

Subject: FY20 Operating Budget; Department of Health and Human Services (DHHS); Amendment to the FY19-24 CIP – Avery Road Treatment Center and Dennis Avenue Health Center	
Analyst: Linda McMillan, Sr. Legislative Analyst <i>Lm</i> Vivian Yao, Legislative Analyst <i>my</i>	Committee: HHS
Keywords: #MoCo2020budget	

Department of Health and Human Services (DHHS)		
FY20 CE REC:	\$323,567,731	1,682.59 FTE
Increase/Decrease from FY19	\$4,334,418 (+1.4%)	12.23FTE (+0.7%)

NOTE: Infants & Toddlers, Child Care Subsidies, Early Childhood Services, School-based health and mental health services were reviewed by the Joint HHS and E&C Committee and are included in Agenda Item #3 for this session.

NOTE: Drug Court, Mental Health Court, and Monitored Exchange and Supervised Visitation were review by the Joint HHS and PS Committee. Services to End and Prevent Homelessness was reviewed by the Joint HHS and PHED Committee.

EXPECTED ATTENDEES

Vickie Buckland, Acting Director, Department of Health and Human Services (DHHS)
Odile Brunetto, Acting Chief, Aging and Disability Services
Dr. Raymond Crowel, Chief, Behavioral Health and Crisis Services
JoAnn Barnes, Chief, Children, Youth, and Family Services
Dr. Travis Gayles, Chief, Public Health Services
Amanda Harris, Chief, Services to End and Prevent Homelessness
Jason Rundell, Management and Budget (DHHS)
Erika Finn-Lopez, Office of Management and Budget
Joshua Watters, Office of Management and Budget

COMMITTEE RECOMMENDED CHANGES (ALL 3-0) OPERATING BUDGET

Reduce the increase for electronic integrated case management (eICM) by \$320,000. \$640,00 was recommended to address a structural deficit in funding; however, funding amount for eICM has changed in each of the last few years. Maintains the additional \$100,000 for the electronic health record system. (Page 4-6)

Add two increments of \$451,410 each and two increments of \$225,705 each to the Reconciliation List to fund up to a 3% increase for eligible non-profit contracts providing health and human services programs. (Page 7-8)

Add \$80,000 to the Reconciliation List to add one Program Manager to the DHHS Central Contract Management Team to more appropriately address the contracting workload in the department. (Page 8-9)

Place \$158,500 on the Reconciliation List for the African American Health Program to correct an oversight regarding the annualization of FY19 costs (Executive adjustment expected).

Add \$39,000 to the Reconciliation List to provide up to a 3% increase to the African American Health Program. Final amount to be consistent with amount for non-profit contracts.

Add \$150,000 to the Reconciliation List to provide \$50,000 each to the Asian American Health Initiative, African American Health Program, and Latino Health Initiative to allow non-personnel enhancements. Once a permanent director is appointed the Committee intends have a comprehensive discussion about minority health efforts and addressing disparities. (Page 9-12; Page 11-12 includes responses from AAHI, AAHP, and LHI on how funds would be used.)

Add \$22,120 to the Reconciliation List to replace a reduction in grant funding to the volunteer tax assistance program (VITA) to restore a part-time position to full-time. (Page 12-14)

Add \$170,000 to the Reconciliation List to expand legal services for low-income County residents in immigration proceedings. Executive was asked if a budget adjustment would be sent for this item. Committee suggests that the new funding focus on people who are in the process for asylum. The Committee recommends that FY19 contracts funded by \$370,000 that was first approved by the Council be renewed to provide consistency and to allow the Executive and Council to look at a full year of outcomes prior to decisions on the FY21 budget. (Page 12-15)

Add \$1,850,202 to the Reconciliation List to restore funding for the support payment to organizations that provide direct services to people with developmental disabilities to the FY19 amount (DD Supplement). Convene a workgroup to review how pay to direct service workers should be analyzed to determine if organizations are in compliance with any requirement to pay, on average, an amount above the minimum wage. Amend the FY20 criteria for eligibility to compliance with the County minimum wage. This will allow organizations to be in compliance while the work group is completing its work. Ask DHHS to complete a payroll analysis based on a full fiscal year. (Page 23-28)

Add \$58,302 to the Reconciliation List to fund a Program Specialist and a Program Manager to the DHHS Coordination of Community Services that serves people with developmental disabilities. This will address appropriate staffing ratios and the capacity to serve additional people. Positions are assumed to start in the last quarter of FY20. (Page 30-31)

Add \$69,446 to the Reconciliation List for respite services to avoid having to reduce the number of respite hours that can be provided based on an increase in the rate charged by the provider. (Page 33-34)

Support the new Senior Home Sharing Pilot program but reduce the budget by \$87,000 to reflect that the program is not expected to start until the second half of FY20. (Page 34)

Add two increments of \$100,000 each to restore the reduction to the Residential Rehabilitation Supplement that is provided to organizations that serve people with behavioral health problems. The Committee agreed that there should be additional work with the providers to understand if this

support payment is needed to fill a gap because of inadequate State funding. If it is not, create a planned phase-out so organizations can adjust.

Add \$59,000 to the Reconciliation List to begin to increase the rates to private medical professionals that serve children in the Care for Kids programs to be more current with Medicaid rates. Care for Kids page 66-68)

Add increments of \$40,000 and \$30,000 to the Reconciliation List for the Care for Kids Quality Framework effort. Montgomery Cares has long standing Clinical Performance Measures which has allowed robust discussion of how to improve patient outcomes.

Add \$100,000 to the Reconciliation List to fund medical and specialty dental services to children in the Care for Kids program. The Joint HHS and E&C Committee recently received an update on children fleeing violence and the surge in international enrollments in recent months. Many of these children need medical and dental care.

Add \$161,400 on the Reconciliation List for an additional 2,000 primary care encounters for the Montgomery Cares program that serves low-income, uninsured adults. (Montgomery Cares page 68-69)

Add four increments of \$77,975 on the Reconciliation List to allow up to a \$4 dollar increase in the primary care encounter rate paid to the Montgomery Cares clinics. A \$4 increase would bring the rate to \$78.40.

Add \$100,000 and \$130,000 increments on the Reconciliation List to provide adult immunizations for Montgomery Cares patients. Pneumonia and TDAP would be the priority immunizations.

Add increments of \$55,000 and \$70,000 to the Reconciliation List to increase Specialty Care funding for Montgomery Cares patients.

Add \$62,800 to the Reconciliation List to change the income eligibility for the Maternity Partnership program to 250% of Federal Poverty Level consistent with Montgomery Cares and Care for Kids. Currently, the income limit is 185% of Federal Poverty Level. (Page 70)

Add \$329,679 to the Reconciliation List to restore H-RAP (Handicapped Rental Assistance Program) funding for FY20. Follow-up during FY20 with discussion about whether the County can work with providers and the State to allow placement of homeless persons directly into this permanent supportive housing, or, if the program remains restricted, transfer the subsidy from Services to End and Prevent Homelessness to Behavioral Health and Crisis Services. (Page 75)

Add \$143,000 to the Reconciliation List as a “placeholder” for providing security at Progress Place. **See update on page 76-77 of staff report.** A 24/7 Security Officer that would start in October is estimated to cost \$287,041 in FY20. Using the \$83,000 in the Executive’s budget, the amount needed on the Reconciliation List is \$204,042 for Security Officer and \$43,000 for security cameras; total \$247,042. If limited overtime is funded for July to October another \$26,281 is needed.

Add \$175,000 to the Reconciliation List as a “placeholder” to expand the Safe Passages monitored exchange and supervised visitation by 10 hours per week. Cost of program staff is \$133,000 and security is \$23,310. DGS is estimating facility work. (Page 88-90)

NEW ITEM – Funding for expansion Crittenton Programs in the East County. Match to grant from V&S Foundation.

Council President Navarro and Councilmembers Alborno and Hucker are requesting the Council approve \$150,000 to match a recent grant award from the V&S Foundation. Their memo is attached at © 111a-111c. As described, with these funds, Crittenton would be able to deliver three youth development programs (SNEAKERS, PEARLS, and Goal Setting Girls) at Banneker, Briggs Chaney, Key, and White Oak Middle Schools; and, Springbrook and Paint Branch High Schools.

As this grant award was just received, the request to provide matching funds was not reviewed by the HHS Committee.

CIP AMENDMENT: AVERY ROAD TREATMENT CENTER AND DENNIS AVENUE HEALTH CENTER (3-0)

The Committee approved the CIP amendments recommended by the County Executive for Avery road Treatment Center and the Dennis Avenue Health Center (Page 91-92)

KEY CE CHANGES FROM FY19 – OPERATING BUDGET

Funding for structural deficits: (1) eICM and HER, \$740,000; (2) Community First Choice Nursing Program, \$483,918; (3) Interpretation and Translation Services, \$288,000; (4) Crossroads Youth Opportunity Center, \$50,569

Sustain commitment to end chronic homelessness \$1,000,000

Adjust funding for Developmental Disability Services Supplement (\$1,850,202)

Eliminate H-RAP (\$329,679)

Adjust Residential Rehabilitation (\$200,109)

Funds for Youth Drop-in Center (\$246,500)

Senior Homesharing Pilot \$174,000

ISSUES

The Committee approved the assumed lapse of \$7,695,532 but has requested quarterly updates on vacancies and information on any barriers to filling positions.

The Committee is interested in exploring whether non-profit contracts for human services that are not administered by DHHS should also be eligible for an inflationary adjustment. This could include certain contracts in departments such as Recreation and Housing and Community Affairs.

The Committee discussed how important VITA is because we want our residents to pay their taxes. Many small businesses are run by immigrants and people may be confused by tax laws and be fearful of the IRS. The IRS audits people with low incomes more than wealthy people and it is critical that their taxes be prepared accurately.

Councilmember Rice said that he would like to work with the Maryland Association of Counties (MaCO) on the issue of Adult Protective Services and Guardianship. This is a core function and deadlines and requirements are State mandated. With the growing senior population, the State should provide localities with the resources they need to meet these mandates.

The Committee agreed to schedule a future session to discuss senior nutrition programs with specific discussion about the cold box lunch program.

The Committee discussed the outcome from the SASCA screenings and how DHHS uses data from the Youth Risk Behavior Study (YRBS) to strategize about how address substance abuse by youth. The Committee also discussed the trends included in the School Referral Report. DHHS said that they now have a Memorandum of Understanding with Montgomery County Public Schools that allows information to be communicated back to schools for follow-up as they have found that the path through parents is not always reliable given the volume of children in the public schools.

The Committee discussed that the Crossroads Youth Opportunities Center (YOC) was originally a joint effort with Prince George's County. While the YOCs only provide services to Montgomery County residents, the issues impacting the youth are regional issues. Councilmember Rice said he would like to work with MaCO on facilitating a bi-county approach. The Committee discussed that it would be helpful for Prince George's County to have a position like the one held by Luis Cardona that provides a focal point for coordination.

The Committee discussed concerns about the ongoing wait list for therapeutic services, particularly for Spanish-speaking clients at the Tree House child advocacy center. The Committee agreed not to circumvent the organization's strategic planning and development processes now; but will schedule an update in the fall to review whether resources are able to meet demand for service or whether supplemental funding is needed.

The Committee discussed the East County Opportunity Zone, emphasizing the importance of the employment and economic opportunity components. The Committee asked DHHS to provide an update once the new contract for employment and training services is awarded, providing information on the scope of services and expected outcomes. Committee Chair Albornoz said this is an important issue to discuss with any nominee for department director.

The Committee concurred with the Executive's recommendation to eliminate the specific FY20 funding in DHHS for a Youth Drop-in Center for homeless youth because it is now being integrated into the Re-engagement Center that the Collaboration Council is working with the County to establish. The Committee was told that there had been visits to successful programs that serve both dis-engaged and homeless youth.

The Committee asked DHHS to determine if \$25,000 can be reallocated from within the budget to pilot the home health aide initiative under Healthcare for the Homeless. The number of patients and encounter is about 20% lower from this same time last year and it may be possible to gain some experience with home health aides within the current budgeted amount.

The Joint PS and HHS Committee held a worksession on the Mental Health Court. The Honorable Judge Mitchell and The Honorable Judge Sabett shared their observations about how the Court has been working and how it is impacting people's lives. The day of the meeting was also the day for the third Mental Health Court graduation. One of the biggest issues is low barrier housing, both permanent housing and residential rehabilitation beds. State's Attorney McCarthy also joined the Joint Committee and shared that he has been inspired by the work that has been done and that there is extremely low recidivism which supports that this is in the public safety. The Joint Committee discussed what services are available to juveniles and whether there could be a similar mental health court model. The Joint Committee agreed that it wants to schedule a session with the Juvenile Court judges and the Department of Juvenile Services to understand how better to support the needs of juveniles in the justice system that have underlying behavioral health conditions.

This report contains:

Staff Report:	Page
Administration and Support	1-16
Aging and Disability Services	17-36
Behavioral Health and Crisis Services	37-48
Children, Youth, and Family Services	49-57
Public Health Services	58-71
Services to End and Prevent Homelessness	72-80
Drug Court	81-84
Mental Health Court	85-87
Monitored Exchange and Supervised Visitation	88-90
CIP Amendments: Avery Road Treatment & Dennis Avenue Health Centers	91-92
Attachments:	©
Administration and Support	1-37
Aging and Disability Services	38-81
Behavioral Health and Crisis Services	82-96
Children, Youth, and Family Services	97-111c
Public Health Services	112-143
Services to End and Prevent Homelessness	144-151
Monitored Exchange and Supervised Visitation	151a-151b
CIP Amendment: Avery Road Treatment & Dennis Avenue Health Centers	152-156

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MEMORANDUM

May 9, 2019

TO: County Council

FROM: Linda McMillan, Senior Legislative Analyst *Lake*
Vivian Yao, Legislative Analyst *vy*

SUBJECT: **Worksession: FY20 Recommended Operating Budget**
Department of Health and Human Services
Amendments to FY19-24 Capital Improvements Program
Avery Road Treatment Center/Dennis Avenue Health Center

PURPOSE: worksession; vote required

Those expected for this worksession:

Vickie Buckland, Acting Director, Department of Health and Human Services (DHHS)
Odile Brunetto, Acting Chief, Aging and Disability Services
Dr. Raymond Crowel, Chief, Behavioral Health and Crisis Services
JoAnn Barnes, Chief, Children, Youth, and Family Services
Dr. Travis Gayles, Chief, Public Health Services
Amanda Harris, Chief, Services to End and Prevent Homelessness
Betty Lam, DHHS, Office of Community Affairs
Jason Rundell, Management and Budget (DHHS)
Erika Finn-Lopez, Office of Management and Budget
Joshua Watters, Office of Management and Budget

DHHS Budget Overview

The excerpt from the County Executive's Recommended Budget with overview information on the DHHS budget is attached at © 1-8.

For FY20, the Executive is recommending \$323,567,731 for the Department of Health and Human Services. This is a 1.4% increase. General Fund expenditures increase by 2.0% and Grant Fund expenses decrease by 0.5%. Personnel expenses increase by 4.8% while operating expenses decrease by 3%.

DHHS (in \$000s)	FY16 Actual	FY17 Actual	FY18 Actual	FY19 Budget	FY20 Rec	Change FY19-20
Expenditures:						
General Fund	205,317	216,655	228,492	240,098	244,839	2.0%
Grant Fund	83,298	84,127	85,455	79,136	78,728	-0.5%
Total Expenditures	288,615	300,782	313,947	319,234	323,567	1.4%
FTEs:						
General Fund	1168.7	1185.92	1211.74	1237.71	1246.81	0.7%
Grant Fund	424.96	433.46	436.97	432.65	435.78	0.7%
Total	1,593.66	1619.38	1648.71	1,670.36	1,682.59	0.7%

Revenues that support the General Fund expenditures increase by 3.1% overall. The largest revenue, Federal Financial Participation reimbursements, increases by \$1,062,060 or 7.4%. Medicare and Medicaid reimbursements decrease by \$474,470. "Other Intergovernmental" revenues, which also include reimbursements for certain services, increase by \$596,428.

Department-wide Adjustments

The following table shows the adjustments in the DHHS budget that are driven by changes in charges and annualizations.

Department wide adjustments (General Fund)	Dollars
FY20 Compensation Adjustment	5,172,925
Retirement Adjustment	196,446
Annualization of FY19 Lapsed Positions	201,070
Annualization of Personnel Costs	1,788,046
Motorpool Rate Adjustment	37,795
Risk Management Adjustment	220,518
NET CHANGE	7,616,800

Administration and Support Services Overview

The background information for Administration and Support Services is attached at © 9-37. The excerpt from the budget is included at © 10-12.

For FY20, Administration and Support Services is organized into three program areas. The County Executive is recommending a total of \$39,637,861. The following table shows the change in dollars since FY16.

Administration and Support Services Expenditures in \$000's	FY16 Budget	FY17 Budget	FY18 Budget	FY19 Budget	FY20 Rec	Change FY19-20
Office of the Director	6,825	5,250	5,017	5,253	5,329	1.4%
Office of the Chief Operating Officer	19,979	19,716	21,957	21,891	23,707	8.3%
Office of Community Affairs	8,016	8,984	11,609	10,064	10,602	5.3%
TOTAL	34,820	33,950	38,583	37,208	39,638	6.5%

Description of Program Areas

	FY20 Rec \$	FY20 FTEs
Office of the Director: Provides overall leadership and direction for the Department, including policy development and implementation, planning and accountability, service integration, human resource management and customer service. Facilitates external liaisons and communications. Ensures compliance with laws including the ADA and HIPAA.	\$5,329,033	26.75
Office of the Chief Operating Officer: Provides overall administration of the day-to-day operations of the Department including direct service delivery, budget and fiscal management, logistics and facilities support, human resources, and information technology support and development.	\$23,707,189	92.0
Office of Community Affairs: Promotes the vision of a healthy, safe and strong community. Promote health equity, improve the quality of services, and increase individual and family self-sufficiency. Includes Community Action Agency, Head Start, Takoma-East Silver Spring (TESS) Center, Leadership Institute of Equity and elimination of Disparities, African American Health Program, Latino Health Initiative, and Asian American Health Initiative.	\$10,601,639	42.5

Specified Changes and Discussion Items

A. Office of the Director

1. Position transfer from DHHS to Office of Human Resources (\$114,241) and (1.0)FTE

This reflects a transfer that occurred during FY19 and is not a new FY20 recommendation.

HHS Committee recommendation: Approve as recommended by the County Executive.

**2. Multi-program Adjustment
\$190,591 and (0.1)FTE**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.

B. Office of Chief Operating Officer

1. Adjust Budget for Enterprise Integrated Case Management System (eICM) and Electronic Health Records (EHS) System to address Structural Budget Deficiencies \$740,000 and 0.0FTEs

The Executive has included several adjustments to the DHHS budget to address “structural deficits.” They include:

eICM and EHS	\$740,000
Community First Choice Nurse Monitoring	\$483,918
Interpretation and Translation Services	\$288,000
Crossroad Youth Opportunity Center	\$ 50,569

In the case of this particular item (eICM), the Committee should consider whether it agrees that there are structural deficits in the DHHS budget and if the estimated deficit should be closed in one year.

As background, DHHS generally ends the year with a surplus. It is usually not large as a percentage of the budget but because DHHS is a budget of \$300 million, it is usually between \$2 million and \$5 million. Council staff asked DHHS about these regular surpluses and received the following information in response.

It is true that in years past, the Department generally has ended the year with a surplus, of around one percent of the budget. The Department has made a concerted effort to not go over budget and has been successful in staying under budget. In order to stay under budget and cover the structural budget deficits, the Department has relied on savings in other programs as well as increased lapse from holding additional positions vacant. Much of the savings in other areas that were relied upon have been offered as budget reductions in recent years and are unable to be used in FY20. Recognizing this, the County Executive has recommended additional funding for the Department to correct these structural deficit issues.

Increased lapse impacts Department performance, and DHHS cannot continue the vacancy rate at past levels. The Department is not subject to the normal position exemption process that other agencies must follow and has the ability to fill its

positions, consistent with its budgeted resources. Given this authority, the Department has stopped holding positions vacant, and the current vacancy rate is a reflection of the high number of vacancies we started the year with plus retirements, turnover, and delays in the hiring process rather than a deliberate effort on the part of the Department to maintain high vacancy rates. Structural deficit costs have been generally increasing leading to greater strain on resources. The additional funding in Permanent Supportive Housing is a recognition of the need to sustain efforts to end chronic homelessness for the long-term.

	Budget	Actual	Difference	Savings Plan	Diff w/ Savings Plan
FY16					
Personnel	\$ 116,281,199	\$ 112,012,329	\$ 4,178,948		\$ 4,178,948
Operating	\$ 93,195,484	\$ 93,215,654	\$ (20,165)	\$ 1,318,473	\$ (1,338,638)
Total	\$ 209,476,683	\$ 205,227,983	\$ 4,158,783	\$ 1,318,473	\$ 2,840,310
FY17					
Personnel	\$ 120,656,449	\$ 117,541,519	\$ 6,502,522	\$ 2,000,000	\$ 4,502,522
Operating	\$ 100,415,769	\$ 103,530,699	\$ (2,085,352)		\$ (2,085,352)
Total	\$ 221,072,217	\$ 221,072,217	\$ 4,417,169	\$ 2,000,000	\$ 2,417,169
FY18					
Personnel	\$ 123,931,374	\$ 121,079,274	\$ 2,852,109	\$ 1,324,652	\$ 1,527,457
Operating	\$ 110,490,958	\$ 110,507,668	\$ 3,078,659	\$ 2,496,695	\$ 581,964
Total	\$ 234,422,332	\$ 231,586,942	\$ 5,930,768	\$ 3,821,347	\$ 2,109,421

eICM and EHS structural deficit

Last year, a specific reduction of \$1 million was recommended in the Executive's budget and approved by the Council for eICM, the explanation at the time said,

Previous State requirements required eICM to be hosted with the same vendor as the State's system. The annual cost of hosting the system externally totals \$1.2M. The State has now given the County permission to host the system internally. The cost savings of hosting it internally is estimated to be \$1.0M. The eICM budget has been reduced by \$1M to \$1.6M to accommodate those savings. The expected cost of the eICM system will be reduced to \$2,692,000.

In addition, in FY18 there was a \$2.6 million increase approved for the ongoing operating cost of the new electronic case management system.

Council staff inquired how the actions of the last two fiscal years led to this request for an additional \$740,000. DHHS has provided the following response:

The cost to maintain the system when it was first funded was \$3.692M and the budget provided was only \$2.6M. In FY19 DHHS managed to lower the costs by \$1M, however the budget was also reduced by \$1M. In the above paragraph it states that “the budget was reduced \$1M to \$1.6M” and “The expected cost of the eICM system will be reduced to \$2,692,000.” This shows that there was still a \$1M shortfall in the expected cost of \$2.692M and the budget of \$1.6M. Since that time the department has lowered the shortfall to \$640,000, which is the increase in the Executive’s recommended budget for eICM.

For eHR, there is an increased cost of \$100,000 due to additional licenses needed for new providers who will be using the system.

Council staff recommended that the HHS Committee approve the \$100,000 increase for the cost associated with the Electronic Health Record (EHR). However, given Council staff’s concern about how the costs for eICM have changed from year to year, Council staff recommended that the Committee reduce this increase by \$320,000. DHHS representatives said that costs are now firm, and they need this funding to eliminate this structural shortfall in the budget.

HHS Committee recommendation: Reduce the DHHS budget by \$320,000. This will fund the \$100,000 increase for EHR and provide half the funding that is estimated as needed to fill the structural deficit for the ongoing costs for eICM.

2. Lapse

In the previous discussion, DHHS noted that savings in previous years have come from increasing lapse, often beyond the amount assumed in the original budget, which has impacted department performance. Budgeted lapse for FY20 is unchanged from prior years. However, if it is the only lapse required, it will effectively be a reduction in lapse and will allow many vacancies to be filled. Council staff notes that when the Council discussed the FY19 Savings Plan, DHHS said that the additional \$1.1 million is from the slowdown of the new hiring process, not because they were holding positions.

FY20 recommended lapse=	\$7,695,532
FY19 original approved lapse =	\$7,695,532
FY19 additional lapse for Savings Plan =	\$1,100,000
FY19 TOTAL =	\$8,795,532
FY18 original lapse =	\$7,695,532
FY18 additional lapse for Savings Plan =	\$1,324,652
FY18 Total =	\$9,020,184
FY17 original lapse =	\$7,695,532

HHS Committee recommendation: Approve as recommended by the County Executive. Request a quarterly update on vacancies and any barriers to filling positions.

3. Percentage Increase to Non-Profit Contracts

Each year, the Council considers whether to provide a percentage increase to eligible contracts with non-profits and certain other human service providers to offset some of the annual increased cost of doing business. For FY19, the Council approved \$979,272 to provide a 2% increase to eligible contracts. The Executive has not included any increase in his FY20 Recommended Budget. The following provision is included in the **FY19** Operating Budget Resolution and provides the criteria for receiving the increase.

This resolution appropriates \$979,272 for inflation adjustments for tax-supported contractors with DHHS and to eligible contractors with the Department of Housing and Community Affairs that are providing Special Needs Housing programs. Any inflation adjustment awarded under this paragraph must not exceed 2% of the total contract price. Any contract funded by a non-County grant is not eligible for an inflation adjustment under this paragraph. Each contractor must meet the following eligibility:

- (a) Non-profit service provider, public entity, or
- (b) Contract that provides meals on wheels, court appointed special advocates, direct mental health services to seniors, and homeless outreach.
- (c) The increase is to the General Fund value of the contract (Grant Fund value not included).
- (d) The contract must not be in its first performance period, unless a new contract has been executed as part of a DHHS administrative review, or have an automatic inflation adjustment built into the contract.
- (e) This increase does not apply to contracts for Montgomery Cares (except administration) or Care for Kids (except for administration and the services associated with the Latino Health Initiative) as their budgets have been adjusted for expected FY 2019 levels of service.
- (f) This increase does not apply to contracts that are a specific match to a grant.
- (g) This increase does not apply to contracts covered by the DD Supplement. This resolution appropriates \$2,832,463 to increase the DD Supplement.

Nonprofit Montgomery has requested a 3% increase to non-profit contracts as have several non-profit organizations that testified.

DHHS estimates the cost of a 1% increase to eligible FY20 contracts is \$450,141.

To date, the Council has approved this inflationary adjustment only to contracts administered by DHHS and funded in DHHS or the Housing Initiative Fund. It does not apply to contracts that may also be for similar services administered in other departments, such as Recreation.

The Committee discussed its frustration that there was no increase included in the Executive's recommended budget noting that the Executive supported the need for this additional funding for years as a Councilmember. The Committee also discussed that non-profit organizations really are the County's workforce for so many of the programs that are provided through government.

HHS Committee recommendation: Place two increments of \$451,410 each and two increments of \$225,705 each on the Reconciliation List to provide flexible increments of up to a total 3% increase.

Language will be included in the Budget Resolution that identifies the amount and percent increase that is approved in the budget as well as the criteria for eligible contracts. Contracts that are in their first year of funding in FY20 are not eligible.

The HHS Committee is interested in expanding the eligible contracts to contracts providing similar services (health, safety net, youth activities) in other departments, particularly Recreation and Housing and Community Affairs. The Committee asked Council staff to work with the Executive branch to determine the estimated cost.

4. Central Contract Management Team

DHHS will administer 713 contracts in FY19 valued at over \$139 million. For many years, this has placed substantial demand on contract staff just to process contract renewals, amendments, and new contracts, let alone having time to review base contracts that have been in place for several years.

FY	# DHHS Contracts	Total \$ Amount	# Community Grants	Total \$ Amount	Total # of Contracts	Total \$ Amount
FY17	479	\$102.5 million	219	\$6.5 million	698	\$109 million
FY18	485	\$134.8 million	233	\$7.2 million	718	\$142 million
FY19	465	\$130.7 million	248	\$8.3 million	713	\$139 million

Current staff complement in the DHHS Contract Management Team (CMT).

Contracts Team Lead (M3) – 1 (currently vacant – initial offer extended to selected candidate)
 Program Manager II (Grade 25) - 3
 Program Manager I (Grade 23) - 4 (currently 2 vacant PM I positions – selection memos submitted to OHR and now pending offers from OHR to those candidates)
 Administrative Specialist III (Grade 23) - 1
 Administrative Specialist II (Grade 21) – 1
 OSC (Grade 16) – 1

The following is a brief description from DHHS of the duties of the staff in this unit and how it is related to work of contract monitors in the program areas.

Given the number of contracts that the Department is responsible for, the staff in CMT work as the “procurement” arm of DHHS creating solicitations, providing assistance with contracts training, contract negotiations, vendor budgets and scope of work, insurance and other County procurement and vendor requirements. In other departments, this is work that the Office of Procurement does, but because of the volume in DHHS, the Department handles much of it internally, including routing to Finance-Risk Management and to County Attorney for their reviews. The Office of Procurement provides final review and execution. The Team Lead (Manager III position) manages the team, signs off on DHHS contract actions, approves requisitions in ERP (a requirement from the Office of Procurement for all contract actions not just the creation of POs), and provides personnel supervision. The Program Manager II’s are the contracting subject matter experts and provide assistance to the rest of the CMT staff with all aspects of the contracting process and provide final edits and approval of all solicitations and contract documents before going to the CMT Team Lead for signature. The remaining staff work closely with the program contract monitors to do the day to day drafting of contract actions and solicitations, monitor contract renewal dates, draft cover letters to the Office of Procurement for each contract action, assist with PO requests, budget modifications, and monitor vendor insurance.

HHS Committee recommendation: Add \$80,000 to the Reconciliation List to add one Program Manager to the Central Contract Management Team. While some of the current stress on the Team is from vacancies, even when vacancies are filled the complement is not adequate to meet the demands of the current number of contracts. It was noted that not having an appropriate level of staff increases the potential for mistakes in contracting because staff is overworked.

C. Office of Community Affairs

1. Multi-program adjustment \$537,503 and 0.0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive – with the exception that further adjustment is needed for the annualization of the cost for the African American Health Program and an inflationary adjustment consistent with what is provided to non-profit contracts.

2. Minority Health Program/Initiatives

There is no specific change identified in the budget book for the African American Health Program (AAHP), Asian American Health Initiative (AAHI), and Latino Health Initiative (LHI). However, the following table shows the budget proposed for each in FY20. During FY18 and FY19, the AAHI and LHI each converted contractual positions to merit positions. The

cost for the annualization and compensation adjustments are included in the \$537,503 multi-program adjustment for all of the Office of Community Affairs. AAHP has a different model with most of their program staff and work done through a contract. Previously, AAHP and the Council have discussed the need for AAHP to also be able to increase resources for the contract to account for increases in staff and other costs. In FY19, the Council approved a 2% increase to the contract, the same as the increase that was provided to the eligible DHHS non-profit contracts.

The Committee was informed that there was an oversight and the full-year cost of the enhancements that were approved last November for AAHP were not loaded into the FY20 budget. This requires an addition of \$158,500 to AAHP.

Minority Health Program/ Initiatives	FY16 Approved	FY17 Approved	FY18 Approved	FY19 Approved	FY20 Rec	\$ increase	% increase
African American Health Program	1,494,754	1,718,166	1,737,125	1,776,261	1,798,443	22,182	1.2%
Asian American Health Initiative	593,067	857,459	916,019	1,008,123	1,136,579	128,456	12.7%
Latino Health Initiative	1,358,749	1,632,981	1,731,373	1,962,179	2,124,667	162,488	8.3%
Total	3,446,570	4,208,606	4,384,517	4,746,563	5,059,689	313,126	6.6%

HHS Committee recommendation: Place \$158,500 on the Reconciliation List to track the oversight in AAHP funding. Ask the County Executive if he is sending a budget adjustment to correct this oversight.

Place \$39,000 on the Reconciliation List to provide up to a 3% increase to the AAHP contract. The final increase should be consistent with any increase the Council provides to the DHHS non-profit contracts.

The HHS Committee agreed to schedule a session in the fall to meet with AAHP, AAHI, and LHI, and the permanent DHHS Director, who should be appointed by then. This will provide the Committee an opportunity to discuss the direction for these initiatives and other efforts that focus on addressing health disparities.

Place \$150,000 on the Reconciliation List to provide \$50,000 each to AAHI, AAHP, and LHI with some additional funding for FY20 to provide one-time enhancements until fuller strategies are discussed with the new DHHS Director and within the context of the racial equity initiative. AAHI, AAHP, and LHI responses on how they will use the funds are described below.

Council staff contacted AAHI, AAHP and LHI and they have provided the following responses on how the additional funds would be used, if approved.

Asian American Health Initiative:

Thank you for sharing with us the good news. On behalf of the AAHI Steering Committee, I would like to thank you and the HHS Committee for the trust and support to the minority communities in the County.

Below is the AAHI's plan to spend the \$50K programming fund:

- Add \$20K to Patient Navigator contract. The contract removes language barriers for residents when accessing HHS services by providing interpretation and navigation. The funding will increase the hours of the navigators and translators to increase number of customer encounters.
- \$15K to initiate a report on best practices and action planning around alternative and non-traditional healing. This is a topic of interest of the Steering Committee
- \$10K for a coalition building project to bring together organizations serving the Asian communities in the county
- \$5K for a joint MHIP project to advance Equity work across the department

African American Health Program:

Please note below are the activities in the AAHP request concerning the \$50,000 that will be used to enhance AAHP programming.

We appreciate the opportunity this affords us.

- Expand the SMILE program to include a maternal mortality focus. Focus training for the AAHP registered nurses on maternal care post-partum to reduce the incidence of maternal mortality. The RNs will require training to identify medical emergencies of the mother post-partum. While the focus of the SMILE program has been infant mortality, we feel that this will allow AAHP to follow the mothers one-year post-partum to reduce mortality. They already follow the infants for one year. (\$17,000)
- Integrate a walking exercise component into all AAHP programs. (\$5,000)
- Implement additional AAHP programs for Montgomery County senior residents. (\$6,000)
- Expand senior activities for Montgomery County residents currently provided – AAHP has integrated senior activities into their programming as it is cross-cutting.
- Expand our STI program to partner and implement adolescent focused activities to reduce the incidence of STIs within that population. STI activity is not new to AAHP since it is central to the founding of our program. (\$15,000)
- Expand Brother-to-Brother activities to hot spot areas in upper Montgomery County to reach additional males. Our Brother-to-Brother (B2B) program is not new to AAHP. You might want to check it out. (\$7,000)

Latino Health Initiative:

On behalf of the Latino Health Steering Committee of Montgomery County, please find below the breakdown of the additional \$50K for the LHI for FY20.

- Enhancement of the LHI's Family Reunification Program (\$15,000)
- Expansion of services to address continually emerging needs for Latino families, including mental health and social support services. In addition, newly arriving participating families will be connected to key services and programs in an effort to enhance integration into the County's fabric.
- Expansion of the Asthma Management Program to further engage families living with asthma by conducting home assessments to identify and remove asthma triggers. In addition, the program would conduct an empowerment training for parents and caregivers of children with asthma so that they can work with school personnel to identify and eliminate triggers in the school setting. (\$10,000)
- Environmental Intervention - Develop and implement pilot educational interventions focused on improving environmental protection practices among the Latino community. The aim is to benefit community health and the environment. The intervention would utilize community health workers/promotoras. (\$20,000)
- Promotion Equity - In conjunction with the sister Minority Programs develop efforts to support the County's Racial Equity and Social Justice project. (\$10,000)

3. Community Action Agency and VITA

For FY20, the recommended budget for the Volunteer Income Tax Assistance Program (VITA) program¹ is \$304,423, which is a decrease of \$3,870 or 1.3% from the FY19 budget. County General Funds account for \$91,260 of the total with \$213,163 in Federal Community Services Block Grant (CSBG) making up the balance.

Community Action Agency VITA Program Budget	FY19 Approved		FY20 Recommended	
	County General Funds	CSBG Federal Grant	County General Funds	CSBG Federal Grant
Program Specialist II (1 FTE)	\$ -	\$ 111,966	\$ -	\$ 118,274
VITA Program Spec II (1 FTE-term)	\$ 60,160	\$ 29,632	\$ 68,160	\$ 33,572
Personnel Costs	\$ 60,160	\$ 141,598	\$ 68,160	\$ 151,847

¹ VITA offers free tax help and free electronic filing for low to moderate income individuals and families. Trained volunteers at sites and partnerships throughout the County help customers access any available credits they may be eligible for, such as the Earned Income Tax Credit (EITC), Child Tax Credit, and Credit for the Elderly or the Disabled. The program is housed in the Montgomery County Community Action Agency, which coordinates local, state, federal and private resources to help low-income individuals and families gain useful skills and gain access to education and employment opportunities to achieve economic self-sufficiency.

Contractual Staffing (Athena Broker)				
FT/Seasonal	\$ -	\$ 62,335	\$ -	\$ 40,216
Community Fellow (funded externally)	\$ -	\$ -	\$ -	\$ -
EITC Campaign-- Ride-On Ads/Outreach	\$ 10,500	\$ 16,400	\$ 10,500	\$ 16,400
Supplies/Equipment/Printing/Program Expenses	\$ 12,600	\$ 4,700	\$ 12,600	\$ 4,700
Operating Costs	\$ 23,100	\$ 83,435	\$ 23,100	\$ 61,316
Total	\$ 83,260	\$ 225,033	\$ 91,260	\$ 213,163

Executive staff explains that increased personnel costs have been charged to the CSBG grant in FY20, and consequently, the VITA broker has been reduced to the ½ time position scheduled during the heaviest months for TY19 tax activity -- November through April. The position would not be available to provide services during shoulder months or non-peak times.

The Council received testimony from Ms. Laura E Irwin, Chair of the Community Action Board, (© 12-15) expressing the importance of the CSBG funded brokers in assuring service delivery through VITA and the TESS Center, requesting that Council add \$57,207 to fully fund a program manager position with County general funds (instead of partial funding with CSBG grant funds), and raising concerns about the long-term facility needs for the TESS Center.

The following table shows VITA services data for TY 2017 and TY 2018:

	TY 2018	TY 2017	Comments: TY18: Partial data, as of April 9th.
Program Volunteers	76	75*	14 languages spoken by volunteers and VITA team, TY18: Amharic, Arabic, Bengali, Chinese, Dari, Farsi, French Creole, Hindi, Korean, Portuguese, Russian, Spanish, Thai, and Vietnamese.
Households Served/Returns Filed	2,049	1,936	State and federal returns are counted as one.
Refunds and Credits	\$5,037,098	\$4,907,115	Total federal/state/local refunds and credits.
Total Tax Savings	\$5,586,230	\$5,425,963	Reflects all refunds, credits and value of preparing returns, according to survey of the National Society of Accountants, or \$286 per average return for H&R Block.
Taxes Owed	\$621,283	\$689,287	Customers, many of whom owed back taxes, are first-time filers, and/or self-employed taxpayers, receive assistance in learning to track expenses, use record-keeping tools and are referred to Low-Income Tax Clinics to negotiate repayment with the IRS and State to improve their status.
EITC Amount	\$1,390,609	\$1,326,272	Federal and State EITC and projected Working Families Income Supplement

Additional information on program outreach efforts in FY17 and FY18 is described on © 24 - 27.

The Committee discussed how important VITA is because we want our residents to pay their taxes. Many of our small businesses are run by immigrants and they may be

confused by tax laws and be fearful of the IRS. The IRS audits people with low incomes more than wealthy people and it is critical that their taxes be prepared accurately.

HHS Committee recommendation: Add \$22,120 to the Reconciliation List to replace the reduction in grant funding with General Funds and restore a part-time position to full-time. The VITA program is important for low-income residents because it allows them to maximize their tax credits, avoid unnecessary fees, and increase their financial stability.

D. Legal Services for Low Income County Residents in Immigration Proceedings

For FY19, the Council appropriated \$370,000 to DHHS for the purpose of providing funds for screening services and direct legal representation of low-income County residents in deportation proceedings. DHHS was asked to solicit proposals for the use of these funds. In September, the Council approved an amendment to the non-competitive contract awards for three organizations that were selected based on their proposals. A copy of the September 2018 staff report is attached at © 28-37. The organizations are:

Ayuda	\$144,000
HIAS	\$103,000
KIND	\$123,000 (Kids in Need of Defense)

The County Executive has continued to include \$370,000 in the base of the DHHS budget for this purpose. The terms of the current contracts are December 2018 to December 2019 and have a renewal option.

The organizations expect to provide the following services over the course of a year. Recently the HHS and E&C Committee heard from a representative from KIND who said that they have already had as much demand as they as they expected for the year.

Ayuda:	Expected 100 screened and 33 represented.
HIAS:	Between 201 and 420 screenings and 18 represented
KIND:	At least 60 represented

The table on the following page shows the data that DHHS is collected regarding these contracts.

Provider	Dec-18 Screenings	Dec-18 New Clients for Legal Representation	Jan-19 Screenings	Jan-19 New Clients for Legal Representation	Feb-19 Screenings	Feb-19 New Clients for Leg Representation
HIAS	N/A	N/A	14 (non-detained)	None	10 (non-detained)	2 youth applying for special immigrant juvenile status 1 adult for cancellation of removal 1 adult for asylum
Ayuda	N/A	N/A	3 (1 adult, 2 children, non-detained)	2 (of the three screened; the third person received legal advice)	4 screenings (non-detained) 2 referrals (1 accepted)	1
KIND	1 youth screening (non-detained) 3 accepted youth referrals (non-detained)	None	1 youth screening (non-detained) 4 accepted youth referrals (non-detained)	None	9 youth screenings (non-detained) 19 accepted youth referrals	3 youth (non-detained) 2 adult sponsors of unaccompanied minors

The Executive is also recommending the following Community Grants.

	FY20 CE REC ONLY	FY19 CE + CC TOTAL
Asian Pacific American Legal Resource Center (Legal assistance to low-income Asian immigrants)	30,000	30,000
Ayuda (Translation Services)	35,000	50,000
CASA de Maryland (Citizenship and Financial Support)	50,000	50,000
CASA de Maryland (Immigration Legal Assistance Program)	100,000	165,000
Catholic Charities (legal immigration services to survivors of violence and abuse)	15,000	74,000
Ethiopian Community Center in Maryland, Inc. (legal and immigration stress management services to low income residents)	20,000	NA
Greater Washington Jewish Coalition Against Domestic Violence (clinical and legal services to victims of partner violence - many clients are immigrants but not limited to immigrant population). FY20 combines three separate FY19 grants and totals \$175,000.	65,000	65,000
Kids in Need of Defense (pro-bono legal services for unaccompanied immigrant and refugee minors)	40,000	50,000
TOTAL	355,000	484,000

Lastly, the Recommended Budget for DHHS includes \$54,676 for the Montgomery County Bar Association Pro-Bono Program which has been supported by the County for many years. The Bar Association does not have a specific focus on immigration issues.

The Committee discussed the County Executive's comments at a community meeting that he was including an additional \$170,000 for legal services in his Recommended Budget. HHS Committee Chair Alborno sent a memo to the Executive asking if he would be sending a budget adjustment (© 19-20)

HHS Committee recommendation: The HHS Committee agreed that the current organizations (Ayuda, HIAS, and KIND) are doing good work and would like their contracts to be renewed for a second year. After that, outcomes should be reviewed, and a new solicitation occur for FY21.

Place \$170,000 on the Reconciliation List to expand legal services for low-income County residents in immigration proceedings to track this money while waiting for a response from the Executive. The Committee discussed targeting this new funding for people who are in the process for asylum.

Aging and Disability Services Overview

The background information for Aging and Disability Services is attached at © 38-81. The excerpt from the County Executive's Recommended Budget for Aging and Disability Services is attached at © 39-43. Also attached are testimony from the Commission on Aging (© 44-49) and the Commission on People with Disabilities (© 50-52).

For FY20, Aging and Disability Services is organized into eleven program areas. The County Executive is recommending a total of \$52,710,366. The following table shows the change in dollars since FY16.

Aging and Disability Services Expenditures in \$000's	FY16 Budget	FY17 Budget	FY18 Budget	FY19 Budget	FY20 Rec	Change 19-20
Chief Aging and Disability Services	478	475	463	464	478	3.0%
Aging and Disability Resource Unit	868	935	1,001	986	1,002	1.6%
Home and Community Based MA Waiver Services	2,745	2,761	2,762	2,713	3,268	20.5%
Assessment and Continuing Case Management Services	7,955	8,776	9,044	9,994	10,836	8.4%
Community Support Network for People with Disabilities	15,638	18,696	19,325	22,288	20,662	-7.3%
Assisted Living Services	2,090	2,205	2,381	2,466	2,879	16.7%
Home Care Services	4,490	4,335	4,390	4,420	4,945	11.9%
Omsbudman Services	778	795	779	893	950	6.4%
Respite Care	984	1,204	1,227	1,247	1,247	0.0%
Senior Community Services	2,805	2,904	2,991	3,015	3,282	8.9%
Senior Nutrition Program	2,623	2,813	3,044	3,157	3,159	0.1%
TOTAL	41,454	45,899	47,407	51,643	52,708	2.1%

Description of Program Areas

The following provides a description of the eleven programs in this service area.

	FY20 Rec \$	FY20 FTEs
Chief Aging and Disability Services: Provides leadership and direction for the administration of Aging and Disability Services.	477,557	3

	FY20 Rec \$	FY20 FTEs
Aging and Disability Resource Unit: Assists seniors and people with disabilities and their families in defining service needs, locating required services, and facilitating the application process to access services.	1,002,110	9
Home and Community MA Waiver Services: Administers and operates Maryland's long-term care Medicaid program, Community First Choice. CFC Support Planners and Nurse Monitors provide a continuum of services designed to allow people of all ages and in need of long-term care to live in the community, rather than institutions.	3,267,870	11
Assessment and Continuing Case Management Services: Provides multi-disciplinary assessments, care planning, and case management to frail seniors and adults with disabilities to remedy and prevent abuse, neglect, and exploitation. Includes Adult Protective Services, Adult Evaluations and Review Services, Statewide Evaluation and Planning Services, Social Services to Adults, and Public Guardianship programs.	10,836,263	69.55
Community Support Network for People with Disabilities: Provides services that enable persons to remain in their home or the least restrictive setting. Assistance to clients with developmental disabilities and their families. Coordinate and monitor services and supports for people eligible for services through the State Developmental Disabilities (DD) Administration. Service coordination to young people funded under the Autism Waiver Program. Provides financial assistance to State-funded DD providers. Funds the My Turn program for children with DD aged 3 to 13. Administers Customized Employment Public Intern Program. Conducts site visits to group homes that serve DD clients. Monitors contracts for services for people with disabilities, including visual and hearing impairments.	20,662,485	36.75
Assisted Living Services: Subsidies and case management for low-income seniors in group homes for the frail elderly and adult foster care.	2,879,820	7.57
Home Care Services: Personal care assistance to seniors and eligible adults with disabilities who are unable to manage independently due to physical or mental impairment. Chore assistance, therapeutic support, self-care education, and escorted transportation.	4,945,462	15
Ombudsman Services: Investigates and resolves complaints made by residents, staff, and family members in nursing homes and assisted living facilities.	950,980	7.5

	FY20 Rec \$	FY20 FTEs
Respite Care: Temporary, occasional care of frail seniors, adults and children with disabilities, and children with severe behavioral and/or medical issues to provide relief to caregivers.	1,246,661	0
Senior Community Services: Provides services to help keep seniors independent in the community, such as assisting "villages," services for caregivers, legal services, health insurance counseling, mobility management, subsidized employment.	3,281,953	10.22
Senior Nutrition Program: Provides lunches at County sites, home-delivered meals, nutrition education, and physical fitness in cooperation with public, private, and non-profit organizations.	3,159,205	3.5

Specified Changes and Discussion Items

A. Chief, Aging and Disability Services

1. Multi-Program Adjustments \$14,052 and 0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.

B. Aging and Disability Resource Unit

1. Multi-Program Adjustments \$16,608 and 0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.

C. Home and Community Based MA Waiver Services

1. Adjust Budget for the Community First Choice Nurse Monitoring Program to Address Structural Budget Deficiencies \$483,918 and 0FTE

Community First Choice (CFC) is Maryland's long-term care Medicaid program. CFC is designed to allow people in need of long-term care to live in the community instead of institutions. The Maryland Department of Health and Mental Hygiene requires that all the local health departments provide Nurse Monitoring services but allows for this specific service to be contracted out. As the designated department, DHHS is responsible for Nurse Monitoring services with the objective of enhancing oversight and quality assurance of home-based personal care assistance and supportive services. DHHS is responsible for compliance with Medicaid regulations and approval of each CFC participant's plan of service. The Adult Evaluation and Review Services (AERS) unit must provide an evaluation and based on that evaluation a person may be determined eligible to receive CFC services.

Council staff was appreciative of the Executive's recommendation to add funding to budget more appropriately to actual expenditures. The demands on DHHS to provide and fund services have been previously discussed. In FY17, the HHS Committee reviewed the increased demand on AERS staff. At that time, DHHS shared that while the State does not allow a wait list, there were about 180 assessments that were delayed beyond the required turnaround time of 15 days, but this number is fluid. DHHS has provided the following information on AERS:

Number of Adult Evaluation and Review Services (AERS) for FY17, FY18, and FY19 (first half)

FY17: 3,347

FY18: 3,640

FY19 July-Dec: 1,736.

The pace of assignments appears lower in FY19 than in FY18 due to multiple current vacancies in the program. The State is providing temporary support using contractual nurses, but even this has not prevented the program from carrying a backlog. The FY19 number does not include referrals to State nurses or the backlog, currently at 80.

While AERS is not a Community First Choice (CFC) program and is not impacted by the recommended increase in funding, the Committee discussed with DHHS what resources are needed to better keep up with evaluations and whether it must be County staff or can be contractual services. Without evaluations, a person with the conditions eligible for CFC cannot receive the services.

In FY17, DHHS told the HHS Committee that if more people are evaluated and eligible for CFC, the impacts would fall to the CFC Nurse Monitoring program. The State requires nurses go into CFC clients' homes to monitor their overall health. And it would be private Supports Planning Agencies serving Montgomery County clients under contract with the State

that might need to add staff to meet the demand. The same is true of private personal care agencies serving CFC clients.

The following provides workload data related to the number of clients and cost for nurse monitoring contracts.

Number of County residents served through Community First Choice [Nurse Monitoring] for FY17, FY18, and FY19 (first half).

FY17: 2,691 (1,992 as of July 1, 2016 and 699 new enrollees)

FY18: 2,914 (2,253 as of July 1, 2017 and 661 new enrollees)

FY19 July-Dec: 2,813 (2,466 as of July 1, 2018 and 347 new enrollees)

The Budget and expenditures for CFC Nurse Monitoring Contractual Services.

FY17: Budget \$1,232,092. Expense: \$1,700,276

FY18: Budget \$1,407,081. Expense: \$1,765,639

FY19: Budget \$1,407,081. Expense: \$1,075,812.(YTD)

The actual deficit for the FY18 nursing contract was \$358,558; \$125,360 less than the amount being recommended by the County Executive for the structural deficit. However, as can also be seen the number of people requiring services is expected to continue to grow and the July count differences are over 200 per year.

HHS Committee recommendation: Approve as recommended by the County Executive.
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2. Shift MFP Opt. Counseling Grant Funds (\$96,250) and 0FTE

DHHS has provided the following information:

This Maryland Department of Aging grant-funded staff visits nursing homes to counsel residents about their options for living in the community with the help of supportive services. The grant ended - as scheduled - on December 31, 2018. Starting in the second half of FY19 the State will begin reimbursing for this service under a new name (Nursing Facility Program Education) through the Federal Financial Participation process. Details of this process are still being worked out with the State, so we are unable to provide revenue estimates at this time.

HHS Committee recommendation: Approve as recommended by the County Executive.
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3. Multi-Program Adjustments
\$166,935 and 1FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.
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D. Assessment & Continuing Case Management Services

1. Increase Cost to Senior Care Grant Funds
\$199,525 and 0FTE

DHHS has provided the following information about this grant. The grant is expected to be \$1,263,725 in FY20 and the program currently serves 2019 clients.

Senior Care helps individuals 65 or older who are at risk of entering a nursing home continue to live independently in the community. Eligible applicants receive a comprehensive assessment of needs, a case manager to coordinate services, and access to a range of, equipment, supplies, and resources that fill gaps in service. These gap filling services include adult medical day care, medication reimbursement, disposable and durable medical supplies, meals on wheels, emergency response systems, and transportation assistance.

About half of the grant increase is dedicated to a new State Health and Wellness Promotion Initiative. These funds have assisted clients with necessary dental work, health and fitness program participation, diabetes and nutritional education, medication management, and home fire safety. The remainder of the increase has allowed the program to provide a wider array of services to more people, and to assist with costly expenses that would otherwise have not been affordable.

HHS Committee recommendation: Approve as recommended by the County Executive.
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2. Adult Protective Services and Public Guardianship
No recommended change

This program area is also responsible for Adult Protective Services and Public Guardianship. The following table show the increasing trend for new investigations, total active cases, and the projected increase in active guardian cases. These services must be provided and when additional staff is needed it is shifted from other program areas. The Commission on Aging has raised the issue for the last few years and continues to recommend an additional social worker.

Adult Protective Services	FY15	FY16	FY17	FY18	FY19 (9 months)
New APS Investigations	717	822	878	970	839
Total APS Investigations	1,351	1,585	1,696	2,211 *	
New APS Active/Continuing Cases	454	454	423	357 *	
Total APS Active/Continuing Cases	2,023	2,167	1,334	1,664 *	
New Guardianship Cases	43	33	31	43	19
Total Active/Continuing Guardian Cases	137	134	149	139	131

* As of November 2018, data is no longer being captured as in prior months. DHHS is refining measures to utilize data collected in the enterprise Integrated Case Management (eICM) and Oracle Business Intelligence Suite – Enterprise Edition

HHS Committee recommendation: Approve as recommended by the County Executive.

Councilmember Rice said that he would like to work with the Maryland Association of Counties on this issue. Adult Protective Services and Guardianship are core responsibilities and deadlines and requirements are State or Court mandated. With the growing senior population, the State should provide localities with the resources they need to meet these mandates.

1. Multi-Program Adjustments \$642,342 and 0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. This is a large sum; however, this program area has about 70FTEs.

HHS Committee recommendation: Approve as recommended by the County Executive.

E. Community Support Network for People with Disabilities

1. Adjust Funding for the Developmental Disability Services Supplemental to Equal Average Percentage of County Minimum Wage Actually Paid to Direct Service Providers by Providing Agencies (\$1,850,202) and 0FTE

The County has a long-standing policy of providing a locally-funded support payment to organizations providing direct service to developmentally disabled County residents. While the

method for determining the amount of the supplement has varied, in the last couple of years the Council has approved funding that is based on determining the amount needed to pay direct services workers, on average, at a rate above the County minimum wage. DHHS worked with providers over the course of three years to develop a methodology that specifies the positions/workhours that are direct service workers. The following is the FY20 Budget Provision:

This resolution appropriates \$17,562,175 to the Department of Health and Human Services to provide a payment to organizations providing direct services to clients of residential, community supported living arrangements, day habilitation, or supportive employment provided through the Developmental Disabilities Administration. In order to receive this payment, an organization must demonstrate to the Department that it pays direct services workers, on average, a wage equal to at least 125% of the Montgomery County minimum wage. Section G of this resolution includes entities eligible to receive this non-competitive payment.

Bill 35-17 (© 53-56) became effective March 19, 2018. It says in part:

- Each year, to the extent that funds are appropriated, the Director of Finance must make a payment to each eligible service provider in recognition of the higher cost of living in Montgomery County compared to other parts of Maryland.
- The Director of Health and Human Services must, by February 1 of each year, recommend to the Council the amount of the payment, considering:
 1. The State reimbursement rates to service providers;
 2. The total cost of providing services, including wages; and
 3. The additional operating support needed to allow each service provider to pay direct service workers, on average, 125% of the County minimum wage.
- To receive a payment under the Section, a service provider must demonstrate to the Department of Health and Human Services that it pays direct service workers at a rate specified in the Council's current operating budget resolution; and meet any other eligibility standards set in regulation.

The \$17.562 million was appropriated in direct response to the request from InterACC/DD regarding the amount of County support needed for providers to pay direct service workers, on average, 125% of County minimum wage.

Prior to FY13, there was no criteria in the Budget Resolution regarding how the funds were to be used by the organizations, other than the Council's authorization of non-competitive contracts. DHHS made sure the organization was in good standing and serving Montgomery County residents. During the FY13 budget worksession on this issue, the HHS Committee members agreed that they had thought that these funds were to support salaries for direct service workers since a major advocacy point each year was that providers needed to pay above minimum wage and above what State reimbursement rates would allow in order to retain quality staff to serve very vulnerable adults. Providers said it would take time to make this transition and so the time for transition was specified so the organizations and DHHS would know what to be accountable for.

FY	Total \$	% change from previous	Criteria
FY13	\$ 7,872,486	na	An organization must show that its hourly wage exceeds the State minimum pay for the program. Beginning in FY14 organizations must report on the amount of the funds used to improve hourly pay. Beginning in FY15, the Council expects that 75% of funds will be used to improve hourly pay.
FY14	\$ 8,469,101	7.6%	An organization must show that its hourly wage exceeds the State minimum pay for the program. Beginning in FY14 (current year) organizations must report on the amount of the funds used to improve hourly pay. Beginning in FY15, the Council expects that 75% of funds will be used to improve hourly pay.
FY15	\$ 9,426,421	11.3%	Organizations must demonstrate to DHHS that at least 75% of funds is being used to increase the pay of direct service workers.
FY16	\$10,542,529	11.8%	Organizations must demonstrate to DHHS that at least 75% of funds is being used to increase the pay of direct service workers. \$10,395,841 is expected to be the equivalent of 8.0% of projected revenues and \$146,688 will assist with maintaining a 25% differential from the minimum wage.
FY17	\$13,800,211	30.9%	Organizations must demonstrate to DHHS that 100% of the funds is being used to increase the pay of direct service workers. Funds are expected to allow organizations to pay, on average, 125% of County minimum wage.
FY18	\$14,729,712	6.7%	Organizations must demonstrate to DHHS that 100% of the funds is being used to increase the pay of direct service workers. Funds are expected to allow organizations to pay, on average, 124% of County minimum wage.
FY19	\$17,562,175	19.2%	Organizations must demonstrate to DHHS that it pays direct services workers, on average, a wage equal to 125% of the County minimum wage. (This requirement was included in the contracts between DHHS and the organizations.)
FY20	\$15,711,973	(10.5%)	CE Recommendation based on paying at the average rate above minimum wage that organizations were found to have been paying in FY19.

Provisions attached at © 67-73

Council staff comments:

- There has never been anything but strong support by the Council for this support payment and these organizations. There has never been a question that pay should be above minimum wage as an incentive for employees to take and keep these jobs, instead of leaving for less demanding work.
- The total amount of funding invested by the County to support these organizations is substantial and has increased substantially since FY13. This occurred even in years where there were Savings Plans. Some of this increase recognizes that the organizations are caring for additional people. Council staff understands that Montgomery County was the only County to make this type of support payment until Prince George's County began to do so this year.
- The increase from FY18 to FY19 was specifically tied to the increase in the County Minimum Wage and the DD Provider's advocacy that paying an average of 125% of County minimum wage was critical.
- Council staff understood the Council's intent was to pay, on average, 125% of the County minimum wage as the base wage, since the actions on setting the County minimum wage were about the base hourly wage. The "on average" acknowledged that some employees might be paid, for example, 115% of County minimum wage and some 130%; but, on average the hourly base rate would be 125%.
- Council staff did not understand that the Council would find it acceptable that the calculation would be employee's income divided by hours worked and could require an employee to work overtime or receive a bonus to reach the overall average wage of 125% of County minimum wage. With the exception of tipped employees, the minimum wage is the base hourly rate. For example, a person with a base wage of \$13 would have an average wage of \$14.97 if they worked 15 hours of overtime each week. The Council must be clear whether it is the base wage or total income/hours.
- DHHS included the requirement in contracts. Generally, DHHS does not contract with the organizations except for disbursing this support payment. DHHS is responsible for compliance with the Council's requirement. DHHS conducted a payroll audit and found that about half of organizations were not complying. DHHS notified organizations that they were in breach of contract. DHHS did not stop paying any organization the full FY19 amount of support understanding what this would do to current year budgets.
- The Executive's FY20 recommended amount is based on paying the organizations that were not in compliance at the rate they were found to be paying.

