


HHS COMMITTEE #1
October 10 and 17, 2019

MEMORANDUM

October 7, 2019

TO: Health and Human Services Committee

FROM: Vivian Yao, Legislative Analyst 

SUBJECT: **Meeting with Boards and Commissions**

The Health and Human Services (HHS) Committee will discuss policy priorities with Chairs of Health and Human Services Advisory Boards, Committees, and Commissions on October 10 and October 17. Raymond Crowell, Director, Department of Health and Human Services, has been invited to both meetings.

In a letter dated August 6, 2019, Committee Chair Alborno invited the chairs to attend these meetings and requested that they identify their top two policy priorities. A sample copy of the letter is attached at ©1. The invitation letter stated that this worksession would be an opportunity to discuss policy priorities of mutual concern.

To accommodate all representatives and allow time for discussion, each Board or Commission spokesperson is asked to limit comments to three minutes.

A chart listing each group, its chair(s) or designated representative, the date scheduled for the group's presentation, and the reference number for each policy priority statement is provided on the following page. The individual commission and board statements begin at ©2.

DHHS ADVISORY BOARDS & COMMISSIONS

<u>Representative</u>	<u>Group</u>	<u>Presentation Date</u>	<u>Circle #</u>
Jacqueline Williams	African American Health Program	10/17	2-3
Elyse Grossman	Alcohol & Other Drug Abuse Advisory Council	10/17	4
Dr. Nguyen Nguyen	Asian American Health Initiative (AAHI)	10/17	5-6
Marquette Rogers	Board of Social Services	10/10	7-8
Ronna Cook	Citizen Review Panel Advisory Group	10/10	9
Dr. Jean Dinwiddie	Commission on Aging	10/10	10-14
Michelle Belski	Commission on Child Care	10/10	15
Kirsten Anderson	Commission on Children and Youth	10/10	16-17
Desiree de la Torre	Commission on Health	10/17	18
Chris Jennison	Commission on Juvenile Justice	10/10	19
Seth Morgan	Commission on People with Disabilities	10/10	20-21
Dan Bullis	Commission on Veterans Affairs	10/10	22
Laura E. Irwin	Community Action Board	10/10	23
Liran Laor	Early Childhood Coordinating Council	10/10	24-25
Roberto Pinero and Ebony Johnson	Interagency Commission on Homelessness	10/17	26-29
Victor Del Pino, Co-Chair Monica Escalante, Co-Chair	Latino Health Initiative	10/17	30-31
Jeannette Bjourkland	Mental Health Advisory Committee	10/17	32-33
Wayne Swann	Montgomery Cares Advisory Board	10/17	34
April Marrone and Robin Stimson	Victim Services Advisory Board	10/17	35



MONTGOMERY COUNTY COUNCIL

GABRIEL ALBORNOZ
COUNCILMEMBER AT-LARGE

August 6, 2019

Ms. Kirsten Andersen, Chair
Commission on Children & Youth

Dear Ms. Andersen:

On Thursdays, October 10 and 17, the Health and Human Services (HHS) Committee will meet from 8:30 a.m. to 10:30 a.m. to discuss how the County's advisory boards and commissions can further the County's policy priorities. The attached schedule shows which day each group will be presenting. I invite you to participate in your role as chair in this roundtable discussion. I have also invited Dr. Raymond Crowell, Director of the Department of Health and Human Services, to participate in the discussion.

My colleagues on the Health and Human Services Committee and I are interested in communicating to you our policy priorities. We are also interested in hearing the policy issues of concern for your board in FY20. By the end of our discussion, I hope that we will have identified work plan issues that blend our mutual priorities for vital health and human services.

In preparing for this meeting, please submit your board's top two policy priorities by Thursday, October 3 to Vivian Yao, Legislative Analyst, at vivian.yao@montgomerycountymd.gov or 240-777-7989 (fax). Please limit your remarks to one page. Priority statements will be compiled and published on the Council's website (www.montgomerycountymd.gov -- follow links to the County Council) by the evening of October 7.

The meeting will begin at 8:30 a.m. in the third-floor Hearing Room of the Council Office Building (COB) at 100 Maryland Avenue. Light refreshments will be available prior to the meeting at 8:00 a.m. in the Potomac River conference room on the 6th Floor of the COB. To accommodate all groups and allow time for discussion at the meeting, one spokesperson from each board or commission will be asked to speak for no more than three minutes.

The HHS worksession is a public meeting. Commission members and Executive staff are welcome to attend. Pay parking is available in the COB parking garage located at the intersection of Monroe and Jefferson Streets. If you have any questions, please call Ms. Yao at 240-777-7820.

Sincerely,

A handwritten signature in black ink, appearing to read "Gabe Albornoz".

Gabe Albornoz
Chair
Health and Human Services Committee

C: Evan Glass, HHS Committee Member
Craig Rice, HHS Committee Member
Raymond Crowell, Director, DHHS
DHHS Commission Staff



Montgomery County Council
Health and Human Services Committee
Worksession: October 17, 2019

Policy Issues Submitted by the African American Health Program Executive Committee

Presenter: AAHP Executive Committee Member

Inequities affect Blacks beyond health –

- In the school year 2016-17, the adjusted cohort graduation rate (ACGR) for public high school students was 85 percent. 89 percent of White students graduated from high school, but only 78 percent of Black students graduated according to the National Center for Education Statistics.
- The Infant Mortality rate in some U.S. cities exceeds rates in some developing countries. The lack of available prenatal care and exposure to increased levels of lead and harmful metals and chemicals have an adverse effect on the health of African Americans. (Center for Research on Globalization)
- Racial profiling is defined as "any police-initiated action that relies on the race, ethnicity, or national origin, rather than the behavior of an individual or information that leads the police to a particular individual who has been identified as being, or having been, engaged in criminal activity." Risse, Mathias; Richard Zechauser (April 2004). "Racial Profiling". *Philosophy and Public Affairs*. 32 (2): 131–170. Recent police-initiated actions directed at people of color underscore the inequities experienced by Black and brown minorities in Montgomery County.

The African American Health Program's policy priorities for 2019 focus on:

- Infant Mortality which is one of AAHP's six priority areas.
- Integration of Cardiovascular Health and Diabetes.
- Zip code level health initiatives focused on reducing health disparities among the Black population in Montgomery County.

AAHP is dedicated to reducing the infant mortality rate to below the Healthy People 2020 (HP2020) goal of 6.0. According to Healthy Montgomery 2013-2017, the infant mortality rate for blacks in Montgomery County is currently at 8.3 percent. Culturally appropriate primary and secondary prevention strategies are important to reduce the current rate to below the HP2020 goal. Some strategies recommended by the CDC to reduce infant mortality are increased access to primary care, increased perinatal care, smoking cessation, as well as multi-vitamin/folic acid intake. The AAHP SMILE program was developed to address Infant Mortality utilizing evidence based strategies. The SMILE program provides health education, support, and referrals to improve the likelihood of healthy birth outcomes. The SMILE program provides nurse case management, childbirth and breastfeeding classes. Breastfeeding is an important tool in reducing



infant mortality as breastmilk gives the baby a healthy start. Decreased rates of morbidity due to infectious disease of infants has been correlated to breastfeeding.

The integration of Cardiovascular Health and Diabetes is a priority for AAHP. Diabetes affects 29.1 million people in the United States and is the 7th leading cause of death. Among African Americans in Montgomery County, the rate of diabetic-related deaths is 24.1 compared to a rate of 10.1 among the white population. Hypertension affects 70 million people in the United States, with heart disease being the #1 leading cause of death. Among African Americans, 43% of men and 45.7% of women have hypertension, with heart disease being the #1 cause of death. Given that over time high blood glucose levels damage nerves and blood vessels which lead to heart disease and stroke (#3), the leading causes of death among people with diabetes, AAHP wants to ensure that all primary and secondary strategies implemented tackle both diseases jointly. All programming should integrate components of both disease states that can reduce the incidence, morbidity and mortality.

We advocate for additional funding for programs such as the African American Health Program. While progress has been made in areas such as Infant Mortality, additional milestones must be achieved in identified zip codes with poor health outcomes. We must develop primary and secondary prevention strategies that target infant mortality, cardiovascular health and diabetes by reducing the incidence, morbidity and mortality associated with these health disparities.

A decrease in health disparity improves the overall health of Montgomery County MD and assists in the achievement of the priority outcome of Thriving Youth and Families and a Thriving Economy. AAHP appreciates having this opportunity to share its priorities as well as having input into the future policies of Montgomery County and County Council. Having partnerships with the County Council and Department of Health and Human Services that strive to eliminate health disparities and improve the number and quality of years of life for African Americans and people of African descent in Montgomery County are valuable.

**Alcohol and Other Drug Abuse Advisory Council FY20 Priorities
Health and Human Services Committee Meeting – October 17, 2019**

1. *To Examine How Vaping and E-Cigarettes are Addressed in the County and Provide Recommendations to the County Executive and County Council to Improve the Situation*

Research shows that childhood and early adolescence is a time when people are most likely to begin abusing drugs – including tobacco, alcohol, and illegal and prescription drugs. One issue that AODAAC members were specifically concerned about was the increase of vaping and e-cigarettes among youth. Nationally, there has been a sharp spike in vaping and the use of e-cigarettes in middle and high schools across the country. From 2011 to 2015, e-cigarette use by high school students increased by 900%. And then, from 2017 to 2018, the number of high school students reporting that they used e-cigarettes during the past year nearly doubled. As of 2018, more than 3.6 million U.S. youth report using e-cigarettes in the previous 30 days. This includes 1 in 5 high school students and 1 in 20 middle school students. Unfortunately, there is very little data about usage rates in the County itself.

