

HHS COMMITTEE #1  
April 13, 2009

**M E M O R A N D U M**

April 9, 2009

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Worksession: FY10 Recommended Operating Budget  
Department of Health and Human Services  
Overview, Administration, and Public Health Services  
Council Grants – Public Health/Montgomery Cares**

*Those expected for this worksession:*

Uma Ahluwalia, Director, Department of Health and Human Services  
Corrine Stevens, Chief Operating Officer, DHHS  
Dr. Ulder Tillman, Montgomery County Health Officer  
Trudye Ann Hunter, Office of Management and Budget  
Pooja Bharadwaja, Office of Management and Budget

**Committee Schedule**

At this session, the HHS Committee is scheduled to review overview information on the Department of Health and Human Services' recommended operating budget as well as the County Executive's recommendations for two service areas: Administration and Support and Public Health Services. On April 23<sup>rd</sup> the Committee is scheduled to review the recommendation for Children, Youth, and Family Services that are not being jointly reviewed by the HHS and ED Committees (on April 16<sup>th</sup> and 17<sup>th</sup>) and Behavioral Health and Crisis Services. On April 27<sup>th</sup>, the HHS Committee will meet jointly to review FY10 recommendations regarding the Housing First Initiative. The joint meeting is immediately followed by a HHS Committee session to review the recommendations for Special Needs Housing and Aging and Disabilities.

The Executive's recommended budget for DHHS overview, Administration and Support and Public Health is attached at © 1-23.

### 1. Overview

(Please note that this overview is based on the March Recommended Budget and may need to be revised based on budget actions by the State.)

For FY10, the County Executive is recommending a 0.7% reduction in the overall expenditures for the Department of Health and Human Services. The overall reduction reflects a 2.5% decrease in county General Funds and assumes a 4.2% increase in funds appropriated in the Grant Fund. Starting in FY09, the Grant Fund includes revenues and expenditures associated with HB669 which provides the County with the State funds that would be required if the County did not have an integrated local department of health and human services.

There is a proposed reduction of 43 full-time positions and an addition of 3 part-time positions for a net decrease of 40 positions overall. Workyears are reduced by 31.5 or 2.0%.

DHHS (in \$000s)	FY07 Actual	FY08 Actual	FY09 Approved	FY10 Recommended	% Change FY09-FY10
<b>Expenditures:</b>					
General Fund	195,682	218,259	201,256	196,250	-2.5%
Grant Fund	40,784	38,910	72,257	75,275	4.2%
<b>Total Expenditures</b>	<b>236,466</b>	<b>257,169</b>	<b>273,513</b>	<b>271,525</b>	<b>-0.7%</b>
<b>Positions:</b>					
General Fund FT	1,185	1,230	845	807	-4.5%
General Fund PT	322	317	299	303	1.3%
Grant Fund FT	159	179	568	563	-0.9%
Grant Fund PT	32	32	49	48	-2.0%
<b>Total Positions</b>	<b>1,698</b>	<b>1,758</b>	<b>1,761</b>	<b>1,721</b>	<b>-2.3%</b>
<b>Workyears</b>	<b>1,506.0</b>	<b>1,758.0</b>	<b>1,609.0</b>	<b>1,577.5</b>	<b>-2.0%</b>

The following two tables provide information on changes in the combined General Fund and Grant Fund expenditures and workyears by service area.

DHHS (General and Grant Funds) (in \$000s)	FY07 Approved	FY08 Approved	FY09 Approved	FY10 Recommended	% Change FY09-FY10
<b>Expenditures by Service Area:</b>					
Aging and Disability	35,600	38,410	40,389	38,689	-4.2%
Behavioral Health & Crisis Svcs	54,103	40,770	41,736	40,010	-4.1%
Children, Youth, and Families	59,860	65,476	68,657	69,939	1.9%
Public Health Services	64,418	72,954	72,970	72,684	-0.4%
Special Needs Housing	NA	17,885	20,924	21,041	0.6%
Administration and Support	25,410	27,207	28,837	29,161	1.1%

DHHS (General and Grant Funds)	FY07	FY08	FY09	FY10	% Change
	Approved	Approved	Approved	Recommended	FY09-FY10
<b>Workyears by Service Area:</b>					
Aging and Disability*	170.4	187.6	198.2	163.9	-17.3%
Behavioral Health & Crisis Svcs	271.4	238.9	226.6	209.4	-7.6%
Children, Youth, and Families	439.4	456.3	461.1	457.1	-0.9%
Public Health Services*	493.6	535.2	536.9	565.9	5.4%
Special Needs Housing	NA	54.7	57.5	56.4	-1.9%
Administration and Support	131.2	131.8	128.7	124.8	-3.0%
*in FY10 Aging and Disability Community Nursing Home Medical Assistance and Outreach transferred from Aging and Disability to Public Health Services					

### **Department-wide adjustments with “no service impact”**

The Executive recommended budget document includes a “crosswalk” or listing of changes from FY09 to FY10. The Committee will discuss most of these changes in each of the services areas. However, many are spread across the “miscellaneous changes” in the service areas. The following table highlights some of the larger expenditure changes that are identified as not having a service impact that are spread across the service areas.

<b>FY10 Adjustments to DHHS Budget</b>	
<b>General Fund:</b>	
Service Increments	666,410
Appropriation for General Fund cost of HB669 positions - increments, health + retirement	630,000
Annualization of FY09 Personnel Costs	510,250
Retirement Adjustment	381,350
Group Insurance Adjustment	159,040
Technical Group Adjustment	117,000
Motorpool Rate Adjustment	24,190
Annualization of FY09 Lapsed Positions	21,540
Risk Management Adjustment	9,930
Elimination of FY09 One-time Items	(434,830)
Retirement Incentive Program Savings (2008 RIP)	(1,219,340)
<b>Grant Fund:</b>	
Increase in HB669 Grant	826,100

**Note:** The increase in the HB669 Grant is budgeted in the “miscellaneous adjustment” category in the Office of the Director.

### **2008 (FY09) Retirement Incentive Program**

As noted in the above table, the DHHS budget includes about \$1.2 million in General Fund savings that comes from the abolishment of positions where the employee chose to retire under the RIP offered in 2008. The position report provided to the Council from the Office of

Management and Budget on March 3, 2009 shows the following positions as being abolished. Three of the abolished positions are shown as being non-tax supported (Grant Fund).

<b>Abolished per Retirement Incentive Program:</b>			
Principal Administrative Aide		1	General
Community Services Aide III		1	General
Community Services Aide III		1	Grant
Dental Hygienist		1	General
Community Health Nurse		1	General
Supervisory Therapist		1	General
Therapist II		1	General
Program Specialist I		1	Grant
Program Specialist II		1	Grant
Program Specialist II		1	General

### ***Vacancies***

The Committee will be reviewing the Executive’s recommendations to abolish positions both vacant and filled throughout the service areas. Currently, the County has about 130 vacant positions, 22 of those positions are recommended to be abolished. About 55 positions are being held vacant as possible positions for both DHHS positions and positions throughout County Government as a part of the reduction in force process. About half of these positions are funded by the General Fund. It is important for DHHS to hold positions vacant both to accrue savings and to hold jobs where employees may be placed; however, the Committee should recognize that some of the service areas are operating with less staffing resources than the budget would indicate.

### ***FY09 Savings Plan***

The FY09 savings plan for DHHS consists of \$2.825 million in reductions. Many of these reductions are carried into FY10. They will be noted as the Committee reviews the specific item. The 2<sup>nd</sup> quarter analysis indicates that the Department will end the year with \$3.020 million in savings to the General Fund.

## **2. Administration and Support**

**A summary of base funding for major programs in this service area is attached at © 24.**

### **A. Office of the Director**

#### **1. Casey Grant Funds**

**\$250,000**

On November 25, 2008, the County received a final award agreement from Casey Family Programs to assist the County in implanting a Teaming for Excellence service model (also referred to as an Integrated Practice Model). The award is for four calendar years. The Council

awarded the FY09 funding of \$310,000 on December 9, 2009. The measurable outcomes from this effort are:

- Reduce the number of youth entering foster care by 15%
- Increase the number of youth in relative care by 15%
- Increase the number of youth exiting foster care by 15%

The baseline measure will be data from July 2007 through June 2008 and the target date for achieving the outcomes is 2012.

Process outcomes during the grant period include:

- Redesigning the current practice approach by assessing DHHS's recent Integrated Practice Model pilot.
- Implementing the Integrated Practice Model approach countywide. Implementation will include specialized training and evaluation.
- Assessing and enhancing interoperable information systems.
- Developing a continuous quality assurance process.
- Reducing disproportionality and disparity, which will include engaging stakeholders, community partners, communities of color, and immigrant communities.

**The County expects to receive an additional \$250,000 in grant funds in FY10. This item appropriates that expected amount. The Department has abolished a county-funded Program Manager position and created a grant funded Planning Specialist position as a part of the budget actions related to this grant. Council staff recommends approval.**

## **2. Update on Integrated Case Management**

Since January 2008, the Department has been working to implement an Integrated Case Management pilot. The Department has previously told the Committee that there are six core outcomes from case integration: (1) needs will be identified earlier, (2) services will be delivered more quickly, (3) client/families will achieve individual outcomes identified in respective plans, (4) cooperation among staff will increase, (5) client functioning will improve, and (6) client satisfaction will improve.

A progress report on this effort is attached at © 25-34. Included in the progress report is a summary version of the Quality Service Review Protocol (© 29-34). As noted in the cover sheet from the consultant, the protocol is used for (1) appraising the current status of a focus individual having special needs in key life areas, (2) status of the individual, and (3) performance of key system of care practices for the focus individual.

One of the points in the progress report is that the single screening tool will also be used by the Neighborhood Safety Net sites. This is critical because many of those identified through the "door-knocking" process are likely to have multiple needs and it is important that there be consistency in the evaluation and referral process whether the person comes through a DHHS service site or through one of the partners assisting in the Neighborhood Safety Net Initiative.

**3. Abolish Program Manager II Position** **(\$123,580)**

This vacant position previously supported the Social Services Officer and the Board of Social Services. The Chief Administrative Officer and the Department of Human Resources are currently discussing changes to the Social Services Officer position for Montgomery County to better align it with operational responsibilities. **Council staff recommends approval.**

**4. Abolish Vacant Office Services Coordinator** **(\$53,410)**

The Executive recommends abolishing this vacant position for fiscal reasons. Work has been reallocated to other positions. **Council staff recommends approval.**

**5. Conservation Corp Lease Costs** **\$15,600**

The Conservation Corp was expected to move out of leased space but will need to continue its current location. Lease costs are required for FY10. **Council staff recommends approval.** Other Conservation Corp costs are budgeted in Children, Youth, and Family Services.

**6. Reduce Temporary Office Clerical** **(\$84,780)**  
**Reduce Professional Services** **( 40,000)**

The Department expects to be able to reduce temporary clerical and other professional services. Both of these areas were reduced in FY09 as a part of the savings plan. **Council staff recommends approval.**

**7. Inflationary Adjustment for Contractors**

The Executive is not recommending any blanket inflationary adjustment for contractors because of the fiscal situation. Generally for the past several years, the Executive has recommended a 1% adjustment which the Council has generally increased to a 2% adjustment.

**B. Minority Health Initiatives**

The Executive's recommended budget presents the Minority Health Initiatives under the heading Office of Disparities Reduction. This office was proposed by the Executive as a part of the FY09 Budget but the additional position requested was not approved by the Council. The Initiatives continue to be housed under the Director's Office within the Office of Community Affairs.

For FY10, the Executive is recommending a series of small reductions for each of the Initiatives. The following tables show the total amount recommended by the Executive for each of the Initiatives and the specified reductions included in each recommendation. A summary of the components in each Initiative is attached at © 35.

<b>African American Health Program:</b>	
FY10 Personnel Costs (2 workyears)	\$ 212,863
FY10 Operating Expenses	\$ 1,348,121
<b>FY10 Recommended Total Expenditures</b>	<b>\$ 1,560,984</b>
<b>Reductions included in CE Recommendation:</b>	
Reduce Professional Services Funds	\$ (55,600)
Reduce Operating Expenses	\$ (14,290)
Shift \$14,290 from the Grant Fund to the General Fund for diabetes education	

It is not expected that the reductions proposed for the African American Health Program will have a direct service impact based on historical expenditures in the categories where costs are proposed to be reduced.

<b>Asian American Health Initiative:</b>	
FY10 Personnel Costs (1 workyear)	\$ 105,545
FY10 Operating Expenses	\$ 613,870
<b>FY10 Recommended Total Expenditures</b>	<b>\$ 719,415</b>
<b>Reductions included in CE Recommendation:</b>	
Reduce Professional Services Funds	\$ (10,500)
Reduce Operating Expenses	\$ (16,270)

The recommended reductions for the Asian Health Initiative are a continuation of the FY09 savings plan. While printing and translation of educational materials costs will continue at a reduced level, the reduction is not expected to impact direct services.

<b>Latino Health Initiative:</b>	
FY10 Personnel Costs (5 workyears)	\$ 461,508
FY10 Operating Expenses	\$ 1,107,078
<b>FY10 Recommended Total Expenditures</b>	<b>\$ 1,568,586</b>
<b>Reductions included in CE Recommendation:</b>	
Reduce Contract for Youth Wellness	\$ (5,000)
Reduce Contract for System Navigator	\$ (5,000)
Reduce Ama Tu Vida Health Festival	\$ (10,000)
Reduce Contract for Career Transition Center	\$ (23,100)
Reduce Operating Expenses	\$ (36,450)

The proposed reductions are expected to have a small impact on the System Navigator and youth wellness programs but new contracts will be negotiated at the reduced cost.

The Department is hopeful that the \$23,100 in reductions to the Career Transition Center program to facilitate the Maryland licensure process for individuals trained outside the United States can be shifted to a grant that will be provided to the Department of Economic Development. It is not clear at this time whether the grant will indeed be available in FY10 or what the amount of the grant will be. However, the DHHS funded contract to the Career Transition Center will be reduced by \$23,100.

**C. Office of the Chief Operating Officer**

<b>1. Financial Programs Manager</b>	<b>\$147,250</b>
<b>Operating Expenses for Contract Monitoring</b>	<b>59,690</b>
<b>Contract Monitoring – Community Grants</b>	<b>25,000</b>
<b>Abolish Vacant Admin Aide – Contract Management</b>	<b>(28,650)</b>
<b>Abolish Vacant Office Clerk – Contract Management</b>	<b>(29,280)</b>
<b>Abolish Vacant Manager III – Fiscal Team</b>	<b>(175,000)</b>
<b>Abolish Vacant Administrative Specialist – Support Svcs</b>	<b>(57,010)</b>

For about the past year and a half, DHHS has been working to strengthen their contract monitoring function, particularly as it relates to the monitoring of fiscal and payment issues. A summary of the Department’s efforts is attached at © 36-37 and includes requiring contract monitors to be up-to-date with the County’s Contract Administration Class, development and implementation of an internal training program, and collaboration with the Department of General Services to streamline the non-competitive grants process. The summary also notes that starting this past March, DHHS instituted a Contract Monitoring Review Committee and that beginning in the 4<sup>th</sup> quarter of FY09 the CMRC will conduct random audits each quarter. A staff member from the Department of Finance has also been detailed to DHHS until June 30 to assist with this effort.