Request from InterACC/DD and Providers

The Council has received a great deal of testimony and correspondence on this issue. This packet contains the request from InterACC/DD, which is a coalition of 30 providers. It is attached at © 58-60. It says, in part:

- With the County minimum wage increasing to \$12.50 an hour on July 1, 2019, agencies would need to pay, on average, \$15.63 per hour to maintain 125% of minimum wage.
- Based on the current eligible work hours and a projected growth of 4.5%, they estimate and request an additional \$1,388,718 above the FY19 approved level.
- InterACC/DD requests restoration of the \$1,850,202 reduction recommended by the Executive. They describe the misunderstanding about how the “125% above” is calculated, noting that previously overtime and bonus have been included in information provided to DHHS.
- InterACC/DD asks that the Council work with providers to develop regulations that will clearly lay out expectations for compliance and consequences for non-compliance.
- The Council received testimony and correspondence on the serious financial impacts to organizations if funding is reduced from the FY19 approved level.

DHHS told the Committee that given all the advocacy and the detail around the development of the funding for FY19, they did not expect the outcome they found when they completed the payroll analysis in September. DHHS requested an update from organizations in March and received updated information from 9 providers. DHHS provided the Committee with charts (© 61-66). These charts provide information on (1) base wages only in September 2018; (2) base wages plus overtime in September 2018; (3) base wages only that include updates from 9 providers; (4) base wages plus overtime with the updates for 9 organizations; and, (5) all wages including the update for the 9 organizations. There is black box in each chart with the bottom line being the minimum State rate and the top line being 125% of the County minimum wage.

The charts show that 14 of 32 organizations reached or exceeded 125% of County minimum wage as the base wage. When gross pay is used, this increases to 17 organizations.

HHS Committee Discussion and Recommendations:

The HHS Committee discussed the importance and complexity of the work from the direct service providers. There are times where more than one worker is needed for a client.

The Committee is concerned about the impact of providing less to an organization in FY20 than in FY19 if the goal is to work to get this funding into the pay of the direct service workers.

There were comments about whether, even with all the discussion last year, the Council was not specific enough about what should be included in the calculation. For example, a bonus might be thought of differently than overtime.

There should be an analysis of a full year of wages to see how organizations are complying rather than only a point in time of a pay period or a month. This would take into account things that could occur during a full year, like a bonus.

The Committee recommends adding \$1,850,202 on the Reconciliation List to hold FY20 support to organizations at the FY19 level.

Convene a workgroup to look at the different pay issues and structures for different types of services and to gain agreement on the expectations for the DD support payment.

Change the FY20 criteria for eligibility for the payment to compliance with the County minimum wage. Do not specify any percentage amount above this. This should mean that every organization will be in compliance. DHHS should inform each organization about the new County minimum wage rates when they execute contracts.

Ask DHHS to complete a payroll analysis that includes a full fiscal year. This will help inform the workgroup about compliance and how different components of pay and workhours impact compliance.

Discuss different business models and practices as a part of the workgroup to better understand why some organization were in compliance and others were not.

The HHS Committee did not place the additional \$1,388,718 requested by InterACC/DD on the Reconciliation List. Council staff noted that this request was based on the same calculation used for FY19 and so right now it is unclear what the outcome would be. Estimates and options for funding will be brought back to the Council after the work group meets.

2. Payment to Adult Medical Daycare Providers

No change from FY19 funding recommended

For the FY19 budget, funding was approved for the first time to provide support to Adult Medical Daycare Providers. The representatives for these organizations argue that they are also financially stressed because the higher County minimum wage is not reflected in Medicaid and other reimbursements that they receive for serving Montgomery County clients. The Council included the following language in its budget resolution:

This resolution appropriates \$651,012 to the Department of Health and Human Services to provide a payment to organizations providing adult medical daycare services that accept Medicaid funding. In order to receive this payment, an organization must demonstrate to the Department it is licensed and in good standing with the Maryland

Department of Health, Office of Healthcare Quality. The organization must provide any documentation requested by the Department to determine the use of the program by Medicaid funded County residents. The provider must be in compliance with the Montgomery County Minimum Wage law.

Last spring, not all the criteria and data requirements had been finalized. DHHS has now completed and finalized the requirements and the contracts to actually pay the providers. Because this process took time, as a part of the FY19 Savings Plan, the Executive recommended and the Council concurred that payment would only be made for the last quarter of FY19.

The Executive is recommending funding at the full-year FY19 level and \$651,012 is included in his FY20 Recommended Budget. The testimony provided by the Maryland Association of Adult Daycare Services shares their calculation that an additional \$976,519 is needed to fill the gap between their State reimbursement and the increased minimum wage for FY20 (© 74-76).

HHS Committee recommendation: Approve as recommended by the County Executive. Continue the FY19 budget language that just requires compliance with the minimum wage.

3. Coordination of Community Services

Background from 2018 Work Group Report (White Paper on CCS © 77-80)

Coordination of Community Services (CCS) assists people and their family/guardian with the process of applying for services from the Maryland Department of Health, Developmental Disabilities Administration (DDA), conducting an eligibility Comprehensive Assessment, and assisting with planning and coordinating services. CCS is provided to people who are eligible based on a developmental disability, to receive support services from DDA, are placed on a DDA waiting list, or are transitioning from school or institutional services to community services. CCS has previously been called Resource Coordination and is now a fee for service, Targeted Case Management service.

Starting in FY16 major changes were made to CCS (Resource Coordination) in Montgomery County: Prior to FY16, Montgomery County provided all CCS services to County residents and received a grant from the State to pay for the program. In order to better leverage Medicaid funds, the State moved to a fee for service requirement and also determined that private provider choice must also be available. The billing rate under the fee for service model does not cover the full cost to the County of providing CCS and a decision was made to move everyone from the County to private providers. Families were extremely confused and upset. Communication from DDA was not clear. People did not know which provider they were assigned to. Serious concerns were raised about turnover and lack of experience by the new providers.

The DD Transition Advisory workgroup was convened and one of its recommendations was that DHHS continue to be a Resource Coordination provider with a cap of 1,100 individuals and the right to decline some referrals. There was concern about the instability of the transition and the importance of having DHHS remain a provider particularly for people that need coordination with other DHHS services. The Council agreed that DHHS should remain a provider and approved County funding that along with State reimbursement would allow DHHS to serve 500 persons.

Update

The following table shows the current expenditures and revenues associated with Coordination of Community Service in DHHS. As expected when the decision was made to retain these services in DHHS, revenues are below expenditures. For FY20 the difference is expected to be about \$581,630.

	FY19	FY20
Staffing	<i>All positions are currently filled</i>	
	12 Coordinators (10 merit Program Specialist IIs and 2 Brokers)	Same as FY19
	1 Program Manager, 1 Quality Assurance Specialist & 1 OSC	Same as FY19
	15 Total Staff	Same as FY19
Expenditures	1,241,880	1,352,700
YTD (as of March)	998,037	
Revenues	771,070	771,070
YTD (as of March)	782,090 (includes May and June FY18 revenue)	

It is notable that DHHS did not have any staff leave this program in FY18. Constant turnover of CCS in the private organizations is one of the main concerns of parents and caregivers of adults with developmental disabilities.

All CCS providers have voiced concern about the caseload that the Developmental Disabilities Administration (DDA) expects CCS workers to carry, particularly as the State implements requirements around person-centered plans. Currently, DDA's standard is 1 worker for 40 clients. DHHS has provided the following in response to a question from Council staff:

We are currently serving 477 clients with 11.4 staff assigned to case management duties (0.6 FTE completes our Comprehensive Assessments) so the average caseload is 42 cases per Coordinator. In order to get to an average caseload of 40 with 500 clients (our capacity), the program would need an additional Coordinator (Program Specialist II position).

One note is that in order to maintain proper span of control, the CCS program would need an additional Program Manager to oversee any additional staff. The Current Program Manager is already overseeing 12 merit staff and 2 brokers.

Has DHHS been able to stay close to or at the maximum of 500 clients in FY18 and FY19 to date?

The CCS program has had around 480 clients for over a year now. The program has opted to keep the client count to 480 clients to try to keep caseloads closer to the desired 40:1 ratio.

Council staff commented that DHHS has continued to provide high quality, consistent staff to those people who are able to access the County for services. However, with 11.4 FTEs assigned to casework, the maximum number of clients should be 456 rather than 480, or the 500 that the County should be serving.

This is another situation where State rates and State standards for service ratios are where the critical decisions are made. CCS should be a part of the Council's ongoing advocacy with the State for improvements to the adult DD System.

HHS Committee recommendation: Add \$58,302 to the Reconciliation List to fund a Program Specialist and a Program Manager to allow DHHS to have appropriate staff. DHHS explained that they cannot add another CCS worker without a supervisor (Program Manager) because they have already exceeded the normal span of control. Assume that these positions will start in the last quarter of FY20.

4. Multi-Program Adjustments \$224,664 and 0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.

F. Assisted Living Services

1. Enhance Group Senior Assisted Housing Grant Funds \$361,657 and 0FTE

DHHS has provided the following about this grant:

This grant pays subsidies to licensed Assisted Living Facilities (group homes) on behalf of low-income seniors who otherwise would not be able to afford such care. Grantor rules require that the Program must spend most of the grant on subsidies, and that only nine percent may be spent on program administration. The

additional subsidy funding will allow us to offer the subsidy to more clients, but actual placement is dependent upon the results and timing of client decisions. The decision to move into a group home is a major change for clients and may it may take them some time to decide and to effectuate the change. The program is currently serving 18 clients. The total amount of the grant is \$534,509.

HHS Committee recommendation: Approve as recommended by the County Executive.

**2. Multi-Program Adjustments
\$52,613 and 0FTE**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.

G. Home Care Services

**1. Home Care Services Contract
\$490,000 and 0FTE**

DHHS says that this increase is because the contract was resolicited which resulted in an increase in personal services hourly rates. With this additional funding, the value of contracts will be \$2,417,762. This funding allows DHHS to continue to maintain an annual client census of approximately 300 clients and allows for the provision of emergency Home Care services to be provided to Adult Protective Services clients who need non-traditional hours of care.

HHS Committee recommendation: Approve as recommended by the County Executive.

**2. Multi-Program Adjustments
\$35,018 and 0FTE**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.

H. Ombudsman Services

1. Multi-Program Adjustments \$57,548 and 0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.

I. Respite Care

1. No change to Budget – FY19 Approved \$1,246,661

DHHS has provided the following responses to Council questions:

- a. What were the total hours of respite care provided in FY18?

The Program provided 55,054 hours of respite care FY18.

- b. How many requests for respite care were not filled in FY18?

The Arc Montgomery County did not deny any new requests for respite care in FY18. The program implemented cost saving measures to minimize the impact of increasing the Level I agency rates without additional ongoing funding. For example, for FY18, individuals receiving any in home waiver services/supports of over 40 hours per week were only eligible for a maximum of 48 hours of approved respite cares per fiscal year upon application approval (the standard annual hourly cap is 140 hours). In FY19, clients receiving in home supports or services from State or Federal program are not eligible to receive any respite services.

- c. What is the number of respite hours provided in the first half of FY19?

The Program provided 31,856 respite hours from July 2018 – December 2018

- d. Is it expected that the same number of hours will be provided in FY20 or is it expected that the rate for respite services will increase?

The Arc Montgomery has requested a rate increase for its Level I agencies from \$20/hour to \$22/hour for FY20. The County's Respite Program rate is still below their agency rates (\$26-28/hour for personal care services) and is below the rate in the County's In-Home Aide program rate (\$28/hour). The Level I agency rate has increased over the last two fiscal years without any additional ongoing funding (the program has received one-time only funds from AAA and the Department of Human Services in FY18 and FY19). The projected cost of increasing the rate from \$20 to \$22 is \$69,450 (The average # of Level I hours over the last 5 FYs is 34,723. *A \$2

rate increase = \$69,446). If the department increases the rate without additional funding, it could mean 3157 fewer hours in FY20 (69,446/the new \$22 rate=3,157 hours).

The Commission on People with Disabilities is requesting this increase so that the number of available hours are not reduced.

HHS Committee recommendation: Add \$69,446 to the Reconciliation List to avoid the reduction in hours that will be required if the increase rate is not funded.

J. Senior Community Services

1. Senior Home Sharing Pilot Program \$174,000 and 0FTE

DHHS has provided the following description of this effort. A flyer from November meetings to hear from the community about home sharing is attached at © 81.

The purpose of the Home Sharing program is to combat social isolation and financial insecurity by matching home owners who have a spare room with home seekers interested in long-term room rental. The program's target populations are **home owners** who may need the extra income and who prefer living with another person and **home seekers** who need housing and may be able to assist with tasks and in-home help.

Funding is for a full year. Approved funding will be used to solicit one or more contractors to deliver this service (i.e., no work-years). Since this will occur through a Request for Proposal (RFP) process services will begin late in FY20.

HHS Committee recommendation: The HHS Committee supports this initiative but recommends reducing the budget by \$87,000 to reflect half-year funding as the program most likely will not start until the second half of the year.

2. Multi-Program Adjustments \$93,374 and 0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.

K. Senior Nutrition

1. Multi-Program Adjustments \$2,665 and (1.0)FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive. Schedule a future discussion to discuss senior nutrition programs and specifically revisit the cold box lunch program.

Updates on Senior Nutrition Programs

There are three Senior Nutrition programs: Home Delivered Meals, Congregate Meals, and Cold Box Meals. Funding comes from the Older Americans Act, the Nutrition Services Incentive Program, program income, the State Nutrition Grant, and County General Funds. The following table shows the funding and service trends for the Home Delivered Meal and Congregate Meal programs.

Home Delivered and Congregate Meals

Home Delivered	FY16 Actual	FY17 Actual	FY18 Actual	FY19 Budget	FY20 CE Rec
Funding	965,826	1,260,850	1,280,782	1,269,719	1,228,449
People Served	1,183	1,812	923	1,007	1,007
Meals Served	154,695	174,555	159,159	184,839	184,839

Congregate	FY16 Actual	FY17 Actual	FY18 Actual	FY19 Budget	FY20 CE Rec
Funding	1,913,677	1,785,265	2,221,811	2,167,861	2,114,128
People Served	4,036	4,165	4,595	5,036	5,036
Meals Served	235,872	253,715	272,812	269,288	269,288

DHHS notes that the FY18 Budget and FY19 CE Recommended numbers did not reflect a recent Federal decision that changed how the program classifies certain meals. This decision prohibits the program from treating all Cold Box and emergency shelf-stable meals as Home

Delivered. The result is a shift of meals and people from Home Delivered to Congregate in FY18 Actuals compared to FY18 Budget, and FY19 Budget compared to FY19 CE Recommended. SNP numbers will reflect these rules going forward, including the FY20 column above

Cold Box Meal Program

This effort provides a box lunch during the winter months at senior buildings to ensure people have a meal when they may not be able to go out. For FY19, the Senior Nutrition Program provided this service from November 13, 2018 to March 29, 2019 for five days per week.

The County Executive has recommended \$276,991 for this program for FY20. DHHS says they anticipate serving the same buildings in FY20, including the Oaks at Four Corners, which plans to rejoin the program. Victory Court declined to participate in FY19 because there was not enough interest from residents.

	2016-2017 program	2017-2018 program	2018-2019 program
Covenant Village	66	47	52
Franklin Apartments	60	60	50
Hampshire Village Apartments	55	25	24
Oaks at Four Corners	40	0	0
Oaks at Olde Towne	40	34	40
Randolph Village	60	62	40
Town Center	40	40	40
Victory Court	28	15	0
Victory Forest	80	55	48
Victory Oaks	15	20	18
Victory Tower	65	60	70
Willow Manor at Cloppers Mill	15	25	16
Willow Manor at Colesville	25	35	45
Willow Manor at Fair Hill Farm	45	45	44
Charter House	70	65	70
Rebecca House	33	33	46

Behavioral Health and Crisis Services Overview

The background information for Behavioral Health and Crisis Services is attached at 82-96. The excerpt from the Executive's Recommended Budget for Behavioral Health and Crisis Services is attached at © 83-88. Attached are testimony from the Victim Services Advisory Board (© 91-92) and October 2018 priorities statements provided to the Health and Human Services Committee by the Mental Health Advisory Committee (© 93-95) and the Alcohol & Other Drug Abuse Advisory Council (© 96).

For FY20, Behavioral Health and Crisis Services is organized into eleven program areas. The County Executive is recommending a total of \$45,234,895. The following table shows the change in dollars since FY16.

Behavioral Health and Crisis Services Expenditures in \$000's	FY16 Budget	FY17 Budget	FY18 Budget	FY19 Budget	FY20 Rec	Change FY19-20
Chief Behavioral Health & Crisis Services	562	564	556	563	820	45.6%
Behavioral Health Planning and Management	8,087	8,695	9,262	8,979	9,757	8.7%
24-Hour Crisis Center	4,825	5,072	5,204	5,322	5,143	-3.4%
Seniors/Persons w Disabilities Mental Health Services	787	798	778	788	255	-67.6%
Treatment Services Administration	5,905	6,521	4,632	4,919	2,979	-39.4%
Access to Behavioral Health Services	3,648	3,712	3,661	3,608	3,597	-0.3%
Forensic Services - Adult	2,375	2,201	2,681	3,314	3,753	13.2%
Outpatient Behavioral Health Services - Adult	3,239	3,312	2,990	2,920	1,979	-32.2%
Outpatient Behavioral Health Services - Child	5,582	5,625	5,827	7,045	7,830	11.1%
Trauma Services	4,960	4,988	5,311	5,852	6,024	2.9%
Specialty Behavioral Health Services	2,568	2,513	2,263	2,584	3,095	19.8%
TOTAL	42,538	44,001	43,165	45,894	45,232	-1.4%

The following provides a description of the programs in this service area.

	FY20 Rec \$	FY20 FTEs
Chief Behavioral Health & Crisis Services: Provides leadership, oversight, and guidance for the administration of Behavioral Health and Crisis Services	\$820,073	4.0

	FY20 Rec \$	FY20 FTEs
Behavioral Health Planning and Management: Planning, management, and monitoring of Public Behavioral Health Services for children with serious, social, emotional, and behavioral health challenges; adults with serious and persistent mental illness; and, seniors with behavioral health needs. Develop and manage treatment and rehabilitation services. Serves persons with co-occurring disorders, homeless persons, and previously incarcerated persons and persons on conditional release. Manages all service area contracts.	\$9,757,010	23.0
24-Hour Crisis Services: Telephone, walk-in, mobile crisis outreach, and crisis residential services to persons experiencing situational emotional or mental health crisis. Crisis Center provides services 24/7 and focuses on finding the least restrictive, community-based setting. Psychiatric crisis services are used to prevent hospitalization and suicide. Back-up when client's primary service providers are not available after hours.	\$5,142,715	36.90
Mental Health Services for Seniors & Persons with Disabilities: Mental health outreach services for seniors who cannot or will not access office-based services. Services for persons experiencing caregiver stress. Provide consultation to assisted living providers, HOC resident counselors and senior center directors. Mental health services for the deaf or hearing impaired.	\$255,712	1.0
Treatment Services – Administration: Overall management of Federal and State Behavioral Health Administration grant and Medicaid funded community-based programs. Oversees the addiction continuum of private providers.	\$2,979,836	3.0
Access to Behavioral Health Services: Connects uninsured and low-income consumers with mental health and/or substance abuse problems to appropriate community services. Short-term case management and psychiatric services to vulnerable clients, including recent discharges from hospital or jail. Urine monitoring program serves those required to submit to breathalyzer and urine surveillance and those who request services to support recovery from substance abuse.	\$3,596,647	29.0
Forensic Services – Adult: Clinical Assessment and Transition Services (CATS), Jail Addiction Services (JAS), and Mental Health Court teams.	\$3,753,781	28.0
Outpatient Behavioral Health Services – Adult: Provides comprehensive addiction, mental health outpatient, and intensive outpatient services to adult residents of Montgomery County. Priority given to special populations. Accepts referrals from Access to Behavioral Health Services and Avery Road Treatment Center. Includes services for Limited English Proficiency persons and those with specialized cultural and language needs. Peer-led recovery is offered.	\$1,979,150	11.5

	FY20 Rec \$	FY20 FTEs
Outpatient Behavioral Health Services – Child Provides comprehensive addiction, mental health outpatient, and intensive outpatient services to Montgomery County youth and their families. Two outpatient behavioral health clinics provide assessment, psychiatric treatment, and therapy. Home based treatment provides services for children and families in the Child Welfare system. Services youth and families in the juvenile justice system. Screening and Assessment Services for Children and Adults (SASCA) works with the State's Attorney's Office and Police to provide alternatives for youth that receive citations.	\$7,830,396	29.75
Trauma Services: Abused Persons Program (APP) and the Victim and Sexual Assault Program (VASAP) serve victims of domestic violence, sexual assault, and violent crime. Domestic violence, sexual violence, and human trafficking victims can receive assessments, crisis intervention, safety planning, and placement in emergency shelters. VASAP has a volunteer outreach system to respond to hospitals and police stations.	\$6,024,326	29.55
Specialty Behavioral Health Services: Adult Drug Court and Medication Assisted Treatment (MAT) Programs. Drug Court provides intensive outpatient treatment to chronic substance abusers who are before the Circuit Court for violations of probation or new offenses. MAT serves people with a history of opioid dependence that have been unsuccessful in other treatments. Includes methadone maintenance. Both programs provide services for people with co-occurring mental health disorders.	\$3,095,249	22.55

Multi-program Adjustments:

This service area has some very significant changes that are rolled-up into Multi-program Adjustments reflecting compensation changes, benefit changes, staff turnover, and reorganizations. This table shows that the net change across all the program is actually quite small. There is a reallocation of grant funds and FTEs that drive much of the large changes.

DHHS explained that this service area is particularly impacted by the ongoing shift from grants to reimbursement for services. In addition, DHHS underwent an audit by the State that reassigned costs to different programs within the service area.

Multi-Program Adjustments BHCS	\$	FTE
Chief Behavioral Health & Crisis Services	257,329	0.5
Behavioral Health Planning and Management	1,301,613	9.21
24-Hour Crisis Center	(179,485)	0
Seniors/Persons w Disabilities Mental Health Services	(532,414)	0
Treatment Services Administration	(1,938,981)	0
Access to Behavioral Health Services	(11,621)	(1.0)
Forensic Services - Adult	439,879	2
Outpatient Behavioral Health Services - Adult	(940,559)	(8.75)
Outpatient Behavioral Health Services - Child	785,454	0
Trauma Services	250,012	0
Specialty Behavioral Health Services	411,515	0.55
NET CHANGE	(157,258)	2.5

Specified Changes and Discussion Items

A. Chief Behavioral Health and Crisis Services

1. Multi-Program Adjustments

\$257,329 and 0.5FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.
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B. Behavioral Health Planning and Management

1. Technical Adjustment Community Health Grant Funds

\$0 and (6.71)FTEs

This is a technical adjustment related to a change in the criteria for the Mental Health Services Grant which has resulted in DHHS shifting costs to the General Fund and reallocating operating expenses and contracts to the grant.

HHS Committee recommendation: Approve as recommended by the County Executive.
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2. Adjust Residential Rehabilitation Supplement (\$200,109) and 0.0FTE

The Residential Rehabilitation Supplement is a County funded payment to service providers that was begun to provide operational support in recognition of the higher cost of business in Montgomery County compared to the reimbursement rate. For FY19, the Executive recommended and the Council approved a 10% reduction to the funding. For FY20, the Executive is recommending an additional 20% reduction.

Residential Treatment	FY15	FY16	FY17	FY18	FY19	FY20
Community Connections	53,731	54,805	55,901	57,019	51,318	41,055
Cornerstone	681,088	694,709	708,104	722,266	650,498	520,398
Family Services Inc.	234,926	239,624	244,417	249,305	224,375	179,500
Rock Creek Foundation	77,849	77,849	80,994	82,614	74,352	59,482
TOTAL	1,047,594	1,066,987	1,089,416	1,111,204	1,000,543	800,434

DHHS says that residential rehabilitation programs are reimbursable through the Maryland Public Behavioral Health fee for service (FFS) system. Providers submit claims and are reimbursed through the administrative services organization (currently Beacon Health Options). Montgomery County is, they believe, the only county in the state that provides this administrative fee over and above the FFS rates. DHHS expects that this proposed reduction will not result in a reduction in the number of Residential Rehabilitation Program beds or the number of clients served. The County funded supplement was for administrative support for the programs dating back at least a decade. This level of service is billable through the fee-for-service system at rates which should be adequate to continue operations for RRP.

The supplement has been allocated based on the numbers of beds each provider had when the initial contracts were created. The reductions are allocated to the five residential rehabilitation contracts by the proportions of GF budget received.

HHS Committee recommendation: Add two increments of \$100,000 each to restore part or all of this reduction. The Committee understood DHHS' rationale that there is no need to pay a supplement if the State reimbursement rate is adequate to cover costs. However, the Committee was concerned about the impact on these organization of the loss of this funding without an opportunity to plan.

Further work should be done with the providers to understand how the funds are used and whether there is an appropriate way to phase out this supplement but also consider if there are funding gaps that are appropriate for County support.

3. Multi-Program Adjustments \$1,301,613 and 9.21FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. This large increase is part of the adjustments

related to a change in the criteria for the Mental Health Services Grant which has resulted in DHHS shifting costs to the General Fund and reallocating operating expenses and contracts to the grant. DHHS also says that an effort was made to reallocate the budget to the programs where the funds are actually spent.

HHS Committee recommendation: Approve as recommended by the County Executive.

C. 24-Hour Crisis Center

1. Multi-Program Adjustments (\$179,485) and 0.0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.

D. Mental Health Services for Seniors and Persons with Disabilities

1.. Multi-Program Adjustments (\$532,414) and 0.0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. This is also part of the adjustments related to a change in the criteria for the Mental Health Services Grant which has resulted in DHHS shifting costs to the General Fund and reallocating operating expenses and contracts to the grant. DHHS also says that an effort was made to reallocate the budget to the programs where the funds are actually spent.

HHS Committee recommendation: Approve as recommended by the County Executive.

E. Treatment Services - Administration

1. Multi-Program Adjustments (\$1,938,981) and 0.0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

DHHS says that a notable part of this adjustment is related to a change to a Medicaid fee-for-service formula that reduced the County share of funding to the provider. The new Medicaid

fees represent an increase in overall funding for the provider. DHHS shifted the County funds to areas where there was a shortfall in the budget related to actual funding as well as to fund urgent needs such as Narcan training and Suicide Prevention.

HHS Committee recommendation: Approve as recommended by the County Executive.

F. Access to Behavioral Health Services

1. Multi-Program Adjustments (\$11,621) and (1.0)FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.

G. Forensic Services - Adult

1. Multi-Program Adjustments \$439,879 and 2.0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. DHHS shares that the increase and 2 FTEs in this adjustment is the shifting of two Therapists from other programs to assist Department of Correction and Rehabilitation Crisis Intervention Unit mental health therapists with increased caseload.

HHS Committee recommendation: Approve as recommended by the County Executive.

H. Outpatient Behavioral Health – Adult

1. Multi-Program Adjustments (\$940,559) and (8.75)FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. DHHS reports that it has discontinued the Intensive Outpatient Program located at Rollins Avenue because the behavioral health continuum has other programs that are able to provide the co-occurring disorders treatment services that were provided. Positions were redeployed to other programs in Behavioral Health and Crisis Services to address gaps that were deemed as service priorities. **DHHS explained that the number of patients using the County program was declining. People have been able to be served through other programs. There have been some short wait lists from time-to-time but it has not been a regular problem.**

HHS Committee recommendation: Approve as recommended by the County Executive.

This table provides information on residential and outpatient program capacity and wait times.

Program (as reported April 2019)	Capacity	Wait Time
Avery Road Treatment Center (detox)	10	2 days
Avery Road Treatment Center (residential treatment)	10	2 days
Avery Road Combined Care	20	1 week
Journeys for Women	Variable	3 weeks
Lawrence Court Halfway House	20	1 day
Avery Road Halfway House for Women/Children	10	No Wait
Adult Drug Court	90	No Wait
Medication Assisted Treatment	75	No Wait
Outpatient program level 1 - FSI	N/A	Closed
Outpatient program level 1 - Suburban	Variable	No Wait
Day Treatment for Delinquent Youth (Maryland Treatment Center)	Variable	No Wait

I. Outpatient Behavioral Health – Child

1. Multi-Program Adjustments

\$785,454 and 0.0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.

At the Joint Public Safety and Health & Human Services session on the Adult Mental Health Courts, the Committee said it was interested in exploring the potential for the mental health court model for juveniles. Council staff is scheduling this discussion for the fall as it will involve DHHS, the Department of Juvenile Services, State's Attorney and the Circuit Court. As follow-up now, DHHS has provided the following information about SASCA, which is used by the Department of Juvenile Services, Montgomery County Police and others to screen youth for substance abuse and/or mental health issues.

SASCA: How many youths were screened by SASCA in FY16, FY17, and FY18? Describe the main categories of the screening tool and how many youth were determined to need follow-up outpatient mental health or substance abuse treatment. Also, provide information on how and who can refer a youth to SASCA for evaluation.

Youth Screened

FY16: 1,377

FY17: 1,095

FY18: 1,077

FY19 YTD (3/31/19): 824

Please note that the decrease in SASCA referrals correlates to the change in the Marijuana laws and in societal attitudes toward youth substance abuse.

Main categories of screening tool: Master's level licensed clinicians utilize clinical interview with youth and parent regarding behavioral health concerns, symptoms, and impact on daily functioning (family relationships, friendships, school performance, etc.). CRAFFT screening tool and quick cup urinalysis screenings are also used during the SASCA appointment to assist with determining appropriate level of care for referral. Clinicians provide ongoing case management to open cases until the family connects to the recommended treatment or service. In Diversion cases, SASCA clinicians continue to provide follow up case management until the youth has completed the recommended treatment or service.

How many youth determined to need follow up outpatient mental health or substance abuse treatment:

FY16: 1,174 (85% of youth screened)

FY17: 980 (90% of youth screened)

FY18: 953 (89% of youth screened)

FY19 YTD (3/31/19): 722 (92% youth screened)

SASCA is accessible to any youth under the age of 18 who is a Montgomery County resident. Any parent in the County who would like a screening for their child or adolescent may call to schedule an appointment (self-referral). SASCA also receives referrals from Montgomery County Public Schools, Department of Juvenile Services, Montgomery County Police Department's Special Victims Investigations Division, and Child Welfare Services. SASCA is an integral component of the Diversion Program of Montgomery County, which is a collaboration between MCPD, State's Attorney's Office, and Department of Health and Human Services.

**Child and Adolescent Behavioral Health Services
School Referral Report**

Attached at © 89-90 is the updated School Referral Report that shows the number of referrals to crisis services. The Council received testimony in support of programming to address youth suicide and the need for mental health services for school aged children.

- Total referrals have increased substantially from 1,075 in FY15 to 1,804 in FY18. Prior to FY17 there were three years of relative stability.
- The percentage of referrals from each school level has not changed dramatically from FY17 to FY18. In FY18, 25% were from elementary school, 41% from middle school, and 33% from high school. For FY19 (through March), 49% of referrals are from middle school.
- The number one reason for a referral is a suicidal threat, followed by self-injurious behavior. These have grown substantially from FY16 to FY18: suicidal threats from 554 to 880, and, self-injurious behavior from 234 to 363.
- In most cases, the student is determined not to be a risk to self or others.

- Inpatient hospitalization as the disposition of the referral has increased from 59 in FY16 to 117 in FY18. However, most cases are appropriate for outpatient treatment.
- Emergency petition initiated by Crisis Center staff rose from 8 in FY16 to 18 in FY18.

The Committee discussed the outcome from the SASCA screenings and how DHHS uses data from the Youth Risk Behavior Study (YRBS) to strategize about how address substance abuse by youth. The Committee also discussed the trends included in the School Referral Report. DHHS said that they now have a Memorandum of Understanding with Montgomery County Public Schools that allows information to be communicated back to schools for follow-up as they have found that the path through parents is not always reliable given the volume of children in the public schools. DHHS has not found a similar need in private school, because the number of children is much smaller.

J. Trauma Services

1. Change in Funding Allocation for Sexual Assault Rape Crisis Funds Victims of Crime Act Rape Crisis Intervention Grant Funds \$201,978 and 0.0FTE

The Department expects the FY20 allocation will be \$201,978. They share that the FY20 grant fund will cover 0.5 FTE for a Principal Administrative Aide, extra service hours provided by the part-time Client Assistant Specialists and a broker (contract) to provide individual, family and group therapy for sexual assault victims.

HHS Committee recommendation: Approve as recommended by the County Executive.

2. Change in Award Term of Victims of Crime/General Grant Funds (\$280,509) and 0.0FTE

This is the Victim Assistance Service Project grant awarded by the Governor's Office of Crime Control and Prevention (GOCCP) many years ago under the Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program. In FY17, GOCCP awarded the VOCA grant in amount of \$727,182 for a 2-Year Term. In FY19, GOCCP awarded \$446,673 for 1 Year term. We expect to receive the same award amount \$446,673 in FY20. However, since the previous budget had the \$727,182 loaded, this shows in the budget book as a reduction.

HHS Committee recommendation: Approve as recommended by the County Executive.

3. Multi-Program Adjustments

\$250,012 and 0.0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.

4. Domestic Violence Offender Groups: The Victim Services Advisory Board is, for a second year, asking for \$115,000 to (1) provide intensive individual therapy for high risk offenders; (2) psychiatric medical assessments for medication as appropriate; and (3) intake and translation services. Council staff asked if DHHS reviewed these costs with the Advisory Board and can it speak to the need for any or all of what is requested. Intensive individual therapy and medication would be a change from the current program offered through Trauma Services. Can the contractor refer people to the public system for these services if they are eligible or access private insurance if the client has it? DHHS has provided the following response:

The Abuser Intervention Program is offered through a contract which results from an open solicitation. DHHS has reviewed the recommendations/costs provided by the Advisory Board. It is correct that adding individual therapy and medication would be a change from the current program. To the extent that additional funding would be available, new services could benefit those that the program serves. The individuals served by this program could be referred by the contractor to the public system if they had the appropriate coverage and met the diagnostic and eligibility criteria. It may be difficult to find practitioners in the private sector with the required expertise for this specialty of care. The same is true for privately insured individuals as long as this type of coverage is part of the benefit plan.

K. Specialty Behavioral Health Services

1. Annualization of Adult Drug Court Therapist \$99,980 and 1.0FTE

On April 11, 2019 the Joint Public Safety and Health & Human Services Committee reviewed the Adult Drug Court. This cost for annualizing the Therapist added by the Council in FY19 was included in the budget information provided.

Reviewed by Joint PS and HHS Committee.

2. Multi-Program Adjustments

\$411,515 and 0.55FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. DHHS says that the FTE change is because a Community Services Aide III was moved from Outpatient BH – Adult to Specialty Behavioral Health Services. This is a split position between Behavioral Health Grant 0.55 FTE and Public Health 0.45 FTE. The position conducts the preliminary HIV testing and provides outreach services to identify clients with behavioral health disorders who are HIV positive. The position refers persons identified to be HIV positive to medical care and support services, unless the client declines a referral.

HHS Committee recommendation: Approve as recommended by the County Executive.
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Children, Youth, and Family Services Overview

The background material for Children, Youth, and Family Services is attached at © 97-111. The excerpt from the County Executive's Recommended Budget for Children, Youth, and Family Services and Homeless Single Adult Services is attached at © 98-101 and © 146.

For FY20, Children, Youth and Family Services is organized into nine program areas. This service area provides protection, prevention, intervention, and treatment services for children and their families and education, support, and financial assistance for parents, caretakers, and individuals.

The following tables describe the programs in the service area and budget and FTE changes from FY18 through FY20. The Executive has proposed reduced funding for the service area by approximately \$1,949,023 million or -2.2% for FY20. There is a proposed increase of 3 FTEs.

Children, Youth, and Families Expenditures	FY18 Budget	FY19 Budget	FY20 Recommended	% Change FY19 to FY20
Child Welfare Services	\$ 24,108,976	\$24,517,421	\$25,703,840	4.8%
Linkages to Learning	\$ 6,445,062	\$6,577,360	\$6,707,902	2.0%
Positive Youth Development	\$ 6,582,594	\$6,474,469	\$6,561,417	1.3%
Early Childhood Services	\$ 3,763,332	\$4,135,462	\$4,338,408	4.9%
Infants and Toddlers	\$ 6,820,327	\$6,528,338	\$4,530,310	-30.6%
Child Care Subsidies	\$ 6,865,545	\$6,571,023	\$3,393,475	-48.4%
Office of Eligibility Support Services	\$ 27,864,064	\$27,494,777	\$28,948,116	5.3%
Child & Adolescent School & Community Based	\$ 3,425,161	\$3,839,469	\$3,751,467	-2.3%
Chief CYF(Service Area Administration)	\$ 803,341	\$808,499	\$1,062,860	31.5%
TOTAL	\$ 86,678,402	\$86,946,818	\$84,997,795	-2.2%

Description of Program Areas

The following provides a description of the 9 program areas in this service area.

CYF Programs	Description	FY19 Rec	FY19 FTEs
Child Welfare Services	Protective, rehabilitative, and support services for maltreated children and their families. Includes investigations, protective services, kinship care, foster care, adoption, and in-home services.	\$25,703,840	204.80
Linkages to Learning	Community school partnership focused on health, behavioral health, social and community development support to mitigate effects of poverty and reduce non-academic barriers to learning.	\$6,707,902	6.00
Positive Youth Development (PYD)	Culturally-based, trauma-informed PYD services. Includes violence and gang prevention and intervention, Youth Opportunity Centers, High School Wellness Centers, and Street Outreach Network, and Safe Space Program.	\$6,561,417	18.00
Early Childhood Services	Technical assistance, consultation, and training for child care	\$4,338,408	13.50

	providers to increase the quality of early care and education. Parent engagement, home visits, health and parenting education, screening for special needs and family support delivered through contract.		
Infants and Toddlers	Provides evaluation assessment, family support, and early intervention to families with children 0-4 (or 5 with developmental concerns).	\$4,530,310	24.53
Child Care Subsidies	Program and functions have merged into OESS.	\$3,393,475	7.50
Office of Eligibility and Support Services (OESS)	Serves low-income families and individuals in meeting basic needs, including food, medical coverage, shelter, and child care. Determines eligibility for TCA, TDAP, Refugee Cash Assis., SNAP, PAA, various categories of Medicaid, and WPA.	\$28,948,116	259.40
Child and Adolescent School and Community Based Services	Contracts for services with community providers. Includes respite, community empowerment, family, parent, and youth services. Provides coordination for initiatives among public and private agencies.	\$3,751,467	10.50
Chief Children, Youth And Families	Provides leadership and direction for administration of CYF.	\$1,062,860	6.5

Programs and Initiatives Being Reviewed by Joint HHS and Education & Culture Committee

A number of programs in this service area, or initiatives within particular programs, have been reviewed jointly with the Education & Culture Committee, including Early Childhood Services, Infants and Toddlers, Child Care Subsidies, Linkages to Learning, and particular initiatives in Positive Youth Development and Child and Adolescent School and Community Based Services. Issues relating to these topics are not addressed in this packet and will be detailed for the Joint Committee.

A. Multiprogram Adjustments

Each program has a multi-program adjustment, reflected in the following table, that includes compensation changes, benefit changes, staff turnover, reorganizations, and other changes that affect multiple programs.

CYF Programs	Multiprogram Adjustment Expenditures	Multiprogram Adjustment FTES
Child Welfare Services	\$1,186,419	0.00
Linkages to Learning	\$50,542	0.00
Positive Youth Development	\$36,379	0.00
Early Childhood Services	\$202,946	0.00
Infants and Toddlers	\$1,768	0.00
Child Care Subsidies	\$22,452	0.00
Office of Eligibility and Support Services	\$917,446	2.00
Child and Adolescent School and Community Based Services	\$199,273	0.00
Chief Children, Youth	\$254,361	2.00

HHS Committee recommendation: Approve as recommended by the County Executive.

B. Other Recommended Adjustments:

For programs in Children, Youth and Family Services being reviewed by the HHS Committee, the Executive is recommending, for the most part, a same services budget. The two recommend adjustments aside from multiprogram adjustments are the following:

- **Adjust Budget for Crossroads Youth Opportunity Center (YOC)
to Address Structural Budget Deficiencies (Positive Youth Development) \$50,569**

Council staff understands that the Department has been covering the portion of lease costs for the Crossroads YOC when Prince George's County backed out of its contribution. The Department has been absorbing this amount.

The FY19 approved and FY20 recommended budgets for the two YOCs are provided in the following table.

	2019	2020
Crossroads Youth & Community Opportunity Center.	710,841.97	715,107.17
Upcounty Youth Opportunity Center	603,054.99	603,054.99

Service data for the programs are attached on © 107-108.

HHS Committee recommendation: Approve as recommended by the County Executive. The Committee discussed that the Crossroads YOC was originally a joint effort with Prince George's County until they pulled out in 2015. While the YOCs only provides services to Montgomery County residents, the issues impacting the youth are regional issues. Councilmember Rice said he would like to work with MaCO on facilitating a bi-county approach. The Committee discussed that it would be helpful for Prince George's County to have a position like the one held by Luis Cardona that provides a focal point for coordination.

- **Enhance Pregnant Women and Children – MD Kids Grant Funds \$535,893**

In FY19, the Grant amount for the County was increase through two supplementals of \$535,893 and \$41,623.

The Grant funds local health department Maryland Children's Health Program (MCHP) Eligibility Units. MCHP provides health insurance coverage for low-income pregnant women of any age with income at or below 250% of the federal poverty level (FPL), children under age 19 with family incomes at or below 300% FPL, the new adult population expanded through the Affordable Care Act (ACA), and the Pre-Release Inmate population expanded through the ACA.

The MCHP Eligibility Units are responsible for assuring that MCHP and MAGI applications they receive from low income families are processed in accordance with COMAR 10.09.11, and 42 CFR-400 for: (1) the current coverage period, and (2) as needed with a retroactive period not exceeding three months prior to the month of application. The MCHP eligibility units are responsible for processing applications from individuals who meet the MAGI population descriptions.

The supplementals funded the following:

- Providing Medicaid Managed Care Organizations (MCOs) with enrollment assistance at the local level. In prior years, this role was handled by the Health Choice call center.
- Determining Medicaid eligibility for inmates at the Montgomery County Correctional Facility and the Pre-Release Center.
- Conducting outreach and enrollment events in Montgomery County.

HHS Committee recommendation: Approve the increase for the Pregnant Women and Children – MD Kids Grant Funds as recommended by the Executive.

C. Other Issue - Tree House Child Advocacy Center

The Executive is recommending \$587,218 for the Tree House contract, an increase of \$31,167 over the FY19 contract amount. The Tree House is a private-public partnership that provides a single location for services in Montgomery County to children who are sexually or physically abused. On October 1, 2017, the program transitioned operations from the Primary Care Coalition (PCC) to a new nonprofit organization focused on reducing trauma and promoting healing for child victims of physical abuse, sexual abuse, and neglect. The main reason for the transition was to provide dedicated fundraising capacity to expand the program's service array, including increasing capacity for bilingual clients, improving services to non-offending parents, and increasing primary prevention work with high-risk populations.

The following table shows the FY19 and estimated FY20 budget for the Tree House.

<i>The Tree House CAC of Montgomery County Financial Overview</i>		
<i>Revenues</i>	<i>FY19</i>	<i>FY20 (Projected)</i>
Montgomery County Contract - GF	\$556,051.45	\$587,217.68
CE/County Council Community Grant	\$40,000.00	\$100,000.00
Federal VOCA Grant via GOCCP	\$19,000.00	\$19,000.00
State of MD- Mental Health	\$200,000.00	\$.00
State of MD- Transitional Trauma	\$160,000.00	\$.00

State Grants (Crime and Prevention)	\$133,750.81	\$47,500.00
Federal Grants	\$44,000.00	\$85,000.00
Private Foundation	\$37,500.00	\$77,000.00
Other income	\$120,000.00	\$175,000.00
County In-kind	\$938,276.00	\$938,276.00
Total Revenue and In-kind	\$2,248,578.26	\$2,028,993.68
Expenses		
Salary and Fringe benefits	\$831,707.57	\$881,346.63
Consultants	\$336,898.00	\$292,316.00
Supplies/Equipment	\$36,848.50	\$44,343.00
Printing	\$0.00	\$0.00
Transportation	\$16,650.00	\$14,000.00
Mileage/Parking/Travel	\$2,150.00	\$100.00
Community Outreach	\$9,021.00	\$10,000.00
Dues and Subscriptions	\$8,300.00	\$3,450.00
Training	\$20,825.00	\$500.00
Event expenses	\$13,000.00	\$15,000.00
Recruitment	\$250.00	\$250.00
Miscellaneous - bank fees, reimbursements	\$1,300.00	\$1,300.00
Legal Fees	\$3,670.00	\$4,000.00
Accounting Fees	\$14,600.00	\$15,000.00
Insurance	\$11,184.00	\$11,200.00
HR Consulting	\$1,400.00	\$13,200.00
Cash Reserves	\$100,000.00	\$0.00
Total Expenses	\$1,407,804.07	\$1,306,005.63

Despite the increase in County contract, Federal grants and private foundation funding, the organization is anticipating a decrease in revenue due to reductions in State funding. Tree House staff explains that the organization had received funding for a demonstration program for the last five years. The \$200,000 amount for mental health was used for therapy, and the \$160,000 for transitional trauma provided therapy for children placed in foster care.

The organization is seeking grant funding to support these services. Although firm commitments to replace the funding have not yet been made, the organization anticipates that it will be able to attract a portion of the funds previously provided by the State. In addition, the organization is discussing the possibility of future funding by the State.

Council staff also notes that the organization has applied for several community grants totaling \$150,000. The CE recommended \$25,000 out of a \$50,000 request for in-home, trauma-informed therapy to children immediately upon their placement into the foster care system. In addition, the Tree House has requested \$50,000 for forensic medical services and \$50,000 for evidence-based mental health treatment and assessment for child victims of maltreatment and their families.

Tree House Wait List

At the end of FY18, the Tree House had a wait list of 30 children who required trauma-focused therapy. The wait list is separated into English-speaking and Spanish-speaking families, and the availability of Spanish speaking therapists was impacted by several staff resignations. Children on the Spanish speaking wait list were waiting for therapy for approximately three months at that time.

The Tree House hired staff and increased the availability of therapy over the past two months, and the current wait list as of April 15 is 30 cases, which is consistent with the number reported to the Committee in the past. However, the program reports that the range has been between 39 to 48 cases in the past. The program expects a continued decline in the short term as partner agencies tend to make more referrals during the school year, and activity diminishes over the summer. Furthermore, the FY20 budget includes the addition of two PhD psychology interns (full time) who will expand the organization's service capacity. The two interns, however, will not be providing services in Spanish.

The Tree House Board of Directors is working to craft a sustainable funding plan to address the availability of therapy to all children who need it. If grant funding becomes available, an additional Spanish speaking therapist would be added.

Tree House Strategic Plan

Starting in December of last year, the Tree House Board of Directors began the process of strategic planning for the coming years. Their expectation is to complete a plan by September 2019. The Board solicited the input of the partner organizations (Child Welfare Services, State's Attorney's Office, Montgomery County Police-Special Victims Investigations Division), in the beginning. It expects to have a second discussion about the proposed plan before it is finalized. The strategic plan will likely address: board membership, development, and program priorities including strengthening the organizational structure, developing a sustainable and scalable funding model, increasing service capacity, and securing a new and improved facility.

HHS Committee recommendation: Approve the Executive's recommendation for the Tree House contract.
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The Committee discussed Council staff's concerns about the ongoing wait list for therapeutic services, particularly for Spanish-speaking clients² and also staff's recommendation to not circumvent the organization's strategic planning and development processes now.

The Committee agreed to schedule an update in the fall on the Tree House strategic plan after its completion. If available resources are not meeting the demand for services, the Council can consider initiating a special appropriation for therapeutic services.

D. Updates

Safe Space Program

Currently Safe Space is operational at the Wheaton Pembrige Apartments, Germantown CBD (based out of Germantown library), and Montgomery Village Cider Mill Apartments (based out of the Gaithersburg Library). A site at East County will open once staff is hired. The Department is recruiting five Safe Space staff, two of which will be assigned to the East County.

Safe Space currently has only three part-time staff, and the model requires two staff per site for a total of 8 staff. Since the fall of 2018, there have been several vacancies. The Department has hired two temporary contractors to support two of the Safe Space sites, and a current FT SON staff is supporting another site, until the remaining Safe Place staff have been hired. The Department hopes to have hiring completed by August 2019.

Services include: Joven Noble and Xinatchli Curriculum implementation, as well as workforce skills building in partnership with Identity. 70 unduplicated youth are being served. 13 clients have acquired jobs, and 3 clients have been arrested.

Gang Prevention and Youth Development Contracts

The following table provides the FY19 and FY20 budgets for the Gang Violence and Youth Development contracts supported in the Positive Youth Development Program:

	2019	2020
LAYC- Maryland Multicultural Youth Center	155,685	155,685
LAYC - Enhanced Services for Youth at Risk of Gang Violence	158,100	158,100
Identity - After School	357,798	357,798
Catholic Charities - Strengthening Families Initiative	175,000	175,000

Service information for these programs is included on ©107-109.

²Council staff understands that Spanish speakers are typically one-third to one-half of the Tree House's waitlist.

East County Opportunity Zone

For FY20, the County Executive is recommending \$250,000 specifically identified for the East County Opportunity Zone. This is consistent with the FY19 approved funding. The goal for this funding is to link people with opportunities to increase their income through training and job placement assistance to help people, when needed, with financial support for child care and emergency needs, and to continue the community engagement and committees that are working to develop a system of supports. The East County Opportunity Zone is also supported through other programs and initiatives including the Neighborhood Opportunity Network, Safe Space – East County site, Re-engagement Center/ Disconnected (also called Opportunity Youth initiative), Urban Alliance and the Kresge Foundation Grant. County funds also support DHHS staff and Family Services, Inc. staff that work from the East County Center.

In addition, the faith community has been consulted and involved. Some of the organizations are:

- Colesville Presbyterian Church
- Peoples Community Baptist Church
- Muslim Community Center
- Liberty Grove United Methodist
- Lutheran Church of St. Andrew

Manna Food Center has served as the facilitator for many group discussions. Committees and partners continue to meet in subject areas including, Health and Wellness, Faith and Community, Parent and Youth, and Economic Opportunity and Workforce.

For FY20, DHHS has worked with collaboration with the East County Regional Service Director to issue a new solicitation for employment and training services. In FY18 and FY19, the County-funded employment services have been provided through a contract with WorkSource Montgomery. WorkSource Montgomery also supports the East County with its county-wide services such as access to the Job Center, WIOA funded training, and Youth initiatives including Summer R.I.S.E. The Council was concerned that not enough people were being reached with this special County funding and DHHS discussed with the County that upon review, the original contract was misaligned, with too much focus on those who are work-ready as opposed to those with few employment skills. During the current year, the requirements have been amended and a more flexible approach to outreach and services has been used. However, DHHS has issued a new solicitation for FY20 that is expected to be better able to meet the needs of the identified population and work with those households that are in poverty and need a variety of services to become more self-sufficient.

DHHS provided an update on the effort. DHHS has found that as it has gained experience, it shifted some of the resources that were originally budgeted to provide child care assistance to those in employment programs to employment and training and to outreach to disengaged youth provided by Lead4Life. DHHS reported that the in the zip codes included in the ECOZ, 67% are Black or African-American, 13% are White, 10% are Hispanic, 6% are Asian, and 4% identify as other. The households seeking assistance from the care coordinators are primarily female-led households, but they are seeing more single males. Most assistance is

for eviction prevention, utility payments, and employment services. The growth in employment opportunities in the East County is critical.

The Committee agreed that economic activity and jobs is the key and that it is critical to prevent and stop risky behavior by young people. The Fashion Boot Camp was highlighted as a great opportunity for young people to see what the possibilities are for future careers.

HHS Committee recommendation: Approve as recommended by the County Executive. Request written update when FY20 employment contract is executed that explains the outcomes and requirements for reporting. **The Committee agreed that this issue is what should be discussed when the Council interviews the Executive's nominee for DHHS Director.**

NEW ITEM – Funding for expansion Crittenton Programs in the East County. Match to grant from V&S Foundation.

Council President Navarro and Councilmembers Alborno and Hucker are requesting the Council approve \$150,000 to match a recent grant award from the V&S Foundation. Their memo is attached at © 111a-111c.

As described, with these funds, Crittenton would be able to deliver three youth development programs (SNEAKERS, PEARLS, and Goal Setting Girls) at Banneker, Briggs Chaney, Key, and White Oak Middle Schools; and Springbrook and Paint Branch High Schools.

As this grant award was just received, the request to provide matching funds was not reviewed by the HHS Committee.

Public Health Services Overview

Background information for Public Health Services is attached at © 112-143. The excerpt from the County Executive's Recommended Budget for Public Health Services is attached at © 113-118. School Health Services is reviewed by the Joint Health and Human Services and Education & Culture Committee.

For FY20, Public Health Services is organized into 14 program areas. The County Executive is recommending a total of \$76,728,892 and 502.77 FTEs. The following table shows the change in dollars since FY16.

Public Health Services Expenditures in \$000's	FY16 Budget	FY17 Budget	FY18 Budget	FY19 Budget	FY20 REC	Change FY19-20
Comm Disease and Epidemiology	2,092	2,154	1,848	1,815	1,810	-0.3%
Tuberculosis Services	1,899	1,877	1,919	1,908	1,857	-2.7%
STD/HIV Prevention and Treatment	7,627	7,620	9,882	8,067	8,033	-0.4%
Public Health Emergency Prepared	1,181	1,110	1,003	1,285	1,241	-3.4%
Health Care & Residential Facilities	1,695	1,622	1,589	1,488	1,496	0.5%
Cancer and Tobacco Prevention	1,211	1,250	1,242	1,241	1,238	-0.2%
Women's Health Services	2,658	2,599	2,734	2,783	2,681	-3.7%
Chief Public Health	1,828	1,890	1,776	1,739	1,635	-6.0%
Health Care For the Uninsured	14,193	14,365	15,144	14,419	14,127	-2.0%
Community Health Services	4,730	4,712	4,892	4,774	5,450	14.2%
Dental Services	2,455	2,680	2,831	2,870	3,004	4.7%
Environ Health and Regulatory Srvs	3,604	3,528	3,439	3,698	3,718	0.5%
Health Promotion and Prevention	na	na	na	na	17	na
School Health Services	25,546	26,316	27,665	28,639	30,421	6.2%
TOTAL	70,719	71,723	75,964	74,726	76,728	2.7%

Description of Program Areas

The following provides a description of the 14 programs in this services area.

	FY20 Rec \$	FY20 FTEs
Communicable Disease & Epidemiology: Responsible for investigations, management and control of the spread of over 65 infectious diseases as specified in Maryland law and emerging pathogens. Surveillance efforts in collaboration with State agencies. Educational programs provided to groups of people at risk for infectious disease. Vital records administration. Immunization, outreach and education to residents, private medical providers, schools, childcare providers, and community groups.	\$1,809,971	15.5

	FY20 Rec \$	FY20 FTEs
Tuberculosis (TB) Program: Test persons for exposure to TB, treating active cases, identifying persons at risk of developing TB, performing contact studies and medication therapy. Treatment plans are developed, and patients receive supervised medication therapy. Migrant Health Program is provided in compliance with Federal laws.	\$1,856,820	14.25
STD/HIV Prevention and Treatment Program: Diagnosis and treatment for persons who have contracted STDs. Confidential notification to contacts of infected people. HIV program provides primary care for people through all stages of HIV/AIDS. HOPWA housing program with HOC. HIV dental clinic provides services to HIV-positive clients.	\$8,033,163	42.4
Public Health Emergency Preparedness & Response Program: Planning, readiness, and response activities for public health and bio-terrorism threat. Planning is in collaboration with County Emergency Management Group, Homeland Security, Fire and Rescue, Police, hospitals, and other County, State, and Federal agencies.	\$1,241,105	8.4
Health Care & Group Residential Services: Inspects and licenses nursing homes, domiciliary homes (large assisted living), and group homes for children, elderly, and mentally ill to ensure compliance with County, State, and Federal laws and regulations. Responds to complaints and provides consultations to licensees to maintain high standards of care.	\$1,495,992	12.0
Cancer & Tobacco Prevention: Tobacco Use Prevention and Cessation Program and Cancer Prevention, Education, Screening, and Treatment Program that are funded with the State Cigarette Restitution Fund. Programs work collaboratively with community organizations, hospitals, and other public health partners.	\$1,238,375	5.4
Women's Health Services: Care coordination for women and children in the Medical Assistance-managed care program. Screening for early detection of breast cancer and cervical cancer through Women's Cancer Control Program to eligible women aged 40 and older.	\$2,681,176	21.25
Chief Public Health: Leadership and direction for administration of Public Health Services. Includes health planning and epidemiology and Community Health Improvement Process (Healthy Montgomery), oversight for medical clinical volunteers, Commission on Health, contracts, grants, and partnerships.	\$1,635,371	11.0

	FY20 Rec \$	FY20 FTEs
Health Promotion and Prevention: Provide health information to the community to help change attitudes and behaviors to improve population health. Distributes health education materials that emphasize health literacy, early access to preventive care and screening. Raise awareness through special events and campaigns. Education kiosk helps clients access health information and a calendar of events.	\$16,800	0.0
Health Care for the Uninsured: Includes Montgomery Cares, Care for Kids, Maternity Partnership, and Healthcare for the Homeless, programs that provide care for low-income uninsured child and adult residents. Coordinate specialty diagnostic, medical, and surgical treatment for this population.	\$14,126,870	4.0
Community Health Services: Preventive health access services for uninsured and under-insured populations. Services include nurse case management and home visits. Support for immunizations clinics, STD services, pregnancy testing in regional health centers.	5,450,324	45.6
Dental Services: Dental services to promote oral health provided at 5 dental clinics. Services are provided to income-eligible County children, pregnant women, adults, and seniors.	\$3,003,959	17.0
Environmental Health Regulatory Services: Issues permits and inspects activities to protect public health and ensure sanitation standards. Enforces restrictions on trans-fat in food and enforces menu labeling. Includes inspections of food service and swimming pools. Enforces rat control ordinance and smoking restrictions.	\$3,718,205	30.5
School Health Services: Provides health services to students in Montgomery County Public Schools including first aid, emergency care, health appraisal, medication and treatment administration, referrals for medical and behavioral health problems, case management for students with acute and chronic conditions and for pregnant and parenting teens. Lead certification screening, immunizations, and TB screenings. School-based Health Centers and High School Wellness programs. Services to Head Start.	\$30,420,761	275.47

Specified Changes and Discussion Items

A. Communicable Disease & Epidemiology

1. Multi-Program Adjustments (\$4,547) and 1.0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. An unfunded vacant position was moved into this program but there is no cost associated with the move.

HHS Committee recommendation: Approve as recommended by the County Executive.

B. Tuberculosis (TB) Program

Attached at © 119-122 is an excerpt from the Department's Report on Infectious Disease 2013-2017 discussing TB in Montgomery County. The report notes that while the number of TB cases declined nationally, it increased in the County. The County has 17% of Maryland's population but about 30% of TB cases in 2017. There were 63 confirmed cases in 2017. The excerpt describes the treatment and services provided through the DHHS program.

1. Eliminate Long Vacant Medical Doctor Position (\$124,550) and (1.0)FTEs

DHHS reports that the medical doctor position has not been filled for a long time. The Department has been using two part-time physicians from the group position to manage coverage in conjunction with a full-time nurse practitioner. The model has been very successful, and this budget change does not have any impact since it reflects the existing situation the Department has been operating under for some time.