Moreover, AODAAC has heard of problems that schools and other places that support adolescents face after finding e-cigarettes. For example, AODAAC has heard reports that the police will not remove the e-cigarettes which leaves teachers and administrators with the problem of disposing of these products safely and without risking recovery by youth. Therefore, this year AODAAC will examine what data is available within the County and arrange meetings to learn more about this issue with representatives from the Montgomery County Police Department, the Montgomery County Public Schools, and other affected and concerned individuals. Our goal will be to provide recommendations to the County Executive and the County Council on how to best address and improve this situation within the County.

2. *To Continue to Advocate for: a) Adequate Funding for Alcohol and Drug Prevention and Treatment Programs; and, b) Evidence-Based Laws Regulating Alcohol and Drugs in the County and the State*

The consequences of alcohol and drug use and abuse are becoming increasingly lethal. In 2018, there were 2,406 drug- and alcohol-related intoxication deaths in Maryland. This is the ninth year in a row that intoxication deaths have increased, and, represents a 5% increase over the number of deaths in 2017. Of these deaths, 89 occurred in Montgomery County which is 58 percent more deaths than occurred here in 2007. However, for the first time in eight years, the number of deaths has finally started to decrease and is down from 116 deaths last year. Together, prescription opioids and alcohol were responsible for over one-third of all drug- and alcohol-related intoxication deaths in the County during 2018 (18 percent and 21 percent, respectively). However, 80 percent of alcohol-related deaths occurred in combination with opioids.

Each year, the County spends millions of dollars on alcohol and drug prevention programs and alcohol and drug treatment programs; sadly, this is not enough. Prevention of alcohol and drug abuse is extremely important; research shows that \$1 spent on prevention can result in roughly \$10 in long-term savings. However, for many years, there has been only one person responsible for coordinating and executing drug and alcohol prevention programs for the entire county: one person is not enough. Substance use disorder treatment also saves money, with research showing for every \$1 spent it saves \$7. Although the County has not cut spending for treatment programming to the same extent as other programs over the past decade, a failure to adequately fund these treatment programs can have serious consequences. These include numerous financial, physical, and emotional costs on individuals with substance use disorders, their families, and the County as a whole.

Therefore, this year, AODAAC intends to continue to push for greater awareness of the inadequacy of the current level of funding for alcohol and drug treatment and prevention in the county, and thus also advocate for more funding for these programs. Additionally, AODAAC will also advocate for stronger and more comprehensive evidence-based laws regulating alcohol and drugs in the County and the State.

Introduction:

For the fiscal year 2020 AAHI proposes to put into action the development of a Wellness Program for the Asian American community of the County, while maintaining and expanding the Behavioral Health and Senior's Health and Wellness Programs in order to serve more effectively a wider range of the Asian American residents of the County.

Wellness Program:

The concept of the Wellness Program overrides the narrower context of specific disparities and morbidities which practically have been the cornerstones of the formulation of health programs on an equitable basis. It is primordial to recognize that the right to health and wellness is just not the absence/elimination of disease. The World Health Organization established, "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." The state of Poor Health and disabilities are largely a reflection of chronic disease symptoms that are not managed, rather than diseases which can be or have been eliminated. In fact they do coexist.

Unhealthy lifestyle choices are often unhealthy eating habits, lack of exercise and nutrition, which lead to chronic diseases. Therefore an alternative approach to prevention, by focusing on healthy life style and managing symptoms before the appearance of disease and disability is a powerful tool to empower an individual to elevate their state of wellness. This will result in tremendous cost savings for the healthcare system as hospital ER visits will drop, amount of prescription drugs may be reduced and quality of life including mental health improves. AAHI therefore plans to embark upon a program on Wellness circumventing the need and effectivity of both a holistic approach inclusive of evidence based programs.

Prioritizing Behavioral Health of Asian Americans:

Asian American older adults are the largest minority and the fastest growing subgroup in Montgomery County at 15%. The past few years of sustained work with Asians in the Behavioral Health area has exposed some emerging unmet needs of this population-segment which requires a careful focus. Senior health and wellness programming remains a priority for AAHI. Some known causes of an altered state of well-being of older Asians are loneliness, social isolation, stress and burden of caregiving, economic challenges, physical and mental abuse. Effective outreach to Asians has always been a challenge in the behavioral health area due to social and cultural stigma. AAHI has developed a series of photo-novels as subtle tools of outreach to overcome these barriers. The latest photo-novel which was released in 2019 focuses on caregivers and on the causes and symptoms of loneliness and social isolation. In FY2020, AAHI will continue with the development and outreach using these photo-novels with an accentuated emphasis on the emotional toll on the Caregivers.

The other serious and growing concern in the mental health area among Asian Americans is suicide. Nationally, Asian American teens have higher rates of attempted suicide when compared the non-Hispanic White counterparts. Asian

American females between 15 to 24 years have the highest percentage of deaths due to suicide than any other racial or ethnic group. According to the Center for Disease Control and Prevention (CDC), suicide rate has increased by over 25% from 1999 to 2016. The CDC also states that more than half of those who committed suicide did not have a diagnosis for mental health condition. Obviously there is a missing link between medical diagnosis and real life experience. The unfolding, understanding, and addressing this public health menace is a great social and mental health challenge.

Additional Information:

Among County residents aged 60 years and over, Asian Americans are the largest racial minority at 15%, while 27.3% of those over 65 have some sort of disability. Limited English proficiency (LEP) in this group is known to be 29% which further aggravated by cultural barriers. All this leads to lack of knowledge about local resources, unsettled family dynamics, lack of community network which all impact the physical and mental wellbeing of Asian American adults. These set of conditions provide an ideal recipe for chronic diseases like heart disease, poor cognitive performance, early onset of dementia, and depression, in addition to acute conditions and premature deaths.

Approach:

To enhance the effectivity and outreach to the target population in a more comprehensive way, partnership with community partners and other stakeholders will be enhanced. AAHI has developed culturally and linguistically competent education programs that may be used to educate Asian American seniors on health, wellness, and lifestyle choices. Program activities are to be concentrated at local senior centers and faith-based organizations. In addition, AAHI will continue to expand the partnership and collaborative efforts with the Montgomery County Department of Health and Human Services' Aging and Disability Services to ensure providers understand the needs of Asian Americans, which may be a step towards reduction of service delivery disparities.

Blueprint:

The development of a Blueprint for AAHI is in its final stages. It is designed to create a roadmap for the decade ahead and should serve as a guideline for improved health and wellness for Asian American communities.

The Asian American community and AAHI Steering Committee appreciate the County Council's support and in the prioritization of the needs of this diverse community.

Montgomery County Board of Social Services

Priority Statement for Meeting with Gabe Albornoz, Chair of the Health and Human Services Committee

Montgomery County Council

October 10, 2019

Good Morning. My name is Marquette Rogers and I am the Chair of the Montgomery County Board of Social Services (BSS), which provides advisory oversight to social services programs within Montgomery County funded by the state Department of Human Services (DHS). These programs include: state funded income support programs and emergency stabilization programs; mandated child protective services and foster care programs; mandated adult protective services and adult home care services.

As the Board of Social Services, it is our responsibility to ensure that those individuals in our community who have the greatest challenges and least resources receive the support they need. On behalf of the Board, I would like to congratulate the Department for its successful implementation of the new self-service and client assistance labs in their three regional offices. Also, the Board is pleased that the Office of Eligibility and Support Services has undergone infrastructure upgrades in the Germantown and Silver Spring offices to enhance the client experience. Child Welfare Services also received two NACo Awards for its Substance Abuse Therapy and Transitioning Youth Learning Collaborative programs.

This year, the Board is prioritizing and supporting greater trauma informed awareness education, which this Committee and full Council has expressed interest in, knowing that trauma-informed practice is central to social services.

Students today face an array of family challenges from physical and emotional abuse, homelessness, joblessness and substance abuse that affects their mental health and wellbeing. According to the Centers for Disease Control and Prevention, about one in five school-aged children in the United States has a diagnosable mental health condition. Eighty percent of those children do not receive treatment. We can and must do better, starting right here in Montgomery County.

To raise awareness about the importance of building resilience in our youth and promote action steps for change, the Board will be hosting a screening of the movie *Resilience* on October 16, starting at 6 pm. The event will be held at the Adventist HealthCare Shady Grove Medical Center, 9901 Medical Center Drive, Rockville. Your schedules permitting, we would like to invite you as members of this important committee to attend. We also have extended an invitation to all the DHHS Boards and Commissions, as we know that collaboration is key on an issue of this importance. After the movie screening, there will be a panel discussion, with community leaders to identify potential strategies and policies that could help affect positive change for our youth who are experiencing trauma.

Additionally, the Board will continue to monitor the implementation of the Families First Act, which will go into effect on October 1, 2019. The Social Services Officer and Child Welfare Director within the Department of Health and Human Services have convened an internal workgroup and will be conducting stakeholder meetings to educate the community about the initiative.

By way of background, the Family First Prevention Services Act was passed and signed into law on February 9, 2018. The Act has the potential to dramatically change child welfare systems across the country. One of the major areas this legislation seeks to change is the way Title IV-E funds can be spent by states.

Title IV-E funds previously could be used only to help with the costs of foster care maintenance for eligible children; administrative expenses to manage the program; and training for staff, foster parents, and certain private agency staff; adoption assistance; and kinship guardianship assistance.

