy

- Civic engagement (n=58): 7%, 52%, 41%
- Employment services and programs (n=6): 50%, 50%
- Navigation support services (n=16): 6%, 31%, 44%, 19%
- Physical health services and programs (n=23): 17%, 39%, 43%
- Shelter services (n=1): 100%
- Substance use services and programs (n=1): 100%
- Food programs and services (n=60): 2%, 3%, 7%, 47%, 42%
- Education support services and programs (n=24): 4%, 4%, 8%, 46%, 38%
- Housing services and programs (n=21): 14%, 29%, 43%, 14%
- Income/asset building services (n=4): 25%, 25%, 50%
- Mental health (n=8): 25%, 13%, 63%

*Source: City of Rockville Human Services Needs Survey, November−December 2024, n=118*

**HMA**

Slightly more than half (53%) of resident survey respondents reported experiencing barriers to accessing health and wellness services for themselves or members of their households. Among those who experienced barriers, the most common reasons were not knowing what services and resources were available (61%) and lacking support in finding where to access them (33%) (see Figure 35).

### Figure 35. Barrier(s) to Accessing Services that Affect Health and Wellness

**What barrier(s) have you experienced in getting services to support you or your household members health and wellness?**

| Barrier | Percentage |
|---|---|
| I have not experienced any barriers | 47% |
| Did not know what services and resources were available | 61% |
| Lacked support in knowing where to go for services | 33% |
| Too expensive | 24% |
| Not eligible for services | 23% |
| Needed evening or weekend appointments | 22% |
| Long wait times to get appointment | 22% |
| Application forms to get services are too complicated | 20% |
| Felt embarrassed about getting services | 18% |
| Did not have childcare | 15% |
| Could not find providers that looked like me | 14% |
| Could not find a culturally competent service provider* | 13% |
| No health insurance | 11% |
| Other | 6% |
| Not easy to travel to, or I did not have transportation | 6% |
| Needed service not offered in my area | 6% |
| Could not locate providers that speak my language | 6% |
| Provider has poor access for persons with a disability | 2% |
| Did not feel physically safe going to where the service was… | 2% |
| Did not feel safe due to fears of immigration rules and policy | 1% |

*Exact option was, "Could not find a service provider that understood, valued, and respected my culture." Source: City of Rockville Human Services Needs Survey, November-December 2024. n=177 among which 94 experienced barriers.*

Cost was a barrier for one in four (24%) resident survey respondents. In addition, 30 percent of respondents reported that they either sometimes (3–4 times per year; 19%) or every month (12%) lack enough money to pay for essential needs, such as food, rent/mortgage, gas, utilities, medicines/prescription, and/or clothing. Resident survey respondents most often reported being unable to afford food or clothing at least three to four times a year (sometimes) or every month (see Figure 36). Other essential needs that residents reported living without because of costs included:

- Car insurance, credit cards, health insurance deductibles
- Home repairs
- Other essential living expenses
- Home improvement and maintenance

**Figure 36. Lack Enough Money to Pay for Essential Needs**

## Please indicate how often (e.g. never, sometimes (3–4 times per year), every month) you lack enough money to pay for the following eight essential needs



■Every month   ■Sometimes   ■3 to 4 times per year

| Need | Every month | Sometimes | 3 to 4 times per year |
|---|---|---|---|
| Clothing | 27% | 48% | 13% |
| Food | 28% | 34% | 9% |
| Other: | 41% | 18% | 12% |
| Medicine/Prescriptions or medical supplies | 16% | 46% | 7% |
| Utilities (electricity, water) | 23% | 39% | 5% |
| Gas for a car or other transportation costs | 29% | 28% | 7% |
| Rent/Mortgage | 27% | 28% | 8% |
| Phone/Cell phone service | 19% | 35% | 7% |
| Internet Service | 19% | 35% | 5% |

Percent of Resident Survey Respondents

*Source: City of Rockville Community Human Services Needs Survey, November–December 2024, n=70*

HMA

When survey respondents need help getting non-healthcare resources, such as jobs, food, childcare, or housing, they primarily turn for assistance to a family member or (32%) friend or community member (33%), followed by virtual/internet groups/ social media (18%). One in 10 survey respondents selected doctor's offices, schools, CBOs, faith-based organizations, and libraries.

Resident survey respondents indicated the lowest levels of familiarity with navigation support services (40%), housing services and programs (42%), income/asset building services (42%), and mental health and substance use services and programs (47%). Survey respondents were most familiar with education services and programs (21%), civic engagement (21%), and food programs and services (20%) (see Figure 37).

**Figure 37. Services and Resources in Rockville that Are Least Familiar to Community Members**

## What services and resources in the City of Rockville are your household least familiar with?

| Service | Percentage |
|---|---|
| Mental health and Substance Use services and programs (e.g. child, youth and family counseling, Mental Health/Substance Abuse Screening and Referral,… | 47% |
| Income/asset building services (e.g., financial skills, banking) | 42% |
| Housing services and programs (e.g. MPDU (Moderately Priced Dwelling Units) rental and home ownership programs, Rockville Housing Enterprises, Housing… | 42% |
| Navigation support services (e.g., case management, information, and referral) | 40% |
| Employment services and programs (e.g., workforce development, professional skills development, career counseling) | 38% |
| Physical health services and programs (e.g., home and hospital visits, immunizations, screenings, health education, wellness counseling) | 31% |
| Education services and programs (e.g., Linkages to Learning, school and after school programs, ROCK-KIDZ Mentoring Program, City Academy, camps and childcare,… | 21% |
| Civic engagement (e.g., Community event support, villages) | 21% |
| Food programs and services (e.g. food assistance, farmers markets, community gardens, nutrition education) | 20% |

*Source: City of Rockville Human Services Needs Survey, November−December 2024, n=184.*

HMA

Resident survey respondents were asked to share their perspectives to help improve communication about services and resources by identifying the services and resources in the City of Rockville they would like to know more about. The top three services and resources selected were food programs and services (38%), civic engagement (45%), and physical health services and programs (46%). A close fourth, reported by one-third of resident survey respondents, was mental health (e.g., child, youth, family counseling, educational workshops, seminars) at 33 percent. This finding, along with data on services usages and awareness, suggests that while resident respondents want to learn more about City programs, those in need are well informed about available resources. The City needs to socialize available services and the criteria for qualification for services more robustly.

## Resident Perspective on Service Gaps

More than half (55.3%) of City of Rockville Human Services Needs Survey resident respondents received the services and resources they needed in the past year. However, among those who experienced unmet needs, several key areas emerged. More than 30 percent of this group reported needing but not receiving income/asset building services (30%), employment services and programs (35%), housing services and programs (35%), and mental health services (39%).

According to the 2024 City of Rockville Community Survey, approximately one in four respondents gave positive ratings to the availability of affordable housing in Rockville. The rating for the availability of affordable housing in Rockville had been decreasing since 2014. Furthermore, slightly more than half (58%) of the respondents to that study described the availability of affordable quality mental healthcare as excellent or good, with more than 30 percent of responses being "don't know." Taken together, these findings highlight a significant gap in access to critical support systems related to financial stability, career development, housing, and mental well-being.

## Provider Perspective on Service Gaps

Provider survey repondents to the Human Services Needs Survey reported that the most requested services and programs among the residents of the City of Rockville they serve were food programs and services (40%) and housing services and programs (43%), followed by education support services and programs (37%).

The Human Services Needs Survey asked providers to identify the most challenging services or resources to provide or connect residents to over the past year. Navigation support services were cited by 55 percent of respondents, making them the most commonly identified challenge. Shelter services placed second, selected by 35 percent of respondents (see Figure 38).

**Figure 38. Services or Resources That Have Been the Most Challenging to Provide**

In the past year, which services or resources have been the most challenging for you to provide or connect residents with? Select up to three options.

| Service | Percentage |
|---|---|
| Navigation support services | 55% |
| Shelter services | 35% |
| Physical health services and programs | 25% |
| Mental health (e.g. child, youth, family counseling, educational workshops, seminars) | 25% |
| Housing services and programs | 25% |
| Employment services and programs | 25% |
| Substance use services and programs | 20% |
| Income/asset building services | 20% |
| Food programs and services | 20% |
| Education support services and programs | 10% |
| Civic engagement | 5% |
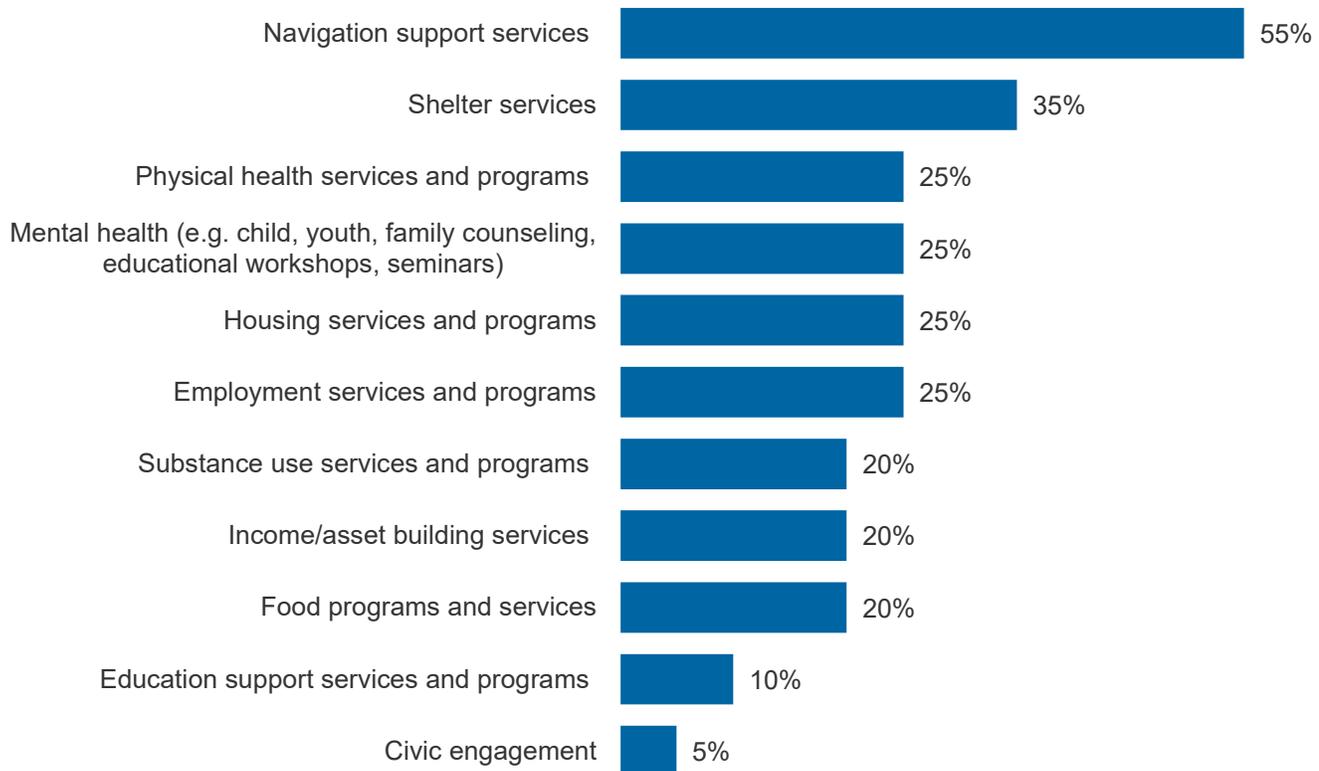
*Source: City of Rockville Human Services Needs Survey, November−December 2024, n=20 providers.*

Providers described the most challenging services and resource to offer, with several comments elaborating on navigation support services.

- Lack of Resource Awareness: Both staff and residents often are unaware of available services and resources, hindering access. Finding appropriate points of contact for referrals also can be difficult.

- Fragmented Information: Information about resources is scattered across various offices and agencies, creating a fragmented and difficult-to-navigate system for residents seeking assistance.

- Insufficient Case Management: Providers question whether hands-on, wraparound case management is available, particularly assistance with applications for essential programs like SNAP and the Maryland Health Connection.

- Language Access Barriers: Language barriers, especially for Spanish-speaking residents, and a shortage of bilingual staff further complicate access to services and support.

- Poor Coordination and Communication: Inadequate coordination and communication between different offices and agencies impede efficient referrals and create obstacles for residents seeking help. There is a need for broader staff knowledge of available resources, even beyond those who directly provide them.

Nearly half (43%) of the provider survey respondents shared that they usually (about 75% of the time) were able to provide/connect residents with the resources they needed. Another 26 percent of providers reported that were able to do so about half the time.

Provider assessments of past year services and resource connection success rates highlight areas where connecting residents with needed resources is most challenging. As Figure 39 indicates, the percentage of staff who said they were able to provide residents with connections to resources about half the time or less frequently is as follows: shelter services (57%), substance use servics and programs (50%), physical health services and programs (50%), and food programs and services (45%).

Percent of the Time Were You Able To Provide/Connect The Residents Served To The Resources They Needed By the Services

■ Never  ■ Seldom (About 25% of the time)  ■ About half the time

- Shelter Services (n=7): 14%, 43%
- Substance Use Services and Programs (n=4): 50%
- Physical Health Services and Programs (n=6): 50%
- Food Programs and Services (n=11): 45%
- Housing Services and Programs (n=11): 9%, 27%
- Education Support Services and Programs (n=14): 36%
- Income and Asset Building (n=3): 33%
- Employment Services and Programs (n=9): 11%, 22%
- Mental Health (n=12): 8%, 25%
- Civic Engagement (n=15): 7%, 7%, 13%
- Navigation Support (n=12): 8%, 17%

*Source: City of Rockville Human Services Needs Survey, November–December 2024, n=36.*

Lastly, providers were asked to share what they believed could help them better educate about and/or connect residents to the services they need. Increased funded for staff and resources was the most common answer, offered by more than two-thirds (68%) of survey respondents, followed by increased awareness (56%), and more comprehensive training for staff (42%) (Figure 40).