The budget highlights the net changes to the Chief Operating Officer’s section. There has also been a reorganization that has pulled together the functions of contract monitoring, fiscal services, and cost allocation and claiming. For FY10, the Executive is recommending that a new Financial Programs Manager position be created and that additional operating funds be provided to support the contracting process. The four positions to be abolished are all currently vacant.

**Council staff recommends approval of these changes. Council staff suggests that the Committee schedule a session in the fall to learn about the results of the CMRC and the random internal auditing being undertaken.**

- 2. **Decrease Miscellaneous IT Expenses** (\$175,000)
- Decrease IT Equipment Purchases** (45,000)

The Department believes that it can reduce IT costs in FY10 by reducing the use of consultant services and reducing the amount of IT equipment purchased. The Department has reduced the number of data systems throughout the Department and has strengthened staff support for the systems currently in place; therefore, it is expected that less consulting services will be required. As positions are abolished, some equipment can be reassigned within the Department. A \$60,000 reduction in IT expenses is being achieved in FY09 as a part of the savings plan actions. **Council staff recommends approval.**

- 3. **Decrease Miscellaneous Operating** (\$ 20,000)
- Decrease Broker Contract Services** ( 101,350)

The Department is proposing a reduction in the use of the broker contract and in miscellaneous operating expenses in order to meet budget targets. A reduction in miscellaneous expenses was also a part of the FY09 savings plan. **Council staff recommends approval.**

**D. Office of Community Affairs**

Note: Items related to Head Start will be reviewed jointly by the HHS and ED Committees.

- 1. **Abolish Community Services Aide III position** (\$80,470)

This is a filled position that is currently assigned to the East County Regional Services Center to provide intake services. The Department has concluded that the workload does not justify the assignment of a full-time position. An Emergency Services Worker and Housing Opportunities case worker will still provide services at the Center. Additional staff is available at the Silver Spring and Mid-County Services Center. **Council staff recommends approval.**

- 2. **Rent and Utilities for ESOL sites no longer needed** (\$65,520)
- Adult ESOL classes (upcounty)** ( 3,070)
- Silver Spring Team for Children and Families contract** ( 10,000)

DHHS previously assisted in covering the cost for rent and utilities in school facilities used for community based ESOL classes. These funds are no longer needed. **Council staff recommends approval of this reduction. Council staff also recommends the reduction of \$3,070 to the funding for upcounty adult ESOL and the \$10,000 provided to the Silver Spring Team for ESOL but recommends that the remaining \$20,000 recommended in the Department for the upcounty contract and the \$23,000 in the Silver Spring Team contract not be appropriated in DHHS but be provided to MCAEL which is coordinating community based ESOL classes. MCAEL would then determine how the services are best provided through their grant process. Council staff also believes if there are other contracts for ESOL services in DHHS, the associated funding should be moved to MCAEL.**

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|---|-------------------|
| <b>3. Case management and support services contract</b> | <b>(\$10,000)</b> |
| <b>Leadership Training Program</b>                      | <b>(\$22,980)</b> |

The Executive is recommending reductions to two contracts. The first is for a contract that assists families in crisis with case management, support groups, and referrals. About \$180,000 would remain in the FY10 budget for this purpose. The contract was not fully expended in FY08, thus the Department believes there will be not direct impact from this reduction. The second contract is for the Leadership Training Program which is a 9 month program provided by IMPACT Silver Spring. FY10 funding would be about \$93,000. **Council staff recommends approval of both reductions.**

**E. Neighborhood Safety Net**

The Executive is recommending funding to implement the Neighborhood Safety Network, which is a partnership with Community Foundation, the City of Gaithersburg, and non-profit organizations that will focus efforts in highly impacted neighborhoods to assist vulnerable residents with services and referrals. The Executive has recommended funding in two places in the FY10 budget (1) \$291,210 and 7.1 workyears in DHHS in Children, Youth, and Family Services, and (2) \$252,000 in the Community Grant NDA to be awarded to IMPACT Silver Spring.

The Committee will be asked to make its recommendation on April 23<sup>rd</sup> as a part of the Children, Youth, and Families Service worksession; however, the Director would like to use this opportunity to provide the Committee with an update on the Initiative. A recent e-mail and flyer about the Initiative is attached at © 38-41.

**3. Public Health Services**

**A summary of base funding for major programs in this service area is attached at © 42-46.**

**A. Office of Health Partnerships and Health Planning**

- |   |                   |
|---|-------------------|
| <b>1. Care for Kids – savings from lapse of vacant position</b> | <b>(\$12,600)</b> |
| <b>Care for Kids – Spanish Catholic Center contract</b>         | <b>( 53,600)</b>  |
| <b>Care for Kids – vacant contract Community Services Aide</b>  | <b>( 65,000)</b>  |

The Care for Kids program provides health care services to children if their family’s income is below 250% of the Federal Poverty Level and they do not qualify for the Maryland Children’s Health Insurance Program. It is administered through a contract with the Primary Care Coalition (PCC). The PCC 2008 Annual Report notes that 43% of children enrolled come from families with incomes below 100% of the Federal Poverty Level. For the first time in five years enrollment declined in 2008. In 2008 the number of children enrolled was 3,810 (down from 4,277), however, the number of visits to primary care providers increased from 4,290 to

4,519. Through a variety of partnerships, Care for Kids also provides access to dental service, specialty care, and treatment for chronic medical conditions.

The \$12,600 is savings that would come by requesting the Primary Care Coalition lapse a vacant Client Services Specialist for the first four months of FY10. This is a continuation of the FY09 Savings Plan. The vacancy does increase the time it takes to enroll children in the program.

The Executive is proposing eliminating a stand alone contract with the Spanish Catholic Center that has been in place for several years. The elimination of the \$53,600 contract with the Spanish Catholic Center is not expected to impact services in the Care for Kids program as the Spanish Catholic Center may continue to provide services as subcontractor on the fee-for-service basis that applies to other participants in the program.

**Council staff recommends approval of both of these reductions with the understanding that the Spanish Catholic Center will be able to continue to provide services through the same agreement that is in place for other providers.**

<b>2. Montgomery Cares – facility grants for clinic expansion</b>	<b>(\$277,300)</b>
<b>Montgomery Cares – clinic start up grants</b>	<b>( 100,000)</b>
<b>Montgomery Cares – miscellaneous operating expenses</b>	<b>( 130,000)</b>
<b>Montgomery Cares – reduce pharmacy costs</b>	<b>( 165,000)</b>
<b>Montgomery Cares – PCC administrative costs</b>	<b>( 25,000)</b>
<b>Montgomery Cares – HealthCare for Homeless position</b>	<b>( 92,700)</b>
<b>Montgomery Cares – HealthCare for Homeless vacant PAA</b>	<b>( 48,320)</b>
<b>Montgomery Cares – contract for Behavioral Health Pilot</b>	<b>( 70,000)</b>

The Executive is recommending a reduction of \$908,320 to the Montgomery Cares program for FY10. A majority of the expenditures are used for primary care services, pharmacy services, dental, and mental health pilot programs, and previously for new facility construction/expansion.

As a part of the FY09 Savings Plan, the Committee agreed to a \$510,000 savings with the understanding that monies would be reallocated to ensure that primary care was provided to all patients seeking services. The Department shared a proposed reallocation and to date there has been no problem with providing reimbursement to the clinics for primary care. The table on the following page shows the FY09 original, FY09 reallocated, and FY10 proposed budget for Montgomery Cares.

Attached at © 47-53 is data on the trends in patient growth, the number of patient encounters, and the location of patients and clinics in the County. The number of patients has grown substantially and it is expected that Montgomery Cares could have about 22,400 patients by the end of FY09. It should be noted that while the savings plan sharply reduced the funding for new facilities, there is additional capacity in the system in FY09. Montgomery Cares has

increased capacity through the addition of two clinics: Proyecto Salud opened a satellite facility in Olney in partnership with Montgomery General Hospital and Mobile Med opened a freestanding clinic in Germantown in partnership with Shady Grove Adventist Hospital. Two additional clinics have been awarded funds to expand: Community Clinic, Inc. for a new clinic in Gaithersburg and the Muslim Community Center Medical Clinic for expansion of their existing site. Community Ministries of Rockville has been awarded planning monies for a clinic in Rockville.

DESCRIPTION	FY09 Approved	Reallocation	CE Rec Reductions shown in budget book	FY10 Budget CE Rec	Total Inc/Dec including Reallocation
Enrollment	19,430	3,070		22,500	3,070
Number of Primary Care Encounters: based on 2.7 encounters per user	52,461	8,289		60,750	8,289
SUPPORT FOR PRIMARY CARE VISITS	3,253,182	513,918	-100,000	3,667,100	413,918
COMMUNITY PHARMACY MEDBANK	1,975,021	276,300	-165,000	2,086,321	111,300
CULTURAL COMPETENCY	97,000	0	-47,000	50,000	-47,000
PILOT PROGRAMS	950,000	0	-70,000	880,000	-70,000
SPECIALTY SERVICES	562,077	51,392	0	613,469	51,392
PROGRAM DEVELOPMENT	344,000	-44,000	-56,000	244,000	-100,000
INFORMATION AND TECHNOLOGY	375,000	0	-27,000	348,000	-27,000
PCC-ADMINISTRATION	524,070	0	0	524,070	0
HHS-ELIGIBILITY DETERMINATION	184,014	0		184,014	0
HHS-ADMINISTRATION	509,313	-45,862	-5,000	458,451	-50,862
NEW FACILITY ESTIMATE	1,502,818	-818,708	-277,300	406,810	-1,096,008
HEALTH CARE FOR THE HOMELESS	793,822	66,960	-161,020	699,762	-94,060
<b>TOTAL MONTGOMERY CARES BUDGET</b>	<b>11,070,317</b>	<b>0</b>	<b>-908,320</b>	<b>10,161,997</b>	<b>-908,321</b>

In the most recent quarterly report from the Montgomery Cares Advisory Board the Board included the following budget priorities for FY10:

- Maintain all available funding for essential primary care service. This includes payments to the clinics for primary care encounters and medication. The Board expects Montgomery Cares to serve 28,000 patients in FY10, which would require \$6.6 million.
- Provide funding for specialty care at \$660,000. The Advisory Board estimates that because this money is used to leverage private resources the value will be \$2 to \$3 million.

- Maintain funding for ancillary care such as dental, mental health, substance abuse, and eligibility services.
- Continue to allocate dollars to support infrastructure. The Advisory Board says that while this support is critical, they acknowledge that support of direct service is the first priority.

While the Executive's recommendation shows substantial reductions in many areas, the question is, **is it sufficient to address the expected growth in patient and patient visits?**

Council staff was very concerned that the FY10 budget is based on 22,500 patients. This is clearly too few patients as this number is likely to be reached or exceed in FY09. However, the Executive's assumption is that there will be 2.7 encounters per patient or 60,750 in a year. At \$62 per encounter a total of \$3,766,100 would be needed in the primary care visit category and the Executive's budget would be \$100,000 short. However, to date the encounter per patient for FY09 is 1.97. The average for FY07, FY08, and FY09 is 2.1.

**If one accepted the Advisory Board's recommendation that the budget assume 28,000 patients in FY10 and they had 2.1 patient encounters then funding would be needed for 58,800 primary visits. This amount is \$3,645,600 (at \$62 per visit) or about the amount the Executive has proposed. Therefore, Council staff recommends the Committee agree to the amount of funding for primary care with the understanding that it is not limited to 22,500 patients. The Committee should schedule an update in the fall to review the number of patients and encounters to see if the current trends are holding.**

The Executive has also recommended a reduction in pharmacy costs that it expects to realize from referring patients to low cost pharmacy programs available in many stores. **Council staff is recommending approval at this time, but again recommends that this be part of an update in the fall in case this reduction does not come to fruition.**

The reduction associated with the Health Care for Homeless position is a continuation of a reduction that is part of the FY09 Savings Plan. The position is no longer needed because the work has been absorbed by a Program Manager in DHHS. This is a continuation of the FY09 Savings Plan. **Council staff recommends approval.**

The Executive is recommending a \$70,000 reduction in the Behavioral Health Care Pilot, which was implemented in three clinics. The Department notes that there has been some difficulty in implementing the model and staff turnover, which has resulted in the full amount not being expended. The Department expects the delivery model to be adjusted and there may be a reduction in some clinic hours, however, there is not expected to be a reduction in the currently delivered level of service. The Primary Care Coalition's 2008 Annual Report says that in 2008, 491 uninsured patients were able to receive care that they were unable to afford or access through the public mental health system. They also note that the goal for FY09 is to improve efficiency and increase the capability of primary care providers to recognize and address behavioral health concerns. **Council staff recommends the Committee discuss the expected**

**impact of this reduction with the Department. Council staff is unable to estimate whether there will be a direct service impact or whether the suggestion that efficiencies can be found will offset the dollar loss.**

**No change is recommended to the Oral Health Pilot.** The PCC Annual Report notes that the Spanish Catholic Center served 625 patients (average 2 visits per patient) and the DHHS adult dental services clinic served 251 patients (308 visits) in the three months it was opened. The combined wait list is about 150 people.

**The largest reduction from the FY09 original budget to FY10 is the \$1.1 million reduction in facilities development. The question facing the Committee is, given the current budget shortfall, is it appropriate to take a break in funding the development of new facilities? As noted, there is still some new capacity coming into the system and it is possible that some Federal stimulus monies might become available, but it is clear that capacity growth will not occur in FY10 as it did in FY08 and FY09.**

#### ***Reimbursement for Services:***

As a policy question, the Committee may want to discuss whether there should be a common co-pay policy for Montgomery Cares patients as there is a common policy for reimbursement. If some patients are able to assist the program through a co-pay this could assist in making sure future funding is available to serve a growing number of patients.

DHHS has provided information that the Federal government does not have a single universal sliding fee scale for federally qualified health care centers. However, there are the following guidelines:

- **Prepare a schedule of fees or payments** for the provision of services that is:

**Consistent with locally prevailing rates** or charges and **designed to cover the reasonable costs** of operation.

**Make all reasonable effort to obtain reimbursement** from third party payors — either public (Medicaid, SCHIP, Medicare and any other public assistance program) or private health insurance (for patients who are eligible for coverage). These third party payors should be billed on the basis of the full amount of fees and payments for such services without application of any discount.