HHS Committee recommendation: Approve as recommended by the County Executive.

2. Multi-Program Adjustments \$72,970 and (1.75)FTEs

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. One of the FTEs that is reduced in this program is the vacant position that was transferred to Communicable Disease and Epidemiology. The 0.75 change is a technical adjustment associated with a group position.

HHS Committee recommendation: Approve as recommended by the County Executive.

C. STD/HIV Prevention & Treatment Program

Attached at © 122-125 is an excerpt from the Department's Report on Infectious Disease 2013-2017 discussing the STD/HIV Program. At © 126-128 is an April 17 e-mail from Dr. Gayles to the Council/Board of Health sharing the County will be receiving additional Federal funds to combat HIV. The County is 3rd in the State for the number of new cases in 2017, behind Prince George's County and Baltimore City. This newly announced funding is not included in the budget at this time.

1. STD/HIV Grant Funds (\$66,430) and 0.2FTEs

This reduction to overall grant funding is a reflection of what has already occurred in FY19. There are large grants in this program and there are often adjustments between what was budgeted and what was actually received. There is no new impact in FY20

HHS Committee Recommendation: Approve as recommended by the County Executive.
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2. Multi-Program Adjustments \$32,244 and (1.0)FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.
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D. Public Health Emergency Preparedness and Response

1. Multi-Program Adjustments (\$44,390) and 0.0FTEs

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.
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E. Health Care and Group Residential Services

1. Multi-Program Adjustments

\$7,610 and 0.0FTEs

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.

F. Cancer and Tobacco Prevention

1. Multi-Program Adjustments

(\$2,840) and 2.4FTEs

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. The FTEs are adjustments between the Grant Fund and the General Fund.

HHS Committee recommendation: Approve as recommended by the County Executive.

G. Women's Health Services

1. State Reduction to Cancer Grant Funds

(\$132,036) and (2.0)FTEs

This is the reduction to funds provided by the State. The proposed FY20 award for the Breast & Cervical Cancer grant is \$463,245 and the Early Detection & Control proposed award is \$441,719 for a total of \$904,964.

HHS Committee recommendation: Approve as recommended by the County Executive.

2. Multi-Program Adjustments

\$30,401 and 2.1FTEs

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. Adjustments have been made to FTEs based on changes in the assignment to different grants. There was no reduction to positions.

HHS Committee recommendation: Approve as recommended by the County Executive.

H. Chief Public Health

1. Health Department Accreditation Fee

\$14,000 and (0.0)FTEs

The Department is in the final phases of accreditation by the Public Health Accreditation Board. A background summary from PHAB is attached at © 129-130. This item accounts for the ongoing fee associated with accreditation.

HHS Committee recommendation: Approve as recommended by the County Executive.
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2. Multi-Program Adjustments

(\$117,456) and (1.0)FTEs

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. The FTE that staffs Healthy Montgomery was transferred from the Chief's Office in FY19.

HHS Committee recommendation: Approve as recommended by the County Executive.
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3. Commission on Health recommendation for Epidemiologist Staff

The Commission on Health sent a letter to the HHS Committee (© 131-132) highlighting the recent "Zip Code Ranking" report on health disparities. The letter discusses the need for a strong epidemiologist staff and the Commission's assessment that compared to other jurisdictions, Montgomery County does not have enough staff. The National Association of County and City Health Officials indicates that local health departments serving populations of one million or more residents have a median of 6 FTEs in the role of epidemiologist/statistician. The Commission recommends additional staff.

DHHS has recently issued significant reports, such as the "Zip Code" report and The Report on Infectious Disease. The Committee heard from Dr. Gayles about the capacity he has, but also any challenges he sees regarding the ability to analyze health data. The ability to analyze data is a critical component of any equity program. The Committee agreed this discussion should wait until a permanent director is appointed.

I. Health Promotion and Prevention

1. New Program Area

\$16,800 and 0.0FTEs

DHHS says that the new Health Promotion and Prevention Program aims to improve health by preventing the onset of chronic disease and promoting healthy behaviors. Budget for

the program will be used to raise public awareness on various health topics by hosting special events, launching health campaigns associated with national health observances, increasing client access to health information through utilization of an educational kiosk, and developing health education materials.

HHS Committee recommendation: Approve as recommended by the County Executive. It was noted that during the recent HHS and E&C Committee discussion of children fleeing violence and new immigrant families the issue of health promotion and outreach was raised and there was a question about whether there should be an effort to explore how best to create a linguistically and culturally diverse group of health promoters to engage people in the healthcare system.

J. Community Health Services

1. New Babies Born Healthy Grant \$200,000 and 1.0FTEs

The following is the description of this grant from the State website:

While the statewide infant mortality rate has decreased 32% since 1990, infant mortality rates among Black non-Hispanic births are consistently more than double the rates among White non-Hispanic births. A 59% reduction in the Black non-Hispanic infant mortality rate is needed to eliminate this racial disparity. The MDH Maternal and Child Health Bureau (MCHB) conducted a Perinatal Periods of Risk (PPOR) analysis which suggests the leading contributors to excess fetal and infant deaths in Maryland are related to maternal health and maternal health care in Black non-Hispanic women. The largest numbers of infant deaths occur in the largest jurisdictions and the highest infant mortality rates are observed on the eastern shore.

In response, the Babies Born Healthy (BBH) Program targets resources to the seven jurisdictions with the highest numbers and highest rates of infant deaths, which include Anne Arundel, Baltimore, Charles, Montgomery, Prince George's and Wicomico Counties and Baltimore City. These jurisdictions accounted for 78% of infant deaths in Maryland from 2012 through 2016. Community Health Workers work with nurses to target care coordination and navigation services to high-risk neighborhoods to link at-risk pregnant women to essential services that have been associated with improved birth outcomes. This approach was informed by input from the BBH programs and by the understanding that pregnancy is an important and opportune time to engage women in their health and health care.

HHS Committee recommendation: Approve as recommended by the County Executive. Dr. Gayles has previously discussed the Department's effort to bring this grant to the County.

2. Multi-Program Adjustments

\$476,284 and 2.0FTEs

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.

K. Healthcare for the Uninsured

Healthcare for the Uninsured includes three programs: Care for Kids, Montgomery Cares, and Maternity Partnership. In addition, the Montgomery Cares Advisory Board also considers the County Dental Clinic program. The County Dental Clinic serves low-income uninsured residents, but also serves low-income residents who have medical, but not dental coverage, and certain special populations. Healthcare for the Homeless is now in Services to End and Prevent Homelessness.

The Montgomery Cares Advisory Board, Health Centers Leadership Council, and Primary Care Coalition (“the Group”) have presented a request for \$1,128,100 in enhancements to these programs, including Healthcare for the Homeless. Council staff asked the Group if they would provide a prioritized set of recommendation. The full request is attached at © 133-140. The prioritized list is attached at © 141.

Care for Kids

Care for Kids provides medical and dental services to children who are not eligible for other health or dental program. It is provided through a network of private physicians, School Based Health Centers, Kaiser Permanente, and the County Dental Clinic. The following table shows the continued demand for this program. Because Kaiser Permanente generously serves Care for Kids clients at no cost to the County and because some children are served through School Based Health Centers, the budget in this program may not have to change at the same rate as the growth in clients. Care for Kids leverages over \$1.5 million in pro-bono primary care through its partnerships with Kaiser and 19 independent practices.

At the recent HHS and E&C Committee session on Children Fleeing Violence and New Immigrant Families, the Joint Committee discussed the increase in the number of international enrollments and Unaccompanied Minors that have been processed through the Office of Refugee Resettlement. This is reflected in the enrollment of new children in Care for Kids. The Montgomery Cares Advisory Board has also been told that many children need specialty dental care as a part of their medical care.

Fiscal Year	Children Enrolled	Visits	Kaiser Enrolled	SBHC Enrolled	Physician Network
2012	2,812	4,664			2,812
2013	2,770	4,410			2,770
2014	3,024	4,735			3,024
2015	3,919	2,508	739	868	2,312
2016	4,824	6,496	539	1,000	3,285
2017	5,670	4,992	890	1,134	3,646
2018	5,531	4,612	900	1,123	3,508
2019*	4,799	2,935	620	1,213	2,966
*as of February					

The Executive has not recommended any changes to the funding for Care for Kids for FY20. The table on the next page provides the budget history.

	FY16 Approved	FY17 Approved	FY18 Approved	FY19 Approved	FY20	REC
Personel Contractual	318,642	348,642	362,834	370,091	370,091	
Medical Providers	336,179	428,129	521,129	584,563	584,563	
Behavioral Health			72,929	72,929	72,929	
Other Operating	60,380	60,380	53,970	55,047	55,047	
Indirect Cost	59,362	69,412	83,902	92,372	92,372	
Total Care for Kids Contract	774,563	906,563	1,094,764	1,175,002	1,175,002	
DHHS Operating	1,310	1,310	1,310	1,310	1,310	
Total Care for Kids Budget*	775,873	907,873	1,096,074	1,176,312	1,176,312	
*Does not include children served by school based health centers or Kaiser Permanente						

The information shows that most of the children are seen through the private provider network. The Group is very concerned that these providers have not seen a change in rates since 2008.

The Group recommends an increase of \$117,000 to raise the rates so that they will be 85% of Medicaid rates. In response to a request from Council staff, they have shared that this could be placed on the Reconciliation List in two increments: \$59,000 and \$58,000, with the \$58,000 a "Tier 2" Priority.

The Group also recommends funding to implement quality frameworks across all programs; but recommends starting with Care for Kids. This would develop health outcome and other measures, make sure data can be collected around these measures, and analyze the data to see where improvements can be made. The Group estimates that \$70,000 would allow this effort to be fully implemented, but it can be separated into increments of \$40,000 and \$30,000.

Council staff is concerned about the adequacy of the budget for medical and dental care given the recent increase, which is most likely to continue.

HHS Committee recommendation: Place \$59,000 on the Reconciliation List to begin to increase the rates to private providers. Council staff is not recommending putting the Tier 2 amount of \$58,000 on the Reconciliation List but instead recommend that this is approached over two years.

Place increments of \$40,000 and \$30,000 on the Reconciliation List for the Care for Kids Quality Framework effort. Montgomery Cares has long standing Clinical Performance Measures which has allowed robust discussion of how to improve patient outcomes.

Place \$100,000 on the Reconciliation List for the Medical Providers category to help with expected demand for medical and dental. While this is not in the MCAB recommendation, the surge in international enrollments is recent and the MCAB recommendations have been under development for several months.

Montgomery Cares

The Executive is recommending funding of \$11,644,662 for the Montgomery Cares program which provides access to medical services to low-income, uninsured adult County residents (©142). This is a net reduction of \$190,577 – however – the bulk of this is a reduction to DHHS Administration Costs. There are no reductions to the lines for direct services.

The Group has requested funding to increase the number of primary care visits by 2,000; increase the encounter rate by \$4; provide essential adult immunizations; and increase funding for Specialty Care (Project Access and the Catholic Charities Health Network.) Again, in response to Council staff they have provided Tier 1 and Tier 2 priorities

	Original	Tier 1	Tier 2
Add 2,000 encounters to keep up with projected FY19 participation.	\$161,400	\$161,400	\$0
Increase the encounter reimbursement rate by \$4 (72,000 visits)	\$311,900	\$233,900	\$78,000
Provide essential adult immunizations	\$230,000	\$100,000	\$130,000
Increase Specialty Care funding	\$125,000	\$55,000	\$70,000

As of March, Montgomery Cares had 20,727 patients and had provided 47,717 primary care encounters; a 2% and 3% increase respectively over the same time last year. It is projected to exceed the FY19 budget for visits by about 2,000 visits. At this time, some funding has been internally reallocated to make sure that there is funding for primary care visits.

HHS Committee recommendation: Place \$161,400 on the Reconciliation List for an additional 2,000 primary care encounters. In Council staff's view, this is the highest primary.

Place four increments of \$77,975 on the Reconciliation List to allow up to a \$4 dollar increase in the encounter rate. The Group notes that the \$4 increase would bring the rate to \$78.40. This is below the rate of \$89.46 that would be in place if the original formula of 77% of the Maryland Medicaid rate was used.

Place \$100,000 and \$130,000 increments on the Reconciliation List for immunizations.

Place increments of \$55,000 and \$70,000 on the Reconciliation List to increase Specialty Care.

Background on Immunizations

Funds would be used to allow clinics to increase access to two vaccines: pneumonia and Tdap. The Primary Care Coalition was able to secure a grant to provide funding for vaccines in FY18 and the percent of patients vaccinated rose substantially; from about 5% to 25%. The following is detail on these two vaccines. A letter from the clinics emphasizing the public health benefits of immunizations is attached at © 143.

Pneumococcal Pneumonia

With the funding from Maryland Physicians Care 570 doses of Pneumovax and 940 doses of Prevnar 13 were purchased and distributed to Montgomery Cares participating clinics throughout fiscal year 2018. To be fully immunized for pneumococcal pneumonia patients must receive a dose of Pneumovax and Prevnar 13 within a specific timeframe. The Montgomery Cares formulary has had limited dollars for Pneumovax which provides partial protection but patients are not fully immunized. Pneumococcal disease is a serious disease that causes significant illness and fatality. A study conducted by Social Capital Valuations (commissioned by PCC) found that the total savings to the medical system of providing immunizations for 660 older adults is \$390,000. The productivity losses prevented would be \$80,000. Resulting in a total savings of \$470,000 in expected social value.

Tetanus, Diphtheria & Pertussis (Tdap)

In fiscal year 2018, 880 doses of the Tdap vaccine were ordered and distributed to Montgomery Cares participating clinics. The CDC recommends that adults receive one initial of Tdap followed by a booster every ten years. While the likelihood of an adult contracting any of the three diseases in the United States is relatively low, the CDC notes that, "sporadic cases of tetanus continue to occur in adults who did not get all the recommended tetanus vaccinations. This includes people who have never received a tetanus vaccine or adults who don't stay up to date on their 10-year booster shots." [1] The risk is high for workers

on construction sites, landscaping, and other outdoor employment. Furthermore, remaining up to date with this immunization is important to maintain herd immunity and prevent resurgence of devastating diseases.

Maternity Partnership

The Executive is recommending a reduction of \$102,050 to the Maternity Partnership program to reflect historical spending. As of March, 960 women had enrolled during FY19. This is a decline of 8% from the same time period in FY18. Unlike the other programs for the uninsured, the maximum income for Maternity Partnership is 185% of Federal Poverty Level, rather than 250%.

The Group is requesting \$62,800 to allow women with household incomes up to 250% of FPL to enroll in Montgomery Cares. This will provide consistency across the programs. It can be problematic if a woman is a patient in Montgomery Cares but then cannot be referred to Maternity Partnership when she is pregnant.

HHS Committee recommendation: Place \$62,800 on the Reconciliation List to change the eligibility policy. This item cannot be broken into increments.

L. Dental

1. Multi-Program Adjustments \$133,658 and 1FTEs

The multi-Program adjustments identify the addition of 1FTE. This is associated with a Dental Assistant that was loaded into Dental Program budget in error. The funds and FTE are for a Dental Assistant in the HIV/AIDS program. This will be corrected before the budget is approved.

Council staff understands that the new Dentist/Dental Program Director is very close to being filled. The expectation is that once this person is on board, there will be an examination of how to improve the efficiencies of operation to increase the number of people who can be seen. The Council has approved funding through the Reconciliation List in FY16 (\$100,000), FY17 (\$230,000), and \$161,906 for the Dentist/Dental Director position in FY18.

HHS Committee recommendation: Approve as recommended by the County Executive.

The Montgomery Cares Advisory Board has responsibility for community review of dental as a part of its charge. They have not recommended any additional funding for the County Dental Program as they are also waiting for the work that will take place once the Dental Director can proceed.

M. Environmental Health and Regulatory Services

1. Multi-Program Adjustments

\$19,706 and (0.5)FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee recommendation: Approve as recommended by the County Executive.

2. Workload Measures

This section is responsible for a range of inspections and programs. Council staff asked for information regarding the number of restaurant and swimming pool inspections. Council staff also asked about short-term rental complaints/inspections, but information is pending.

	Restaurants			Swimming Pools
FY16	5,883		FY16	2,151
FY17	6,378		FY17	2,049
FY18	6,667		FY18	2,112
FY19 (half)	2,953		FY19 (half)	1,083

Services to End and Prevent Homelessness Overview

The background information for Services to End and Prevent Homelessness is attached at © 144-151. The excerpt from the County Executive's Recommended Budget for Special Needs Housing is attached at © 145-147.

For FY20, the Executive is recommending \$24,257,922 in for Services to End and Prevent Homelessness (SEPH) in the Department of Health and Human Services budget. This is an increase of 6.3%. In addition, many programs that support rent subsidies and housing supports are funded through the Housing Initiative Fund. SEPH has seven program areas. SEPH was reorganized in FY19 to reflect the move to Diversion, Prevention, and Housing. The following table shows the change from FY18 to FY20 Recommended.

Services to End and Prevent Homelessness Expenditures in \$000's	FY18 Budget	FY19 Actual	FY20 Rec	Change FY19-20
Homeless Family Services	3,033	4,106	3,804	-7.4%
Permanent Housing	4,716	5,783	6,122	5.9%
Homeless Single Adult Services	7,809	4,694	4,615	-1.7%
Prevention	5,197	6,282	7,382	17.5%
Diversion	-	150	240	60.0%
Healthcare for the Homeless	-	1,069	1,095	2.4%
Service Area Administration	407	730	999	36.8%
TOTAL	21,162	22,814	24,257	6.3%

Description of Program Areas

	FY20 Rec \$	FY20 FTEs
Homeless Family Services: Provide emergency shelter and transitional housing to families with children experiencing homelessness including intake and assessment, case management, housing location, and linkage to behavioral health, financial, and legal programs. Service are focused on connecting families to permanent housing as soon as possible. Providers participate in the Coordinate Entry System.	\$3,804,934	9.9

	FY20 Rec \$	FY20 FTEs
Service Area Administration (Chief SEPH): Provides leadership and direction for the Administration of Special Needs Housing, advises the Interagency Commission on Homelessness and Continuum of Care.	\$998,645	4.00
Permanent Housing: Provides permanent housing and support services to single adults and families. The single adult or a head of household must have a documented disability. Individualized case management services are provided to support clients in maintaining housing and fostering independence.	\$6,122,979	8.5
Homeless Single Adult Services: Provides emergency shelter, safe haven, street outreach, and transitional housing to adults. Street outreach and engagement, needs assessment, and case management link people to housing and behavioral health, financial, and legal programs. Goal of removing barriers to housing. Providers participate in the coordinated entry system.	\$4,614,950	2.0
Prevention: Intake and assessment for County households that are experiencing a housing related emergency. Focus on crisis intervention and prevention. Grants are provided to prevent evictions and utility cut-offs. Referrals are made to other programs, such as Temporary Cash Assistance. Case management services help households develop and implement plans to prevent a future housing crisis.	\$7,382,015	48.1
Diversion: Provides conflict resolution, mediation, financial assistance and case management to residents experiencing homelessness. The focus is to find creative resolution to a household's housing crisis. Unlike Prevention, Diversion is offered only to households that do not have an active lease.	\$239,701	0.0
HealthCare for the Homeless: Provides medical and dental services to individuals experiencing homelessness in emergency shelters, street outreach, and transitional housing. Services also provided to people in Permanent Supportive Housing. Goals are to reduce health disparities for people experiencing homelessness and reduce re-admissions to hospitals.	\$1,094,698	4.0

A. Homeless Family Services

1. Multi-program Adjustments (\$300,786) and (2.0) FTEs

In addition to compensation and benefit adjustments that are a part of multi-program adjustments, two positions have been shifted to the Prevention Program in alignment with the priority to enhance efforts to prevent homelessness.

HHS Committee recommendation: Approve as recommended by the County Executive.

B. Service Area Administration (Chief SEPH)

1. Multi-program Adjustments \$268,392 and 1.0FTE

In addition to compensation and benefit adjustments that are a part of multi-program adjustments, this increase includes the creation of a Deputy Chief position that was filled during FY19 and the transfer of an Executive Administrative Aide to support the Chief and Deputy Chief positions.

HHS Committee recommendation: Approve as recommended by the County Executive.

C. Permanent Housing

1. Permanent Supportive Housing Funding to Sustain the County's Commitment to End Chronic Homelessness \$1,000,000 and 0.0FTEs

This additional funding is intended to support the ongoing costs for those who have been housed through the Inside/Not Outside effort to end chronic homelessness as well as provide resources for those who have not yet been housed. If the funding is used for Permanent Supportive Housing at an approximate cost of \$25,000 per person, per year, this would support housing 40 people. As of April 15, 2019, there were 11 chronically individuals to house. There will be some more who are identified throughout the next year.

HHS Committee recommendation: Approve as recommended by the County Executive.

2. Elimination of Handicapped Rental Assistance (H-RAP) General Fund Supplement (\$329,679) and 0.0 FTEs

H-RAP provides \$150 dollars per month to clients that are housed in community-based permanent and supported housing for people with disabilities, including mental illness. In FY19, the Council approved the recommendation to reduce the total funding available by \$40,781 based on historical trends.

	FY16	FY17	FY18
Budget	460,460	410,460	410,460
Actual	337,189	373,442	359,926
People Served	226	224	214

Each tenant must meet eligibility requirements and payments are made directly by the County to four providers on behalf of the clients. There is no contract between SEPH and the providers.

H-RAP generally does not serve people who are homeless, and they do not get placed through the Coordinated Entry System. Council staff understands from speaking to one provider that there are restrictions and conditions that generally require that people move into this housing from a residential treatment facility. This is why, at times, providers can have empty bedrooms in the homes that have been acquired for this purpose. The providers have considered this subsidy as a part of the overall funding that eligible clients may access.

HHS Committee recommendation: Add \$329,679 on the Reconciliation List to restore H-RAP funding for FY20. Follow-up during FY20 with discussion about whether the County can work with providers and the State to allow placement of homeless persons directly into this permanent supportive housing, or, if the program remains restricted, transfer the subsidy to Behavioral Health and Crisis Services.

3. Multi-program Adjustments (\$330,888) and (2.0) FTEs

In addition to compensation and benefit adjustments that are a part of multi-program adjustments, two positions have been shifted to the Prevention Program in alignment with the priority to enhance efforts to prevent homelessness.

HHS Committee recommendation: Approve as recommended by the County Executive.

D. Homeless Single Adult Services

1. Provide Funding for Enhanced Security at Progress Place \$83,000 and 0.0FTEs

The Executive is recommending \$83,000 for additional security hours at Progress Place. This additional security has been identified as a need by the providers at Progress Place and community members.

DHHS has requested information from the providers at Progress Place about the hours that additional security in the building are needed and once this information is provided will be working to increase the level of service during FY19. DHHS can provide the Joint Committee with an update. DHHS is also working with the Department of General Services to identify repairs, and enhancements that are needed to improve usability, safety, and security. Repairs will be made to the men's restroom in FY19. Funding is not yet identified for any repairs to be made in FY20.

At the April 24 worksession, Councilmember Hucker asked the Joint Committee to put a placeholder on the Reconciliation List of \$43,000 for security cameras and \$100,000 for a 24/7 County Security Officer for Progress Place. Councilmember Hucker's memo is attached at © 150-151. Council staff was asked to follow-up on the full cost estimate for these items.

HHS Committee recommendation: Approve the \$83,000 as recommended by the County Executive and add \$143,000 to the Reconciliation List for security cameras and a 24/7 security post. Request additional information on appropriate cost estimate.

The Office of Management and Budget has provided the following cost for a 24/7 security post. It would be staffed by County Security Officers. Because it will require new positions be filled, the 24/7 coverage is not expected to be able to start until October 2019. County Security Officers can provide security in the building and on the building grounds/parking lot; they would not provide security in a broader area.

New positions = 5 FTEs

Personnel Cost	\$270,425
<u>Operating Expense</u>	<u>\$ 16,617 (one-time)</u>
TOTAL	\$287,042

FY21 Annualized Cost = \$360,567

If the Council wants to fund security that will start in October and use the \$83,000 to offset part of the cost, **then the amount needed on the Reconciliation List is \$204,042 in place of the \$100,000 that was for staffing.**

If the Council wants to start having County Security Officer staffing at Progress Place before October, it **may** be possible to provide some limited number of hours through overtime. The Police Department believes that the maximum that could be provided would be 40 hours per week, but it could be less as staff would have to sign up for the overtime duties. **The cost for the overtime until October is \$26,281.**

The estimate of \$43,000 for security cameras is a firm estimate for the package of cameras that the Police Department is currently recommending. This is separate from other facility issues that DGS and DHHS are working on.

Because this would be a 24/7 post, OMB agrees with Council staff that if the Council funds this, it makes sense to appropriate the funds to the Police Department rather than in DHHS.

2. Delay Implementation of Youth Drop-in Center (\$246,500) and 0.0 FTEs

This budget item is from Services to End and Prevent Homelessness. However, as the core part of the Executive's recommendation is to integrate this effort into the Re-engagement Center, it was reviewed with Children, Youth and Family Services.

The Council appropriated \$246,500 in the FY19 Budget to open a Drop-in Center for homeless youth (expected age: 14 to 24 years old). The County has made substantial system changes to address homelessness for Veterans and chronically homeless single adults, and the Interagency Commission on Homelessness and the County have agreed that addressing youth and family homelessness is the next priority.

Many jurisdictions have one or more Youth Drop-in Centers as a part of their outreach and services continuum. These centers provide comfortable places for these young people, as young adults may not be comfortable in an adult day program or shelter (and youth under the age of 18 cannot be served in an adult-only setting.) Youth Drop-in Centers vary in specific services and hours. The homeless young people may be couch-surfing or street homeless. The centers may provide showers, laundry, food, lockers, clothing and hygiene products, and would help connect young people to housing, financial, education, workforce, and other services. A center should provide a continuum of care that results in the young person being housed. This may include reunification with family or services that include rapid re-housing, transitional housing, rent subsidies, or permanent supportive housing, depending on the assessed need.

As a part of the FY19 Savings Plan, the Council concurred with the Executive's recommendation to retain \$50,000 to be used for a contractor to assist with the planning for this center but to cut the \$196,500 for the actual cost of the center as it was not on target to open in FY19. **For FY20, the Executive is recommending eliminating all the funding associated with this line item and instead integrating the Drop-in Center services for homeless youth into the Re-engagement Center.**

DHHS and the Collaboration Council will provide the Committee with an update on the implementation of the Re-engagement Center and how it believes that this center can provide the services to the youth that would have been served in the Drop-in Center for homeless youth. The Re-engagement Center is a part of the State of Maryland's efforts to serve disengaged youth. Disengaged youth are generally defined as not in school or working; they may or may not be homeless.

DHHS and the Collaboration Council have visited and researched other programs, and one that serves a very diverse population is The Door in New York City. Information on The Door says that their members are very diverse and may be homeless, runaway, and in or aged out of the foster care system. It has a wide range of programs and services including employment services and internships, counseling, access to food, leadership and recreational activities, and crisis counselors to link young people to services. It is open from 11: a.m. to 8:00 p.m. Monday through Friday and noon to 6:00 p.m. Saturday. It does not have an overnight shelter but can refer people to shelter and housing. It has a set of services that are tailored to serve the LGBTQ community, which was a specific focus of the FY19 proposal for the Youth Drop-in Center. The Door also has a street outreach program to engage youth to access these services.

HHS Committee recommendation: Approve as recommended by the County Executive.
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3. Multi-program Adjustments **\$84,737 and 0.0FTEs**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

HHS Committee Recommendation: Approve as recommended by the County Executive.
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E. Prevention

1. Multi-program Adjustments **\$1,100,226 and 9.0FTEs**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. However, this multi-program adjustment is extremely large. There is an increase of 9FTEs in this adjustment, 4FTE of which can be explained through reductions in other areas.

HHS Committee recommendation: Approve as recommended by the County Executive.
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2. Energy Assistance

DHHS has provided an update on the use of the Maryland Energy Assistance Program (MEAP) and the Electric Universal Service Program (EUSP) at © 149. It is estimated that the number of applications approved will increase only slightly. While total payments for electric arrearages are projected to decline, there is new payment for gas arrearages that is expected to pay out about \$220,000.

DHHS also administers the Energy Coach program that is funded through the Pepco/Exelon settlement. DHHS has provided the following update:

DHHS has partnered with the Fuel Fund of Maryland to facilitate energy efficiency and savings courses to low income residents. Funds have also been spent on the development of a website and marketing materials. Moving forward, the funds will be moved to the Department of Environment Protection (DEP) budget as this work is more aligned with its mission. DHHS expenditures and activities:

A Direct Purchase Order for \$9,996.00 was created to provide **energy efficiency training** as part of Montgomery County Energy Coach Network. The Fuel Fund will utilize its Watt Watchers curriculum to present a series of four classes.

To date, HHS Energy Education Training expenses: \$2,499
Energy Education Training – HHS/Nonprofit partners staff – Oct 2018
Fuel Fund Watt Watchers Training – Dec 2018

DHHS is currently scheduling three additional classes for energy education programming under the DPO and is reviewing an informal solicitation to provide ongoing energy education programming.

Department of Environmental Protection expenditures and activities:

Expenditures to date \$72,852.18.

Program Highlights (2018):
Residential Energy Program Events:
Total events in 2018 – 134

Residents Reached:
Impressions from events – 10,679 residents

Stakeholder meetings:
Stakeholder Interviews with Clark Concepts – 10 interviews
POWER Program Trainings – 5 meetings
PACCE Meeting – December 2018

F. Diversion

Multi-program Adjustments \$89,701 and 0.0FTEs

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. The Diversion Program does not have any staff assigned to it, so this increase is associated with an increase in operating expense supports.

HHS Committee recommendation: Approve as recommended by the County Executive.

G. Healthcare for the Homeless

Multi-program Adjustments \$25,226 and 0.0FTEs

There are no significant changes recommended for this program that provides healthcare to homeless individuals who are not eligible for Medicaid or Medicare. It also provides limited dental services.

Montgomery Cares Advisory Board

The Montgomery Cares Advisory Board has requested \$50,000 to fund home health aide services for formerly homeless people who will be in danger of losing their housing because they need assistance in some daily activities. As the homeless population ages (like the regular population) there is a need for this assistance. This is the second year for this request, it was not able to be funded by the Council for FY19.

HHS Committee recommendation: Approve funding as recommended by the Executive. Ask DHHS to determine if \$25,000 can be reallocated from within the budget to pilot the home health aide initiative. The number of patients and encounters is about 20% lower from this same time last year and it may be possible to gain some experience with home health aides within the current budgeted amount.

Joint Public Safety and Health and Human Services Committee

Adult Drug Court

Background

The County's website describes the Adult Drug Court as a "comprehensive, voluntary treatment program for adult offenders suffering from drug and alcohol dependence." Its mission is to, "reduce addicted offenders' criminal activity and thereby increase public safety by linking them with appropriate services. Success of the program is tied to the success of participants being able to sustain a crime-free and sober life."

The Adult Drug Court started in 2004. Each year, funding is approved as a part of the DHHS budget but last year, the Joint HHS and PS Committee had significant discussions with the Honorable Nelson Rupp, Circuit Court, and DHHS about the changing nature of the substance abuse and behavioral health issues participants have, particularly regarding opiate addiction. Judge Rupp recounted that when the Drug Court began most often the issue was marijuana and cocaine use, but now many participants are opiate addicts which has required changes in the treatment they need and the length of time they may need to participate. The Council funded an additional Therapist to provide a more appropriate caseload. The new position was added last fall.

The following information is the Fact Sheet provided by the Circuit Court.

FACT SHEET FOR MONTGOMERY COUNTY ADULT DRUG COURT

- Drug Court is an intense program of treatment, supervision, and monitoring for non-violent addicted offenders.
- The program is a minimum of 20 months in duration with the average length of time in the program being 32 months.
- The program consists of four phases. The requirements for each phase are outlined below.

	Phase 1	Phase 2	Phase 3	Continuing Care
Length of phase	6 months	6 months	4 months	4 months
Frequency of court	Weekly	Once every 3 weeks	Once every 4 weeks	Once every 6 weeks
Frequency of case management meetings	Weekly	Once every 3 weeks	Once every 4 weeks	Once every 6 weeks

Number of times per week a case manager must be called	1	1	1	1
Substance abuse treatment schedule	Mon: 5-8 pm Tues: 5-9 pm Wed: 5-8 pm	Mon: 5-8 pm Wed: 5-8 pm	Mon: 5-8 pm	None
Number of recovery meetings required each week	3	3	3	3

- Each participant works closely with an assigned case manager and addiction therapist.
- Drug Court status hearings are held every Thursday at 11:00 am, 4:30 pm and 5:00 pm.
- Each participant is randomly tested for drugs and alcohol two to three times per week.
- Each participant must live in approved sober housing which is typically an Oxford House.
- Each participant must get a job, enroll in school full-time, or complete volunteer work if on disability.
- Drug Court offers a GED program to ensure every participant graduates with a high school education.
- For those with a high school education, Drug Court is able to assist with enrollment in certificate programs, apprenticeships, and college courses.
- Drug Court also has a life skills/vocational counselor to assist participants in obtaining gainful employment.
- Sanctions are given quickly for positive drug tests and program non-compliance and include increased treatment requirements, short-term incarceration, and inpatient treatment.
- Incentives are given for progress in the program and include verbal praise, gift cards, and phase advancement.
- Probation is closed satisfactorily at Graduation.

Drug Court alumni assist with the sessions that are a part of Phase 4.

Staffing

The following table provides the staffing complement for the Adult Drug Court. There is one vacant Therapist position and interviews have been completed for filling this position. DHHS expects a selection memo will be sent to the Office of Human Resources very soon.

Job Class	FT/PT	FTE
OFFICE SERVICES COORD	FT	1.00
BEHAV HEALTH ASSOC CNSLR	FT	0.50
THERAPIST II	FT	1.00
THERAPIST II	FT	1.00
THERAPIST II	FT	1.00
THERAPIST II	FT	1.00
THERAPIST II	FT	1.00
THERAPIST II*	FT	1.00
MANAGER III	FT	1.00
SUPERVISORY THERAPIST	FT	1.00
Total FTE		9.5

*New position approved by Special Appropriation October 15, 2018

Budget

The table on the following page provides the latest FY19 budget and the CE's recommended budget for FY20.

	FY19	FY20 CE
DHHS Personnel*	\$911,145	\$978,250
Management Consulting	57,538	108,182
Contract Psychiatric**	146,754	146,754
General Office Supplies	3,738	3,738
Printing	250	250
Cellular Phone Line Charges	1,180	00
Travel	1,110	1,110
Tokens	1,750	1,750
Total Operating Expense	\$212,320	\$261,784
TOTAL	\$1,123,465	\$1,240,034

*approximate

**This contract also serves people in medication/outpatient addiction who are not in Drug Court

Capacity – DHHS has provided the following responses

1. What is the current number of participants in the Adult Drug Court? **82**
2. Last spring, 12 of 83 clients that were being managed/served by behavioral health providers in the County system that were not a part of the DHHS Adult Drug Court complement. Are clients still being served this way?

Sometimes clients are diverted for individual issues – for example, one client had a historic domestic violence relationship with a new admission, so they were separated for safety reasons. Another example is two clients with a criminal history together, such as co-conspirators in a significant crime, are sometimes separated. Many of these clients are still served in the program via our observed urinalysis program, and many often end up with us for the remainder of their treatment.

3. Is this due to a shortage of staff in the Drug Court complement or are there other reasons?

Clients are no longer diverted to alternative treatment sites due to staffing shortages.

4. What is the current capacity of the Adult Drug Court? Is it still expected that if all Therapist positions are filled that the Adult Drug Court will have a capacity of 90?

The program currently has a full complement of 5 therapists, the newest of which began 4 months ago. On April 5th, interviews were completed for the 6th therapist position. Once in place, oriented and trained, capacity will exceed 90.

Joint PS and HHS Committee Recommendation – Approve as recommended by the County Executive.
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Mental Health Court

Background

The County's partnership with the District and Circuit Courts to establish Mental Health Court began in FY17 and in FY18 was expanded to provide for a capacity of 100 participants. Behavioral health case management and services are provided through the Department of Health and Human Services and funded by the County. Most participants are in the District Court's Mental Health Court as most people who are assessed as eligible have committed lower level crimes and offenses. County Government had long-supported the idea of a Mental Health Court as a way to serve people who do not need to be in jail, but rather need to address mental and behavioral health problems that lead to behaviors that end in arrest. And, while the goal is to improve people's lives, it is also more cost effective to provide community-based services than to treat people in the jail setting.

Update

The following two tables show the funding and positions included in the Executive's Recommended Budget. The Executive's recommended budget includes the funding needed to continue the Mental Health Court capacity at 100. In addition to DHHS funding in this table, there is about \$30,000 in funding recommended in the Circuit Court. The District Court is State-funded.

There is currently one vacant position in the DHHS complement for the Court. It was vacated in late January and pending recruitment. Last spring, new positions to increase the capacity from 50 to 100 had only recently been approved. Therapist positions are currently all filled.

Pos No	Job Class	FT/P T	FTE
POS018550	BEHAV HEALTH ASSOC CNSLR - Vacant 1/25/19 Pending Recruitment	FT	1.0
POS018551	BEHAV HEALTH ASSOC CNSLR	FT	1.0
POS018245	SUPERVISORY THERAPIST	FT	1.0
POS018547	THERAPIST II	FT	1.0
POS018548	THERAPIST II	FT	1.0
POS005174	THERAPIST II	FT	1.0
POS018246	THERAPIST II	FT	1.0
		Total	7.0

Updated Outcome Information

The following table provides information on the number of participants, completions, etc. and shows the change from last June. While there is not an absolute time that someone must be in the Mental Health Court to successfully graduate, the Joint Committee has previously been told the District Court expected participants to be in the program about 18 months and the Circuit Court about 3 years. There is a District Court graduation the afternoon of this session.

	As of 9/14/17	As of 4/11/18	As of 6/30/18	As of 4/5/19
Number assessed for participation in District and Circuit Mental Health Court	67	72	72	56
Participants in District Court MHC	44	41	55	62
Participants in Circuit Court MHC	10	9	11	15
People on Wait List District Court	11	31	31	45
People on Wait List Circuit Court	3	4	4	5
Successful Completions District Court MHC	NA	2	12	10
Successful Completions Circuit Court MHC	NA	1	1	0
Unsuccessful Completions District Court MHC	0	5	6	4
Unsuccessful Completions Circuit Court MHC	0	1	1	0
Voluntary Withdrawal District Court MHC	7	10	7	2
Voluntary Withdrawal Circuit Court MHC	0	0	1	0
New Admissions District Court		2	16	29
New Admissions Circuit Court		1	4	5

Discussion Issues

The Joint Committee will have an opportunity to hear from Judge Mitchell and Judge Sabett with their observations about the successes and challenges with the operation of the District Court Mental Health Court in addition to hearing from Dr. Crowel regarding the work of DHHS. Council staff provided the following discussion questions for this session.

- Is there a consistent wait list for the District Court at a level that an additional Therapist position should be considered? (note: The most recent data above shows 62 participants and wait list of 45 in the District Court.)
- When the mental health court work group was discussing the population that would be served, it was expected that participants would be able to access services through Medicaid/the public mental health system. Are there people who have been

appropriate for the mental health court but have not been able to participate because they are not in the public mental health care system? If so, how many and what are potential solutions?

- What has DHHS observed are the main reasons that people cannot complete the Mental Health Court program successfully?
- For how many people has an unsuccessful completion resulted in incarceration?

The Honorable Judge Mitchell and The Honorable Judge Sabett joined the Joint Committee for this worksession shared their observations about how the Court has been working and how it is impacting people's lives. The day of the meeting was also the day for the third Mental Health Court graduation. One of the biggest issues is low barrier housing, both permanent housing and also residential rehabilitation beds. Many of their participants need a therapeutic setting and they cannot live in situations that are not Court approved.

State's Attorney McCarthy also joined the Joint Committee and shared that he has been inspired by the work that has been done and that there is extremely low recidivism which supports that this is in the public safety.

The Joint Committee also discussed what services are available to juveniles and whether there could be a similar mental health court model. The Joint Committee agreed that it wants to schedule a session with the Juvenile Court judges and the Department of Juvenile Services to understand how better to support the needs of juveniles in the justice system that have underlying behavioral health conditions.

Joint PS and HHS Committee Recommendation – Approve as recommended by the County Executive.
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Monitored Exchange and Supervised Visitation Center (Safe Passages Center)

Background

As a part of its FY18 budget actions, the Council approved funding for the Department of Health and Human Services budget to open a monitored exchange and supervised visitation center. The center provides a safe place for parents to exchange custody of their children in accordance with custody and visitation agreements and, when needed, to supervise visits on-site between a parent and child/children so that the parent may continue to bond with their child without the stress of interacting with the other parent. The Safe Passages Center is located in Rockville and operates 28 hours per week. Family Services, Inc. is the County's contractual partner that provide the services.

Budget:

The Executive is recommending level funding for this program in FY20. The HHS Committee will discuss the issue of providing an inflationary adjustment to DHHS contracts with non-profit organizations. If an adjustment is approved, the contract with Family Services should be eligible for such an adjustment.

Description	FY19 Budget	FY20 Budget
Family Services, Inc. Contract	375,598	375,598
Security Guard Services	65,258	65,258
Utility Costs and other	1,882	1,882
TOTAL	442,738	442,738

Use of the Safe Passages Center:

DHHS has provided information on the use of the Safe Passages Center. Last spring, the center had only been opened for a brief time. However, what can be seen is that in February 2018 there were 48 supervised visitations and in February 2019 this had increased by 75% to 84.

	February 2018	February 2019	Dec 2018 to June 2019	July 2018 to February 2019
Supervised Visitation	48	84	355	645

Monitored exchange use has also increased substantially as the center has become fully operational.

	February 2018	February 2019	Dec 2018 to June 2019	July 2018 to February 2019
Monitored Exchange	40	115	377	1,114

The following provides information on the cases assigned by the District and Circuit Courts.

FY2018 Dec-Jun	District Court	Circuit Court
Supervised Visitation	74*	
Monitored Exchange	38*	
FY2019 Jul-Feb	District Court	Circuit Court
Supervised Visitation	34	41
Monitored Exchange	22	12

*District Court and Circuit Court data was collected in a consolidated manner.

Request for Expansion of Hours

Councilmembers Alborno, Rice, Glass, Katz and Hucker (and perhaps others) received an e-mail from CourtWatch saying that there are now waiting lists for supervised visitation (©151a).

DHHS has confirmed for Council staff that there are currently ten families in the wait list. These are families with Protective Orders for domestic violence, from both District and Circuit Courts.

CourtWatch is requesting the Council add \$133,000 to increase the hours of operation from 28 to 38. They say that these funds would cover the cost of a supervised visitation monitor, an intake worker, and adding a room divider to create an additional space.

DHHS has provided the following table that would be its recommendation on structuring additional hours if the Council provides additional funding. (Please note that DHHS is not recommending additional funding per the Executive's recommended budget.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Current Hours of Operation	Closed	5 to 8 pm	5 to 8 pm	Closed	12 to 8 pm	12 to 6 pm	12 to 8 pm

Proposed Hours of Operation	Closed	4 to 8 pm	2 to 8 pm	4 to 8 pm	12 to 8 pm	12 to 8 pm	12 to 8 pm
Additional Hours		1	3	4		2	

DHHS has told Council staff that the \$133,000 is only the cost of the additional hours for the Family Services contract and does not cover the additional security or the cost to partition a large room to make an additional visitation room. The best estimate for security is \$23,310 and a facility estimate would be needed from the Department of General Services (DGS).

HHS Committee recommendation: Add \$175,000 to the Reconciliation List as a placeholder for expanding the hours of the center. Council staff has confirmed the estimates for the program and security staff. There is \$18,000 within the \$175,000 for facility changes. The Department of General Services is currently looking at what facility changes will require.

CourtWatch discussed the need to plan for an additional center. The Joint Committee agreed that there should be an ongoing analysis of need and that the County should look for appropriate facilities, but no additional funding is needed at this time.

Amendments to the CIP

Avery Road Treatment Center and Dennis Avenue Health Center

Project Description Forms (PDFs) for these projects are attached at ©153-156.

The Executive has recommended CIP Amendments for the Avery Road Treatment Center and Dennis Avenue Health Center. The Executive transmitted the CIP amendment for the Avery Road Treatment Center project on January 15 to reflect increased costs of \$1,500,000 to be covered by a transfer from the Dennis Health Center, and subsequently, transmitted a second amendment on April 11 which reflected a switch of State Aid of \$525,000 with G.O. Bonds to cover the cost increase.

Avery Road Treatment Center

In \$000	Total	Thru FY18	Total 6 years (FY19-24)	FY19	FY20	FY21	FY22	FY23	FY24
FY19 Appr	8,516	868	7,648	5,640	2,008	0	0	0	0
FY 20 Rec	10,016	868	9,148	7,140	2,008	0	0	0	0

Recommended funding source: \$5.208 million in G.O. Bonds, \$4.139 million in State Aid, and \$669,000 in PAYGO

No appropriation is requested for FY20.

Project Description: The project provides for the planning, design, and construction of a replacement facility for the existing Avery Road Treatment Center, which provides residential substance abuse treatment for low-income County residents. A private nonprofit, in partnership with the County and with assistance from the state, will construct and operate a new ARTC facility over a 30-year term through a long-term land lease and program operation services delivery agreement.

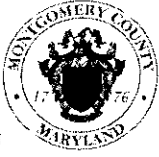
The new facility will be a 64-bed residential treatment facility providing medical detox and Intermediate Care levels of care. The facility will also house an outpatient mental health and substance abuse treatment program supported by Medicaid reimbursements.

Recommended Amendment: The Executive is recommending increased project costs of \$1.5 million to reflect the project bids from construction general contractors. Executive staff explains that the County increased its contribution pursuant to the Turnkey agreement with the Developer. The agreement incorporated a Guaranteed Maximum Price article to amend the contract to reflect current market value. The nonprofit developer's cost share increased as well. The parentage share between the public and private sector remains at 54.53% and 45.47%.

The Executive transmitted a CIP amendment for ARTC on January 15 showing the increased costs and explaining that they would be covered by a transfer from the Dennis Avenue Health Center. The proposed amendment to the Dennis Avenue showing the transfer of funding is attached on ©155-156. Subsequently, the Executive transmitted a second amendment on April 11 which reflected a switch of State Aid of \$525,000 with G.O. Bonds to cover the cost increase.

Project Schedule: Construction on the project is scheduled to start in May 2019 with final completion/opening scheduled for June 2020.

<p>HHS Committee recommendation: Approve of the amendments for the ARTC and Dennis Avenue Health Center projects as proposed by the County Executive.</p>
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Health and Human Services

RECOMMENDED FY20 BUDGET
\$323,567,731

FULL TIME EQUIVALENTS
1,682.59

✱ **VICTORIA BUCKLAND, ACTING DIRECTOR**

MISSION STATEMENT

The Department of Health and Human Services (HHS) assures delivery of a full array of services to address the somatic and behavioral health, economic and housing security, and other emergent needs of Montgomery County residents. To achieve this, the Department (directly and/or via a network of community partners) develops and implements policies, procedures, programs, and services that: 1) offer customer-focused direct care and supports; 2) maximize financial and staffing resources to deliver services through effective management, coordination, and pursuit of strategic funding opportunities; 3) pilot and evaluate innovative approaches to service delivery and systems integration; and 4) develop, enhance, and maintain a broad network of community-based organizations, public agencies, and private entities to promote and sustain partnerships, which increase the availability of needed services.

BUDGET OVERVIEW

The total recommended FY20 Operating Budget for the Department of Health and Human Services is \$323,567,731, an increase of \$4,334,418 or 1.36 percent from the FY19 Approved Budget of \$319,233,313. Personnel Costs comprise 56.84 percent of the budget for 1,444 full-time position(s) and 343 part-time position(s), and a total of 1,682.59 FTEs. Total FTEs may include seasonal or temporary positions and may also reflect workforce charged to or from other departments or funds. Operating Expenses account for the remaining 43.16 percent of the FY20 budget.

COUNTY PRIORITY OUTCOMES

While this program area supports all seven of the County Executive's Priority Outcomes, the following are emphasized:

- ❖ **A More Affordable and Welcoming Community**
- ❖ **Thriving Youth and Families**
- ❖ **A Greener County**
- ❖ **Effective, Sustainable Government**
- ❖ **Safe Neighborhoods**

DEPARTMENT PERFORMANCE MEASURES

Performance measures for this department are included below (where applicable), with multi-program measures displayed at the front of this section and program-specific measures shown with the relevant program. The FY19 estimates reflect funding based on the FY19 Approved Budget. The FY20 and FY21 figures are performance targets based on the FY20 Recommended Budget and funding for comparable service levels in FY21.

Measure	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Multi-Program Measures					
Weighted percentage of HHS customers satisfied with the services they received from HHS staff	98	98	97	97	97
Weighted composite of HHS client cases that demonstrate beneficial impact from received services: Improved health and wellness (1-100 scale)	56	51	55	55	55
Weighted composite score of HHS client cases that demonstrate beneficial impact from received services: Greater independence (1-100 scale)	82	87	90	90	90
Weighted composite score of HHS client cases that demonstrate beneficial impact from received services: Risk mitigation (1-100 scale)	77	75	80	80	80
Percentage of client cases needing assistance with multiple services for which effective team formation is documented (Service Integration Cases) ¹	90	90	93	93	93
Percentage of client cases needing assistance with multiple services for which effective team functioning is documented (Service Integration Cases) ²	80	84	85	85	85
Status of findings from major audits - Percentage of findings fully or substantially completed	44	44	50	60	70

¹ The goal is for integrated service delivery to begin at any point of entry into Department services, and represent an on-going process throughout the client's involvement with HHS.

² The goal is for integrated service delivery to begin at any point of entry into Department services, and represent an on-going process throughout the client's involvement with HHS.

INITIATIVES

- ★ Funding was provided for a new Senior Home Sharing Program. In FY20, this pilot program will connect senior home providers who have a spare room with home seekers interested in a long-term housing option. This home sharing arrangement can work when renters find it difficult to find affordable rental housing and home providers either need extra income or prefer living with another person who can offer social connection and/or assist with tasks, errands, and costs related to property maintenance.
- ★ In FY18, Trauma Services opened a supervised visitation and exchange program called the Safe Passage Center. The Safe Passage Center provides supervised visits and exchange services to families with a domestic violence protective order and families undergoing contentious divorces, if ordered by a judge. This program reduces stress to domestic violence victims and keeps children safe and secure during their visits with the non-custodial parent

ACCOMPLISHMENTS

- ✓ The Montgomery County Vietnam Veterans Memorial Wall opened in Rockville on May 21, 2018. The Memorial includes the names of 130 County service members who lost their lives or were reported missing in action in Vietnam during the war. Over 400 people attended the event, including dozens of Vietnam War Veterans.
- ✓ Bone Builders, a popular fall prevention and bone strengthening program, tripled in size. The program is primarily held at County Recreation Centers and is facilitated using minimal staff time and dedicated volunteer leaders.
- ✓ Linkages to Learning (LTL) is one of four programs highlighted in Montgomery County's winning application to the 2018 Welcoming Communities Transatlantic Exchange (WCTE), an international network that shares welcoming initiatives to integrate newcomers in their communities. In November 2018, LTL conducted local site visits with peers in Germany and attended a final conference to collectively discuss lessons learned and strategies for the application of welcoming initiatives in both countries.
- ✓ The East County Opportunity Zone Project continues to build a network that supports workforce development, health and wellness, and parent engagement in an under-served community. It has provided assistance with eviction prevention, utility disconnection prevention, childcare services, vocational employment assistance, senior services, behavioral health services, and assistance with somatic health.
- ✓ The Early Childhood Services ChildLink Program conducted the Pregnant and Parenting Teen Speaker Series at a total of 5 high schools in FY18, serving a total of 83 teens. The series will expand to six high schools in FY19. This program is one of the Department's two generation poverty alleviation strategies.
- ✓ The Welcome Back Center of Suburban Maryland offered services to internationally trained health professionals - including 80 nurses, 20 behavioral health professionals, and 3 physicians - who are working towards licensure and/or certification in the healthcare

field to secure jobs in Maryland. Program clients hired as Registered Nurses saw a 282 percent increase in wages on average.

- ✓ In FY18, the African American Health Program (AAHP) expanded Healing Our Village (HOV) into community outreach engagement sites - 1,391 individuals received blood glucose, blood pressure, and BMI screening at community events. HOV's expansion of services includes one-on-one counseling at places such as apartment complexes, churches, post offices, and other sites.
- ✓ The Asian American Health Initiative (AAHI) released volume three in their mental health photo-novel series, entitled "More Than Just Stress," which communicates issues around Asian American adolescent mental health to parents and community leaders and provides youth with resources to address mental health challenges.
- ✓ In FY18, School Health Services (SHS) case managed 17,833 children in Montgomery County Public Schools with chronic health conditions, including asthma, diabetes, and life-threatening allergic reactions. SHS also handled 642,237 student visits to Montgomery County Public Schools (MCPS) health rooms, which resulted in 88 percent of children returning to class.
- ✓ The Maternity Partnership Program provided prenatal care to 1,557 County women through partnerships with hospital-based clinics, plus home visiting case management provided by County staff. The program continues to have excellent health outcomes, with 96 percent of the babies born to women delivering through Maternity Partnership program having a healthy birth weight.
- ✓ In partnership with the Interagency Commission on Homelessness, the Inside (not Outside) Initiative was launched with the goal of ending chronic homelessness in the County. Chronic homelessness is defined as long-term homelessness for people with disabilities. In FY18, 250 chronically homeless individuals were placed in permanent housing. This is more than twice as many people housed than in FY17.
- ✓ The Department participated in the State-wide Rapid Rehousing Learning Collaborative sponsored by the Maryland Department of Housing and Community Development, the National Alliance to End Homelessness, and the University of Maryland. Through this collaboration, the County's Rapid Rehousing program placed 21 households in permanent housing in less than 100 days.

INNOVATIONS AND PRODUCTIVITY IMPROVEMENTS

- ✱ The Mobile Integrated Health program matches high utilizers of emergency medical services (EMS) with public and private social services. The program is a partnership between Fire and Rescue Service and Adult Protective Services (APS) in collaboration with several hospitals and other social care agencies. The program has reduced EMS transports and corresponding Emergency Department usage by approximately 50 percent for this population.
- ✱ The Department initiated a Medication Management Program within the County in partnership with the Montgomery County Fire and Rescue and Emergency Medical Services (EMS). EMS has a trusted relationship with County residents and is therefore well-positioned to introduce the Medication Management program to residents who might benefit from the program.
- ✱ During FY 2018, the Adult Behavioral Health Program connected 75 percent of clients with a primary care provider and continued to develop collaborative work relationships with the Primary Care Clinics.
- ✱ Children, Youth, and Family Services (CYF) and Montgomery County Public Schools (MCPS) have developed a shared data platform to review and monitor the educational status of youth. The two programs piloted are Linkages to Learning (LTL) and Child Welfare Services (CWS) foster care. The goal is to ensure early intervention services are provided when there are educational concerns, maintain close collaborative contact between staff in both agencies, and promote academic achievement/success among our youth.
- ✱ Child Welfare Services has developed a Transitioning Youth Learning Collaborative (LC), focused on older youth (ages 17-21) in foster care. The LC goal is to enhance the preparation and readiness of youth who are aging out of the Child Welfare system by developing a County-wide collaboration of service providers that can work together to ensure that youth aging out-of-care possess the necessary skills to sustain independence and to realize their full potential.
- ✱ The Child Care Resource and Referral Center implemented an outreach campaign entitled "Growing Family Child Care Opportunities" to support family child care providers interested in starting a family child care home and to advise parents on the importance of choosing licensed care. By the end of FY18, 18 new providers were registered with the State. Each of these providers will work closely with peer mentors, trainers, and the Quality Enhancement Specialist for Family Child Care to build their programs to meet quality standards and to sustain their small businesses.

- ✱ The Asian American Health Initiative (AAHI) released a Mental Health Toolkit, entitled "Staying Well and Living Fully," that aims to provide culturally competent, reliable information about mental health for community leaders and members to share with their respective communities. The toolkits are train-the-trainer materials meant to empower community leaders.
- ✱ The Community Action Agency partnered with CountyStat to integrate datasets from its Self-Sufficiency Standard for Maryland 2016 report together with Census population data to create an online dashboard, the Interactive Self-Sufficiency Standard 2016. This award winning, interactive tool graphically depicts the income required to support various family types. This tool assists policy-makers and community partners in better understanding the profile of Montgomery residents living above and below the Self Sufficiency Standard.
- ✱ Care for Kids provided primary healthcare services for 5,531 uninsured children. In FY18, the program piloted Behavioral Health services that included bilingual substance abuse treatment and integrated behavioral health in pediatric primary care. The goal is to expand the pilot and ensure access to Behavioral Health for all Care for Kids children.
- ✱ Services to End and Prevent Homelessness underwent a reorganization to increase effectiveness and efficiency in service delivery. This process renamed the service area to one that better aligns with the goal of making homelessness rare, brief, and one-time only.
- ✱ Partnered with Pathways to Housing to apply for a Grant for the Benefit of Homeless Individuals from the Substance Abuse Mental Health Services Administration. The group was awarded \$398,929 to hire an integrated team to provide homeless street outreach.

COLLABORATION AND PARTNERSHIPS

✱ **Data Sharing Platform with Montgomery County Public Schools**

Children, Youth, and Family Services and MCPS have developed a shared data platform to review and monitor the educational status of youth. The two programs piloted are Linkages to Learning (LTL) and Child Welfare Services foster care. The goal is to ensure early intervention services are provided when there are educational concerns, maintain close collaborative contact between staff in both agencies, and promote academic achievement/success among our students.

Partners

Montgomery County Public Schools

✱ **East County Opportunity Zone Network**

The East County Opportunity Zone Project continues to build a network that supports workforce development, health and wellness, and parent engagement in an under-served community. It has provided assistance with eviction prevention, utility disconnection prevention, childcare services, vocational employment assistance, senior services, behavioral health services, and assistance with somatic health.

Partners

Department of Recreation, Non-Profits

✱ **Homelessness Coordinated Entry System**

Services to End and Prevent Homelessness worked with the Continuum of Care system, a County-wide public-private partnership, to implement a strategy for prioritizing individuals and families for housing and services based on their needs. The new Coordinated Entry System maximizes resources by using a common assessment tool to assign the most appropriate housing intervention based on a household's vulnerability.

Partners

Non-Profits

✱ **Circle Time with Friends**

Early Childhood Services ChildLink partnered with Montgomery County Public Libraries and the Department of Recreation to raise the importance and awareness of early literacy by offering Circle Time with Friends. This forum allows parents and caregivers to

interact with their children through reading and participating in activities and allows children to learn social skills by interacting with their peers. The program will be expanded to other recreation centers.

Partners

Department of Public Libraries, Department of Recreation

* Volunteer Income Tax Assistance

The Community Action Agency Volunteer Income Tax Assistance program (VITA) served 1,936 households, helping individuals and families receive almost \$5 million in tax refunds, including \$1.3 million in Earned Income Tax Credit (EITC) refunds. Seventy-seven volunteers supported the program, giving over 2,100 hours.

Partners

Non-Profits

PROGRAM CONTACTS

Contact Victoria Buckland of the Department of Health and Human Services at 240.777.1211 or Erika Lopez-Finn and Joshua Watters of the Office of Management and Budget at 240.777.2800 for more information regarding this department's operating budget.