**HMA**

**Figure 40. What Supports Do You Need to Better Educate About and/or Connect Residents to Services?**

## What could help you better educate and/or connect residents to needed services? Select up to five options.

| Option | Percentage |
|---|---|
| Increased funding for staff and resources | 68% |
| Increased awareness of available services | 56% |
| More comprehensive training for staff | 41% |
| Better communication and outreach to residents | 37% |
| Stronger partnerships with other organizations | 32% |
| More streamlined referral systems | 24% |
| Translation and interpretation services | 20% |
| Improved data tracking and analysis | 20% |
| Simplified application processes | 15% |
| More culturally competent services | 10% |
| More accessible services, such as extended hours or mobile units | 10% |
| Transportation assistance | 10% |
| Improved closed loop referral options | 10% |
| Reduced stigma associated with seeking help | 7% |
| Childcare or eldercare options while residents access services | 5% |
| Getting rid of the 12 hour shifts for police | 2% |

*Source: City of Rockville Human Services Needs Survey, November-December 2024, n=41.*

# FINDINGS FROM FOCUS GROUPS AND KEY INFORMANT INTERVIEWS

This section describes the findings from the focus groups and key informant interviews. The findings are organized by the perspective of the participants in either the focus group or the key informant interview, including:

- Mayor and City Council
- City Leadership
- Community Centers
- Civic Association
- Education

- Public Safety
- Health
- Behavioral Health
- Housing
- Food Security

The remaining findings were thematic domains identified across focus groups and key informant interviews:

- Disability
- Employment and Economic Mobillity

## Focus Group Perspectives

### *Mayor and City Council*
This discussion focused on the following key themes:

- The Department of Housing and Community Development separated from the Parks and Recreation Department in 2020. Housing is a key challenge for residents within the city limits, especially the need for more housing and affordability.

- The importance of the city playing a supportive role as a backstop to supplement county and state-funded programs and services was noted.

- Past testimony from the Human Services Advisory Commission and nonprofit grantees has encouraged the City to grow its human services budget to 1 percent from the current allocation of 0.7−0.8 percent of the General Fund.

- Improve and/or create coordination of care and navigation supports to assist residents who need to access City, County, and State services.

- Two additional crisis centers—one "up county" in Germantown and one "down county" in Silver Spring—should be assessed as all crisis calls are handled at Picard, which is within Rockville's city limits, which puts extraordinary pressure on the town's public safety resources.

- Shortages were identified in services for at-risk youth, housing affordability (especially for first time homeowners), sufficient after-school activities, and refugee services.

- Workforce shortages were identified as a pain point.

- City leaders were clear that because city residents paid higher taxes, it was only fair that they received the full benefit of services at the community centers, while people living in unincorporated Rockville receive only discounted services.

- Effective community outreach is needed so residents know about the services that are available.

- Assess gaps and define what type of wraparound services will ensure the constellation of services is available to children, youth, adults, and families with a clear plan to close those gaps in awareness.

- The need for additional language access services was also identified, as children often have to translate for parents and may miss the more adult nuances in the conversation.

Elected officials noted that the process for the city to make budget decisions around human services starts in the fall. Needs and priorities from this effort should be presented to the City Manager, who makes the funding recommendations that come before the mayor and City Council for a vote in the spring of the following year.

### *City Leadership*
There was a deep sense that the City of Rockville cannot do everything. City leadership try to supplement areas where the County is taking the lead. This study will help the City set better parameters of what it can do versus what the County should do and where to best direct its limited resources.

A key set of questions asked in this assessment include:

- Are there things we should stop doing?

- Should the City be a service provider?

- Should the City be a Linkages to Learning provider? Why or why not? This program provides intensive case management and mental health treatment services and neither is in the City's self defined functional area or program scope. This program participation could be revisited by the City.

- Should the City be involved in landlord-tenant disputes? The city does have jurisdiction over rentals, so it is appropriate for the City to be involved in these disagreements.

- What are two or three high priority gaps where the City can have an impact?

- And lastly how is impact measured?

The answers to these questions and a discussion guide that will lead civic leaders toward informed decisions about the scope and role of City Human Services can be found in Appendix D. Hopefully this will lead to critical programming and budgeting decisions that are responsive to the changing human services ecosystem within the City in future years in a sustainable way.

**HMA**

## Community Centers

Community centers see their role as offering programming, classes, and camps that create opportunities for resident to engage in pleasurable activities. The COVID-19 pandemic dysregulated young people's socialization skills, especially for youth between the ages of 11 and 16. Centers offer many programs across the lifespan such as senior fitness classes, camps and classes for youth, food distribution, holiday drives and back to school giveaways, etc., as community engagement activities. This group had two specific asks of the City:

- Rebuild and strengthen school relationships. Many respondents said that efforts should be made to offer children, youth, and families socio-emotional learning opportunities and supports. Many want to apply whole-family approaches, but new school personnel raised Federal Education Rights and Privacy Act (FERPA) issues that hindered joint planning efforts. Though consent protocols may be applied, the conversation has been halted.

- Improved access to services for people living in multifamily dwellings situated outside of City limits. One suggestion was that the Twinbrook Community Recreation Center should offer deeper discounts to families seeking to access services. The City might explore the possibility of engaging with the County to improve accessibility and affordability to county residents living in proximity to City community centers for programs and services offered there.

## Civic Association

Civic association leaders joined this focus group. They appreciated the opportunity to be included in this process and raised concerns that renters were growing at a faster rate than homeowners, and multiple families were now living in single-family homes because of the lack of affordable housing. They had several areas of focus for the City to consider:

- Expand senior living to support aging in place, noting that they like what the County and the City partnership has done to promote the senior village concept and want to see these efforts expand even further.

- Study and explore more affordable transit-oriented housing development.

- Study and explore strategies to improve the transportation needs of residents.

## Public Safety

The public safety focus group included a community policing officer, a school resource officer, the public safety crisis response mental health professional, and the police data analyst for the City of Rockville. One focus group member shared that 48 percent of issues related to public safety among adults are mental health related. The community outreach efforts they shared were impressive and reflected a deep understanding of their community. Several group homes and sober housing sites are located within City limits. These sites are repeatedly the center of crisis activities. Because the county's sole crisis center is located at Piccard Drive within Rockville city limits, police officers often respond to crisis calls from these locations. The following areas of need were identified, some of which were beyond the scope of City government, but definitely within their advocacy wheelhouse:

- Address the gaps in mental health and homelessness services.

- Add psychiatric residential treatment beds for children, youth, and adults.

- Provide more inpatient substance use treatment beds.

- Address hoarding and code enforcement issues, especially among seniors through closer collaboration with the County.

- Improve response from County protective and child welfare services and expand violence and sexual assault prevention programs.

*Health*

Members of the health focus group reported high levels of uninsured and underinsured people in Rockville. Hispanic and West African people; newly arrived refugees from Ukraine, Afghanistan, and Venezuela; and immigrants from Asian countries are among the communities in need. Providers and many grantees even outside the health portfolio commented that reporting required when receiving grants for services provided to residents of the City of Rockville was a burdensome task that involved reconciling the client's location by street address. Confounding this challenge were the staffing shortages within their organizations. They noted the following areas for improvement:

- Reduce the number of cumbersome data reporting requirements, including location matching for services rendered to city residents.

- Improve Medicaid billing at health clinics to expand reach.

- Add more language access services, including availability of a bilingual therapist.

- Narrow the gaps in case management and navigation for residents who are unaware of the services that are available in the community.

- Expand access to specialty healthcare services.

*Behavioral Health*

Behavioral health was a constant and validated area of need. Increasing numbers of people were presenting with complex mental health and substance dependency needs, but the service continuum had accessibility and availability gaps. The gap in services delivery was further exacerbated by staffing shortages for both public and private sector partners and providers. A representative from the county crisis center noted that the 17 of the 56 positions at the facility were vacant at the time of this assessment.

The City is a contracted site for Linkages to Learning, the county's home-grown community in schools model at Maryvale Elementary School. The City plans to expand this program to Twinbrook Elementary School; however, the shifting demographics and affordability of housing creates an uncertain path forward. Language access and the availability of bilingual therapists were seen as the biggest needs. The unhoused population living in Rockville Town Center is affecting community life in the City and requires a close partnership and coordination between city, county, and homeless services providers. This focus group generated several ideas for improving County human services:

- Housing case management

- Navigation supports

- Collaborative workforce strategies

- Improved community behavioral health services

- More accessible language services

- Simplify the City of Rockville portal so it is less confusing for grantees and partner agencies

*Food Security*
Stakeholders reported that providers are seeing more Afghan, Ukrainian, and Venezuelan immigrants in need of food, in addition to the more historical Latine, Black, West African, and Asian resident in need of food supports. One agency reported that 35 percent of people who are experiencing food insecurity are seniors and 65 percent are Latine. Reconciling and submitting grant reports by the address of the recipient of services to draw down City funds is the biggest challenge for grant recipients. There is also a shortage of legal services to address documentation and immigration related needs. Providers noted that they appreciated efforts regarding food security in the City and the county. Though this was an area of strength, they would like the City to play a stronger coordinating role across grantees and providers such as the one being done in Gaithersburg. Providers were appreciative the general operating support grants that the City provides, which them to manage extreme operating pressures. Their recommendations for improvement included:

- Reduce reporting burdens by eliminating the requirement that grant recipients gather and reconcile data based on their clients' addresses to draw down city funds

- Partner around immigration services with other agencies serving the County

- Play an active leadership role in coordinating grantees and provider agencies around food security and other services

*Housing*
Accessible and affordable housing is a major pain point in the City of Rockville. Residents are pleased that the City passed an ordinance permitting detached accessory dwelling units to be created. The City was interested in a tenant match program especially because many single-family homes Rockville were occupied by aging adults.

Many people who were housing burdened and at risk of homelessness are in need of services. It is helpful that the Sheriff's Office lets the County division on homelessness preview the list of residents with scheduled evictions and those with potential dates of eviction. The goal is to try and see if services and resources can be provided to prevent eviction.

Post-COVID many households have found themselves with thousands of dollars of rent debt that accrued during the eviction moratorium imposed by the US Congress. As those protections have ended, landlords are actively moving to evict tenants who have not paid rent and who have accumulated steep debt. This remains a major flashpoint for the City and the county. Several recommendations came from the community discussions that included:

- Increasing behavioral health, peer support, harm reduction, and recovery services

- Increasing pre-eviction emergency assistance and rental assistance programs

- Creating more affordable housing units

- Adding more care coordination and resource navigation supports

It is important to note these recommendations were commonly voiced during other focus groups and interviews.

*Seniors*
The general sense was that seniors had access to a wealth of services as a result of partnerships between the City and the County. Intergenerational programming and classes were seen as a positive. Additionally, participants in the senior focus group really like the senior villages that are growing throughout the City and county as a key strategy to encourage aging in the community.

Several familiar themes emerged regarding needs:

- Services and transportation routes need to be more accessible, though is an in-city transit bus is available to take seniors to the senior center, healthcare, behavioral health, and food services may be out of range.

- More navigation support is needed to ensure seniors know about available services and how to access them, in addition to the two full-time senior services program coordinators stationed at the senior center.

- Affordable food and housing were identified as a need.

- Technological connectivity was seen as a gap (access to wifi, social media, etc.).

- Adult day programming.

- Hoarding was seen as a serious well-being risk and code enforcement issue requiring more collaborative approaches.

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## Education

Staff from Montgomery County Public Schools and Linkages to Learning shared their perspectives on student mental health needs. They said that students have emerged from the COVID-19 pandemic more dysregulated and have lost some of their social interaction skills. Combined with the detrimental effect of social media, bullying, and mental health epidemic among adolescents, the education focus group had much to say about gaps and needs for their student population. These included:

- Close mental health gaps and expand Linkages to Learning and Bridges to Wellness.

- Expand and strengthen school resource officers.

- Address food insecurity for students and their families.

- Improve housing safety and affordability to ensure school stability.

- Continuity of school relationships is critical for the socio-emotional well-being of students, and frequent staff turnover can also affect students.

- Students who live in the apartments adjacent to Twinbrook Metro Station are stymied by one closed access point. This entrance should be reopened as it presents a safety issue at night when commuters have to walk around the building.

- The cancelation of the Ride On bus service to Rockville High School has had a detrimental effect on students and their families who are dependent on public transportation.

- Need more school programming to address the needs of middle schoolers who have few affordable after-school options with transportation.

## Thematic Domains Across Focus Groups and Key Informant Interviews

## People with Disabilities

Key informants focused on making Rockville disability-friendly through from employment, code enforcement, housing, and planning opportunities. Suggestions included:

- Increase financial supports for programming and case management for people with disabilities

- Expand employment and training offerings for people living with disabilities

- Use Main Street Housing as a potential community hub with social activities drawing residents, both with and without disabilities, to create an integrated community.

*Employment and Economic Mobility*

Most respondents acknowledged that Rockville is an expensive City, even though it is inclusive and supportive of its residents. The cost of living was affected by housing, childcare, food, and other living expenses. Economic mobility could be enhanced through college and career training and education programming and supports. An emphasis was placed on childcare and after-school programming for parents with children, affordable housing and businesses support people in the workforce. Focus group and key informants suggested that the City of Rockville should find ways to collaborate and partner across state and county resources, businesses, CBOs and partner agencies to close gaps in services that residents need. The following gap areas were identified:

- Employment supports (career training and education programming, stable housing, childcare, food costs, and living expences)[24]

- Community empowerment—building resident capacity to advocate for resources and services

- Financial literacy: Add capacity within households to engage in wealth-building activities and manage their finances and avoid financial crisis in the short and long term

- Develop services for youth aging out of foster care

- Provide at-risk youth programming, including life skills and mentorship

## SWOT ANALYSIS

A strengths, weaknesses, opportunities and threats (SWOT) analysis is a valuable tool for understanding the current situation and developing a roadmap for the future. A SWOT analysis is used to identify key issues and pinpoint critical factors that can affect success or failure. By understanding strengths and weaknesses, agencies can leverage opportunities, mitigate threats, and make informed strategic decisions about operations. The SWOT analysis provided below was informed by the data colllection and analysis for this community.

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[24] The 2024 City of Rockville Community Survey identified that less than half (40%) of residents felt the availability of affordable, quality childcare/preschool was excellent or good.

**Internal and External**

**Strengths**

- Compassionate and responsive City leadership and infrastructure.
- Residents trust City government to meet their needs.
- Community and resident diversity.
- Outstanding community centers both for seniors and general population.
- High quality of life rankings from residents.
- Rockville Housing Enterprises is a connection point to assist with housing solutions.
- Strong provider relations.
- Competent City staff.
- Collaboration across public sector partners.
- City invests in human services.

**Weaknesses**

- Economic disparities for lower-income residents; the gap between available services and needs is widening across employment opportunities and for health and social services
- Infrastructure is inadequate to meet growing needs. Strengthen the small but mighty City Human Services team's capabilities to help residents with additional case management and navigation.
- Information and referral resource guides and resource navigation are needed to strengthen access points.
- Language barriers resulting from the diversity of the community.
- Need more readily available mental health resources.
- Affordable housing that also supports homelessness and aging in place.
- Access to public transportation for residents with mobility issues (i.e., residents who are unable to walk, bike or drive) due, in part, to canceled bus lines in downtown Rockville.
- Enhanced services for at-risk youth including after-school supports.
- Providers need a stronger accountability and cross-provider partnership framework, and the role of the City in supporting this effort needs to be clearly defined.
- Better align gaps in services with County ecosystem to extend reach of City services.
- Affordability and accessibility of City and County services remain a challenge.
- The provider reporting system to draw down City funds requires location mapping of clients to verify City residence, which is cumbersome.
- City residents are unaware of available services.