Prepare a corresponding schedule of discounts (or sliding fee scale) to be applied to the payment of such fees, in which discounts are adjusted on the basis of the patient's ability to pay. The Schedule of discounts must:

1. Be made available for all individuals and families with an annual income below 200% of the poverty guidelines.
2. Provide for a full (100%) discount for all individuals and families with an annual income below 100 percent of the poverty

guidelines.

3. Nominal fees may be collected from individual or families with an annual income at or below 100% of the poverty guidelines when imposition of such fees is consistent with project goals.

4. The health center's governing board must approve the fee schedule and schedule of discounts. The board should review and update the fee and discount schedule on a regular basis.

Community Clinic, Inc. (CCI), recently underwent an extensive effort in revising their sliding scale. As is required by the regulations, their fee scale is consistent with community rates, and has been approved by their board. Base payments on a percentage of the actual cost (schedule of discounts) based on income and family size. For example, a household earning less than 100% of Federal Poverty Level is responsible for a \$10 co-pay on all services. A household earning between 200% and 250% of FPL would pay \$26 for a focused office visit or \$44 for an expanded office visit.

## **B. Communicable Disease, Epidemiology, and Lab Services**

<b>1. Abolish Community Health Nurse - Immunization</b>	<b>(\$105,330)</b>
<b>Hepatitis B Immunization Action Plan Grant</b>	<b>( 161,000)</b>

Funding for the Hepatitis B Action Plan is expected to be reduced from \$475,500 to \$314,500. The Community Health Nurse position that is proposed to be abolished oversees the immunization program and entries into the State registry. The position is also involved with monitoring the program for children exposed to lead. The Department acknowledges that there will be service impact from this reduction in the Nurse position and the shortfall in funds from the State.

Information on the State's webpage notes that the risk of developing Hepatitis B virus infection is age dependent and is greatest risk for infants who have a 90% chance of developing chronic infection if infected at birth. The DHMH program calls for testing of pregnant women at an early prenatal visit or at delivery if the status is unknown. There are recommended protocols for the treatment of infants born to positive mothers which includes a series of immunizations.

Hepatitis B is a major concern of the Asian American Health Initiative (AAHI). The AAHI Priorities Report notes that half of the chronic Hepatitis B cases in the United States are in the Asian American community. The AAHI has a Hepatitis B Program to increase awareness and improve access to preventive measures.

**Council staff is concerned about these reductions and the impact on the County's immunization efforts. While the reductions are in response to a shortfall from the State, Council staff questions whether there is some portion of the reduction that might be offset by reprioritizing monies, possibly from the Minority Health Initiatives, to the immunization program.**

### **C. Community Health Services**

The budget document identifies a net addition of \$2,621,940 to this program area that is the transfer of 32.9 workyears from the Aging and Disability's program for Community and Nursing Home Medical Assistance and Outreach, 4 workyears from System Planning and Management in Behavioral Health and Crisis Services, and a reduction of 3 workyears associated with positions that were reduced under the 2008 (FY09) Retirement Incentive Program.

#### **1. Maryland Kids Count Grant \$113,500**

This is the second year of the Governor's efforts for Medicaid expansion. The funds will be used to create 3 new term positions to provide screening and determine eligibility for health care programs funded by the State or the County. If the funds are not available, the additional positions will not be added or retained.

#### **2. Abolish Office Services Coordinator (\$93,890)**

This position is currently filled and provides support services. The work will be distributed to other employees in the program area. **Council staff recommends approval.**

#### **3. Abolish Community Services Aide III (\$96,790)**

This position is currently filled and provides a variety of county-funded health promotion and prevention services including assisting with the car seat program and Safe Kids Coalition. There will be service impacts from the reduction of this position. **Council staff recommends approval.**

### **D. Dental Services**

The budget document notes that the miscellaneous adjustments include the reduction of a Dental Hygienist position that was reduced under the 2008 (FY09) Retirement Incentive Program.

#### **1. Eliminate Denture Services (\$ 40,000)**

The current budget includes \$40,000 to provide a maximum of 34 clients in the senior dental program with services to fit and provide a first pair of dentures. The program has been able to serve about 33 clients per year for the past several years. There is currently a wait list for this service. The Department is proposing eliminating this program both for fiscal and operational reasons. The Department feels that this is a specialty service that is difficult to provide. DHHS is only able to fit the first pair of dentures and is unable to make adjustments or provide replacement dentures to clients. There are low cost denture programs at Howard

University and the University of Maryland but they have wait list and require the client to travel a longer distance. The full senior dental program sees over 700 clients per year for restorative, therapeutic, and emergency care.

**Council staff recommends approval of the elimination of this program because the Department has assessed that they are not the best provider of this specialized service.** The inability to make adjustments and provide replacement dentures result in some clients having poor fitting dentures and complaints. Council staff recognizes that this does create a service impact for the seniors that would have been served in FY10 if the program remains in place.

**2. Decrease enrollment – Maternity Partnership Program (\$140,000)**

As noted later in this memo in the section on Women’s Health Services, the Department is projecting reduced enrollment in the Maternity Partnership program based on the current usage of the program. Dental services are available to women in the Maternity Partnership Program. If the Committee agrees with the reductions in the Maternity Partnership Program, then the Committee should also approve this reduction.

**E. Environmental Health Regulatory Services**

**1. Abolish vacant Office Services Coordinator (\$ 53,240)**

This position has been vacant and is proposed to be abolished for fiscal reasons. The position assisted in processing applications which have now been assigned to other staff.

**Council staff recommends approval for fiscal reasons but notes that the Committee has previously heard from the Department about the heavy workload and shortage for staff for licensing and inspections.** Last year, the Committee discussed with the Department whether fees should be increased to cover the cost of additional staff and/or to more fully cover the cost of current staff. The Executive has decided not to increase fees at this time as it would place an additional financial burden on many small businesses during the economic downturn.

**F. Health Care and Group Residential Facilities**

The Executive is not recommending any changes, other than \$23,290 in miscellaneous adjustments for this program which inspects and licenses nursing homes, domiciliary care facilities (assisted living), adult day care, and group homes.

**G. Health Promotion and Prevention**

**1. Eliminate Traffic Safety Grant (\$265,000)**

The Traffic Safety and Education Grant is a regional grant that was awarded to Montgomery County in FY09. The focus of the grant was pedestrian safety and car restraint. For FY10 the State is awarding the regional grant to Prince George's County and there should still be some funding available to Montgomery County through the regional effort. Because it is a regional award, it is not yet clear what the service impacts will be. **Council staff recommends approval of this item which reflects the change in State funding.**

**2. Substance Abuse Public Education and Prevention Grant \$279,290  
Eliminate ATOD High Risk Kids Grant (\$144,580)**

The Alcohol, Tobacco, and Other Drug (ATOD) High Risk Kids Grant which has been a resource for many years (at least back to FY03) is being eliminated in FY10 because the State has decided that it will be folded into the Substance Abuse and Prevention Grant provided to the County through the Alcohol and Drug Abuse Administration. **Council staff recommends approval of these items which reflect changes in State funding.**

**3. Abolish Community Health Nurse (promotion and planning)(\$120,870)  
Abolish PAA (promotion and prevention) ( 36,970)  
Operating expenses reduction (promotion and planning) ( 13,000)**

The Community Health Nurse position that is recommended for abolishment is a county funded position that focused on injury prevention, especially injury prevention for children. There will be a service impact from the reduction but it is hoped that the remaining Nurse can take on some of the duties. The responsibilities of the Principal Administrative Aide will be assigned to other staff in the program area. Miscellaneous operating expenses will also be reduced. **Council staff recommends approval.**

**4. Reduce Under-21 Mini Grants (\$11,360)  
Reduce contract out-of-school time activities ( 4,060)**

Under-21 Mini Grants provide up to \$1,500 for Under-21 activities sponsored by community groups. A 30% match is required. In FY08, 41 groups provided Under-21 activities and 36 schools participated in Project Prom. If the reduction is taken, \$45,500 will remain available for grants. It is expected that there would be a reduction of about 10 awards. Council staff is concerned about this reduction as after prom and after graduation activities have been very helpful in reducing a variety of problems that teens can get into on these dates. While this was a part of the FY09 Savings Plan, **Council staff suggests the Committee reject this**

**reduction for now and determine whether there is an offsetting reduction that can be found somewhere else in the Department.**

A \$4,060 reduction in the DHHS funds provided to the YMCA for the Carroll Avenue/Quebec Terrace Community Center is also included in the budget recommendations. This would leave about \$36,000 in DHHS funding for this effort. **A majority of the funding for this Center comes from other sources. The Council has received a grant request from the YMCA for operating of this center. Council staff suggests approval of this \$4,060 reduction at this time but notes that this issue may need to be revisited based on recommendations regarding the Council grant.**

#### **H. Cigarette Restitution Fund Programs**

The Executive included \$2,022,520 in program funding based on earlier expectations regarding the availability of Cigarette Restitution Funds. At the time of this memo, there was no certainty about the level of funding available. **Council staff and DHHS staff recommend the Committee return to this issue once the State has concluded its budget actions.**

#### **I. STD/HIV Prevention and Treatment**

The budget document notes that the miscellaneous adjustments include the mid-year creation of a grant funded Behavioral Health Associate Counselor.

The monthly management reports indicate that from March 2008 to February 2009, an average of 337 persons were turned away each month due to capacity scheduling with the low being 286 in July 2008 and a high of 362 in February 2009. Last year's 12 month average (from March 2007 to February 2008) was 284 with a low of 216 (July 2007) to a high of 398 (December 2007).

<b>1. Increased Cost for HIV/STD Services</b>	<b>\$ 85,000</b>
<b>Decrease AIDS Diagnostic and Evaluation Grant</b>	<b>( 85,280)</b>
<b>Increase Ryan White II Consortia Grant</b>	<b>49,000</b>
<b>Decrease Washington AIDS Partnership Grant</b>	<b>( 23,700)</b>

The Ryan White II Consortia Grant provides case management and out-patient services for HIV/AIDS patients and works in coordination with the AIDS Diagnostic Evaluation Unit. The grant revenues provided for the AIDS Diagnostic and Evaluation Unit are expected to decline from \$238,788 (FY08 and FY09 amounts) to \$153,510 in FY10. Some of this reduction is offset by shifting positions to the Ryan White grant. The budget also includes an increase of \$85,000 to maintain a same services level for lab costs.

DHHS notes that while services will remain intact for FY10, a continued shortfall will jeopardize the unique comprehensive nature of these services.

The Washington AIDS Partnership Grant was available in FY09 but is not expected to be available in FY10.

**Council staff recommends approval of the recommended funding changes.**

**J. Tuberculosis Services**

The Executive is not recommending any changes other than (\$47,260) in miscellaneous adjustments for this program. Council staff notes that the DHHS management data shows that from March 2008 to June 2008 there were an average of 60 people per month awaiting appointments for the treatment of latent TB infections. In July 2008 there was no wait list. For the last seven months the wait list has varied between 32 and 77 patients.

**K. Women's Health Services**

**1. Abolish vacant Administrative Specialist (\$ 34,590)**

This position was assigned to contract monitoring and support but has been vacant for over one year and the work has been assigned to other personnel. Half the position's cost was assigned to Women's Health and one-half was assigned to Behavioral Health and Crisis Services. **Council staff recommends approval.**

**2. Decrease Project Deliver based on usage (\$660,000)**  
**Maternity Partnership – decrease based on enrollment, ( 512,290)**  
**increase in co-pay, and provide 2% inflation adjustment**  
**Maternity Partnership – increased cost 89,250**

The Maternity Partnership Program provides prenatal care to uninsured women at clinics sponsored by three County hospitals through contracts with the County. For FY09, the Council approved the Executive's recommendations to provide the hospitals with a 4% inflationary adjustment to the reimbursement from the County (FY09 = \$968) and to increase the co-pay from the clients by \$100. The co-pay is collected directly by the hospital so the net FY09 reimbursement is \$868. The Committee was assured that if a client could not pay the higher co-pay they would not be denied enrollment into the program. The FY09 budget assumes enrollment of 2,550. The FY08 actual enrollment was 2,372.

For FY10, the Executive is recommending three changes: (1) assume enrollment of 2,286, (2) increase the co-pay by another \$100 to \$450, and (3) provide a 2% inflationary adjustment to the reimbursement to hospitals rather than the historical 4% adjustment. The Department has told Council staff that there has not been a problem with clients paying the higher co-pay. Enrollment continues to be at a lower level than expected. It is unclear why this is occurring. Changes in the CHIP program may have made more women eligible to seek services through CHIP. The Department has asked the hospitals for information on the numbers



- Maternity Partnership Program provides prenatal care through three hospital sponsored prenatal clinics for 2300 women. The Project Deliver Program covers the cost of the delivery of the baby. County dental services are provided for the pregnant women.
- Seven Montgomery Cares clinics provide pelvic exams, Pap tests and breast exams, and five of the clinics provide birth control methods for those who choose them.
- DHHS area health centers provide pregnancy tests and referrals to prenatal programs or Reproductive Health contractors.
- The Improved Pregnancy Outcome Grant Program includes the Fetal and Infant Mortality Review Board and its Community Action Team to identify systemic issues and solutions.
- The SMILE program provides nurse case management for Black/African American pregnant women under the African American Health Program.
- Community Health and School Health nurses case manage pregnant teens, women and infants.
- Public Health staff provides eligibility determination and care coordination for pregnant women with Medical Assistance.
- The Safety Net Project with Family Services will include a Teen and Young Adult Connection reproductive health clinic in Gaithersburg.

<b>4. Eliminate Crenshaw Perinatal Health Grant</b>	<b>(\$46,920)</b>
<b>Reduce CDC Breast and Cervical Cancer Grant</b>	<b>( 27,920)</b>
<b>Reduce Cancer Outreach and Case Management Grant</b>	<b>( 9,460)</b>

The County received funding for the Crenshaw Perinatal Health Initiative, but no funds are expected in FY10.

The funding provided to the County for breast cancer outreach and case management is expected to be reduced by \$9,460. The total grant available for FY10 is expected to be \$258,720.

A reduction in the grant funds from the Center for Disease Control for breast and cervical cancer services is expected to decline by \$27,920. The total grant available in FY10 is expected to be \$555,160.