With the Family First Prevention Services Act states, territories, and tribes with an approved Title IV-E plan have the option to use these funds for prevention services that would allow “candidates for foster care” to stay with their parents or relatives.

States will be reimbursed for prevention services for up to 12 months. A written, trauma-informed prevention plan must be created, and services will need to be evidence-based.

As the law is implemented, we hope that the following benefits will be realized:

- Eliminate children entering foster care & remaining for short periods of time
- Eliminate re-entries by deploying prevention services
- Reduce removals of substance exposed infants by working with partners to increase availability of residential substance abuse treatment for mothers and their young children
- Further transform from a system over-reliant on group care to a system that keeps children with their families, promotes kinship care, and uses group care only for youth with high-end clinical needs

I would like to conclude by saying that while our main areas of focus are these two policy priorities, we are also monitoring federal executive and legislative changes that may have a considerable impact on human services access and delivery to the county. We continue to monitor Public Charge and any impacts to SNAP, Medicaid and other major income supports that are vital to our community.

The Board greatly appreciates the support that has been provided by the County Council to the residents of the County.

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**Citizen's
Advisory Panel for Children**

Priority Statement for Meeting with
Chair of the Health and Human Services Committee
Montgomery County Council
October 2019

The Mission of the Citizen's Advisory Panel is to examine the extent to which the County Child Welfare Agency effectively implements the child protection standards and State plan under Child Abuse and Neglect Federal legislation, 42 USC section 5106a(b).

The Panel is a multidisciplinary group of expert professionals and private citizens whose responsibility is to ensure that maltreated children receive the services and support they need. We have members with varied backgrounds, all committed to the safety and welfare of children. The panel works collaboratively with the County's Department of Child Welfare Services.

This year's focus will include the following agenda items:

- Learning about the new State-wide database, MDTHINK, including the child welfare component, known as CJAMS.
- Providing support for the implementation of START program, which is a new evidence-based practice model for addressing drug and alcohol abuse in certain high-risk families being served by the child welfare system.
- Working with child welfare staff to analyze foster parent recruitment practices and develop new, creative outreach techniques to increase foster parent recruitment.
- Collaborating with other Boards & Commissions to focus on mental health issues of youth in care, and in particular the issue of suicide.

The Panel greatly appreciates the support that has been provided by the County Council to the residents of the County.



COMMISSION ON AGING

October 7, 2019

The Honorable Gabe Albornoz
Chair, Health and Human Services Committee
Montgomery County Council
100 Maryland Avenue
Rockville, Maryland 20850

Dear Mr. Albornoz:

Thank you for this opportunity to present the Commission on Aging's (COA's) priorities for FY21. We thank the Health and Human Services Committee and other members of the County Council for the strong support you have provided over the years to older adults in Montgomery County and their families through your budget allocations.

Montgomery County must continue to make progress as a community for a lifetime for its residents by ensuring that all those in need have access to the safety net of vital services and supports essential for their well-being and are provided with access to housing that is affordable, so that they can remain vital members of our community. This will help to address the results of the County's 2017 Community Livability survey, which reveal a decrease in the percentage of people who plan to retire in the County. The overall findings of that survey suggest that residents' main concern regarding retirement in the County is the high cost of living. The Montgomery County Planning Department of the Maryland National Capital Park and Planning Commission issued a report, Meeting the Housing Needs of Older Adults in Montgomery County, which provides the following summary of the Community Livability survey result:

Montgomery County, Maryland is a community offering high-quality services and amenities to people of all ages and at all stages of life. According to the County's 2017 Community Livability Report, 90 percent of County residents 55 and older say that Montgomery County is a "good" or "excellent" place to live. The County scores particularly high among older adults in terms of its health services, public safety, and parks and activities. However, only 50 percent of residents 55 and older said that Montgomery County was a good place to retire. And just 25 percent rated the cost of living favorably. Therefore, despite the high quality of life enjoyed by many residents in Montgomery County, there are challenges to ensuring that people can remain in the County as they age and that the County's opportunities and amenities are available to all older adults, regardless of income:

<http://montgomeryplanning.org/tools/research/special-studies/housing-for-older-adults-study>

COA's annual County budget recommendations are informed by our Senior Agenda, COA public forums, COA Committees' Focus Areas, COA monthly meetings and summer studies. These activities benefit from input and feedback from subject matter experts and members of the public, especially, older adults and their families.

Department of Health and Human Services

401 Hungerford Drive, 4th Floor, Rockville, Maryland, 20850 240-777-1120, FAX 240-777-1436

www.montgomerycountymd.gov/hhs

COA's budget recommendations fall into three areas: Department of Recreation, Department of Health & Human Services, and Affordable Housing.

DEPARTMENT OF RECREATION

Restore Cuts to Senior Programming

Recreational programs at senior and community centers can include healthy meals, social engagement, and intellectual stimulation – all essential for older adults who might otherwise be isolated and alone. The benefits of participation in these programs are pronounced. For many isolated and otherwise vulnerable older adults, a senior program or senior center may provide the only opportunity for social interaction and a healthy meal. Moreover, at our March 2019 Public Forum, “Older Adults in the County’s Diverse Racial, Ethnic and LGBTQ Communities,” which included panel discussions and breakout sessions, many speakers indicated that senior programs were especially beneficial to older adults of diverse communities, especially in addressing their unique challenges of social isolation.

While the Senior Adult Programs budget look at a distance to be flat-funded in the FY20 budget, the operating expenses – the actual programs – have been cut in each of the last four budgets. These program cuts have been masked by increases in personnel costs attributable to salary and benefit costs of current employees. To provide points of comparison, Montgomery County budgets approximately \$2 million/year for senior recreation services while Howard County provides \$2.35 million, and Fairfax County close to \$4.3 million.

In FY19, the County's reductions in funding for the Department of Recreation resulted in the decreased funding for two programs that primarily serve lower-income and vulnerable older adults: Friday bus transportation to senior centers and reduction in mini-trips. As previously noted, for many isolated and otherwise vulnerable older adults, a senior program or senior center may provide their only opportunity for social interaction and a healthy meal. Without County-provided transportation, these benefits may be lost. Likewise, the Department's mini-trips to cultural or historical sites such as museums, the County Fair, and shopping venues, provide older adults who lack personal or financial resources, an opportunity for social engagement and intellectual stimulation. The COA requests that these services be restored.

Increase Service Hours for Recreation Department Senior Programs

As discussed above, senior services at County senior and recreation centers provide vital services to the County's vulnerable older residents, including providing nutritious meals and combating social isolation. However, there are simply not enough programs specifically intended for seniors. This problem is exacerbated during the summer months when County recreation centers are devoted primarily to children's summer camp activities during the week.

Expand Early Stage Memory Loss Program (Senior Center Plus)

Early Stage Memory Loss Programs, or Senior Center Plus, provide structured activities and support tailored to the individual needs of senior center participants with early stage memory loss. Senior Center staff are encountering more individuals who are brought to the center by caregivers but whose cognitive impairments prevent them from joining regular center activities. However, center staff have neither the time nor the training or expertise to provide these individuals with the individualized services they need. As a result, these participants may remain in one location, e.g., lobby area, for the entire day. They would benefit from the Senior Center Plus program.

The Jewish Council for the Aging (JCA) has operated a small early stage memory loss program in Germantown with private grant funds, serving eight people/two days per week on a sliding fee scale. In FY19, JCA used a County grant to start a second program at the Margaret Schweinhaut Senior Center in partnership with the Recreation Department. This program operates only one day a week.

Montgomery County lags behind neighboring jurisdictions in providing this important service. There are currently 43 Senior Center Plus sites in Maryland, including in Anne Arundel, Baltimore, Charles, and Howard counties. Fairfax County, Virginia, operates a robust program with more than \$1million in county funds.

HEALTH AND HUMAN SERVICES

Add Two Social Worker Positions – Adult Protective Services and Public Guardianship Adult Protective Services

Adult Protective Services is a State-mandated program that investigates allegations of abuse, neglect, self-neglect, and/or exploitation of vulnerable adults. APS provides professional services to reduce risk factors and promote protection of the health, safety and welfare of endangered, vulnerable adults. A vulnerable adult is one who lacks the physical or mental capacity to provide for his/her daily needs.

The number of APS investigations has increased 53 percent over the past five years. During the same period, financial exploitation cases have quadrupled, in part due to mandatory reporting laws. Financial exploitation cases now make up 35 percent of all APS cases. To put an actual number to this data: in FY19, APS served more than 1,000 at-risk residents. In August 2018 alone, the APS caseload was 119, the highest in the program's history. Investigations can be long, complicated, and sensitive, and they require trained and licensed staff.

An additional Social Worker position will help the County meet its obligation to serve some of our most vulnerable residents – those who are victims of abuse, neglect, or exploitation.

Public Guardianship Program

The State-mandated Public Guardianship Program provides substitute decision-making for adults whom the court has determined lack the capacity to make their own decisions about essential aspects of their lives (e.g., housing, safety, or medical care) and for whom there is no less restrictive alternative, including no appropriate family member or loved one to serve in this role. The Public Guardianship Program has seen an 18 percent increase in the number of clients over the last four years. In addition, the number of court cases involving financial exploitation has more than doubled since FY13 - with an average of nearly 25 successful guardianship of property cases filed annually. Public Guardianship Program caseloads are likely to continue to increase, as the program is closely tied to Adult Protective Services (APS), described above.

In addition to serving as court-appointed decisionmaker for some of the most vulnerable residents of our community, the Public Guardianship Program also provides services to continuing APS clients who are not under guardianship, conducts guardianship assessments after receiving referrals from hospitals, and provides services to clients of the Social Services to Adults program.