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**External and External**

**Opportunities**

- Strengthen provider relationships
- Strengthen relationship with County and align gap filling efforts
- Address key areas of need:
  - Housing affordability and accessibility
  - Mental health and substance use needs, crisis walk-in centers, and prevention, treatment, and recovery services
  - System navigation and light-touch case management with access to wraparound supports
  - Information and referral alignment
  - Continue to offer high-quality community center services
  - Aging in place services, including senior villages and adult day centers
  - Services for at-risk youth, including school partnerships
  - Language barriers
- Continue to socialize available City and County services to residents using a mixed methods approach
- Assess grant-making process based on what the City wants to provide and what it can contract out to providers
- Assess a collective impact model framework to position the City as a convening entity to drive strategic needs based on priority

**Threats**

- Lack of system navigation prevents residents from knowing which services they might be eligible for.
- Failure to address additional services needed for changing demographics in the community:
  - Growing senior population
  - Growing number of households in which English is the second language
  - Growth in numbers of households with children and youth
- Economic pressures for residents related to affordability for housing, childcare, food, public transportation, well-paying jobs
- Inability to meet the growing mental health and well-being needs of residents
- Failure to clearly define the roles of the City and the roles of the County in meeting resident needs
- Workforce pressures for City staff and providers
- Failure to address the City's role and opportunity as opposed to trying to be all things to all people with limited resources
- Need to continue to strengthen provider partnership and accountability efforts
- City's human services infrastructure needs better coordination and collaboration

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## OPPORTUNITY ANALYSIS

Based on the SWOT assessment, this section describes opportunities that can leverage the strengths in the City of Rockville that enhance system navigation and partnerships to best support residents and their needs. Further examples of best practices are identified in Appendix G of this report.

### System Navigation for Residents

Based on feedback from the community and stakeholders, an enhanced process for coordinated entry, system navigation, and care coordination should be explored. Any effort to increase system navigation and economic mobility should include the people who stand to benefit from such a strategy. Seeking feedback from individuals and groups with firsthand knowledge of system navigation issues needing to be addressed should be a high priority.

### Warm Handoffs and Coordination of Care

Integrated care delivery systems require coordination and alignment across social services, healthcare, housing, and behavioral health. For example, addressing the social drivers of health (SDOH) is widely understood to be critical in responding to public health challenges, including the opioid crisis.[25] SDOH is defined as encompassing many different factors, some of which KFF and the World Health Organization have identified (see Figure 41).[26]

Staff can help people address coordinated care delivery systems. Social workers, counselors, nurses, care navigators, community health workers, peer support specialists, and/or mobile outreach can facilitate warm handoffs and help clients find the help they need.

**NAVIGATING SERVICES EFFECTIVELY**

Helping residents navigate health and human services and community-based resources effectively involves providing integrated services that address multiple needs simultaneously, such as housing, physical and mental health care, and employment, helps streamline support and reduces the burden on individuals seeking help.

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[25]Solar O, Irwin A. A Conceptual Framework for Action on The Social Determinants of Health. Social Determinants of Health Discussion Paper 2 (Policy and Practice). World Health Organization. 2010. Available at: https://www.afro.who.int/sites/default/files/2017-06/SDH_conceptual_framework_for_action.pdf.

[26]Artiga S, Hinton E. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. KFF. May 10, 2018. Available at: http://resource.nlm.nih.gov/101740257.

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Warm handoffs and provider transitions can occur between service providers through face-to-face, phone, or video interaction in the presence of the person receiving support. Warm handoffs improve the efficacy and efficiency of referrals and are associated with better client and patient engagement.[27, 28]

Best practices for system navigation, including but not limited to behavioral health and housing, can be found at the end of this section.

**Figure 41. KFF's Definitions of Social Determinants of Health**

| Economic Stability | Neighborhood and Physical Environment | Education | Food | Community, Safety, & Social Context | Health Care System |
|---|---|---|---|---|---|
| Employment<br>Income<br>Expenses<br>Debt<br>Medical Bills<br>Support | Housing<br>Transportation<br>Parks<br>Playgrounds<br>Walkability<br>Zip Code/<br>Geography | Literacy<br>Language<br>Early Childhood Education<br>Vocational Training<br>Higher Education | Food Security<br>Access to Healthy Options | Social Integration<br>Support Systems<br>Community Engagement<br>Stress<br>Exposure to Violence/Trauma<br>Policing/Justice Policy | Health Coverage<br>Provider & Pharmacy Availability<br>Access to Linguistically And Culturally Appropriate & Respectful Care<br>Quality of Care |

Health and Well-Being:
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

KFF

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[27] Young ND, Mathews BL, Pan AY, Herndon JL, Bleck AA, Takala CR. (2020). Warm Handoff, or Cold Shoulder? An Analysis of Handoffs for Primary Care Behavioral Health Consultation on Patient Engagement and Systems Utilization. *Clinical Practice in Pediatric Psychology*. 2020;8(3):241–246.

[28] Pace CA, Gergen-Barnett K, Veidis A, et al. Warm Handoffs and Attendance at Initial Integrated Behavioral Health Appointments. *Annals of Family Medicine*. 2018;16(4):346–348. doi: https://doi.org/10.1370/afm.2263

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## Technology and Data-Supporting Systems

Leveraging technology is also necessary to connect residents with needed supports. Many government agencies and CBOs partner to create shared databases, online case management portals, and/or mobile apps, to simplify access to information and services, making it easier for individuals to find and use resources. The City too has many dashboards and databases. HMA consultants gathered at least seven different information and referral data sources often specific to demographic subpopulations such as for seniors or people with disabilities.

## City and County Partnerships

Though the roles of municipal and county governments vary from state to state, in many jurisdictions, city and county governments have distinct responsibilities to the same constituencies. City and county governments sometimes have competing priorities, but it can be beneficial to leverage each other's distinct resources, expertise, and policy tools. Each controls different funding streams and policy levers that affect both jurisdictions. Cities and counties can improve the lives of residents through collaboration and especially by leveraging federal, state, and regional funding opportunities.

The systemic nature of poverty and inequality, along with the interconnectedness of regional economies, reduce the effectiveness of siloed efforts, making collaboration critical. By partnering, cities and counties can identify financial efficiencies and solve problems more effectively and advance the economic mobility of residents. Centering data and equity in policies and programs, cities and counties can power greater change. Figure 42 reflects the findings of an assessment of services offered by the City and/or Montgomery County, showing service areas where there may be potential for greater alliances to supplement, enhance, and/or create new service offerings.

Through grants, the City assists providers of food, healthcare, mental health, housing, shelter, aging in place, after-school programming, career counseling, language classes, informational services, and referrals. Recreation and Parks has financial assistance for their programming

By using the quantitative and qualitative information obtained during this assessment, the City of Rockville can make informed decisions about resource allocation, whether providing directly or in partnership with other governments or community partners. A collective impact model and approach could be used to enhance the effectiveness of health and human services.

## About the Collective Impact Model

Communities across the country have invested in collective impact models,[29] which serve as deeply collaborative, structured approaches to solving complex, nuanced problems. A strong interagency collaborative, with the DHCD serving as the central hub for communication, alignment, and coordination among public agencies and providers, is critical for improving the human services ecosystem. The City of Rockville already has many elements of a Collective Impact Model, which is a powerful framework that should continue to be built upon and leveraged to find common interests, shared goals, and ways to partner together effectively. The City should continue to engage with the County to align strategic programming efforts, with a focus on increasing capacity and outreach for services provided to residents, offering participants streamlined points of entry, collocating services where possible, jointly tracking data and goals, exploring the possibility of sharing case management systems, and seeking joint funding to help residents easily find and receive the assistance they need.

In Rockville, collaboration extends beyond just the City and the County. CBOs currently present at the beginning of the work or are brought in as sustaining partners. The nature of collaboration with partners has evolved over time to sustain and expand services. In the face of significant barriers, City and County staff and elected leaders, as well as CBO, are coming together to increase the economic mobility of residents. City leadership has recognized that it is possible to power greater change through collaboration.

CBOs can provide indirect services, and DHCD can issue requests for proposals to solicit specific services from community partners that align with local priorities. Qualified bidders will be selected to implement strategies, identify needed resources, and enter contract negotiations with approved budgets. DHCD will announce awardees and funding amounts.

A process will be created whereby awardees will submit data and progress updates over the contract period. Funded organizations would be expected to provide data that supports agreed upon metrics to show impact, and funding would be guaranteed for only one to three years, depending on the timeframe. Importantly, submitting quarterly reports on implementation plan progress, budget spending, and metric results could help with increased accountability from a partner. In addition, annual financial and impact reports promote transparency and accountability.

**HUB AND SPOKE COLLECTIVE IMPACT MODEL**

Collective impact models, when applied in health and human services, allow for the establishment of a main center of care (the hub), complemented by satellite campuses (the spokes). At the center is an abundance of resources invested that allow for intensive services, which can be complemented by a more targeted service offering in the satellites. Hubs serve as intake portals that can provide assessment and access to immediate care, whereas spokes serve as portals for patients needing ongoing services and monitoring, as well as access to other relevant supports.

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[29] Collective Impact Forum. What Is Collective Impact? Available at: https://collectiveimpactforum.org/what-is-collective-impact/.

The DHCD serves as a convener for exploring collective impact of the hub and spoke mode described on the previous page. The department could also identify a partnering entity to lead the clinical aspects of the work. Figure 43 shows the DHCD's role in responding to the needs assessment findings and gaps and opportunities that require a strategic, actionable roadmap.

**Figure 42. Refined Role for DHCD**

## RECOMMENDATIONS FOR THE CITY OF ROCKVILLE

Following this comprehensive review of qualitative and quantitative data, HMA identified six key focus areas:

1. City and County Partnership

2. System Navigation, Care Coordination, and Wraparound Supports

3. Behavioral Health, Disabilities, and Substance Use

4. Housing

5. Aging

6. Services to "At-Risk" Youth/Teens

The challenges identified and the proposed solutions for Rockville leadership's consideration for each focus area are described below. Based on this needs assessment, the City may use these tables to develop an actionable roadmap focused on addressing identified gaps and creating solutions. This plan could include objectives, strategies, and activities related to policy, infrastructure, human capital, and strategic partnerships. HMA's recommendations are for the City's consideration, with two recommendations in particular that cross focus areas and should receive consideration from all involved parties:

1. Review the best practices listed in the report to identify those that the City might adopt

2. Develop a position description for someone who is responsible for interfacing across departments within the City and County using a collective impact model framework

**Table 2. Recommendations**

| Focus Area: City and County Partnership | |
|---|---|
| **Challenges Identified** | **Potential Solutions** |
| • Better alignment with County services and use City resources to close service gaps for city residents<br><br>• Stronger and better collaboration with County children, youth, and family services, aging and disability services, and behavioral health services to end and prevent homelessness<br><br>• Improve communication across public and private agencies that provide safety, well-being, and economic mobility services | • Review existing contracts and grants to determine how best to leverage relationships to better coordinate and leverage existing services and programs to stretch capacity across various funders and providers<br><br>• To ensure City interests are represented and addressed, we recommend either: 1) creating a joint City/County human services advisory board, or 2) having the City join the existing County social services advisory board (and related mental health and substance use boards) and actively participate in the continuum of care |

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## Focus Area: System Navigation, Care Coordination, and Wraparound Supports

| Challenges Identified | Potential Solutions |
|---|---|
| <ul><li>One frequently identified gap in our discovery process pertained to the availability of case management and coordination of care</li><li>Data showed that there is a higher percentage of residents living at or below the poverty line who were not receiving certain types of public assistance support, and lack enough money to pay for essential living needs, such as food, rent/mortgage, home repairs, gas, utilities, insurance, medicines/prescription, and/or clothing</li><li>Residents responded that they needed assistance finding non-healthcare resources (such as public assistance support, employment, food, childcare, or housing) and mental health and substance use services and programs</li><li>Growth in the numbers of uninsured and underinsured residents</li><li>Language barriers</li><li>Growing emergency assistance needs</li><li>Gaps in transportation access, including both transportation cost burden, but also to resolve the fact that some communities are less connected because of a reduction in bus routes</li><li>Growing food insecurity</li><li>Significant gaps in childcare/and after-school time activities</li></ul> | <ul><li>Add onsite navigation and coordination services at community centers/senior centers to help improve awareness of available programs and services</li><li>Improve inter-governmental/agency coordination, and connectivity with available resources</li><li>Promote these programs and services in a coordinated way with staff and residents who could benefit from an increased awareness of available programs and services at the city and/or county level</li><li>Increase availability of Medicaid billable services at safety net clinics and behavioral health practices</li><li>Increase financial literacy services for residents</li><li>Align and streamline online information and referral services and access points for residents to human services programs and services</li></ul> |

## Focus Area: Health, Disabilities, and Substance Use

| Challenges Identified | Potential Solutions |
| --- | --- |
| • Increase in residents who report poor mental health<br><br>• Lack of adequate case management and care coordination services<br><br>• Impact on public safety of having Piccard crisis services for all of Montgomery County being located within City limits<br><br>• Lack of residential psychiatric/substance use treatment beds<br><br>• Need to expand availability of low-barrier behavioral health crisis services<br><br>• Need to expand capacity at walk-in behavioral health crisis center and develop a down county location as well<br><br>• Workforce shortages are reducing provider capacity and slots available to serve residents in need, especially people who have low incomes | • Assess the feasibility of partnering with the County to identify a second location down county for crisis services to relieve pressure on Piccard Drive location and on Rockville City police<br><br>• Continue discussion with County to improve behavioral health continuum of care |

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| Focus Area: Housing | |
|---|---|
| **Challenges Identified** | **Potential Solutions** |
| <ul><li>Need additional affordable housing units that can serve households with 30/60/80% of area median income</li><li>Gaps in aging in place</li><li>Gaps in hoarding services</li><li>Increased need for rental assistance</li><li>As pending benefits expire evictions are growing</li><li>Need more case management supports</li><li>Increase access to transportation services</li></ul> | <ul><li>Continue to expand senior villages in other neighborhoods in need within the City</li><li>Expand resources to strengthen pre-eviction services, including emergency and rental assistance</li><li>Leverage the newly passed ordinance about "granny units"[30] to create a match program across renters and landlords</li><li></li></ul> |

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[30] A granny unit, also known as an accessory dwelling unit (ADU), is a small, self-contained home built on a property. Also known as in-law or mother-in-law units, these dwellings are often built in the backyard of a single-family home. More context available at: https://www.planning.org/knowledgebase/accessorydwellings/#:~:text=An%20accessory%20dwelling%20unit%20(ADU,in%20low%2Ddensity%20residential%20areas.