**Council staff recommends approval of these reductions which reflect the available of continued grant funding.**

**L. Public Health Emergency Preparedness and Response**

The Executive has recommended no changes, other than \$75,000 in miscellaneous adjustments, to this program area. Total funding for FY10 is recommended to be \$2,052,230 and 11.2 workyears. **Previously the Committee has expressed an interest in understanding what responsibilities/services are mandated and what is discretionary. DHHS has provided the following information.**

## **Mandated**

### 1) CDC Emergency Preparedness Base Grant:

- All hazard Planning
- Planning/Hazard and vulnerability Analysis
- Epidemiological Surveillance & Investigation
- Emergency Response Communications
- Emergency Public Health Information and Warning
- Responder Health and Safety
- Isolation & Quarantine
- Mass Prophylaxis and Vaccination
- Medical and Public Health Surge
- Citizen Evacuation and Shelter-in-place
- Environmental Health and Food Safety
- Community Recovery
- Planning/Exercise after action reports and implementation

### 2) Cities Readiness Initiatives Critical Capacities and SNS Functions Grant

- SNS plan development and update
- Command and Control
- SNS asset requesting and controlling SNS inventory
- Management of local SNS functions
- Tactical Communication
- Public Information
- Security Support
- Dispensing oral medications to entire population within 48 hours of the decision to do so
- Treatment Center Coordination
- Train, exercise and evaluate

### 3) National Association of City and County Health Officials (NACCHO) Grant:

#### Advance Practice Center for Public Health Preparedness:

- CDC funds through NACCHO, seven Advance Practice Centers (APCs) to advance public health emergency preparedness at the local health department level. This is accomplished by the development, distribution and marketing of APC tools and resources. This years outcome objectives are as follows:
- Collaborate with several county and community partners to provide consultation and guidance on emergency preparedness issues.
- Collaborate with the Washington Metropolitan Council of Governments (COG), in particular with the regional Cities Readiness Initiative (CRI) plans.
- Collaborate with other APCs to improve the Clinic Planning Model Generator, the Re-Supply Planning Model and eMedCheck.
- Collaborate with other APCs to enhance, improve and/or modify: the Plan to Be Safe Campaign, the Emergency Response Planning for Child Care Providers, the Stay at Home Toolkit, and the Emergency Preparedness Curriculum for Latino Health Promoters.
- Collaborate with other local health departments to receive guidance and input on APC tools and resources.
- Montgomery APC in collaboration with the University of Maryland will continue to enhance the Clinic Planning Model Generator software (web version) and to improve the user interface.

- Montgomery APC in collaboration with the University of Maryland will develop an updated Clinic Re-Supply Planning Model (formally the Logistics Planning computer model) along with a User's Guide.
- Montgomery APC in collaboration with the University of Maryland will enhance and improve eMedCheck (a medial screening software program for PDAs) for PODs.
- Montgomery APC in collaboration with the University of Maryland will develop an on-line report that describes the modeling framework and how computer models can benefit public health emergency planners.
- Montgomery APC will refine, enhance and improve the Plan to Be Safe Campaign Materials.
- Montgomery County will develop a modifiable on-line low-literacy version of the Plan to Be Safe Materials and Stay at Home Tool Kit
- Montgomery APC will refine, enhance and improve the Stay at Home Toolkit for Influenza (currently not an APC product).
- Montgomery APC will refine, enhance and improve the Emergency Response Planning for Child Care Providers.
- Montgomery APC will refine, enhance and improve the Emergency Preparedness Curriculum for Latino Health Promoters.
- Montgomery APC will participate in at least four promotional and communication activities at the local, regional, state, or national level.
- The Montgomery APC will develop a *Montgomery APC Electronic Network*. This network will include members from local health departments, community organizations, APCs, and others to help promote Montgomery APC's tools.

### **County Funded**

**Note:** Much of what this program implements in the above "mandatory" list spills over to many staff who are not funded under the grants, other programs and other service areas/departments. Also, the regional planning both at the State level and at COG are not grant funded, but require our participation. Listed below are activities that are not mandated under grants, but are still essential activities for Public Health emergency planning and response.

- Regional Planning Efforts through COG
- Participation in State, Regional, and Federal work groups on Public Health Emergency Preparedness
- Advanced epidemiological surveillance in conjunction with Johns Hopkins University Applied Physical Lab and partners
- Special Needs population activities
- Significant administrative grant management activities
- Significant fiscal requirements and audit response capabilities (grants are frequently audited)
- Response to county emergency events such as water main breaks
- Management of Public Health Information Line when emergency events require activation
- County-wide exercise participation
- Emergency Preparedness integration into other county departments, service areas and divisions
- Community Outreach activities on public health emergency preparedness
- Training of county staff on public health emergency preparedness
- Pandemic flu emergency preparedness and plan development and implementation

**Comments:**

The County provides no operating funds for the program;

CDC base grant and CRI grant do not provide adequate funding to meet requirements so county positions partially help with meeting the requirements.

**M. Service Area Administration**

- 1. Congregational Health Outreach Services (\$49,190)**  
**Health and Wellness Coordinator**

The Executive is recommending elimination of the contract with Catholic Charities to provide a community outreach and health coordination services as a part of the Wellness Works program. **Council staff recommends approval.**

- 2. Contract for primary care – Mobile Medical Care, Inc. (\$88,480)**  
**Contract for primary care – Proyecto Salud ( 93,850)**

The Department is recommending the elimination of these two contracts, which pre-date the Montgomery Cares program and the current fee-for-service reimbursement. The Department argues that it no longer equitable for these two clinics to receive monies in addition to the fee paid per visit to all the participating clinics.

**Council staff agrees with this recommendation. In the next section of this memo, the Committee will discuss Council grant requests from clinics and may or may not choose to recommend funding for them. However, Council staff believes that continuing an annual additional appropriation in the base of DHHS for primary care services is no longer appropriate now that the fee for service system is established.**

**4. Council Grants – Public Health Grants referred to the Montgomery Cares Advisory Board** (prepared by Peggy Fitzgerald-Bare)

The Council received seven grant applications from primary health care providers that are to be reviewed as part of the Committee’s discussion of the Montgomery Cares program. One of the purposes of the Montgomery Cares program is to develop a coordinated and more systematic delivery of primary health care to uninsured individuals. In order for the Council and the program itself to be able to assess clinic provider needs, system needs, and set funding priorities, clinic provider funding requests should be considered through the Montgomery Cares program.

As in prior years, staff forwarded the applications to the Department of Health and Human Services for review by the Montgomery Cares Advisory Board. The Board’s recommendations are contained on © 54-56. The clinic grant requests, Advisory Board, and Council staff recommendations are listed below:

1. **Community Ministries of Rockville: \$46,928** for part time staff for wrap-around and health promotion services. **The Montgomery Cares Advisory Board (MCAB) does not recommend funding of this request.** They note that the Board's primary priority is to add primary care capacity, and while the proposal is beneficial to patients, in a time of limited resources, priority should be given to proposals that increase primary care for the uninsured.

**Council Staff recommendation: Concur with MCAB and do not fund, for reasons cited by Board.**

2. **Mary's Center for Maternal and Child Care: \$50,000** for mental health counseling. **MCAB does not recommend funding this proposal.** They agree the proposal would increase capacity but they oppose funding of individual clinical positions. They note that the Montgomery Cares program provides all clinics with a \$62 per patient encounter payment. Funding of personnel is essentially double payment. They also comment that all clinics could benefit from a mental health counselor and that funding only one is not equitable. They note that the proposal states that the position will be funded via Medicaid when the grant term is over and do not understand why Medicaid funding could not begin prior to the second year. Finally, they note that Mary's Center is a Federally Funded Health Center and believe Federal grant resources should be able to be utilized to support mental health services.

**Council Staff recommendation: Concur with MCAB and do not fund, for reasons cited by Board.**

3. **Mercy Health Center: \$50,000** for clinic expansion of 1800 square feet. Mercy Clinic already operates a health clinic in adjacent space that is leased from the County. (The County in turn leases the space from a private landlord). The expansion of this adjacent space would permit the clinic to serve an additional 576 patients. The funds would be used for build-out of the space, equipment, and the first year's rent. The clinic will pay for rent costs in future years. **MCAB recommends funding of this proposal.** They note that it clearly meets the Board's priorities of increasing Montgomery Cares capacity. They also note that the Clinic will use County funds to leverage funding from other sources. With respect to these other funding sources, staff has learned that the Clinic expects to receive some, but not all, of the requested funds from the City of Gaithersburg (\$10,000 of \$25,000 requested), and the County Executive did not recommend the \$50,000 requested by the Clinic to assist with build-out.

**Council staff recommendation: Assuming the build-out of the space would be completed by the end of the third quarter of next fiscal year, and the clinic would be ready to see additional patients during the last quarter of FY10, determine from DHHS whether there would be sufficient funds in the Montgomery Cares program to provide the per encounter payment for the additional patients. If so, Council staff concurs with MCAB and recommends placing \$50,000 on the Council Reconciliation list for the clinic expansion.**

## Mobile Medical Care Clinic Grant Requests

Mobile Medical Care has submitted four grant requests: two are for continuation of previously funded requests, two are new requests. They are listed below with the MCAB recommendations.

**Before making a recommendation on the four requests, staff believes the Committee should discuss some of the policy issues raised by the organization's request for continuation of funding of individual positions. Staff provides a brief summary of these issues after the description of the four proposals.** For reasons discussed below, staff has somewhat different recommendations than the MCAB.

4. **Mobile Medical Care: \$50,000** to assist in the purchase of a fully equipped van-clinic to serve Upcounty residents. **MCAB conditionally supports this request** noting that it will serve an underserved population and potentially increase capacity. MCAB's New Facility Policy states the program should only support larger clinics. MCAB supports this proposal as long as the organization ensures that patients who initially use the mobile van are linked with a fixed medical home and are connected to Mobile Med's Germantown clinic. Additionally, MCAB believes that the organization should provide assurances that the proposed private match of \$150,000 can be met.
5. **Mobile Medical Care: \$130,000** for continuation of a Volunteer Coordinator and a Specialty Care Coordinator. **MCAB does not support this request.** MCAB notes this is the third year Mobile Med has requested funds for the Volunteer Coordinator and the second year for the Specialty Care Coordinator. While they believe the positions are worthwhile, MCAB believes all clinics could benefit from these positions and prefers to see funding that would offer this support to the program in its entirety. (The Board also refers to Council guidelines that funding is only for one-time requests. Staff has clarified to Montgomery Cares staff that while Council grant funding is for one year only, organizations are permitted to request funds for the same program or service in subsequent years.)
6. **Mobile Medical Care: \$100,000** for continuation of funding for Nurse Practitioner at Germantown clinic. **MCAB does not support this request.** They note this is the second year Mobile Med has requested funds for this position. As previously noted, they do not believe the County should fund individual clinical positions as the clinics are supported for clinic work via the per encounter proposal.
7. **Mobile Medical Care: \$50,000** for a new community liaison/patient outreach advocate to help reach unserved Asian Americans as part of the organization's Pan Asian Clinic. **MCAB does not support this request.** They do not believe it meets MCAB priorities and that the proposal does not provide adequate data to make a compelling argument of need.

**Discussion:** As MCAB has noted, the Montgomery Cares program provides all clinics with \$62 per patient encounter. The Board, DHHS, and the Primary Care Coalition, with

input from clinic stakeholders, spent significant time developing the per encounter approach as the fairest way to assist all clinics with the cost of care. Payment for individual clinical positions does not seem consistent with that approach.

At the same time, the largest clinic provider, Mobile Med, is indicating that the per encounter payment is not sufficient to permit the organization to provide care that would otherwise be possible. The organization has stated that elimination of funding of the previously funded positions will result in fewer patients served.

In addition, in staff's view, in the current very difficult fiscal climate, recruitment of additional volunteer medical personnel may be the only realistic way to be able to serve the increasing numbers of uninsured residents seeking care at all of the clinics. Staff for medical volunteer recruitment and management is a means to increase this capacity.

Finally, there is the issue of the relative merits of expanding capacity versus funds to sustain existing operations.

Staff offers the following recommendations:

- **For FY10 only, place \$130,000 on Reconciliation List for funding of Volunteer and Specialty Care coordinators as they help provide the capacity to recruit, maintain, and manage the volunteer medical personnel critical to provision of medical care to the uninsured. Ask the Department and MCAB to develop a proposal for FY11 that would provide for these functions to serve all clinics, utilizing appropriate criteria.**
- **Do not fund Nurse Practitioner (\$100,000) as individual clinical care positions should be covered by the per encounter payment.**
- **Do not fund new Community liaison (\$50,000) for reasons cited by MCAB.**
- **Do not fund mobile van-clinic (\$50,000). In staff's view, if any additional resources can be allocated to Mobile Med, the higher priority is to sustain existing operations.**

# Health and Human Services

## MISSION STATEMENT

The Department of Health and Human Services 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, and private agencies to promote and sustain partnerships, which increase the availability of needed services.

## BUDGET OVERVIEW

The Department facilitates much of the delivery of direct services through partnerships with private providers. Approximately 80 percent of the Department's General Fund operating expenditures consist of contracts with service providers.

## ORGANIZATION

The Department of Health and Human Services provides an array of public health and human services that address the needs of children, families, individuals, and seniors. At its core, the Department's mission, responsibility, and focus are: the provision of public health programs that protect the health of the general public and address the health care needs of specific populations; the administration of protection programs and systems that provide for the safety and well-being of children and vulnerable adults; and the provision of programs and services that meet basic needs including food, shelter, and personal care.

The Department also provides supportive services that include intervention programs, including psychosocial, behavioral and physical health services, early intervention and prevention, and self-sufficiency that assist individuals and families in achieving their maximum level of readiness and self-reliance. These programs and services are designed to assist families to be healthy, safe, and strong.

As a Department that provides services to clients across the lifespan, it is imperative to have a strong focus on integrating practice and supporting a seamless continuum. Clients, both as individuals and as families, have multiple needs and often access multiple services through the Department. Building a "No Wrong Door" approach will provide services to customers in a seamless and integrated way to minimize duplication and improve outcomes.

The Department's FY10 budget reflects the critical resources necessary to implement the core goals identified in the strategic plan and to maintain the broad range of services and programs administered by the Department.

## ACCOMPLISHMENTS AND INITIATIVES

To assure healthy and sustainable communities, the FY10 budget provides:

- Funding to increase the number of patients served in the Montgomery Cares Program from 19,430 to 22,500. The program increased the number of patients served by 29% in FY08.
- Enhanced County funding for the meal subsidy program for seniors to provide the same level of service due to cost increases for the meals.
- Additional funding for lab services for sexually transmitted diseases and HIV.
- Continued funding for outreach efforts to the County residents 60 or older. Outreach efforts included the publication of a "Guide to Living and Thriving in Montgomery County", and an event for 235 seniors entitled "Aging in Place: Your Home, Your Community."
- Funding of the Health Care for the Homeless program. During FY08, this program increased the number of Montgomery County homeless seen by Mobile Medical Care's Health Care for the Homeless by 57% from 480 patients to 756 patients.