BUDGET SUMMARY

	Actual FY18	Budget FY19	Estimate FY19	Recommended FY20	% Chg Bud/Rec
COUNTY GENERAL FUND					
EXPENDITURES					
Salaries and Wages	88,725,986	95,569,784	93,801,299	101,847,378	6.6 %
Employee Benefits	32,353,279	32,986,976	32,158,696	35,175,247	6.6 %
County General Fund Personnel Costs	121,079,265	128,556,760	125,959,995	137,022,625	6.6 %
Operating Expenses	107,412,299	111,540,984	110,477,644	107,816,516	-3.3 %
County General Fund Expenditures	228,491,564	240,097,744	236,437,639	244,839,141	2.0 %
PERSONNEL					
Full-Time	852	879	879	884	0.6 %
Part-Time	309	313	313	313	—
FTEs	1,211.74	1,237.71	1,237.71	1,246.81	0.7 %
REVENUES					
Core Health Services Funding	2,957,863	4,554,327	4,554,327	4,554,327	—
Federal Financial Participation Reimbursements	14,353,114	14,333,640	15,395,700	15,395,700	7.4 %
Health and Human Services Fees	1,169,318	1,100,000	1,163,850	1,163,850	5.8 %
Health Inspection: Restaurants	1,849,395	2,000,000	1,828,560	1,828,560	-8.6 %
Health Inspections: Living Facilities	267,452	254,470	247,650	247,650	-2.7 %
Health Inspections: Swimming Pools	550,445	566,250	549,770	549,770	-2.9 %
Marriage Licenses	241,065	300,000	240,000	240,000	-20.0 %
Medicaid/Medicare Reimbursement	4,352,087	2,341,220	2,637,820	1,866,750	-20.3 %
Miscellaneous Revenues	250	100,000	0	0	-100.0 %
Nursing Home Reimbursement	849,559	697,130	775,860	775,860	11.3 %
Other Charges/Fees	474,037	435,550	393,650	412,470	-5.3 %
Other Fines/Forfeitures	3,975	1,650	3,500	1,650	—
Other Intergovernmental	2,319,774	3,483,090	3,966,630	4,082,518	17.2 %
Other Licenses/Permits	69,184	263,230	261,430	261,430	-0.7 %
County General Fund Revenues	29,457,518	30,430,557	32,018,747	31,380,535	3.1 %

GRANT FUND - MCG

EXPENDITURES

Salaries and Wages	34,599,288	34,428,593	34,428,593	34,409,785	-0.1 %
Employee Benefits	12,162,762	12,423,692	12,423,692	12,485,623	0.5 %

BUDGET SUMMARY

	Actual FY18	Budget FY19	Estimate FY19	Recommended FY20	%Chg Bud/Rec
Grant Fund - MCG Personnel Costs	46,762,050	46,852,285	46,852,285	46,895,408	0.1 %
Operating Expenses	38,693,208	32,283,284	32,283,284	31,833,182	-1.4 %
Grant Fund - MCG Expenditures	85,455,258	79,135,569	79,135,569	78,728,590	-0.5 %
PERSONNEL					
Full-Time	557	554	554	560	1.1 %
Part-Time	36	29	29	30	3.5 %
FTEs	436.97	432.65	432.65	435.78	0.7 %
REVENUES					
Federal Grants	26,562,152	21,364,867	21,364,867	20,880,523	-2.3 %
HB669 Social Services State Reimbursement	37,533,949	37,731,200	37,731,200	37,778,633	0.1 %
Miscellaneous Revenues	630,344	0	0	0	—
State Grants	19,039,535	20,039,502	20,039,502	20,069,434	0.1 %
Grant Fund - MCG Revenues	83,765,980	79,135,569	79,135,569	78,728,590	-0.5 %

DEPARTMENT TOTALS

Total Expenditures	313,946,822	319,233,313	315,573,208	323,567,731	1.4 %
Total Full-Time Positions	1,409	1,433	1,433	1,444	0.8 %
Total Part-Time Positions	345	342	342	343	0.3 %
Total FTEs	1,648.71	1,670.36	1,670.36	1,682.59	0.7 %
Total Revenues	113,223,498	109,566,126	111,154,316	110,109,125	0.5 %

FY20 RECOMMENDED CHANGES

	Expenditures	FTEs
COUNTY GENERAL FUND		
FY19 ORIGINAL APPROPRIATION	240,097,744	1,237.71
Changes (with service impacts)		
Enhance: Permanent Supportive Housing Funding to Sustain the County's Commitment to End Chronic Homelessness [Permanent Housing]	1,000,000	0.00
Enhance: Funding for School Health Room Staff for New School Facilities [School Health Services]	456,287	4.79
Add: Senior Home Sharing Pilot Program [Senior Community Services]	174,000	0.00
Enhance: Provide Funding for Enhanced Security at Progress Place [Homeless Single Adult Services]	83,000	0.00
Enhance: Provide Funding to Open the New Linkages to Learning Center at Maryvale Elementary School [Linkages To Learning]	80,000	1.00
Add: Implementation of Atticus Act (Vision and Hearing Screening for Children) [School Health Services]	71,339	0.62
Other Adjustments (with no service impacts)		
Increase Cost: FY20 Compensation Adjustment	5,172,925	0.00
Increase Cost: Annualization of FY19 Personnel Costs	1,788,046	0.00
Increase Cost: Adjust Budget for the Enterprise Integrated Case Management System and Electronic Health Records System to Address Structural Budget Deficiencies [Office of the Chief Operating Officer]	740,000	0.00
Increase Cost: Home Care Services Contract [Home Care Services]	490,000	0.00
Increase Cost: Adjust Budget for the Community First Choice Nurse Monitoring Program to Address Structural Budget Deficiencies [Home & Community Based MA Waiver Services]	483,918	0.00
Increase Cost: Adjust Budget for In-person Interpretation and Translation Service to Address Structural Budget Deficiencies	288,000	0.00
Increase Cost: Risk Management Adjustment	220,518	0.00
Increase Cost: Annualization of FY19 Lapsed Positions	201,070	0.00
Increase Cost: Retirement Adjustment	196,446	0.00
Increase Cost: Annualization of Adult Drug Court Therapist Costs [Specialty Behavioral Health Services]	99,980	1.00
Increase Cost: Adjust Budget for Crossroads Youth Opportunity Center to Address Structural Budget Deficiencies [Positive Youth Development]	50,569	0.00
Increase Cost: Motor Pool Adjustment	37,795	0.00
Increase Cost: Health Department Accreditation Fee [Chief Public Health]	14,000	0.00
Technical Adj: Technical Adjustment	0	3.68
Re-align: Adjust Funding for Maternity Partnership Program to Reflect Service Demand [Health Care for the Uninsured]	(102,050)	0.00
Shift: Position Transfer from HHS to OHR [Office of the Director]	(114,241)	(1.00)
Decrease Cost: Eliminate a Long-term Vacant Medical Doctor Position [Tuberculosis Program]	(124,550)	(1.00)
Re-align: Office of the Chief Operating Officer Administrative Overhead	(127,713)	0.00
Decrease Cost: Adjust Residential Rehabilitation General Fund Supplement [Behavioral Health Planning & Management]	(200,109)	0.00

FY20 RECOMMENDED CHANGES

	Expenditures	FTEs
Decrease Cost: Delay Implementation of the Youth Drop-in Center [Homeless Single Adult Services]	(246,500)	0.00
Decrease Cost: Delay Implementation of the Paint Branch and Springbrook Cluster [Child & Adolescent School & Community Based Services]	(287,275)	0.00
Shift: Transfer Management of Conservation Corps Contract to the Department of Environmental Protection [Behavioral Health Planning & Management]	(324,177)	0.00
Decrease Cost: Elimination of the Handicap Rental Assistance General Fund Supplement [Permanent Housing]	(329,679)	0.00
Re-align: Adjust Funding for the Developmental Disability Services Supplement to Equal Average Percentage of Minimum Wage Actually Paid to Direct Service Providers by Providing Agencies [Community Support Network for People with Disabilities]	(1,850,202)	0.00
Re-align: Adjust Funding for Working Parents Assistance Program to Account for Decreased Utilization due to State Child Care Subsidy Enhancements [Child Care Subsidies]	(3,200,000)	0.00
FY20 RECOMMENDED	244,839,141	1,246.80

GRANT FUND - MCG

FY19 ORIGINAL APPROPRIATION	79,135,569	432.65
<u>Federal/State Programs</u>		
Enhance: Pregnant Women and Children - MD Kids Grant Funds	535,893	(2.00)
Enhance: Group Senior Assisted Housing Grant Funds	361,657	0.00
Enhance: Services to End and Prevent Homelessness Grant Funds	285,080	0.00
Add: New Babies Born Healthy Grant Funds	200,000	1.00
Reduce: State Reductions to Cancer Grant Funds	(132,036)	(2.00)
<u>Other Adjustments (with no service impacts)</u>		
Technical Adj: Technical Adjustment	336,476	(4.40)
Increase Cost: Change in Funding Allocation for Sexual Assault Rape Crisis funds - Victims of Crime Act (VOCA) - Rape Crisis Intervention Grant Funds [Trauma Services]	201,978	0.00
Increase Cost: Increase Cost to Senior Care Grant Funds [Assessment & Continuing Case Management Services]	199,525	0.00
Increase Cost: House Bill 669 Grant Funds	47,433	17.04
Technical Adj: Funding Shift for Community Mental Health Grant Funds [Behavioral Health Planning & Management]	0	(6.71)
Decrease Cost: STD/HIV Grant Funds [STD/HIV Prevention & Treatment Program]	(66,430)	0.20
Shift: MFP Opt. Counseling Grant Funds [Home & Community Based MA Waiver Services]	(96,250)	0.00
Decrease Cost: Change in Award Term of Victims of Crime/General Grant Funds [Trauma Services]	(280,509)	0.00
Re-align: Infants and Toddlers Consolidated Local Implementation Grant (CLIG) Funds [Infants & Toddlers]	(1,999,796)	0.00
FY20 RECOMMENDED	78,728,590	435.78

FUNCTION SUMMARY

Program Name	FY19 APPR Expenditures	FY19 APPR FTEs	FY20 REC Expenditures	FY20 REC FTEs
Aging and Disability Services	51,641,899	173.09	52,710,366	173.09
Behavioral Health and Crisis Services	45,894,990	221.45	45,234,895	218.25
Children, Youth and Family Services	86,946,818	547.73	84,997,795	550.73
Public Health Services	74,727,198	495.74	76,728,892	502.77
Services to End and Prevent Homelessness	22,814,493	70.50	24,257,922	76.50
Administration and Support	37,207,915	161.85	39,637,861	161.25
Total	319,233,313	1,670.36	323,567,731	1,682.59

CHARGES TO OTHER DEPARTMENTS

Charged Department	Charged Fund	FY19 Total\$	FY19 FTEs	FY20 Total\$	FY20 FTEs
COUNTY GENERAL FUND					
Correction and Rehabilitation	General Fund	0	0.00	106,538	0.75
Police	General Fund	73,369	1.00	100,770	1.00
Total		73,369	1.00	207,308	1.75

FUTURE FISCAL IMPACTS

CE RECOMMENDED (\$000S)

Title	FY20	FY21	FY22	FY23	FY24	FY25
COUNTY GENERAL FUND						
EXPENDITURES						
FY20 Recommended	244,839	244,839	244,839	244,839	244,839	244,839
No inflation or compensation change is included in outyear projections.						
Restore One-Time Lapse Increase	0	598	598	598	598	598
Restore lapse of Paint Branch and Springbrook Cluster Project and the Youth Drop-in Center.						
Labor Contracts	0	1,381	1,381	1,381	1,381	1,381
These figures represent the estimated annualized cost of general wage adjustments, service increments, and other negotiated items.						
Subtotal Expenditures	244,839	246,818	246,818	246,818	246,818	246,818

Administration and Support Services



Administration and Support

RECOMMENDED FY20 BUDGET

\$39,637,861

FULL TIME EQUIVALENTS

161.25

✴ **VICTORIA BUCKLAND, ACTING DIRECTOR**

FUNCTION

The function of Administration and Support Services is to provide overall leadership, administration, and direction to the Department of Health and Human Services (HHS), while providing an efficient system of support services to ensure effective management and delivery of services.

PROGRAM CONTACTS

Contact Victoria Buckland of the HHS - Administration and Support at 240.777.1211 or Joshua Watters of the Office of Management and Budget at 240.777.2768 for more information regarding this department's operating budget.

PROGRAM DESCRIPTIONS

✴ Office of the Director

The Office of the Director provides comprehensive leadership and direction for the Department, including policy development and implementation, planning and accountability, service integration, customer service, the formation and maintenance of partnerships with non-governmental service providers, and human resource management. Further, the Office of the Director facilitates external liaison and communications, provides overall guidance and leadership of health and social service initiatives, and ensures compliance with relevant laws and regulations including the Americans with Disabilities Act (ADA) and the Health Insurance Portability and Accountability Act (HIPAA).

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	5,252,683	27.85
Shift: Position Transfer from HHS to OHR	(114,241)	(1.00)
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	190,591	(0.10)
FY20 Recommended	5,329,033	26.75

✴ Office of the Chief Operating Officer

This Office provides overall administration of the day-to-day operations of the Department, including direct service delivery, budget and fiscal management oversight, contract management, logistics and facilities support, and information technology support and development.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	21,891,096	91.50
Increase Cost: Adjust Budget for the Enterprise Integrated Case Management System and Electronic Health Records System to Address Structural Budget Deficiencies	740,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	1,076,093	0.50
FY20 Recommended	23,707,189	92.00

☼ Office of Community Affairs

This Office supports the Department's vision of building a healthy, safe, and strong community. Its mission is to promote health equity, improve quality of services, and increase individual and family self-sufficiency, especially among racial and ethnic minorities and low-income communities. The Office accomplishes its mission by fostering strong partnerships to provide education, outreach, system navigation, effective referrals, language assistance, and policy advocacy. It consists of the Community Action Agency, Head Start, Takoma-East Silver Spring (TESS) Center, the Leadership Institute of Equity and Elimination of Disparities, the African American Health Program, the Latino Health Initiative, and the Asian American Health Initiative.

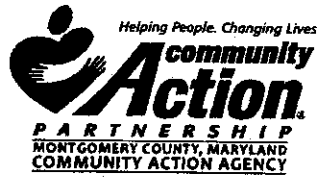
Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of African Americans who demonstrate an increase in knowledge after taking diabetes education classes ¹	N/A	85	90	90	90
Percentage of changes in health behaviors as a result of the Latino Youth Wellness Program	58	54	56	57	57
Percentage of individuals who accessed services as a result of contacting the Asian American Health Initiative (AAHI) Patient Navigator Program Multilingual Health Information and Referral Telephone Line	95	99	95	95	95

¹ This measure was revised during FY18. As the mechanism for measurement has changed, FY18 should be considered a new baseline year.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	10,064,136	42.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	537,503	0.00
FY20 Recommended	10,601,639	42.50

PROGRAM SUMMARY

Program Name	FY19 APPR Expenditures	FY19 APPR FTEs	FY20 REC Expenditures	FY20 REC FTEs
Office of the Director	5,252,683	27.85	5,329,033	26.75
Office of the Chief Operating Officer	21,891,096	91.50	23,707,189	92.00
Office of Community Affairs	10,064,136	42.50	10,601,639	42.50
Total	37,207,915	161.85	39,637,861	161.25



Montgomery County Community Action Board Testimony
County Council FY20 Operating Budget Hearing
April 8, 2019, 1:30 pm

Laura E. Irwin
Community Action Board Chair

Good afternoon Council President Navarro and members of the County Council. My name is Laura Irwin and I am the Chair of the Community Action Board. Our Board members have appreciated the opportunity to meet with many of you to discuss the needs of lower-income County residents and our shared priorities. We thank the Council for implementing policies that promote equity and increase opportunities among our residents. Among these, we have testified in support of legislation to promote pay equity, expand affordable housing, improve tenants' rights, increase transparency in law enforcement, and to boldly invest in high quality early care and education.

In addition to the Board's advocacy to move County residents towards self-sufficiency, we are the governing body for the Community Action Agency (CAA) and Head Start, and so we have a responsibility to advise you about the operational needs of the Community Action Agency, part of the Department of Health and Human Services under its Office of Community Affairs.

Community Action receives federal funding through the Community Services Block Grant and Head Start grant, as well as County funding. As noted in the chart (attached), its blended funding supports Head Start, the Takoma-East Silver Spring (TESS) Community Action Center, the Volunteer Income Tax Assistance program with its EITC outreach, and the agency's administration, including monitoring 52 county-funded contacts at 28 different nonprofits.

By statute, we must review and approve the agency's grants and budgets, and so we are keenly aware of the effect of a reliance on federal grants which are essentially flatlined. Since many employees are partially or fully-funded through CSBG and Head Start, DHHS must annually expend a larger portion of its grants on personnel related costs, thereby reducing funding available for services funded through the operating budget. **For example, from FY18 to FY20, CAA's operating budget was reduced from \$208,688 to \$112,603, or by 46%. In FY20, the agency anticipates the operating budget to experience a reduction of 19.3%, or \$26,977.** This is of great concern to our Board, as this reduction impacts critical services and initiatives:

VITA and EITC Outreach: From FY16 to FY19, CSBG funding for VITA personnel increased by 18%. Until FFY19, the agency relied on one or two Fellows from the CASH Campaign of Maryland and a full-time AmeriCorps volunteer coordinator. After the Council's budget was approved, funding for its Fellows (and hours) were substantially reduced, and the request to extend the AmeriCorps position was not granted. Therefore, CAB approved the agency's FFY19 CSBG grant (eff. Oct.) with \$71,882 in the operating budget for a VITA broker to assure service delivery. When a VITA program specialist resigned in mid-February, the necessity of having this broker in place became critical—without his services, **CAA would have closed three sites, leaving 750 households without their taxes completed, including people case-managed by HHS.**

Assuring Service Continuity at the "TESS" Community Action Center: Since the critical Flower Branch Apartment fire, the walk-in center in Long Branch has unfortunately experienced staff turnover among its community services aides, with one vacancy lasting over a year. As well, the site had vacancies for its two connectors assigned through Children, Youth and Families. By engaging CSBG funded brokers with \$104,478 the doors at TESS have remained open, serving 2,579 people in FY18. Without these brokers in place, covering for up to two full time community services aides and two part time connectors, the doors would have closed when staff were on leave (including during a staff member's parental leave). If the doors were closed, residents' social service crisis would be exacerbated, and partner programs would have been impacted (including the Judy Center, which serves 48 families a week).

Poverty Education: The Self-Sufficiency Standard costs the agency \$20,000 to periodically update (with additional costs shared by partners), plus \$10,500 for the data set for CountyStat to produce the interactive versions, yielding population data revealing who is living below and above the SSS, a key finding in understanding poverty, and addressing equity. The SSS has proven invaluable for policymakers like you supporting a higher minimum wage and market rate child care subsidies, as well as our local nonprofits as they seek funding.

The Community Advocacy Institute trains diverse residents with lower incomes and lived experience to become advocates, and to serve as community volunteers, costs the agency \$8,000 to support, not including staff time.

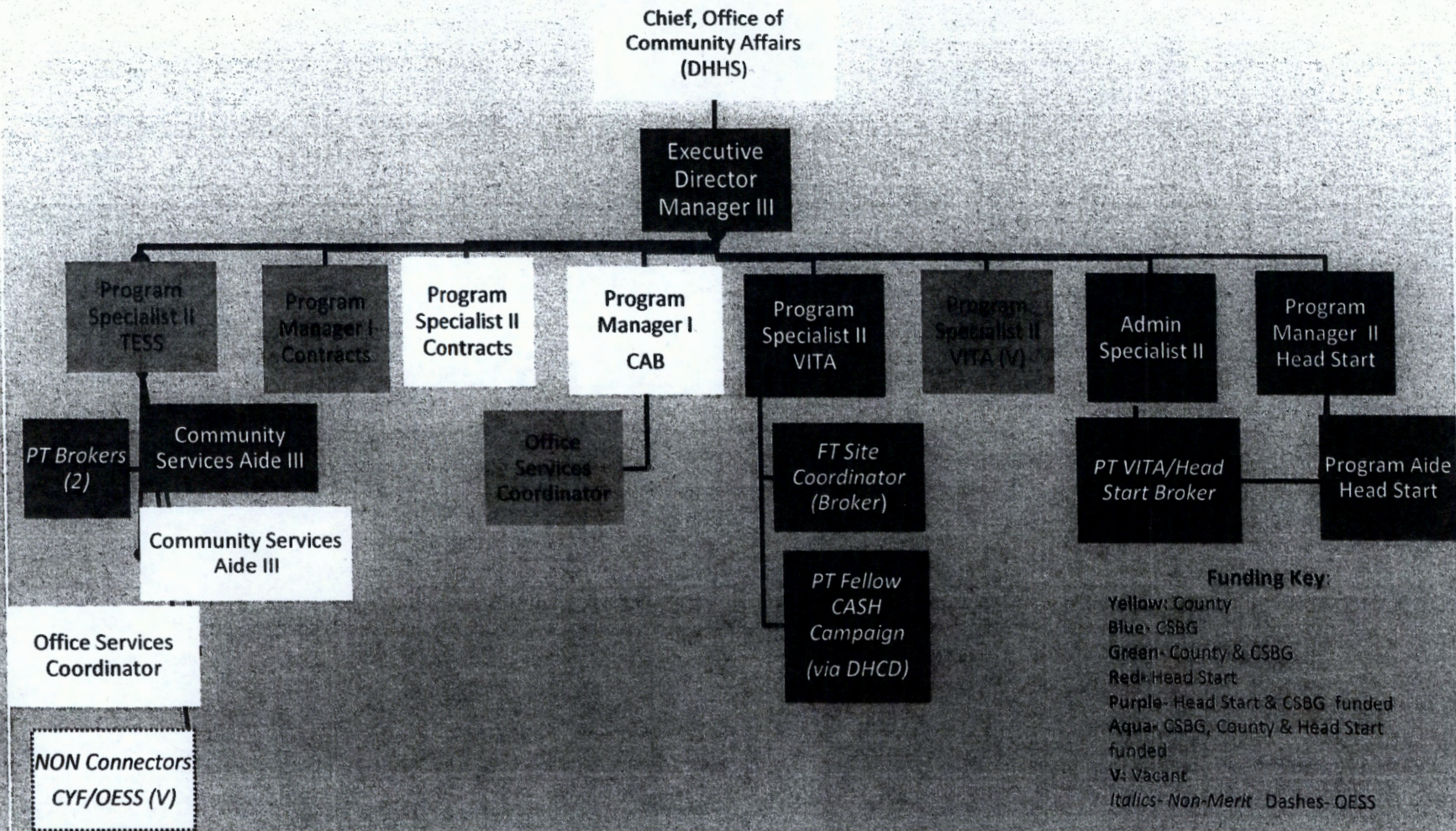
To address these concerns, our Board requests that the agency contract monitor position (program manager 1) with a salary and benefits currently funded 44% through CSBG to be adjusted and fully funded through the County's general fund. It is notable that this contract monitor, working with CAA, HHS and government colleagues, is one of two on our team. She individually provides oversight of over \$2 million dollars of County funding to 27 nonprofits delivering critical food, employment, and safety net services (through the base budget and county grants). Our Board believes this is an equity issue. To our knowledge, this contract monitor is the *only* contract monitor assigned to county-funded NDAs and grants with a salary charged to a federal grant, rather than the County's general fund. **Therefore, by adding \$57,207 to fully support the position, you are making an adjustment that is alignment with the County's practice.**

Providing this funding would help the agency utilize its federal funds more effectively. It would also place the agency in a better position to address increasing personnel costs in the years to come. Additionally, our Community Action partners across the country continue to advocate for reauthorization of CSBG and additional funding at the federal level, the President has proposed the elimination of this program, along with numerous other human service safety net programs. We appreciate that the County's Intergovernmental Relations Office has been a robust advocate on behalf of those we serve.

A second concern we wish to address is the TESS Center facility. As you may know, the TESS Community Action Center has been serving the needs of the community since the mid-60s, providing information and referrals, senior programs, legal services through the Pro Bono program, language classes with IMPACT Silver Spring, summer meals for children, and health outreach services with CHEER and the Latino Health Initiative. Our Board has been monitoring the ongoing facility issues at TESS, including concerns over the level of accessibility at the building. Last year we alerted you that that the Center's lease was scheduled to conclude in 2020. Community Action staff met with partners in the Long Branch neighborhood recently to assess community needs, and our Board held a meeting at TESS on March 26 to better understand the community and the role of the program. We have been told that there is no immediate plan to close the Center or to relocate it, and appreciate the efforts of the Council, as well as DHHS, to engage DGS as it considers options for the Center to possibly relocate, assuring that the multi-service design of the Center remains intact. We are eager to collaborate, working alongside the community and its partners.

On behalf of the Community Action Board, thank you for your ongoing commitment to our County's most vulnerable residents and for your leadership on so many efforts to make the County a more equitable place.

Community Action Agency Organizational Chart



4/5/2019



FY20 Nonprofit Budget Priorities

In order to provide essential services to our community's most vulnerable, the County's budget must allow nonprofits with county grants and contracts continued sustainability.

BUDGET FOR INCREASES to County contracts with nonprofits by at least **3% in all departments**, not just HHS. Ideally increases would be included in the County Executive budget, but since contracts are flat-funded we ask the Council to **add contract increases**.

Why:

- Nonprofits are key partners in addressing community needs and provide essential services on behalf of County government.
- Proposed increases for County employees range from 5.5% to 9.4%, nonprofits who are doing work on behalf of the county need the same.
- Costs of doing business rise each year and nonprofits costs are impacted by County budget and policy decisions.
- Due to minimum wage increases, nonprofits will have to raise the salaries of low wage workers between **3.5 and 6% each year** to get to \$15 per hour by 2024 (see below.)
- Nonprofits leverage county funding for additional dollars.
- The County relies on a strong nonprofits sector to provide effective services that help county residents thrive.
- Budget impact of a 3% increase on approximately \$50 million in nonprofit contracts at DHHS is \$1.5 million.

Interfaith Works Analysis of Wage Increases Needed to Achieve Minimum

MoCo Minimum Wage*	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024
% increase to get to	\$12.00	\$ 12.50	\$13.25	\$14.00	\$14.50	\$15.00
Minimum Wage		4.2%	6.0%	5.7%	3.6%	3.4%

* Minimum wage for nonprofits with 11 or more employees under enacted bill 28-17

Nonprofit organizations are an economic force in Montgomery County, employing one of every 10 workers and spending close to \$8 billion each year.

About Montgomery County support for nonprofits:

Contracts

The County contracts with nonprofit organizations for services provided to county residents, including emergency shelter, food, counseling, health care, youth development, job training and more. The County saves money by contracting with nonprofits for essential services. The majority of contracts are in the Department of Health and Human services for a total of roughly \$50 million. The Departments of Recreation, Housing and Community Affairs and other departments also contract with nonprofits.

Contract inflationary adjustments acknowledge that the cost of doing business and delivering services to residents increases each year. This is the only mechanism to increase funding in base contracts, which are typically renewed every four to six years. Most contracts are flat funded even upon renewal so that nonprofits must accept level funding or reduce the scope of service to meet rising costs.

Community Grants

Nonprofits compete for the County Executive and County Council Community Grants, which are awarded annually. Grants awarded become one-year contracts through the procurement process. Many critical programs are funded over time through Community Grants, adding a level of uncertainty that makes it difficult to plan for service continuity.

Nonprofit Montgomery is committed to ongoing work with County leaders to improve the grants and procurement processes.

About Nonprofit Montgomery

Nonprofit Montgomery is an alliance of nonprofit organizations serving Montgomery County, with a membership of over 160 local nonprofits. Nonprofit Montgomery works year-round to inform nonprofits about issues that affect them as businesses, and that affect the people they serve. We speak for the sector during important budget and policy debates. We communicate regularly with local elected officials and their staff to make sure they understand the needs of nonprofits. We also work with county departments to improve relations and work through policy and procedural issues. Nonprofit Montgomery strengthens the nonprofit sector by fostering collaboration and offering leadership development and learning opportunities, including the Financial Leadership Institute (FIRM) and Metrics and Outcomes for Responsible Evaluation (MORE).

Nonprofit Montgomery Board of Directors

Kathy Stevens, MCAEL*

Suzan Jenkins, Arts and Humanities Council*

Jackie DeCarlo, Manna Food Center*

Shane Rock, Interfaith Works*

Scott Birdsong, Family Services, Inc.

Rosalba Bonilla-Acosta, CentroNia

Nancy Leopold, College Tracks

**Executive Committee*

Jacob Newman, LAYC

Chloe Perez, Hearts and Homes for Youth

Debbie Riley, CASE

Shane Rock, Interfaith Works

Abe Schuchman, Housing Unlimited

Susie Sinclair-Smith, MCCH

Diego Uriburu, Identity

For more information, contact: Lesley MacDonald, MSW, Executive Director, Nonprofit Montgomery
lesley@nonprofitmoco.org, 301-943-6583



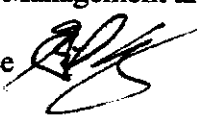
MONTGOMERY COUNTY COUNCIL

GABRIEL ALBORNOZ
COUNCILMEMBER AT-LARGE

MEMORANDUM

May 1, 2019

TO: Marc Elrich, County Executive
Andrew Kleine, Chief Administration Officer
Richard Madaleno, Director, Office of Management and Budget

FROM: Gabe Albornoz, Chair, HHS Committee 

SUBJECT: Legal Representation Funding and Annualization of AAHP Costs

Last Thursday, the HHS Committee held a worksession to review the Department of Health and Human Services budget. The Committee is asking for your response regarding the following.

Legal Representation Funds

The HHS Committee appreciates that you continued the \$370,000 for legal representation to help low-income residents who are in deportation proceedings. The process the Council used for FY19 resulted in contracts with three excellent organizations: Ayuda, HIAS, and Kids in Need of Defense (KIND). At a recent HHS and E&C session on children fleeing violence and new immigrant families we heard from a representative of KIND that they are seeing so much need they may start a wait list.

The HHS Committee recommends these three contracts be renewed for FY20 to provide consistency for two-years. This will also allow the Council and you to look at a year of outcomes next December to determine what will be best for FY21. In FY21, we would expect a new solicitation process. Our recommendation requires the Chief Administrative Officer to recommend these contracts as a part of the FY20 non-competitive contract awards. Please let us know if the CAO will include these contracts.

Additional Legal Representation Funds

We are also following up on the statement the Executive made that the budget includes an additional \$170,000 for legal services. With the exception of the new \$20,000 Community Grant for the Ethiopian Community Center, our staff cannot identify that any other funds above

the levels that were included in the FY19 Executive Recommended Budget. Are you recommending additional funds and sending a budget adjustment?

African American Health Program

OMB told the HHS Committee that the Executive Recommended Budget does not include the annualized cost of the Special Appropriation the Council approved in late November to enhance the African American Health Program. We understand how this occurred since the Special Appropriation was approved after DHHS has begun processing the FY20 budget. The annualized cost is \$158,500. Are you sending a budget adjustment?

Thank you for your response.

C: Councilmembers
Vickie Buckland, Acting Director, DHHS
Dale Tibbitts, Special Assistant

HHS Admin

VITA AND CAA

- Please provide the budget for the Community Action Agency by personnel and operating costs for FY18 through FY20 recommended.

Community Action Agency Budget (General Fund and Grants)	
FY18	
Personnel Cost	\$897,363
Operating Expense	\$4,599,019
Total Budget	\$5,496,382
FY19	
Personnel Cost	\$949,966
Operating Expense	\$2,422,150
Total Budget	\$3,372,116
FY20 Recommended	
Personnel Cost	\$1,073,354
Operating Expense	\$2,423,645
Total Budget	\$3,534,298

- How many positions and FTEs are assigned to the CAA?

Positions assigned to Community Action Agency (FY19 and FY20 REC)

Position No	CAA FTE	TESS CTR FTE	CSBG FTE	Head Start Grant FTE	Total FTE
MANAGER III	0.60		0.30	0.10	1.00
PROGRAM MANAGER II			0	1.00	1.00
ADMINISTRATIVE SPEC II			0.20	0.80	1.00
PROGRAM MANAGER I	1.00				1.00
PROGRAM MANAGER I	0.56		0.44		1.00
PROGRAM SPECIALIST II			1.00		1.00
PROGRAM SPECIALIST II	0.67		0.33		1.00
PROGRAM SPECIALIST II		0.50	0.50		1.00
PROGRAM SPECIALIST II			1.00		1.00
COMM SERVICES AIDE III			1.00		1.00
COMM SERVICES AIDE III		1.00			1.00
OFFICE SERVICES COORD	0.50		0.50		1.00
OFFICE SERVICES COORD		1.00			1.00
PROGRAM AIDE			0.10	0.9	1.00
TOTAL	3.33	2.50	5.37	2.80	14.00

Note:

- Community Services Block Grant (CSBG) includes the TESS Community Action Center, part of CAA.
- Please provide the FY19 and recommended FY20 budget for the VITA program broken out by staffing and operating costs.

Community Action Agency VITA Program Budget	FY19 Approved		FY20 Recommended	
	County General Funds	CSBG Federal Grant	County General Funds	CSBG Federal Grant
Program Specialist II (1 FTE)	\$ -	\$ 111,966	\$ -	\$ 118,274
VITA Program Spec II (1 FTE-term)	\$ 60,160	\$ 29,632	\$ 68,160	\$ 33,572
Personnel Costs	\$ 60,160	\$ 141,598	\$ 68,160	\$ 151,847
Contractual Staffing (Athena Broker) FT/Seasonal	\$ -	\$ 62,335	\$ -	\$ 40,216
Community Fellow (funded externally)	\$ -	\$ -	\$ -	\$ -
EITC Campaign-- Ride-On Ads/Outreach	\$ 10,500	\$ 16,400	\$ 10,500	\$ 16,400
Supplies/Equipment/Printing/Program Expenses	\$ 12,600	\$ 4,700	\$ 12,600	\$ 4,700
Operating Costs	\$ 23,100	\$ 83,435	\$ 23,100	\$ 61,316
Total	\$ 83,260	\$ 225,033	\$ 91,260	\$ 213,163

- How many staff (FT or PT) and FTEs are assigned to the program?

FY19 Budget:

- Full time staff – 2 (1 vacant).
- Consultants/Broker: 1*
- Part time Community Fellow – 1

Notes:

- The 2nd program specialist II was hired April 2018 but resigned February 2019.
- DHCD allocates a discretionary CSBG competitive grant of its State funding to support the Maryland Community Fellows through the CASH Campaign of Maryland. In FY19, the state grant award to CASH was reduced, and as a result, hours of CAA's Fellow were reduced by 46%. After the program specialist vacancy occurred during the tax season, CAA negotiated to use grant funding from the United Way of the National Capital Area to extend the Fellow's hours (via CAFE Montgomery and the CASH Campaign of Maryland, its fiscal agent).

FY20 Recommended Budget:

- Full time staff – 2 (1 vacant; 1 County funded; 1 County/CSBG funded)
- Seasonal contractor/broker (FT November – April) – .50 FTE CSBG funded, proposed
- Part time Community Fellow – 1 (funded externally)

Notes:

- Due to increased personnel costs projected to be charged to the CSBG in FY20, the projected CSBG operating budget will be reduced. CAA proposed to fund the VITA broker only during the TY19 tax season (November through April).
 - The Federal CSBG year begins October 1st. CSBG funding is subject to Federal funding levels and is allocated based on an annually determined State formula through the Maryland Department of Housing and Community Development (DHCD), which provides oversight and to Maryland's network of CAAs.
 - CSBG funding for FY20 is a proposed budget, reflecting a plan to be submitted to the Community Action Board for review and approval, and subsequent approvals from the County and DHCD.
- Please provide the following service data for Tax Years 2017 and 2018:
 - How many volunteers participating in the program?
 - How many households were served and returns filed by the program?
 - What amount of refunds and credits resulted from the returns filed?
 - What was the estimated amount of tax savings to taxpayers?
 - What was the amount of taxes owed?
 - What was the total amount in Earned Income Tax Credit that the program was able to help individuals collect?

	TY 2018	TY 2017	Comments: TY18: Partial data, as of April 9th.
Program Volunteers	76	75*	14 languages spoken by volunteers and VITA team, TY18: Amharic, Arabic, Bengali, Chinese, Dari, Farsi, French Creole, Hindi, Korean, Portuguese, Russian, Spanish, Thai, and Vietnamese.
Households Served/Returns Filed	2,049	1,936	State and federal returns are counted as one.
Refunds and Credits	\$5,037,098	\$4,907,115	Total federal/state/local refunds and credits.
Total Tax Savings	\$5,586,230	\$5,425,963	Reflects all refunds, credits and value of preparing returns, according to survey of the National Society of Accountants, or \$286 per average return for H&R Block.
Taxes Owed	\$621,283	\$689,287	Customers, many of whom owed back taxes, are first-time filers, and/or self-employed taxpayers, receive assistance in learning to track expenses, use record-keeping tools and are referred to Low-Income Tax Clinics to negotiate repayment with the IRS and State to improve their status.
EITC Amount	\$1,390,609	\$1,326,272	Federal and State EITC and projected Working Families Income Supplement

Note:

- In TY17, in addition to the 75 VITA volunteers, CAA recruited nine volunteer Food Resource Navigators. This provided outreach to 270 residents through VITA and community sites, led by the full-time AmeriCorps member who also supported volunteer management for VITA.
- In TY18, the CAA's Food Resource Navigation initiative was transferred to Public Health Services. The Food Security Manager, with two volunteers attended 10 VITA related events, serving 37 residents during the season (with additional volunteers serving other community sites).
- Please provide an update on outreach by the program in FY17 and FY18.

CAA's VITA Program continued to collaborate with its partners, using the CASHBACK website and county webpage, Ride-On outreach, multilingual flyers and multi-media outreach in county buildings, co-branded in partnership with United Way and MC311.

In both tax years, CAA VITA mailed 2,000 postcards to residents who had previously used VITA services, reminding them to schedule their appointments for the current year taxes.

Flyers/Posters

In TY18, United Way's in-kind funding supported printing, with CAA updating multilingual flyers created in six languages, with Korean added to the previous Amharic, French, Spanish, English, and Chinese versions developed in TY18 (Chinese was added in TY17).

- In TY18, Montgomery Free Tax Multilingual Flyers for seasonal services of all providers, including CAA, RSVP/AARP Tax Aide, Chinese Culture & Community Service Center VITA, CASA de Maryland, Community Tax Aid, and the Aspen Hill Library VITA. In TY17, two additional providers were included in the flyers-- Tzu Chi VITA and Asian American Housing Counseling VITA. (Both discontinued in TY18).
- In addition, in TY18, the CAA's VITA seasonal flyer was produced in six languages: Amharic, French, Spanish, English, Chinese, and Korean (added); Chinese was added in TY17.
- In both tax years, CAA's October-June flyer was produced in English and Spanish.
- In both tax years, "Get All Your Money" posters were produced in English and Spanish.

Ride-On and Vector Media

- In TY18 and TY17, the "Get All Your Money" campaign included 120 Ride-On bus signs, half of which were free PSA signs, totaling a PSA bonus and discount value of \$108,080. In TY18, the agency paid for the ads to run 12 weeks from January 14 through April 7 and received an additional four weeks of free advertising from Vector Media, totaling \$47,940 in additional media value.

MC311 and the Public Information Office

Press Releases for VITA services and EITC outreach were provided in TY18 and TY17.

- In TY18 and TY17, the electronic ads appeared in English and Spanish on MC311 monitors in seven County buildings, as well as a scrolling ad on the County's main webpage throughout the tax season.
- IN TY17, the Library included the "Get All Your Money" artwork as a scrolling ad in English and Spanish on MCPL digital monitors. In TY18, MCPL changed its policy, restricting 5% of digital ad content for non-MCPL programs. The "Get All Your Money" campaign was not selected to be advertised this year.
- During both years, CAA's VITA program specialist worked with partners at MC311, joining with RSVP to conduct trainings to assure all customer services reps would be familiar with the respective reservation systems and with community VITA partners.
- In TY18, 311 reported that from December 2018 to April 2019, there were 543 requests for VITA services, up from 346 in TY17.
- In both TY18 and TY17, CAA's program manager worked with the Public Information Office, and the County's Information and Technology Office to update the CASHBACK website with information such as EITC Refund Delays, the Renter's Tax Credit, and predatory scams
- In TY18, the CASHBACK website highlighted and provided links to the IRS' "Paycheck Check-Up," to inform taxpayers to update withholding information to reduce taxes that might be owed as a result of the Tax Cuts and Jobs Act of 2017.
- In both TY18 and TY17, CAA VITA participated in County radio programs (English and Spanish), Basic tax information was shared, including information about how to access VITA, the EITC and ITINs. In TY18, new changes to the Child Tax Credit were highlighted
- In TY18 and 17, VITA joined with regional colleagues in DC at NBC (Telemundo).
- In TY18, the VITA program was featured in two segments of MyMCMedia at the beginning and end of the tax season, with staff and partners interviewed.
- In TY17, VITA was highlighted in CAA's "Do You Know" show, with YouTube segments produced by County Cable, with the specialist interviewed.

Engaging Providers and Community Partners

- In TY18 and TY17, VITA provided services at the Gilchrist Immigrant Resource Center's location in Wheaton, the Benjamin Gaither Center (with the City of Gaithersburg), TESS Community Action Center, the CAA office at 1401 Rockville Pike, and at the East County Regional Services Center, with special VITA days at WorkSource Montgomery's Germantown office, Head Start, and the University of Maryland College Park.
- In TY18 and TY17, MidAtlantic Federal Credit Union, Wells Fargo, and BB&T provided information on site regarding banking opportunities during VITA.

- In TY18 and TY17, an EITC question appeared on the HHS intranet to raise awareness among employees, and the eICM includes the EITC in its needs assessment process for staff assessing customers' financial needs.
- In TY18 and TY17, information was shared with key service providers, including the 28 nonprofits with contracts monitored by CAA, TESS (and onsite partners, including the Judy Center), Long Branch, Down County, East County and UpCounty provider groups, the City of Rockville, the Office of Community Partnerships, the minority health initiatives within the Office of Community Affairs, Head Start/Pre-K, Linkages to Learning, Regional Service Centers, and DHHS office buildings and during HHS all staff meetings.
- In TY18 and TY17, CAA's VITA coordinator and team provided training and technical assistance to volunteers affiliated with County VITA providers.
- Presentations and resource materials are shared annually at the following events and partners, unless noted otherwise: the IRS, CASH Campaign of Maryland, United Way, WorkSource Montgomery at Wheaton, Germantown and East County, Annual Single Parents Conference, Women's Legislative Briefing, Gilchrist Welcome Center (ESL and Citizenship classes (TY17), Montgomery College; Universities of Maryland at College Park, Universities of Shady Grove, City of Gaithersburg events, HOC Health Expo, SCUP Conference, ECHO Workshops, HOC – Georgian Court Community Day (TY17), CAFE Montgomery, Impact Silver Spring, and AmeriCorps.
- In TY18, Community Action helped fund the training of Food Resource Navigators, with DHHS colleagues and Maryland Hunger Solutions. Navigators volunteered at the Gaithersburg VITA site. In TY18, presentations were made at the Food Council and with its partners to promote Community Action's SNAP outreach, a partnership with Maryland Hunger Solutions.
- In TY18, a Super VITA Day was conducted with the City of Gaithersburg. Partners included BB&T, CAFE Montgomery, Career Catchers, CASH Campaign of Maryland, Catholic Charities, Cooperative Extension, Family Services, Inc., FDIC, Head Start, Housing Initiative Partnership, Jennings Business Group, Julie's Love, Interfaith Works, Maryland Hunger Solutions, MidAtlantic Credit Union, Montgomery College EOC, Wells Fargo, WorkSource Montgomery and others. In TY17, two Super VITA Days were held.
- In TY18, VITA staff conducted outreach at the City of Gaithersburg Holiday Giving events in November and December, sharing VITA resources and distributing flyers to 200 residents.
- In TY18, Community Action partner Manna Food Center included VITA flyers in 2,000 Holiday Giving bags provided to residents for Thanksgiving and Christmas.
- In TY18, VITA staff led a training session for DHHS staff who help residents apply for Medicaid and the ACA. Training focused on the impact of the 2017 changes to the Tax Code and how these changes would impact clients.
- In TY18, VITA staff led presentations about the EITC, ITINs, and free tax services at Linkages to Learning programs at Rolling Terrace ES.

- In TY18, VITA flyers were mailed to five Montgomery County shelters/homeless resource organizations.
- ARC's low-wage, case managed, clients with disabilities received VITA services through the IRS' Power of Attorney provision.
- In TY18, VITA staff led workshops for WorkSource Montgomery clients. Two workshops were held at the Germantown office and two were held at the East County office.

Demographics: An analysis of VITA customers demonstrates the impact of outreach. Data for TY18 is not yet available. In TY17:

- Of 1,755 respondents, 665 taxpayers had an AGI (average gross income) of less than \$10,000 per year. 360 taxpayers had an AGI between \$10,000 and \$20,000.
 - Of 1,206 respondents, 75% support children under 18.
 - Of 977 respondents reporting, 36% were Latino; 29% were African-American; 16% were Caucasian; 8% were Asian/Pacific Islander; 5% were two or more races, 5% unknown; <1% Native-American.
 - Of 716 respondents who reported their home language, 57% spoke Spanish, 7% spoke French, 4% spoke Chinese, 2% spoke Korean, 1% spoke Italian, 1% spoke Russian, 1% spoke Vietnamese, less than 1% spoke Japanese, less than 1% spoke Polish, and 26% spoke other languages.
 - 14% of 1,116 respondents reported that they or a member of their household had a disability.
 - 14% of 862 respondents were over 65 or had a spouse over 65.
 - 65% of 991 respondents were female.
 - 8% of 1,000 respondents reported having less than a high school education; 25% had a HS diploma or a GED.
 - Of 1,116 respondents, 95% were banked (57% with both savings and checking accounts; 36% with checking, and 2% with a savings account.)
- What is the status for the lease of the TESS Center? What are the long-term plans for the location of the center?

Because of ADA issues at the existing TESS Center, the County declined to sign a new long-term lease at the existing location. TESS continues to operate out of the same location and will for the foreseeable future on a month-to-month lease basis. DGS is actively engaged in a search for alternative space.

CYF


Please explain the puts and takes in the multi-program adjustments for Chief Children, Youth & Families, Child & Adolescent School & Community Based Services, Infants & Toddlers, Early Childhood Services, and Office of Eligibility and Support Services.

ACTION

MEMORANDUM

September 7, 2018

TO: County Council

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Resolution to Amend Resolution 18-1144, Section G, for the FY19 Designation of Entities for Non-Competitive Contract Award Status: Ayuda, Inc., HIAS, Inc. and KIND, Inc. (Kids in Need of Defense)**

PURPOSE: Authorize CAO to enter into three contracts for screening and direct legal representation for low-income County residents in deportation proceedings.

The Chief Administrative Officer (CAO) has forwarded a recommendation to amend the miscellaneous provisions of Section G of Resolution No. 18-1144, FY 2019 Designation of Entities for Non-Competitive Contract Award Status. **An amendment to a resolution can be introduced and acted upon in the same Council session and does not require the Council to waive its rules of procedure.** A resolution to amend the non-competitive list is attached at ©2-3. The memo from the CAO is attached at ©1. The contracts will be awarded to:

Ayuda Inc.	\$144,000
HIAS	\$103,000
<u>KIND</u>	<u>\$123,000</u>
	\$370,000

Background

The Council appropriated \$370,000 as a part of its FY19 Operating Budget actions to increase the amount of funding provided to support organizations providing legal services to County residents, with the specific purpose of providing increased resources for legal screenings and direct legal representation for low-income County residents in deportation proceedings. The following provision was included in Resolution 18-1144.

77. This resolution appropriates \$370,000 to the Department of Health and Human Services that must only be used to fund one or more contracts to provide screening services or direct legal representation to a low-income County resident in a noncitizen deportation or removal proceeding. Any organization accepting and spending these funds must adhere to the exclusion from representation requirements that are included in Section H of this resolution. The exclusions in Section H apply only to the use of these County funds and place no restriction on an organization's use of other public or private funds for legal representation or the provision of pro-bono legal representation.

Each contractor must comply with the requirements that these funds must be used for low-income County residents who are not excluded under Section H (©4-6). As noted, there are no restrictions on who an organization may serve using other funds.

In order to expedite the awarding of funds, the CAO permitted the Department of Health and Human Services (DHHS) to post a solicitation, provide applicants about 2 weeks to submit proposals, review proposals, and then recommend one or more non-competitive awards. This process allowed for competition but did not follow the lengthier requirements of a Request for Proposal. Each applicant was asked to provide the following:

1. A description of the organization's experience with providing direct legal representation of people in non-citizen deportation or removal proceedings, including the number of years of experience and number of clients.
2. A description of the organization's experience screening people in non-citizen deportation or removal proceedings, including the number of people screened.
3. A description of the organization's experience serving clients who are detained pending deportation or removal proceedings, including the types of services provided.
4. A description of the populations the organization intends to offer services to with these funds. State the ability of the organization to communicate effectively in the preferred languages of those who will receive services.
5. Information on the cost of screening (if separate) and expected cost per client for legal representation.

Summary of Proposals

Council staff is providing the following summary information from the applications that are recommended to receive awards.

1. Ayuda

\$144,000

Ayuda's application says it has provided culturally specific, holistic legal, social, and language access services to immigrants in the District of Columbia (D.C.) region for 45 years. Its attorneys, social workers, and case managers are annually managing about 3,100 cases on behalf

of vulnerable, low-income immigrants in the D.C. region. In 2017, Ayuda's Immigration Program provided direct legal representation to about 2,070 immigrant clients, about 25% of them were undergoing deportation or removal proceedings.

Ayuda provides screening through weekly in-person consultations. Appointments are filled within hours of being offered. In 2017, Ayuda provide 973 screening of residents in the D.C. region. About 50% of the clients were in deportation or removal proceedings. In 2017, Ayuda served over 200 clients through its low-barrier walk-in clinics.

Ayuda specializes in serving low-income immigrants in the D.C. region who are not detained. However, many clients have been released from detention. Ayuda estimates that in less than 5% of their cases they will continue to represent someone who is detained when Ayuda has initiated representation prior to detention.

Ayuda provides a holistic approach by providing social services and other services including case management, therapy, support groups, protection order and family law representation, and emergency financial assistance through other sources of funding.

All legal staff members of Ayuda's immigration team are fluent in both English and Spanish. Additional languages on staff include French, Arabic, Portuguese, American Sign Language (ASL), and others. Ayuda's strategic plan includes a goal of expanding services to additional linguistic communities and it has begun to make strides to serve Arabic and Amharic speaking communities.

Ayuda submitted an application for about \$262,000. While the contract is not finalized, it is expected that the award of \$144,000 will allow Ayuda to screen about 100 and represent about 33 residents.

In addition to this funding, Ayuda is receiving \$50,000 in FY19 for interpretation and translation services through the Community Grants programs.

2. HIAS

\$103,000

HIAS' application states that it has provided representation to asylum-seekers in the United States and around the world for over 135 years. HIAS expanded to the D.C. area in 2016 when it moved its headquarters to Silver Spring. Demand for removal defense services has outweighed capacity to provide representation to all Montgomery County residents that inquire about services. From July 2017 to July 2018, HIAS served 65 Montgomery County residents with full legal representation. HIAS also provides in-house immigration counsel at the Guatemalan Consulate where it provides Know-Your-Rights and screenings. From July 2017 to July 2018, 75 Montgomery County residents were served through these programs.

HIAS provides full legal representation to asylum seekers and other vulnerable immigrants who are detained pending deportation or removal proceedings, preparing the application, supporting evidence, and legal brief.

HIAS says the vast majority of its clients are women, children, and families from Central America. An additional part of its cases are professionals seeking asylum from all parts of the world. HIAS attorneys speak English, Spanish, French, Portuguese, and Russian. Volunteer language interpreters are available for additional languages.

HIAS submitted an application for about \$103,000. While the contract is not finalized, HIAS expects to conduct between 210 and 420 screenings, depending on the time required for each. Direct representation for legal defense will be provided to 18 clients.

HIAS does not receive any additional County funding through the Community Grants programs.

3. KIND (Kids in Need of Defense) \$123,000

KIND's application states that it works to ensure that no refugee or immigrant child faces deportation or removal proceeding alone in Maryland. In Maryland, KIND does this through direct representation and in partnership with over 30 law firms, corporate legal departments, law schools, and bar associations. It further says that it currently provides representation to 92 unaccompanied minors in Montgomery County.

KIND has screened 1,538 Maryland residents. Staff conducts an intensive intake with the child to determine eligibility for potential forms of relief from deportation.

Nationally, KIND receives referrals from a network of resources and KIND's Seattle office works with children while they are in the custody of the Office of Refugee Resettlement (ORR). In Maryland, KIND generally serves children after they are released from ORR custody, KIND clients in Maryland are rarely detained during KIND's work with them. More recently, KIND has been working with children who were separated from their parents at the border, including over 100 separated children detained in ORR custody in New York.

KIND provides direct legal representation with staff attorneys as well as pro bono legal representation from volunteer attorneys. Since 2008, KIND has placed 738 Maryland residents with pro bono counsel and trained over 2,000 pro bono attorneys. KIND's Baltimore office has an in-house Social Services Coordinator to provide a comprehensive model of legal and social services. The majority of KIND's full-time legal staff is Spanish-English bilingual and there is also a list of volunteer translators.

KIND submitted an application for \$370,000. While the contract is not finalized, it is expected that the award of \$123,000 will allow KIND to represent at least 60 children.

In addition to this funding, KIND is receiving \$50,000 in FY19 for legal services through the Community Grants programs.



OFFICES OF THE COUNTY EXECUTIVE

Isiah Leggett
County Executive

MEMORANDUM

Timothy L. Firestine
Chief Administrative Officer

August 30, 2018

TO: Hans Riemer, President, County Council

FROM: Timothy L. Firestine, Chief Administrative Officer *Timothy L. Firestine*

SUBJECT: Decision Memorandum - Amendment to the Fiscal Year 2019 Operating Budget Resolution 18-1144, Section G, Fiscal Year 2019 Designation of Entities for Non-Competitive Contract Award Status

Attached is a request to amend the Fiscal Year (FY) 2019 Operating Budget Resolution 18-1144, Section G, and the FY19 Designation of Entities for Non-Competitive Contract Award Status, for the Department of Health and Human Services (DHHS).

DHHS will establish a new contract in the amount of \$144,000 with Ayuda, Inc. to read: "Provide legal assistance to County residents in non-citizen deportation or removal proceedings."

DHHS will establish a new contract in the amount of \$103,000 with HIAS, Inc. to read: "Provide legal assistance to County residents in non-citizen deportation or removal proceedings."

DHHS will establish a new contract in the amount of \$123,000 with KIND, Inc. dba Kids in Need of Defense to read: "Provide legal assistance to County residents in non-citizen deportation or removal proceedings."

The contracts will be funded from existing FY19 appropriations for DHHS, and no additional appropriation is needed for these contracts.

I have determined that the establishment of a contract with these entities serves a public purpose and is in the public interest. Therefore, I recommend that the Council amend the Miscellaneous Provision in Section G of Resolution 18-1144 for the FY19 Designation of Entities for Non-Competitive Award.

TLF:hvp

Attachment: Amendment to Section G, FY19 Designation of Entities for Non-Competitive Contract Award

c: Uma S. Ahluwalia, Director, Department of Health and Human Services
Bonnie A. Kirkland, Assistant Chief Administrative Officer
Cherri Branson, Director, Office of Procurement
Jennifer A. Hughes, Director, Office of Management and Budget
Ken Silverman, Chief of Staff to the Council President

Resolution No: _____
Introduced: _____
Adopted: _____

COUNTY COUNCIL
FOR MONTGOMERY COUNTY, MARYLAND

By: County Council

SUBJECT: Amendment to Fiscal Year 2019 Operating Budget
Resolution 18-1144, Section G, Fiscal Year 2019 Designation of Entities for
Non-Competitive Contract Award Status: Ayuda, Inc., HIAS, Inc., and KIND, Inc. (Kids in
Need of Defense

Background

1. Section 11B-14 (a) (4) of the Montgomery County Code states that "a contract may be awarded without competition if the Chief Administrative Officer makes a written determination that the contract award serves a public purpose and proposed contractor has been identified in a grant or appropriation resolution approved by the Council." The result of this action is to amend the Fiscal Year (FY) 2019 Designation of Entities for Non-Competitive Contract Award status resolution to include the entities listed below.
2. The Chief Administrative Officer has determined that funding for the contracts with these entities serves a public purpose and that such an expense would be in the public interest.
3. The Department of Health and Human Services will fund the contracts with the entities listed below from existing appropriations for FY 2019.
4. The Department of Health and Human Services will establish contracts with Ayuda, Inc.; HIAS, Inc.; and KIND, Inc., dba Kids in Need of Defense, for the provision of services as stated in the amended FY 2019 Designation of Entities for Non-Competitive Contract Award.

ACTION

The County Council for Montgomery County, Maryland, approves the following action:

The Council approves an amendment to the Designation of Entities for Non-Competitive Contract Award and thereby amends Resolution 18-1144, Section G, FY 2019 Designation of Entities for Non-Competitive Contract Award. The Chief Administrative Officer has recommended these actions and stated that these actions serve a public purpose and are in the public interest.

The FY 2019 Designation of Entities for Non-Competitive Contract Award Status resolution is amended to reflect:

1. DHHS will establish a new contract in the amount of \$144,000 with Ayuda, Inc. to read, "Provide legal assistance to low-income County residents in non-citizen deportation or removal proceedings."
2. DHHS will establish a new contract in the amount of \$103,000 with HIAS, Inc. to read, "Provide legal assistance to low-income County residents in non-citizen deportation or removal proceedings."
3. DHHS will establish a new contract in the amount of \$123,000 with KIND, Inc., dba Kids in Need of Defense, to read, "Provide legal assistance to low-income County residents in non-citizen deportation or removal proceedings."

Each contract must comply with Budget Provision No. 77 of Resolution 18-1144, Approval of and Appropriation for the FY 2019 Operating Budget of the Montgomery County Government, including the exclusions contained in Section H.

This is a correct copy of Council action.

Megan Davey Limarzi, Esq., Clerk of the Council

Section H

FY19 Requirements for Use of \$370,000 for Legal Representation for County Residents in Deportation Proceedings

This appropriation must only be used to fund one or more contracts to provide screening or direct legal representation of a County resident in a noncitizen deportation or removal proceeding with the following restrictions:

Legal representation must only be provided to Montgomery County residents from households with incomes at or below 200% of the Federal Poverty Level or with a financial hardship. County funds must not be used to provide legal services beyond eligibility screening to any client who has a final criminal conviction for the following Maryland statutes (or an analogous statute from another jurisdiction) under the exclusions from representation described below unless the individual has a potentially meritorious claim for immigration relief from removal in the form of a claim to United States citizenship or eligibility for a U Visa.

Exclusions from Representation

I. Definitions

- *Post-Conviction Relief* means representation of a defendant to vacate a conviction under the Post-Conviction Procedure Act, specifically under Maryland Code §§ 7-101, 7-103, 7-108 or through a *Coram Nobis* Petition, to include drafting and filing petitions.
- *Final Criminal Conviction* means a conviction in criminal court as a result of a finding of guilt by a judge or jury or the entry of a guilty plea.

II. Post-Conviction Relief

County funds must not be used to represent someone in post-conviction or *Coram Nobis* relief work in the criminal system.

III. Exclusion of Representation of Defendants with Certain Final Criminal Convictions

Unless otherwise provided herein, County funds must not be used to represent an individual who has a final criminal conviction for the following Maryland statutes (or an analogous statute from another jurisdiction).