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## Focus Area: Aging

| Challenges Identified | Potential Solutions |
| --- | --- |
| <ul><li>Need more adult day programs (social and healthcare-focused program slots)</li><li>Gaps in existing Senior Programming for services such as Adult Day Care, Care Management and wait lists for home care services and leverage across county programs</li><li>Gaps within the aging in place continuum of services, again pointing to the need for better coordination and alignment with public and private sector partners</li></ul> | <ul><li>Engage with County aging services to align City and County services and where City services should be invested to close gaps</li></ul> |

## Focus Area: Services to At-Risk Youth/Teens

| Challenges Identified | Potential Solutions |
| --- | --- |
| <ul><li>Some schools do not have school resource officers (SROs)</li><li>Need more programs for at-risk youth, including those aging out foster care, involved in the juvenile justice system; gaps in community-based wraparound services for at-risk and youth</li></ul> | <ul><li>Increase City police SRO capacity to meet growing student need</li><li>Plug and play within the positive youth development ecosystem across County and City, both public and private, by leveraging services such as out of school time activities, clubs, tutoring and mentoring, gang prevention services, and others to meet the mental health, housing, employment, training, and other needs</li></ul> |

**HMA**

# City of Rockville Human Services Needs Survey

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**Start of Block: Introduction**

The City of Rockville wants your input! We are creating a plan to improve human services in our community. Please take a few minutes to complete this survey and share your thoughts. Your answers will be kept private. We will not collect personally identifiable information, but you will be asked to provide some basic demographic information to help us understand different experiences and perspectives. The survey will close on December 21, 2024. If you are answering the survey from a resident perspective, this survey will take you approximately 6 to 10 minutes to complete. If you are answering the survey from a staff or partner/grantee perspective, this survey will take you approximately two to five minutes to complete. Thanks in advance for sharing your thoughts! Your input will help us understand the needs of residents and their families in the City of Rockville.

**End of Block: Introduction**

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**Start of Block: All Survey Respondents**

Q1: Please choose the category that best describes the perspective from which you will answer the survey.
- ☐ City of Rockville Resident who uses or would use resources and services provided in the City of Rockville (1)
- ☐ City of Rockville Staff (2)
- ☐ City of Rockville Partner/Grantee (3)

*Skip To: Q1.b Please choose the category that best describes the perspective from which you will answer the sur... = City of Rockville Staff*
*Skip To: Q1.c Please choose the category that best describes the perspective from which you will answer the sur... = City of Rockville Partner/Grantee*
*Skip To: End of Block If Please choose the category that best describes the perspective from which you will answer the sur... = City of Rockville Resident who uses or would use resources and services provided in the City of Rockville*

Q1.b: What department do you work in?
- City Attorney's Office (1)
- City Clerk/Director of Council Operations (2)
- City Manager (3)
- Housing & Community Development (4)
- Human Resources (5)
- Information Technology (6)
- Community Planning and Development Services (7)
- Police (8)
- Procurement (9)
- Public Information Office (10)
- Public Works (11)
- Recreation and Parks (12)

---

*Display This Question:*
*Please choose the category that best describes the perspective from which you will answer the sur... = City of Rockville Partner/Grantee*

Q1.c: What area of service best represents the work of your partnership/grantee relationship with the City of Rockville?
- Housing (affordability, accessibility) (1)
- Employment (workforce development, placement, skills training, wage progression) (2)
- Income/Asset Building (financial skills, banking) (3)
- Healthcare (4)
- Civic engagement (Build capacity to engage in boards, commissions, committees, City townhalls) (5)
- Education (childcare/after-school time) (6)
- Mental health (7)
- Substance use (8)
- Food security (9)
- Safety (10)
- Navigation support services (e.g., case management, information, and referral) (11)
- Other, please describe (12) _____

*End of Block: All Survey Respondents*

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*Start of Block: Priorities [All Respondents]*

Q1: In each of the following areas, please select your top three priorities for the City of Rockville to create or expand to better serve residents. Select up to three.

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Q1.a: Social and Economic Factors
- Jobs that pay enough money to cover the cost of living (1)
- Adult career/workforce readiness programs (2)
- Financial planning or financial wellness programs (3)
- Youth volunteer opportunities (4)
- Youth mentorship programs, including college and career exploration (5)
- After-school programming (6)
- Summer and other school break youth programming (7)
- Quality and affordable childcare (0-3 years old) (8)
- Quality and affordable preschool (4-5 years old) (9)
- Resources to promote social support and connections (e.g., family, friends) (10)
- Injury and violence prevention services and education (11)
- Openness and acceptance of the community toward people of diverse backgrounds (12)

Q1.b: Health Promotion
- Programs to prevent substance use or addiction to alcohol, marijuana, opioids, tobacco, vaping, etc. (1)
- Education about mental health issues (e.g., suicide prevention, and mental health diagnoses like anxiety, depression, bipolar disorder) (2)
- Mental health education and counseling (3)
- Substance use education, treatment, and recovery programs (4)
- Affordable, healthy, and nutritious food (5)
- Physical health and wellness programs (6)
- Community parks drop-in and athletic programs (7)
- High-quality, culturally and linguistically responsive services (8)

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Q1.c: Physical Environment
- Affordable housing (1)
- Safe recreational facilities that are multigenerational (e.g., community recreation centers, parks, biking & walking trails) (2)
- Emergency preparedness for disasters such as fire, drought, flood, and pandemics (3)
- Healthy environment (e.g., clean air and water) (4)
- Open space (5)

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Page Break

Q2: To what extent do you agree that the following three (3) statements describe the City of Rockville…

| | Strongly agree (1) | Agree (2) | Neither agree nor disagree (3) | Disagree (4) | Strongly disagree (5) | I don't know (6) |
|---|---|---|---|---|---|---|
| 1 of 3: Does a good job increasing knowledge and awareness of community programs (1) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2 of 3: Does a good job working with community partners (2) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 of 3: Does a good job serving all residents living in the City of Rockville? (3) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

*Display This Question:*
*Please choose the category that best describes the perspective from which you will answer the sur... = City of Rockville Resident who uses or would use resources and services provided in the City of Rockville*

Q1: Please rank how important you think these 11 services and programs are to you and your household's quality of life, including health and wellness.

| | Extremely important (1) | Very important (2) | Somewhat important (3) | Not at all important (4) | I don't know (5) |
|---|---|---|---|---|---|
| 1 of 11: Housing services and programs (e.g., MPDU [moderately priced dwelling units]) rental and home ownership programs, Rockville Housing Enterprises, Housing assistance, landlord-tenant affairs, supportive housing) (1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2 of 11: Shelter services (2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 of 11. Mental health (e.g. child, youth, family counseling, educational workshops, seminars) (3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4 of 11: Substance use services and programs (e.g., substance use screening and referral for adults and for adolescents, peer support, education, prevention programs) (4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5 of 11: Physical health services and programs (e.g., clinic, doctor, and/or hospital visits, immunizations, screenings, health education, wellness counseling) (5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6 of 11: Food programs and services (e.g., food assistance, farmers markets, community gardens, nutrition education) (6) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7 of 11: Education support services and programs (e.g., Linkages to Learning after-school programs, mentoring, camps and childcare, early childhood education) (7) | ☐ | ☐ | ☐ | ☐ | ☐ |

HMA

8 of 11: Employment services and programs (e.g., workforce development, professional skills development, career counseling) (8)

☐ ☐ ☐ ☐ ☐

9 of 11: Income/asset building services (e.g., financial skills, banking) (9)

☐ ☐ ☐ ☐ ☐

10 of 11: Civic engagement (e.g., community event support, villages, boards and commissions, City Academy) (10)

☐ ☐ ☐ ☐ ☐

11 of 11: Navigation support services (e.g., case management, information, and referral, accessing services, completing forms for services) (11)

☐ ☐ ☐ ☐ ☐

*Display This Question:*
    *Please choose the category that best describes the perspective from which you will answer the sur... = City of Rockville Staff*
    *Or Please choose the category that best describes the perspective from which you will answer the sur... = City of Rockville Partner/Grantee*

Q42: Please rank how important you think these 11 services and programs are for the City of Rockville to focus on so they best meet the needs of residents.

| | Extremely important (1) | Very important (2) | Somewhat important (3) | Not at all important (4) | I don't know (5) |
|---|---|---|---|---|---|
| 1 of 11: Housing services and programs (e.g., MPDU) rental and home ownership programs, Rockville Housing Enterprises, housing assistance, landlord-tenant affairs, supportive housing) (1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2 of 11: Shelter services (2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 of 11: Mental health (e.g., child, youth, family counseling, educational workshops, seminars) (3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4 of 11: Substance use services and programs (e.g., substance use screening and referral for adults and for adolescents, peer support, education, prevention programs) (4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5 of 11: Physical health services and programs (e.g., clinic, doctor, and/or hospital visits, immunizations, screenings, health education, wellness counseling) (5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6 of 11: Food programs and services (e.g., food assistance, farmers markets, community gardens, nutrition education) (6) | ☐ | ☐ | ☐ | ☐ | ☐ |

HMA

7 of 11: Education support services and programs (e.g., Linkages to Learning after-school programs, mentoring, camps and childcare, early childhood education) (7)

○   ○   ○   ○   ○

8 of 11: Employment services and programs (e.g., workforce development, professional skills development, career counseling) (8)

○   ○   ○   ○   ○

9 of 11: Income/asset building services (e.g., financial skills, banking) (9)

○   ○   ○   ○   ○

10 of 11: Civic engagement (e.g., community event support, villages, boards and commissions, City Academy) (10)

○   ○   ○   ○   ○

11 of 11: Navigation support services (e.g., case management, information, and referral, accessing services, completing forms for services) (11)

○   ○   ○   ○   ○

*Display This Question:*
*Please choose the category that best describes the perspective from which you will answer the sur... = City of Rockville Resident who uses or would use resources and services provided in the City of Rockville*
*Or Please choose the category that best describes the perspective from which you will answer the sur... = City of Rockville Staff*
*Or Please choose the category that best describes the perspective from which you will answer the sur... = City of Rockville Partner/Grantee*

Q2: How satisfied are you with the following services and programs in the City of Rockville?

| | Extremely satisfied (1) | Very satisfied (2) | Somewhat satisfied (3) | Not at all satisfied (4) | I don't know (5) |
|---|---|---|---|---|---|
| 1 of 11: Housing services and programs (e.g., MPDU rental and home ownership programs, Rockville Housing Enterprises, housing assistance, landlord-tenant affairs, supportive housing) (1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2 of 11: Shelter services (2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 of 11: Mental health (e.g., child, youth, family counseling, educational workshops, seminars) (3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4 of 11: Substance use services and programs (e.g., substance use screening and referral for adults and for adolescents, peer support, education, prevention programs) (4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5 of 11: Physical health services and programs (e.g., clinic, doctor, and/or hospital visits, immunizations, screenings, health education, wellness counseling) (5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6 of 11: Food programs and services (e.g. food assistance, farmers markets, community gardens, nutrition education) (6) | ☐ | ☐ | ☐ | ☐ | ☐ |

7 of 11: Education support services and programs (e.g., Linkages to Learning after-school programs, mentoring, camps and childcare, early childhood education) (7)

☐ ☐ ☐ ☐ ☐

8 of 11: Employment services and programs (e.g., workforce development, professional skills development, career counseling) (8)

☐ ☐ ☐ ☐ ☐

9 of 11: Income/asset building services (e.g., financial skills, banking) (9)

☐ ☐ ☐ ☐ ☐

10 of 11: Civic engagement (e.g., community event support, villages, boards and commissions, City Academy) (10)

☐ ☐ ☐ ☐ ☐

11 of 11: Navigation support services (e.g., case management, information, and referral, accessing services, completing forms for services) (11)

☐ ☐ ☐ ☐ ☐

**End of Block: Priorities [All Respondents]**

HMA

Q1: In which community do you live?
- Town Center (1)
- East Rockville (2)
- Hungerford, Lynfield & New Mark Commons (3)
- West End and Woodley Gardens East-West (4)
- Woodley Gardens & College Gardens (5)
- Lincoln Park (6)
- Twinbrook & Twinbrook Forest (13)
- Rockville Pike (14)
- Montrose & North Farm (15)
- Tower Oaks (7)
- Orchard Ridge, Potomac Woods & Falls Ridge (8)
- Rockshire and Fallsmead (9)
- Fallsgrove and Research Boulevard (10)
- King Farm and Piccard Drive (11)
- South Lawn and East Gude (12)

Q2: What is your race? (Mark one or more races to indicate what race you consider yourself to be.)
- American Indian or Alaskan Native (1)
- Asian (2)
- Black or African American (3)
- Native Hawaiian or Other Pacific Islander (4)
- White (5)
- A race not listed (6)
- Prefer not to answer (7)

Q3 What is your preferred language spoken at home? Select all that apply.
- English (1)
- Spanish (2)
- Chinese (3)
- Tagalog (4)
- Vietnamese (5)
- French (6)
- Arabic (7)
- Korean (8)
- Russian (9)
- German (10)
- Other; please describe (11)
- Prefer not to answer (12)

Q4: Are you of Hispanic, Latino, or Spanish Origin?
- Yes (1)
- No (2)
- Prefer not to answer (3)

Q5: What is your gender?
- Male (1)
- Female (2)
- Non-Binary (3)
- Intersex (4)
- Two-Spirit (5)
- Agender (6)
- Genderqueer/Genderfluid (7)
- Prefer not to answer (8)

**HMA**

Q6: In which category is your age?

- 18-24 years (1)
- 25-34 years (2)
- 35-44 years (3)
- 45-54 years (4)
- 55-64 years (5)
- 65-74 years (6)
- 75 years or older (7)
- Prefer not to answer (8)

Q7: Do you have any children 17 years or under living in your household?

- No (1)
- Yes (2)
- Prefer not to answer (3)

Q8: Do any persons age 65 or older live in your household?

- No (1)
- Yes (2)
- Prefer not to answer (3)

Q9: How much do you anticipate your household's total income before taxes will be for the current year? (Please include in your total income money from all sources for all persons living in your household.)

- Prefer not to answer (1)
- Less than $5,000 (2)
- $5,000 to $14,999 (3)
- $15,000 to $29,999 (4)
- $30,000 to $44,999 (5)
- $45,000 to $59,999 (6)
- $60,000 to $74,999 (7)
- $75,000 to $89,999 (8)
- $90,000 to $104,999 (9)
- $105,000 to $124,999 (10)
- $125,000 to $139,999 (11)
- $140,000 to $154,999 (12)
- $155,000 to $169,999 (13)
- $170,000 to $184,999 (14)
- $185,000 to $199,999 (15)
- $200,000 or more (16)

Q9.a: How many people live in your household and depend on this income?