To assure affordable housing in an inclusive community, the FY10 budget provides:

- Continued funding for the Supportive Housing Rental Assistance Program (SHRAP), a County funded permanent supportive housing program providing deep housing subsidies to special needs renter households.
- Continuation of the Housing First Program. The program began in FY09 as a partnership among the Departments of Health and Human Services, Housing and Community Affairs, the Housing Opportunities Commission, the Cities of Gaithersburg and Rockville, and private sector service providers. The goal of Housing First is to rapidly place homeless individuals and families in permanent housing and reduce the time spent in homeless shelters.

To assure vital living for all of our residents the FY10 budget provides:

- Funding for the Emergency Safety Net Proposal to address the growing needs of residents, in response to the downturn of the economy. Staff will assist county residents with applications and review the required documentation for financial assistance and inform the residents about additional programs available through HHS and the community partners, making referrals as appropriate.
- Additional funding for the Senior Transportation Program due to increased costs.
- Continued funding to provide all day services at the Gude Men's Shelter.
- Continued funding for a Certified Diabetes Nurse Educator to the African American Health Program. This position has enabled the program to provide the needed individualized, one-on-one education and support, as well as referrals and consultation with private providers.
- Continued funding of the Adult Day Care Subsidy Program (ADC) for frail and/or disabled adults, whose family caregivers often are experiencing acute stress and burden. ADC funding allows these individuals to remain safely in the community with maximum independence and safety.
- Continued funding of the Customized Employment Public Intern Project. This project provides part-time employment for 25 people with significant disabilities for up to two years per person. There are 25 interns currently working in County departments, with 15 County divisions participating in the project.
- Continued funding for an occupational therapist (OT) to staff the Better Living at Home program. This program provides detailed home assessments, as well as assistive devices and home modifications to help seniors and disabled adults remain independent in the community.
- Continued funding of the Adult Behavioral Health program. This program added a component to their services in FY08 to provide the full range of outpatient mental health services for low income uninsured clients with serious mental illness needing treatment services while they are residents of the Pre Release Center.
- Enhanced funding for providers of services to the developmentally disabled.
- Continued funding to participate in the State's Medicaid Waiver for long-term care services, which permits the frail elderly to remain independent through the provision of a variety of community based services.
- Continued funding to address health disparities through the African American Health Program, the Asian American Health Initiative and the Latino Health Initiative.

To assure that children are prepared to live and learn, the FY10 budget provides:

- Additional funding to open the New Hampshire Estates School Based Health Center in August 2009. The existing School Based Health/Wellness Center programs offer health, mental health, social services and youth development opportunities to over 3,400 students.
- Full year funding for an early childhood education program in Takoma Park.
- Additional funding from the State Department of Education for the Infants and Toddlers Program. This funding will reinstate services lost in prior years due to budget cuts; will allow for expansion of mental health and family support network services to children and families; and will provide infrastructure support to enable the program to address expanded State and County department requests and accountability processes.
- Additional funds to provide school health services at Clarksburg Elementary School.

- Continued funding of the Head Start Program. In FY08, Head Start served 648 young children from low income families with educational, health, nutritional, social, and other services.
- Continued funding of The Child Assessment Center (Treehouse), a part of Child Welfare Services, to provide multidisciplinary assessments for children who have been maltreated. The Treehouse gained national accreditation in FY09 from the National Children's Alliance.
- Continued funding for Linkages to Learning (LTL). In FY08, the program served more than 750 families with Thanksgiving assistance and 2,000 children in the LTL Holiday Exchange Program, a 33% increase over FY07.
- Continued funding to participate in the State's Medicaid Autism Waiver, which allows children with autism to remain in their homes and communities by providing supportive services.

To assure safe streets and secure neighborhoods, the FY10 budget provides:

- Continued funding of the Adult Drug Court Program. Through FY08, 97 individuals have been served in the Adult Drug Court program; 33 of those individuals had successfully completed the program, and 53 were enrolled at the end of the fiscal year. In FY09, the addition of the Substance Abuse and Mental Health Services Administration (SAMHSA) Capacity Expansion Grant, will allow program capacity to be expanded from 60 to 90 and approximately 30 additional offenders will be able to be enrolled in the Adult Drug Court Program.
- Continued funding of the Juvenile Drug Court to provide case management services to adolescents who are under the jurisdiction of the Juvenile Drug Court.
- Continued funding for the Positive Youth Development Initiative.

To provide a responsive and accountable county government, the FY10 budget provides:

- Enhanced funding for contract monitoring.
- One-time only grants for non-profit organizations to help achieve a safe, healthy, and self-sufficient community (See Non-Departmental Accounts - Community Grants).
- Continuation of the Latino Health Initiative's (LHI) Foreign-Trained Nursing Professionals program. This program, in partnership with the Montgomery County Workforce Investment Board, provides financial assistance to participants to cover training expenses including English as a Second Language (ESL) courses, nursing refresher courses, nursing board exam reviews, nursing licensure related fees, and stipends for child care and public transportation expenses.
- Continued efforts to increase grant awards. In FY08, the Department and its partners were awarded 21 grants totaling \$17.6 million in grant dollars to provide additional services to DHHS customers, including \$700,000 in new funding for the department and \$16.9 million in new funding for our partners. Grant awards reflect applications submitted in FY07 and FY08, and received in FY08.
- Continuation of the customer service initiative to improve the intake and screening process resulting in better customer access to a range of services and improved customer satisfaction.
- Continued collaboration between the Linkages to Learning program, the Montgomery Coalition on Adult English Literacy (MCAEL), the MCPS 21st Century Learning Centers grant, and partners from Community Ministries in Rockville to provide adult English as a Second Language services.

## **PRODUCTIVITY ENHANCEMENTS**

### **Administration and Support**

- In FY08, over 1600 DHHS employees completed legally mandated information security training within six weeks using a new computer based training platform. This new system enables the employee to complete the training at their workstation, gives test results immediately and documents training completion. Ongoing compliance with these mandatory trainings can be efficiently monitored using reports from this system.
- In March of 2008, DHHS and the Office of Procurement worked out a procedure to allow inflationary adjustments to be processed concurrently with extensions/renewals. This change resulted in a decrease of approximately 100 contract actions and significantly improved timeliness of inflationary adjustments for our vendors.

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- The volunteers of Montgomery County Community Action Agency's Voluntary Income Tax Assistance (VITA) Program contributed 619 hours during the tax season at Progress Place and TESS Community Services Center. The VITA program also served 676 residents who received approximately \$1,000,000 in Federal, State and Earned Income Tax Credit (EITC) credits.

#### Children, Youth, and Family Services

##### Child Welfare Services

- The number of children placed in group homes was reduced by 15% during the past year in large part because of a strong focus on family centered practice. Many of the children returned home or were placed with extended family members. The focus on relatives was also evident in the increased number of children placed with kinship providers who were moving toward custody and guardianship of these children.

##### Child Care Subsidies

- As the result of recommendations made by a stakeholders' workgroup formed in late FY07, the Child Care Subsidy Program was challenged to increase enrollment through improved outreach and program access efforts. In FY08, the program staff continued their outreach efforts by attending thirty events promoting the availability of the subsidy programs. The Program Manager also made twenty visits to partner organizations to strengthen collaborative efforts to increase program enrollments. Finally the program managed a grass roots campaign to go to churches and apartment complexes which serve predominately Latino populations to promote the programs. These efforts resulted in 12.5% increase in the average number of families served and a similar increase in the number of families who are seeking access to the program as measured by the number of applications filled in the program.

#### Aging & Disability Services

##### Consumer Directed Care

- Several years ago, the In Home Aide Services implemented a Consumer Directed Care (CDC) initiative that allows consumers to select and hire self-employed personal care individual providers of their own choosing at half of the normal contractor rate. Savings realized enabled the program to serve an additional 31 clients in FY08. In FY09, the program expects approximately 35 additional clients will select CDC with an expected cost savings of approximately \$471,550. These savings will allow the program to serve 35 additional home care clients. In FY10, the program projects that 60 clients will select CDC. This enhancement will continue in future fiscal years.

##### Improvements to Senior Resource Line (7- 3000)

- In November 2008, the Senior Resource Line's voicemail system was changed to ring to available staff first, so that the welcome message is triggered only when all responders are busy. The result is that 90% of calls are answered by a live person (a 10% improvement), and callers reaching the voicemail now wait less than 20 seconds (compared with between 30 and 40 seconds) which has resulted in fewer callers hanging up as a result of reaching the voicemail. The impact is faster and higher quality service to clients in Aging and Disability Services.

#### Public Health Services

- The Montgomery Cares Dental program increased patients receiving dental services by 150% in FY08. Dental Clinic services expanded as a result of going from a one day per week clinic to five clinic days per week and the addition of a Dental site in Gaithersburg, co-located with the Mercy Medical clinic.
- The "Integrated Vaccine Surveillance System (IVSS) is a system being tested in local health departments that will let the public report any vaccine side effect from the seasonal flu vaccine. The study will test a system to monitor vaccine side effects with the vision of having such a system in place should a more serious influenza pandemic occur in the future.

#### Behavioral Health and Crisis Services

- The Victim Assistance and Sexual Assault Program (VASAP)'s Volunteer Component staffs a 24/7, 365 days per year Crisis Outreach to rape and sexual assault victims. For FY08, this corps of volunteers donated a total of 12,082 hours of service providing crisis intervention at hospitals and police stations and linking victims and their loved ones to essential VASA services. This translates to a savings to the County of 5.81workyears.

#### Special Needs Housing

- Participants in the Employment Initiative Program operated by Montgomery Works, and students from the Ivy Mount School have contributed an average of fifty (50) hours a week to the Rental and Energy Assistance Programs (RAP/OHEP). These volunteers perform routine administrative tasks, including mass mailings, filing and data entry services for the RAP/OHEP program. The work of these volunteers has allowed case workers to spend more of their time determining eligibility and certifying clients for rental and energy assistance benefits.

In addition, this department's Capital Improvements Program (CIP) requires Current Revenue funding.

## LINKAGE TO COUNTY RESULT AREAS

While this program area supports all eight of the County Result Areas, the following are emphasized:

- ❖ **A Responsive, Accountable County Government**
- ❖ **Affordable Housing in an Inclusive Community**
- ❖ **Children Prepared to Live and Learn**
- ❖ **Healthy and Sustainable Neighborhoods**
- ❖ **Vital Living for All of Our Residents**

## DEPARTMENT PERFORMANCE MEASURES

This table presents the department's headline measures or submeasures that relate to multiple programs including projections from FY09 through FY11. These estimates reflect funding based on the FY09 savings plan, the FY10 budget, and funding for comparable service levels in FY11.

Measure	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
<b>Headline Measures</b>					
Percentage of senior and/or disabled clients who avoid institutional placement after receiving case management services	94	93	94	94	94
Percentage of uninsured individuals that are either enrolled in a medical entitlement program or have had a HHS primary or prenatal care visit	41	42	43	43	44
Percentage of clients with active infectious tuberculosis who receive Directly Observed Therapy and successfully complete the treatment regimen	92	93	93	93	93
New cases of Chlamydia per 100,000 population among County residents (15-24) <sup>1</sup>	713	919	TBD	TBD	TBD
Percentage of households remaining housed at least 12 months after placement in permanent supportive housing	NA	94	94	94	94
Percentage of households that received emergency financial assistance that sought additional assistance within 12 months <sup>2</sup>	NA	NA	24	24	24
Percentage of offenders under age 18 who are diverted to substance abuse education or mental health treatment programs who do not re-enter the correction system within twelve months of assessment <sup>3</sup>	99	TBD	98	98	99
Average 12 month earnings gain rate for current and former Temporary Cash Assistance (TCA) recipients that are placed in jobs (%)	51	NA	50	50	50
Average 12 month job retention rate for current and former TCA recipients who are placed in jobs (%)	80	NA	75	75	75
Percentage of family-based child care students who demonstrate "full readiness" upon entering kindergarten	63	66	69	69	69
Percentage of Head Start students who demonstrate "full readiness" upon entering kindergarten <sup>4</sup>	59	64	67	70	70
Percentage of licensed child care center students who demonstrate "full readiness" upon entering kindergarten	69	76	78	78	78
Percentage of client cases reviewed that demonstrate beneficial impact from services received <sup>5</sup>	NA	80	90	90	90
Percentage of HHS Information and Referral customers who report satisfaction with the assistance received	NA	91	91	91	91
Percentage of customers identified as needing language assistance who receive linguistically appropriate services <sup>6</sup>	NA	97	97	97	97
Percentage of client cases needing assistance within three or more Service Areas for which effective team functioning is documented	NA	30	58	50	60
Percentage of new Request for Proposals (RFPs) that include performance measures related to beneficial impact and customer satisfaction <sup>7</sup>	NA	NA	90	95	100
Percentage of HHS Request for Proposals (RFPs) that are sent to Procurement by established deadlines	NA	84	90	95	100

	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Percentage of individuals served by the continuum of behavioral health services that demonstrate a higher degree of Social Connectedness and Emotional Wellness <sup>8</sup>	NA	NA	TBD	TBD	TBD
<b>Multi-Program Measures</b>					
Percentage of client cases needing assistance within three or more Service Areas for which effective team formation is documented	NA	50	67	60	70

<sup>1</sup> Chlamydia data is for the calendar year in which the fiscal year began. This measure represents one of the four age cohort components to this measure.

<sup>2</sup> Under construction. Baseline numerator data to be established FY09.

<sup>3</sup> The correction system refers to the juvenile justice or adult correction systems. Assessment is done to determine compliance with requirements. Loss of a Therapist position in FY10 will result in 100-150 fewer youth being served.

<sup>4</sup> Full Readiness is defined as consistently demonstrating skills, behaviors, and abilities needed to meet kindergarten expectations successfully. There are three components of this measure.

<sup>5</sup> Figures shown are based on a qualitative assessment by experienced reviewers of a small sample of HHS cases, and are not representative of HHS as a whole. This measure also has composite quantitative submeasures.

<sup>6</sup> Measure under construction. Data shown are from a small sample of respondents to annual I&R Customer Satisfaction Survey who self-identified as having needed and received language assistance.

<sup>7</sup> Beneficial impact will be specific to the program and will focus on risk mitigation, greater independence, and improved health.

<sup>8</sup> As demonstrated by: Increased/retained employment; increased success in school; increased stability in housing; increased outcomes for those receiving evidence-based practices; or decreased arrest rates.

## PROGRAM CONTACTS

Contact Corinne Stevens of the Department of Health and Human Services at 240.777.4521 or Trudy-Ann Hunter of the Office of Management and Budget at 240.777.2778 for more information regarding this department's operating budget.