An additional Social Worker is needed to provide services to these very vulnerable clients, who are often victims, or at risk of becoming victims, of abuse or neglect. As with APS, Public Guardianship Program services cannot be curtailed due to a shortage of funds.

Increase Payment Rates for the Adult Foster Care Program (Assisted Living Group Home)

This program provides supervised housing and assistance with daily needs, plus case management, to adults with disabilities who live in small, State-licensed group homes in the community. Providers receive subsidies on behalf of eligible residents who are unable to afford the full cost of their care and who might otherwise need to live in a nursing home.

The County has long recognized that, while this is a State licensed and subsidized program, the need for services exceeds availability. To increase the number of providers, the County offers its own subsidy payments. However, these rates are rarely increased, and they remain lower than those offered by the State.

In FY15, recognizing that County payment rates had remained flat for 20 years, COA advocated for annual incremental increases. As a result, each year in FY15, FY16, and FY17, County subsidies were increased by \$175 per month per resident. During that time, 12 new providers enrolled in the program.

Going into FY21, County subsidy payments remain significantly lower than those provided by the State. The County subsidy is \$1700 per month per person for a shared room and \$1900 for private room. By comparison, the State payment per month per person is \$2050 or \$2450 (depending on the level of care needed) and the Medicaid payment is \$2385.

COA is requesting an increase of \$150 per person per month in the County subsidy payments. For the one hundred eleven clients in the program, such an increase would cost \$199,800.

AFFORDABLE HOUSING

The demand for affordable housing continues to increase as our older adult population grows. As a result, COA continues to prioritize the need for more affordable housing options for seniors (including housing that offers wrap-around services), and protections for renters. COA's 2017 Summer Study, "Preserving and Expanding Affordable Rental Housing in Montgomery County and its Impact on Seniors," included several recommendations in this area.

Continue to Build the Housing Initiative Fund (HIF)

COA appreciates the Council's continued efforts to support affordable housing options in the County, including through use of the HIF.

The COA 2017 Summer Study supported the recommendation of the County's 2017 Rental Housing Study by RKG Associates, "that Montgomery County follow the District of Columbia's lead and increase dedicated funding [for affordable housing] to at least \$100 million annually." COA regards this amount as a multi-year goal to address the continuing critical need for affordable housing in the County, so we renew our request for additional funding for HIF.

COA continues to urge the Council to ensure that long-range planning, including innovative solutions to expand and preserve affordable housing, is undertaken for both older adult owned housing and rental housing to ensure a range of safe, affordable housing alternatives.

We also continue to strongly recommend that the Council work with the Montgomery County Delegation to the General Assembly to research the federal Low-Income Housing Tax Credit program and support a carve out for Montgomery County, similar to the carve out currently in place in Northern Virginia.

CONCLUSION

COA appreciates the County Executive's and the County Council's demonstrated commitment to serving our older residents. With the number of County residents 60 years of age and older increasing by approximately 5,000 people each year and becoming increasingly diverse, the County must continue to support critical programs that permit all older adults to live safely in their homes and communities, and to enjoy a high quality of life, regardless of income.

Thank you for the opportunity to share COA's priorities for the FY21 budget. We look forward to working with the Council and the County Executive's office on these issues.

Sincerely,



Jean Dinwiddie
Chair, COA

cc: Marc Elrich, County Executive
Dr. Raymond Crowel, Health and Human Services Director
Leslie Frey, Health and Human Services Legislative Liaison
Dale Tibbit, Special Assistant to the County Executive
Robin Riley, Director, Recreation Department
Aseem Nigam, Director DHCA
Odile Brunetto, Ed.D. Acting Chief A&D / HHS



COMMISSION ON CHILD CARE

Top Policy Priorities Presented to the Health and Human Service Committee of the County Council October 10, 2019

Presenter: Ms. Michelle Belski, Chair

Overview:

The mission of the Commission on Child Care is to advise the County Executive and County Council on the development, implementation, and effectiveness of government policies, programs, and services that enhance community support for quality, affordable and accessible child care.

2019-2020 Commission on Child Care Priorities

The Commission will advance its mission in FY 20 through a focus on the following priorities:

- **Priority 1:** Restore Working Parents Assistance (WPA) funds to prior levels and update subsidy tables to increase reimbursement amounts per family
- **Priority 2:** Focus on workforce development; restore and increase the County's professional development fund for early childhood and work through the Office of Intergovernmental Relations to implore the Maryland State Department of Education to restore the state child care professional development fund
- **Priority 3:** Inform county policymakers about issues involving before and after care programming provided by private, public and county programs. The CCC specifically continues to ask:
 - To be included in all meetings related to the CUPF process to reevaluate Executive Regulation 6-17AM
 - For greater transparency in the CUPF selection process
 - For child care professionals to be represented on the selection committee
 - A re-evaluation of the principal's role in the selection process

The Commission greatly appreciates your consideration of its priorities when making policy and budget decisions.



COMMISSION ON CHILDREN AND YOUTH

Top Policy Priorities Presented to the Health and Human Service Committee of the County Council October 10, 2019

Presenter: Ms. Kirsten Andersen, Chair

Overview:

The Commission on Children and Youth (CCY) promotes the well-being of Montgomery County's children, youth, and families so that all young people may realize their full potential and become contributing, productive adults. We do this by supporting policy and budget decisions that promote the safety and well-being of children and youth, and by working so that they have access to successful futures.

2019-2020 Commission on Children and Youth Priorities

The Commission will advance its mission in FY 20 through a focus on two priorities:

Priority 1: Strengthening Youth and Law Enforcement Relationships

Recent events in Montgomery County and our surrounding communities have brought greater attention to the relationships between police departments and youth, particularly our youth of color. Recognizing the possibilities of miscommunication and lack of education on youth and authority relationships, the Commission on Children and Youth has selected the topic of "Strengthening Youth and Law Enforcement Relationships" as one of our priority areas for this year. The Commission will focus its work on examining means of educating students, law enforcement, and the community as a whole on the most effective strategies for communication that will help minimize hostile interactions and misunderstandings. At the conclusion of this work, the Commission hopes to offer recommendations on ways to build better relationships and enhance trust between the police, our youth and our communities as a whole. The Commission is also monitoring the progress of the proposed establishment of the Policing Advisory Commission. If Bill 14-19 is passed, the Commission will look to work collaboratively with this commission and share insights and recommendations.

Priority 2: Creating Truly Diverse Schools

The youth of Montgomery County have spoken eloquently and powerfully with the desire to have truly diverse schools, and not just a diverse school system. De Facto segregation is a real and significant problem within Montgomery County Public Schools. Research demonstrates that when students attend diverse schools the academic outcomes are better for all students. This year, the Commission hopes to explore all factors that contribute to de facto segregation and propose recommendations to address this issue.

Additionally, the Commission is hosting its Annual ***Youth Having a Voice*** roundtable event on **Thursday, February 6, 2020**. This will mark the 13th year the Commission has hosted this gathering of teens from across the County to discuss issues that are important in their lives. Not only do youth have the opportunity to speak out, but adults – members of the County Council, Board of Education, HHS senior leadership and others – have the chance to hear, learn, and act on the concerns of the youth.

The Commission is committed to its mission and appreciates your support in our efforts. We look forward to working with you this year. Please feel free to inform us about how we may best support your efforts and partner to benefit the County's children and youth.



Montgomery County Commission on Health (COH) Fiscal Year 2020 Priorities

The Commission on Health (COH) respectfully submits its Fiscal Year 2020 Priorities. The COH is focused on three key public health priorities: **school health, vaping and smoking, and communicable diseases**. We plan to coordinate and align these efforts with our fellow Boards, Committees, and Commissions that have identified the same or similar priorities. In addition, we plan to align our priorities with Executive Marc Elrich's Transition Report. We recognize an opportunity to partner on the Thriving Youth and Families priority that aims to get "all children off to a good start in life" because it has "innumerable long-term benefits for our community, including a stronger economy, lower poverty, and less crime. Children need healthy, supportive families, great schools, and caring communities." Together, we believe we can address the following public health priorities.

A. School Health

Studies have shown that poor health can put education at risk – kids with poor health tend to have higher absenteeism rates, lower academic concentration, and higher risk of learning disabilities. Conversely, education can create opportunities for better health – adults with a good education tend to have better jobs, access to health care, live in healthier neighborhoods, and live longer lives.

Our initial efforts will focus on the need for additional school nurses in Montgomery County Public Schools. We are significantly concerned with the current level of school health nurse staffing that would ensure the health and safety of students given the high school health nurse to student ratios and increasing complexity of health conditions and regulatory requirements. Our assessment will include outreach to school administrators, parents, students, and government agencies. We will also identify the current barriers and opportunities for additional funding.

B. Vaping and Smoking

According to Dr. Gayles, there have been 15 reported cases of severe respiratory illness related to vaping in Maryland and three MCPS students have been transported from school after collapsing. We look forward to analyzing the impact and engaging with the community on current legislation that both you, Councilmembers Gabe Albornoz and Craig Rice, have developed to prohibit e-cigarette and vape manufactures, like Juul, from distributing their products near schools. In collaboration with the Alcohol and Other Drug Abuse Advisory Council, we will identify needs/gaps and other important issues related to vaping and smoking and where we need additional resources for public health planning.

C. Communicable Diseases

Montgomery County has experienced an increase in sexually transmitted infections (e.g. gonorrhea, chlamydia) that mirror state and national trends, and a rise in both active and latent tuberculosis cases. A closer examination of the epidemiological data shows a number of conditions with increasing trends and demonstrated disparities by race/ethnicity, age, sex, and geographic area. We plan to review this data and advise public health planning to better target efforts and resources to meet the evolving needs of a changing population in the County.