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- or more (9)

Q10: Which best describes the building you live in?
- Single-family detached home (1)
- Townhouse or duplex (may share walls but no units above or below you) (2)
- Condominium or apartment (have units above or below you) (3)
- Mobile home (4)
- Other (5)
- Emergency shelter or transitional housing (6)
- Prefer not to answer (7)

Q11: What is your housing status?
- Rent (1)
- Own (2)
- Live in public housing (3)
- Live with a parent or family member who is the owner or renter (4)
- Homeless and living in emergency shelter or transitional housing (5)
- Some other arrangement; please describe (6)

  _____
- Prefer not to answer (7)

Q12: What percent or proportion of your monthly household income is spent on housing costs for the place you live (including rent, mortgage payment, property tax, property insurance, and/or homeowners' association (HOA) fees)?
- 0-10% (1)
- 11-20% (2)
- 21-30% (3)
- 31-40% (4)
- 41-49% (5)
- 50% or more (6)

Q13: How often (e.g., never, sometimes [3 to 4 times per year], every month) do you lack enough money to pay for essential needs, such as food, rent/mortgage, gas, utilities, medicines/prescription, and/or clothing?

- Never (1)
- Sometimes (3 to 4 times per year) (2)
- Every month (3)

Q13.a: Please indicate how often (e.g. never, sometimes (3 to 4 times per year), every month) you lack enough money to pay for the following eight (8) essential needs:

| | Never (1) | Sometimes (2) | 3 to 4 times per year (3) | Every month (4) |
|---|---|---|---|---|
| 1 of 8: Food (1) | ☐ | ☐ | ☐ | ☐ |
| 2 of 8: Rent/mortgage (2) | ☐ | ☐ | ☐ | ☐ |
| 3 of 8: Gas for a car or other transportation costs (3) | ☐ | ☐ | ☐ | ☐ |
| 4 of 8: Utilities (electricity, water) (4) | ☐ | ☐ | ☐ | ☐ |
| 5 of 8: Internet service (5) | ☐ | ☐ | ☐ | ☐ |
| 6 of 8: Phone/cell phone service (6) | ☐ | ☐ | ☐ | ☐ |
| 7 of 8: Clothing (7) | ☐ | ☐ | ☐ | ☐ |
| 8 of 8: Medicine/prescriptions or medical supplies (8) | ☐ | ☐ | ☐ | ☐ |
| Other (9) | ☐ | ☐ | ☐ | ☐ |

End of Block: Demographics [Residents only]

Start of Block: Awareness of Service [City of Rockville Residents Only]

Q1: In the past year, have you or anyone in your household used any of the following services and resources in the City of Rockville? Select all that apply.

- I did not use any of these services and resources (1)
- Housing services and programs (e.g., MPDU rental and home ownership programs, Rockville Housing Enterprises, housing assistance, landlord-tenant affairs, supportive housing) (2)
- Shelter services (3)
- Mental health (e.g., child, youth, family counseling, educational workshops, seminars) (4)
- Substance use services and programs (e.g., substance use screening and referral for adults and for adolescents, peer support, education, prevention programs) (5)
- Physical health services and programs (e.g., clinic, doctor, and/or hospital visits, immunizations, screenings, health education, wellness counseling) (6)
- Food programs and services (e.g., food assistance, farmers markets, community gardens, nutrition education) (7)
- Education support services and programs (e.g., Linkages to Learning, after-school programs, mentoring, camps and childcare, early childhood education) (8)
- Employment services and programs (e.g., workforce development, professional skills development, career counseling) (9)
- Income/asset building services (e.g., financial skills, banking) (10)
- Civic engagement (e.g., community event support, villages, boards and commissions, City Academy) (11)
- Navigation support services (e.g., case management, information, and referral, accessing services, completing forms for services) (12)

Page Break

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Q1.a: How easy is it to access those services (very easy/somewhat easy/difficult/very difficult, not applicable)?

| | Very easy (1) | Somewhat easy (2) | Difficult (3) | Very difficult (4) | N/A (5) |
|---|---|---|---|---|---|
| I did not use any of these services and resources (x1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Housing services and programs (e.g. MPDU rental and home ownership programs, Rockville Housing Enterprises, housing assistance, landlord-tenant affairs, supportive housing) (x2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Shelter services (x3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Mental health (e.g., child, youth, family counseling, educational workshops, seminars) (x4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Substance use services and programs (e.g., substance use screening and referral for adults and for adolescents, peer support, education, prevention programs) (x5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Physical health services and programs (e.g., clinic, doctor, and/or hospital visits, immunizations, screenings, health education, wellness counseling) (x6) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Food programs and services (e.g., food assistance, farmers markets, community gardens, nutrition education) (x7) | ☐ | ☐ | ☐ | ☐ | ☐ |

HMA

Education support services and programs (e.g., Linkages to Learning, after-school programs, mentoring, camps and childcare, early childhood education) (x8)

☐ ☐ ☐ ☐ ☐

Employment services and programs (e.g., workforce development, professional skills development, career counseling) (x9)

☐ ☐ ☐ ☐ ☐

Income/asset building services (e.g., financial skills, banking) (x10)

☐ ☐ ☐ ☐ ☐

Civic engagement (e.g., Community event support, villages, boards and commissions, City Academy) (x11)

☐ ☐ ☐ ☐ ☐

Navigation support services (e.g., case management, information, and referral, accessing services, completing forms for services) (x12)

☐ ☐ ☐ ☐ ☐

Q2: What services and resources in the City of Rockville are your household least familiar with? Please select up to three options.

- Housing services and programs (e.g. MPDU rental and home ownership programs, Rockville Housing Enterprises, Housing assistance, landlord-tenant affairs) (1)
- Mental health and Substance Use services and programs (e.g. child, youth and family counseling, Mental Health/Substance Abuse Screening and Referral, Substance Abuse Screening for Adolescents (SASCA)) (2)
- Physical health services and programs (e.g., home and hospital visits, immunizations, screenings, health education, wellness counseling) (3)
- Food programs and services (e.g. food assistance, farmers markets, community gardens, nutrition education) (4)
- Education services and programs (e.g., Linkages to Learning, school and after-school programs, ROCK-KIDZ Mentoring Program, City Academy, camps and childcare, early childhood education) (5)
- Employment services and programs (e.g., workforce development, professional skills development, career counseling) (6)
- Income/asset building services (e.g., financial skills, banking) (7)
- Civic engagement (e.g., community event support, villages) (8)
- Navigation support services (e.g., case management, information, and referral) (9)

Q3: To help improve communication about services and resources, what services and resources in the City of Rockville would your household like to know more about? Please select up to three options.

- Housing services and programs (e.g., MPDU]rental and home ownership programs, Rockville Housing Enterprises, Housing assistance, landlord-tenant affairs, supportive housing) (1)
- Shelter services (2)
- Mental health (e.g., child, youth, family counseling, educational workshops, seminars) (3)
- Substance use services and programs (e.g., substance use screening and referral for adults and for adolescents, peer support, education, prevention programs) (4)
- Physical health services and programs (e.g., clinic, doctor, and/or hospital visits, immunizations, screenings, health education, wellness counseling) (5)
- Food programs and services (e.g., food assistance, farmers markets, community gardens, nutrition education) (6)
- Education support services and programs (e.g., Linkages to Learning after-school programs, mentoring, camps and childcare, early childhood education) (7)
- Employment services and programs (e.g., workforce development, professional skills development, career counseling) (8)
- Income/asset building services (e.g., financial skills, banking) (9)
- Civic engagement (e.g., community event support, villages, boards and commissions, City Academy) (10)
- Navigation support services (e.g., case management, information, and referral, accessing services, completing forms for services) (11)

**HMA**

Q4: Where or who do you usually go to if your household needs help getting non-healthcare resources, such as jobs, food, childcare, or housing? Select up to three (3) places or people.

- ☐ Doctor's office (1)
- ☐ Hospital (2)
- ☐ Community health center (3)
- ☐ Retail store or minute health clinic (4)
- ☐ Faith-based organizations (5)
- ☐ Community-based organizations (6)
- ☐ Cultural centers (7)
- ☐ Community health workers (8)
- ☐ Peer health support (9)
- ☐ Advocacy organizations (10)
- ☐ Schools (11)
- ☐ County Department of Health and Human Services offices (12)
- ☐ City of Rockville community centers (13)
- ☐ 311 (14)
- ☐ Crisis Center (15)
- ☐ Virtual/internet groups/social media (16)
- ☐ Libraries (17)
- ☐ Family member (18)
- ☐ Friend or community member (19)
- ☐ None (20)
- ☐ Don't know (21)
- ☐ Prefer not to answer (22)

**End of Block: Awareness of Service [City of Rockville Residents Only]**

**Start of Block: Gaps in Services/Service Delivery [City of Rockville Residents Only]**

Q1: Select all the services and resources that you or your household needed but did not receive in the past year.

- ☐ Housing services and programs (e.g., MPDU rental and home ownership programs, Rockville Housing Enterprises, Housing assistance, landlord-tenant affairs, supportive housing) (1)
- ☐ Shelter services (2)
- ☐ Mental health (e.g. child, youth, family counseling, educational workshops, seminars) (3)
- ☐ Substance use services and programs (e.g., substance use screening and referral for adults and for adolescents, peer support, education, prevention programs) (4)
- ☐ Physical health services and programs (e.g., clinic, doctor, and/or hospital visits, immunizations, screenings, health education, wellness counseling) (5)
- ☐ Food programs and services (e.g. food assistance, farmers markets, community gardens, nutrition education) (6)
- ☐ Education support services and programs (e.g., Linkages to Learning after-school programs, mentoring, camps and childcare, early childhood education) (7)
- ☐ Employment services and programs (e.g., workforce development, professional skills development, career counseling) (8)
- ☐ Income/asset building services (e.g., financial skills, banking) (9)
- ☐ Civic engagement (e.g., community event support, villages, boards and commissions, City Academy) (10)
- ☐ Navigation support services (e.g., case management, information, and referral, accessing services, completing forms for services) (11)
- ☐ We received the services and resources needed (13)
- ☐ Other; please describe (12) _____

Q2: Some people experience barriers when trying to get services. For example, not having childcare during the appointment time or appointments not being available in the evening or on weekends. What barrier(s) have you experienced in getting services to support you or your household members' health and wellness? Select all that apply.

- ☐ Application forms to get services are too complicated (1)
- ☐ Could not find a service provider that understood, valued, and respected my culture (2)
- ☐ Could not find providers that looked like me (3)
- ☐ Could not locate providers that speak my language (4)
- ☐ Did not have childcare (5)
- ☐ Did not know what services and resources were available (6)
- ☐ Lacked support in knowing where to go for services (7)
- ☐ Felt embarrassed about getting services (8)
- ☐ Too expensive (9)
- ☐ Did not feel physically safe going to where the service was located (e.g., federal policy efforts to limit access to safety net services for undocumented immigrants) (10)
- ☐ Did not feel safe due to fears of immigration rules and policy (11)
- ☐ Needed evening or weekend appointments (12)
- ☐ Needed service not offered in my area (13)
- ☐ No health insurance (14)
- ☐ Not easy to travel to, or I did not have transportation (15)
- ☐ Not eligible for services (16)
- ☐ Long wait times to get appointment (17)
- ☐ Provider has poor access for persons with a disability (18)
- ☐ Other (19)
- ☐ I have not experienced any barriers (20)

Q3: How do you prefer to receive services? Select all that apply.

- ☐ Online (1)
- ☐ Mobile app (2)
- ☐ Call center (3)
- ☐ In person (4)
- ☐ Email (5)
- ☐ Mail (6)
- ☐ Community events (7)

*End of Block: Gaps in Services/Service Delivery [City of Rockville Residents Only]*

HMA

Q3: Every community has good things or "strengths" that help the people who live there feel like they belong. Feeling like you belong, or community connectedness, is one of the main drivers of good health and quality of life. Following are seven (7) statements about the quality of life in the City of Rockville. Please consider each message about the neighborhood where you live and tell us if you strongly agree, agree, disagree, or strongly disagree.

|  | Strongly agree (1) | Agree (2) | Neither agree nor disagree (3) | Disagree (4) | Strongly disagree (5) |
|---|---|---|---|---|---|
| 1 of 7: I am satisfied with the quality of life in my neighborhood. (Consider your sense of safety, well-being, participation in community life and associations, etc.) (1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2 of 7: I am satisfied with the healthcare available to me (and my family). (Consider access, cost, availability, quality, and options to see a provider who understands my culture, race, sexual orientation, gender identity, or disability as it relates to healthcare) (2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 of 7: My neighborhood is a good place to raise children. (Consider school quality, day care, after-school programs, recreation, etc.) (3) | ☐ | ☐ | ☐ | ☐ | ☐ |

4 of 7: My neighborhood is a good place to grow old. (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, Meals on Wheels, etc.) (4)

☐   ☐   ☐   ☐   ☐

5 of 7: There is economic opportunity for me (and my family). (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.) (5)

☐   ☐   ☐   ☐   ☐

6 of 7: My neighborhood is a safe place to live. (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?) (6)

☐   ☐   ☐   ☐   ☐

7 of 7" There are networks of support for me and my family during times of stress and need (neighbors, support groups, faith community outreach, agencies, organizations). (7)

☐   ☐   ☐   ☐   ☐

End of Block: Effectiveness/Quality of Services [City of Rockville Residents Only]

Start of Block: City Staff and Partner Survey Questions

HMA

Q1: In this question, we present a list of services and resources that City of Rockville residents you serve may need. In the last 12 months, please select the services and resources you provided to residents, including any services or resources you connected them with. Select all that apply.

☐ Housing services and programs (e.g., MPDU rental and home ownership programs, Rockville Housing Enterprises, Housing assistance, landlord-tenant affairs, supportive housing) (1)
☐ Shelter services (2)
☐ Mental health (e.g. child, youth, family counseling, educational workshops, seminars) (3)
☐ Substance use services and programs (e.g., substance use screening and referral for adults and for adolescents, peer support, education, prevention programs) (4)
☐ Physical health services and programs (e.g., clinic, doctor, and/or hospital visits, immunizations, screenings, health education, wellness counseling) (5)
☐ Food programs and services (e.g. food assistance, farmers markets, community gardens, nutrition education) (6)
☐ Education support services and programs (e.g., Linkages to Learning after-school programs, mentoring, camps and childcare, early childhood education) (7)
☐ Employment services and programs (e.g., workforce development, professional skills development, career counseling) (8)
☐ Income/asset building services (e.g., financial skills, banking) (9)
☐ Civic engagement (e.g., Community event support, villages, boards and commissions, City Academy) (10)
☐ Navigation support services (e.g., case management, information, and referral, accessing services, completing forms for services) (11)
☐ Other; please describe (12) _____
☐ I did not provide or refer any services/resources to residents (13)

Q2: In the past year, approximately what percent of the time were you able to provide/connect the residents you serve to the resources they needed?