LIST A

- Criminal Law §2-201 Murder in the First Degree
- Criminal Law §2-203 Murder in the First Degree – Sentence of Imprisonment for Life without the possibility of Parole
- Criminal Law §2-204 Murder in the Second Degree

Criminal Law §2-205 Attempt to Commit Murder in the First Degree
Criminal Law §2-206 Attempt to Commit Murder in the Second Degree
Criminal Law §2-209 Manslaughter by Vehicle or Vessel (gross negligence)
Criminal Law §3-303 Rape in the First Degree
Criminal Law §3-304 Rape in the Second Degree
Criminal Law §3-305 Sexual Offense in the First Degree
Criminal Law §3-306 Sexual Offense in the Second Degree
Criminal Law §3-309 Attempted Rape in the First Degree
Criminal Law §3-310 Attempted Rape in the Second Degree
Criminal Law §3-403 Robbery with a Dangerous Weapon
Criminal Law §3-405 (c) Armed Carjacking
Criminal Law §3-502 Kidnapping
Criminal Law §3-503 Child Kidnapping
Criminal Law §3-601 Child Abuse of a Minor in the First Degree
Criminal Law §3-602 Sexual Abuse of a Minor
Criminal Law §9-804 Participation in Criminal Gang
Criminal Law §9-805 Criminal Gang
Criminal Law §11-303 Human Trafficking
Criminal Law §11-305 Abducting a Child under 16 for Prostitution

LIST B

Criminal Law §2-503 Homicide by motor vehicle or vessel while under the influence of alcohol
Criminal Law §2-504 Homicide by motor vehicle or vessel while impaired by alcohol
Criminal Law §3-202 First Degree Assault
Criminal Law §3-203 Second Degree Assault with Finding of DV pursuant to §6-233
Criminal Law §3-203(c) Felony Assault on a Law Enforcement Officer
Criminal Law §3-307 Third Degree Sex Offense
Criminal Law §3-324 Sexual Solicitation of a Minor
Criminal Law §3-402 Robbery with a sentence of 5 years or greater
Criminal Law §3-405 Carjacking
Criminal Law §9-404 First Degree Escape
Criminal Law §3-604 First Degree Abuse of a Vulnerable Adult
Criminal Law §3-701 Extortion
Criminal Law §§3-802-805 Stalking/Harassment/Telephone/Email Misuse with Finding of Domestic Violence pursuant to Criminal Law §6-233
Criminal Law §3-1001 Threat of Mass Violence
Criminal Law §4-106 Wear Body Armor in Drug Traffic Crime/Crime of Violence
Criminal Law §4-107 Possession/Use of body armor
Criminal Law §4-402 Possession of Machine Gun
Criminal Law §4-204 Use of a Handgun During a Crime of Violence
Criminal Law §4-305 Possession of High Capacity Magazines
Criminal Law §4-404 Use of Machine Gun in Crime of Violence
Criminal Law §4-405 Use of Machine Gun for Aggressive Purpose
Criminal Law §4-503 Manufacture or Possession of destructive device

Public Safety §5-133 Possession of a Handgun by a Prohibited Person
 Criminal Law §5-613 Drug Kingpin
 Criminal Law §5-612 Volume Dealer
 Criminal Law §5-621 Use or Possession of a Handgun During the Distribution of CDS
 Criminal Law §6-103 Arson- Second Degree
 Criminal Law §6-202 First Degree Burglary
 Criminal Law §§10-302-306 Hate Crimes except §10-304 as it involves property crimes
 Criminal Law §11-208 Possession of Child Pornography
 Criminal Law §5-602 Distributing, possessing with intent to distribute, or dispensing
 controlled dangerous substance (only if the controlled dangerous
 substance is heroin, fentanyl, or carfentanyl)
 Criminal Law §8-301 Identity Fraud
 Criminal Law §8-801 Financial Crimes Against Vulnerable Adults
 Criminal Law §7-104 Theft Over \$100,000
 Criminal Law §9-306 Obstruction of Justice
 Criminal Law §9-101-102 Perjury/Subordination
 Criminal Law §9-303 Witness Intimidation/Retaliation
 Criminal Law §6-203 Burglary, 2nd Degree
 Criminal Law §6-204 Burglary, 3rd Degree
 Transportation §21-902 Two or more findings of guilt for driving under the influence or
 impaired.

IV. Exceptions to List B Exclusions Based on Years since Conviction or Status as Veteran

- a. Except for an individual with a final criminal conviction for an offense on List A, County funds may be used to represent an individual with a final criminal conviction for an offense on List B if ten years have passed since the individual was released from incarceration and the individual completed the period of probation without a subsequent criminal conviction for any offense or a finding of violation of probation.
- b. Except for an individual with a final criminal conviction for an offense on List A, County funds may be used to represent an individual with a final criminal conviction for an offense on List B if the individual is a veteran of the United States Military who has not received a dishonorable discharge.

Aging and Disability Services



Aging and Disability Services

RECOMMENDED FY20 BUDGET
\$52,710,366

FULL TIME EQUIVALENTS
173.09

✱ **VICTORIA BUCKLAND, ACTING DIRECTOR**

FUNCTION

The staff of Aging and Disability Services shares the Montgomery County vision, where seniors, persons with disabilities, and their families are fully participating members of our community. The mission of this service area is to affirm the dignity and value of seniors, persons with disabilities, and their families by offering a wide range of information, home and community-based support services, protections, and opportunities, which promote choice, independence, and inclusion.

PROGRAM CONTACTS

Contact Odile Brunetto of the HHS - Aging and Disability Services at 240.777.4565 or Joshua Watters of the Office of Management and Budget at 240.777.2768 for more information regarding this department's operating budget.

PROGRAM DESCRIPTIONS

✱ Chief Aging & Disability Services

This program area provides leadership and direction for administration of Aging and Disability Services.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	463,505	3.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	14,052	0.00
FY20 Recommended	477,557	3.00

✱ Aging & Disability Resource Unit

This program area assists seniors, persons with disabilities, and their families, in defining service needs, locating required services, and facilitating the application process to access services.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of callers to the Aging and Disability Resource Unit that received the referrals/information they need	95	96	95	95	95

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	985,502	9.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	16,608	0.00
FY20 Recommended	1,002,110	9.00

Home & Community Based MA Waiver Services

This program area administers and operates Maryland's Long-Term Care Medicaid program, Community First Choice (CFC). CFC Supports Planners and Nurse Monitors provide a continuum of services designed to allow people of all ages and in need of long-term care to live in the community, rather than in institutions.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	2,713,267	10.00
Increase Cost: Adjust Budget for the Community First Choice Nurse Monitoring Program to Address Structural Budget Deficiencies	483,918	0.00
Shift: MFP Opt. Counseling Grant Funds	(96,250)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	166,935	1.00
FY20 Recommended	3,267,870	11.00

Assessment & Continuing Case Management Services

This program area provides multi-disciplinary assessments, care planning, and case management services to frail seniors and adults with disabilities to remedy and prevent abuse, neglect, self-neglect, financial exploitation, or inappropriate institutionalization. Services include Adult Protective Services, Social Services to Adults, and the Public Guardianship Program.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of seniors and adults with disabilities that avoid institutional placement while receiving case management services	94	94	94	94	94
Number on Social Services to Adults (SSTA) waiting list	205	256	328	400	472

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	9,994,396	69.55
Increase Cost: Increase Cost to Senior Care Grant Funds	199,525	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	642,342	0.00
FY20 Recommended	10,836,263	69.55

Community Support Network for People with Disabilities

Community Support Network for People with Disabilities (CSN) provides services that enable individuals to remain in their home or in the least restrictive environment and provides general support, guidance, and assistance to clients with developmental disabilities and their families. This program area coordinates and monitors services and supports (including crisis management, intervention, and school-to-work transition assistance) to clients with developmental disabilities eligible to receive services through the State Developmental Disabilities Administration (Coordination of Community Services Program); provides service coordination to eligible young people funded under the Maryland Home and Community Based Services Waiver for Children with Autism Spectrum Disorder (Autism Waiver Program); and provides financial assistance to State-funded providers who serve adults with developmental disabilities. The My Turn program provides summer camp placements, support, and programmatic/financial assistance to families with children with developmental disabilities ages three to 13 years old. The Customized Employment Public Intern program provides supported employment for adults with developmental disabilities. CSN also conducts site visits to group homes that serve developmentally disabled clients in the County and monitors contracts that provide services to people with various disabilities including visual and hearing impairments.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of adults with developmental disabilities provided case management services that remain at the same level of independence after receiving supportive services in the Coordination of Community Services Program ¹	100	100	99	99	99

¹ This program was restored in the FY16 budget. The program has a cap of 500 clients.

FY20 Recommended Changes

Expenditures FTEs

FY19 Approved

22,288,023 36.75

Re-align: Adjust Funding for the Developmental Disability Services Supplement to Equal Average Percentage of Minimum Wage Actually Paid to Direct Service Providers by Providing Agencies

(1,850,202) 0.00

Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

224,664 0.00

FY20 Recommended

20,662,485 36.75

Assisted Living Services

This program area provides subsidies and case management for low-income seniors who live in group homes for the frail elderly, and adult foster care homes for frail seniors and adults with disabilities.

Program Performance MeasuresActual Actual Estimated Target Target
FY17 FY18 FY19 FY20 FY21

Assisted Living Services - Percentage of clients remaining in community placement (i.e., not entering institutional setting) ¹

95 96 96 96 96

¹ Assisted Living Services derives referrals from Adult Protective Services, which is constantly receiving new cases. The percentage of clients served is projected to remain at 96 percent from FY19-FY21.

FY20 Recommended Changes

Expenditures FTEs

FY19 Approved

2,465,550 7.57

Enhance: Group Senior Assisted Housing Grant Funds

361,657 0.00

Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

52,613 0.00

FY20 Recommended

2,879,820 7.57

Home Care Services

This program area provides personal care assistance to seniors and eligible adults with disabilities who are unable to manage independently due to physical and/or mental impairments. Home Care Services prevent abuse, neglect, and exploitation of vulnerable adults, and enhance overall quality of life by providing personal care, chore assistance, therapeutic support, self-care education, and escorted transportation.

Program Performance MeasuresActual Actual Estimated Target Target
FY17 FY18 FY19 FY20 FY21

Home Care Services - Number of clients served annually ¹

326 279 315 315 315

Home Care Services - Percentage of clients with no unmet personal care needs

94 95 95 95 95

¹ In FY18, the Occupational Therapy budget was not funded, causing the number served to decline. The shift of Social Service to Adults (SSTA) to do APS Cases resulted in the decline in the number of referrals to Home Care Program.

FY20 Recommended Changes

Expenditures FTEs

FY19 Approved

4,420,444 15.00

Increase Cost: Home Care Services Contract

490,000 0.00

Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

35,018 0.00

FY20 Recommended

4,945,462 15.00

Ombudsman Services

This program area investigates and resolves complaints made by residents, staff, and family members in nursing homes and assisted living facilities for seniors and people with disabilities.

Program Performance MeasuresActual Actual Estimated Target Target
FY17 FY18 FY19 FY20 FY21

Ombudsman Services - Percentage of complaints resolved and partially resolved ¹

90 90 88 88 88

¹ The forecast for a decrease is due to a mandated migration to new software for data collection and reduction in volunteer workforce to assist

in complaint resolution. All numbers reported are based on the Federal Fiscal Year Calendar (October 1 - September 30), which means that FY18 numbers are still projections, as are FY19, 20, and 21.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	893,432	7.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	57,548	0.00
FY20 Recommended	950,980	7.50

☀ Respite Care

This program area provides temporary, occasional care of frail seniors, adults and children with disabilities, and children with severe behavioral and/or medical issues to give relief to families and other primary caregivers.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of customers that report a reduction in stress/caregiver burden as a result of receiving respite services	98	100	99	99	99

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	1,246,661	0.00
FY20 Recommended	1,246,661	0.00

☀ Senior Community Services

This program area provides funds for services that help seniors remain independent in the community including: providing technical assistance to community "villages", services for caregivers, legal services, representative payee services, health insurance counseling, "visitor" services, grocery shopping, transportation and mobility management, subsidized employment, and other services.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of Representative Payee clients who report that the volunteer money management service has enabled them to have adequate funds for shelter, food, medical care, and clothes	93	97	97	97	97

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	3,014,579	10.22
Add: Senior Home Sharing Pilot Program	174,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	93,374	0.00
FY20 Recommended	3,281,953	10.22

☀ Senior Nutrition Program

This program area provides lunches to seniors at sites around the County and provides home-delivered meals, nutrition education, and physical fitness activities. It is administered in cooperation with a variety of public, private, and non-profit organizations.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Number of unduplicated customers served in the Senior Nutrition Program ¹	5,760	5,236	5,743	5,743	5,743

¹ All numbers reported are based on the Federal Fiscal Year Calendar (October 1 - September 30), which means that FY18 numbers are still projections, as are FY19, 20, and 21. Numbers for FY18 and after are calculated using revised instructions from the Maryland Department of Aging that now excludes certain home delivered meal participants, resulting in a lower number.

FY20 Recommended Changes		Expenditures	FTEs
FY19 Approved		3,156,540	4.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.		2,665	(1.00)
FY20 Recommended		3,159,205	3.50

PROGRAM SUMMARY

Program Name	FY19 APPR	FY19 APPR	FY20 REC	FY20 REC
	Expenditures	FTEs	Expenditures	FTEs
Aging & Disability Resource Unit	985,502	9.00	1,002,110	9.00
Assessment & Continuing Case Management Services	9,994,396	69.55	10,836,263	69.55
Chief Aging & Disability Services	463,505	3.00	477,557	3.00
Home & Community Based MA Waiver Services	2,713,267	10.00	3,267,870	11.00
Community Support Network for People with Disabilities	22,288,023	36.75	20,662,485	36.75
Assisted Living Services	2,465,550	7.57	2,879,820	7.57
Home Care Services	4,420,444	15.00	4,945,462	15.00
Ombudsman Services	893,432	7.50	950,980	7.50
Respite Care	1,246,661	0.00	1,246,661	0.00
Senior Community Services	3,014,579	10.22	3,281,953	10.22
Senior Nutrition Program	3,156,540	4.50	3,159,205	3.50
Total	51,641,899	173.09	52,710,366	173.09



COMMISSION ON AGING

Montgomery County Commission on Aging FY20 Budget Statement

April 8, 2019

The Commission on Aging (COA) believes that Montgomery County continues to make progress as a Community for a Lifetime for all residents. COA's County budget recommendations are informed by the 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.

Montgomery County must continue to be a community of hope 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. In addition, the County must ensure that all of our older adults are provided with services that enhance their quality of life and have access to housing that is affordable, so that they can remain vital members of our community. These services will help to address the results of the County's 2017 Community Livability survey, which found that residents were concerned about how expensive it is to live on a retirement income. The 2018 M-NCPPC report, Meeting the Housing Needs of Older Adults in Montgomery County, provides the following summary of this 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>."

In addition, the need to intervene to ensure community engagement and reduce social isolation among older adults is vital. People who are isolated are at greater risk of needing long-term care; becoming victims of fraud and elder abuse; dying early; and going to emergency rooms. Their additional health risks lead Medicare to pay \$1608 more per person each year (AARP Public Policy Institute).

The Commission on Aging's FY20 priorities are intended to fight social isolation and to promote safe, affordable living. They include recommendations for recreation, health and social services programs, affordable housing expansion and preservation, and funding that would provide needed support for our vulnerable and vital older adults and their families. Given the current fiscal climate, we have limited our budget requests to those we believe to be of the highest priority.

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

RESPONSE TO FY20 PROPOSED BUDGET

Support for Proposed Budget Items

We appreciate the continued funding of essential supports and services for which we have advocated in the past, including the Long-Term Care Ombudsman Program; funding for home care services; as well as the Mobility Manager, Village Coordinator, Caregiver Support Coordinator, and Age-Friendly Senior Fellow. The FY20 budget also includes several grants of varying amounts to Villages, for a total \$110,520.

Several of the County Executive's affordable housing proposals will benefit older adults.

The proposal for a new Home Sharing Pilot Program could provide an affordable housing option for older adults who own their homes and have a spare room, as well as those who need an affordable place to live. Funding for services to alleviate homelessness will benefit older persons, who in FY18 comprised approximately 10% of those experiencing homelessness in the County. In addition, there are key increases within the Housing Initiative Fund for rental assistance and affordable housing, as well as a proposed increase in transfers from the General Fund for FY20. The funding of two positions in the MPDU program could increase efficiency and enhance services. Montgomery County needs to support a variety of creative affordable housing options for older adults with low and moderate incomes. These proposals are consistent with the COA affordable housing recommendations.

Concern About Proposed Budget Reductions

As much as the Commission applauds the inclusion of the budget items described above, we are concerned about proposed reductions for programs that serve lower income and other vulnerable older adults.

Department of Recreation – 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 looks 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 three budgets, going from \$771,071 in FY17 to \$705,248 in FY18 to \$623,502 in FY19, and now a proposed \$581,257 in FY20. 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 \$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 reduced funding for the Department of Recreation, which resulted in the elimination of two programs that primarily serve lower-income and vulnerable older adults: Friday bus transportation to senior centers and 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.

Cost to restore: \$248,002 (FY19 and FY 20 reduction)

Additional Budget Requests

We also wish to highlight some additional budget priority items that the Commission requested but are not reflected in the County Executive's budget proposal. These services provide crucial protection and support for our most vulnerable residents, and we urge the Council to consider funding them.

Senior Center 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 tremendously from Senior Center Plus.

Montgomery County lags behind neighboring jurisdictions in providing this 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 \$1 million in county funds.

JCA operates a small early stage memory loss program in Germantown with private grant funds and County-provided space, serving 8 people/2 days per week on a sliding fee scale. In FY19, JCA received a County grant to start a second program in Mid-County or East County, in partnership with the Recreation Department. As a result, a once-a-week program is offered at Margaret Schweinhaut Senior Center. Funding for a second day each week at Schweinhaut would enhance participation and benefits received, including reducing social isolation for these vulnerable adults.

Cost to add a second day: \$40,000

Respite Program – Increases in Rates and Services Requests

DHHS contracts with The Arc Montgomery County to provide respite services to unpaid, live-in, primary caregivers, who are typically family members. Respite services can provide relief for a caregiver for a few hours, a day, a weekend, or sometimes longer. Respite services can be provided in the home or in approved respite facilities. Services may be provided at two levels: supervisory and personal care (Level I agency), and skilled nursing care (Level II).

The Respite Program budget has absorbed recent increases in Level I agency rates (from \$14.50 to \$20/hour) and Level II (nursing level) rates (from \$25 to \$34/hour) without additional ongoing funding. The Level I rate increases are a result of the need to have rates comparable to other in-home/personal care programs and to meet increases to the County's minimum wage. The Arc is requesting an additional rate increase to the Level I rate for Respite Care Provider agencies from \$20/hour to \$22/Hour for FY20. Additional County monies are needed to fund this rate increase without impacting service to clients.

While respite services can be provided in the home, service providers report that more of their clients are choosing to have their loved ones receive care in an approved respite facility. In addition to the rate increase,

there is also a need for additional funding to cover costs for those clients who require 24-hour care in a respite facility.

The FY19 budget recognized the need to assist certain other direct service providers with meeting minimum wage requirements for their employees. Respite care is another area where this financial assistance is needed. Without additional money to assure that direct care providers receive the minimum wage they are due, current service levels may need to be reduced.

Cost to implement: \$130,000

Public Guardianship Program - Social Worker Position

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% increase in the number of clients over the last four years. Public Guardianship program caseloads are likely to continue to increase, as the program is closely tied to Adult Protective Services (APS), which investigates referrals of abuse, neglect, self-neglect and financial exploitation of vulnerable adults. The caseload for APS is at an all-time high. Investigations increased by 24% from FY13 to FY17. From FY17 to FY18, the increase was 11.4%. August 2018 saw the highest caseload in the program's history, with 119 open cases. In FY18, 34% of APS cases involved financial exploitation of a vulnerable adult.

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

Cost to implement: \$99,000

Coordinator of Outreach and Support to Older Adults in Diverse Communities

While the County's older adult population will not transition to being majority-minority until around 2027, we do have large racial and ethnic older adult minority populations. Approximately 14% of County residents age 60 and older are Asian, 13% are Black or African-American, and 8% identify as Hispanic or Latino. HHS Aging and Disability Services conducts outreach and provides services to ethnic and racial communities through its work in transportation, health and wellness, village coordination, caregiver supports, and senior nutrition programming. The Office of Community Partnerships includes liaisons to the various populations that comprise the Montgomery County community. Other County agencies and departments also engage in outreach efforts.

In June 2018, COA identified five communities with large or growing older adult populations in the County: Vietnamese, Korean, Ethiopian, Salvadoran, and African-American. We convened a panel of representatives from these communities for a moderated discussion of the issues and challenges that they face. We continued our exploration of these important issues 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. These programs made clear that despite HHS, OCP, and other department efforts, many older adults in these diverse communities face unique challenges and continue to be isolated and unaware of the services and programs available to them.

COA recommends that the County create a new position – Coordinator of Outreach and Support to Older Adults in Diverse Communities. The proposed position, which could be a Senior Fellow, would develop and lead a newly developed Diverse Communities Coordinating Council (or similar entity) of leaders representing older adults in their communities. The Coordinating Council would identify needs and resources and work with various resources including within their communities, county government, non-profits and for-profit sectors to address these needs.

Cost to create a Senior Fellow position: \$26,000

Housing Initiative Fund (HIF) Increase

COA appreciates the County Executive's and 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.

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.

Finally, 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.

Moderately-Priced Dwelling Unit (MPDU) Program Expansion

The County's Moderately-Priced Dwelling Unit (MPDU) program includes homeownership and rental components. The rental component of the MPDU program requires that that landlords set aside a certain percentage (currently 15%, with some exceptions) of units for low- and moderate-income households. The County uses the HIF to subsidize rents on these units.

The County should make the MPDU program more accessible to households earning less than 65% of Area Median income by requiring a larger base set aside of 15% or more for all new developments, expanding HIF rent subsidies of MPDU units and adopting a sliding scale of income targets and set aside percentages that could assist individuals below 50% of AMI. (Recommendation from 2017 Summer Study).

Affordable Housing: User Friendly Database and Streamlined Application Process

A primary challenge for individuals seeking affordable housing is the difficulty of navigating multiple complex programs that serve a broad population and are administered by dozens of private and public entities. The 2018 M-NCPPC report, Meeting the Housing Needs of Older Adults in Montgomery County, lists 37 senior affordable housing rental communities governed by ten federal or state programs. COA recommends creating a user-friendly searchable database to help older adults, those assisting them, and other county residents navigate affordable housing options.

The Housing Opportunities Commission operates an on-line application program, Housing Path, that funnels on-line applications to the appropriate entry point, "based on household size, income, age and other factors," including into the federal Section 8 Housing Choice Voucher program and to other affordable communities that

HOC owns and/or operates. This application program does not include privately operated affordable housing options.

At one time, the Montgomery County Department of Housing and Community Affairs website hosted an on-line Apartment Rental Guide. Data for the site was extracted from the annual Rental Housing Survey and included rich supplemental information such as maps, bus routes and school districts. The user could filter according to needs such as housing for seniors, persons with disabilities, and affordable programs. DHCA is currently updating this resource.

COA recommends that the County consider developing an on-line, single point of entry, comprehensive listing tool like the Apartment Rental Guide, and that this site be enhanced to include:

- A universal application
- Live data to supplement Annual Rental Housing Survey data
- Integration into portals for affordable housing programs such as Public Housing, Section 8, and MPDU rentals.
- Automated response to inquiries to include: programs for which resident is eligible, wait list information and status, and contact information for a person associated with each program for which the resident is eligible.

COA further recommends that the County implement a robust roll-out campaign to include inter-agency training, property management industry training, and resident education.

Conclusion

The Commission on Aging understands the need for strategic fiscal management in uncertain times, and we appreciate the County Executive's and the County Council's commitment to serving the needs of older adults.

With the number of County residents 65 years of age and older increasing by approximately 10,000 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.



Commission on People with Disabilities
Testimony before the County Council
FY20 Operating Budget
April 8, 2019
Seth Morgan, MD, Chair

Pedestrian and Bicycle Safety as it Relates to People with Disabilities

Common sense road improvements is not a term that applies to the County's current bicycle master plan. Many of the Commissioners have become quite concerned about the increase in bicycle lanes, floating bus stops, parking along a bike lane, two stage turn queue and bike boxes and concerned about the safety of pedestrians who have a disability. It is observed that many bicyclists do not obey traffic rules such as stopping at stop signs. People who are blind cannot see them and people who are deaf cannot hear them coming from behind.

Of particular note, Mr. Charles Crawford who is blind and past Vice Chair of our Commission, remarked even as we have made good progress in securing a safer and accessible pedestrian environment in our county, recent efforts to accommodate bicyclists in the same space as used by vehicles and pedestrians, have struck fear into the hearts of persons with disabilities. This fear results from the changes to our infrastructure as evidenced by floating bus stops, having to cross bicycle lanes to get to a bus stop, having to cope with roundabouts with little to no traffic control favoring the pedestrians, with the coming appearance of e-bikes, e-scooters, self-driving vehicles and to increasingly complex intersection crossings designed with little regard for the ability of pedestrians who have a disability to manage the crossings. It is the considered opinion of Mr. Crawford that all planning and work done to facilitate traffic, pedestrian, and other transportation modes, must be done with the information available from experts in disability mobility methodologies, so as to assure all persons that they matter and the County will not disregard their needs.

We recommend that if you are going to build bike lanes to make them separate shared use paths and not mix them with pedestrians and cars. We ask that you halt the current installation and take better consideration of the needs of people who are blind, have mobility limitation or use wheelchairs, or are deaf. We would urge a careful examination of some of the previous design failures of protected bike lanes (the City of London had a lawsuit around their floating bus lanes, and Boulder, Boise, and Memphis a few years ago all scaled back their protected bike lanes.)

With the increased housing development, our mostly older roads can barely handle the dense traffic we have now with some lanes marked giving permission to the bicyclist to

take the whole lane? Plans are to paint some of the intersections green and white. Service animals cannot tell color. Does the County make a funding priority of bicycle lanes/trails when we do not have sidewalks in all of our neighborhoods where there are elementary schools and children walk in the roads amongst parked vehicles? There is also the issue of modifying the roads where few bikers use the road and the County has taken out parking spaces. One Commissioner who works at Nebel and Nicholson Lanes reports that parking spots were taken out and bike lanes were put in and narrowed the streets. She reports that she has never seen a bicyclist there. She reports that in inclement weather it does not feel safe to drive on these roads. One has to ask how safe is cycling or being a pedestrian in Montgomery County?

In the book City on the Line written by Andrew Klein, CAO he writes of a staff person not in support of a bike master plan for Baltimore. On page 135 he writes about an employee who was on a Results Team who was ever mindful of what she calls "the two Baltimores" divided between black and white, rich and poor. In one instance she advocated for a Planning Department proposal to engage underserved neighborhoods that are often overlooked by urban designers. In another, she found herself outnumbered as she argued against funding for a bike master plan. Invoking "spatial injustice" she raised concerns that bike lanes would serve only an elite sliver of Baltimoreans while promoting gentrification and taking up limited roadway space making long commutes even longer for those who do not have the luxury of living and working near downtown. "Most of my teammates had sold their cars," she says. "They weren't in touch with how the other half lives."

Transportation Services Improvement Fund

We request that the Council continue to monitor the Transportation Services Improvement Fund. The fund is the result of a 25 cent surcharge per ride for trips originating in the County for Transportation Network Companies, such as Uber and Lyft, because their vehicles are not accessible to people who use wheelchairs. We ask that you closely monitor the fund to improve significantly the availability and reliability of accessible transportation options in the County for those that need them.

Initiative to Improve Early Screening, Diagnosis, and Intervention for Infants and Toddlers with Developmental Delays

The Commission supports the new push on early childhood education, and we want to ensure that our youngest children with delays are fully included and funded. The Infants and Toddlers program reports that pediatricians do not always do 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 an 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 Disabilities—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 disability. Because

of the brain plasticity of the young child's mind, evidence-based interventions dramatically improve outcomes for children with serious developmental disabilities when administered early in the child's development. Nonetheless, most children with serious developmental disabilities in the County either do not receive appropriate intervention or receive it when they are too old to benefit fully from it. Funding this initiative will ensure that County children under three with developmental disabilities obtain the interventions they desperately need. The initiative's multi-prong approach includes the promotion of an electronic screening and data management tool among area pediatricians and county clinics, expansion of efforts at the Montgomery County's Infants and Toddlers Program (MCITP) to quickly diagnose infants and toddlers screened positive for developmental conditions such as autism, and the adoption of electronic tools and new strategies to expedite referrals to MCITP and to evidence based interventions after the identification of a developmental disability. We note that for a number of years, Prince George's County has engaged in outreach with area pediatricians to promote screenings for developmental disabilities, and we believe our County should be doing the same.

Caregiver Support – Respite Care

The Commission is requesting \$69,450 to increase the Level I Respite Care rate from \$20 to \$22. The County's Respite Program is administered via a contract with The Arc Montgomery County. The Level II (skilled nursing) rate increased on July 1, 2016 from \$25.00 to \$34.00 rate, and the department has approved 2 rate increases for Level I services (for agencies only) in the past two fiscal years (from \$14.50 to \$17.50 and then from \$17.50 to \$20) without additional ongoing funding for the four targeted populations mentioned in the contract. This includes –

Children and adults with intellectual/developmental disabilities,
Children with challenging behaviors, or
Children or adults with functional disabilities (Diabetes, cancer, MS, Lupus, and
Adults who are 60 and older.

- Eligibility is limited to families not receiving DDA or other state funded services that provide in home supports.
- Families can choose from many respite care venues, including the family home, community and recreational programs, camps, and approved respite facilities.

Bill No. 35-17
Concerning: Finance -- Payments to
Service Providers
Revised: 12/04/2017 Draft No. 5
Introduced: October 31, 2017
Enacted: December 12, 2017
Executive: December 18, 2017
Effective: March 19, 2018
Sunset Date: None
Ch. 37, Laws of Mont. Co. 2017

COUNTY COUNCIL FOR MONTGOMERY COUNTY, MARYLAND

Lead Sponsor: Council President Berliner
Co-Sponsors: Councilmembers Leventhal, Elrich, Katz, Floreen, Rice, Hucker, Council Vice-President Riemer and Councilmember Navarro

AN ACT to:

- (1) provide for an annual payment to certain providers of direct services to persons with developmental disabilities;
- (2) require the Director of ~~[[Finance]]~~ Health and Human Services to consider certain factors in ~~[[setting]]~~ recommending the amount of the payment;
- (3) establish eligibility standards for a provider to receive the payment; and
- (4) generally amend the law governing payments to service providers.

By adding

Montgomery County Code
Chapter 20, Finance
Article XVI, Payments to Service Providers
Section 20-83

Boldface	<i>Heading or defined term.</i>
<u>Underlining</u>	<i>Added to existing law by original bill.</i>
[Single boldface brackets]	<i>Deleted from existing law by original bill.</i>
<u>Double underlining</u>	<i>Added by amendment.</i>
[[Double boldface brackets]]	<i>Deleted from existing law or the bill by amendment.</i>
* * *	<i>Existing law unaffected by bill.</i>

The County Council for Montgomery County, Maryland approves the following Act:

Sec 1. Article XVI (Section 20-83) is added to Chapter 20 as follows:

ARTICLE XVI. Payments to Service Providers.

20-83. Payment to providers of direct services to persons with developmental disabilities.

(a) Definitions. In this Section:

(1) Developmental disability means developmental disability as defined in Section 7-101 of the Health - General Article of the Maryland Code.

(2) Direct service worker means an employee of a service provider that provides direct treatment or services to persons with developmental disabilities for at least 50[[%]] percent of their work hours.

(3) [[Director means the Director of the Department of Finance.

(4)] Service provider means an organization providing direct residential, meaningful day (including employment and community development services) or support services to clients through the Developmental Disabilities Administration of the Maryland Department of Health.

(b) Payment. Each year, to the extent that funds are appropriated, the Director of Finance must make a payment to each eligible service provider in recognition of the higher cost of living in Montgomery County compared to other parts of Maryland.

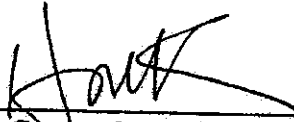
(c) [Amount] Recommended amount of payment. [[In calculating the payment, the]] The Director of Health and Human Services must, by February 1 of each year, recommend to the Executive and Council the amount of the payment, [[consider]] considering:

(1) the State reimbursement rates to service providers; [[and]]

(2) the total cost of providing services, including wages; and


- 29 (3) the additional operating support needed to allow each service
 30 provider to pay direct service workers, on average, 125[[[%]]
 31 percent of the County minimum wage.
- 32 (d) Eligibility for payment. To receive a payment under this Section, a
 33 service provider must:
- 34 (1) demonstrate to the Department of Health and Human Services
 35 that it pays direct service workers at a rate specified in the
 36 Council's current operating budget resolution; and
- 37 (2) meet any other eligibility standards set in regulation.
- 38 (e) Regulations. The Executive may issue regulations under Method (2) to
 39 implement this Section.

Approved:




Hans D. Riemer, President, County Council
12-13-2017
Date

Approved:



Isiah Leggett, County Executive
Dec 18, 2017
Date

This is a correct copy of Council action.



Linda M. Lauer, Clerk of the Council
Dec 19, 2017
Date



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Marc Elrich
County Executive

Victoria Buckland
Acting Director

MEMORANDUM

February 20, 2019

TO: Nancy Navarro, President
Montgomery County Council

FROM: Victoria Buckland, Acting Director
Department of Health and Human Services *Victoria G. Buckland*

SUBJECT: Department of Health and Human Services
Fiscal Year 2020 Development Disabilities Supplement

As per Bill 35-17, I am providing the projected amount of funding necessary in the Developmental Disabilities Supplement in order to allow each service provider to pay direct service workers, on average, 125% of the County minimum wage. For Fiscal Year 2020, we project that the total amount of funding needed would be \$18,950,893.

VB:al

Office of the Director

Montgomery County InterACC/DD

(Jubilee Assn) 10408 Montgomery Ave. Kensington, Md. 20895
Co-Chair, Tim Wiens (twiens@Jubileemd.org)

**Testimony to the Montgomery County Council
Regarding the FY20 Operating Budget
Tim Wiens, Co-Chair Inter ACC/DD
Executive Director of Jubilee Association
April 9, 2019
Testimony**

Inter ACC/DD is a coalition of 30 providers of adult services supporting over 3,850 Montgomery County residents who have developmental disabilities. The coalition represents \$135 million in annual revenue from the Maryland Developmental Disabilities Administration (DDA). The coalition employs more than 4,350 staff.

Background: For over 40 years, Montgomery County Government has provided a match to leverage state-funded services for county residents with intellectual and other developmental disabilities. These critical funds are paid on behalf of each county resident directly to local provider agencies licensed and funded by the Maryland Developmental Disabilities Administration (DDA) to supplement wages of provider agencies supporting people in residential, employment, day, and community support services. There are currently more than 3,850 Montgomery County residents with intellectual and developmental disabilities receiving these supports.

Bills 28-17 & 35-17; In 2018 The County Council unanimously passed Bill 35-17 Finance- Payments to Service Providers. This bill established in law a requirement that each year, to the extent that funds are appropriated, the Director of the Department of Finance shall pay each service provider the additional support needed to allow each service provider to pay direct service workers, on average, 125% of the County minimum wage. The FY19 County budget included funding to fulfill the promises of this law.

Implementation of Minimum Wage Requirements in Montgomery County: It has been the goal of Montgomery County Inter ACC/DD, since the County first increased its minimum wage law four years ago, to maintain our average Direct Support Professional hourly wage at 125% of the County's minimum wage. Montgomery County has provided the funding during the last four years to keep us at or close to that position. Our methodology for calculating what we need is the difference between the State DDA wage factor in our rates and what we need to be at 125% of minimum wage. The wage factor included in the State DDA rate for Direct Support wages is presently (FY19) \$12.09/hour. Maryland DDA did increase its rates by 3.5% in its FY20 budget, and so the DDA wage factor in FY20 will be \$12.51.

With the Montgomery County minimum wage going up to \$12.50 an hour on 7/1/19, for non-profits and small businesses it means that Montgomery County agencies would need to pay an average wage of \$15.63 to stay at 125% of the County's minimum wage. Based

Abilities Network/EFCR, The Arc of Montgomery County, CALMRA, CHI Centers, Community Support Services, Inc., Compass Inc., Full Citizenship, CSAAC, Head Injury Rehab and Referral, Jewish Foundation for Group Homes, J.P. Kennedy Institute, Jubilee Assn., R.O.I., SEEC, The Rock Creek Foundation, Treatment and Learning Centers and other providers and government agencies serving individuals with developmental disabilities.

Montgomery County InterACC/DD

(Jubilee Assn) 10408 Montgomery Ave. Kensington, Md. 20895

Co-Chair; Tim Wiens (twiens@Jubileemd.org)

on the numbers that the Montgomery County Department of Health and Human Services (DHHS) collected for FY18 from our agencies, and with average projections in growth of 4.5%, Montgomery County would need to add \$1,388,718 to the DD Supplement in FY20 to meet this goal. Attached to our written testimony is the chart prepared with DHHS staff showing these calculations.

The County Executive has proposed reducing the DD Supplement to be \$1.8m less than the FY19 appropriation. This is being done because of a difference of understanding of the requirements of the law. The Executive and DHHS staff believe to comply the base hourly wage must be at 125%. Inter ACC/DD understood that the base hourly wage always needs to be at or above the County minimum wage but that the average wage, to reach 125% is determined by dividing the total wages paid to direct service employees by the total hours worked. The biggest variable that this difference of understanding takes into account is the use of overtime as part of the calculation of the average. Overtime and bonuses have always been included in wage data that has been collected by County Department of Health & Human Services. Under the DHHS calculation the majority of agencies receiving the supplement are out of compliance, under the Inter ACC/DD assumption the majority of agencies are in compliance.

Reducing agencies funding that are out of compliance either because of a difference of understanding or for other reasons will not lead to the desired outcomes that everyone shares regarding this law, which is to pay direct service staff a living wage. Agencies whose funding is reduced will fall further and further behind in their ability to not only meet the 125% standard but even their ability to comply with the County minimum hourly wage.

We urge the Council to fully fund the FY20 DD Supplement and to work with service providers to develop regulations for the law which will clearly lay out expectations for compliance and consequences for noncompliance. Inter ACC/DD agencies are fully in support of being held accountable for spending the money in line with the legislative intent, we just need to be clear about what that intent is, so that we can determine the resources needed to meet that intent.

We are requesting that you include an additional \$3,188,718 in the FY20 budget for the DD Supplement to restore the \$1.8m that the County Executive cut and to include the additional \$1,388,718 that is necessary to keep us at 125% in FY20 for the DD Supplement, using the current agreed upon formula.

The jobs our Direct Support staff do, caring for our most vulnerable citizens, are not minimum wage jobs. This increase will allow our agencies to keep the wages of our direct service employees above minimum wage and to maintain a salary grid that recognizes longevity, performance and education

Abilities Network/EFCR, The Arc of Montgomery County, CALMRA, CHI Centers, Community Support Services, Inc., Compass Inc., Full Citizenship, CSAAC, Head Injury Rehab and Referral, Jewish Foundation for Group Homes, J.P. Kennedy Institute, Jubilee Assn., R.O.I., SEEC, The Rock Creek Foundation, Treatment and Learning Centers and other providers and government agencies serving individuals with developmental disabilities.

FY20 DD Supplement Projection based on DSP Hours and the Minimum Wage with Projected DDA Wage Factor

DSP HOURS - PROJECTIONS (BASED ON WAGE SURVEYS)	
4,890,058	FY15 hours
5,030,495	FY16 hours per FY17 wage survey (2.9% Increase from FY15)
5,422,248	FY17 hours per FY18 wage survey (7.8% Increase from FY16)
5,576,715	FY18 actuals per FY19 wage survey (2.8% Increase from FY17)
5,827,667	FY19 projection (assumes a 4.5% increase - the average increase over the last 3 FYs)
6,089,912	FY20 projection (assumes a 4.5% increase)

Based on FY18 direct service hours data from the FY19 Wage Survey									
Year	County Min Wage	County Min Wage*125%	DDA Wage Factor *	Difference between 125% of County Min Wage and DDA Wage Factor	Supplement Needed to Maintain Wages (on average) at 25% above Min Wage	FY19 Approved DD Supplement Allocation	Add'l \$/hr Funded by FY19 base Supplement	% Above County Min Wage (based on FY19 allocation)	Additional Funding Needed to maintain wages at 125% (on average) - using the FY19 approved amount (\$17.5M) as the base
FY20 7/1/2019	12.5	15.63	12.51	3.11	18,950,893	17,562,175	2.88	23.2%	1,388,718

* Assumes a 3.5% increase to the DDA Wage Factor for FY20 (based on the Governors proposed budget)

60

Explanation for charts of wage data

The first chart shows the base wages paid by the 32 providers during one pay period in September 2018. This data forms the base for the subsequent four charts. In March 2019, the Department of Health and Human Services undertook an update to the wage data collected. Nine providers responded.

- Chart 1: base wages in September 2018
- Chart 2: base wages plus overtime in September 2018
- Chart 3: base wages in September 2018 with March 2019 updates for the nine providers that responded (providers are noted by being outlined in black)
- Chart 4: base wages plus overtime in September 2018 with March 2019 updates for the nine providers that responded (providers are noted by being outlined in black)
- Chart 5: base wages in September 2018 plus all wage categories for providers that responded to the March 2019 update (providers are noted by being outlined in black)

Black box

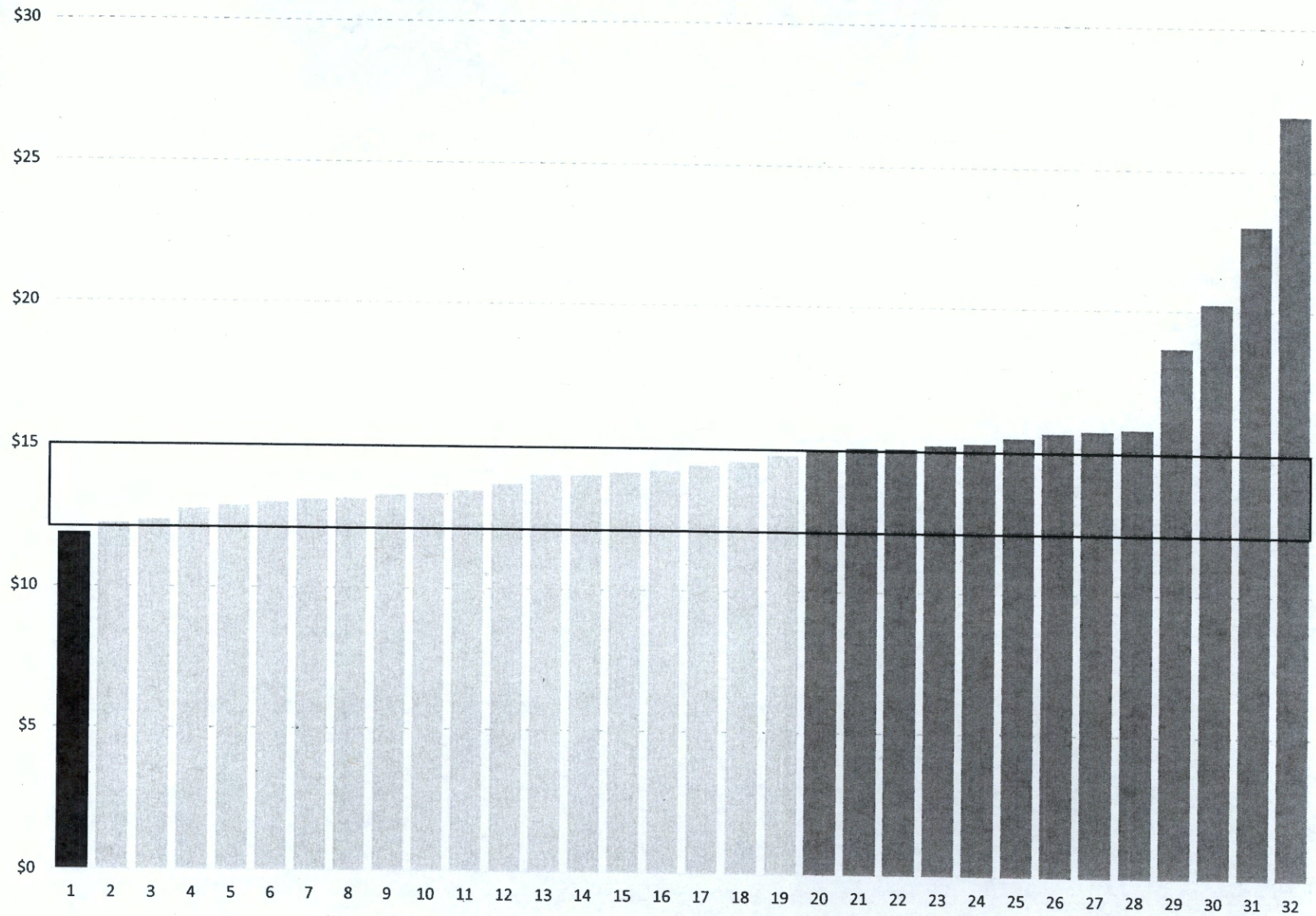
The black box that appears on each chart represents the change in salary level that the supplemental is calculated to make. The lower line of the box is at the wage rate that the state uses to set its rates. The upper line of the box is at 125% of the County minimum wage.

Color coding

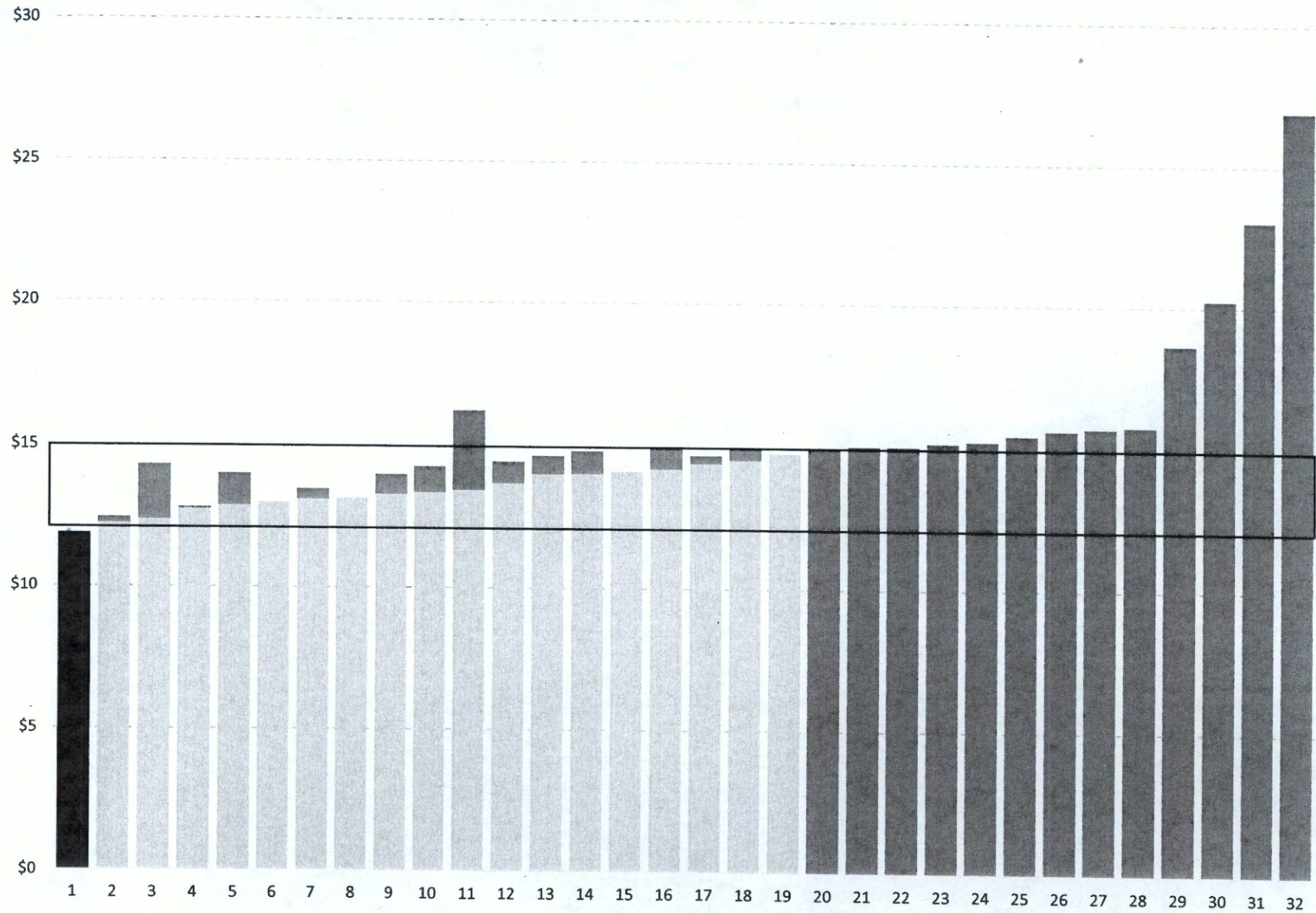
In the charts, the colors of the bars have the following meanings.

- Red: the provider's base wage is below the state wage rate
- Yellow: the provider's base wage is above the state wage rate but below 125% of the County minimum wage
- Green: the provider's base wage is at or above 125% of the County minimum wage
- Orange: portions in orange show the differential amount that overtime or other wage categories add to the provider's base wage. If those differentials are sufficient to bring a provider at or above 125% of the County minimum wage, the differential has been recolored as green.

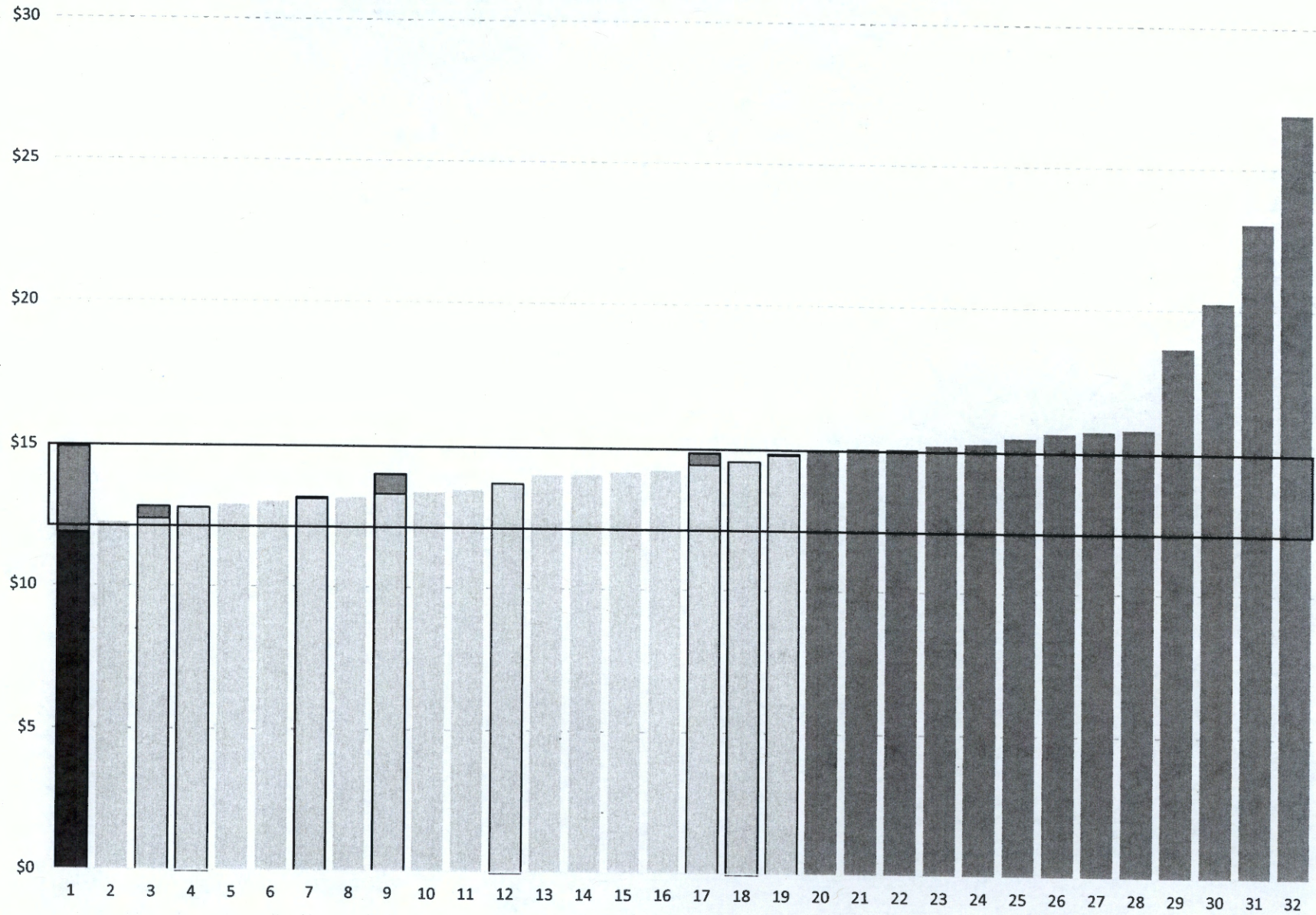
Average DSP Hourly Rate without OT - Sept. 2018



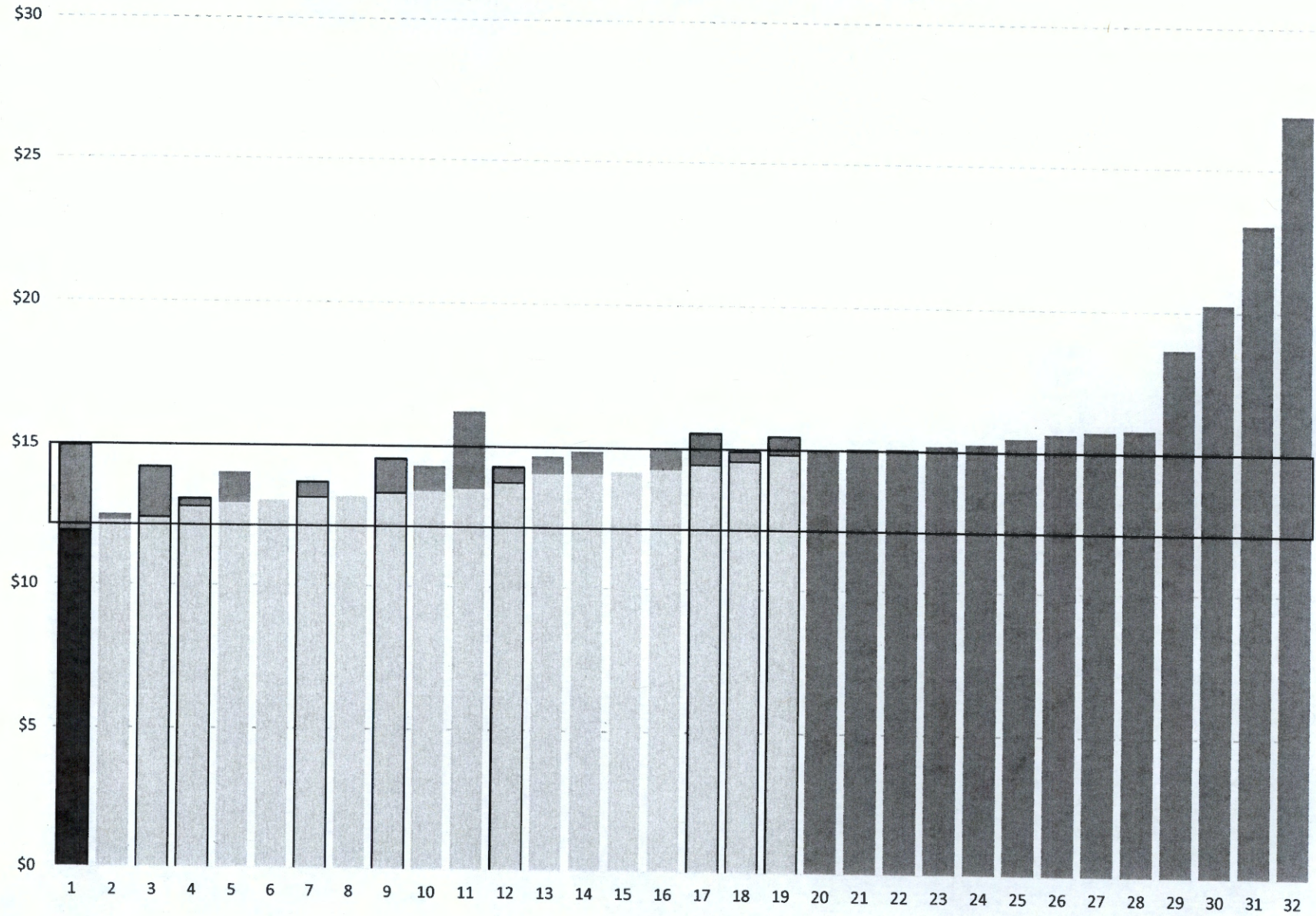
Average DSP Hourly Rate with OT - Sept. 2018



Average DSP Hourly Rate without OT - March 2019 update

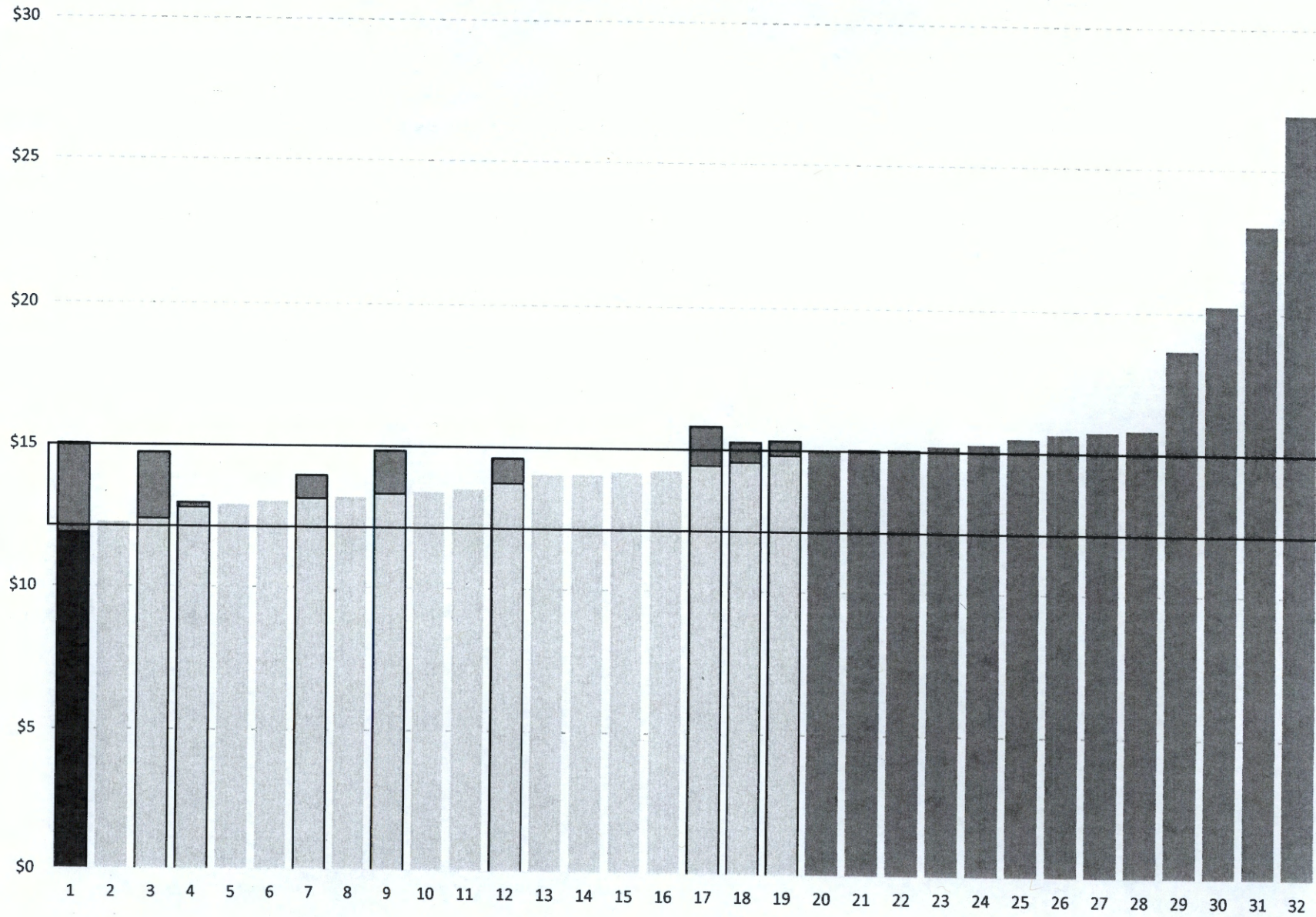


Average DSP Hourly Rate with OT - March 2019 update



65

Gross Pay / Total Hours - March 2019 update



6. Section G of this resolution lists the entities designated to receive non-competitive contract awards under Section 11B-14(a)(4) of the County Code, which states: "A contract may be awarded without competition if the Chief Administrative Officer makes a written determination that the contract award serves a public purpose and a proposed contractor has been identified in a grant or appropriation resolution approved by the Council." Appropriations for these awards are included in the departmental and non-departmental appropriations in Sections A through F. The Chief Administrative Officer has determined that the entities listed in Section G serve a public purpose and contract awards are in the public interest. The amounts listed in Section G are estimates only and may vary due to changed circumstances. The Council in Resolution 14-490 adopted the process to designate entities under this provision.