We look forward to working with our government leaders, community organizations, and community as we work together to achieve health equity.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma Ahluwalia
Director

THE MONTGOMERY COUNTY COMMISSION ON JUVENILE JUSTICE TOP TWO POLICY PRIORITIES FOR FY-20

During FY-20, the Commission on Juvenile Justice will focus on its work-plan, which was developed by the Commissioners for the coming year. The Commission on Juvenile Justice recognizes the importance of supporting and advocating on behalf of opportunity youth, generally defined as people between the ages of 16 and 24 who are neither in school nor working, some of whom may have been involved in the juvenile justice system and detained. These young people represent a social and economic opportunity: many of them are eager to further their education, gain work experience and help their communities. The Commission on Juvenile Justice's priorities for FY-20 reflect its commitment to promoting these young people and enriching Montgomery County through the opportunity that they represent.

1. **Community Youth Engagement for Opportunity Youth:** The Commission on Juvenile Justice is focusing on researching services best practices in community youth engagement and on developing partnerships for engaging opportunity youth.
2. **Improving Services for Youth in the Juvenile Justice system:** The Commission strives to close any gaps in services. The Commission is engaged in researching and advocating for alternative treatments for youth, including improving educational and vocational training programs for youth who have been detained. To do so, it will identify educational and vocational programs that are available at the facilities and look at the effectiveness of those programs. The Commission will work to strengthen capacity of Evening Reporting Center (ERC) and to look at similar successful programs run. The Commission will make recommendations on how to collaborate with Maryland State Department of Education who runs the educational program at the Juvenile Detention facilities in Maryland. We will focus on the educational programming at the Alfred D. Noyes detention facility and how we can assist in bettering their program

Commission on Juvenile Justice

7300 Calhoun Place, Suite 600, Rockville, Maryland 20855 • 240-777-3317 • 240-777-4447 facsimile

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Montgomery County Council HHS Breakfast Meeting
Montgomery County Commission on People with Disabilities
October 10, 2019
Seth Morgan, Chair

1) Pedestrian Safety - The Commission has serious concerns regarding the County Department of Transportation's new designs for bike lanes and floating bus stops throughout the County. The current plans pose a significant safety threat to pedestrians with disabilities, generally and are of especially serious concern for pedestrians who are blind, deaf, hard of hearing and/or who have mobility disabilities. The design of the "floating bus stop" is of our greatest concern. Pedestrians are required to cross the bike lane to access these bus stops. As Charlie Crawford, former Commissioner, President of the Capital Area Guide Dog Users Inc. and a pedestrian who is blind recently commented, the risks to low vision individuals posed by these bus stops is likely to have a chilling effect on the willingness for the blind to attempt use of public transportation. Isolation of people with disabilities which has lessened since passage of the Americans with Disabilities Act (ADA) is likely to worsen anew. DOT's suggestions to warn cyclists to stop and yield to pedestrians requires the pedestrian to trust the cyclist to stop. This is insufficient. We ask for a moratorium on bike lanes and floating bus stops and let them evaluate what has happened in Silver Spring prior to establishing them elsewhere. We are also seeing the dockless scooters laying all over the sidewalks. These pose a danger to people with vision, hearing and mobility disabilities. The County should ban them for safety reasons.(See Attachment A on Back)

2) Accessible Ride Availability On Demand - The County imposed a 25 cent tax on Uber and Lyft rides to be used to help fund accessible rides for those who need them. The fund brings in \$2 to \$2.5 M per year. We ask that you assist us to ensure the money is spent for accessible rides, on demand.

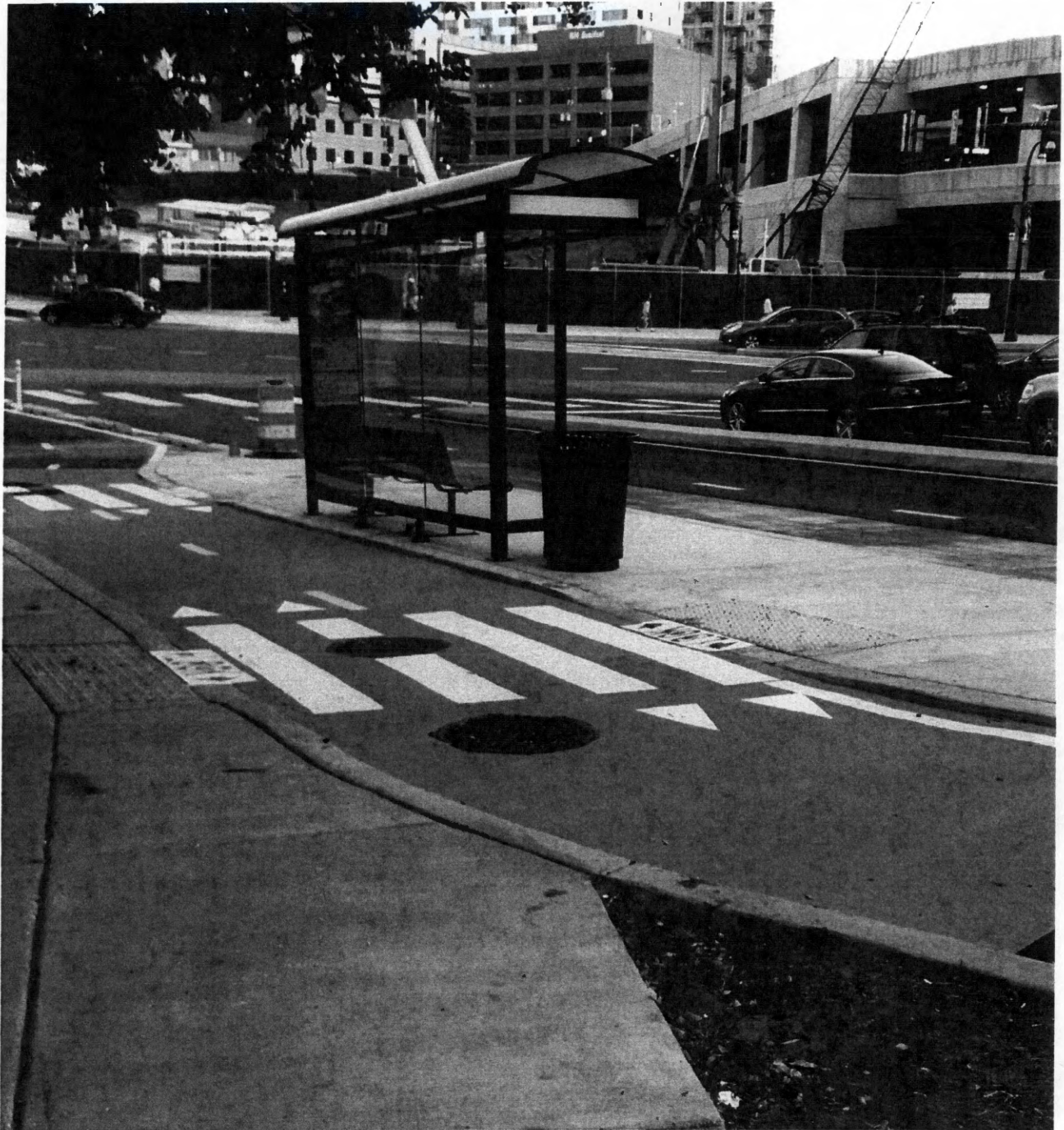
3) Developmental Disabilities Administration Transformation Plan Monitoring - We request that this committee continue to monitor the transformation the Developmental Disabilities Administration is undertaking and the impact on the County. We also recommend that the County continue to work with the State on the Medicaid match.

4) Employment of People with Intellectual, Physical, Behavioral and Sensory Disabilities of All Ages - The County should do more to promote employment for people with disabilities of all ages in the private sector. This should be done in partnership with the Chambers of Commerce, the Montgomery County Economic Development Corporation, and WorkSource Montgomery. There are waiting lists for employment services with little or no movement. The Division of Rehabilitation Services (DORS) waiting list is 413 County residents We need to work with General Assembly to seek more funding for DORS and look as a last resort to use County dollars for those who will never get off of the DORS waiting list. We recommend that any County dollars spent on employment of people with disabilities have accountability and outcomes attached to them. We need to measure what programs are most effective and fund those effective programs.

5) Initiative to Improve Early Screening, Diagnosis, and Intervention for Infants and Toddlers with Developmental Delays - The Commission supports the new initiative on early infancy detection of developmental delays as early treatment has proven to lessen long term disabilities of such delays. We want to ensure that our youngest children with delays are identified and receive treatment as early as possible. Funding for this program is expected to mitigate the longer-term needs of children who otherwise are not diagnosed in a timely fashion. The Infants and Toddlers program reports that pediatricians do not always do early enough screenings, and some do not even know about the program or make poor referrals. The Commission recommends including \$159,000 in this year's budget (and \$1.2 to \$1.5 million over 5 years) to fund this initiative. Developed by a coalition of area stakeholders that includes commissioners—the Montgomery County Coalition to Improve Early Intervention for Infants and Toddlers with Developmental Delays—to significantly improve efforts to identify and provide appropriate evidence-based interventions to children under three years of age who do become diagnosed as having a developmental delay.

Attachment A

Photo in downtown Silver Spring of 1 and 2 way separated bike lanes next adjacent sidewalk that pedestrian crosses over to floating bus stop with covered bus stop shelter.