☐ Never (1)
☐ Seldom (about 25% of the time) (2)
☐ About half the time (3)
☐ Usually (about 75% of the time) (4)
☐ Always (nearly 100% of the time) (5)

*Display This Question:*
*Please choose the category that best describes the perspective from which you will answer the sur... = City of Rockville Staff*
*Or Please choose the category that best describes the perspective from which you will answer the sur... = City of Rockville Partner/Grantee*

Q2.a: In the past year, which services or resources have been the most challenging for you to provide or connect residents with? Select up to three options.

- ☐ Housing services and programs (e.g. MPDU rental and home ownership programs, Rockville Housing Enterprises, housing assistance, landlord-tenant affairs, supportive housing) (1)
- ☐ Shelter services (2)
- ☐ Mental health (e.g., child, youth, family counseling; educational workshops; seminars) (3)
- ☐ Substance use services and programs (e.g., substance use screening and referral for adults and for adolescents, peer support, education, prevention programs) (4)
- ☐ Physical health services and programs (e.g., clinic, doctor, and/or hospital visits, immunizations, screenings, health education, wellness counseling) (5)
- ☐ Food programs and services (e.g., food assistance, farmers markets, community gardens, nutrition education) (6)
- ☐ Education support services and programs (e.g., Linkages to Learning after-school programs, mentoring, camps and childcare, early childhood education) (7)
- ☐ Employment services and programs (e.g., workforce development, professional skills development, career counseling) (8)
- ☐ Income/asset building services (e.g., financial skills, banking) (9)
- ☐ Civic engagement (e.g., community event support, villages, boards and commissions, City Academy) (10)
- ☐ Navigation support services (e.g., case management, information, and referral, accessing services, completing forms for services) (11)
- ☐ Other; please describe (12)

  _____

*Display This Question:*
*Please choose the category that best describes the perspective from which you will answer the sur... = City of Rockville Staff*
*Or Please choose the category that best describes the perspective from which you will answer the sur... = City of Rockville Partner/Grantee*

Q2.b: Please explain the challenges you experience.

_____

Q3: What are the most requested services and programs among the residents of the City of Rockville that you serve? Select up to three options.

☐ Housing services and programs (e.g. MPDU rental and home ownership programs, Rockville Housing Enterprises, housing assistance, landlord-tenant affairs, supportive housing) (1)

☐ Shelter services (2)

☐ Mental health (e.g. child, youth, family counseling, educational workshops, seminars) (3)

☐ Substance use services and programs (e.g., substance use screening and referral for adults and for adolescents, peer support, education, prevention programs) (4)

☐ Physical health services and programs (e.g., clinic, doctor, and/or hospital visits, immunizations, screenings, health education, wellness counseling) (5)

☐ Food programs and services (e.g., food assistance, farmers markets, community gardens, nutrition education) (6)

☐ Education support services and programs (e.g., Linkages to Learning after-school programs, mentoring, camps and childcare, early childhood education) (7)

☐ Employment services and programs (e.g., workforce development, professional skills development, career counseling) (8)

☐ Income/asset building services (e.g., financial skills, banking) (9)

☐ Civic engagement (e.g., community event support, villages, boards and commissions, City Academy) (10)

☐ Navigation support services (e.g., case management, information, and referral, accessing services, completing forms for services) (11)

☐ Other; please describe (12) _____

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Q4: What could help you better educate and/or connect residents to needed services? Select up to five options.

☐ Increased funding for staff and resources (1)
☐ Better communication and outreach to residents (2)
☐ More comprehensive training for staff (3)
☐ Improved data tracking and analysis (4)
☐ Improved closed loop referral options (5)
☐ Stronger partnerships with other organizations (6)
☐ More accessible services, such as extended hours or mobile units (7)
☐ More culturally competent services (8)
☐ Translation and interpretation services (9)
☐ Transportation assistance (10)
☐ Childcare or eldercare options while residents access services (11)
☐ Simplified application processes (12)
☐ More streamlined referral systems (13)
☐ Increased awareness of available services (14)
☐ Reduced stigma associated with seeking help (15)
☐ Other; please describe (16)

_____

**End of Block: City Staff and Partner Survey Questions**

## APPENDIX B. SURVEY DEMOGRAPHICS AND DETAILED SURVEY FINDINGS

See attached Survey Data Book for preliminary tables and charts

### In which category is your age?

A total of 241 participants responded to this question. The survey results in figure 1, reveal a diverse age distribution among participants. The largest age group is 35–44 years with 25.3 percent (61 participants). The 45–54 and 55–64 age groups follow, accounting for 18.3 percent (44 participants) and 16.6 percent (40 participants). The younger demographic, 18–24 years is the smallest group making up just 2.5 percent (6 participants). Interestingly, participants aged 75 years or older account for 10 percent (24 participants). The age group 65–74 years comprises of 12 percent (29 participants), and the 25–34 age group includes 11.2 percent (27 participants). Additionally, 4.1 percent (10 participants) of respondents preferred not to disclose their age.

**Figure 1. In which category is your age?**



In which category is your age?
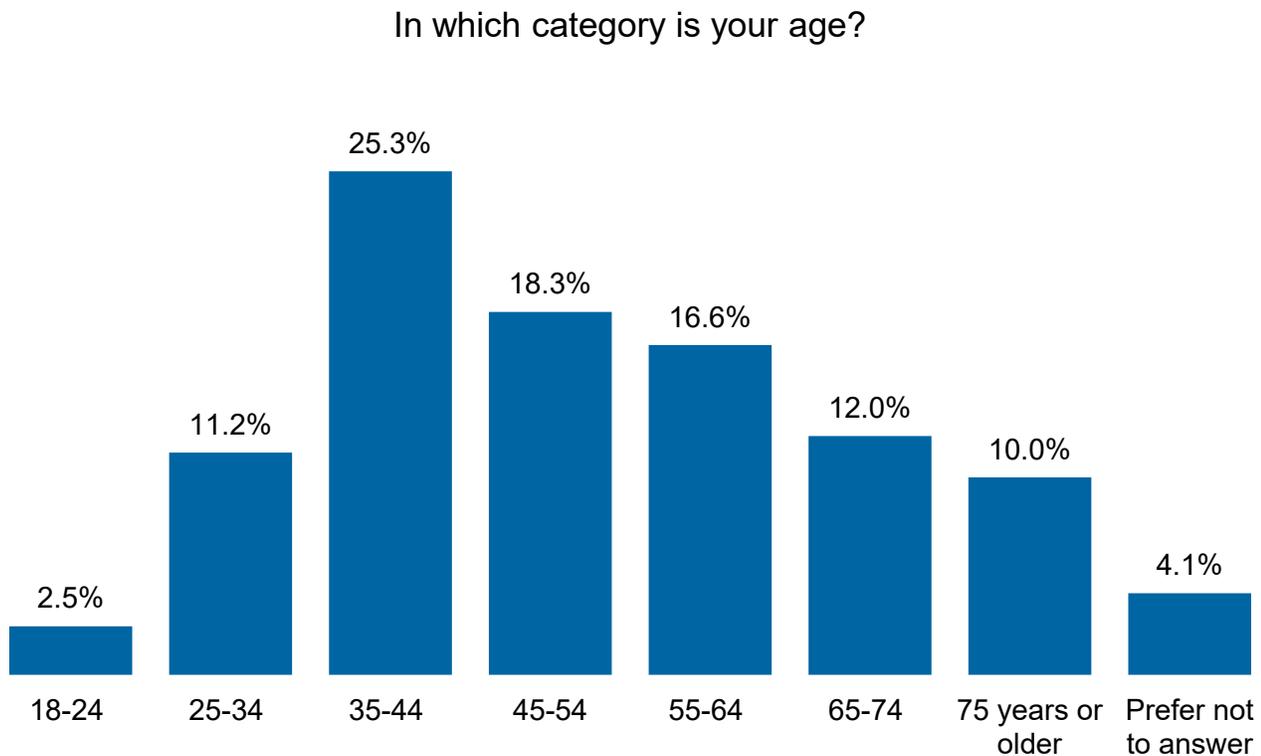
## What is your gender?

A total of 241 participants responded to this question. The survey results in figure 2, illustrate the gender distribution among participants. The majority identify as female, making up 66.6 percent (160 participants) of the respondents. Males form the second largest group, comprising 26.3 percent (63 participants). Non-binary participants account for 1.3 percent (3 participants), while both agender and genderqueer/genderfluid individuals represent 0.4 percent (1 participant each) of the total. Additionally, 5 percent (12 participants) of respondents preferred not to disclose their gender.

**Figure 2. What is your gender?**



What is your gender?

- Agender
- Female
- Genderqueer/Genderfluid
- Male
- Non-Binary
- Prefer not to answer
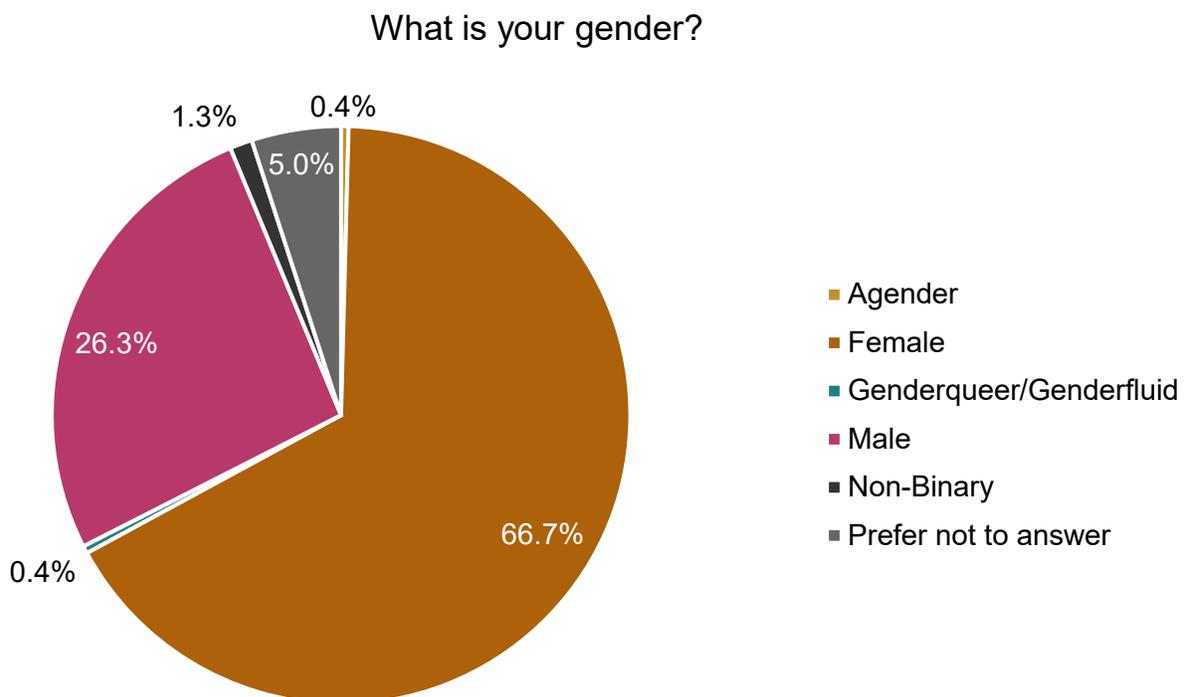
## What is your race?

A total of 240 participants responded to this question. The survey results shown in figure 3, reveal the racial distribution among participants. The majority identify as White, making up 58.3 percent (148 participants) of the respondents. Black or African American participants form the second largest group, comprising 13.4 percent (34 participants). Asian participants account for 9.4 percent (24 participants), while those who preferred not to answer represent 11.8 percent (30 participants). Participants who identify as a race not listed make up 5.1 percent (13 participants), while American Indian or Alaskan Native individuals account for 1.6 percent (4 participants). Native Hawaiian or Other Pacific Islander participants are the smallest group, making up 0.4 percent (1 participant).

**Figure 3. What is your race?**



### What is your race?

- A race not listed
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Prefer not to answer
- White
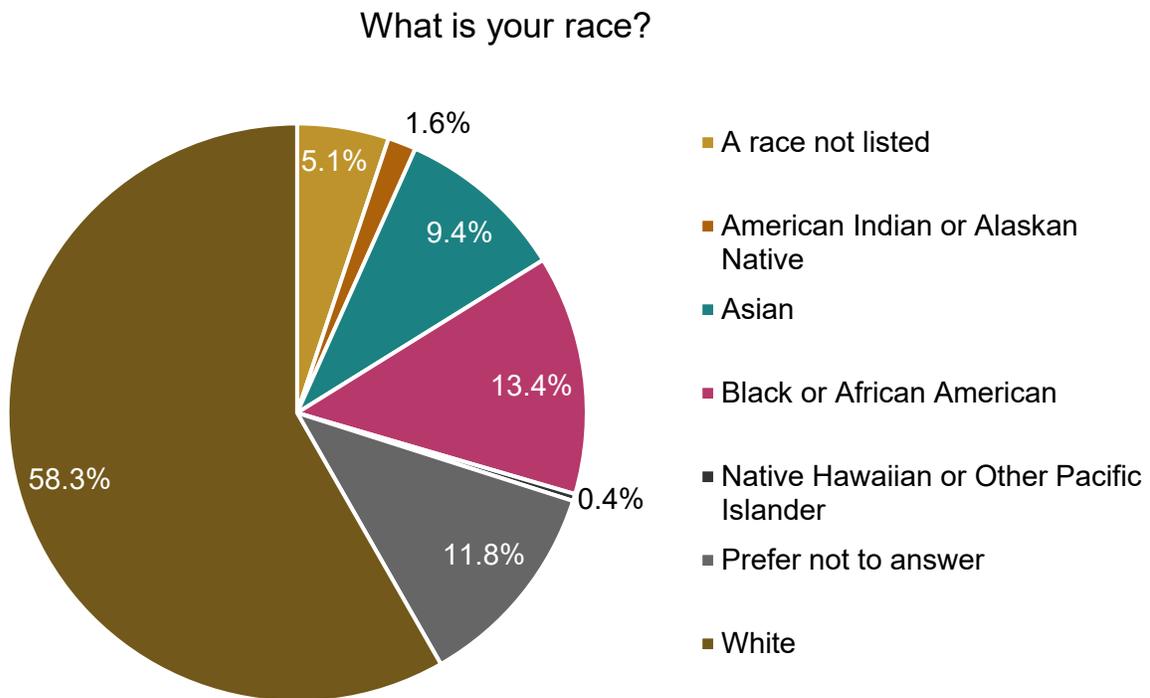
## In which community do you live?