- 7. This resolution appropriates \$7,872,486 to the Department of Health and Human Services to provide a supplement to organizations providing direct services to clients of residential, community supported living arrangements, day habilitation, or supportive employment provided through the Developmental Disabilities Administration. The Council intends that the majority of these funds should be used to increase the pay of direct service providers in recognition of the higher cost of living in Montgomery County compared to other parts of Maryland. In order to receive this supplement, an organization must demonstrate to DHHS that its hourly wage exceeds the minimum State pay for the appropriate program. Beginning in FY 2014, each organization must report to DHHS on the amount of funds used to improve hourly pay. Beginning in FY 2015, the Council expects each organization to allocate 75% of any supplement received to improve hourly pay.

Section G of this resolution includes entities eligible to receive this non-competitive payment.

8. If an error in the name of an entity or the stated purpose for a non-competitive contract identified in Section G does not alter the substance of the Chief Administrative Officer's determination and Council's approval of the award, the Director of the Department of General Services may proceed with the non-competitive contract without an amendment to Section G. The Director of the Department of General Services must notify the Council within 7 days after making each determination.
9. In the following agency budgets, the Council appropriates payments to the Risk Management Liability and Property Coverage Self-Insurance Fund. The Director of Finance must transfer the following amounts from the respective appropriations for County Government, the Montgomery County Public Schools, and Montgomery College to the Risk Management Liability and Property Coverage Self-Insurance Fund on or immediately after July 1, 2012. The Director of Finance must notify the Maryland-National Capital Park and Planning Commission that its contribution to the Fund is due on or immediately after July 1, 2012.

FY14

6. Section G of this resolution lists the entities designated to receive non-competitive contract awards under Section 11B-14(a)(4) of the County Code, which states: "A contract may be awarded without competition if the Chief Administrative Officer makes a written determination that the contract award serves a public purpose and a proposed contractor has been identified in a grant or appropriation resolution approved by the Council." Appropriations for these awards are included in the departmental and non-departmental appropriations in Sections A through F. The Chief Administrative Officer has determined that the entities listed in Section G serve a public purpose and contract awards are in the public interest. The amounts listed in Section G are estimates only and may vary due to changed circumstances. The Council in Resolution 14-490 adopted the process to designate entities under this provision.

- 7. This resolution appropriates \$8,469,101 to the Department of Health and Human Services to provide a supplement to organizations providing direct services to clients of residential, community supported living arrangements, day habilitation, or supportive employment provided through the Developmental Disabilities Administration. The Council intends that the majority of these funds should be used to increase the pay of direct service providers in recognition of the higher cost of living in Montgomery County compared to other parts of Maryland. In order to receive this supplement, an organization must demonstrate to DHHS that its hourly wage exceeds the minimum State pay for the appropriate program. Beginning in FY 2014, each organization must report to DHHS on the amount of funds used to improve hourly pay. Beginning in FY 2015, the Council expects each organization to allocate 75% of any supplement received to improve hourly pay.

Section G of this resolution includes entities eligible to receive this non-competitive payment.

8. If an error in the name of an entity or the stated purpose for a non-competitive contract identified in Section G does not alter the substance of the Chief Administrative Officer's determination and Council's approval of the award, the Director of the Department of General Services may proceed with the non-competitive contract without an amendment to Section G. The Director of the Department of General Services must notify the Council within 7 days after making each determination.
9. In the following agency budgets, the Council appropriates payments to the Risk Management Liability and Property Coverage Self-Insurance Fund. The Director of Finance must transfer the following amounts from the respective appropriations for County Government, the Montgomery County Public Schools, and Montgomery College to the Risk Management Liability and Property Coverage Self-Insurance Fund on or immediately after July 1, 2013. The Director of Finance must notify the Maryland-National Capital Park and Planning Commission that its contribution to the Fund is due on or immediately after July 1, 2013.

contract may be awarded without competition if the Chief Administrative Officer makes a written determination that the contract award serves a public purpose and a proposed contractor has been identified in a grant or appropriation resolution approved by the Council." Appropriations for these awards are included in the departmental and non-departmental appropriations in Sections A through F. The Chief Administrative Officer has determined that the entities listed in Section G serve a public purpose and contract awards are in the public interest. The amounts listed in Section G are estimates only and may vary due to changed circumstances. The Council in Resolution 14-490 adopted the process to designate entities under this provision.

- 7. This resolution appropriates \$9,426,421 to the Department of Health and Human Services to provide a supplement to organizations providing direct services to clients of residential, community supported living arrangements, day habilitation, or supportive employment provided through the Developmental Disabilities Administration. In order to receive this supplement, an organization must demonstrate to the Department that at least 75% of the funding is being used to increase the pay of direct service workers in recognition of the higher cost of living in Montgomery County compared to other parts of Maryland. Each organization must document to DHHS that the funds are being used for this purpose. Section G of this resolution includes entities eligible to receive this non-competitive payment.
8. If an error in the name of an entity or the stated purpose for a non-competitive contract identified in Section G does not alter the substance of the Chief Administrative Officer's determination and Council's approval of the award, the Director of the Department of General Services may proceed with the non-competitive contract without an amendment to Section G. The Director of the Department of General Services must notify the Council within 7 days after making each determination.
9. In the following agency budgets, the Council appropriates payments to the Risk Management Liability and Property Coverage Self-Insurance Fund. The Director of Finance must transfer the following amounts from the respective appropriations for County Government, the Montgomery County Public Schools, and Montgomery College to the Risk Management Liability and Property Coverage Self-Insurance Fund on or immediately after July 1, 2014. The Director of Finance must notify the Maryland-National Capital Park and Planning Commission that its contribution to the Fund is due on or immediately after July 1, 2014.

\$19,547,940	County General Fund Risk Management Non-Departmental Account
9,240,674	County Special, Enterprise, and Internal Service Funds Contributions
16,525,778	Fire and Rescue System – Fire Tax District Funds
18,668,897	Montgomery County Public Schools
1,488,554	Montgomery College
1,010,050	Maryland- National Park and Planning Commission

contractor has been identified in a grant or appropriation resolution approved by the Council." Appropriations for these awards are included in the departmental and non-departmental appropriations in Sections A through F. The Chief Administrative Officer has determined that the entities listed in Section G serve a public purpose and contract awards are in the public interest. The amounts listed in Section G are estimates only and may vary due to changed circumstances. The Council in Resolution 14-490 adopted the process to designate entities under this provision.

- 7. This resolution appropriates \$10,542,529 to the Department of Health and Human Services to provide a supplement to organizations providing direct services to clients of residential, community supported living arrangements, day habilitation, or supportive employment provided through the Developmental Disabilities Administration. In order to receive this supplement, an organization must demonstrate to the Department that at least 75% of the funding is being used to increase the pay of direct service workers in recognition of the higher cost of living in Montgomery County compared to other parts of Maryland. Each organization must document to DHHS that the funds are being used for this purpose. Section G of this resolution includes entities eligible to receive this non-competitive payment. For FY 2016, \$10,395,841 is expected to be the equivalent of 8.0% of projected revenue the organizations will receive from the Developmental Disabilities Administration. In addition, \$146,688 is provided to assist organizations in maintaining a 25% differential from the minimum wage.
8. If an error in the name of an entity or the stated purpose for a non-competitive contract identified in Section G does not alter the substance of the Chief Administrative Officer's determination and Council's approval of the award, the Director of the Office of Procurement may proceed with the non-competitive contract without an amendment to Section G. The Director of the Office of Procurement must notify the Council within 7 days after making each determination.
9. In the following agency budgets, the Council appropriates payments to the Risk Management Liability and Property Coverage Self-Insurance Fund. The Director of Finance must transfer the following amounts from the respective appropriations for County Government, the Montgomery County Public Schools, and Montgomery College to the Risk Management Liability and Property Coverage Self-Insurance Fund on or immediately after July 1, 2015. The Director of Finance must notify the Maryland-National Capital Park and Planning Commission that its contribution to the Fund is due on or immediately after July 1, 2015.

15,568,426	County General Fund Risk Management Non-Departmental Account
8,943,261	County Special, Enterprise, and Internal Service Funds Contributions
18,910,219	Fire and Rescue System – Fire Tax District Funds
17,096,060	Montgomery County Public Schools
1,506,075	Montgomery College
1,188,910	Maryland- National Park and Planning Commission

Appropriations for these awards are included in the departmental and non-departmental appropriations in Sections A through F. The Chief Administrative Officer has determined that the entities listed in Section G serve a public purpose and contract awards are in the public interest. The amounts listed in Section G are estimates only and may vary due to changed circumstances. The Council in Resolution 14-490 adopted the process to designate entities under this provision.

- 7. This resolution appropriates \$13,800,211 to the Department of Health and Human Services to provide a supplement to organizations providing direct services to clients of residential, community supported living arrangements, day habilitation, or supportive employment provided through the Developmental Disabilities Administration. In order to receive this supplement, an organization must demonstrate to the Department that 100% of the funding is being used to increase the pay of direct service workers in recognition of the higher cost of living in Montgomery County compared to other parts of Maryland. Each organization must document to DHHS that the funds are being used for this purpose. Section G of this resolution includes entities eligible to receive this non-competitive payment. For FY 2017, funds are expected to allow organizations to pay direct service workers, on average, 125% of Montgomery County minimum wage.
8. If an error in the name of an entity or the stated purpose for a non-competitive contract identified in Section G does not alter the substance of the Chief Administrative Officer's determination and Council's approval of the award, the Director of the Office of Procurement may proceed with the non-competitive contract without an amendment to Section G. The Director of the Office of Procurement must notify the Council within 7 days after making each determination.
9. In the following agency budgets, the Council appropriates payments to the Risk Management Liability and Property Coverage Self-Insurance Fund. The Director of Finance must transfer the following amounts from the respective appropriations for County Government, the Montgomery County Public Schools, and Montgomery College to the Risk Management Liability and Property Coverage Self-Insurance Fund on or immediately after July 1, 2016. The Director of Finance must notify the Maryland-National Capital Park and Planning Commission that its contribution to the Fund is due on or immediately after July 1, 2016.

\$15,276,943	County General Fund Risk Management Non-Departmental Account
8,336,580	County Special, Enterprise, and Internal Service Funds Contributions
17,243,106	Fire and Rescue System – Fire Tax District Funds
17,265,223	Montgomery County Public Schools
1,509,125	Montgomery College
1,086,878	Maryland- National Park and Planning Commission

In addition to contributions from County Government and County and Bi-county agencies, the following contributions and revenues are expected to be realized in FY 2017.

Appropriations for these awards are included in the departmental and non-departmental appropriations in Sections A through F. The Chief Administrative Officer has determined that the entities listed in Section G serve a public purpose and contract awards are in the public interest. The amounts listed in Section G are estimates only and may vary due to changed circumstances. The Council in Resolution 14-490 adopted the process to designate entities under this provision.

- 7. This resolution appropriates \$14,729,712 to the Department of Health and Human Services to provide a supplement to organizations providing direct services to clients of residential, community supported living arrangements, day habilitation, or supportive employment provided through the Developmental Disabilities Administration. In order to receive this supplement, an organization must demonstrate to the Department that 100% of the funding is being used to increase the pay of direct service workers in recognition of the higher cost of living in Montgomery County compared to other parts of Maryland. Each organization must document to DHHS that the funds are being used for this purpose. Section G of this resolution includes entities eligible to receive this non-competitive payment. For FY 2018, funds are expected to allow organizations to pay direct service workers, on average, 124% of Montgomery County minimum wage.
8. If an error in the name of an entity or the stated purpose for a non-competitive contract identified in Section G does not alter the substance of the Chief Administrative Officer's determination and Council's approval of the award, the Director of the Office of Procurement may proceed with the non-competitive contract without an amendment to Section G. The Director of the Office of Procurement must notify the Council within 7 days after making each determination.
9. In the following agency budgets, the Council appropriates payments to the Risk Management Liability and Property Coverage Self-Insurance Fund. The Director of Finance must transfer the following amounts from the respective appropriations for County Government, the Montgomery County Public Schools, and Montgomery College to the Risk Management Liability and Property Coverage Self-Insurance Fund on or immediately after July 1, 2017. The Director of Finance must notify the Maryland-National Capital Park and Planning Commission that its contribution to the Fund is due on or immediately after July 1, 2017.

\$16,816,427	County General Fund Risk Management Non-Departmental Account
9,259,426	County Special, Enterprise, and Internal Service Funds Contributions
17,318,991	Fire and Rescue System – Fire Tax District Funds
18,822,309	Montgomery County Public Schools
1,638,940	Montgomery College
1,153,798	Maryland- National Park and Planning Commission

In addition to contributions from County Government and County and Bi-county agencies, the following contributions and revenues are expected to be realized in FY 2018.

Appropriations for these awards are included in the departmental and non-departmental appropriations in Sections A through F. The Chief Administrative Officer has determined that the entities listed in Section G serve a public purpose and contract awards are in the public interest. The amounts listed in Section G are estimates only and may vary due to changed circumstances. The Council in Resolution 14-490 adopted the process to designate entities under this provision.

- 7. This resolution appropriates \$17,562,175 to the Department of Health and Human Services to provide a payment to organizations providing direct services to clients of residential, community supported living arrangements, day habilitation, or supportive employment provided through the Developmental Disabilities Administration. In order to receive this payment, an organization must demonstrate to the Department that it pays direct services workers, on average, a wage equal to at least 125% of the Montgomery County minimum wage. Section G of this resolution includes entities eligible to receive this non-competitive payment.
8. This resolution appropriates \$651,012 to the Department of Health and Human Services to provide a payment to organizations providing adult medical daycare services that accept Medicaid funding. In order to receive this payment, an organization must demonstrate to the Department it is licensed and in good standing with the Maryland Department of Health, Office of Healthcare Quality. The organization must provide any documentation requested by the Department to determine the use of the program by Medicaid funded County residents. The provider must be in compliance with the Montgomery County Minimum Wage law.
9. If an error in the name of an entity or the stated purpose for a non-competitive contract identified in Section G does not alter the substance of the Chief Administrative Officer's determination and Council's approval of the award, the Director of the Office of Procurement may proceed with the non-competitive contract without an amendment to Section G. The Director of the Office of Procurement must notify the Council within 7 days after making each determination.
10. In the following agency budgets, the Council appropriates payments to the Risk Management Liability and Property Coverage Self-Insurance Fund. The Director of Finance must transfer the following amounts from the respective appropriations for County Government, the Montgomery County Public Schools, and Montgomery College to the Risk Management Liability and Property Coverage Self-Insurance Fund on or immediately after July 1, 2018. The Director of Finance must notify the Maryland-National Capital Park and Planning Commission that its contribution to the Fund is due on or immediately after July 1, 2018.

\$17,417,251	County General Fund Risk Management Non-Departmental Account
9,351,157	County Special, Enterprise, and Internal Service Funds Contributions
15,639,419	Fire and Rescue System – Fire Tax District Funds
20,889,252	Montgomery County Public Schools



04/08/19

Honorable Council members,

On behalf of the Maryland Association of Adult Medical Day Services (MAADS), whose members provide Medical Day Care Services throughout the State and in particular in Montgomery County, we request that the Council add a line item to the FY2020 budget to continue the Medical Day Care Minimum Wage Supplement that was added to the FY2019 budget.

As you are all aware, we have consistently raised our concerns about the County's increase in the **minimum wage rate** over and above the State's minimum wage for the following main reasons:

1. Medicaid rules strictly prohibit Adult Medical Day Care Providers (AMDC) from passing the associated increase in labor costs to their consumers. This is a sharp contrast from other businesses that simply can pass the additional costs onto consumers.
2. State licensing regulations prohibit AMDC Providers from reducing staff or limiting services due to staffing ratio and other requirements. Again, this is in sharp contrast to other businesses that have the ability to adjust their staffing and product lines.
3. Medicaid pays all AMDCs across the State a single flat fee for a day of service provided to a qualified participant (regardless of which county they serve). This places the Montgomery County providers (which are subject to the highest minimum wages in the State) in significant disadvantage because the cost of providing services and operating a business in our county is much higher than other counties.
4. Medicaid has chronically underfunded AMDCs over the past decade, resulting in AMDCs being stretched as far as they could to survive. The rapid increase in minimum wage by Montgomery County on top of the fragile financial state of the AMDCs has created an **existential emergency** that requires the County to provide **immediate** supplement to enable the AMDCs to continue functioning and serving the fragile elderly and disabled adults in our community.

After detailed deliberation and many months of presenting the prior County Council, County Executive, and their corresponding staff and advisers with indisputable data and justifications, both the Council and the Executive appreciated the gravity of the situation that AMDCs are facing, and recognized that Medicaid reimbursements alone are simply not sufficient to cover the cost of AMDC business in Montgomery County when subjected to the rapid increases in minimum wage.

Recognizing that not supporting AMDCs will leave a significant deficiency in the County's ability to care for the growing population of fragile elderly and disabled adults, the County approved (for the first time) a line item in the budget to provide a supplement to assist AMDCs with labor costs associated with minimum wage increase in FY2019. (We greatly appreciate this)

Since this was the first year for this supplement, HHS had to develop a program, methodology, legal, and contractual details to properly implement this budget line item. MAADS worked closely with the HHS leadership and staff to accomplish this task, and at the present time we have been invited to attend the kickoff meeting to sign our contracts and begin the program to be reimbursed for the months of April, May, and June. Unfortunately, since this process took the greater portion of the FY2019, we ended up losing 75% of the appropriated funds that had not been disbursed to us due to the new County Executive's budget saving initiative. This has resulted in increased pressure on our

organizations and has made us more in need of support in FY2020. **This is cause for serious concern**, and demonstrates the need for the County to provide assistance to AMDCs to ensure their viability through this rapid cost increase transition period.

Similar to organizations catering to individuals with **Developmental Disabilities**, **AMDCs provide much needed care to the county's frail and vulnerable populations**. Furthermore, **AMDCs are subject to similar Medicaid funding shortage and challenges**. These programs are basically branches of the same tree, or arms to the same body. COMAR defines AMDCs as providing services to **Adults with Medical Disability** and DDAs as providing services to **individuals with Developmental Disability**. Furthermore, because developmental disability is a form of medical disability, many people living with developmental disabilities use and depend on AMDC services for their daily life. All applicable Medicaid Waiver programs enable an individual with developmental disability to use services by an AMDC for their needs.

Therefore we respectfully request that the Council add a new line item to the FY2020 budget so that our labor costs are kept steady as the minimum wage continues to increase. It does not cost much to cover the AMDCs budgetary shortage. This supplement helps ensure the viability of the AMDC programs for the disabled and the elderly whose population is expected to increase significantly over the next two decades.

Update on developments with regards to increases in the State minimum wage:

This year the State passed a minimum wage law to increase the minimum wage to \$15/hr by January 2025. MAADS worked diligently with the State Legislators to help them realize that increasing minimum wage must be accompanied with proportional increases in the Medicaid budget. Both House and Senate recognized this fundamental need and have allotted budget increases in Medicaid payments to match the State's minimum wage. This is good news as it reduces the long-term fiscal note responsibility of the County significantly. The short-term need for the County's supplemental support remains unchanged as the State will take up to five years before reaching close to the County's minimum wage. Also, the supplement for the State does not even begin till FY2021. We have therefore provided the calculations that show the updated supplemental request based on the Difference between the State and the County minimum wage figures. We are glad to provide additional details at future meetings to discuss this and any questions the Council may have.

It is essential that the County Council deliberate on the policy implications of excluding AMDCs from the bill. **Exclusion of the AMDCs from the bill signals to the community that our county does not support those who provide services to the elderly and adults with medical disability.** Further, not addressing this problem makes it harder and harder for existing AMDCs to continue providing much-needed services in the County. **Projecting this into the future will render our county with deficiency in services for elderly and those with medical disability.**

Min Wage Difference between Montgomery County and State of Maryland

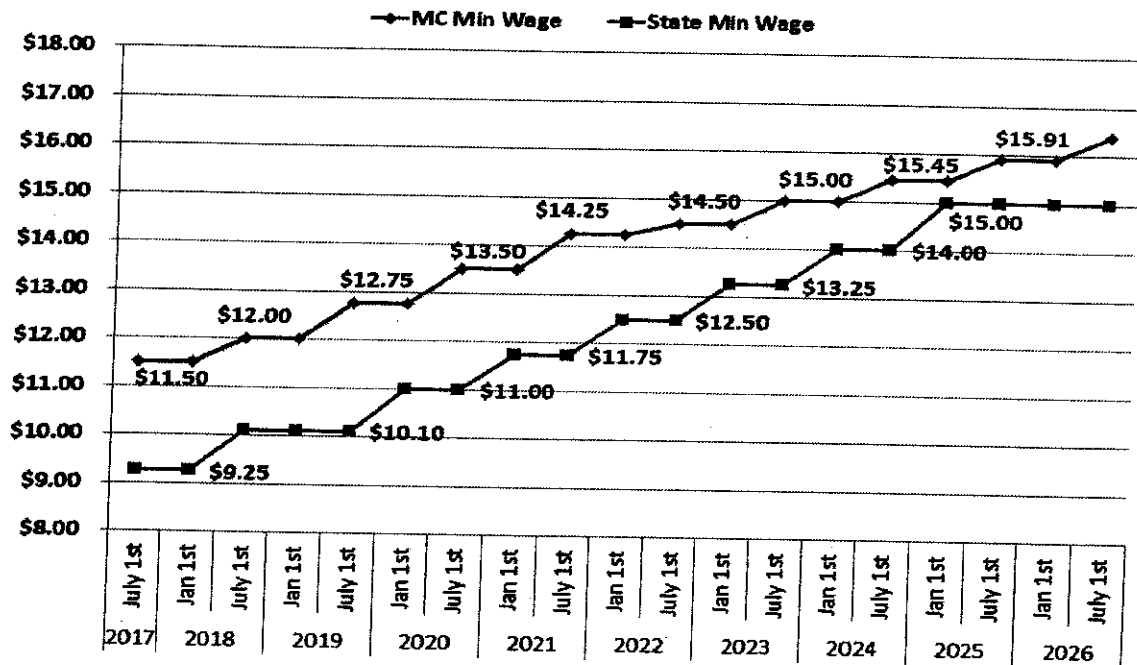


Figure 1: Comparison of minimum wage rates at Montgomery County vs State of Maryland based on recent legislative session. It is important to note that the County continues to have significant differences in minimum wage rate with the State through FY2023. We also note that County law allows for indexing minimum wage after it reaches \$15, whereas the current State law does not have such provision at the present time so the max State minimum wage is currently \$15/hr.

Fiscal Year	County Min Wage	State Min Wage	County AMDC Subsidy (Prior to State Min Wage Law)	State Min Wage Subsidy?	County AMDC Subsidy (After State Min Wage Law)	Savings to County
2020	\$ 12.75	\$10.10	\$ 1,627,531.15	No	\$ 1,627,531.15	\$ -
2021	\$ 13.50	\$11.00	\$ 2,604,049.84	Yes	\$ 2,604,049.84	\$ -
2022	\$ 14.25	\$11.75	\$ 3,580,568.53	Yes	\$ 2,785,202.65	\$ 813,765.58
2023	\$ 14.50	\$12.50	\$ 3,906,074.76	Yes	\$ 2,755,204.95	\$ 1,139,271.81
2024	\$ 15.00	\$13.25	\$ 4,557,087.23	Yes	\$ 2,215,788.50	\$ 2,441,296.73
2025	\$ 15.45	\$14.00	\$ 5,142,998.44	Yes	\$ 1,780,224.17	\$ 3,352,714.17
2026	\$ 15.91	\$15.00	\$ 6,368,080.20	Yes	\$ 1,255,828.88	\$ 5,131,156.52
TOTAL			\$ 27,786,390.16		\$ 14,908,185.35	\$ 12,878,204.81

Figure 2: AMDC minimum wage subsidy calculations before and after Maryland State's minimum wage law. Table shows that State's reimbursing Medicaid providers for its min wage increase reduces the burden on the County with nearly \$13M in savings over the period spanning FY2026.

Coordination of Community Services

1. Definition

Coordination of Community Services (CCS) assists people and their family/guardian with the process of applying for services from the Maryland Department of Health, Developmental Disabilities Administration (DDA), conducting an eligibility Comprehensive Assessment, and assisting with planning and coordinating services. CCS is provided to people who are eligible based on a developmental disability, to receive support services from DDA, are placed on a DDA waiting list, or are transitioning from school or institutional services to community services.

CCS has previously been called Resource Coordination and is now a fee for service, Targeted Case Management service.

When a CCS provider is conducting the initial Comprehensive Assessment, they are acting on behalf of DDA. If a person is determined to be eligible for services by DDA, the CCS provider they select will then serve as their advocate to obtain needed services from DDA and other sources. Over the lifespan, a CCS provider will assist with the planning from school to community based services utilizing the Medicaid Home and Community Based Services waiver program, develop the person-centered/individual service plan, help the person apply for any needed change to the DDA support being provided or change the priority category, help to assure a person's rights are protected, and act as an agent for the person as needed to implement the person-centered plan.

DDA approves organizations to be CCS providers in its different regions of the State. CCS providers must meet State and Federal requirements that include training and staff qualifications. CCS providers must also meet Federal criteria for conflict-free case management. In Montgomery County, which is in the Southern Region, people may choose from four private sector CCS providers: MMARS RC, Optimal Health Inc., Service Coordination, and Total Care Services. The Montgomery County Department of Health and Human Services (DHHS) also provides CCS to County residents. DHHS has a cap of serving 500 people imposed by the County's approved budget starting in FY16. If a family does not choose a CCS provider, DDA will assign one, (sans DHHS). The person can choose to change CCS providers.

2014 (to FY16) Transformation of CCS

Starting in FY16 major changes were made to CCS (Resource Coordination) in Montgomery County. Prior to FY16, Montgomery County provided all CCS services to County residents and received a grant from the State to pay for the program. In order to better leverage Medicaid funds, the State moved to a fee for service requirement and also determined that private provider choice must also be available. The billing rate under the fee for service model does not cover the full cost to the County of providing CCS and a decision was made to move everyone from the County to private providers. Families were extremely confused and upset. Communication from DDA was not clear. People did not know which provider they were assigned to. Serious concerns were raised about turnover and lack of experience by the new providers.

The DD Transition Advisory workgroup was convened and one of its recommendations was that DHHS continue to be a Resource Coordination provider with a cap of 1,100 individuals and the right to decline some referrals. There was concern about the instability of the transition and the importance of having DHHS remain a provider particularly for people that need coordination with other DHHS services. The Council agreed that DHHS should remain a provider and approved County funding that along with State reimbursement would allow DHHS to serve 500 persons.

2. Eligibility - Applicability

- | | | | |
|--|----------|--|-----------|
| <input checked="" type="checkbox"/> Infants and Toddlers | <2 yrs | <input checked="" type="checkbox"/> Young Adults | 18–25 yrs |
| <input checked="" type="checkbox"/> Pre-K | 3–4 yrs | <input checked="" type="checkbox"/> Older Adults | 25–49 yrs |
| <input checked="" type="checkbox"/> K-12 (transition only) | 5–18 yrs | <input checked="" type="checkbox"/> Seniors | 50+ yrs |

3. Description of Programs and Services

DDA's Guide to Services from January 2018 states that the coordinator:

- Assesses your needs, helps with the person-centered planning, and assists with the development of the initial and annual plan and budget,
- Identifies community resources to help you,
- Verifies that all services are waiver eligible services,
- Verifies that all services are important for the outcomes and goals you want and do not risk your health and safety,
- Monitors that the services are being delivered appropriately and that the funds -are being spent correctly, and
- Monitors your emergency backup plan, Provides checks and balances necessary for your health and welfare and overall program integrity.

Review of the private sector sector's website revealed that Service Coordination also notes that as a part of these services the coordinator will get to know you, will talk to you about your dreams and experiences, and assist you in advocating for what you want. It suggests people talk with a coordinator about where they work and live, what they want to do during the week and on weekends, people who are important, whether you have enough spending money, and what support you need to keep you safe and healthy.

A person may choose to self-direct accessing community services and employment. The DDA Guide to Services says that in this case, the coordinator will help you interview and choose a Support Broker, help you choose a Fiscal Management Services provider, help monitor your monthly budget, and helps answer questions about your Support Broker or Financial Services Manager.

4. Data and Trends

- Number of people being serviced by each of the five providers.

- Number of transitioning youth being served by each of the five providers in the current year

5. Gaps and Identified Concerns

- It is unclear why some people are found by DDA not to be sufficiently disabled to meet the criteria for eligibility for services, especially if they had been receiving services through their school system. There is a perception that DDA is becoming more conservative in their assessment of who is eligible. It would be helpful to have better documentation and definitions. This may be a reason why there seems to be a slowdown in the number of Transitioning Youth.
- Families are confused when their child is found ineligible for adult services and there is concern that if the child is on track to graduate with a high school diploma, this becomes an impediment to transitioning to adult services. Families believe that their child should be encouraged to succeed in school and graduate with a high school diploma if possible. Once a person is found ineligible it is unlikely they will receive further services through DDA. Being classified as "Future Needs" is not the same as being on a waiting list. It means that the person is determined eligible but does not have a current need for service.
- Beginning Fiscal Year 2017, the implementation of the DDA Transformation Plan has created stress for CCS providers. There is a lack of clarity about the role of CCS and sometimes there are unrealistic expectations regarding the creation and full implementation of person-centered plans. This is frustrating for CCS providers and families.
- CCS providers are extremely concerned about the rate setting study and changes to billing requirements. CCS providers would like to be able to spend more time with people but is unclear whether this will ever be realized due to the increased administrative tasks required of the CCS by the DDA.
- There is significant turnover of staff in CCS agencies. Providers report that there are not manuals with policies and procedures and providers that work in more than one region may get different answers to questions. At exit interviews, people say that there is too much stress because things are continually changing, and they are constantly having to relearn their jobs. They want to know what their job is supposed to be. They feel overwhelmed with the time allotted for doing different tasks.
- There should be clear standards about staffing ratios. Both a ratio of 1:40 and 1:35 have been discussed by DDA. Based on the required activities thus far in the five-year Transformation, a ratio of 1:35 may be feasible for CCS agencies to be compliant with Federal and State regulations. However, it remains unclear because of the ever-changing role of the CCS. This should be clearly defined in writing and taken into account in setting rates.

6. Innovations

- Person-centered planning, which is the focus of the DDA Transformation Plan, is considered a best practice. The 2001 document from the National Center for Outcomes Resources, *Practice Guidance for Delivering Outcomes in Service Coordination*, says this is a paradigm change shift **from** management **to** support and that the coordinator ensures that the choices made by the person are actualized in the broader community.
- In 2002, New Jersey developed the *Real Life Choices* program. This is a self-directed model meant to support people living at home. Services can include in-home respite, socialization and habilitation, individual supports, and supported employment.

7. Recommendations

- The Council and Executive should inform the Governor and the General Assembly Delegation that the implementation of the Transformation Plan (paradigm shift) is causing confusion for CCS providers, which is causing stress and disruption for people with Autism/IDD and their families. The Transformation Plan is based on the best practice of being person-centered, but without successful implementation, its goals will not be met.
- Policies, procedures, expectations, and responses to CCS provider questions should be in writing and available on-line so that all regions have the same information.
- All CCS providers serving Montgomery County should be staffed at least the 1:35 ratio. At this time, County Government has a higher ratio (about 1:47) than the private sector providers and higher than either the 1:40 or 1:35 that have been discussed as DDA recommended. CCS providers believe a ratio of 1:25 is appropriate given the responsibilities with person-centered planning. The Council should review DHHS staffing as a part of the Fiscal Year 2020 budget and fund the necessary positions to adequately comply with family, State, and Federal expectations. DDA should specifically work with CCS providers on strategies to reduce turnover.
- The Council and Executive should advocate with the General Assembly Delegation for a rate and billing system that appropriately compensates Montgomery County CCS providers for the work that is associated with the required person-centered planning.
- MCPS and CCS providers should return to the practice of working together to make sure all children start the Transitioning Youth process at age 14 or younger. Clear information should be given to parents about the different eligibility criteria for school systems and DDA, so they can make informed choices.
- DDA and Montgomery County should work together to fund a flexible program to provide limited supports to adults with Autism/IDD that is similar to the My Turn Program. The My Turn Program provides County children aged 3 to 13 limited short-term supports and one-time services. These children have not applied to DDA or were determined not eligible in at least the Current Request priority category. MCPS is open to collaborating on such an effort.



What are your thoughts about home sharing?

Are you a homeowner who feels your home is too big or costly to maintain? Or a renter concerned about increasing rent? Would you consider sharing a home with someone else?

Montgomery County Government would like to hear your thoughts about a program which could thoughtfully match homeowners and renters and offer background checks. To make the program successful, we would like to invite you to share your thoughts and ideas. We will hold four community conversations in different parts of the County. Refreshments will be served.

Please RSVP with your preferred location:
Events@montgomerycountymd.gov or 240-777-1131.

Tuesday, November 13th, 1:00-2:30pm
White Oak Community Center 1700 April Lane, White Oak

Wednesday, November 14th, 2:00-3:30pm
North Potomac Community Center, 13850 Travilah Road, Rockville

Thursday, November 15th, 12:00-1:30pm
Bethesda Chevy Chase Regional Service Center, 4805 Edgemoor Lane, Bethesda

Friday, November 16th, 1:00-2:30pm
Olney Library, 3500 Olney Laytonsville Rd, Olney



Montgomery County will provide sign language interpreters and other auxiliary aids or services upon request – with as much notice as possible, preferably at least three (3) business days before the event. Contact Pazit Aviv at 240-777-1231 (voice) or via Maryland Relay @711 or send a request to Events@montgomerycountymd.gov. Taking these steps will help us have enough time to meet your needs.

Behavioral Health and Crisis Services



Behavioral Health and Crisis Services

RECOMMENDED FY20 BUDGET
\$45,234,895

FULL TIME EQUIVALENTS
218.25

✱ **VICTORIA BUCKLAND, ACTING DIRECTOR**

FUNCTION

The mission of Behavioral Health and Crisis Services (BHCS) is to promote the behavioral health and well-being of Montgomery County residents. BHCS works to promote mental wellness, prevent substance abuse and suicide, and to ensure access to a comprehensive treatment and recovery system of effective services and support for children, youth and families, adults, and seniors in crisis or with behavioral health needs. BHCS is committed to ensuring culturally and linguistically competent care and the use of evidence-based or best practices along a continuum of care. BHCS works with the State's Behavioral Health Administration, HHS service areas, County agencies, and the community to provide strength-based and integrated services to persons in need.

PROGRAM CONTACTS

Contact Raymond L. Crowel of the HHS - Behavioral Health and Crisis Services at 240.777.1058 or Erika Lopez-Finn of the Office of Management and Budget at 240.777.2771 for more information regarding this department's operating budget.

PROGRAM DESCRIPTIONS

✱ Chief Behavioral Health & Crisis Services

This program provides leadership, oversight, and guidance for the administration of Behavioral Health and Crisis Services; and coordinates the strategic alignment and development of the County Behavioral Health continuum.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	562,744	3.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	257,329	0.50
FY20 Recommended	820,073	4.00

✱ Behavioral Health Planning & Management

As the State mandated local mental health authority, this program is responsible for planning, management, and monitoring of public behavioral health services for children with serious, social, emotional and behavioral health challenges, adults with a serious and persistent mental illness, and seniors living with behavioral health needs. The functions include developing and managing a full range of treatment and rehabilitation services including services for persons with co-occurring mental illness and substance abuse disorders, homeless persons, and persons who have been incarcerated and/or are on conditional release. Services include the ongoing development of a resiliency and recovery oriented continuum of services that provide for consumer choice and empowerment. This program now manages all service area contracts.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
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Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percent of children served by the continuum of behavioral health services that demonstrate higher degree of social connectedness and emotional wellness as demonstrated by positive outcomes in housing, quality of life, legal encounter, and employment/education	93	93	94	94	94
Percent of adults served by the continuum of behavioral health services that demonstrate higher degree of social connectedness and emotional wellness as demonstrated by positive outcomes in housing, quality of life, legal encounter, and employment/education	78	79	77	77	77

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	8,979,683	20.50
Technical Adj: Funding Shift for Community Mental Health Grant Funds	0	(6.71)
Decrease Cost: Adjust Residential Rehabilitation General Fund Supplement	(200,109)	0.00
Shift: Transfer Management of Conservation Corps Contract to the Department of Environmental Protection	(324,177)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	1,301,613	9.21
FY20 Recommended	9,757,010	23.00

☼ 24-Hours Crisis Center

This program provides telephone, walk-in, mobile crisis outreach, and crisis residential services to persons experiencing situational, emotional, or mental health crises. The Crisis Center provides all services, twenty-four hours/day seven days/week. Much of the work of the Crisis Center focuses on providing the least restrictive community-based service appropriate to the client's situation. Many of the services provided are alternatives to more traditional mental health services. Psychiatric crisis resources are used to prevent hospitalizations and suicides. Disaster mental health services include crisis management and consultation for disasters and community crises. The Crisis Center coordinates the mental health response during disasters and community critical incidents. During the off-hours (after 5:00 p.m., weekends, and holidays), crisis back-up services are provided for various health and human services needs when the clients' primary service providers are not available.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of students identified by schools to be at risk that are stabilized utilizing community resources without hospital intervention	94	95	95	95	95

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	5,322,200	36.90
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(179,485)	0.00
FY20 Recommended	5,142,715	36.90

☼ Mental Health Services Seniors & Persons with Disabilities

This program provides mental health outreach services for seniors who cannot, or will not, access office-based services as well as persons experiencing caregiver stress. It provides Prevention and Early Intervention services for seniors by providing drop in groups at senior centers; psycho education; consultation to assisted living providers, Housing Opportunities Commission resident counselors, and senior center directors; and mental health training to providers of services for seniors. This program also provides mental health services to persons who are deaf or hearing impaired.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of surveyed homebound seniors reporting an improvement in their quality of life as measured by Mental Health Statistics Improvement Program Consumer Survey Scale ¹	84	90	84	84	84

¹ The clients evaluated are those who were evaluated by clinicians during face-to-face visits or by clinician impression after discharge.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	788,126	1.00

FY20 Recommended Changes**Expenditures****FTEs**

Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

(532,414)

0.00

FY20 Recommended**255,712****1.00**

☀ **Treatment Services - Admin**

Provides overall management of the Federal and State Behavioral Health Administration grant and Medicaid funded community-based programs, and oversees operations of the addiction continuum of private providers.

Program Performance Measures**Actual****Actual****Estimated****Target****Target****FY17****FY18****FY19****FY20****FY21**

Percentage of decrease in substance abuse for patients completing treatment (Level 1 Outpatient Treatment)¹

90

98

90

90

90

¹ Percent decrease in substance abuse goal is set at 74 percent by the State of Maryland.

FY20 Recommended Changes**Expenditures****FTEs****FY19 Approved****4,918,817****3.00**

Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

(1,938,981)

0.00

FY20 Recommended**2,979,836****3.00**

☀ **Access To Behavioral Health Services**

Access to Behavioral Health Services connects uninsured and low-income consumers with mental health and/or substance abuse problems to the appropriate community services. Staff provide information and referral, and behavioral health screenings and assessments. To provide effective engagement in needed services, program staff also provide short-term case management and psychiatric services to vulnerable clients such as those recently discharged from a psychiatric hospital or jail until they can be linked to a community outpatient mental health program. More intensive social work services are provided to individuals with serious mental illness to ensure effective engagement in needed services and sufficient community supports to reduce negative outcomes, and foster the wellness and recovery of the consumer. The program offers services at a central office and is collocated with HHS Income Supports offices and the Department of Correction and Rehabilitation Pre-trial Services. The Federal/State Projects for Assistance in Transition from Homelessness funds some services to target the re-entry needs of mentally-ill individuals in the criminal justice system. The Urine Monitoring Program serves clients referred by the courts, social service agencies, or behavioral health providers, and others required to submit to breathalyzer and urine surveillance or who require or request such screening and testing to support recovery from substance abuse.

FY20 Recommended Changes**Expenditures****FTEs****FY19 Approved****3,608,268****30.00**

Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

(11,621)

(1.00)

FY20 Recommended**3,596,647****29.00**

☀ **Forensic Services - Adult**

Adult Forensic Services is composed of four programs: Clinical Assessment and Transition Services (CATS); Jail Addiction Services (JAS); Stop, Triage, Engage, Educate, Rehabilitate (STEER); and, the Mental Health Court (MHC) Team. CATS has two components: (1) assessment and post-booking diversion services within 24 hours of booking to inmates with behavioral health issues upon entry into the Montgomery County Detention Center; and (2) discharge planning for inmates who are being released from the Correctional Facilities by assessing inmates' behavioral health needs and coordinating access to services in the community. JAS is an ASAM II.5 level jail-based residential addiction treatment program for inmates who suffer from substance related disorders at the Montgomery County Correctional Facility. The STEER program responds with referrals to treatment for minor offenders referred by: (1) the police in lieu of criminal charges; and (2) victims of overdose. The MHC Team provides clinical assessment, care planning, and care-coordination to the clients of Mental Health Court.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of successful Jail Addiction Services clients that were not reincarcerated in the Montgomery County Correctional Facility within the next fiscal year following program completion	75	77	75	75	75
Percent of clients who successfully graduate from Mental Health Court	N/A	54	54	54	54
STEER - Percent of individuals who engage in treatment as evidenced by attending the first treatment appointment and also remain active at 60 days after starting treatment ¹	N/A	42	42	42	42

¹ Percent remaining active after 30 days is 68 percent.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	3,313,902	26.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	439,879	2.00
FY20 Recommended	3,753,781	28.00

☼ Outpatient Behavioral Health Services - Adult

Adult Outpatient Behavioral Health Services provides comprehensive addiction, mental health outpatient, and intensive outpatient services to adult residents of Montgomery County who have co-occurring substance and mental health disorders. Priority is given to serving vulnerable persons including intravenous drug users; women who are pregnant or have young children; and those who lack health insurance, are homeless, or medically compromised. Many program participants are also involved with the criminal justice system or have chronic medical conditions such as diabetes or HIV/AIDS. The Adult Behavioral Health program accepts referrals from Access to Behavioral Health Services and Avery Road Treatment Center. Services include a comprehensive range of substance abuse and mental health programs including assessment and diagnostic evaluation, group and individual treatment, psychotropic medication evaluation and monitoring, family support, and case management services. Services are individualized with the adult being a partner in all treatment decisions. Service capacity includes treatment for adults with Limited English Proficiency and those with specialized cultural and language needs. Peer-led and other Recovery Support Services are offered at each site.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percent of clients who reported decreased emotional distress and improvement in depressive symptoms ¹	73	65	73	73	73

¹ This measure was newly developed for FY16 from previous years to better measure and report outcomes, based on two sub-domain scores from BASIS 24 (Depression and Emotional Lability).

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	2,919,709	20.25
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(940,559)	(8.75)
FY20 Recommended	1,979,150	11.50

☼ Outpatient Behavioral Health Services - Child

Child and Adolescent Outpatient Behavioral Health Services offers comprehensive substance use prevention, substance use and mental health screenings, mental health treatment, and care coordination services for Montgomery County youth and their families, including for the most vulnerable. Services are individualized, child-focused, family-driven, culturally and linguistically appropriate, and accessible via office, school, and community-based settings. The program strives to serve the behavioral health needs of youth and families along a continuum of care from prevention to treatment. There are two outpatient behavioral health clinics that provide assessment, psychiatric treatment, and individual and family therapy for children and adolescents with emotional and behavioral issues. The Home-Based Treatment Team provides mobile treatment specifically for children and families involved with Child Welfare Service, while Family Intervention Services (previously known as the Violence Prevention Initiative) serves youth and families involved with the Department of Juvenile Services. The Prevention Program works to prevent substance use and suicide, and promotes healthy behaviors and lifestyles. In addition, Screening and Assessment Services for Children and Adolescents (SASCA) provides substance use and mental health screening and referral for Montgomery County youth, and collaborates with the State's Attorney's Office and the Montgomery County Police Department to divert youth from involvement with the Department of Juvenile Services.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of offenders under age 18 that are diverted to substance abuse education or mental health treatment programs who do not re-enter the correction system within 12 months of being assessed compliant with requirements ¹	90	92	90	90	90
Percentage of clients who showed symptom reduction at posttest or upon discharge	65	70	75	75	75

¹ This measure is by definition a 12-month follow-up of clients, so actual FY17 data reports recidivism rate for clients who completed substance abuse education and/or behavioral health treatment programs in FY16.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	7,044,942	29.75
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	785,454	0.00
FY20 Recommended	7,830,396	29.75

☼ Trauma Services

Trauma Services is comprised of two programs: The Abused Persons Program (APP) for partner violence and The Victim Assistance and Sexual Assault Program (VASAP) for sexual assaults and general/violent crimes, including services to surviving family members of homicide and tragic/traumatic deaths. Trauma Services provides comprehensive, individualized and culturally appropriate clinical and victim assistance services to domestic violence victims and offenders, sexual assault victims, and victims of general crime of all ages. All victims may be assessed and receive counseling, victim advocacy, and psychiatric care, as well as a variety of specialty services geared to their particular need. Programming for domestic violence, sexual violence, and human trafficking victims also includes information and referral, lethality assessments, crisis intervention, safety planning, and placement in emergency shelters. Services are provided on-site at the Family Justice Center, at 1301 Piccard Drive, and at 8818 Georgia Avenue. Programs for victims of sexual assault include outreach twenty-four hours a day, seven days a week through volunteer support to rape and sexual assault victims at hospitals and police stations, where they provide information, referrals, crisis intervention, and linkage to counseling.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of adult victims of sexual assault and general crime that show a decrease in symptoms (as measured by Post-Traumatic Stress Disorder Checklist - Civilian clinical scales) ¹	85	94	90	90	90
Percentage of child victims of sexual assault and general crime that show a decrease in symptoms (as measured by the Child's Reaction to Traumatic Events Scale clinical scales) ²	81	95	90	90	90
Percentage of clients receiving therapy that demonstrate improvement on a domestic violence rating scale ³	91	89	90	90	90

¹ Post Traumatic Stress Disorder Check List- Civilian(PCL-C) was developed by Weathers, Litz, Huska, & Keane National Center for PTSD-Behavioral Science Division.

² Child's Reaction to Traumatic Events Scale (CRTES) Scale was developed by Russell T. Jones, Ph.D, Stress and Coping Lab, Department of Psychology, Virginia Tech University.

³ Rating scale developed by Jacqueline Dienemann and Jacquelyn Campbell, Johns Hopkins University, School of Nursing, March 1999.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	5,852,845	29.55
Increase Cost: Change in Funding Allocation for Sexual Assault Rape Crisis funds - Victims of Crime Act (VOCA) - Rape Crisis Intervention Grant Funds	201,978	0.00
Decrease Cost: Change in Award Term of Victims of Crime/General Grant Funds	(280,509)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	250,012	0.00
FY20 Recommended	6,024,326	29.55

☼ Specialty Behavioral Health Services

Specialty Behavioral Health Services is comprised of the Adult Drug Court Program and the Medication Assisted Treatment Program (MAT). The Adult Drug Court program is a collaborative effort between the Department of Health and Human Services, Circuit Court, Office of the Public Defender, State's Attorney's Office, Department of Corrections and Rehabilitation, Adult Probation and Parole,

Montgomery County Police Department, and the Montgomery County Sheriff's Office. It provides intensive outpatient treatment services to chronic substance abusing offenders who are before the Circuit Court for violation of probation and /or new criminal offenses. The MAT program serves adult residents of Montgomery County who are diagnosed with substance use disorders. Individuals served in MAT have a history of opioid dependence, are uninsured or on Medical Assistance, and have not been able to succeed in other treatment settings. The MAT program is a comprehensive opioid treatment program and methadone maintenance. Both MAT and the Adult Drug Court Treatment Program provide psychiatric treatment services for those with co-occurring mental health disorders. Treatment services include individual, group, and family therapy; drug testing; case management; crisis services; discharge planning; and pharmacotherapy.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	2,583,754	21.00
Increase Cost: Annualization of Adult Drug Court Therapist Costs	99,980	1.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	411,515	0.55
FY20 Recommended	3,095,249	22.55

PROGRAM SUMMARY

Program Name	FY19 APPR Expenditures	FY19 APPR FTEs	FY20 REC Expenditures	FY20 REC FTEs
24-Hours Crisis Center	5,322,200	36.90	5,142,715	36.90
Behavioral Health Planning & Management	8,979,683	20.50	9,757,010	23.00
Chief Behavioral Health & Crisis Services	562,744	3.50	820,073	4.00
Mental Health Services Seniors & Persons with Disabilities	788,126	1.00	255,712	1.00
Treatment Services - Admin	4,918,817	3.00	2,979,836	3.00
Access To Behavioral Health Services	3,608,268	30.00	3,596,647	29.00
Forensic Services - Adult	3,313,902	26.00	3,753,781	28.00
Outpatient Behavioral Health Services - Adult	2,919,709	20.25	1,979,150	11.50
Outpatient Behavioral Health Services - Child	7,044,942	29.75	7,830,396	29.75
Trauma Services	5,852,845	29.55	6,024,326	29.55
Specialty Behavioral Health Services	2,583,754	21.00	3,095,249	22.55
Total	45,894,990	221.45	45,234,895	218.25

FY 2019 TO 3/31/19 SCHOOL REFERRAL REPORT

TOTAL REFERRALS	FY TO 3/31/19	FY18	FY17	FY16	FY 15
	1522	1804	1377	1034	1075

TOTAL SCHOOLS REF.	FY 19	FY18	FY17	FY16	FY 15
	206	205	204	204	204

SCHOOL TYPE	Schools	REF. FY 19	#NOT REF.	% REF.
<i>ELEMENTARY</i>	134	95	39	71
<i>MIDDLE</i>	40	40	0	0
<i>HIGH SCHOOL</i>	25	25	0	0
<i>TECH. CAREER HIGH</i>	1	1	0	0
<i>SPECIAL SCHOOLS</i>	5	0	0	0
<i>ALT. EDU. PRO.</i>	1	0	0	0
<i>PRIVATE</i>	8	0	0	0

TYPE OF REFERRAL	FY19 To 3/31/19	% FY19	# STUD. FY18	% FY18	# STUD. FY17	% FY17
<i>ELEM.</i>	319	21%	443	24.56%	344	25%
<i>MIDDLE</i>	748	49%	742	41.13%	596	43.28%
<i>HIGH</i>	454	30%	580	33.15%	415	30.13%
<i>MCT</i>	16	1.05%	21	1.16%	19	1.38%
<i>MALE</i>	715	47%	932	51.66%	705	51.20%
<i>FEMALE</i>	807	53%	872	48.33%	772	56.06%
<i>African American</i>	610	40%	508	28.16%	n/a	n/a
<i>American Indian</i>	44	2.90%	10	0.55%	n/a	n/a
<i>Asian</i>	147	10%	181	10.03%	n/a	n/a
<i>Caucasian</i>	193	13%	341	18.90%	n/a	n/a
<i>Hispanic</i>	456	30%	646	35.80%	n/a	n/a
<i>Mixed</i>	38	2.49%	42	2.33%	n/a	n/a
<i>Other</i>	34	2.23%	76	4.21%	n/a	n/a

Schools that referred the most:

Elementary School: Flower Hill (10), Georgian Forest (12), Whetstone (12)

Middle School: Roberto Clemente (40), Parkland (39), Francis Scott Key (29)

High School: Gaithersburg (28), Quince Orchard (23) Northwest (18)

REFERRAL REASONS	FY19	FY18	FY17	FY16
1. SUICIDAL THREAT	522	880	752	554
2. BEHAVIORAL DYSFUNCTION	88	181	151	164
3. SUICIDAL BEHAVIOR	264	251	194	130
4. SELF-INJURIOUS BEHAVIOR	32	363	320	234
5. HOMICIDAL THREAT	42	161	96	89
6. PHYSICAL ATTACK	32	81	66	58
7. BULLYING (VICTIM)	7	31	50	33
8. BULLYING (PERPETRATOR)	3	13	5	5
9. OTHER	232	372	319	189

DISPO.	DESCRIPTION	FY19	FY18	FY17	FY16
1a	Student not currently at risk to self or others	1079	1425	1196	871
1b	No follow-up needed	74	154	283	256
1c	Follow-up recommended	262	312	250	219

DISPO.	DESCRIPTION	FY19	FY18	FY17	FY16
2a	Referred for Outpatient tx.	718	785	739	585
2b	Inpatient hospitalization	52	117	65	59
2c	Referred for partial hospitalization	8	18	4	6
2d	Emergency petition initiated by CC Staff	7	17	14	8
2e	Other	928	690	542	332

MCT'S TO SCHOOL'S

Reason	FY18	FY 17	Dispo	FY18	FY 17
1 Suicidal	12	4	1. EEP	9	4
2 Homicidal	3	2	2. Voluntary to ER	1	2
3 Thought d/o	1	1	3. Remained in Community	5	1
4 Mood d/o	8	1	4. No answer	0	0
5 Family Conflict	1	0	5. Refuses to Participate	0	0
6 Crime Victimization	1	1	6. Ref. Out	6	n/a
7 Death	0	0	6. Referred to APS/CPS	0	0
8 Hoarding	0	0	7. Refereed APP/VASAP	1	0
9 TBI	0	0	8. Info Give	0	0
10 Substance	0	0	9. Arrested	0	0
11 Co-Occurring	0	1	10. Other	1	0
12 Other	3	2			
13 None	0	1			

PH 4-8-19
7:00pm



~~Susan F.~~
Linda MZ

VICTIM SERVICES ADVISORY BOARD

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 priorities need immediate attention.

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

Domestic violence victims are provided temporary shelter at the Betty Ann Krahne (BAK) Center, which is the only shelter in the County for domestic violence victims fleeing dangerous abusers. Those unable to transition from the center to safe housing conditions are provided temporary hotel housing, which is expensive and inadequate with respect to protection from abusers. In addition, when victims cannot safely transition out of the shelter, high lethality victims are waitlisted and placed in hotels. Safe housing is a crucial step in providing victims the opportunity to becoming self-sufficient for themselves and their families.

While the board advocated and helped in establishing the Fleet Street properties to partially meet this need, we believe that these properties are no longer available as transitional housing for DV victims. The houses have been deemed unlivable because of lead found in the paint of the structure. The board will be asking that this problem be remedied, so that these properties can be utilized again for much needed housing units. The Board recommends that the County identify transitional housing units for survivors with a beginning goal of accommodating 20 individuals and revisit a previous funding request of \$100,000 for specialized domestic violence case management services to include safety planning, employment readiness, education and other trainings as well as all necessary services.

2. 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 and are mandatory. Most DV victims want the abuse to stop and not to terminate their relationships; to this end, these groups are valuable. The VSAB advocates for 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. We believe that a funding request of \$115,000 would be required to address this priority.

Department of Health and Human Services

1301 Piccard Drive, Suite 4100 • Rockville, Maryland 20850 • 240-777-1355 • 240-777-1329 FAX

3. Restoration of Trauma Services Staff to previous levels of services

There is a need for more Victim Assistance and Sexual Assault Program (VASAP) and Abused Persons Program (APP) Trauma Services' victim assistants (VA) to staff the local Circuit and District courthouses in Rockville and Silver Spring. Trauma Services' VAs are independent of the criminal justice system and are on the frontline within our courtrooms. Over the last 5 years the victim assistance program has seen significant cuts. Thus, there are not enough VAs in the courts to meet the needs of victims. The impact of the cuts has resulted in the delay of processing compensation cases for crime victims and less court coverage in both Circuit and District Courts, where crime victims are seeking immediate assistance. In the last Court Watch report; an independent court monitoring program, it was reported that 42% of DV victims did not have a lawyer or VA at their final protective order. In addition, 37% of petitioners who had a VA were granted final protective orders and received family emergency maintenance as opposed to 6% of petitioners who were alone. The Board is advocating that the management of staff and resources are done in a way that prioritizes the needs of the program. We believe that a funding request of \$196,000 would be required to address this priority. This would restore three (3) full-time grade 20 victim assistants including their fringe benefits.

Thank you for taking the time to consider this request.



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 Ike Leggett and the County Council, especially the HHS committee which includes Councilmen Rice, Berliner, and Leventhal, for funding for so many critical programs and services.

The following are MHAC's top priorities for FY-20 and we have identified some long-term priorities as well:

- 1) Continue to Advocate for the Full Continuum of Criminal Justice Programs, including Mental Health Court, Deflection and Diversion Initiatives with the Goal of Decriminalizing Mental Illness and Substance Abuse.**

The MHAC would like thank the County Council for providing the requested \$200,000 in supplemental funding in FY19 for additional staff for **Mental Health Courts** so that the capacity can be doubled to 100 cases.

The **Stop Triage Evaluate Educate Refer (STEER)** is a joint MPD/HHS initiative. We appreciate the County's addition of \$300,000 for funding for STEER in FY19, and also appreciate the expansion of the program by including \$75,000 in FY19 for additional staff to help monitor and support individuals while they are waiting for placement for residential treatment.

We would like to recommend that the County establishment of a **Restoration Center** modeled after the center in San Antonio, Texas. The Restoration Center would have comprehensive deflection services and reduce programmatic burdens of the Crisis Center and the criminal justice system. Since the Restoration Center would take some time to establish, MHAC is encouraged by the current efforts by DOCR/HHS-BHCS to develop a Plan of Requirements for the detention center to create a space for the Restoration Center. Simultaneously, we encourage the Council to support HHS, DOCR and others in considering interim locations until the permanent building is completed. Establishment of this "one-stop shop" center would create a more robust continuum of criminal justice services that would be available to consumers and make Montgomery County a model system for decriminalizing mental illness and substance abuse. For more information on Restoration Centers, please see <http://chcsbc.org/innovation/jail-diversion-program/>.

- 2) Expand Access to Mental Health Professionals especially through Innovative Approaches.**

Recent evaluations have determined that Montgomery County has a shortage of psychiatrists.¹ Additionally, the County faces a critical shortage and needs for mental health professionals of in a variety of disciplines (Social Workers, Professional Counselors, Nurse Practitioners, Expressive Therapists, ESOL Counselors, Elementary School Counselors etc.) including those who can speak Spanish or other critical languages necessary to support a growing population of immigrants and refugees from foreign countries with exposure to psychological trauma. Data from Montgomery County Public Schools alone reveals as many as 12,000 immigrant youth may have matriculated in the past five years from three violence-torn Central American Countries, which gives context to the proportions of this problem.