Commission on Veterans Affairs



Meeting with the HHS Committee

FY 21 Policy Priorities

October 10, 2019

Dan Bullis, Chair

1. The Maryland Department of Veterans Affairs is seeking a donation of 25 acres of land to build a Veteran Home like they have at Charlotte Hall. Montgomery County is considered ideal as it is centrally located in the State. Along with the Military Officers Association of America, the Commission Chair met with the County Executive in August to further discuss options.
2. We are pleased with the County's efforts to end homelessness amongst Veterans and to assist in obtaining permanent housing with the Zero:16 campaign. Montgomery County has been the direct recipient of 98 HUD VASH vouchers and an additional 25 ported HUD VASH vouchers from DC and other states. We are working to increase outreach to the general Veteran population regarding programs, services and enrollment in VA Health Benefits. At our last meeting we were told by Chapman Todd that the County is one of the best 10 jurisdictions in the country to have the best record in ending homelessness. He credited having a veteran commission to advocate was really helpful. The county puts in \$650,000 that serves 45 veterans who did not have the discharge status needed to be eligible for Veterans Administration Supportive Housing vouchers. We hope that the County continues to provide that needed funding.
3. Serving Together was created to coordinate the system of care for Veterans, service members and their families so the entire community can better identify those Veterans and direct them to supports that are in place for them. This organization is a recipient of a \$150,000 Community grant from the County Executive and we recommend this continues.
4. Warrior Canine Connection enlists recovering Warriors in a therapeutic mission of learning to train service dogs for their fellow Veterans. Dogs offer opportunities for Warrior trainers who often isolate themselves from society to experience positive interactions with members of the community. This Organization is a recipient of a \$50,000 Community grant from the County Executive and we recommend that this funding continue.
5. Team River Runner has a kayaking program at Seneca Creek at Riley's Lock where they do kayaking every Sunday with a picnic put on by the Elks Lodge. With encourage from the Commission, Montgomery Parks has received a grant from the State to make two accessible boat launches there and work will begin very soon after all soil testing has been done. These accessible launches will be used by the public including Veterans. Currently wounded Veterans enter the Potomac River where power boats are launched.



Montgomery County Community Action Board's Testimony
County Council HHS Committee Worksession
October 10, 2019
Laura E. Irwin, Chair

Community Action engages with the community to assure that people and our neighborhoods thrive. The agency has begun working with its partners and national leaders through the Governor's Two-Gen Pilot in Long Branch, connecting with partners to strengthen best-practices across the County. In addition to assuring that people have the income and resources they need to flourish in the County, we seek your continuing support to address two-gen approaches to poverty, our main priority this year.

What will this take?

A Permanent Home: The TESS Community Action Center continues with its year to year lease, without an identified future home. It is the hub of DHHS -- a one stop shop that connects Judy Center families; seniors receiving social support and Groceries-to-Go; children having summer meals; adults learning English; legal; financial and tax services; and resources through public, nonprofit, and faith providers. **We ask for your support to solve the space dilemma at TESS.**

Stronger Teams: CAB greatly appreciates that the Council provided additional funding to VITA, and two of the agency's eight positions which are partially or fully funded through flat-lined grants. We are grateful that HHS and OMB have supported moving a contract monitor off the CSBG grant, but we are concerned that the County does not routinely make annual budget adjustments for the County's many state and federal grant funded positions, both for merit and broker staff. We are troubled by the County's long lags in filling vacancies, between 8 months to over a year. At TESS, which continues to serve Flower Branch Apartment residents affected by the explosion, two years have passed since HHS funded Neighborhood Opportunity Network connectors to support service delivery. **We ask that you make a commitment to fully fund positions that receive state and federal funding, that you review the "NON" related staffing needs at TESS, and continue to address the resource needs within HR.**

Improved Systems: Two-gen approaches encourage agencies and organizations to work with children and the adults in their lives, partnering with families as equals. At Community Action, we believe that parents are the experts. As early education and care systems continue being developed, we encourage planning that prioritizes engagement of families and providers to shape policy decisions made by government, as is currently being developed by inclusion of community stakeholders in the ECE Initiative's sub-committee work. We also believe that to have impact, early learning funding must address the need for family supports to help children and parents thrive.

As the governing body for Head Start and CSBG, we are aware of the challenges the agency faces in meeting CSBG federal reporting mandates due to the gaps the County has in its data integration across systems. **We ask for your support to improve the County's data sharing efforts among HHS, MCPS and our nonprofit colleagues, to provide a fuller understanding of how services are working for families, regardless of their provider's employer.**



Early Childhood Coordinating Council Priorities for 2019-2020

Presented to the Montgomery County Council
Health and Human Services Committee
October 10, 2019

The Early Childhood Coordinating Council (ECCC) was established by Bill 13-15 and is Montgomery County's local version of the State of Maryland's Early Childhood Advisory Council. The ECCC monitors, advocates, and makes policy recommendations for the development of a comprehensive system of early care and education in Montgomery County that supports children entering school ready to learn.

The ECCC is comprised of a variety of stakeholders and professionals with expertise in the early childhood field including: County parents, business and foundation representatives, the medical community, child care providers, local early care and education associations representatives, MCPS staff and families, MSDE staff, Montgomery County Libraries and County Government representatives. Our collective knowledge and expertise about early care and education, the importance of school readiness, and the needs of children and families in Montgomery County allows the ECCC to examine, discuss, problem solve and provide a comprehensive perspective about early care and education to County officials.

Specifically, the ECCC will focus on the following for the 2019-2020 year:

Priority 1: Taking part in projects and initiatives of the Maryland State Department of Education ECE around licensing and regulations. In order to better inform the Maryland State Department of Education (MSDE) focus on quality in early childhood services, the ECCC will actively participate in and respond to invitations to roundtables, surveys, community feedback, public comment, and other activities in the following areas:

- Development of the MSDE Strategic Plan and other Preschool Development Grant Birth through 5 projects, inclusive of MD EXCELS quality improvements
- Licensing regulations revisions
- Child Care Scholarship program regulation revisions
- Child Care Career and Professional Development Fund (CCPDF)
- Training regulations revisions

Priority 2: Coordinating with other early care and education groups at the local level to collaborate, align, and advance the work around each group's ECE priorities collectively. The work of the ECCC is aligned with the goals from the DHHS Strategic Plan for Early Care and Education 2017, and helps to inform the ECE priorities of the following partners:

- Community Action Board
- Commission on Child Care
- Montgomery County Early Care and Education Initiative
- Montgomery Moving Forward
- Montgomery County Public Schools communities

Priority 3: Fulfilling the 3 projects funded through the MSDE Preschool Development Grant Birth through Five (PDG B-5) for Local Early Childhood Advisory Councils:

- Marketing and outreach campaign
- Focus groups and information sharing with Reading Corner families at Montgomery College-Germantown
- "No Small Matter" screening for public awareness-building with legislators



Interagency Commission on Homelessness (ICH)

TOP POLICY PRIORITIES FOR FY 20

Roberto Pinero, Chair and Ebony Johnson, Co-chair

1. Zero: 2016

In December 2015, Montgomery County was one of the first four jurisdictions in the country to effectively end Veteran homelessness, which was confirmed by the U.S. Department of Housing and Urban Development (HUD), the U.S. Interagency Council on Homelessness (USICH), and the Community Solutions Built for Zero (BfZ) campaign. We have housed more than 156 Veterans since the Zero:2016 effort officially kicked off in June 2015 and only 5 % of them return to homelessness.

As part of Montgomery County's Fiscal Year 2016 Budget, an appropriation in the amount of \$500,000 was approved to provide housing and supportive services to homeless Veterans in the County. As part of Montgomery County's FY17 Budget, an appropriation in the amount of \$150,000 was approved to provide permanent supportive housing to homeless Veterans in the County. The county has utilized federal funds like HUD-Veterans Affairs Supportive Housing Program (VASH) and Supportive Service for Veteran Families Program (SSVF). The County's strong commitment in seeking and securing local funds to serve veterans who cannot readily be housed with remaining federal resources has been the key to the success of ending Veteran homelessness.

Recommendation

It is our recommendation that the County continue to fund these programs that assists Veterans regardless of discharge and that the County advocate with Federal and State to provide ongoing funds for HUD-VASH.

2. Inside (Not Outside) initiative

Building upon the success of the Veterans Zero: 2016 campaign, the County committed to effectively ending chronic homelessness. Chronic homelessness is defined as long-term (twelve months or more) homelessness for people with disabilities. Since the beginning of 2016, more than 422 homeless individuals living in Montgomery County have moved into permanent housing with only 5% of them returning to homelessness. We are not aware of any community

in the country that has housed a higher percentage of its chronically homeless residents over this time period. For the past year and a half, the County has seen an average 12 individuals identified as chronic each month. For perspective, when the Inside (not Outside) Initiative kicked off, the average number of chronically homelessness per month was 274.

As a direct result of this initiative, the County saw the largest decrease in the 2019 Annual Homeless Point-in-Time Count of 23% from 2018. There was a 93% decrease in chronic homelessness and a 44% decrease in the number of individuals sleeping on the streets.

In order to achieve such success in ending homelessness, the County needed to secure additional resources to fund both supportive services and rental subsidies. The Continuum of Care was awarded additional funding from HUD to increase the supply of Permanent Supportive Housing. The Department of Health and Human Services was selected to participate in a Medicaid Waiver pilot program that covers a portion of the supportive services costs and allows more funds to be devoted to housing. Finally, the County increased the percent of the Housing Initiative Fund allocated to Housing First Permanent Supportive Housing.