# BUDGET SUMMARY

	Actual FY08	Budget FY09	Estimated FY09	Recommended FY10	% Chg Bud/Rec
<b>COUNTY GENERAL FUND</b>					
<b>EXPENDITURES</b>					
Salaries and Wages	92,475,045	81,803,110	78,871,120	79,710,800	-2.6%
Employee Benefits	30,324,921	28,132,120	27,556,850	27,779,390	-1.3%
<b>County General Fund Personnel Costs</b>	<b>122,799,966</b>	<b>109,935,230</b>	<b>106,427,970</b>	<b>107,490,190</b>	<b>-2.2%</b>
Operating Expenses	95,400,082	91,320,900	90,422,810	88,759,560	-2.8%
Capital Outlay	59,028	0	0	0	---
<b>County General Fund Expenditures</b>	<b>218,259,076</b>	<b>201,256,130</b>	<b>196,850,780</b>	<b>196,249,750</b>	<b>-2.5%</b>
<b>PERSONNEL</b>					
Full-Time	1,230	845	845	807	-4.5%
Part-Time	317	299	299	303	1.3%
Workyears	1,406.0	1,155.9	1,155.9	1,129.5	-2.3%
<b>REVENUES</b>					
Purchase of Care - MSDE	6,815,798	6,766,000	7,100,000	7,100,000	4.9%
Health Clinic Fee - Adult Immunizations	51,476	47,000	47,000	47,000	---
STD Clinic Service Fee/Donation	13,908	12,060	12,060	12,060	---
Adult Mental Health Clinic Fee	72,289	78,670	40,850	40,850	-48.1%
Miscellaneous	1,192	0	0	0	---
Marriage Licenses-Battered Spouses	287,172	300,000	300,000	300,000	---
Core Health Services Funding	4,780,024	6,268,420	6,079,800	6,079,800	-3.0%
Medicaid Reimbursement: Child & Adolescent Service	257,353	250,000	250,000	250,000	---
Medicaid Reimbursement: Child Special Services	2,978	0	0	0	---
Medicaid Reimbursement: School Health	61,821	62,000	62,000	62,000	---
FFP: MA Hospital Reimbursement	500,662	473,600	428,080	0	---
STEPS	68,210	60,000	120,000	80,000	33.3%
MA Reimbursement: LTC Waiver AERS	155,065	167,180	167,180	167,180	---
MA Crisis Center: ACT	418,458	240,000	220,000	0	---
Medicaid Reimbursement: Obstetrics	870,902	850,000	850,000	850,000	---
Nursing Home Reimbursement	600,765	267,790	500,000	500,000	86.7%
Medicaid Reimbursement: Behavioral Hlth Case Man.	22,096	50,000	0	0	---
Medicaid Form Distribution	9,524	9,520	9,180	9,180	-3.6%
Health Inspections: Swimming Pools	443,138	440,000	440,000	440,000	---
Medicaid Reimbursement: Outpatient Addictions Svc	33,758	80,000	80,000	80,000	---
Medicaid Reimbursement: TASC Assess. & Urinalysis	168,171	167,000	167,000	167,000	---
Health Inspections: Restaurant	1,427,245	1,400,000	1,400,000	1,400,000	---
Health Inspec: Living Facilities - Environmental	75,675	75,770	75,770	75,770	---
Health Inspections: Living Facilities - Licenses	210,622	179,390	180,690	180,690	0.7%
Federal Financial Participation - Healthy Start	536,202	683,170	0	197,080	-71.2%
Federal Financial Participation (FFP)	13,469,337	11,205,760	13,109,890	12,923,090	15.3%
Health Inspections: Miscellaneous	34,195	32,610	30,030	30,030	-7.9%
FFP - Adult Mental Health	59,079	69,390	36,050	0	---
Medicaid & Medicare Reimb: Mental Health	128,564	110,000	120,000	120,000	9.1%
Social Services State Reimbursement (HB669)	32,037,046	0	0	0	---
MA Long Term Care Waiver	427,256	422,410	422,410	475,870	12.7%
Federal Financial Participation: Public Health	1,208,267	977,230	1,208,000	1,672,130	71.1%
Electronic Amusement Licenses	43,670	45,430	45,430	45,430	---
Conservation Corps Fees	86,996	80,000	80,000	50,000	-37.5%
Child and Adolescent-Outpatient Programs	7,150	3,500	3,500	3,500	---
Birth Search Adoption Fee	335	0	0	0	---
MA Hospital Fees	488,131	637,330	525,620	525,620	-17.5%
In-Home Aide Service Fees	9,622	8,100	8,100	8,100	---
Death Certificate Fees	263,312	275,000	250,000	250,000	-9.1%
Statement of Age Card	416	410	410	410	---
HIV Clinic Service Fees/Donations	14,306	13,600	13,600	13,600	---
Health Clinic Fees - School Health Services Center	13,160	16,250	16,250	16,250	---
TB Testing Donations	36,022	32,490	32,490	32,490	---
Health Clinic Fees	2,197	0	0	0	---
Health Clinic Fees - Pregnancy Testing	760	500	4,500	4,500	800.0%
Health Clinic Fees - Dental	40,512	45,980	45,980	45,980	---
Rabies Vaccine Fee	67,827	80,000	80,000	80,000	---
Sexual Assault Victim Counseling	14,168	13,500	13,500	13,500	---
Partner Abuse Program	16,439	18,000	14,000	14,000	-22.2%
Outpatient Addiction Service Fees	9,499	2,000	2,000	2,000	---

	Actual FY08	Budget FY09	Estimated FY09	Recommended FY10	% Chg Bud/Rec
Adult Mental Health Fees	7,628	5,230	5,000	5,000	-4.4%
Addictions Services Coordination Fees	20,900	22,000	22,000	22,000	---
Autism Assessment Fee	405,225	422,400	395,800	459,600	8.8
<b>County General Fund Revenues</b>	<b>66,796,523</b>	<b>33,466,690</b>	<b>35,014,170</b>	<b>34,851,710</b>	<b>4.1</b>
<b>GRANT FUND MCG</b>					
<b>EXPENDITURES</b>					
Salaries and Wages	12,762,439	31,611,640	31,689,390	32,532,300	2.9%
Employee Benefits	4,371,239	10,153,410	10,174,280	10,406,360	2.5%
<b>Grant Fund MCG Personnel Costs</b>	<b>17,133,678</b>	<b>41,765,050</b>	<b>41,863,670</b>	<b>42,938,660</b>	<b>2.8%</b>
Operating Expenses	21,776,795	30,491,970	31,935,020	32,336,660	6.0%
Capital Outlay	0	0	0	0	---
<b>Grant Fund MCG Expenditures</b>	<b>38,910,473</b>	<b>72,257,020</b>	<b>73,798,690</b>	<b>75,275,320</b>	<b>4.2%</b>
<b>PERSONNEL</b>					
Full-Time	179	568	568	563	-0.9%
Part-Time	32	49	49	48	-2.0%
Workyears	198.5	453.1	453.1	448.0	-1.1%
<b>REVENUES</b>					
Parent Locator - FFS	0	0	52,000	0	---
Child Assessment: VOCA	16,670	0	0	0	---
Under One Roof	179,956	0	0	0	---
Social Services State Reimbursement (HB669)	0	32,593,410	32,593,410	33,518,630	2.8%
Safe Kids	0	0	12,000	0	---
Addressing Cancer Hlth Disparities - CDBG	33,604	0	0	0	---
HOC For Persons W/ AIDS (HOPWA)	388,252	452,220	452,220	452,220	---
Casey Grant	0	0	0	250,000	---
Gudelsky Foundation Grant	0	0	15,000	15,000	---
Adult Drug Court Capacity Expan	0	0	0	300,000	---
Infants and Toddlers (CLIG Part B 619)	0	0	0	9,000	---
Infants and Toddlers CLIG (Medicaid Revenue)	0	0	0	250,000	---
Disparities Self-Assessment Project	0	0	25,000	0	---
Infants and Toddlers CLIG (Impact Aide)	0	0	0	25,000	---
Administrative Care Coordination (EPSTD)	705,000	705,000	705,000	705,000	---
AIDS Diagnostic and Evaluation Unit	238,788	238,790	238,790	153,510	-35.7%
Alcohol and Drug Abuse Block Grant	3,118,764	3,367,760	3,367,760	4,768,060	41.6%
Area Agency on Aging: III	2,510,739	2,303,180	2,685,000	2,730,270	18.5%
Asthma Management Grant	20,000	20,000	20,000	20,000	---
ATOD High Risk Kids	147,469	144,580	144,580	0	---
Breast Cancer Outreach and Dx. Case Mgt.	268,044	268,180	268,180	258,720	-3.5%
CDC Breast and Cervical Cancer Screening	604,121	583,080	583,080	555,160	-4.8%
Child Care Resource and Referral	462,393	384,000	384,000	448,000	16.7%
Childhood Injury Prevention	3,950	3,000	3,000	3,000	---
Children With Special Care Needs	15,297	80,930	80,930	74,920	-7.4%
Community Mental Health	5,207,827	5,397,100	5,458,540	5,458,540	1.1%
Community Action Agency	451,175	446,790	446,790	446,790	---
Community Services Block Grant: State Funds	4,329	4,330	4,330	4,330	---
Community Supervision Program	143,863	143,870	143,870	143,870	---
Crenshaw Perinatal Initiative	6,434	46,920	46,920	0	---
CRF: Cancer Prevention, Educ., Screen, Training	818,975	883,450	883,450	883,450	---
CRF: Tobacco Prevention and Education	1,032,493	1,100,330	1,100,330	1,050,900	-4.5%
CRF: Addictions Treatment	1,249,683	1,260,000	1,260,000	0	---
DJJ Day Treatment	103,810	103,810	103,810	103,810	---
Domestic Violence Grant	180,408	182,000	182,000	182,000	---
Emergency Shelter & Nutrition: Homeless	269,893	269,900	269,900	269,900	---
Family Planning	276,126	197,600	197,600	546,790	176.7%
Foster Care Court Improvement	3,379	0	0	0	---
Federal Block Grant Homeless	733,217	801,770	791,770	596,790	-25.6%
Geriatric Evaluation	2,852	2,860	2,860	2,860	---
Head Start: DFR and Health	1,031,718	1,100,790	1,100,790	1,100,790	---
Head Start: Extended Year Summer	105,410	128,830	128,830	91,640	-28.9%
Hepatitis B Immunization Action Plan	465,059	475,500	475,500	314,500	-33.9%
HIV Local Prevention Initiative	224,070	230,000	230,000	230,000	---
HIV Positive Women's Health Program	120,786	128,910	128,910	128,910	---
HIV/STD Minority Outreach	220,228	262,210	262,210	262,210	---
Improved Pregnancy Outcome	75,751	139,440	139,440	139,540	0.1%

	Actual FY08	Budget FY09	Estimated FY09	Recommended FY10	% Chg Bud/Rec
Individual Support Services-Single Point of Entry	833,365	997,120	997,120	960,000	-3.7%
Infants and Toddlers Mead Family Grant	1,400,889	1,145,320	2,083,620	2,083,610	81.9%
Infants and Toddlers State Grant	929,559	911,530	911,530	959,100	5.2%
IT Grant	3,534	3,540	3,540	3,540	—
Judith P Hoyer Module One Enhancement	27,427	30,000	0	0	—
Lead Poisoning Prevention	17,943	15,000	15,000	15,000	—
SR Ombudsman Grant	263,334	263,350	263,350	263,350	—
MA Waiver Admin and Case Management	215,868	215,870	215,870	215,870	—
McKinney III: Public Housing	35,580	51,720	51,720	0	—
McKinney: PATH	110,931	115,590	115,590	115,590	—
MD Children's Health Prog. Outreach & Eligibility	1,211,147	1,240,150	1,353,550	1,353,650	9.2%
Medicaid Fraud and Abuse Education (CAMM)	16,037	16,040	15,630	15,630	-2.6%
Nutrition: Risk Reduction	38,120	49,500	49,500	45,130	-8.8%
Oral Cancer Prevention	14,051	15,000	15,000	15,000	—
Refugee Resettlement: MONA	182,462	179,990	179,990	179,990	—
Ryan White I: Emergency AIDS Services	1,598,006	1,578,610	1,578,610	1,578,610	—
Ryan White II: Consortia Services	744,915	762,010	762,010	811,010	6.4%
State Homeland Security Grant	14,869	0	0	0	—
Senior Care Grant - Gateway II	613,250	620,620	620,620	620,620	—
Senior Group Assisted Housing	339,507	364,040	325,360	325,360	-10.6%
Senior Guardianship Program	43,902	43,910	43,910	43,910	—
Senior Health Insurance Counseling (SHICAP)	53,103	62,380	67,070	66,460	6.5%
Senior Information and Assistance	88,663	88,670	88,670	88,670	—
Senior Outreach Team (SORT)	1,267,437	1,432,300	1,432,300	1,432,300	—
Seniors State Nutrition Program (Meals Grant)	123,960	123,960	123,960	123,960	—
Service Coordination	3,439,462	3,951,520	3,951,520	4,010,800	1.5%
Sexual Assault: Rape Crisis Service	145,000	145,000	145,000	145,000	—
Stop Domestic Violence Now	32,930	27,190	42,050	29,430	8.2%
Substance Abuse Prevention (ADAA-Public Health)	209,679	204,100	204,100	483,390	136.8%
Surplus Food Distribution (TEFAP)	46,820	35,000	35,000	35,000	—
TCA Substance Abuse Assessment	203,048	204,030	204,030	0	—
TB Control: Nursing	331,930	331,930	331,930	331,930	—
Teenage Pregnancy & Parenting	14,671	12,000	27,000	15,000	25.0%
Tobacco Use Prevention & Cessation	10,814	43,000	43,000	0	—
Traffic Safety Education and Prevention	30,329	265,000	265,000	0	—
Victims of Crime: VOCA	362,052	327,520	327,520	327,520	—
Vulnerable Elderly Initiative VEPI	53,627	53,630	53,630	53,630	—
Grow Up Great Head Start	16,908	0	0	0	—
Sexual Assault: Prevention & Awareness	23,000	23,000	23,000	23,000	—
Early Childhood Mental Health	159,875	0	0	0	—
SS Courthouse Victim Assistant Project	2,069	17,300	17,300	0	—
Model Programs Initiative	-10	0	0	0	—
NACCHO Advanced Practice CTR Grant	444,973	450,000	450,000	450,000	—
Emergency Preparedness - PH (CDC)	963,834	895,060	895,060	929,340	3.8%
Washington AIDS Partnership	1,621	23,700	23,700	0	—
Silver Spring Senior Source	-518,000	0	0	0	—
Univ MD Cntr for Health Disp Research	12,000	0	0	0	—
School Based Health Center	283,222	193,750	193,750	193,750	—
Perinatal Disparities Nurse Case Management	2,798	0	0	0	—
Victims of Crime / Children's Service	50,560	0	0	0	—
Gang Prevention Initiative	382,870	0	0	197,360	—
Senior Health Management	39,263	37,750	25,000	0	—
Early Childhood Mental Health Consultant	0	150,000	150,000	150,000	—
Civic Justice Grant	124,038	0	0	0	—
Children of Addicted Parents Prevention	118,641	0	0	0	—
School Aged Children Influenza Prevention	10,000	0	0	0	—
Junvenile Drug Court	50,000	0	0	0	—
Adult Drug Court	72,899	89,780	89,780	89,700	-0.1%
Pre-Trial DV Offenders	55,311	0	0	0	—
Gang Prevention Coordination Assist	8,720	0	0	0	—
Northwood HS - Teen Pregnancy	96,528	0	0	0	—
Komen-PCC Quality Improvement Mini-Grant	599	0	0	0	—
<b>Grant Fund MCG Revenues</b>	<b>38,910,473</b>	<b>72,257,020</b>	<b>73,798,690</b>	<b>75,275,320</b>	<b>4.2%</b>
<b>DEPARTMENT TOTALS</b>					
Total Expenditures	257,169,549	273,513,150	270,649,470	271,525,070	-0.7%