Another of MHAC's top priorities is to advocate for increasing access to care across the lifespan. It is in this vein that we want to express our concern about the staffing of county-run behavioral health programs that

struggle to fill vacant positions. At the time this document was written (Sept. 2018), there are approximately 25 vacant positions in BHCS. The vacancies include managerial positions and providers (including social workers and clinicians). The causes are a lack of bilingual providers/applicants, non-competitive salaries, and the length of time that it takes to complete the recruitment, hiring, and onboarding process. BHCS plays a critical role in promoting mental wellness, preventing substance abuse and suicide, and making sure that children, youth, families, adults, and seniors in crisis or with behavioral health needs have access to a comprehensive and culturally competent treatment and recovery system that provides effective services and supports. These vacancies contribute to reducing the capacity to provide essential services to those struggling with mental health and/or substance use disorders. We would like to see the current efforts continue to make the hiring process more efficient in order to shorten the hiring process and timeline. Furthermore, we would like to request a new staffing study be funded, as has occurred in the past, to allow DHHS to examine the salaries of psychiatrists, therapists, and possibly psychiatric nurse practitioners, to find out if the salaries are competitive which impacts our ability to address the shortages as well as vacancies in these areas.

With the adoption of Maryland's Keep the Door Open Act and the Telehealth bill (SB 704), we look forward to attracting more highly qualified mental health professionals to Montgomery County who will be incentivized by more competitive pay to help address the shortage of mental health professionals. With the implementation of telehealth, more practitioners will be remotely accessed through the ACT team services. ACT Team services are provided by Cornerstone and People Encouraging People (PEP) in Montgomery County. Collectively they operate a total of three ACT teams, each serving up to 100 clients. A fourth Forensic-ACT team (FACT) is being built at the present time. ACT teams are given support funding for the first year until they reach program fidelity to the national ACT team standards. Afterwards they are primarily funded through the state fee-for-service system.

MHAC would like also like to see increased access to psychiatric services through the innovative use of telemedicine, creating psychiatric nurse practitioner positions and educational residency programs in County Government², and/or the adoption of innovative consultation models where psychiatrists guide pediatricians or family doctors in their prescribing of psychiatric medicines in primary care clinics. These can be either funded or administered by the County Government, i.e. modeled after the Massachusetts Child Psychiatry Access Project which has now been adopted by a number of states.³ MHAC will work with the Mental Health Association of Maryland's Parity Project to ensure transparency of behavioral health provider networks so that they are meeting access standards.

3) Continue to Advocate for a County-Wide Coordinated System of Care for Children, Transition-Age Youth and Adults.

The Office of Legislative Oversight (OLO) report cited many behavioral health services that are available in Montgomery County. However, adults with multiple needs, including psychiatric, medical, and socio-economic, cycle through our hospitals and jails often due to poor or no care coordination and because of difficulty accessing needed services. Recidivism is higher for those with mental health disorders often due to criminal charges, such as failure to appear or violation of probation, which could often have been prevented with good care coordination.

While there has been some progress toward a more coordinated system through contracts with targeted case management providers and the Nexus Montgomery Grant, it is still imperative to establish a comprehensive county-wide system that is aligned with hospitals and non-profit systems. One of the key challenges of care coordination is lack of housing. A county system could accept referrals from multiple sources, not only hospitals. The system could integrate efforts among the agency providers, track care, and collect data. The Nexus Montgomery Grant is improving care coordination and is also addressing the specialized need for housing. The

¹ Baker J, Travers JL, Buschman P, Merrill JA. An Efficient Nurse Practitioner-Led Community-Based Service Model for Delivering Coordinated Care to Persons With Serious Mental Illness at Risk for Homelessness [Formula: see text]. J Am Psychiatr Nurses Assoc. 2017

² Sarvet BD, Ravech M, Straus JH. Massachusetts Child Psychiatry Access Project 2.0: A Case Study in Child Psychiatry Access Program Redesign. Child Adolesc Psychiatr Clin N Am. 2017 Oct;26(4):647-663. doi: 10.1016/j.chc.2017.05.003. Epub 2017 Jul 11. Review. PubMed PMID: 28916005

focus of the Nexus Montgomery Grant is to prevent re-admissions to hospitals by coordinating care between hospitals and the community. Nexus Montgomery, through its partnership with Cornerstone Montgomery, has three residential crisis houses in the county that serve as alternatives and diversion from the hospital. A staff person liaises with the hospital to help with the referral process. MHAC is watching with interest the Nexus project to see how this example of care coordination might be brought to scale, and we will observe and monitor the broader issues that may negatively affect care coordination in the county.

**Alcohol and Other Drug Abuse Advisory Council FY19 Priorities
Health and Human Services Committee Meeting – October 22, 2018**

1. 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 State

The consequences of alcohol and drug use and abuse are becoming increasingly lethal. In 2017, there were 2,282 drug- and alcohol-related intoxication deaths in Maryland. This is the seventh year in a row that intoxication deaths have increased, and, represents a 9% increase over the number of deaths in 2016. Of these deaths, 116 occurred in Montgomery County – almost double the number of deaths that occurred here in 2007. Together, prescription opioids and alcohol were responsible for almost half of all drug- and alcohol-related intoxication deaths in the County during 2017 (16 % and 30%, respectively).

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.

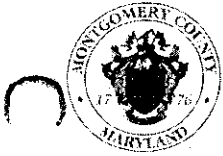
Therefore, this year, AODAAC intends to continue to push for greater awareness of the inadequacy of the current level of funding for alcohol and drug treatment and prevention in the county, and thus also advocate for more funding for these programs. Additionally, AODAAC will also advocate for stronger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

2. Continue to Work with Montgomery County Public and Private Schools to Educate Students, Parents, and Teachers About Alcohol and Drugs Using an Evidence-Based Curricula

Childhood and early adolescence is a time when people are most likely to begin abusing drugs – including tobacco, alcohol, and illegal and prescription drugs. In Montgomery County, almost seven out of every ten students (68%) have consumed at least one drink of alcohol by the end of high school and about a third (34%) have done so by 9th grade. In 2014, around 7% of Montgomery County 9th graders and 28% of the County's 12th graders reported using marijuana in the past month. There has also been a sharp spike in vaping and the use of e-cigarettes in middle and high schools across the country. E-cigarette use by high school students increased by 900% from 2011 to 2015; in 2016, 500,00 middle school students and 1.7 million high school students said they had used e-cigarettes in the previous 30 days. Early alcohol and drug use has many consequences – from problems in school to an increased risk of contracting an infectious disease or suffering mental health problems to overdose or death. Moreover, drug use at an early age is an important predictor of development of a substance use disorder later in life.

Montgomery County Public Schools (MCPS) is the largest school system in Maryland and the 17th largest in the United States. There are also 181 private schools in the County. AODAAC believes that these schools have an obligation to be more proactive in using evidence-based curricular to address alcohol and drug use and to educate not just the students, but also the parents and the teachers. Therefore, AODAAC will continue to work with both MCPS and private schools to provide data and resources to help them achieve this goal.

Children, Youth, and Family Services



Children, Youth and Family Services

RECOMMENDED FY20 BUDGET
\$84,997,795

FULL TIME EQUIVALENTS
550.73

✱ **VICTORIA BUCKLAND, ACTING DIRECTOR**

FUNCTION

The mission of Children, Youth, and Family Services is to promote opportunities for children to grow up safe, healthy, ready for school, and for families and individuals to achieve well being and self sufficiency. This mission is realized through the provision of protection, prevention, intervention, and treatment services for children and their families, and through educational, support, and financial assistance for parents, caretakers, and individuals. These services work to build on the strengths of both the individual and the community in addressing issues of child development, abuse, neglect, health, and economic security.

PROGRAM CONTACTS

Contact JoAnn Barnes of the HHS - Children, Youth and Family Services at 240.777.1223 or Erika Lopez-Finn of the Office of Management and Budget at 240.777.2771 for more information regarding this department's operating budget.

PROGRAM DESCRIPTIONS

✱ Chief Children, Youth & Families

This program provides leadership and direction for the administration of Children, Youth, and Family Services.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	808,499	4.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	254,361	2.00
FY20 Recommended	1,062,860	6.50

✱ Child & Adolescent School & Community Based Services

Services provided through this program are delivered through contracts with community-based partners and include community empowerment efforts, single-parent family services, family services, youth services, and family outreach efforts. The program also provides for the coordination, planning, and implementation of a number of key interagency initiatives among public and private agencies in the community to meet the needs of children, youth, and their families. The cluster projects and East County Initiative help families in crisis through a multi-agency approach, connecting them to resources for homelessness, mental health, food stamps and other social services to reduce barriers to school engagement, and supporting improved school achievement.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	3,839,469	10.50
Decrease Cost: Delay Implementation of the Paint Branch and Springbrook Cluster	(287,275)	0.00

FY20 Recommended Changes	Expenditures	FTEs
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	199,273	0.00
FY20 Recommended	3,751,467	10.50

☼ Infants & Toddlers

This program provides evaluation, assessment, family support, and early intervention services to families with children from birth up to four years of age (or five years of age when there is a concern about development, or when a developmental delay is documented). The services are delivered using a family-centered approach and are provided by staff employed by Montgomery County Public Schools, HHS, and private community service providers.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Number of children served	5,208	5,260	5,000	5,000	5,000
Percentage of Infants and Toddlers families that understand their child's special needs	98	98	99	99	99

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	6,528,338	24.53
Re-align: Infants and Toddlers Consolidated Local Implementation Grant (CLIG) Funds	(1,999,796)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	1,768	0.00
FY20 Recommended	4,530,310	24.53

☼ Child Welfare Services

This program provides protective, rehabilitative, and supportive services for children who are maltreated and for their families. This program also provides supportive and financial help to relatives, foster parents, and adoptive parents. Investigations, protective services, kinship care, foster care, adoption, and in-home services are also provided through this program. In-Home Services provide social services to families with children who are at risk of removal from home due to neglect or abuse.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of families receiving in-home services that do not have a child protective service investigation with an abuse or neglect finding within one year after receiving services	93	98	98	98	98

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	24,517,421	204.80
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	1,186,419	0.00
FY20 Recommended	25,703,840	204.80

☼ Linkages To Learning

Linkages to Learning is a community school partnership with an integrated focus on health, social services, and community development and engagement to support student learning, strong families, and healthy communities. Linkages to Learning services include comprehensive behavioral health and social wraparound services to mitigate the effects of poverty and reduce non-academic barriers to learning. This program is a partnership among the Department of Health and Human Services, Montgomery County Public Schools, and local public and private non-profit agencies. Services are provided in elementary and middle school communities with high indicators of poverty.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of Linkages to Learning clients receiving mental health services that report at termination of treatment, a demonstrated maintained or improved status ¹	72	75	75	75	75
Percentage of clients satisfied with services	98	98	98	98	98

¹ A new assessment instrument was implemented by the program in FY18. Therefore, FY18 should be considered a new baseline as the content

of the measure has substantially changed.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	6,577,360	5.00
Enhance: Provide Funding to Open the New Linkages to Learning Center at Maryvale Elementary School	80,000	1.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	50,542	0.00
FY20 Recommended	6,707,902	6.00

☀ Positive Youth Development

This program focuses on providing culturally-based and trauma-informed positive youth development services, including violence prevention; gang prevention; and intervention for those youth who are at-risk of gang involvement and those already involved in gang activity; and youth and their families who may have been involved in or exposed to violence. The key elements include a youth violence prevention coordinator who manages and monitors the Up-County and Down-County Youth Opportunity Centers, four High School Wellness Centers, the Safe Space Program, and the Street Outreach Network. Services and supports are provided through community based work, community education, and partnerships. This program works closely with the Police Department, MCPS, State's Attorney's Office, Recreation Department, other HHS divisions, Libraries, and other community groups to address gang and youth violence issues throughout the County.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	6,474,469	18.00
Increase Cost: Adjust Budget for Crossroads Youth Opportunity Center to Address Structural Budget Deficiencies	50,569	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	36,379	0.00
FY20 Recommended	6,561,417	18.00

☀ Early Childhood Services

This program focuses on increasing the quality of early care and education programs available to young children throughout the County through technical assistance, consultation, and training for child care providers. Family Support Services' focus is on the development of strategies to increase the supply of quality early care, education programs, and services. Services are delivered through contracts between HHS, the State, and private non-profits that support parents as their children's first teacher. The services include parent engagement activities; home visits; health and parenting education; screening of children to identify special needs; and family support; primarily targeting families and children with risk factors such as poverty, health issues, and isolation.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of families that are receiving parent support services that do not have involvement with child welfare by the time the child is five years old ¹	100	100	100	100	100

¹ The first report in each fiscal year is for six months of data. This data point is updated mid-year after the second six months is reported. The data listed for FY17 represents a full year of data.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	4,135,462	13.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	202,946	0.00
FY20 Recommended	4,338,408	13.50

☀ Child Care Subsidies

The Child Care Subsidies program and its functions have been merged into the Office of Eligibility and Support Services.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Number of families authorized to receive a subsidy ¹	763	732	732	732	732

¹ Changes to the tables were implemented in FY16. We have had lower participation rates due to the overall cost of care and finding a provider with space or willing to accept the county payment.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	6,571,023	7.50
Re-align: Adjust Funding for Working Parents Assistance Program to Account for Decreased Utilization due to State Child Care Subsidy Enhancements	(3,200,000)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	22,452	0.00
FY20 Recommended	3,393,475	7.50

☼ Office of Eligibility and Support Services

The Office of Eligibility and Support Services (OESS) serves low-income families and individuals facing significant challenges in meeting basic needs to include food, medical coverage, shelter, and child care. The Child Care Subsidies program and its functions have been merged into OESS. OESS determines eligibility for Temporary Cash Assistance (TCA); Temporary Disability Assistance Program (TDAP); Refugee Cash Assistance; Supplemental Nutrition Assistance Program (SNAP- formerly known as Food Stamps); Medical Assistance for the Aged, Blind, and Disabled (including long-term care); and the Affordable Care Act which includes Community Medical Assistance, Maryland Children's Health Program, Medical Assistance for Families and Children and Refugee Medical Assistance. This program also administers the County's Working Parents Assistance (WPA) Program that provides child care subsidy for county residents who are over the income eligibility for Maryland Child Care Subsidy Program (CCSP) and determines eligibility for the County's healthcare for the uninsured (Maternity Partnership, Care for Kids, Senior Dental Program, and Montgomery Cares).

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Twelve month work participation rate for work-eligible Temporary Cash Assistance (TCA) recipients in federally defined work activities	46	43	50	50	50
Percentage increase in families accessing Food Stamps as a support to self sufficiency measured as the number of families applying for Food Stamp assistance (compared to FY05 as the base year)	200	189	180	180	180

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	27,494,777	259.40
Enhance: Pregnant Women and Children - MD Kids Grant Funds	535,893	(2.00)
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	917,446	2.00
FY20 Recommended	28,948,116	259.40

PROGRAM SUMMARY

Program Name	FY19 APPR Expenditures	FY19 APPR FTEs	FY20 REC Expenditures	FY20 REC FTEs
Chief Children, Youth & Families	808,499	4.50	1,062,860	6.50
Child & Adolescent School & Community Based Services	3,839,469	10.50	3,751,467	10.50
Infants & Toddlers	6,528,338	24.53	4,530,310	24.53
Child Welfare Services	24,517,421	204.80	25,703,840	204.80
Linkages To Learning	6,577,360	5.00	6,707,902	6.00
Positive Youth Development	6,474,469	18.00	6,561,417	18.00
Early Childhood Services	4,135,462	13.50	4,338,408	13.50
Child Care Subsidies	6,571,023	7.50	3,393,475	7.50
Office of Eligibility and Support Services	27,494,777	259.40	28,948,116	259.40
Total	86,946,818	547.73	84,997,795	550.73

Multi-program adjustments include compensation increases, grant reallocations, personnel reallocations, and miscellaneous repurposing of funds within and between programs.

OESS

- Please explain the increase to the Pregnant Women and Children/Maryland Kids Count. What staffing and services are attached to this funding? What is the total award for the grant in FY19?

Funding Amount:

The FY19 PWC grant of \$2,085,100.00 was increased by a supplemental of \$535,893.44 for a total award of \$2,620,993.44. The Grant was later increased by a supplement of \$41,623.00 for a total award of \$2,662,616.00.

The supplements funded the following:

- To provide Medicaid Managed Care Organizations (MCOs) with enrollment assistance at the local level. In prior years, this role was handled by the Health Choice call center.
- To determine Medicaid eligibility for inmates at the Montgomery County Correctional Facility and the Pre-Release Center.
- To conduct outreach and enrollment events in Montgomery County.

PWC Staffing:

- Currently, the PWC grant funds the following staff (not including vacancies):

Income Assistance Program Specialist III	2
Income Assistance Program Specialist I/II	12
Office Service Coordinator	4

Services Provided:

The Grant funds the local health department Maryland Children's Health Program (MCHP) Eligibility Units. MCHP provides health insurance coverage for low-income pregnant women of any age with income at or below 250% of the federal poverty level (FPL), children under age 19 with family incomes at or below 300% FPL, new adult population expanded through the Affordable Care Act (ACA), and Pre-Release Inmate population expanded through ACA. The new adult population with a Modified Adjusted Gross Income (MAGI) at or below 138% FPL.

The MCHP Eligibility Units are responsible for assuring that MCHP and MAGI applications they receive from low income families are processed in accordance with COMAR 10.09.11, and 42 CFR-400 for: (1.) the current coverage period, and (2.) as needed, a retroactive period not exceeding three months prior to the month of application.

The MCHP eligibility units are responsible for processing applications from individuals who meet the MAGI population descriptions

- Please provide caseload data by program for FY18 and FY19 to date. What are the average caseloads per filled position? What are the average caseloads per filled position?

This response is specific to the Health Care Eligibility Units (formerly Service Eligibility / MAGI Units). The Maryland Health Connection system removed caseload assignment, instead staff process "Tasks" in the system which grants eligibility. In addition to completing "Tasks" and other duties, staff also provide in-person assistance to customers applying for Medicaid/MCHP and Qualified Health Plans (QHPs) in the computer lab.

OESS Caseload Data

	Actual FY18	FY19*
Temporary Cash Assistance (TCA)	822	774
Temporary Disability Assistance Program (TDAP)	429	430
Food Supplement Program (FSP)	29,461	28,531
Non ACA Medicaid (MA) **Includes SSI & Medicare Buy-In Recipients	25,455	25,820
Total	56,167	55,555

**As of February 28, 2019*

FY18 Average Caseloads per Filled Positions - Income Supports

Indicator	Income Supports	MAGI – MA
Caseworkers	81	31
Average cases per filled position	693	N/A

Medicaid - Long Term Care (LTC)

Data Indicator	Actual FY18	FY19*
Caseload (average active recipients)	1,911	1,910
Staffing** (existing positions)	11	11
Average filled positions	9	9
Average cases per currently filled position	212	212
Average new applications per month	89	79
Average new applications per worker	13	11

**As of February 28, 2019*

***Four of the positions receive funding from a contract with local nursing homes.*

Public Assistance to Adults (PAA)

Data Indicator	Actual FY18	FY19*
Caseload (average active PAA recipients)	378	362
Caseload (average active SNAP recipients associated w/PAA)	364	339
Average cases per position	742	701
Average filled positions	1	1

**As of February 28, 2019*

- What are the OESS's compliance rates for all programs in FY18 and FY19 to date?
The Maryland Health Connection system issues same day determinations. The compliance rate is 100% for pregnant women, parents and children and under expanded Medicaid rules 100% for single adults.

- What are the OESS's compliance rates for all programs in FY18 and FY19 to date?

	FY18	FY19
Office of Eligibility & Support Services		
Overall Compliance Rate:	98.5%	98.8%

- Please identify the amounts spent in FY18 and FY19 to date on temporary clerical and overtime in the OESS broken out by funding source?

	Funding Source	FY18	FY19 to Date
OESS Temporary Clerical	County General Funds	\$28,750	\$4,846
OESS Temporary Clerical	HB669 State Funds	\$379,749.41	\$220,696.27
OESS Overtime	HB669 State Funds	\$119,735	\$36,288 as of 4/13/19
PWC Overtime	Grant Funded	\$163,584.31	\$110,292
PWC Temporary Clerical Staff	Grant Funded	\$520,596.17	\$431,301

Child Welfare Services

- For the Treehouse, please provide the following:
 - The approved FY19 and FY20 recommended County funding for the program, including contract and in-kind resources;
 - The total budget for the program in FY19 and projected for FY20 by funding source.
 - Any wait list or wait time data for services in FY18 and FY19 to date; and

- Has the Tree House Board completed a strategic plan for the organization? How is the Board moving forward with membership, development, and program priorities?

Please see attachment

- Please provide the monthly average caseload for filled Social Worker positions by unit in FY18 and FY19 to date.

FY18

Assessment/Investigations:

24 workers with an average of 18 open cases at end of month each.

Out of Home:

40 workers with an average of 10 open cases/month each.

In-Home:

10 workers with an average of 9 open cases/month each.

FY19

Assessment/Investigations:

24 workers with a median caseload of 18 cases (new investigations)/month.*With carry-over caseloads (investigations have a 60 day State mandate to be completed and closed, caseloads per worker are 24/25.)

Out of Home:

32 workers with a median caseload of 13 open cases/month.

In-Home:

10 workers with a median caseload of 9 open cases/month.

NOTES: Using a median measurement is more reflective of a "day in the life" of CWS social workers given staff vacancies and the realities of caseload complexities. In FY19 thus far, an average of 19 children per month have been placed in safe environments.

- Please provide average monthly trend data for FY18 and FY19 for calls to screening unit, IR investigations, AR investigations, new out of home placements, in foster care, placed with relatives, and residential placements.

	FY17	FY18	FY'19 (July-Feb'19)
Avg Number of calls to screening unit per month	1089	1506	1207
Avg Number of New Alternative Response (AR) Investigations per month	118	119	87

Avg Number of New Investigation Response (IR) investigations per month	87	102	96
Avg Number of New Non-CPS cases per month	35	52	70
Avg Number of new out of home placements per month	14	15	18
Avg Total out-of-home children in care at month's end per month	402	418	417
Avg Number of children placed with relatives per month	107	105	109
Avg Number of children in residential placement per month	69	60	55

Positive Youth Development

- What is the FY19 and recommended FY20 budget for the Upcounty and Crossroads YOCs. Please provide service and outcomes data for the two YOCs for FY18 and FY19 to date. How many young people were served by type of service (e.g., mental health, GED, job training and placement, substance abuse prevention and intervention, etc.)?

	2019	2020
Crossroads Youth & Community Opportunity Center.	710,841.97	715,107.17
Upcounty Youth Opportunity Center	603,054.99	603,054.99

Program Name	Program Description	Total Number of Participants Served FY18	Total Number of Participants Served FY19 (July 2018-March 2019)
Crossroads Youth Opportunity Center	Crossroads Opportunity Center, located in Takoma Park provides culturally-based and evidence-informed trauma and healing services. Specific services provided include, GED preparation, mental health counseling, and workforce readiness programming and referrals to WorkSource Montgomery for youth at-risk of gang involvement or at-risk of dropping out of school	215	190
Upcounty Youth Opportunity Center	Up-County Youth Opportunity Center located in Gaithersburg, provides culturally-based and evidence-informed trauma and healing services. Specific services provided include, GED preparation, mental health counseling, and workforce readiness programming and referrals to WorkSource Montgomery for youth at-risk of gang involvement or at-risk of dropping out of school	283	256
Total Served in YOCs		498	446

- What is the FY19 and recommended FY20 budget for the SON? Please provide an update on SON services in FY18 and FY19 to date including the number of young people served by geographic region, services delivered, and outcomes achieved.

	2019	2020
Street Outreach Network	1,428,829	1,581,671

FY18 Youth Served by Geographic Region

20901,20902,20903,20904,20906,20910	1	Aspen Hill
20866	1	Burtonsville
20871	2	Clarksburg
20815	1	Chevy Chase
20901, 20902, 20903, 20904, 2090, 20910	115	Colesville
20872	1	Damascus
20877,20878,20879	11	Gaithersburg

20874,20876	33	Germantown
20783	2	Hyattsville
20886	16	Montgomery Village
20850,20852	8	Rockville
20901,20902,20903,20904,20906,20910	64	Silver Spring
20868	1	Spencerville
20912	7	Takoma Park
20901,20902,20903,20904,20906,20910	2	Wheaton
Clarksburg Correctional Facility 20841	30	
Unknown	40	
TOTAL	335*	

**In FY18, SON served a total of 335 clients (305 unduplicated clients)
The following services were provided:**

Joven Noble Curriculum implemented
Barber and life skills
Social Podcast and life skills (alternatives to YouTube violence)
DJ and Music Production and life skills
Boxing and Life Skills
Health and Wellness Life Skills
Soccer and Life Skills
Handyman and Life Skills
Transformational and Restorative Healing psycho educational group with MCCF
Youthful Offenders
Soccer for Change (Partnership with MCRD and Identity)

FY19 Youth served by SON Geographic Region

20901,20902,20903,20904,20906,20910	1	Aspen Hill
20866	2	Burtonsville
20841	2	Boyd
20871	5	Clarksburg
20904	19	Coolesville
20877,20878,20879	27	Gaithersburg
20874,20876	54	Germantown
20886	27	Montgomery Village

20832	1	Olney
20850,20852	12	Rockville
20901,20902,20903,20904, 20906,20910	99	Silver Spring
20868	1	Spencerville
20912	7	Takoma Park
20901,20902,20903,20904, 20906,20910	2	Wheaton
20841	50	Clarksburg Correctional Facility
TOTAL	309	

SON Data

Indicator	FY17	FY18	FY19* *as of April 2019
Arrests after Engagement	54	14	9
Suspensions after Engagement	60	20	19
Successful school-based mediations with no further retaliation	35	28	12
Successful community mediations with no further retaliation	16	25	18

- Please provide an update on the Safe Space program. Are all sites operational?
Currently Safe Space is operational in Wheaton Pembrige Apartments, Germantown CBD (based out of Germantown library), and Montgomery Village Cider Mill Apartments (based out of the Gaithersburg Library) in May 2018.
- If so, when did they open? If not, what are the plans for remaining sites?
A site at East County will open once staff are hired. We are recruiting to hire 5 Safe Space staff (two of which will be assigned to East County).
- How many youth have been served and what services are being delivered?
70 unduplicated youth are being served*
Services include: Joven Noble and Xinatchli Curriculum implementation, as well as workforce skills building in partnership with Identity.
13 clients have acquired jobs and 3 clients arrested

*Safe Space currently has only 3 PT staff on board and the model requires 2 staff per site for a total of 8 staff. Since the fall of 2018, there have been several vacancies. We have hired two temporary contractors to support two of the Safe Space sites, and a current FT

SON staff is supporting another site, until we are able to hire the additional 5 Safe Space staff. We are hoping this will occur by August 2019.

- Are all staff for the program in place?
No (please see explanation above)
- Please provide the FY19 and FY20 budgets for the Gang Violence Prevention services through LAYC and Identity, and the Strong Families Initiative. Please provide an update on services delivered and youth and families served.

	2019	2020
LAYC- Maryland Multicultural Youth Center	155,685	155,685
Enhanced Services for Youth at Risk of Gang Violence- LAYC	158,100	158,100
Identity- After School	357,798	357,798
Strengthening Families	175,000	175,000

LAYC- FY19 (Both Contracts)

Services offered: Academic supports, case management, post- secondary support, leadership development, Joven Noble Curriculum, Workforce development, and parent supports.

Total Numbers Outreached: 248

- Gang Prevention: 197 outreached. 25 internally referred to other programs, 55 in academics, 38 in case management (only).
- Positive Youth Development: 51 outreached and enrolled. 37 in academics, 14 in case management (only).

In addition, there were 11 families with Parent engagement.

Identity After School- FY19

147 Positive Youth Development Services

62 Parent Support Trainings

131 Case Management supports

107 clients received unduplicated case management services

Catholic Charities (SFI)

Location	# of YTD youth served <i>(All youth who have attended at least once)</i>	# of YTD Families served through Program	# Case Management Services	Total Mental Health Services
Langley Park	36	10	Youth: 1 Parent: 1	Youth: 1
Wheaton	8	0		
Silver Spring	47	10	Youth: 2 Parent: 1	Parent: 1
*Gaithersburg		0		
TOTAL	91	20	5	2

*Due to changes in leadership at Saint Martins there has been delays in implementing in Gaithersburg, but will implement in July.

3 Positive Youth Development Programs are being used:

- Joven Noble
- Xinatchli,
- Cara y Corazon + case management + Mental Health Services referral

Total number of groups held in Parishes in FY19: 11

- Mission San Andres has had 5 groups (2 coed Middle school groups; 2 girl groups; 1 parent group)
- St. Camillus has had 5 groups (2 girl groups; 2 boy groups; 1 parent group)
- One girl group at Mario Loiederman Middle School (Wheaton)



MONTGOMERY COUNTY COUNCIL

ROCKVILLE, MARYLAND

To: Councilmembers

From: Nancy Navarro, Council President
Gabriel Albornoz, Chair, Health and Human Services Committee
Tom Hucker, District 5 Councilmember

Subject: Crittenton Services of Greater Washington

We have been approached with an exciting opportunity to scale up program delivery by Crittenton Services of Greater Washington in the East County. A County resident has committed to contributing \$300,000 over the next two years (see attached) to cover half of the operating costs for Crittenton to deliver three of their youth development programs at six East County schools,¹ with the condition that these funds be matched by other sources to cover the remaining cost. **To take advantage of this opportunity, we are requesting placing \$150,000 on the Reconciliation List to match and support the expansion of Crittenton to the East County for year one.**

For over 120 years Crittenton has been empowering teen girls to overcome obstacles, make positive choices, and achieve their goals through programs in schools throughout the Greater Washington area. In Montgomery County, they have been delivering life-changing positive youth development services for over three decades.

These six schools were selected based upon need, as measured by indicators of family economic wellbeing, school disengagement, emotional wellbeing, and academic achievement. Given these indicators, the need for social and emotional development, along with academic support, and trauma-informed care is undeniable.

Crittenton's expansion to the East County would provide a continuum of services for vulnerable teen girls from the sixth- to the twelfth-grade through the following programs:

- **SNEAKERS (Self-efficacy, Nurturance, Expectations, Assertiveness, Knowledge, Empowerment, Responsibility, and Success):** empowers seventh- to twelfth-grade girls who are at risk for negative outcomes to navigate the choices and challenges of adolescence.

¹ Banneker, Briggs Chaney, Key, and White Oak Middle Schools; and, Springbrook and Paint Branch High Schools in East County.

- **PEARLS (Parenting, Education, and Responsive Life Skills):** enables pregnant and parenting high school students to remain in school, succeed as students, and raise healthy children.
- **Goal Setting Girls:** strengthens the social and emotional skills that sixth- and seventh-grade girls need to succeed in middle and high school and ultimately as first-generation college students.

As you know, the County has been committed to building a robust service delivery system that is comprehensive, collaborative and community-based to bring greater access and opportunity to residents living in this area of the County. We have the chance to leverage funding from a private donor, and we should take advantage of this unique opportunity.

Thank you for considering supporting this.



May 3, 2019

To Whom It May Concern

This is to confirm a \$300,000 commitment of the V & S Foundation to fund Crittenton Services' expansion of its programs to serve previously unserved girls in the East County area of Montgomery County. The committed funding covers program delivery services to middle and high school girls in the form of general operating support for any of Crittenton's programs including but not limited to Goal Setting Girls, SNEAKERS and PEARLS programs.

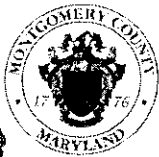
The funds will be paid in two installments of \$150,000 on or before June 15, 2020 and June 15, 2021. This will ensure that the expansion takes place before the school year 19-20.

\$150,000 per year will supply one-half of Crittenton's budget for these services. We and Crittenton anticipate that the other one-half will be supplied as matching funds through the County or other sources. The Foundation is eager to collaborate with Crittenton and its matching funder to provide these important programs.

SIGNATURE

Stephanie R. Saturni, CEO & Co Founder

Public Health Services



Public Health Services

RECOMMENDED FY20 BUDGET
\$76,728,892

FULL TIME EQUIVALENTS
502.77

✴ **VICTORIA BUCKLAND**, ACTING DIRECTOR

FUNCTION

The functions of the Public Health Services programs are to protect and promote the health and safety of County residents. This is accomplished by monitoring health status and implementing intervention strategies to contain or prevent disease (including bio-terrorism and emerging diseases); fostering public-private partnerships, which increase access to health services; developing and implementing programs and strategies to address health needs; providing individual and community level health education; evaluating the effectiveness of select programs and strategies; and licensing and inspecting facilities and institutions affecting public health and safety.

PROGRAM CONTACTS

Contact Travis Gayles of the HHS - Public Health Services at 240.777.1211 or Joshua Watters of the Office of Management and Budget at 240.777.2768 for more information regarding this department's operating budget.

PROGRAM DESCRIPTIONS

✴ Communicable Disease & Epidemiology

Communicable Disease and Epidemiology is responsible for investigations, management, and control of the spread of over 65 infectious diseases as stipulated by Maryland law, including: rabies; hepatitis A, B, and C; salmonellosis; measles; cholera; legionellosis; and Lyme disease. Emerging pathogens, such as Zika, are addressed with aggressive surveillance efforts and collaboration with State agencies of Agriculture, Health, and the Environment. Control measures for disease outbreaks in high-risk populations, such as long-term care facilities, are implemented to prevent further spread of diseases to others. Educational programs are provided to groups that serve persons at risk for infectious diseases (homeless shelters, nursing homes, day care centers, etc.). The program also provides vital records administration and birth/death certificate issuance. Immunizations, outreach, and education are available to residents, private medical providers, schools, childcare providers, and other community groups.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percent of investigations on reportable communicable diseases that follow appropriate protocols to limit further spread of the disease ¹	100	100	100	100	100

¹ The data reported are for the calendar year (CY) and represent year to date (YTD) as of the date of the report.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	1,814,518	14.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(4,547)	1.00
FY20 Recommended	1,809,971	15.50

✴ Tuberculosis Program

This program includes: testing persons for exposure to tuberculosis (TB), treating active cases, identifying persons at risk of developing TB,

performing contact studies to determine who may have been exposed to an infectious person, and medication therapy. A treatment plan is developed for each diagnosed patient and the patient receives supervised medication therapy. Special programs are provided to high-risk populations such as the homeless, addicted persons, incarcerated persons, and persons living in high-density areas of foreign-born populations. The Migrant Health Program is also provided in compliance with Federal laws governing migrant laborers.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of clients with active infectious tuberculosis that receive and are scheduled to complete Directly Observed Therapy and successfully complete the treatment regimen	96	97	97	97	97

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	1,908,400	17.00
Decrease Cost: Eliminate a Long-term Vacant Medical Doctor Position	(124,550)	(1.00)
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	72,970	(1.75)
FY20 Recommended	1,856,820	14.25

☼ **STD/HIV Prevention & Treatment Program**

The Sexually Transmitted Diseases (STD)/Human Immunodeficiency Virus (HIV) Program provides diagnosis and treatment to those who have contracted STDs. Contacts of infected patients are confidentially notified and referred for treatment. HIV counseling and testing is provided, with referral for medical and psychosocial support services if the test is positive. The HIV program provides primary medical care through all stages of HIV/AIDS, medication, and a broad spectrum of case management support services. Other services include home/hospice care, coordination of a regional HIV dental clinic, and housing services through the Housing Opportunities for People with AIDS program. This program also includes an HIV Dental Program, which provides comprehensive oral health services to HIV-positive clients.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	8,067,349	43.20
Decrease Cost: STD/HIV Grant Funds	(66,430)	0.20
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	32,244	(1.00)
FY20 Recommended	8,033,163	42.40

☼ **Public Health Emergency Preparedness & Response Program**

This program is responsible for the planning, readiness, and response activities of a public health emergency or bio-terrorism threat. Planning efforts are made in collaboration with the County Emergency Management Group; the Office of Emergency Management and Homeland Security; the Department of Fire and Rescue Service; the Police Department; hospitals; and a variety of other County, State, regional, and Federal agencies. Efforts are targeted at training and staff development, communication strategies, emergency response drills, partnerships, resources and equipment, the establishment of disease surveillance systems, mass immunization clinics, medication dispensing sites, and readiness.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of Public Health Services (PHS) programs with Continuity of Operations (COOP) plans that have been reviewed and updated within the past 12 months	100	100	100	100	100

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	1,285,495	8.40
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(44,390)	0.00
FY20 Recommended	1,241,105	8.40

☼ **Health Care & Group Residential Services**

This program inspects and licenses nursing homes, domiciliary homes (large assisted living facilities with less intensive care than nursing homes), and group homes serving children, elderly, and mentally ill to ensure compliance with County, State, and Federal laws and regulations.

Staff responds to complaints and provides advice and consultations to licensees to maintain high standards of care.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of nursing homes with actual harm deficiencies	13	20	20	20	20

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	1,488,373	12.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	7,619	0.00
FY20 Recommended	1,495,992	12.00

☼ **Cancer & Tobacco Prevention**

The Tobacco Use Prevention and Cessation Program and the Cancer Prevention, Education, Screening and Treatment Program are two programs funded through the State Cigarette Restitution Fund. State funding supports coordination activities among community groups for outreach, screenings, education, and treatment. Each program has established coalitions consisting of public health partners, community-based organizations, hospitals, and other existing resources that work collaboratively to implement either tobacco-control programs or the statewide goal of early detection and elimination of cancer disparities.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	1,241,218	3.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(2,843)	2.40
FY20 Recommended	1,238,375	5.40

☼ **Women's Health Services**

This program provides care coordination services for women and children in the Medical Assistance-managed care program. Referral services are provided for individuals with specific health issues (i.e., sexually transmitted diseases). Screening for early detection of breast cancer and cervical cancer including gynecological examinations, clinical breast examinations, mammograms, ultrasounds of the breast and related case management services are offered through the Women's Cancer Control Program to eligible women aged forty years and older.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	2,782,811	21.15
Reduce: State Reductions to Cancer Grant Funds	(132,036)	(2.00)
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	30,401	2.10
FY20 Recommended	2,681,176	21.25

☼ **Chief Public Health**

This program area provides leadership and direction for the administration of Public Health Services. Service area administration also includes Health Planning and Epidemiology, the Community Health Improvement Process (Healthy Montgomery) and Special Projects, as well as oversight for medical clinical volunteers, the Commission on Health, contracts, grants, and partnership development.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	1,738,827	12.00
Increase Cost: Health Department Accreditation Fee	14,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(117,456)	(1.00)
FY20 Recommended	1,635,371	11.00

Health Promotion and Prevention

The program's mission is to provide health information to the community to help change attitudes and behaviors to improve the population health. The program develops and distributes health education materials and information to County residents, including HHS clients, that helps them prevent the onset of chronic diseases, and to practice healthy behaviors and lifestyles. The emphasis is on health literacy, early access to preventive care and screening, and raising awareness through special events and campaigns. The program features an educational kiosk to help clients access health information, a calendar of health observances, printed materials, social media posting, and targeted outreach events.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	0	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	16,800	0.00
FY20 Recommended	16,800	0.00

Health Care for the Uninsured

This program area includes the Montgomery Cares, Care for Kids, and Maternity Partnership programs. Through public-private partnerships, these programs provide primary health care services for low-income uninsured children, adults, pregnant women, and the homeless, using private pediatricians, a network of safety net clinics, obstetricians, and hospitals, along with other health care providers. This program area also provides care coordination to uninsured children and adolescents with chronic or handicapping conditions needing specialty diagnostic, medical, and surgical treatment.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percent of vulnerable populations that have a primary care visit - Children ¹	61	71	71	71	71
Percent of vulnerable populations that have a primary care visit - Adults ²	27	44	44	44	44
Percentage of healthy birth weight babies (greater than or equal to 2,500 grams) born to pregnant women in the Maternity Partnership Program	97	96	96	96	96

¹ Changes in the number of uninsured children accessing health care are unpredictable due to the influx of unaccompanied minors and potential changes to the Federal policies for MCHIP.

² Changes in the number of people accessing health care are unpredictable due to the unknown impact and potential changes to the Federal policies for obtaining coverage through Medicaid, Medicare and other insurance through ACA.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	14,419,500	5.00
Re-align: Adjust Funding for Maternity Partnership Program to Reflect Service Demand	(102,050)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(190,580)	(1.00)
FY20 Recommended	14,126,870	4.00

Community Health Services

Community Health Services provides preventive health access services to uninsured and underinsured populations, using a family-centered approach. Services include nurse case management and home visits to targeted populations such as pregnant women, pregnant and parenting teens, children up to one year of age, and at-risk infants. Other services include staffing support for immunization clinics, STD services, and pregnancy testing in regional health centers.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of Infants At Risk (IAR) referrals that received a follow-up visit within 10 days by Community Health Service (CHS) nurse ¹	82	95	90	90	90

¹ Based on the implementation of the electronic health record and the resultant improved data collection, FY17 should be considered the new baseline year and is not comparable with prior years.

FY20 Recommended Changes

Expenditures

FTEs

FY19 Approved

4,774,040

42.60

Add: New Babies Born Healthy Grant Funds

200,000

1.00

Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

476,284

2.00

FY20 Recommended

5,450,324

45.60

*** Dental Services**

This program provides dental services to promote oral health in five dental clinics. Services include instruction in preventive health practices, primary assessments, targeted dental services, and emergency services. Services are provided to income-eligible Montgomery County children, pregnant women, adults, and seniors.

Program Performance Measures

Actual

Actual

Estimated

Target

Target

FY17

FY18

FY19

FY20

FY21

Dental Services - Percentage of children that complete their dental treatment plan ¹

46

32

32

32

32

¹ Some reasons for the low percentage include: (1) There is a 2-3 month wait to get a dental appointment; (2) Parents cancel appointments or do not show for a variety of reasons; (3) Rampant caries in our child population often necessitate 6 or 7 appointments to complete treatment (average number of visits to complete is three); and (4) A small number (about 200) are completed at a specialist's office and are not reflected in the statistic.

FY20 Recommended Changes

Expenditures

FTEs

FY19 Approved

2,870,301

16.00

Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

133,658

1.00

FY20 Recommended

3,003,959

17.00

*** Environmental Health Regulatory Services**

This program issues permits for and inspects a variety of activities to protect the public health by ensuring that sanitation standards are met and maintained, and that there is minimal risk of injuries or spread of vector, food, and waterborne diseases in facilities licensed by the program. This program also enforces nutritional restrictions on trans-fat in foods and menu labeling regulations. Food service establishments, swimming pools, health-care facilities, group homes, private educational facilities for children and adults, and a variety of other facilities used by the public are inspected and licensed. Inspections are conducted for compliance with health and safety standards established by the County and by State of Maryland laws and regulations. The County's rat control ordinance and smoking prohibitions and restrictions are enforced under this program. Complaints made by the public are investigated and orders for correction are issued as appropriate.

Program Performance Measures

Actual

Actual

Estimated

Target

Target

FY17

FY18

FY19

FY20

FY21

Percentage of swimming pools found to be in compliance upon regular inspection

93

92

90

90

90

FY20 Recommended Changes

Expenditures

FTEs

FY19 Approved

3,698,499

31.00

Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

19,706

(0.50)

FY20 Recommended

3,718,205

30.50

*** School Health Services**

This program provides health services to students in Montgomery County Public Schools (MCPS). These services include: first aid and emergency care; health appraisal; medication and treatment administration; health counseling, consultation, and education; referral for medical, psychological, and behavioral problems; case management for students with acute and chronic health conditions, and pregnant and parenting teens; and hearing, vision, and Lead Certification screenings. Immunizations and tuberculosis screenings are administered at School Health Services Centers, primarily to international students enrolling in MCPS. Primary health care, provided by nurse practitioners and physicians, is provided to students enrolled at one of the County's School Based Health Centers or High School Wellness Centers. Head Start-Health Services is a collaborative effort of HHS, Office of Community Affairs, School Health Services, MCPS, and contracted

community-based child care centers to provide comprehensive pre-kindergarten services to Federally eligible three and four year old children.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percent of students that return to class and are ready to learn after a health room visit	87	88	87	87	87

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	28,637,867	269.89
Enhance: Funding for School Health Room Staff for New School Facilities	456,287	4.79
Add: Implementation of Atticus Act (Vision and Hearing Screening for Children)	71,339	0.62
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	1,255,268	0.17
FY20 Recommended	30,420,761	275.47

PROGRAM SUMMARY

Program Name	FY19 APPR Expenditures	FY19 APPR FTEs	FY20 REC Expenditures	FY20 REC FTEs
Cancer & Tobacco Prevention	1,241,218	3.00	1,238,375	5.40
Chief Public Health	1,738,827	12.00	1,635,371	11.00
Communicable Disease & Epidemiology	1,814,518	14.50	1,809,971	15.50
Health Care & Group Residential Services	1,488,373	12.00	1,495,992	12.00
Health Promotion and Prevention	0	0.00	16,800	0.00
Public Health Emergency Preparedness & Response Program	1,285,495	8.40	1,241,105	8.40
STD/HIV Prevention & Treatment Program	8,067,349	43.20	8,033,163	42.40
Tuberculosis Program	1,908,400	17.00	1,856,820	14.25
Women's Health Services	2,782,811	21.15	2,681,176	21.25
Health Care for the Uninsured	14,419,500	5.00	14,126,870	4.00
Community Health Services	4,774,040	42.60	5,450,324	45.60
Dental Services	2,870,301	16.00	3,003,959	17.00
Environmental Health Regulatory Services	3,698,499	31.00	3,718,205	30.50
School Health Services	28,637,867	269.89	30,420,761	275.47
Total	74,727,198	495.74	76,728,892	502.77

Tuberculosis Control

Tuberculosis (TB) is a disease caused by *Mycobacterium tuberculosis* (*M. tuberculosis*). It typically affects the lungs and can affect any other part of the body such as lymph nodes, bones and joints, the brain and other organs. TB can be spread through the air when a person coughs, laughs, sneezes or sings. If treated effectively, most people can be cured of TB; If not treated properly, people can develop drug-resistant forms of TB or it can lead to death. TB remains one of the globe's deadliest diseases with an estimate of infection in one third of the world's population.

Although TB has consistently declined in the United States over the past several years, it is still a problem. TB control efforts must be maintained. A strong public health infrastructure and commitment will support overall TB control and elimination efforts. Latent TB infection, in addition to TB disease cases, is reported to the Maryland Center for Tuberculosis Control and Prevention (CTBCP) for surveillance as mandated by Code of Maryland Regulations (COMAR) effective July 2018.

Montgomery County accounts for approximately 32.6% of the foreign-born population in the state of Maryland. It is estimated that 20% of the county population comes from countries with a high prevalence of tuberculosis resulting in the unique demographic of tuberculosis among county residents. While the number of TB cases has decreased at the national level, Montgomery County continues to have fifty or more cases annually. While Montgomery County accounts for approximately 17% of Maryland's population, it accounts for approximately 30% of the state's cases 2017. In calendar year 2017 there were 63 confirmed cases of TB in Montgomery County, approximately 97% of whom were foreign-born. This is equivalent to an incidence rate of 6.0 cases per 100,000 population. In comparison, Maryland had an incidence rate of 3.4 per 100,000 in 2017 [8].

About the Program

Role

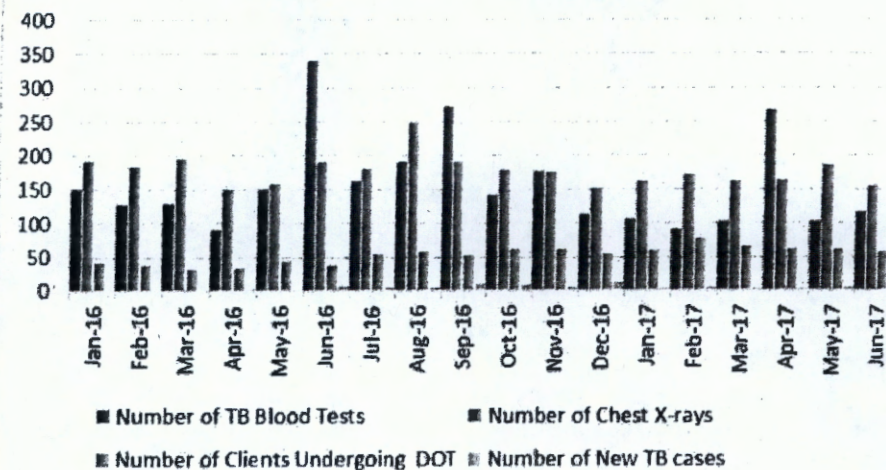
1. Early identification and treatment of TB disease cases in Montgomery County
2. Prevention of future TB cases by providing prophylaxis treatment for TB infection

Services

1. Oversight of TB disease cases in Montgomery County
2. Diagnosis, treatment and case management of active TB and TB infection.
 - Ongoing medical evaluation and management
 - Ongoing nursing assessment and case management

- Each client is assigned to a physician, registered nurse and community service aide
 - On-site radiography (digital imaging)
 - On-site and external radiography interpretation and reporting
 - On-site phlebotomy services
 - On-site negative pressure exam and sputum specimen collection rooms. Negative pressure is an infection control technology that is used to minimize the risk of disease transmission in clinical settings.
3. Medication dispensing
 4. Directly Observed Therapy (DOT) (onsite, community, video)
 - Standard of care
 - Individuals with TB take medication daily for at least six months. In most cases, a TB program staff member observes them taking their medication daily to ensure medication adherence and observe for response to treatment. This can be done in the clinic, worksite, home, community setting and electronically.
 - Individuals are closely monitored for problems or side effects related to the medication.
 5. Targeted testing and screening (identification of TB infection)
 - Individuals at high risk to develop TB disease are screened and tested. People at high risk include those who share the same breathing space with someone who has TB disease, people born in countries where a lot of people have TB, people who live in congregate settings such as correctional facilities and nursing homes, people with certain medical conditions and those with weakened immune systems.
 6. Consultation with community health facilities and providers.
 7. Close screening and evaluation of persons with TB disease to active TB cases.
 8. Onsite and collaborative community contact screening and evaluation (i.e. long-term care facilities and schools).
 9. Community referrals

Fig 52. Client Services, TB Control, 2016-17



Intake Referrals

The Tuberculosis Control Program receives patient referrals from the following types of health care providers and situations:

- Hospitals
- Community health care facilities
- Community providers
- CDC notification of suspect TB cases, known as "Class B waivers". These involve persons new to the U.S. with abnormal chest X-rays, previous history of treatment, being HIV positive, a recent TB contact or having a latent infection prior to entry.
- Self-referrals. Montgomery County residents with questions and concerns about tuberculosis symptoms, exposure and general information may contact the program for assistance.

Montgomery County TB Program at a Glance: 2017

- 63 confirmed TB disease cases.
- 37 cases were the pulmonary form, meaning that the lungs were affected, 16 cases extrapulmonary tuberculosis was diagnosed, meaning the infection was found outside the lungs. In 10 cases the infections were categorized as pulmonary/extrapulmonary, meaning the infection was in both the lungs and other parts of the body. This is important because the site of infection affects how easily it is spread to others, treatment, and other considerations. Over the past five years, approximately half of tuberculosis cases have had pulmonary involvement.

- Two hundred latent TB infections were identified during TB Program clinic screenings. This is significant because the identification of latent infections is important in decreasing the reservoir of potential future cases of active disease. Providing prophylaxis (medicine that prevents active disease) to individuals with latent infection may significantly reduce the chance for progression to TB disease. Because persons with TB are at special risk for also having HIV, HIV testing is offered to all patients placed on TB drugs.
- 100% of TB cases were placed on Directly Observed Therapy (DOT).
- The TB Program participated in a Video Directly Observed Therapy study in 2015. Our program is one of the first two jurisdictions to successfully implement asynchronous vDOT for TB treatment in Maryland and 30% of clients receiving treatment for active TB received vDOT since its implementation. With the use of vDOT a public health worker no longer has to physically be with a TB patient to ensure compliance, thus freeing large amounts of resources that can be used in other public health efforts.
- Two hundred latent TB infections were identified during clinic screenings. This is significant because the identification of latent infections is important in decreasing the reservoir or potential future cases of active disease. Providing prophylaxis (medicine that prevents active disease) to individuals with latent infection may significantly reduce the chance for progression to TB disease.
- 1391 TB blood tests were performed
- 1763 chest x-rays were performed
- 260 homeless shelter clearances were provided
- Over 6,120 individuals were served (school and immigration as well as medical consultation, treatment for latent TB infection (TLTBI), DOT and treatment of active TB).

Sexually Transmitted Disease and HIV Program

HIV Program

Montgomery County's HIV Program provides a comprehensive system of care that includes primary medical care and essential support services for residents, 18 years and older, living with HIV who are uninsured, underinsured or with Maryland Medical Assistance insurance plans.

The HIV Program has been in operation since 1991 with Ryan White funding through the U.S. Senate enactment of The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, which since 2009 is known as the Ryan White HIV/AIDS Treatment Extension Act. This Federal legislation was enacted to address the unmet health needs of People Living with HIV/AIDS (PLWHA).

Montgomery County's HIV Program has adopted the primary goals of the Nation's HIV/AIDS Strategy for the United States: Updated to 2020. These are: 1. Reducing New HIV Infections; 2. Increasing Access to Care and Improving Health Outcomes for People Living with HIV; 3. Reducing HIV -Related Disparities and Health Inequities.

Montgomery County has adopted the following Vision Statement of the Maryland Department of Health:

Montgomery County, Maryland will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

With the addition of Ryan White funding in 1991, Montgomery County's HIV Program, in operation since 1988, has expanded to its present level of 32 staff representing seven professional disciplines to provide state-of-the-art medical care, case management and support services to the indigent, uninsured and under-insured residents of suburban Maryland living with HIV/AIDS. To date Montgomery County has provided services to over 3600 county residents living with HIV/AIDS. Montgomery County's HIV Program is the only program in the county which provides expert HIV/AIDS care to indigent residents and continues to initiate care for approximately 120 new and returning to care clients each year.

The HIV populations we serve in the program are vulnerable county residents with multiple medical and psychosocial needs. Our expert and culturally competent staff address the needs of our diverse and predominately foreign-born population through a comprehensive, multidisciplinary model. Lack of adequate care can lead to drug resistance, illness and increased risk of transmission of the virus, posing a real public health threat.

Ryan White Care Act Funding Sources

District of Columbia Department of Health, HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)

Prince Georges County Health Department, Suburban Maryland Ryan White Part A Administrative Agency

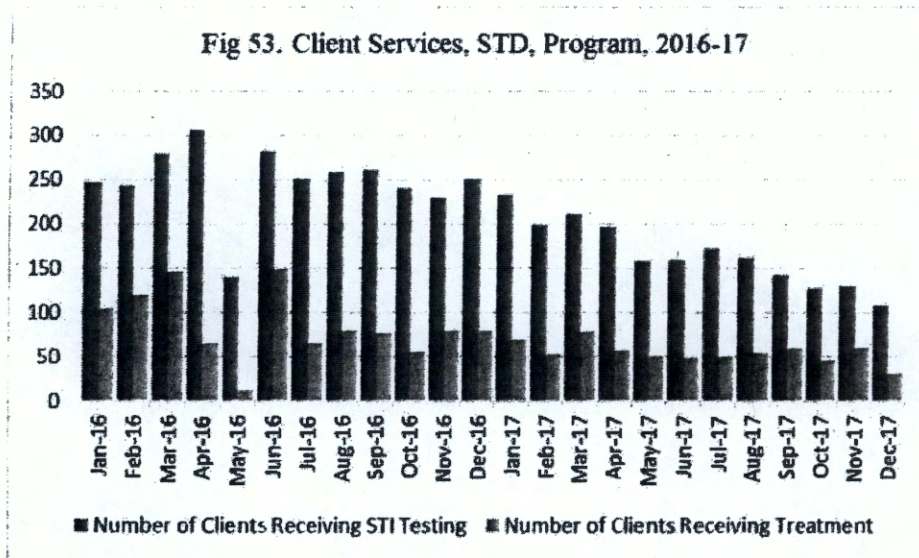
Maryland Department of Health, Prevention and Health Promotion Administration, Infectious Disease Prevention and Health Services Bureau

STD Services

In 1985, the County's STD Clinic relocated to the Dennis Avenue Health Center in Silver Spring where a combined HIV/STD Program was established. HIV Testing, HIV Partner Notification, and linkage to care for positives became part of STD Services.

Clinical services for testing and treatment of STD's include HIV testing and linkage to care, Pre-exposure Prophylaxis (PrEP) care and treatment, HIV/STD Prevention Services, Education and HIV testing in non-clinical settings, partner services for reportable STD's and Data to Care to support linkage to care for persons deemed out of care by MDH surveillance

Fig 53. Client Services, STD, Program, 2016-17



Screening Tests

Gonorrhea

Chlamydia

Syphilis

HIV

Hepatitis B

Herpes culture only

PrEP Clinic

Screening and related treatment visits: \$60

Sliding scale fee available

Maryland Medical insurance plans accepted

No cost for Rapid Testing

No cost for individuals under 21

No cost for testing and treatment for contacts

Immunization Program

The Immunization Program in partnership with the Maryland Vaccines for Children (VFC) Program provide all routinely recommended vaccines, free of cost, to children 18 years old and younger who are uninsured, under-insured or Maryland Medicaid eligible. Immunization clinics are located throughout the County in community health centers, school-based health centers, and the Montgomery County Public Schools (MCPS) International Enrollment Center. Vaccines are administered according to CDC's Advisory Committee on Immunization Practice (ACIP) recommendations; under the direction of the Montgomery County Health Officer.

The Immunization Program has a robust influenza prevention plan for county residents and DHHS employees. Partnerships include School Health Services, Universities at Shady Grove (USG), and the Montgomery County Office of Occupational Medical Services (OMS).

- ☐ School located seasonal flu vaccine clinics for children age 18 and under.
- ☐ Mass vaccination seasonal flu vaccine clinics at USG; all ages welcome. The clinic model uses nursing students and pharmacy students as vaccinators; 72 vaccinators administer 600 flu shots in 3.5 hours. Many in the community look forward to this annual family event.
- ☐ A mandatory employee flu shot policy for Public Health Services employees working in certain clinical settings.

The Immunization Program is dedicated to keeping Montgomery County infants and toddlers on track with their immunizations. The Immunization Program in partnership with Women, Infants and Children (WIC) review participants' immunization records, send reminders, and provide education to help babies stay up-to-date with all age appropriate immunizations.

The Immunization Program provides outreach to county residents and health care providers with education materials about vaccine facts vs. myths.

McMillan, Linda

From: Gayles, Travis A.
Sent: Wednesday, April 17, 2019 10:00 AM
To: Buckland, Victoria; Milo, Deborah
Subject: Release: HHS and CDC visit Maryland Health Department to discuss national initiative - Ending the HIV Epidemic: A Plan for America

Good morning Councilmembers (Board of Health)—

I am providing this update to you all as the Board of Health. The attached press release highlights recent efforts from the federal Department of Health and Human Services to combat HIV. As brief background, following the President's call for ending the epidemic in his State of the Union address, HHS has identified the leading jurisdictions (48 out approximately 3100 counties, plus DC and Puerto Rico) that contribute half of new yearly cases. Montgomery County is one of 3 Maryland jurisdictions (Prince George's County and Baltimore City) that are included in the list. While we rank towards the bottom end of the list (our 2017 new cases were 164, compared to 231 in Baltimore City, 320 in Prince George's County and 368 in DC), it underscores the need for enhanced infrastructure and preventive outreach. Per the release below, there will be additional federal funds through a formal RFP process (details to be released by CDC soon). There will also be additional funds provided to the regional Centers for AIDS Research (CFAR) for capacity building projects; I have been in touch with the Director of the DC CFAR, and the decision has been made to combine regional resources with the Baltimore CFAR and promote building an integrated regional system to assist local jurisdictions in our efforts; we have not met formally to discuss the logistics.

We are currently in the process of identifying key stakeholders to include in the larger framing of our Ending the Epidemic plan, as well as reviewing our current internal efforts to combat HIV. We have commitments from representatives from the Maryland Department of Health, GWU CFAR, University of Maryland, Johns Hopkins, and local health care provider community. If you or anyone on your team would like to be a part of those discussions, please let me know and we will be sure to include. We will provide relevant updates as we move ahead and appreciate your support in this effort.

Should you have any questions regarding this plan, do not hesitate to contact me.