Recommendation

It is our recommendation that the County continue to fund all existing Permanent Supportive Housing program that serve chronically homeless households. As with the Veterans Initiative, additional funding is needed to maintain our status of “functional zero”. To date, there are 40 highly vulnerable adults experiencing homelessness in our continuum. If they do not secure housing in a timely manner, they will become chronic. To prevent this from happening, \$1 million should be added for additional permanent supportive housing.

3. Ending Family Homelessness by 2020

In July 2018 ICH launched the @ Home Together initiative to end and prevent homelessness for families with children by the end of 2020. Unlike the Veteran and Chronic initiatives that focused on a specific number of housing placements, success for families is measured by the length of time homeless. On average, families should exit homelessness to permanent housing in less than 30 days. No family should experience homelessness for more than 120 days.

In FY 19, Montgomery County has served 275 households' families in the homeless system. This includes more than 1,800 children. The strategies of @ Home Together include new and enhanced programs to better engage families early before they become homeless, and better targeted resources to provide rental assistance to families who are at risk of losing their housing. For families who enter the emergency family shelter, there will be more integration between agencies to quickly connect to mainstream resources, employment, and affordable childcare. By providing the right amount of assistance to help families obtain or regain

permanent housing as quickly as possible and ensuring access to services to remain stably housed, we believe ending homelessness for families is possible.

Homelessness has significant and long-lasting adverse effects on children impacting their physical, social, and emotional growth and well-being. If we do not end homelessness for families with children, the result for the children is lower academic achievement, greater health issues, and more involvement with the child welfare system.

Over the last year, the County has made some early improvements in serving families experiencing homelessness. From 2018 to 2019, there was a 27% decrease in the number of households served and a 42% reduction in the number of people in families experiencing homelessness for the first time. This can be directly attributed to the County's work on homeless prevention.

Recommendation

It is our recommendation that the County continue to fund all existing programs serving homeless families with children. In addition, we are recommended \$1.5 million for 115 more units of Rapid Rehousing for families. Rapid Rehousing is recognized as the best strategy to address homelessness among families by providing a short-term rental subsidy and intensive case management. In Montgomery County, the Rapid Rehousing program reports that 79% of all households served exit to permanent housing.

4. Racial Disparities Among People Experiencing Homelessness in Montgomery County

Recently ICH has been engaging in a deeper discussion on equity and social justice. We know that nationally Black persons are disproportionately impacted by homelessness. In Montgomery County, Black and Multi-Racial persons are overrepresented among people experiencing homelessness. Black persons compose 17.8% of the general population, but 63.5% of people experiencing homelessness. Among families, the racial disparities are even more pronounced with 74% of people in families self-identifying as Black. The Interagency Commission on Homelessness has named reducing racial disparities as one of the key strategies to ending homelessness. Over the next few years, the ICH intends to develop specific policy recommendations to Council and the Executive

ICH is also looking to engage people with lived experience of homelessness in the change process as they can provide valuable insight.

Recommendation

It is our recommendation that county do the following:

- 1) Ensure property manager/landlord requirements for tenant applications and renewals are transparent, clearly stated online in an accessible manner.

- 2) Ensure penalties for not transparently providing this information are in place and enforced.
- 3) Ensure DHCA provides an annual summary of property manager/landlord violations.

5. **Expand Shallow Subsidy Program**

The Rental Assistance Program currently provides a permanent shallow subsidy to eligible households. Many of the households served are on a fixed income and 42% are headed by a senior aged 62 or older. The maximum benefit is \$200 and has not been updated in more than 10 years. With some modifications, the Rental Assistance Program could be a critical tool for making homelessness rare, brief, and one-time only for Montgomery County resident.

The Department of Health and Human Services has recommended three major changes to the program:

1) Refining the target population to:

- Households currently homeless, or at imminent threat of homelessness;
- Fixed income
- Seniors (55 or older)
- Disabled

2) Converting from a Waitlist to a referral-based program

3) Increasing the maximum benefit to 25% of Fair Market Rent or approximately \$400

Recommendation

Our recommendation is to support the proposed changes to the Rental Assistance Program including increasing the maximum benefit to \$400 per household per month. Currently the program has the capacity to serve 1720 households. In order to serve the same number of households at a higher rate, an additional \$4 million is needed.



October 1, 2019

The Honorable Gabriel Albornoz
Chair, Health and Human Services Committee
Montgomery County Council
100 Maryland Avenue
Rockville, MD 20850

Dear Councilmember, Albornoz:

On behalf of the Latino Health Steering Committee (LHSC) of Montgomery County, we want to thank you for the opportunity to present our policy priorities for fiscal year 2020.

The LHSC is an independent group of volunteer professionals and community leaders who advise and provide technical assistance for the Latino Health Initiative (LHI). As an independent group, we advocate for activities that relate to the well-being of the Latino populations in the County. For your review, attached please find a roster of our membership.

Our two policy priorities for FY20, reflecting the priorities of the *Blueprint for Latino Health in Montgomery County, Maryland 2017-2026* and our shared commitment to improving the health and wellbeing of Latinos across the County are to:

1. Increase the number of Latinos serving in decision-making level positions in the Department of Health and Human Services and other County Entities

Proportional representation of Latinos at all levels of the County's workforce continues to be a significant problem that hinders the County in its ability to develop and deliver culturally competent programs and services that respond to the entire community's needs. Without constituents' diverse backgrounds being reflected in the composition of decision-making bodies, the decision-making process is unnecessarily handicapped. Programs and services are short sighted and may be ill-conceived, resulting in community members not accessing critical services, while also limiting the Latino community's ability to fully integrate themselves into the fabric of County life.

These disastrous outcomes become further magnified – as is the case in the current anti-immigrant climate we live in – when an environment of fear and mistrust of (local) government further discourages accessing services, despite this County's longstanding progressive values and extensive resources for diverse communities. The current anti-immigrant environment, despite emanating from the federal government, has provoked a chilling effect nationally and locally, effectively walling off non-native communities from accessing services, supporting public safety efforts and engaging in civic activities.

The lack of Latinos in decision-making positions is evident within the current administration cabinet positions, as well as within key County Departments such as Health and Human Services. Having highly

Latino Health Steering Committee of Montgomery County

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qualified Latinos who understand our community, within the highest levels of the County government is essential for the development and execution of sound policies and strategies aimed at achieving social justice, inclusion and equity.

2. Establishing an independent review group to receive, investigate and respond to County Latino residents' complaints.

As advocates, service providers, and legislators we must work together to ensure that our community receives quality services and that those seeking or receiving services are treated with respect and dignity. Too often we have heard that this is simply not happening. Service quality and access issues - including changes in eligibility criteria and chronic understaffing in Dental services - have adversely impacted uninsured and underinsured Latino populations.

During recent community conversation on Racial Equity and Social Justice hosted by the Latino Health Initiative, participants reported unfair and derogatory treatment while trying to access key programs and services. In addition, LHI Health Promoters and community partners have shared with us that many Latinos are reluctant to report abuses and mistreatment due to fear of retaliation, including denial of services, and because of the looming immigration threat.

Having a safe space in which community members can share negative experiences interacting with public servants and/or in accessing public benefits and services from a County office or from a County contractor, not only promotes community trust, but also ensures County programs and staff are held accountable for the quality of their service delivery. Establishing an independent review group, or ombudsman, dedicated to listening to and following up on community complaints is vital to re-building trust and re-establishing credibility with all County residents.

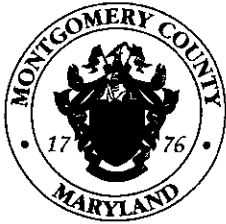
Counting on the support of the HHS Committee to provide necessary resources and policy perspectives will be important to continuing our joint work to achieve equity and social justice for the most vulnerable populations in our County.

Sincerely,

Monica Escalante
Co-Chair, LHSC
Latino Health Steering Committee

Víctor Del Pino, J.D
Co-Chair, LHSC
Latino Health Steering Committee

C: Latino Health Steering Committee Members
Raymond Crowel, Director, Montgomery County DHHS
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Mental Health Advisory Committee's Top Priorities FY-20

The Montgomery County Mental Health Advisory Committee (MHAC) is committed to working collaboratively with our community partners to monitor, advise and advocate for a comprehensive mental health system of care for all persons in Montgomery County. We appreciate the support of County Executive Marc Elrich and the County Council, especially the HHS committee which includes Councilmen Albornoz, Glass, and Rice, for funding for so many critical programs and services.

The following are MHAC's top priorities for FY-20:

1. *Ensure Residents Right to Mental Health Parity:* We are concerned that Montgomery County residents are not receiving mental health services and/or are using their out of network benefits due to inadequate insurance networks. Additionally, we are aware that frequently prior authorization and continuing review requirements are often not based on objective medical-necessity criteria. Finally, mental health providers are not being reimbursed at the same rates as medical services in violation of the national mental health parity law.
2. *Respond to the County's Rising Suicide Rate:* Suicide Rates are increasing nationally, especially among the youth. We are investigating how Montgomery County is addressing this and wish to assist in increasing services or access to treatments that are proven to lower rates of suicides and suicide attempts. Specifically, due to increasing national suicide rates, we are encouraging Montgomery county to increase funding for EveryMind's hotline so that it can add text between 12am and 12pm and follow-up calls for children who receive crisis services. LACSI—county committee with providers that works on suicide issues and created the BTheOne campaign.
Look at education at the elementary level related to mental health
Recommended a school-based mental health curriculum. After those are given, there is usually an uptick in students reporting to school counselors. The counselors in turn request MCT. So, there needs to be support for counselors after school-based presentations.
 - We need more DBT-specialized providers in the county.
 - Needs: research on suicide
3. *Improve the County's Crisis Response System:* Despite being the largest county in Maryland, Montgomery County has only one mobile crisis unit to serve the entire county for most of the year (two in the summer).