A total of 236 participants responded to this question. The survey results in figure 4, show the distribution of residents across various communities. The largest group resides in East Rockville, accounting for 25 percent (59 participants) of the total. Town Center follows with 11.9 percent (28 participants), and Woodley Gardens & College Gardens represents 11.0 percent (26 participants). The West End and Woodley Gardens East-West community comprises 10.6 percent (25 participants). King Farm and Piccard Drive accounts for 8.1 percent (19 participants), while Twinbrook & Twinbrook Forest houses 7.6 percent (18 participants). Rockshire and Fallsmead, Hungerford, Lynfield & New Mark Commons, and Orchard Ridge, Potomac Woods & Falls Ridge each represent smaller portions of the total, with 5.1 percent (12 participants), 4.2 percent (10 participants), and 3.8 percent (9 participants) respectively. The communities of Fallsgrove and Research Boulevard, Lincoln Park, and Rockville Pike each account for 3.4 percent (8 participants). Smaller groups reside in Montrose & North Farm, Tower Oaks, and South Lawn and East Gude, making up 1.3 percent (3 participants), 0.8 percent (2 participants), and 0.4 percent (1 participant).

**Figure 4. In which community do you live?**

In which community do you live?

| Community | Percent |
|---|---|
| East Rockville | 25.0% |
| Town Center | 11.9% |
| Woodley Gardens & College Gardens | 11.0% |
| West End and Woodley Gardens East-West | 10.6% |
| King Farm and Piccard Drive | 8.1% |
| Twinbrook & Twinbrook Forest | 7.6% |
| Rockshire and Fallsmead | 5.1% |
| Hungerford, Lynfield & New Mark Commons | 4.2% |
| Orchard Ridge, Potomac Woods & Falls Ridge | 3.8% |
| Rockville Pike | 3.4% |
| Lincoln Park | 3.4% |
| Fallsgrove and Research Boulevard | 3.4% |
| Montrose & North Farm | 1.3% |
| Tower Oaks | 0.8% |
| South Lawn and East Gude | 0.4% |

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## APPENDIX C. DISCUSSION GUIDE AND INTERVIEWS AND FOCUS GROUP QUESTIONS

The primary questions for discussion were:

**<u>Universal Questions</u>**

1. When you hear the phrase "Human Services", what types of issues come to mind related to:

   a. Needs

   b. Services

   c. Programs

2. Which of these services does the City of Rockville provide and which are the responsibility of the County?

   a. Address food needs of county residents

   b. Provide behavioral health services in school and in the community through providers

   c. Healthcare services access

   d. Provide navigation and information and referral support at various City offices

   e. Engage with community

   f. After-school activity for youth

   g. Housing supports and emergency assistance

   h. Senior services

   i. Transportation

   j. Other

3. Which populations are most impacted by the delivery of these services?

4. What do you see as the most effective services the City delivers?

5. Are there gaps? Please identify them.

6. Are these gaps related to:

   a. Increased needs for existing services?

   b. New lines of services to be created?

   c. Funding shortfalls?

   d. Workforce related gaps?

   e. Other?

Each focus group was also asked a set of tailored questions that aligned with their service domain or role within the system:

**Questions for City Staff and leadership:**

1. What is your vision for the delivery of human services for the residents of the City?

2. How have the demographics shifted?

3. Describe your current menu of human services?

4. How are these services delivered?

   a. Grants

   b. Contracts

   c. Direct city offerings

   d. Other partnerships

5. What works well in how the public-private partnership works to deliver human services for City residents?

6. What trends are you noticing that concern you? Do you have data to support your concerns?

7. Where do you see the greatest gaps?

8. What are the greatest opportunities to expand your human services delivery system?

9. Do you have the infrastructure necessary to do this? Where are the gaps?

10. What should you not be doing anymore?

11. How do you plan to use the findings of this needs assessment?

12. How should this needs assessment be crafted to support the outcomes you desire? Where do you feel your leadership is most needed?

13. What national best practices have you heard of that you would like to assess for replication in the City related to human services program delivery such as easy navigation and access to services models that could be replicated for City residents

14. Is there anything you would like to say that we have not asked you?


**Questions for provider partners (public and private sector):**

1. What is your vision for the delivery of human services for the residents of the City?

2. How have the demographics shifted?

3. Describe your current menu of human services?

4. Which of the following vehicle describes your relationship with the City?

    a. Grants

    b. Contracts

    c. Other partnerships

5. Are there services you deliver in the City, but the contract rests with either the County or is a fee-for-service delivery mechanism?

6. Can you share what you see as strengths and opportunities in your relationship with the City?

7. Any recommendations to further strengthen or address the opportunities in this relationship?

8. What trends are you noticing that concern you? Do you have data to support your concerns?

9. Where do you see the greatest gaps in the human services delivery system within the City boundaries?

10. What are the greatest opportunities to expand your portfolio within the human services delivery system?

11. Do you have the infrastructure necessary to do this? Where are the gaps?

12. What should you not be doing anymore?

13. What national best practices have you heard of that you would like to assess for replication in the City related to human services program delivery such as easy navigation and access to services approaches that could be replicated for City residents?

14. How do you find out if a client is already connected to services?

15. Is there a gap between making a referral and receiving services? How to close this gap?

**Other notes:**

Client set of questions:

1. What services are you already receiving from providers (Manna, the Kaseman clinic, Interfaith Works, Linkages to Learning, Crisis Center, Rockville Housing Enterprises, to name a few)?

2. Who are you receiving it from?

3. How did you get connected?

4. Do you know where to go to get services?

5. What other services do you need?

6. Hot meal? Food market?

7. Are your kids struggling with behavioral health needs or human services needs? Do they require a call from rec center?

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## APPENDIX D. GEO MAP AND RESOURCE INVENTORY

The map below showcases the distribution of various services and programs across locations in Rockville and surrounding areas. The various sizes of the circles indicate the count of services associated with that location. The colors indicate each service category.

Notably, the "employment services and programs" category has the highest total count of services, primarily concentrated in Wheaton and Silver Spring. The "mental health and substance use services" are also significantly represented. In addition, several locations (such as Department of Health and Human Services and Gilchrist Immigrant Resource Center) offer a diverse range of services. This distribution of services spread across the community helps address multiple needs for the residents.

In looking at the map, it appears that services are confined to one general area along Interstate 270 in Rockville. Notably, the communities to the east of the highway are those that experience the greatest transportation burden and are of lower socioeconomic status. Therefore, these communities might benefit from having more local service locations.

Health Management Associates (HMA) used various sources to gather counts of services in the Rockville and County of Montgomery areas, including the Montgomery County Public Services (MCPS) Community Resource Guide 2024−2025, Montgomery County Department of Health and Human Services, Montgomery County Community Resources Guide for Latino Health Initiative, and the Beacon Resource Guide. HMA mapped all services that had an associated address. Some programs are not mapped because they did not include addresses or only included a PO box address.

### Figure A. Service Categories by Location



Service Category
- Education services and programs
- Employment services and programs
- Food programs and services
- Housing services and programs
- Income/asset building services
- Mental health and substance Use services and programs
- Navigation support services
- Physical health services and programs
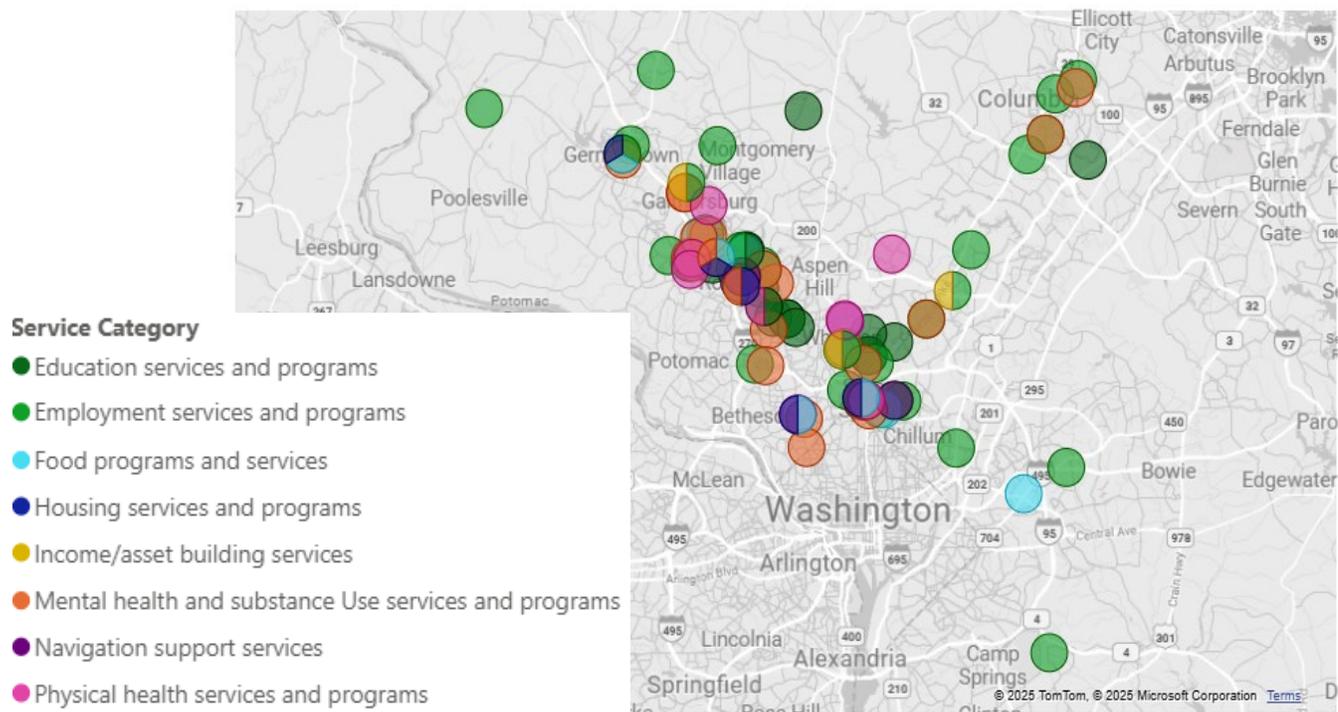
HMA conducted an inventory of services provided by the County of Montgomery compared with those thatthe City of Rockville provides. HMA found the County provides 85 percent of the total count of services, whereas the City of Rockville provides the other 15 percen. Most notably, the City does not specifically provide employment services, income/asset building services, and mental health and substance use or misuse services and programs. Further, Montgomery County does not provide navigation support services. The biggest gap noticed here is with navigation support services having only one centrally located service in Rockville.

**Figure B. Services Inventory Assessment**

| Service Category | City of Rockville | Montgomery County |
|---|---|---|
| Education services and programs (e.g., Linkages to Learning, school and after-school programs, ROCK-KIDZ Mentoring Program, City Academy, camps and childcare, early childhood education) | 10 | 14 |
| Employment services and programs (e.g., workforce development, professional skills development, career counseling) | 0 | 17 |
| Food programs and services (e.g., food assistance, farmers markets, community gardens, nutrition education) | 1 | 5 |
| Housing services and programs (e.g. MPDU rental and home ownership programs, Rockville Housing Enterprises, housing assistance, landlord-tenant affairs) | 7 | 7 |
| Income/asset building services (e.g., financial skills, banking) | 0 | 7 |
| Mental health and substance use services and programs (e.g. child, youth and family counseling; mental health/substance abuse screening and referral; substance abuse screening for adolescents (SASCA)) | 0 | 38 |
| Navigation support services (e.g., case management, information, and referral) | 1 | 0 |
| Physical health services and programs (e.g., home and hospital visits, immunizations, screenings, health education, wellness counseling) | 4 | 33 |

## APPENDIX E. DECISION-MAKING ALGORITHM

The Deputy City Manager of the Department of Housing and Community Development (DHCD) raised the following questions in hopes that the human services needs assessment would answer them. We have included here a discussion guide with those questions that will lead key decision-makers towards making informed decisions about the scope and role of City Human Services. It is anticipated that this discussion will lead to critical programming and budgeting decisions that are responsive to the changing human services ecosystem within the City in future years, in a sustainable way.

A key set of questions being asked in this assessment include:

- Are there things we should stop doing?

    - Questions to answer:
        - What is the role of the City?
            - Regulator and monitor of services?
            - Convener of services providers?
            - A direct services provider?
            - Hybrid of two or more roles?

      The answers to these questions will help determine the role that the City should play, which programs they should gradually sunset, or which they should introduce.

- Should the City be a service provider?

    - Questions to answer:
        - Decision should be drawn from the answer related to the question of, "What is City's role?"
        - Are there no other providers to deliver this much needed service?
        - Is there an economic or accessibility reason why the City should be the provider of the service?
        - Is the funder requiring it?
        - Other reasons—including return on investment reasons—why the City should be in a service providing role?

- Should the City be a Linkages to Learning provider? Why or why not?

- Questions to answer:
  - Decision should be drawn from the answer related to the question of, "What is the role of the City?" (already answered by City staff). There is a role for the City in landlord-tenant relations as the City owns and manages rental properties.
  - Are there no other providers to deliver this much needed service?
  - Is there an economic or accessibility reason why the city should be the provider of the service? The City has been a provider for a very long time and has garnered efficiencies in the service delivery process. The City also has employees in these roles, so evaluation should be done through this lens.
  - Is the funder requiring it?
  - Other reasons, including return on investment reasons, why the City should be in a service provision role?

- Should the City be involved in landlord-tenant disputes?

  - Questions to answer:
    - Decision should be drawn from the answer related to the question of, "What is the role of the City?"
    - Given the role of the Rockville Housing Authority as a provider of subsidized and affordable housing stock, is the City the appropriate arbiter of landlord-tenant issues?
    - Which other entity could play this role in a neutral and impactful way?
    - Is the funder requiring it?
    - Other reasons, including return on investment reasons, why the City should be in a service provision role?
    - Is there a possible negotiation with County or with the courts to pick up this function with funding from the City? Any opportunity for partnership?

- What are two or three high priority gaps where the City can have impact?

  - Need for navigation services that enable residents to identify the services they require and those supports can be accessed. All segments of Rockville residents accessing services need these supports.

  - Need for additional behavioral health services, including mental health and substance use treatment. All age groups in need of these services are captured in this identified gap.

  - Lack of affordable housing that creates overcrowding and high rent burdens (particularly impacts low income households and seniors on fixed incomes).

  - Need to engage the County to improve access and affordability for county residents who live in proximity to City of Rockville community services such as those offered by the community centers or the senior center.

- Lastly, how is impact measured?

Based on the needs assessment, the City will have to develop a strategic plan with an actionable roadmap. Once the City identifies its priority areas, a few examples of goal areas for consideration include:

**Improving Risk and Protective Factors:**
Improving and preserving the health and well-being of individuals by providing an environment that includes safe neighborhoods, housing, nurturing and resilient families, education, and basic needs based on equity.

**Improving Health and Well-Being:**
The mental, emotional, physical, and spiritual state that preserves and enhances quality of life.