	Actual FY08	Budget FY09	Estimated FY09	Recommended FY10	% Chg Bud/Rec
<b>Total Full-Time Positions</b>	1,409	1,413	1,413	1,370	-3.0%
<b>Total Part-Time Positions</b>	349	348	348	351	0.9%
<b>Total Workyears</b>	1,604.5	1,609.0	1,609.0	1,577.5	-2.1%
<b>Total Revenues</b>	105,706,996	105,723,710	108,812,860	110,127,030	4.2%

## FY10 RECOMMENDED CHANGES

	Expenditures	WYs
<b>COUNTY GENERAL FUND</b>		
<b>FY09 ORIGINAL APPROPRIATION</b>	<b>201,256,130</b>	<b>1155.9</b>
<b>Changes (with service impacts)</b>		
Enhance: New Hampshire Estates School Based Health and Linkages to Learning Center - Operating Budget Impact [School Health Services]	353,000	1.9
Add: CentroNia for early childhood education in Takoma Park [Quality Enhancement of Early Childhood Services]	340,000	0.0
Enhance: Additional funding for Developmental Disability (DD) provider supplement [Community Support Network for People with Disabilities]	157,790	0.0
Enhance: Contract monitor support [Office of the Chief Operating Officer]	147,250	1.0
Add: Latin American Youth Center, Inc. - Support for the Maryland Multicultural Youth Centers [Child and Adolescent Services]	140,000	0.0
Add: School Health Services - School Community Health Nurse/School Health Room Aid School Coverage for Clarksburg Elementary School [School Health Services]	125,790	1.6
Add: Asian American LEAD - Provides after school academic enrichment programs to low-income Asian American residents [Child and Adolescent Services]	125,000	0.0
Add: Community Bridges, Inc. - Leadership and empowerment programs for immigrant and low-income adolescent girls [Child and Adolescent Services]	117,600	0.0
Add: Alzheimer's Disease and Related Disorders Association, National Capital Chapter, Inc. - Program for frail seniors, families and caregivers [Senior Community Services]	92,200	0.0
Add: Maryland Vietnamese Mutual Association, Inc. - Support for the Vietnamese American Community [Child and Adolescent Services]	70,000	0.0
Add: Latin American Youth Center, Inc. - Program to maintain safety and security for at-risk youth by gang prevention and intervention with families [Child and Adolescent Services]	60,000	0.0
Add: Mental Health Association, Inc. - Support N*COMMON Multicultural Mental Health Initiative [Child and Adolescent Mental Health Services]	60,000	0.0
Add: Potomac Community Resources, Inc. - Persons with developmental disabilities [Community Support Network for People with Disabilities]	60,000	0.0
Enhance: Contract Monitoring [Office of the Chief Operating Officer]	59,690	0.0
Add: Top Banana Home Delivered Groceries, Inc. - Provides food, protects the health of vulnerable adults [Senior Food Program]	51,740	0.0
Add: Community Grant Contract Monitoring [Office of the Chief Operating Officer]	25,000	0.0
Add: Food and Friends, Inc. - Provides clinical nutrition to residents living with HIV/AIDS, cancer and other life-challenging illnesses [Senior Community Services]	20,000	0.0
Add: Bethesda Cares, Inc. - Program to provide eviction/utility shut off prevention [Shelter Services]	15,000	0.0
Reduce: Contract for out-of-school time activities [Health Promotion and Prevention]	-4,060	0.0
Reduce: Outpatient Addiction Services (OAS) Acudetox Contract [Outpatient Addiction Services (OAS)]	-6,250	0.0
Reduce: Under 21 Mini-Grants Substance Abuse Prevention [Health Promotion and Prevention]	-11,360	0.0
Reduce: Primary Care Coalition - Care For Kids program savings from lapse of a vacant contractual position [Office of Health Partnerships and Health Planning]	-12,600	0.0
Reduce: Contract for Nurse Practitioner for services at the School Based High School Wellness Center at Northwood [School Health Services]	-15,000	0.0
Reduce: Services to 15 Hearing Impaired clients [Mental Health Svcs: Seniors & Persons with Disabilities]	-17,600	0.0
Reduce: Contract Nurse Practitioner hours from 24 to 18 at the Gaithersburg Elementary School (ES) and Summit Hall ES School Based Health Centers [School Health Services]	-26,000	0.0
Reduce: Contract services for parent and child bonding [System Planning and Management]	-28,900	0.0
Reduce: Contract for Family and Caregiver Support Services [Child and Adolescent Mental Health Services]	-30,960	0.0
Reduce: School-based prevention and community-based smoking cessation activities in the Cancer Restitution Fund Program [Cigarette Restitution Fund Programs]	-32,000	0.0
Eliminate: Denture Services for a maximum of 34 Seniors [Dental Services]	-40,000	0.0
Reduce: Eliminate the contract for Congregational Health Outreach Services - Health and Wellness Coordinator [Service Area Administration]	-49,190	0.0
Reduce: Collaboration Council Wrap-Around Funding and serve four (4) fewer clients [Juvenile Justice Services]	-50,000	0.0
Reduce: Abolish a vacant Office Services Coordinator (OSC) Position [Office of the Director]	-53,410	-1.0
Reduce: Miscellaneous operating expenses and outreach activities for the School Based Health/Wellness Centers [School Health Services]	-61,550	0.0

	Expenditures	WYs
Reduce: Contract funding for Level 1 Outpatient Treatment Services and serve approximately 84 fewer clients [Behavioral Health Community Support Svcs]	-70,000	0.0
Reduce: Child and Adolescent Mental Health Service Care Coordination funds and serve approximately 12 to 15 fewer children [Child and Adolescent Mental Health Services]	-73,000	0.0
Reduce: Supported employment services and reduce the total contracts from three to one and replace with Customized Employment [Community Support Network for People with Disabilities]	-80,000	0.0
Reduce: Abolish an existing Community Services Aide III Position [Office of Community Affairs]	-80,470	-1.0
Reduce: Abolish Outpatient Addiction Services (OAS) Vocational Services Program Specialist [Outpatient Addiction Services (OAS)]	-84,360	-1.0
Reduce: Abolish a vacant Social Work IV Position in Child Welfare Services (CWS) [Child Welfare Services]	-93,830	-1.0
Reduce: Abolish a filled Community Services Aide III Position in the Health Promotion & Prevention Program [Community Health Services]	-96,790	-1.0
Reduce: George B. Thomas Learning Academy Saturday School Funding [Child and Adolescent Services]	-100,000	0.0
Reduce: School Health Services coverage of the Extended School Year (ESY) Summer School [School Health Services]	-102,650	0.0
Reduce: Abolish a filled Community Health Nurse II Position in Communicable Disease & Epidemiology -Immunization Program [Communicable Disease, Epidemiology, & Lab Services]	-105,330	-1.0
Reduce: Learning Parties Coordination--Abolish a filled Program Specialist II Position [Quality Enhancement of Early Childhood Services]	-111,820	-1.0
Reduce: Abolish a filled Community Health Nurse II Position in Health Promotion & Planning Program [Health Promotion and Prevention]	-120,870	-1.0
Reduce: Behavioral Health Community Support Services- Therapist in Program Monitoring Unit [Behavioral Health Community Support Svcs]	-124,850	-1.0
Reduce: Abolish an existing Therapist II Position in Screening and Assessment Services for Children and Adolescents (SASCA) Program; and serve 100 to 150 Fewer Clients [Juvenile Justice Services]	-126,650	-1.0
Reduce: Respite Hours From 164 Per Fiscal Year Per Individual to 139 Hours Per Fiscal Year Per Individual [Respite Care]	-135,000	0.0
Reduce: Conservation Corps--Eliminate a filled Human Service Specialist Position and reduce the number of Conservation Corps member slots from 42 to 36 annually [Conservation Corps]	-136,830	-4.0
Eliminate: The Chore Services Program (services to approximately 48 clients for 4 hours per week) [In-Home Aide Services]	-150,000	0.0
Reduce: SHARP Suspension Program Funding [Child and Adolescent Services]	-342,980	0.0
<b><u>Other Adjustments (with no service impacts)</u></b>		
Increase Cost: Service Increment	666,410	0.0
Restore: Additional Appropriation Needed Due to HB669 Transfer Issue in FY09	630,000	0.0
Increase Cost: Annualization of FY09 Personnel Costs	510,250	0.0
Increase Cost: Retirement Adjustment	381,350	0.0
Increase Cost: Emergency Safety Net Program for two sites in Gaithersburg and Wheaton [Income Supports]	291,210	7.1
Increase Cost: Group Insurance Adjustment	159,040	0.0
Increase Cost: Program Transportation [Senior Community Services]	154,010	0.0
Increase Cost: Senior Nutrition Meals - Increased Cost [Senior Food Program]	134,000	0.0
Technical Adj: Group Adjustment	117,000	0.0
Increase Cost: Maternity Partnership Program [Women's Health Services]	89,250	0.0
Increase Cost: STD/HIV Services [STD/HIV Prevention and Treatment]	85,000	0.0
Increase Cost: Washington Youth Foundation [Child and Adolescent Services]	70,000	0.0
Increase Cost: Gude Men's Shelter - Daytime Hours [Shelter Services]	55,560	0.0
Replace: Grant funding with general fund support in Senior Program Services for portions of five positions.	48,950	0.5
Increase Cost: SuperNofa - Home First III (Samaritan) [Shelter Services]	33,860	0.0
Increase Cost: Printing and Mail Adjustments	30,470	0.0
Replace: Grant Funds with general fund support to cover a grant shortfall in SORT- Senior Mental Health and preserve services for 35 clients [Mental Health Svcs: Seniors & Persons with Disabilities]	25,430	0.0
Increase Cost: Motor Pool Rate Adjustment	24,190	0.0
Increase Cost: Annualization of FY09 Lapsed Positions	21,540	0.4
Increase Cost: FY09 Midyear Miscellaneous Personnel Changes	18,700	1.0
Increase Cost: Conservation Corps Lease Cost [Office of the Director]	15,600	0.0
Replace: Grant funding with general fund support for the Police Safety Grant (F64038) [Office of Disparities Reduction]	14,290	0.1
Increase Cost: SuperNofa - Rapid Rehousing [Shelter Services]	10,290	0.0
Increase Cost: Risk Management Adjustment	9,930	0.0
Increase Cost: Victims Compensation Fund Match [Victims Assistance and Sexual Assault Services]	7,990	0.0
Increase Cost: Annualization of FY09 Operating Expenses	1,250	0.0
Decrease Cost: Adult English for Speakers of Other Languages (ESOL) classes [Office of Community Affairs]	-3,070	0.0
Decrease Cost: Contract for the Latino Youth Wellness Program (Latino Health Initiative) [Office of Disparities Reduction]	-5,000	0.0
Decrease Cost: Latino Health Initiative - System Navigator and Interpreter Program [Office of Disparities Reduction]	-5,000	0.0
Decrease Cost: Occupational Medical Services Adjustment	-5,450	0.0