Sincerely,

Travis Gayles, MD, PHD
Health Officer
Chief, Public Health Services
Montgomery County Department of Health and Human Services
401 Hungerford Drive, 5th Floor
Rockville, Maryland 20850
Email: travis.gayles@montgomerycountymd.gov
Office: 240-777-1603
Facsimile: 240-777-1494

From: brittany.fowler@maryland.gov <brittany.fowler@maryland.gov> **On Behalf Of** News MDH -MDH-
Sent: Wednesday, April 03, 2019 1:05 PM
To: Brittany Fowler -MDH- <brittany.fowler@maryland.gov>
Cc: Deidre McCabe -MDH- <deidre.mccabe@maryland.gov>
Subject: Release: HHS and CDC visit Maryland Health Department to discuss national initiative — Ending the HIV Epidemic: A Plan for America



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

April 3, 2019

Media Contact:

Brittany Fowler, Deputy Director, Office of Communications, 410-767-1368

Deidre McCabe, Director, Office of Communications, 410-767-3536

HHS and CDC visit Maryland Health Department to discuss national initiative — *Ending the HIV Epidemic: A Plan for America* *State and local health officers review strategies to reduce new HIV cases*

Baltimore, MD — Maryland health officials today were joined by Adm. Brett P. Giroir, M.D., Assistant Secretary for Health for the U.S. Department of Health and Human Services (HHS), and Robert R. Redfield, M.D., Director of the Centers for Disease Control and Prevention (CDC), for an overview of the new national initiative, ***Ending the HIV Epidemic: A Plan for America***.

Maryland Department of Health (MDH) Secretary Robert R. Neall and Deputy Secretary of Public Health Services Frances B. Phillips, along with local health officials, shared updates on decreasing new HIV cases in Maryland. In 2017, Maryland had fewer new HIV diagnoses than any time since 1986.

"So much progress has been made in recognizing and controlling infectious diseases, thanks in huge part to HHS's strong, science-based leadership and assistance," said Neall. "The progress in the nation, and in Maryland, regarding HIV/AIDS is a prime example. In the 1980s, AIDS was regarded as a nearly universally fatal disease. Stigma and fear were pervasive. Now, we have the knowledge and means to provide compassionate and effective treatment to people with HIV and to reduce the number of new infections."

"Our bold initiative to end the HIV epidemic in America will focus on impacted communities to ensure they have the technical expertise, support, personnel and prevention and treatment resources they need," said Giroir. "This must be a 'whole of society' initiative. It is crucial to work with state and local officials, faith-based partners and others to establish public-private collaborations."

"We have an unprecedented, once-in-a-generation opportunity to end the HIV epidemic in Maryland and across the U.S.," said Redfield. "To accomplish this, CDC will accelerate work with state and local health departments, and most importantly the community. We will listen to Marylanders living with HIV and learn from their experiences so we reach those in greatest need. This truly is an initiative tailored to the community, by the community, and for the community."

In addition to Giroir's and Redfield's presentations about the national initiative, Phillips described the HIV/AIDS situation in Maryland and local health officers discussed the epidemic in their home counties. The presentations, held at MDH headquarters on West Preston Street in Baltimore, were followed by a roundtable discussion regarding strategies to eliminate new cases.

"We have employed a variety of approaches in Maryland to attack this epidemic and reduce the number of new cases — through state and local planning partnerships, along with support for prevention, treatment and other care services," said Phillips. "Our declining case counts show that we are moving in the right direction, and this extra support from the CDC will boost our efforts to end the epidemic."

Despite progress, Maryland still ranks 5th in the nation in terms of HIV diagnosis rates. At the end of 2017, there were more than 31,000 Marylanders diagnosed with HIV. About three-fourths of those diagnosed are receiving medical care averaging \$23,000 per person each year, resulting in about \$550 million annually in medical costs. And these figures do not include other economic costs or address the tremendous burden on individuals, families and communities.

Baltimore City Acting Health Commissioner Letitia Dzirasa, M.D., Montgomery County Health Officer Travis Gayles, M.D., and Prince George's County Acting Health Officer Ernest Carter, M.D., reported on the status of HIV/AIDS in their jurisdictions, still considered "hot spots" for new cases. The national initiative will focus on these three areas in Maryland.

The HHS plan will accelerate progress in eliminating new HIV infections by directing new funds to communities most impacted. The multi-year program will target 48 counties, Washington, D.C. and San Juan, Puerto Rico, as well as seven states with substantial rural HIV burden, providing them with additional expertise, technology and needed resources.

Data from across the United States was analyzed to identify counties with the highest number of new HIV diagnoses, states with the heaviest rural HIV burden and the territorial area most impacted by the epidemic. These areas have accounted for more than 50 percent of new HIV diagnoses in recent years.

For more information about ***Ending the HIV Epidemic: A Plan for America***, go to www.HIV.gov/ending-hiv-epidemic.

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The Maryland Department of Health is dedicated to protecting and improving the health and safety of all Marylanders through disease prevention, access to care, quality management and community engagement. Stay connected at <http://www.twitter.com/MDHealthDept> and <http://www.facebook.com/MarylandDHMH>.

Marylanders in need of treatment for substance use disorders can locate treatment facilities at <http://goo.gl/nlfGm0>. Individuals can call 211 and press 1, or text their zip code to 898-211, to speak with crisis call specialists. For information related to fighting addiction in Maryland, visit <http://goo.gl/KvEzQw>.

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Public Health Department Accreditation Background

The 2003 *Institute of Medicine* (IOM) report, *The Future of the Public's Health*, called for the establishment of a national Steering Committee to examine the benefits of accrediting governmental public health departments.

Within its 2004 *Futures Initiative*, the Centers for Disease Control and Prevention identified accreditation as a key strategy for strengthening public health infrastructure. Several states manage statewide accreditation or related initiatives for local health departments. Within this context, the Robert Wood Johnson Foundation in 2004 convened public health stakeholders to determine whether a voluntary national accreditation program for state and local public health departments should be explored further. The consensus was to proceed, and the Exploring Accreditation project was launched in 2005.

The goal of the *Exploring Accreditation* project was to develop recommendations regarding the feasibility and desirability to implement a national public health accreditation program or some other method for achieving a systematic approach for public health improvement. To achieve that goal, the Exploring Accreditation Steering Committee and its workgroups designed a proposed model program and vetted it through public health officials. Based on the feedback, changes were made to the proposed model in winter 2006. At that time, the Steering Committee concluded that it was both desirable and feasible to move forward with establishing a voluntary national accreditation program that:

- Promotes high performance and continuous quality improvement;

- Recognizes high performers that meet nationally accepted standards of quality and improvement;

- Illustrates health department accountability to the public and policymakers;

- Increases the visibility and public awareness of governmental public health, leading to greater public trust and increased health department credibility, and ultimately a stronger constituency for public health funding and infrastructure; and

- Clarifies the public's expectations of health departments.

PHAB, a 501(c)(3) organization, was formed as the non-profit entity to implement and oversee national public health department accreditation. Program development began in May 2007 with the incorporation of PHAB. The accreditation process was developed by the PHAB Assessment Process Workgroup, which included state and local public health professionals, representatives from state-based accreditation programs, representatives from other national accreditation programs, and other technical experts. The standards and measures were the products of months of development by the PHAB Standards Development Workgroup, which included state and local public health professionals, national and federal public health experts, public health researchers, and other technical experts. The initial standards and measures were subject to an "alpha" field test with a small group of local and state health agencies, resulting in multiple revisions.

In February 2009, PHAB released the initial accreditation process and a set of draft standards and measures for public comment for a period of three months. During that time, PHAB received over 4,000 individual

comments, as well as other comments through online surveys and group feedback forms. The PHAB Standards Development Workgroup carefully reviewed each comment, and proposed changes to the documents based on the feedback. The next set of standards and measures was released in July 2009 for use in the beta test.

The PHAB beta test took place from fall 2009 through the end of 2010, at which time 30 public health departments (19 local, eight state, and three Tribal) throughout the United States participated in a test of the national public health department accreditation process. The 30 beta test sites were selected from a pool of 148 applications. To ensure that the test sites represented a diverse cross-section of health departments, PHAB carefully selected health departments that varied in size, structure, population served, governance, geographic region, and degree of preparedness for accreditation. Throughout the beta test, the sites worked through the accreditation process and provided valuable feedback on the process, materials, and tools.

PHAB recognized the unique and critical role of Tribal governments in informing the development of national public health department accreditation. The Tribal Standards Workgroup was created to make adaptations as needed to ensure the standards and measures, required documentation, and guidance were relevant to Tribal health departments. After a public vetting period, the Tribal Standards Workgroup developed an eligibility definition and a set of Tribal standards, measures, and interpretation guidance that is relevant, contextually appropriate, and culturally sensitive to Tribes and Tribal health departments. The workgroup also made recommendations and identified references in the PHAB state and local health department measures where there could be collaboration between all health departments.

In spring 2011, the Assessment Process Workgroup and Standards Development Workgroup came together one last time to review all of the comments received and to finalize the official standards and measures and process for the launch of national public health department accreditation. Upon approval of the PHAB Board of Directors, Version 1.0 of the PHAB Accreditation Standards and Measures and the Guide to National Public Health Department Accreditation were released to the public in July 2011. National public health department accreditation launched on September 14, 2011.

For more information on the background of accreditation, please see the Journal of Public Health Management and Practice, January/February 2014, Volume 20, Number 1. Other background publications and reports that helped inform the development of PHAB are available here.



Montgomery County Commission on Health

April 15, 2019

Councilmember Albornoz
Chair, Health and Human Services Committee
Council Office Building
100 Maryland Avenue
Rockville, MD 20850

Dear Mr. Albornoz:

On behalf of the Commission on Health, we are recommending that the County Council consider providing additional funding to increase Montgomery County Public Health Services' (PHS) capacity for collecting and analyzing health data. State-of-the-art data collection and analysis capability is needed for Montgomery County to be able to better understand the health of residents throughout the community and target interventions more effectively. Specifically, we recommend at least two positions dedicated to planning specialty and epidemiology to strengthen the capacity of the County.

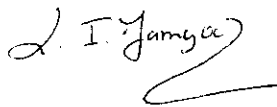
PHS has recently released several reports that provide critical information about the health of the County, including the Status of Health Reportⁱ and reports focusing on infectious diseaseⁱⁱ and maternal and child health.ⁱⁱⁱ The Zip Code Ranking Project Report further highlighted disparities among different geographic areas of the County.^{iv} These findings inform the work of the health department, in partnership with Healthy Montgomery, governmental agencies, and community-based organizations to map out steps to enhance the health of the County. This underlines the importance of having access to and being able to dig deeply into the data to understand: (1) which parts of the county might be underserved, and (2) where it is necessary to invest in programming and policies to ensure all County residents have an equitable opportunity to be healthy.

Strong internal capacity is necessary to continue these and future efforts. Although PHS has built strong relationships with local universities, it is essential that the agency has dedicated and experienced staff to support further health data collection and analysis. There are currently two staff in the epidemiology/data team for Montgomery County with its population of over one million residents. In contrast, we have learned that Prince George's County has 6 staff positions with its population of just under one million residents, and Anne Arundel County has 3 staff positions with

a population of approximately 570,000 residents. In addition, the National Association of County and City Health Officials 2016 Profile indicates that local health departments serving one million residents or more nationwide have a median of 6 FTEs in the role of epidemiologist/statistician.^v

One of the greatest assets of Montgomery County is its rich diversity. Strong epidemiologic capability is required for PHS to lead Montgomery County in understanding the health status and the determinants of health as well as the health disparities among the different populations that reside here. It will allow for data-informed strategic planning and more efficient allocation of resources within the County as we strive for greater health and health equity in our communities. For this reason, we respectfully recommend additional planning/epidemiological staff resources to enhance PHS' data collection and analysis.

Sincerely,



Lenna Israbian-Jamgochian, PharmD
Chair, Commission on Health

Cc: Montgomery County Council Health and Human Services Committee

ⁱ <https://www.montgomerycountymd.gov/IJHS/Resources/Files/Reports/PopHealthReportFINAL.pdf>

ⁱⁱ [https://www.montgomerycountymd.gov/HHS/Resources/Files/Infectious%20Disease%20Report 10-15-18 FINAL.pdf](https://www.montgomerycountymd.gov/HHS/Resources/Files/Infectious%20Disease%20Report%2010-15-18%20FINAL.pdf)

ⁱⁱⁱ <https://www.montgomerycountymd.gov/HHS/Resources/Files/MaternalInfantHealthReport.pdf>

^{iv} <https://www.montgomerycountymd.gov/HHS/Resources/Files/Reports/Zipcode%20Ranking%20Final%20Results.pdf>

^v http://nacchoprofilestudy.org/wp-content/uploads/2017/10/ProfileReport_Aug2017_final.pdf



HEALTH CARE FOR THE UNINSURED

Joint Advocacy Statement : Fiscal Year 2020
Health Centers Leadership Council and Primary Care Coalition. Supported by
Montgomery Cares Advisory Board

The portfolio of **5 Health Care for the Uninsured programs** has produced a system of care that ensures access and equity across all parts of the life cycle. This system of care combines existing capacity in the community with public and private funding. Today, we face significant challenges to the Affordable Care Act and deep uncertainty about what the future holds for the Medicaid program, particularly for foreign born residents.

IN CHALLENGING POLITICAL AND ECONOMIC TIMES, IT IS THE MOST VULNERABLE WHO SUFFER MOST.

We must preserve and strengthen our local health safety-net by investing the necessary resources to continue the high standard of care for our most vulnerable neighbors.



Fiscal Year 2020 Budget Priorities

As you develop the FY2020 operating budget, we respectfully request you consider the following priorities that affect the health and health care of our most vulnerable residents.

- Add funds for specialty care to ensure timely access to treatment for patients with specialty needs
- Provide funds for immunizations, which are a cornerstone of public health
- Recognize the rising costs associated with delivering health care
- Align eligibility means test across all five programs
- Ensure all five programs have a robust quality framework, including the appropriate care improvement resources

HEALTH CARE FOR THE UNINSURED

Access

Provide a health home for 26,000 adults and 5,500 children.

- Primary and preventive care
- Behavioral health care
- Specialty medical care
- Oral health
- Pre-natal care
- Medicine access
- 40+ primary care access points county wide

Collaboration

Engages 10 safety-net health centers, 5 health systems, and local government to serve vulnerable patients.

- >24,700 Volunteer service hours
- Partners with 8+ institutions of higher learning
- 28 internships & rotations to help train the future workforce

Leverage

\$18M

Pro-bono specialty care provided

\$5M

Free brand name medications

\$3.3M

Patient fees and co-pays

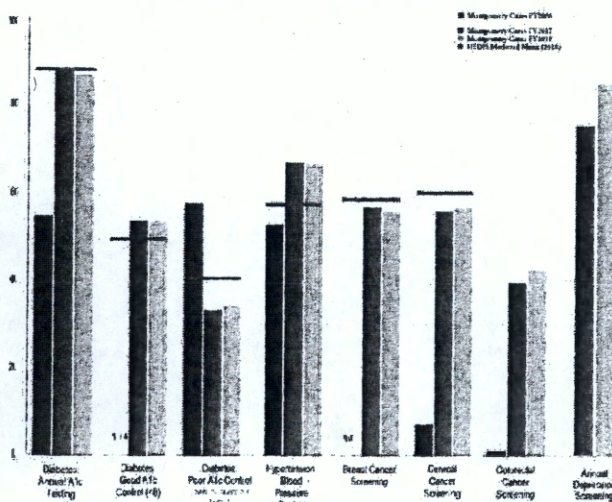
>\$2.42

leveraged from every County dollar invested

Quality

Medical care that exceeds national benchmarks for diabetes and hypertension

(Montgomery Cares Adult Primary Care Only)



A Community Asset
Delivering Essential
Services to Vulnerable
Populations

5,570

Patients connected to specialty care

1,420 pediatric cases
4,150 adult cases

1,360

Low income patients received needed brand name medications

Insulin and behavioral health medications among the most needed brand name medications among our patients and among the most expensive and difficult to obtain.

1,770

Adults received integrated behavioral health counseling.

95% of all Montgomery Cares patients are screened for depression annually. Those who need it can access behavioral health counseling integrated in the primary care setting. Care

1,330

Children with complex needs received case management

940 cases were for short term needs.
390 cases required long-term case management from the CPK Specialty Nurse Case Manager.

1,450

Healthy babies delivered

Thanks to prenatal care provided by the Maternity Partnership. Out of 1,500 total mothers served in FY18.

Requested Increases		Requested Increase	CE Proposed	FY20 Line Item Total	% Change
Quality	Impliament a Comprehensive Quality Framework across all five health care for the uninsured programs (Phase In over 3 years)				
	Phase One: Care for Kids continuous Quality Improvement	\$70,000	-0-	\$70,000	100%
Care for Kids	Ensure Care for Kids program sustainability and quality				
	Increase CFK Primary Care fee schedule to align with Medicaid	\$117,000	\$373,913	\$490,913	31%
Maternity Partnership	Align income based eligibility criteria with Montgomery Cares and Care for Kids				
	Increase eligibility ceiling from 185% FPL to 250% FPL resulting in 80 more cases being served annually	\$62,800	\$1,234,020	\$1,296,820	5%
Health Care for Homeless	Provide home health support to frail elders living in shelters or permanent supportive housing.				
	Fund home health aides to assist frail people in permanent supportive housing with activities of daily living.	\$50,000	-0-	\$50,000	100%
Montgomery Cares	Ensure sustainability of Montgomery Cares system and continue to provide access to high quality, comprehensive health services.				
	Add 2,000 encounters to keep up with program FY19 projected participation*	\$161,400	\$5,252,853	\$5,726,153	9%
	Increase the encounter reimbursement rate by \$4 (72,000*4 + 8.3%)	\$311,900			
	Provide essential adult immunizations	\$230,000	\$89,412	\$319,412	257%
	Increase available funds to provide needed specialty care to patients	\$125,000	\$414,790	\$539,790	30%

Total Requested Increase

\$1,128,100

Requested increases include fringe and indirect expense as applicable.



Axel and Maria

Three years ago, when Axel was 15 years old, he and his mother began to notice small bald patches on his head. At first, they thought nothing of it, but before long other children started to bully him because of the hair loss. The family called PCC's Nurse Case Manager for the Care for Kids program who arranged for Axel to see a dermatologist. Thanks to the treatment arranged by Care for Kids the hair loss improved dramatically. Axel found coping strategies like keeping his hair short and incorporating hats into his wardrobe. He feels like a normal teenager again and Axel's mom is enjoying watching her son grow into a strong and confident young man.

Care for Kids

Care for Kids provides affordable primary and specialty care to the children from low-income families in Montgomery County who are not eligible for other state or federal health insurance programs. Care for Kids serves children from birth to age 19.

In FY18, Care for Kids served 5,530 children.

"We never could afford this treatment without you. I have no words to express the thanks for what you have done for my family."

- Maria, Mother of a CFK Participant

Comprehensive Quality Framework

Phase One Request (FY20): \$70,000 to implement a continuous quality improvement program in Care for Kids. Funds support 0.5 FTE Quality Improvement Manager and 0.1 FTE Data Analyst.

Among the five programs that provide health services for uninsured County residents there is significant inconsistency in their overall approach to quality improvement and quality assurance. Advocates recognize the importance of a comprehensive quality framework across all five programs and propose a multi-year phased in approach starting with implementation of a continuous quality improvement program in Care for Kids.

According to the Health Resources and Services Administration, Quality Assurance means compliance measured against certain established standards. Quality Improvement is a continuous process focused on ongoing system improvements. Both are necessary components of a comprehensive quality framework.

Care For Kids Provider Reimbursement

\$117,000 to increase Care for Kids primary care fee schedule to align with Medicaid.

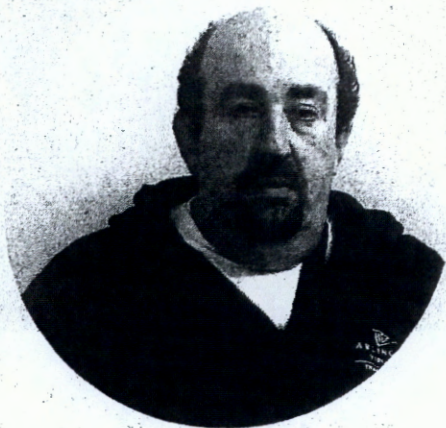
Care for Kids does not use a flat per encounter fee for primary care visits. Instead a simplified fee schedule of five families of CPT codes is used. CFK rates have not been updated since 2008. The table below reflects the budget impact to increase the number of visits to match projected demand in FY20 and align the reimbursement rate with that of Medicaid.

Proposed New CFK Rates - 100% of Medicaid

Using average cost through all acute CPT codes rates

CPT Codes	Current rate	100% Medicaid Rate	FY20 Charges (Projected)	Cost with new rates	Cost with current rate	Difference
99201-99205	\$70.00	\$121.13	186	\$22,530.18	\$13,020.00	\$9,510.18
99211-99215	\$80.00	\$78.99	1878	\$148,343.22	\$112,680.00	\$35,663.22
99381-99385	\$80.00	\$123.78	690	\$85,408.20	\$55,200.00	\$30,208.20
99391-99395	\$70.00	\$109.98	707	\$77,755.86	\$49,490.00	\$28,265.86
99354	\$106.79	\$130.73	174	\$22,747.02	\$18,581.46	\$4,165.56
			Total			\$107,813.02
					(8.3% Indirect Expense)	\$8,948.48
					Total	\$116,761.50

136



Manuel

After suffering two heart attacks, Manuel lost his ability to walk and lost his job. As his medical and financial situation grew increasingly dire, Manuel fell into a deep depression. His doctor connected him to behavioral health services offered by the Montgomery Cares Behavioral Health program. Although Manuel is still experiencing medical and financial challenges, with the support of his counselor and the entire behavioral health team, he feels emotionally equipped to handle it.

Montgomery Cares

Montgomery Cares is a public-private partnership, administered by the Primary Care Coalition, that provides health care to adults who live in Montgomery County, have limited resources, and cannot get health insurance.

Ten independent safety-net health centers participate in Montgomery Cares as primary medical care providers. Specialty care, medicine access, and behavioral health services are also provided through partnerships with local hospitals, pharmaceutical companies, Catholic Charities Health Care Network, and the Primary Care Coalition's Project Access program.

In FY18, Montgomery Cares served nearly 26,000 patients in 72,500 encounters.

"Without this program, I would not have survived!"

- Manuel, Montgomery Cares Patient

Montgomery Cares Encounters

\$161,400 added to cover 2,000 additional encounters keeping up with projected participation in FY19. (\$74.50 x 2,000) plus 8.3% indirect expense)

Montgomery Cares expects to provide between 72,000 and 73,000 primary care encounters in FY19. This request would bring the budgeted number of encounters in FY20 to the most conservative projected close in FY19.

\$311,900 to increase the provider reimbursement rate by \$4.00 per encounter. (\$4 x 72,000) plus 8.3% indirect expense)

The flat per-encounter reimbursement for Montgomery Cares was established in 2008 using a formula that aligned Montgomery Cares reimbursement with 77% of Maryland Medicaid. Reimbursement has not kept up with inflation. Using the same formula as established at the start of the program MCares reimbursement should be at \$89.46. This request is to bring the reimbursement rate to \$78.40 a \$4 increase.

CPT Code	MA Reimbursement
99204 (new patient visit)	\$166.09
99214 (established patient visit)	\$108.50
Calculating weighted average	2019
40 percent: 1 new visit and 2 established visits (\$166.09 + \$108.50*2)	\$383.09
60 percent: 3 established visits (\$108.5*3)	\$325.50
Blended average reimbursement/patient based on 3 visits per year	\$348.54
Medicaid per visit reimbursement, based on above assumptions	\$116.18
77% based on original County commitment (116.18*77%)	\$89.46

\$230,000 to provide immunizations for Pneumococcal Pneumonia and Tetanus, Diphtheria and Pertussis

Immunizations are a cornerstone of public health. Montgomery Cares standards for essential services recommend providing adult immunizations according to the CDC immunization schedule, if funding is available. Yet the Montgomery Cares pharmacy formulary provides only limited immunizations leaving much of the population without this vital service. Montgomery Cares Medical Directors have identified the top six immunizations most important for the Montgomery Cares patient population. This request is for the top two most vitally need immunizations.

Immunization	Product	Qty	Unit Cost	Cost
Pneumococcal	Pneumovax 23	660	\$81.59	\$53,849
Pneumonia*	Prevnar 13	660	\$169.10	\$111,606
Diphtheria, Tetanus, Pertussis (TDAP)	Adacel	1400	\$32.17	\$45,038
Subtotal				\$210,493
PCC Indirect 8.3%				\$17,471
				\$227,964



Maternity Partnership Program

The Maternity Partnership Program provides prenatal care, routine lab tests, prenatal classes, and dental screening for pregnant women and teens who cannot get health insurance. 1560 families were served by the program in FY18.

Health Care for the Homeless

The Maternity Partnership Program provides prenatal care, routine lab tests, prenatal classes, and dental screening for pregnant women and teens who cannot get health insurance

Maternity Partnership Program

\$62,800 to cover projected increased cases that result from aligning the income eligibility ceiling at 250% FPL consistent other health care for the uninsured programs.

The income ceiling for Maternity Partnership is currently set at a different level to other programs serving low-income, uninsured county residents. DHHS anticipates aligning the eligibility criteria would result in 80 additional women being served in the program at a cost the the county of \$785 per person.

Healthcare for the Homeless

\$50,000 to provide assistance with activities of daily living for frail elderly individuals living in permanent supportive housing.

As with the rest of the population, the formerly homeless population in Montgomery County is aging. This combined with the physical and emotional stress of having lived on the streets means a growing number of residents in permanent supportive housing are experiencing frailty and need assistance to continue to live independently. **\$50,000 will provide access to home health aides to assist elderly formerly homeless individuals with activities of daily living.**

Montgomery Cares Specialty Care

\$125,000 to provide needed specialty care to low-income, uninsured patients

Montgomery Cares patients may receive specialty care through one of three avenues depending on their condition and needed specialty:

- Catholic Charities Health Care Network (CCHCN) operates a pro-bono specialty care referral network
- Project Access is a specialty care referral network that is a mix of pro-bono and contracted providers that have agreed to reduced rates
- Some clinic organizations have volunteer specialists

Project Access contracted providers are paid reduced rates based on a percentage of Medicare or Medicaid. Project Access works to build a balanced network that compliments that of CCHCN. Nevertheless, 200 to 300 referrals each year are clinically appropriate, but cannot be accommodated due to budget and network limitations. **\$102,855 additional funding would permit more of these referrals to be served (\$95,000 plus 8.3% indirect expense).**

CCHCN is a pro-bono specialty care networks and an important partner in the Montgomery Cares system providing consultations, procedures, and surgeries in 40 specialty areas. While CCHCN is a regional network, 55% of unique patients are referred from Montgomery Cares. Recruiting and retaining specialty practices and managing the network requires staffing capacity. **\$21,660 of this request would go to CCHCN to bolster their capacity and thereby be able to serve more referrals (\$20,000 plus 8.3% indirect expense).**



primary care coalition

Care For Kids FY18 Patient Population by County Council District

0 5 10
Miles



District 1 - 88 patients Andrew Friedson
District 2 - 1,005 patients Craig Rice
District 3 - 1,299 patients Sidney Katz
District 4 - 1,776 patients Nancy Navarro
District 5 - 1,236 patients Tom Hucker

At Large Gabe Albornoz
Evan Glass
Will Jawando
Hans Riemer

Total: 5,531 patients *

- | | | |
|-------------------------------------|--------------------------------|-----------------------|
| ◆ OECS Offices | ★ Mary's Center | 1
2
3
4
5 |
| ✚ Hospitals | ★ Milestone Pediatrics | |
| ☆ All Day Medical Care | ★ School Based Health Center | |
| ★ CCI Health & Wellness | ★ School Based Wellness Center | |
| ★ Catholic Charities Medical Clinic | ★ Watkins Mill Wellness Center | |
| ★ Kaiser Permanente | ○ Patients | |

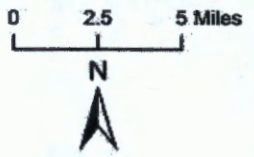
* Addresses for 127 patients could not be mapped.

DISCLAIMER:
This map was created and assembled by Primary Care Coalition of Montgomery County for informational, planning reference and guidance only. The depiction and use of boundaries or geographic names are not warranted to be error free nor do they necessarily imply official endorsement or acceptance by PCC.



primary care coalition

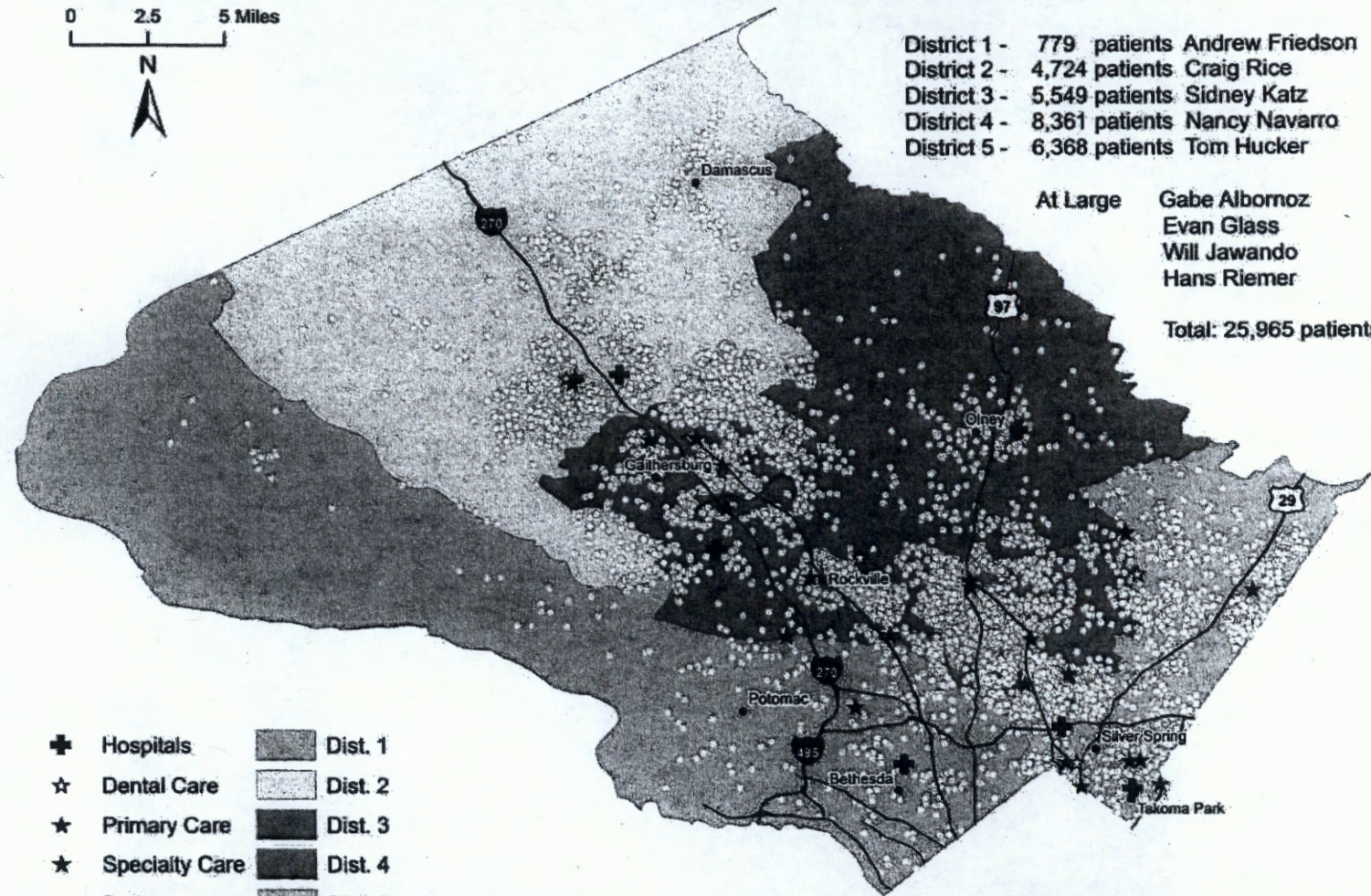
Montgomery Cares FY18 Patient Population by County Council District



- District 1 - 779 patients Andrew Friedson
- District 2 - 4,724 patients Craig Rice
- District 3 - 5,549 patients Sidney Katz
- District 4 - 8,361 patients Nancy Navarro
- District 5 - 6,368 patients Tom Hucker

At Large
 Gabe Alborno
 Evan Glass
 Will Jawando
 Hans Riemer

Total: 25,965 patients*



- ⛶ Hospitals
- ☆ Dental Care
- ★ Primary Care
- ★ Specialty Care
- Patients

- Dist. 1
- Dist. 2
- Dist. 3
- Dist. 4
- Dist. 5

* Map includes data from 11 Montgomery Cares-participating clinics. Addresses for 184 patients could not be mapped.

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Requested Increases		Teir 1	Teir 2
Quality	Implement a Comprehensive Quality Framework across all five health care for the uninsured programs (Phase In over 3 years)		
	Care for Kids component of comprehensive quiality framework	\$40,000	\$30,000
Care for Kids	Ensure Care for Kids program sustainability		
	Increase CFK Primary Care fee schedule to align with 85% of Medicaid	\$59,000	\$58,000
Maternity Partnership	Align income based eligibility criteria with Montgomery Cares and Care for Kids		
	Increase eligibility ceiling from 185% FPL to 250% FPL resulting in 80 more cases being served annually	\$62,800	
Health Care for Homeless	Provide home health support to frail elders living in shelters or permanent supportive housing.		
	Fund home health aides to assist frail people in permanent supportive housing with activities of daily living.	\$25,000	\$25,000
Montgomery Cares	Ensure sustainability of Montgomery Cares system and continue to provide access to high quality, comprehensive health services.		
	Add 2,000 encounters to keep up with projected program growth	\$161,400	
	Increase the encounter reimbursement rate by \$4	\$233,900	\$78,000
	Provide essential adult immunizations	\$100,000	\$130,000
	Increase available funds to provide needed specialty care to patients	\$55,000	\$70,000
Total Requested Increase		\$737,100	\$391,000

Requested increases include fringe and indirect expense as applicable.

MONTGOMERY CARES	FY13 Budget	FY14 Budget	FY15 Budget	FY16 Budget	FY17 Budget	FY18 Budget	FY19 Budget	FY20 REC
Enrollment for Patients not served through Healthcare for the Homeless	32,250	32,250	32,250	28,500	25,770	25,770	25,770	25,770
Budgeted Number of Primary Care Encounters at (\$73 for FY18)	85,625	85,625	82,707	74,100	67,000	68,000	70,000	70,000
Services Areas:								
Support for Primary Care Visits	5,308,750	5,565,625	5,375,955	4,957,630	4,772,040	4,897,028	5,168,428	5,215,000
Community Pharmacy-MedBank	1,793,490	1,669,539	1,761,981	1,739,421	1,666,571	1,666,571	1,666,571	1,666,571
Cultural Competency	22,500	22,500	22,500	22,500	22,500	22,500	22,500	22,500
Behavioral Health	652,000	727,000	1,010,330	1,060,330	1,010,331	1,010,331	971,831	971,831
Oral Health	407,120	407,120	407,120	589,120	589,120	589,120	589,120	589,120
Specialty Services	732,303	1,132,304	1,184,045	1,258,565	1,138,565	1,138,565	1,064,020	1,064,020
Program Development	110,840	110,840	421,220	343,184	343,184	413,579	343,184	343,184
Information and Technology	415,360	415,360	415,360	335,360	335,360	295,360	295,360	295,360
PCC-Administration	502,774	517,860	945,373	945,373	884,534	915,125	907,193	932,642
HHS - Administration	495,608	377,171	392,736	378,923	518,783	725,774	739,992	477,394
Facility	67,040	67,040	67,040	67,040	48,040	67,040	67,040	67,040
Build-out new Holy Cross Clinic	75,000	-	-	-	-	-	-	-
TOTAL Montgomery Cares	10,582,785	11,012,359	12,003,660	11,697,446	11,329,028	11,740,993	11,835,239	11,644,662

April 23, 2019

Council Office Building
100 Maryland Avenue, 5th Floor
Rockville, MD 20850

Dear Montgomery County Council Members:

With this letter we are writing to ask for this Council to continue to support the health care for the uninsured programs and to invest in the health care safety-net system that serves vulnerable.

We, the clinical leadership of safety net clinics participating in Montgomery Cares, are writing to register our support for adding adult immunizations as a Montgomery Cares core service.

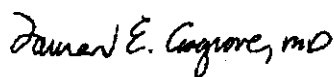
Immunizations are one of the safest and most effective ways of protecting individuals and communities from serious and potentially fatal diseases. Currently, Montgomery Cares does not provide recommended immunizations beyond an annual flu shot and only one of the two pneumococcal pneumonia vaccines, both of which are required for the patient to be fully immunized. Providing immunizations is a proven cost effective way of improving community health and economic productivity. A study commissioned by the Primary Care Coalition and conducted by a 3rd party research firm found that immunizing 660 older adults fully for pneumococcal pneumonia would yield \$470,000 in savings from avoided health care expenses and lost productivity.

The Centers for Disease Control and Prevention (CDC) recommends fourteen immunizations for adults aged 19 years or older¹. Once completed, many of these vaccines will provide immunity for the rest of the patient's life, and do not need to be repeated. Together, we have reviewed the immunization schedule and identified two immunizations that are the highest priority for the Montgomery Cares population:

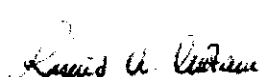
- Pneumococcal pneumonia (Pneumovax 23 and Prevnar 13)
- Tetanus, Diphtheria, and Pertussis (TDAP)

We strongly urge you to support the joint request of the Montgomery Cares Advisory Board, Health Centers Leadership Council, and Primary Care Coalition to add \$230,000 for immunizations to the Montgomery Cares base budget.

Sincerely,




Lauren Cosgrove, MD
Medical Director
Mercy Health Clinic




Rashid Chotani, MD, MPH
Executive Director
Muslim Community Center Clinic



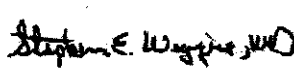
Maria Gomez, RN, MPH
Executive Director
Mary's Center



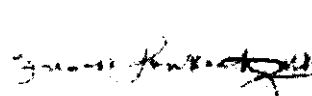
Monica Howard, MD
Medical Director
Proyecto Salud



Kathleen Knolhoff, MPH
Chief Executive Officer and
President
CCI Health and Wellness



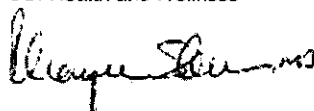
Stephen Wiggins, MD
Medical Director
Mobile Medical Care, Inc.



Sue Pankratz, MD
Medical Director
Catholic Charities Medical Center



Agnes Saenz
Executive Director
CMR Kaseman Clinic



Rhonique Shields, MD
Physician
Holy Cross Health Centers



Yao Yao Zhu, MD
Medical Director
Pan Asian Volunteer Clinic

¹ Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2017
<https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule-bw.pdf>

Services to End and Prevent Homelessness



Services to End and Prevent Homelessness

RECOMMENDED FY20 BUDGET
\$24,257,922

FULL TIME EQUIVALENTS
76.50

✱ **VICTORIA BUCKLAND, ACTING DIRECTOR**

FUNCTION

The vision of the staff of Services to End and Prevent Homelessness (SEPH) is a community where all persons have access to safe, affordable housing and the opportunity to achieve a higher quality of life. The mission of SEPH is to make homelessness a rare, brief, and non-recurring event by operating from a Housing First philosophy. Housing First recognizes that people are most successful when they have choice in housing and seeks to eliminate barriers such as sobriety requirements or treatment compliance. SEPH provides a full continuum of services including housing stabilization, homeless diversion, and permanent housing; and employs evidence-based and promising practices. The mission cannot be achieved without collaborating with public and private partners through the Interagency Commission on Homelessness. Special needs populations include veterans, both individuals and families, persons with behavioral health challenges, individuals with developmental disabilities, and transitioning youth and seniors with disabilities experiencing or at risk of homelessness.

PROGRAM CONTACTS

Contact Amanda Harris of the HHS - Services to End and Prevent Homelessness at 240.777.1179 or Joshua Watters of the Office of Management and Budget at 240.777.2768 for more information regarding this department's operating budget.

PROGRAM DESCRIPTIONS

✱ Homeless Family Services

Homeless Family Services provides emergency shelter and transitional housing to families with children experiencing homelessness. Services include intake and assessment, case management, and housing location to link families experiencing homelessness to housing, behavioral health, financial, and legal programs. All services are housing focused with a goal of connecting families with permanent housing as quickly as possible and removing systemic barriers to accessing housing and services. All homeless service providers participate in the Coordinated Entry System which uses a coordinated assessment to prioritize families for housing.

Program Performance Measures		Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of households remaining housed at least 12 months after placement in permanent supportive housing		95	99	90	92	95
FY20 Recommended Changes		Expenditures		FTEs		
FY19 Approved				4,105,720	11.90	
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.				(300,786)	(2.00)	
FY20 Recommended				3,804,934	9.90	

☼ Chief Special Needs Housing

This program provides leadership and direction for the administration of Services to End and Prevent Homelessness, and advises the Interagency Commission on Homelessness (ICH) and Montgomery County Continuum of Care (CoC).

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	730,253	3.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	268,392	1.00
FY20 Recommended	998,645	4.00

☼ Permanent Housing

Permanent Supportive Housing provides permanent housing and long-term support services to single adults and families. The single adult or head of household must have a documented disability. Flexible and individualized case management services are provided to support clients in maintaining housing and fostering independence. All permanent supportive housing programs use a Housing First approach where housing is offered without preconditions such as sobriety or treatment compliance.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	5,783,546	10.50
Enhance: Permanent Supportive Housing Funding to Sustain the County's Commitment to End Chronic Homelessness	1,000,000	0.00
Decrease Cost: Elimination of the Handicap Rental Assistance General Fund Supplement	(329,679)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(330,888)	(2.00)
FY20 Recommended	6,122,979	8.50

☼ Homeless Single Adult Services

Homeless Single Adult Services provides emergency shelter, street outreach, safe haven, and transitional housing to adults experiencing homelessness. Services include street outreach and engagement, comprehensive needs assessments, and case management to link persons experiencing homelessness to housing, behavioral health, financial, and legal programs. All services are housing-focused with a goal of connecting adults with permanent housing as quickly as possible and removing systemic barriers to accessing housing and services. All homeless service providers participate in the Coordinated Entry System which uses a coordinated assessment to prioritize individuals for housing.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Average length of stay in days by homeless families in emergency shelter ¹	92	79	70	65	60
Number of families placed in emergency shelters ²	124	144	140	151	164

¹ The Montgomery County Continuum of Care has implemented a coordinated entry system for families experiencing homelessness with a goal of connecting households to permanent housing as quickly as possible. Emergency shelter staff have changed their approach to service delivery. Additionally, SEPH's Rapid Rehousing program expansion created greater access to permanent housing for families exiting emergency shelter.

² There is a direct correlation between the number of days in family emergency shelter and the number of households served. The shorter the length of stay in shelter, the more households can be served in shelter.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	4,693,713	2.00
Enhance: Provide Funding for Enhanced Security at Progress Place	83,000	0.00
Decrease Cost: Delay Implementation of the Youth Drop-in Center	(246,500)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	84,737	0.00
FY20 Recommended	4,614,950	2.00

Prevention

Homelessness Prevention provides intake and assessment for County households that are experiencing a housing-related emergency. The program's focus is on crisis intervention and prevention. State and County grants are provided to prevent evictions and utility cut offs. Additionally, referrals are made for income support programs such as Temporary Cash Assistance. Case Management services are provided to help at-risk households develop and implement plans to prevent a future housing crisis.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Average number of households receiving a shallow rental subsidy each month	1,720	1,691	1,700	1,700	1,700
FY20 Recommended Changes			Expenditures	FTEs	
FY19 Approved			6,281,789	39.10	
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.			1,100,226	9.00	
FY20 Recommended			7,382,015	48.10	

Diversion

Homelessness Diversion provides conflict resolution, mediation, financial assistance and case management to County residents experiencing homelessness. The program's focus is to divert individuals and families from the homeless system by finding creative resolutions to their housing crisis. Unlike homelessness prevention services, diversion is only offered to households who do not have an active lease.

FY20 Recommended Changes			Expenditures	FTEs
FY19 Approved			150,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.			89,701	0.00
FY20 Recommended			239,701	0.00

Healthcare for the Homeless

Healthcare for the Homeless provides medical and dental services to individuals experiencing homelessness in emergency shelters, street outreach, and transitional housing. Medical services are also provided to individuals and families served in permanent supportive housing programs. Healthcare for the Homeless is committed to reducing the health disparities for people experiencing homelessness by providing low barrier access to services and reducing re-admissions to hospitals.

FY20 Recommended Changes			Expenditures	FTEs
FY19 Approved			1,069,472	4.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.			25,226	0.00
FY20 Recommended			1,094,698	4.00

PROGRAM SUMMARY

Program Name	FY19 APPR Expenditures	FY19 APPR FTEs	FY20 REC Expenditures	FY20 REC FTEs
Chief Special Needs Housing	730,253	3.00	998,645	4.00
Homeless Family Services	4,105,720	11.90	3,804,934	9.90
Permanent Housing	5,783,546	10.50	6,122,979	8.50
Homeless Single Adult Services	4,693,713	2.00	4,614,950	2.00
Prevention	6,281,789	39.10	7,382,015	48.10
Diversion	150,000	0.00	239,701	0.00
Healthcare for the Homeless	1,069,472	4.00	1,094,698	4.00
Total	22,814,493	70.50	24,257,922	76.50

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FY20 Budget Responses for Council

MC-DHHS Special Needs Housing

Maryland Energy Assistance Program (MEAP) and Electric Universal Service Program (EUSP)

Households submit one application for both Maryland Energy Assistance Program (MEAP) and Electric Universal Service Program (EUSP). MEAP helps with heating bills. EUSP helps with electric bills. Households can receive a grant from either program or both, depending on their housing situation and utility expense responsibility.

	FY13	FY14	FY15	FY16	FY17	FY18	FY19 estimated	Estimated Change FY18-FY19 Increase / (Decrease)
Applications Received	10,962	11,372	10,808	11,529	11,017	10,790	10,553	-2%
Approved								
MEAP	7,200	7,823	7,338	7,683	7,303	7,018	7,083	1%
EUSP	6,967	7,512	6,994	7,367	6,955	6,640	6,767	1%
Electric Arrearage	673	836	676	1,038	845	1,071	950	-11%
Gas Arrearage						N/A	265	N/A
Grant Funds Issued*								
MEAP **								
Federal Low-Income Home Energy Assistance (LIHEAP) funds & County Tax Rebate	\$2,566,811	\$2,909,803	\$2,799,552	\$3,030,019	\$2,781,640	\$2,585,197	\$2,749,464	6%
EUSP***								
Commercial and residential rate payer fees	\$1,850,283	\$2,279,800	\$2,094,718	\$2,497,529	\$2,984,452	\$2,812,963	\$2,913,847	4%
Electric Arrearage****	\$921,909	\$1,195,521	\$991,080	\$1,598,098	\$1,063,934	\$1,166,980	\$958,351	-18%
Gas Arrearage*****						N/A	\$220,211	N/A

- * In FY17, OHEP implemented a revised application which impacted eligibility and led to a decrease in the number of approved benefits.
- ** The County tax rebate is included in the MEAP dollars for FY13 thru FY15. This rebate was eliminated in FY16
- *** Not reflected in the FY14 numbers was a supplemental payment made directly by the State directly to EUSP customers.
- *****In FY19, OHEP implemented a gas arrearage program to assist with past due utility gas expenses.

For the Fiscal Year, the State (HB669) provides the Administrative funding needed to process the determination of application eligibility and outreach activities.

	Total FY15 Administrative Funds	Total FY16 Administrative Funds	FY17 Administrative Funds	FY18 Administrative Funds	FY19 Administrative Funds
Administrative Funding	\$911,507	\$894,704	\$973,439	\$1,083,410	\$1,248,959



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

TOM HUCKER
COUNCILMEMBER

PUBLIC SAFETY COMMITTEE
CHAIR, TRANSPORTATION & ENVIRONMENT COMMITTEE

To: PHED/HHS Committee
From: Councilmember Tom Hucker
Date: April 22, 2019
Re: FY20 Funding for Security Enhancements at Progress Place

Progress Place is an essential county facility that houses important programs facilitated by Interfaith Works and Shepherd's Table. These providers, working in a County building operated by DGS, are tirelessly serving the most vulnerable members of our community, and do essential work every day with inadequate resources.

As many of you know, staff and clients at this location have experienced safety issues. I believe we must do more to ensure that everyone in and around Progress Place feel safe and supported.

I appreciate that the County Executive has added \$83,000 to the HHS budget for FY20 for a new security officer at Progress Place and has taken steps to increase the existing officer's hours in FY19. However, I think we must do more to address the most urgent needs of the Progress Place service provider community. I propose that the PHED/HHS move the following additional items onto the Council's FY20 reconciliation list:

1. A "placeholder" \$100,000 to fund one crisis intervention trained off-duty police officer. I believe we need staffing 24 hours per day, 7 days a week to patrol inside and outside of Progress Place, specifically the area defined by the CSX train tracks, Georgia Avenue, Thayer, Fenton Street, and 13th Street, and East-West Highway from Georgia Avenue to Blair Mill.

This roving officer should supplement, not supplant, the existing security officer indoors at Progress Place.



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

TOM HUCKER
COUNCILMEMBER

PUBLIC SAFETY COMMITTEE
CHAIR, TRANSPORTATION & ENVIRONMENT COMMITTEE

2. A “placeholder” \$43,000 for the purchase and installation of new security cameras inside and outside Progress Place. I would like any monitoring and maintenance costs added in here so that the cameras are fully utilized in the future.

I note that I’ve indicated these two sums should be “placeholders” on the Reconciliation List, because they are the best estimates that I have for these costs to date, relying on the input of the Progress Place provider group. I request the PHED/HHS committee move these items onto the Reconciliation List and give our outstanding Senior Legislative Analyst, Linda McMillan, time before the Council’s final budget reconciliation to confirm the appropriate sums of money for these two items with the input of Montgomery County Police leadership, the Department of General Services, and HHS and any other necessary stakeholders.

Separately, in the Public Safety Committee worksessions on the Police Department’s budget this spring, I plan to move that additional funding be added to the MCPD budget to give them more officers on the streets of the 3rd Police District, which covers downtown Silver Spring.

Please contact me or Andrea Nunez on my staff with any questions or concerns. Thank you.

Monitored Exchange and Supervised Visitation

Hello Councilmembers Alborno, Rice, Glass, Katz and Hucker,

Montgomery County was right two years ago when it recognized the serious gap in the safety net for families struggling with domestic violence and/or high conflict divorce/custody cases and funded the Safe Passage Center to provide supervised visits and monitored exchanges.

Safe Passage Center is now running waiting lists for supervised visits.

Although the Safe Passage Center was cited as a county initiative in the HHS portion of the County Executive's FY 2020 budget, no additional funding was added to meet the demand created by Montgomery County Circuit and District Court judges using this valuable new county resource. It's up to you now.

After one year of successful program operations, the Safe Passage Center is at or near capacity for supervised visits for children of parents with protective orders or high conflict custody/divorce cases.

Waiting lists for supervised visits are in place. The county risks losing the momentum of District and Circuit Court judges using this valuable safety service as the families' access to such visits will be delayed.

A stop gap measure for the upcoming year to increase capacity for supervised visits exists. By increasing the hours of operation from 28 to 38, adding a supervised visitation monitor and intake worker, and building a room divider, additional capacity for supervised visits can be provided. Family Services Inc. puts the price tag at about \$133k over current spending.

Our preference longer-term is to extend services to Germantown or Silver Spring; these additional funds could be viewed as a one time expense, with some portion of the additional personnel and hours potentially moved to a new site in the following year.

We welcome talking with you about this in more detail in the coming days, but we wanted to alert you to the importance of the current situation. Please feel free to contact us if you have any questions or we can be helpful.

Thanks,

Laurie

Laurie Duker
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1516

Avery Road Treatment Center

Dennis Avenue Health Center

CIP Amendments



Avery Road Treatment Center (P601502)

Category Health and Human Services
SubCategory Health and Human Services
Planning Area Rockville

Date Last Modified
Administering Agency
Status

04/10/19
General Services
Final Design Stage

Total	Thru FY18	Rem FY18	Total 6 Years	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	Beyond 6 Years
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EXPENDITURE SCHEDULE (\$000s)

Planning, Design and Supervision	945	428	199	318	197	121	-	-	-	-
Site Improvements and Utilities	1,987	-	-	1,987	1,398	589	-	-	-	-
Construction	7,076	233	-	6,843	5,545	1,298	-	-	-	-
Other	8	8	-	-	-	-	-	-	-	-
TOTAL EXPENDITURES	10,016	669	199	9,148	7,140	2,008	-	-	-	-

FUNDING SCHEDULE (\$000s)

G.O. Bonds	5,208	-	199	5,009	4,526	483	-	-	-	-
PAYGO	669	669	-	-	-	-	-	-	-	-
State Aid	4,139	-	-	4,139	2,614	1,525	-	-	-	-
TOTAL FUNDING SOURCES	10,016	669	199	9,148	7,140	2,008	-	-	-	-

APPROPRIATION AND EXPENDITURE DATA (\$000s)

Appropriation FY 20 Approp. Request	-	Year First Appropriation	FY15
Cumulative Appropriation	10,016	Last FY's Cost Estimate	8,516
Expenditure / Encumbrances	2,999		
Unencumbered Balance	7,017		

PROJECT DESCRIPTION

This project provides for the planning, design, and construction of a replacement facility for the existing Avery Road Treatment Center (ARTC). The existing facility provides residential substance abuse treatment for low-income County residents through 20 medical detox and 40 Intermediate Care Facility beds. In conjunction with a public-private partnership and with assistance from the State, a private partner will construct and operate a new ARTC facility over a 30-year term through a long-term land lease and program operation service delivery agreements.

LOCATION

14703 Avery Road, Rockville, Maryland

CAPACITY

The new ARTC will be a 64 bed, 36,500 gross square foot residential treatment facility providing medical detox and Intermediate Care Facility levels of care. The facility will also house an outpatient mental health and substance abuse treatment program supported by Medicaid reimbursements. The site will be master planned for future potential development of a 16-bed step-down program for transitional age youth.

ESTIMATED SCHEDULE

Design will be performed in FY17 and FY18. Construction is scheduled to begin in FY19 with completion in FY20.

COST CHANGE

Project costs have been increased to reflect project bids. A FY19 transfer of \$1,500,000 in GO Bonds from the Dennis Avenue Health Center will cover these costs. FY20 funding switch of State Aid (\$525,000) with GO Bonds to cover cost increases.

PROJECT JUSTIFICATION

The existing ARTC facility was constructed of pre-fabricated modular units in 1991 and needs to be replaced.

FISCAL NOTE

This project reflects updated County and State contributions to the facility. The State legislature approved funding of \$310,000 in FY15, \$104,000 in FY16, \$1,026,604 in FY17, and \$1,000,000 in FY18 in grants to the County to support the project. The County anticipates State funding approval of approximately \$1.3 million to design in FY19. State Aid is expected to total \$3.614 million. Not included in this project description form is a \$5 million contribution from the non-profit partner. FY19 GO Bond transfer of \$1,500,000 from Dennis Avenue Health Center. In FY20 the State approved \$525,000 to cover construction cost increases.

DISCLOSURES

A pedestrian impact analysis has been completed for this project. The County Executive asserts that this project conforms to the requirement of relevant local plans, as required by the Maryland Economic Growth, Resource Protection and Planning Act.

COORDINATION

Department of Health and Human Services, Department of General Services, County Attorney, Office of Procurement, Maryland Department of Health and Mental Hygiene, Private and/or non-profit substance abuse treatment providers Private developers



Dennis Avenue Health Center (P641106)

Category Health and Human Services **Date Last Modified** 01/09/19
SubCategory Health and Human Services **Administering Agency** General Services
Planning Area Kensington-Wheaton **Status** Under Construction

Total	Thru FY18	Rem FY18	Total 6 Years	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	Beyond 6 Years
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EXPENDITURE SCHEDULE (\$000s)

Planning, Design and Supervision	6,525	6,525	-	-	-	-	-	-	-	-
Site Improvements and Utilities	1,590	123	1,467	-	-	-	-	-	-	-
Construction	24,987	24,894	93	-	-	-	-	-	-	-
Other	2,248	1,738	510	-	-	-	-	-	-	-
TOTAL EXPENDITURES	35,350	33,280	2,070	-	-	-	-	-	-	-

FUNDING SCHEDULE (\$000s)

G.O. Bonds	35,350	33,280	2,070	-	-	-	-	-	-	-
TOTAL FUNDING SOURCES	35,350	33,280	2,070	-	-	-	-	-	-	-

OPERATING BUDGET IMPACT (\$000s)

Maintenance	588	98	98	98	98	98	98
Energy	636	106	106	106	106	106	106
NET IMPACT	1,224	204	204	204	204	204	204

APPROPRIATION AND EXPENDITURE DATA (\$000s)

Appropriation FY 20 Approp. Request	(500)	Year First Appropriation	FY11
Cumulative Appropriation	35,850	Last FY's Cost Estimate	37,350
Expenditure / Encumbrances	35,130		
Unencumbered Balance	720		

PROJECT DESCRIPTION

The project provides for planning and design, and construction of a new building to replace the Dennis Avenue Health Center (DAHC), on the existing site adjoining the existing building. The existing facility which was built in the 1960's as an elementary school is both inadequate (undersized) in capacity and is not configured to serve as a health center. Currently, patients with infectious airborne diseases are using the same entry and air circulation as other patients (including immune compromised patients) and staff. Key building systems such as the structural system, perimeter skin walls, elevator, roof, HVAC and electrical systems have passed their useful service life. Numerous Americans with Disabilities Act related improvements are required and egress stairs are undersized. The new facility will provide approximately 51,000 gross square feet to address the space shortage and building deficiencies identified in the Program of Requirements (POR) without service interruption, reduction, or loss of these vital health services during construction. Programs will be configured to work efficiently and avoid potential cross contamination of users and staff (spread of communicable disease) due to location and proximity of incompatible programs.

LOCATION

2000 Dennis Avenue, Silver Spring, Maryland

CAPACITY

The center handles 1 out of every 150 cases of tuberculosis in the entire US. Currently, DAHC handles 74,700 patient visits per year with 115 employees. In 1984, the center (the same building size) handled 7,000 patient visits per year with 35 employees.

ESTIMATED SCHEDULE

The design phase for this project began in the summer of 2011 and is estimated to last two years. Construction began in FY14. Construction of the new building (Phase I) was substantially complete in January 2016. Phase II was completed in winter 2017.

COST CHANGE

FY19 GO Bond transfer of \$1,500,000 to Avery Road Treatment Center. Reduction of \$500,000 in GO Bonds to reflect reduced project costs.

PROJECT JUSTIFICATION

DAHC provides several highly sensitive programs such as Public Health Emergency Preparedness and Response, Immunization Program, Disease Control, Sexually Transmitted Diseases Services, Communicable Disease and Epidemiology, HIV Services, and Tuberculosis Control Program. DAHC service demand has been growing steadily while the facility space capacity has remained unchanged and the facility has aged. The 2008 Health and Human Services Strategic Facility Plan identified the need for additional space for program growth. The DAHC POR provided preliminary feasibility study and existing building condition

assessment. The POR calls for the need to build a new 30,714 programmable area space facility to meet year 2015 space requirement.

FISCAL NOTE

FY16 adjustment reflects a \$988,000 transfer to support actual expenditures for prior project work in the School Based Health Center and Linkages to Learning project. In FY17, transfer of \$45,000 in GO Bonds to Progress Place (#601401). FY19 GO Bond transfer of \$1,500,000 to Avery Road Treatment Center.

DISCLOSURES

A pedestrian impact analysis has been completed for this project.

COORDINATION

Department of Health and Human Services, Department of General Services Special Capital Projects Legislation was enacted on June 25 2013 and signed into law on July 8, 2013 (Bill No.17-13).