Background

The Mobile crisis team (MCT) consists of two licensed therapists and available 24/7 to respond to requests from 911 dispatchers to assist the police with acute mental health emergencies. When dispatched, the team first calls the police, who ensure the team's safety while MCT evaluates the individual. MCT provides referrals to providers and is authorized if necessary, to execute an emergency petition, or alternatively the client can voluntarily go to the ER. MCT is also dispatched to support family/witnesses following suicides and homicides. And they assist providers working on homeless outreach.

The county also runs a Crisis Center, which provides mental health services to individuals with urgent needs. The Crisis Center consists of 6 therapists working each day and 4 therapists during the overnight hours (with 8-9 therapists on evenings during the school year).

Another part of the county's crisis service is its assertive community treatment (ACT) teams. Each ACT team has at least one psychiatrist, licensed therapist, nurse, and peer counselor. The county currently has three ACT teams, two of which are run by People Encouraging People (PEP) and the third is run by Cornerstone. Another Cornerstone ACT team will be operational in a few months. Generally, there are about 100 patients per team and there is currently a waitlist to receive services from one of these teams. The greatest challenge facing the ACT teams now is hiring psychiatrists.

Recommendations

1. Identify ways to decrease MCT downtime. Although MCT is intended to ease the burden on police and ensure those experiencing an acute mental health crisis receive appropriate interventions, there are significant barriers to ensuring it is achieving those goals. After being dispatched to a home, MCT therapists are required to wait for two patrol officers to arrive on the scene before meeting with the client. However, because these calls are often considered a low priority for police, it frequently takes at least 30 minutes for the necessary units to arrive. During that time, the county's MCT must wait in the car with nothing to do, wasting time and resources, delaying needed mental health care to those who need it, and reducing the number of people MCT is able to help.
2. Increase the number of MCT units.
3. Improve the data MCT collects. One barrier to assessing the county's needs with respect to the MCT is the lack of data available. In particular, the county does not currently track (1) the number of calls MCT must turn down due to being on another call; (2) the amount of time MCT waits before police units arrive; (3) the number of people MCT is able to successfully link to mental health services; (4) the number of people MCT is able to divert from unnecessarily going to the ED or entering the criminal justice system. By collecting this data, the county could better determine how many MCT units are necessary to meet the county's needs, as well as the benefits and savings MCT provides compared to the costs to the county of adding another MCT. MCT staff have reported that the electronic health records system they are required to use is not properly designed for their needs and does not provide for the required data collection. Accordingly, one way to improve the quality of data that MCT collects is to fund the development of an improved EHR for the MCT.
4. Follow up with individuals after meeting with MCT. Currently, MCT does not follow up with clients due to lack of staff. Such follow up would increase the likelihood that clients connect with mental health services, decreasing the likelihood of subsequent 911 dispatches, ED visits, or the individual entering the prison system. We therefore recommend the Council provide the necessary funds to ensure MCT has the staff necessary to provide follow-up services and ensure clients connect with ongoing mental health services.
5. Ensure better coordination between MCT, the police CIT team, the county's Crisis Center, and the crisis hotline.

HHS Committee Breakfast with the DHHS BCC's
Montgomery Cares Advisory Board
Position Statement
October 17, 2019



Overview

The Montgomery Cares Advisory Board (MCAB) provides guidance to the County Executive and County Council, which financially and operationally support the health care safety net for uninsured, low-income residents of Montgomery County. The Board considers fundamental questions about the structure and operation of the program, including resource allocation, growth targets and things needed to meet those targets, and strategic planning.

Fiscal Year (FY) 2019 was a unique and challenging year for the Health Care for the Uninsured programs (Care for Kids, Maternity Partnership, Dental Services, Health Care for the Homeless and Montgomery Cares). The proposed changes to the Public Charge rule and similar factors have caused confusion and anxiety among residents. Despite this, some of the programs saw an increase in the number of encounters and patients served.

The safety-net helps ensure that accessible care for low-income uninsured residents is affordable, appropriate (without cultural and linguistic barriers) and available. The providers have demonstrated their ability to effectively serve diverse, multi-cultural communities and are in the process of improving clinic operations, management, and practice in order to ensure their viability in the changing environment.

Key Priorities

The Montgomery Cares Advisory Board has identified specific priorities for each program, however, the following are the overarching goals that will guide the Board in FY20:

- 1. Public Charge/Political Environment:** The Board wants to assure confidentiality and safety for County residents seeking access to care.
 - a. In the transition of Montgomery Cares eligibility determination, the Board has remained engaged with stakeholders and advising on the process. MCAB has requested data/performance measures to monitor outcomes and patient experience. We continue to evaluate and make recommendations as we explore the affordability issue for residents eligible for Qualified Health Plans.
 - b. MCAB continues to focus on ensuring core primary care services to meet patient demand. The number of new enrollees in Care for Kids is growing exponentially and we're focused on expanding adult immunizations for the Montgomery Cares patients.
- 2. Improving Quality:** The MCAB is emphasizing the need to have data and performance measures that show the effectiveness of the programs. This year, MCAB is focused on the following areas:
 - a. Quality Assurance reviews for Care for Kids, Maternity Partnership and Montgomery Cares. These reviews will focus on evaluating what data should be collected and determining how it should be analyzed and disseminated. Public reporting of the outcomes data should be a priority to focus on prevention and quality improvement efforts in the safety-net.
 - b. Accessing the delivery of Dental services provided county and private clinics to ensure cost effective quality dental care. As the county faces ongoing fiscal constraints, it is critical to identify the most cost-effective platform for the delivery of dental care.
 - c. Develop enhanced coordination of housing and healthcare to improve health outcomes for the homeless.
- 3. Increased Communication/Outreach**
 - a. Promote and foster a sense of belonging for patients. The program lacks brand recognition in the community with limited accessibility to information online, lack of printed materials and no funding for promotion and outreach. Things like periodic newsletters, participant handbooks, email reminders for renewal, and customer service lines promote engagement. Enrollees in the programs need a sense of connection to feel informed and safe in this political environment. These strategies will help with program engagement and retention. Additionally, this approach helps manage expectations with respect to what the safety-net is (health access) and is not (health insurance).

*Health and Human Services Committee
Work Session on Policy Issues*

Date : 10/3/2019
B/C/C Victim Services Advisory Board (VSAB)
B/C/C Representatives: April Marrone and Robin Stimson

The Victim Services Advisory Board (VSAB) dedicates time to identifying the needs of crime victims to ensure that they are being met considering our County's budget. The VSAB recognizes the importance of community and providing quality services to crime victims in need. Thank you for allowing us to serve.

The VSAB has dedicated much volunteer time to survey victim-centered needs in the County and have identified funding priorities that we would like to please share with you. We believe that the following 2 policy priorities need immediate attention.

Resolve housing issues for Domestic Violence (DV) victims and their families

Domestic violence victims are provided temporary shelter at the Betty Ann Krahnke (BAK) Center, which is the only shelter in the County for domestic violence victims fleeing dangerous abusers. A subset of those transitioning out of BAK would benefit from transitional and permanent housing that is safe and provides the opportunity for self-sufficiency.

The Board advocated and helped in establishing properties on Fleet Street in Rockville to partially meet this need and serve as a model for future transitional housing services. However, these properties have been plagued with issues. The properties became unusable for victims due to the discovery of high levels of lead.

The Board briefed several Council members on this issue, and Council member Sidney Katz's office has informed us that they understand that at this time the cost to replace the windows in a historically accurate manner is cost prohibitive and that the Department of General Services (DGS) is pursuing alternate uses of the properties. These properties are under the jurisdiction of the Executive Branch. As the Board has spent years advocating for the Fleet Street properties to be used for domestic violence victim transitional housing, and the current status of these properties is dire, we are challenged with finding a path forward for this important Board priority. The Board is advocating for these properties to be restored and used for the intended purpose of housing domestic violence victims. If these properties cannot be restored, we are asking that alternative housing solutions be explored. We understand a potential solution would be to sell these properties to be used for domestic violence victim's transitional housing.

In addition, the Board will be advocating for a policy change. Domestic violence victims face the dilemma that the average wait for housing vouchers is 2 to 5 years. Moreover, when using the Vulnerability Index; VI-SPDAT, a widely-recognized tool used to determine the need for housing assistance in Montgomery County, DV victims receive only a one-point priority. We are asking that this point system be revisited, to award more points for domestic violence victims.

Increase funding for domestic violence offender groups

Trauma Services Abused Persons Program (APP) offers domestic violence (DV) offender groups through a contractor. These groups are ordered by the judicial system to offenders in the County, are mandatory, and decrease recidivism. The funding allocated for the contract of these offender groups is minimal, and consequently, competition for the contract has been limited to one provider. Thus, services have been limited. The VSAB advocates that this program be expanded to include funding for intensive individual therapy for high risk offenders; psychiatric medical assessments for medication as appropriate; and additional funding for the contractor to do intake and offer translation services. The VSAB additionally advocates moving towards the totality of the work being done by the contractor. At the very least, the VSAB advocates that the contract funding be increased to allow for competition among providers. As recommended by Councilmember Katz, the VSAB would like to work with DHHS to develop a proposal for the County Executive to consider as he crafts the FY21 budget. However, we have spoken to the Director of DHHS to discuss this priority and will be scheduling further meetings to discuss moving forward.