**Increasing Economic Mobility:**
The ability of individuals to maintain independence beyond barriers and challenges when having the needed tools and resources that enable them to live their best lives.

**Building Capacity for Self-Advocacy:**
The ability of individuals to express their needs and wants and/or navigate service systems that would improve their health and well-being.

**Fostering Community Connection, Empowerment, and Resilience:**
The system needed to create an equitable and sustainable environment where residents can thrive in their communities.

The City of Rockville will develop a strategic plan based on the needs assessment. The priorities identified will lead to the development of metrics, embedded in a dashboard by which performance on outcomes can be measured and monitored. Each year the strategic considerations related to shifting external political or policy environments, varying demographic needs, and fluctuating resources will impact the metrics in the dashboard. Using a results-based accountability framework will enable the City to tell the story behind each metric. The dashboard will be used as a dynamic tool to track consistent progress toward meeting goals.

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**APPENDIX F. HUMAN SERVICES ADVISORY COMMISSION PRESENTATION**

City of
**Rockville**
Get Into It
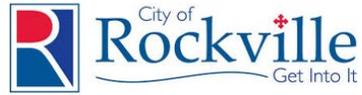
# City of Rockville Human Services Needs Assessment and Gap Analysis

## Human Services Advisory Commission

November 20, 2024

## OUR AGENDA

**TODAY'S AGENDA**

- Project Overview
- Themes from Focus groups and interviews
- Survey
- Discussion on expectations
- Next steps

4 Key Phases: Scope of Work

| Phase | Task Name | Estimated Date(s) |
|---|---|---|
| Phase I. | Environmental Scan, Steering Committee Identification, and Methodology | 7/15/24-8/31/2024 |
| | Entrance conference with leadership<br><br>Identify Steering Committee members-Completed | 8/31/2024 |
| | Project kickoff with Steering Committee-Completed<br><br>Environmental scan-Ongoing Update<br><br>Current state assessment status – ongoing update<br><br>Identify key stakeholders and target audience-<br><br>Steering Committee charter development-Completed<br><br>Define methodology, tools, and data collection requirements-Completed: Interviews, focus groups, and one survey will be conducted<br><br>Expectations of final report-Report must include recommendations<br><br>Timeframe for deliverables-Final Draft due November 2025<br><br>Clarify meeting cadence/frequency-Completed | |
| | Conduct check-in meetings with leadership (TBD- IN PROGRESS) | |
| Phase II | Stakeholder Engagement, Data Collection, and System Assessment | 8/1/24-10/31/2024 |
| | Data collection and assessment (quantitative and qualitative) | 10/1/2024 |
| | Stakeholder engagement (11 focus groups, 25 interviews) | Completed |
| | Stakeholder engagement (one community survey) | November 4-December 10th |
| | Assess emergent issues/trends | In Progress |
| | SWOT | In Progress |

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| Phase | Task Name | Estimated Date(s) |
|---|---|---|
| | Review operational/financing challenges/needs and resource allocation | |
| | Validate existing/available service compared to needs | |
| | Conduct check-in meetings with leadership (TBD) | |
| Phase III | Confirm Findings and Report Assimilation | 11/1/24-11/30/24 |
| | Assess national best practices/innovations | |
| | Assimilate draft assessment based on information to date | |
| | Conduct check-in meetings with leadership (TBD) | |
| Phase IV | Finalize Needs Assessment | 12/1/2024-12/31/2024 |
| | Draft final report | |
| | Presentation of draft final recommendations | |
| | Receive feedback from the mayor, council, and staff | |
| | Final document presented/exit conference/project closeout | 1/31/2025 |

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# Focus Groups and Interviews

## Focus Groups

### Completed

**October 1, 2024**

- Health Providers
- Senior Services
- Shelters
- Elected Officials

**October 2, 2024**

- Behavioral Health
- Community Centers
- Food
- Civic Associations

**October 14, 2024**

- Safety
- Education
- HCD

# Interviews

## Completed

### September 27, 2024
- Ryan Trout, HCD
- Tosha Dyson-Rockville Housing Enterprises

### September 30 2024
- Sharon Cichy-Main Street

### October 1, 2024
- Terri Hilton-Superintendent of Senior Services

### October 2, 2024
- Christine Henry, Rec and Parks

### October 3, 2024
- Council member Barry Jackson

### October 4, 2024
- Hjarman Cordero-Community Outreach
- Sarah Basehart-Community Reach of Montgomery
- Barack Metite-Deputy City Manager

### October 14, 2024
- Rev. Moultry

# THEMES

» Rockville continues to be diverse. Demographics have shifted with more newcomers to the City as it welcomed refugees from Venezuela and Ukraine.

» Great collaboration between Community Based Organizations and the City.

» Housing and mental health services are listed as the top two gaps in the City.

» Resources/Services exist but there needs to be more outreach or education about them.
   » One idea was to add the services each partner provides on the City's website.

» There is a clear need of navigation services as the system seems to be very complex for individuals trying to access services.

» City borders make it hard for organizations providing services to meet the needs of City residents and those of the larger municipality of Rockville.

» Reporting requirements (not only zip code)are cumbersome.

# EXPECTATION DISCUSSION

» Definition of human/social services

» Facilitator/Navigator role

» Address redundancies between city/county and state services – complementary versus duplicative resources

» Role of government:
  » Case management during crisis
  » Navigation and Coordination during non crisis
  » Training to enter the workforce
  » Economic mobility
  » Regulatory and compliance role
  » Coordination and communication
  » Close gaps in resources and services

» Cooperation, Collaboration, Coordination

» Mobility, Stability and Prosperity

» Disaster Planning Fund in response to the potential policy and funding risks due to federal policy shifts – drug affordability and shortages, Title One schools access and meet financial shortages

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## APPENDIX G. BEST PRACTICE RESEARCH

HMA conducted a scan of national best practices and innovations in programs and services that could provide the City with some model practices to explore. These are outlined below, starting with local best practices followed by national innovations.

### System Navigation, Care Coordination, and Wraparound Supports

#### Local Opportunities for Partnership and Program Replicability:

- Department of Health and Human Services − Montgomery County, MD, has many integrated case practice models such as Linkages to Learning, Care Coordination within Montgomery CARES, and coordinated entry and senior "Villages". These models all provide a framework within which the City could align and integrate services both for City-funded programs and for those that are funded by county and state and enhanced with City funds.

- Community Services | Gaithersburg, MD, is the jurisdiction the City of Rockville is most aligned with in terms of size and capacity. The City of Gaithersburg has a very robust provider management infrastructure that the City of Rockville would like to replicate.

- Many jurisdictions are using Unite Us as a digital platform that connects residents with social services. This initiative is designed to streamline the referral process for resources such as food, housing, and behavioral health services, ensuring coordinated and effective care. The platform is a robust solution for online information referral and light-touch case management across health and human services.

#### National Best Practices

HMA has conducted additional research to provide other models for review and consideration. These are listed below:

- San Francisco, CA: The city established navigation centers through public-private partnerships between the city, nonprofits, and private organizations. These centers provide comprehensive services, including healthcare, housing assistance, and social services, in a single location.

- Beaufort, SC: Together for Beaufort County (T4BC) is a community initiative in South Carolina designed to promote collaboration and address local challenges. The Beaufort County Community Services Grant Program awards funds to eligible nonprofits to participate in achieving T4BC goals and be partners of their Human Services Alliance. Each funded agency is evaluated to measure its impact on the county's strategic goals. The new interagency/intergovernmental department would collaborate with community partners and/or providers to invest in physical and/or mobile site programs to expand offerings that increase affordable access to both inpatient and outpatient crisis services.

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- **Atlanta Regional Collaborative for Health Improvement (ARCHI)**: Government and private sector leaders adopted the ReThink Health collective impact model to produce lasting improvements in health status while increasing the region's economic vitality. Government organizations, private funders, healthcare systems, and foundations jointly invested in ARCHI. ARCHI implemented a common agenda, created shared measures to document progress, built alignments that create mutually reinforcing work and forged trust and relationships with community partners and providers to sustain the work. ARCHI has reduced healthcare costs, nonurgent trips to the emergency department, and hospital readmissions and increased access to preventive and chronic care. Using this model, partners combine resources, interventions, alter the way they collaborate, and track progress with shared measures. The goal was/is to forge shared community partnerships and providers to encourage healthier behaviors, coordinate care, and expand access to healthcare. Funded organizations sign a commitment form to align their efforts and strategies.

- **San Francisco, CA; New York City, NY; Seattle, WA; and Chicago, IL**, are examples of cities that have trained community volunteers to provide nonclinical behavioral health services (Behavioral Health Support Specialists and Community-Initiated Care), helping bridge the gap in historically underserved communities.

## Behavioral Health

- **King County, WA**: The state's Behavioral Health And Recovery Division partners with local cities to offer access to the behavioral health and housing navigation team, which helps residents with mental health issues find stable housing and access necessary services.

- **Boston, MA**: The City of Boston created CareZone to better engage with individuals struggling with addiction and complex health conditions who lack connections to healthcare services.

- **New York City, NY**: Connects adults diagnosed with severe mental illness to housing through a single point of entry. Supported through the mental health system, residents can call 24/7 to consult with someone and make an appointment for assessment. Individuals can access residential, case management, and Assertive Community Treatment (ACT) services through an application process. The application may also be used for referral to Community Oriented Recovery and Empowerment (CORE) Services. Upon submission of the application and appropriate supporting documentation, each request for service is reviewed. A service provider is assigned based on the type, level, and availability of the service requested. Once an individual's application is given to a provider, which is expected to contact applicants within five business days to schedule an interview. If the individual's application is accepted, the case is opened with case management or an admission date is projected for housing. If the service provider is unable to provide the appropriate level of care, the application is returned for further discussion and possible reassignment. Individuals must meet the diagnostic criteria for a serious mental illness that significantly impairs their ability to access housing or other services.

Services also are available for youth, including outpatient individual and family therapy, peer support services, crisis stabilization, care management, community-based in-home supports, day treatment programs, partial hospitalization, residential treatment, and acute inpatient hospitalization.

- Columbia, SC: Heart Is Where the Home Is offers personalized job and housing assistance through specially trained case managers. Food and access to medical and mental health services also are available through a network of recovery and healthcare partners. This organization offers a program called Rapid Shelter Columbia, which includes 50 compact, 64-square-foot pallet units, offering residents a private, safe space with a bed and storage. The program includes personalized job and housing assistance from the city's specially trained case managers, along with access to food, medical services, mental health support, laundry facilities, showers, and grooming supplies, helping residents regain stability and independence.

- Integrated Health and Crisis Services: Many cities are integrating mental health services with primary care and other social services. This approach ensures that residents receive comprehensive care that addresses both physical and mental health needs simultaneously by providing immediate support during mental health crises, reducing the need for police intervention and hospitalizations. This approach helps stabilize individuals and improve their overall well-being.

## *Housing*

- West Hollywood, CA: Developed a Housing Element policy guide, which outlines a comprehensive strategy to meet the housing needs the people who live there. The city measures transit-oriented, affordability metrics, and the existence of laws that may (or may not) protect renters and low- or middle-income workers. This holistic approach tackles a big challenge by placing carefully selected actions across departments. Key components of the guide include: encouraging the development of a diverse range of housing types, including affordable, supportive, and workforce housing; tax incentives for developers; geography and proximity to public transit; establishment of renter protections and landlord-tenant mediations; development of community land trusts; concerns about possible displacement, eviction, or homelessness among already vulnerable individuals; and promotion of tenant safety and rent stabilization ordinances, checks on vacancy decontrol regulations, promotion the substitution of demolished multifamily housing, and reevaluation of zoning policies that negatively affect affordability.

- Denton, TX: Created an affordable housing strategic toolkit and prioritized data-driven housing plans. Like many cities across the United States, Denton has witnessed a significant increase in both home prices and rent in recent years. Denton faces a shortage of housing options at low and moderate price points, and this scarcity has placed a financial burden on the lower-wage workforce and young professionals in the community.

**HMA**

- [21 Elements](): San Mateo County, CA, and its constituent cities cosponsored the 21 Elements initiative. These entities manage the initiative and provide most of the operating funds, with additional financial contributions from participating cities. The 21 Elements is a forum for local jurisdictions to share tools, resources, and strategies for meeting local housing needs. Members of the collaborative meet regularly to discuss a range of issues, including changes to state and federal policy and resources, upcoming county- and city-led public engagement initiatives, and status updates on affordable housing projects.

- [Philadelphia, PA:]() Philadelphia has established a network of "villages" like Penn's Village, which provide support and social engagement for older adults. These villages offer services such as companionship, tech support, transportation, and home repairs.

- [Chicago Metropolitan Area, IL](): Communities in northeastern Illinois, including the City of Harvey, have taken steps to support aging in place. Harvey formed a volunteer-led Senior Services Division to improve access to services for older adults. Additionally, several communities have updated zoning ordinances to permit accessory dwelling units, providing affordable housing options for older adults. Lastly, the city contracts with a [Community Action Agency]() to provide one-stop supports for utility assistance.

- [Bolingbrook, IL:]() The Village of Bolingbrook requires new homes to include design features that ensure accessibility for people of all ages, making the community more inclusive.

- [Miami, FL:]() The Chapman Partnership manages two homeless assistance centers. These centers serve vulnerable populations including individuals affected by domestic violence, military veterans, people with disabilities, unaccompanied youth, and justice-involved adults. Residents work with case managers to create personalized plans, guiding participants toward self-sufficiency. The centers offer medical centers, behavioral health clinics, dental clinics, family dorms, cafeterias, classrooms, Wi-Fi, daycare, basketball courts, and even a dog kennel. The organization uses a "housing first" philosophy and applies a multidisciplinary team approach. The partnership assesses all types of government assistance that residents might qualify for and helps them apply for services. Housing specialists and employment specialists are located at both homeless assistance centers and have relationships with landlords to identify permanent housing solutions and help negotiate leases and transitionary services.

- [Miami, FL:](#) The Beach Resource Center program consists of a walk-in center specifically for people experiencing homelessness. The city contracts with four emergency shelter providers for men, women, and children, along with care coordination services. Clients also are offered employment services and assistance with job placement and applications for entitlements (such as disability and SNAP benefits). Staff assist with identification documentation replacement and help obtain birth certificates, government-issued IDs, work permits, and driver's licenses. The center offers mental health screening and services. Rental assistance is provided to people who are stabilized and can sustain independent housing. Addiction treatment is provided at rehab centers, including inpatient, outpatient, partial hospitalization, detox, and aftercare services. The city also employs a street outreach team that engages homeless people where they are sleeping, resting, and panhandling. Staff are trained to engage people from an assessment-driven approach that is sensitive to mental health and substance use issues. The outreach team conducts missions during daytime hours and responds to online service requests via the city's eGov application.