	Expenditures	WYs
Decrease Cost: Advertising expenses in BHCS Chief's budget [Service Area Administration]	-6,000	0.0
Decrease Cost: Lab Services based on historical spending [System Planning and Management]	-6,000	0.0
Decrease Cost: Consumer Affairs Fund [System Planning and Management]	-8,000	0.0
Decrease Cost: "Ama Tu Vida" Media Campaign in the Latino Health Program [Office of Disparities Reduction]	-10,000	0.0
Decrease Cost: Case Management and support groups services contract [Office of Community Affairs]	-10,000	0.0
Decrease Cost: Eliminate contract for Tuition Assistance [Community Support Network for People with Disabilities]	-10,000	0.0
Decrease Cost: Foreign trained health professionals in Latino Health Initiative to grant [Office of Disparities Reduction]	-10,000	0.0
Decrease Cost: Silver Spring Team for Children & Families Contract [Office of Community Affairs]	-10,000	0.0
Decrease Cost: Temporary Services Budget in Behavior Health and Crisis Services [Service Area Administration]	-10,000	0.0
Decrease Cost: Professional purchase of service funds in the Asian American Health Initiative [Office of Disparities Reduction]	-10,500	0.0
Decrease Cost: Child and Adolescent Mental Health Care Coordination Operating Budget [Child and Adolescent Mental Health Services]	-10,810	0.0
Decrease Cost: Training in Systems Planning and Management [System Planning and Management]	-11,540	0.0
Decrease Cost: Operating expenses for temporary, interpreter and translation services in Health Planning & Promotion program [Health Promotion and Prevention]	-13,000	0.0
Decrease Cost: Latino Health Initiative - Career Transition Center Contract [Office of Disparities Reduction]	-13,100	0.0
Decrease Cost: Operating Expenses for the African American Health Program [Office of Disparities Reduction]	-14,290	0.0
Decrease Cost: Facility Maintenance Funds in Addiction Shelters [Behavioral Health Community Support Svcs]	-15,000	0.0
Decrease Cost: Professional purchase of service funds for planning accountability and customer service [Office of the Director]	-15,000	0.0
Decrease Cost: General Fund Operating Expenses for Asian American Health Initiative [Office of Disparities Reduction]	-16,270	0.0
Decrease Cost: Central Duplicating Deficit Recovery	-18,390	0.0
Decrease Cost: Operating budget for supplies [24-Hour Crisis Center]	-19,890	0.0
Decrease Cost: Level III Addiction Treatment Services Contract [Behavioral Health Community Support Svcs]	-20,000	0.0
Decrease Cost: Miscellaneous Operating Expenses (HIPPA/ADA Compliance) [Office of the Chief Operating Officer]	-20,000	0.0
Decrease Cost: Professional purchase of service funds for the African American Health Program [Office of Disparities Reduction]	-22,080	0.0
Decrease Cost: Leadership training program [Office of Community Affairs]	-22,980	0.0
Decrease Cost: Eliminate training incentives for New Child Care Providers [Quality Enhancement of Early Childhood Services]	-25,000	0.0
Decrease Cost: Linkages to Learning New Site Start-Up Funding [Linkages to Learning]	-25,000	0.0
Decrease Cost: Montgomery Cares - Primary Care Coalition contract administrative costs [Office of Health Partnerships and Health Planning]	-25,000	0.0
Decrease Cost: Unencumbered professional services funds [Office of the Director]	-25,000	0.0
Decrease Cost: Dedicate savings from eliminated contract (Affiliated Sante) to cover the grant shortfall in SORT-Sr. Mental Health [Mental Health Svcs: Seniors & Persons with Disabilities]	-25,430	0.0
Decrease Cost: Broker Contract Services [Office of the Chief Operating Officer]	-28,640	0.0
Decrease Cost: Abolish a vacant Administrative Aide Position in Contract Management Team [Office of the Chief Operating Officer]	-28,650	-0.5
Decrease Cost: Abolish a vacant Office Clerk Position in Contract Management Team [Office of the Chief Operating Officer]	-29,280	-0.5
Decrease Cost: Unencumbered professional services funds for African American Health Initiative [Office of Disparities Reduction]	-33,520	0.0
Decrease Cost: Abolish vacant Administrative Specialist II Position - Public Health Services (1/2 of position is in PH) [Women's Health Services]	-34,590	-0.5
Decrease Cost: Abolish vacant Administrative Specialist II Position -Behavioral Health & Crisis Services (1/2 of position is in BHCS) [System Planning and Management]	-34,590	-0.5
Decrease Cost: Residential Supplement based on historical spending [System Planning and Management]	-35,000	0.0
Decrease Cost: General Fund Operating Expenses for Latino Health Initiative [Office of Disparities Reduction]	-36,450	0.0
Decrease Cost: Abolish a filled Principal Administrative Aide Position in the Health Promotion & Prevention Program [Health Promotion and Prevention]	-36,970	-0.5
Decrease Cost: Pharmacy Assistance Services [System Planning and Management]	-40,000	0.0
Decrease Cost: Transitional Housing Services for Mentally Ill Offenders as the program was not operational [Criminal Justice/Behavioral Health Services]	-40,000	0.0
Decrease Cost: Information Technology (IT) equipment [Office of the Chief Operating Officer]	-45,000	0.0
Decrease Cost: Montgomery Cares - Abolish a Vacant Principal Administrative Aide Position in Health Care for Homeless Services [Office of Health Partnerships and Health Planning]	-48,320	-1.0
Shift: Respite Care expenses to available grant funding [Respite Care]	-48,950	0.0
Decrease Cost: Assisted Living Services subsidy based on historic actuals (Senior Group Assisted Housing Subsidy) [Assisted Living Services]	-50,000	0.0

	Expenditures	WYs
Decrease Cost: Linkages to Learning Contractor Vacancies [Linkages to Learning]	-50,000	0.0
Decrease Cost: Early Childhood Services--Abolish a vacant Part-Time Therapist II Position [Quality Enhancement of Early Childhood Services]	-51,150	-0.5
Decrease Cost: Abolish a vacant Office Services Coordinator Position in Environmental Health Regulatory Services [Environmental Health Regulatory Services]	-53,240	-1.0
Decrease Cost: Abolish a vacant Office Services Coordinator Position in Income Supports and Child Care Subsidy Programs [Child Care Subsidies]	-53,410	-1.0
Decrease Cost: Spanish Catholic Center contract for Care For Kids services [Office of Health Partnerships and Health Planning]	-53,600	0.0
Decrease Cost: Shift contract Outpatient juvenile sex offender services to County clinics [Juvenile Justice Services]	-54,450	0.0
Decrease Cost: Abolish a vacant Administrative Specialist I Position in Support Services [Office of the Chief Operating Officer]	-57,010	-1.0
Decrease Cost: Operating Expenses in the Handicapped Rental Assistance Program [Rental & Energy Assistance Program]	-60,000	0.0
Decrease Cost: Abolish a vacant Program Specialist II Position [Community Support Network for People with Disabilities]	-64,600	-1.0
Decrease Cost: Care For Kids - Abolish vacant contractual Community Services Aide Position [Office of Health Partnerships and Health Planning]	-65,000	0.0
Decrease Cost: English for Speakers of Other Languages (ESOL) utilities and rent no longer needed [Office of Community Affairs]	-65,520	0.0
Shift: Funding for a vacant Program Manager II Position, from General Funds to Grant Funds [Office of the Director]	-66,060	-0.5
Decrease Cost: Montgomery Cares - contract for Behavioral Health Pilot [Office of Health Partnerships and Health Planning]	-70,000	0.0
Decrease Cost: Broker Contract Services [Office of the Chief Operating Officer]	-72,710	0.0
Decrease Cost: Contract for Mental Health Services for Persons with Developmental Disabilities and/or Mental Retardation based on historic actuals [Mental Health Svcs: Seniors & Persons with Disabilities]	-76,500	0.0
Decrease Cost: Temporary Office Clerical Funding in the Office of the Director [Office of the Director]	-84,780	0.0
Decrease Cost: Mobile Medical Care, Inc. contract for primary care services for uninsured adults [Service Area Administration]	-88,480	0.0
Decrease Cost: Montgomery Cares - Health Care for the Homeless contractual position [Office of Health Partnerships and Health Planning]	-92,700	0.0
Decrease Cost: Proyecto Salud contract for primary care for uninsured adults [Service Area Administration]	-93,850	0.0
Decrease Cost: Abolish a filled Office Services Coordinator Position in Community Health Services - administrative and interpretive support [Community Health Services]	-93,890	-1.0
Decrease Cost: Montgomery Cares - Clinic start up funds no longer needed due to encounter based payment [Office of Health Partnerships and Health Planning]	-100,000	0.0
Decrease Cost: Abolish a vacant Supervisory Therapist Position in the Abused Persons Program (APP) [Partner Abuse Services]	-100,770	-1.0
Decrease Cost: Abolish a filled Program Specialist II Position at the Access to Behavioral Health Program (ABHS) [Behavioral Health Specialty Services]	-105,740	-1.0
Decrease Cost: Mental Health Outreach Services to the Homeless [Shelter Services]	-111,860	0.0
Decrease Cost: Abolish a vacant Manager III Position in Fiscal Team [Office of the Chief Operating Officer]	-115,280	-1.0
Decrease Cost: Abolish Program Manager II Position [Office of the Director]	-123,580	-1.0
Decrease Cost: Montgomery Cares - Miscellaneous operating expenses [Office of Health Partnerships and Health Planning]	-130,000	0.0
Decrease Cost: Abolish a vacant Manager II Position in Housing Stabilization Services [Housing Stabilization Services]	-130,280	-1.0
Decrease Cost: Contractual dental services for the Maternity Dental Program based on 250 decreased enrollment projections [Dental Services]	-140,000	0.0
Decrease Cost: Montgomery Cares - Pharmacy costs and refer patients to low cost retail pharmacy program [Office of Health Partnerships and Health Planning]	-165,000	0.0
Decrease Cost: Miscellaneous Information Technology (IT) expenses [Office of the Chief Operating Officer]	-175,000	0.0
Decrease Cost: Rental Assistance Program (RAP) and offset with Housing Initiative Fund (HIF) [Rental & Energy Assistance Program]	-252,920	0.0
Decrease Cost: Montgomery Cares - Facility grants for clinic expansion [Office of Health Partnerships and Health Planning]	-277,300	0.0
Decrease Cost: Elimination of One-Time Items Approved in FY09	-434,830	0.0
Decrease Cost: Projected Client Enrollment in Maternity Partnership from 2,550 to 2,286; decrease County Contribution per patient and increase Client's co-pay from \$350 to \$450; and change inflationary adjustment from 4% to 2% [Women's Health Services]	-512,290	0.0
Decrease Cost: Project Deliver based on historic actuals [Women's Health Services]	-660,000	0.0
Shift: Crisis Center - Assertive Community Treatment (ACT) Team [24-Hour Crisis Center]	-899,800	-5.5
Decrease Cost: Retirement Incentive Program (RIP) Savings	-1,219,340	-6.0
<b>FY10 RECOMMENDED:</b>	<b>196,249,750</b>	<b>1129.5</b>

	Expenditures	WYs
<b>GRANT FUND MCG</b>		
<b>FY09 ORIGINAL APPROPRIATION</b>	<b>72,257,020</b>	<b>453.1</b>
<b><u>Changes (with service impacts)</u></b>		
Enhance: Infants & Toddlers Program Grant-Thornton [Services to Children with Special Needs]	938,290	0.0
Add: Montgomery County Adult Drug Court Capacity [Outpatient Addiction Services (OAS)]	300,000	0.0
Enhance: Substance Abuse Public Education & Prevention Grant [Health Promotion and Prevention]	279,290	0.0
Add: Casey Grant Funds [Office of the Director]	250,000	0.5
Add: Infants and Toddlers Consolidated Loan Implementation Grant (CLIG) (Medicaid Revenue) [Services to Children with Special Needs]	250,000	0.0
Add: Gang Prevention Coordination Assistance Program Grant [Juvenile Justice Services]	197,360	0.0
Enhance: PWC/Maryland Kids Count Grant [Community Health Services]	113,500	3.0
Add: HB669	99,120	0.0
Enhance: Child Care Resource and Referral Grant [Quality Enhancement of Early Childhood Services]	64,000	0.0
Add: Infants and Toddlers Consolidated Local Implementation Grant (CLIG) (Impact Aide) [Services to Children with Special Needs]	25,000	0.0
Add: Gudelsky Foundation [Partner Abuse Services]	15,000	0.0
Add: Infants and Toddlers Consolidated Local Implementation Grant (CLIG) (Part B 619) [Services to Children with Special Needs]	9,000	0.0
Enhance: Teen Pregnancy Prevention Grant [School Health Services]	3,000	0.0
Add: Benefits adjustment	10	0.0
Reduce: Cancer Outreach & Case Management Grant [Women's Health Services]	-9,460	-1.3
Eliminate: Silver Spring Courthouse Victim Assistance [Victims Assistance and Sexual Assault Services]	-17,300	-0.7
Eliminate: Washington AIDS Partnership Grant [STD/HIV Prevention and Treatment]	-23,700	0.0
Reduce: Center for Disease Control (CDC) - Breast & Cervical Cancer Grant [Women's Health Services]	-27,920	0.5
Eliminate: Judith P. Hoyer Enhancement Grant Module I [Quality Enhancement of Early Childhood Services]	-30,000	0.0
Eliminate: Senior Health Self Management Grant [Senior Community Services]	-37,750	0.0
Reduce: Group Senior Assisted Housing Grant [Assisted Living Services]	-38,680	0.0
Eliminate: Crenshaw Perinatal Health Grant [Women's Health Services]	-46,920	0.0
Reduce: Tobacco Prevention & Education Grant [Cigarette Restitution Fund Programs]	-49,430	2.3
Eliminate: Transitional Housing (McKinney III) [Supportive Housing Services]	-51,720	-0.5
Eliminate: Alcohol, Tobacco, and Other Drugs High Risk Kids Grant [Health Promotion and Prevention]	-144,580	0.0
Reduce: Hepatitis B - Immunization Action Plan Grant [Communicable Disease, Epidemiology, & Lab Services]	-161,000	-1.0
Eliminate: Traffic Safety Grant [Health Promotion and Prevention]	-265,000	-1.4
<b><u>Other Adjustments (with no service impacts)</u></b>		
Increase Cost: Alcohol and Drug Abuse Administration (ADAA) Block Grant [Behavioral Health Community Support Svcs]	1,400,300	2.9
Increase Cost: HB669 Grant	826,100	-1.0
Increase Cost: Older Americans Act [Senior Food Program]	427,080	1.2
Increase Cost: Reproductive Health & Family Planning Grant [Women's Health Services]	349,190	0.0
Technical Adj: Miscellaneous Grant Adjustments	192,680	0.9
Increase Cost: Ryan White II - Consortia Grant [STD/HIV Prevention and Treatment]	49,000	0.7
Decrease Cost: Administrative Care Coordination Grant [Community Health Services]	0	-0.8
Decrease Cost: Cigarette Restitution Funds Grant [Cigarette Restitution Fund Programs]	0	-2.8
Decrease Cost: Retirement Incentive Program (RIP) Savings	0	-2.5
Shift: Federal Head Start Grant [Office of Community Affairs]	0	-0.5
Shift: Senior Outreach (SORT) [Mental Health Svcs: Seniors & Persons with Disabilities]	0	-1.0
Decrease Cost: Motor Pool Rate Adjustment	-10	0.0
Decrease Cost: State Head Start Supplemental Grant [Office of Community Affairs]	-37,180	0.2
Decrease Cost: Medicaid Waiver for Older Adults Grant [Senior Community Services]	-74,680	0.0
Decrease Cost: AIDS Diagnostic & Evaluation Grant [STD/HIV Prevention and Treatment]	-85,280	-0.9
Shift: Temporary Cash Assistance Substance Abuse [Behavioral Health Community Support Svcs]	-204,030	-2.2
Decrease Cost: Federal Block Grant [System Planning and Management]	-204,980	0.0
Shift: CRF for Addictions Treatment [Behavioral Health Community Support Svcs]	-1,260,000	-0.7
<b>FY10 RECOMMENDED:</b>	<b>75,275,320</b>	<b>448.0</b>

## FUNCTION SUMMARY

Program Name	FY09 Approved		FY10 Recommended	
	Expenditures	WYs	Expenditures	WYs
Aging and Disability Services	40,388,680	198.2	38,689,900	163.9
Behavioral Health and Crisis Services	41,736,410	226.6	40,010,250	209.4
Children, Youth, and Family Services	68,657,090	461.1	69,939,280	457.1
Public Health Services	72,970,220	536.9	72,684,180	565.9
Special Needs Housing	20,923,790	57.5	21,040,780	56.4
Administration and Support	28,836,960	128.7	29,160,680	124.8
<b>Total</b>	<b>273,513,150</b>	<b>1609.0</b>	<b>271,525,070</b>	<b>1577.5</b>

## CHARGES TO OTHER DEPARTMENTS

Charged Department	Charged Fund	FY09		FY10	
		Total\$	WYs	Total\$	WYs
<b>COUNTY GENERAL FUND</b>					
Intergovernmental Relations	County General Fund	60,000	0.4	60,000	0.4
Sheriff	Grant Fund MCG	49,050	1.0	0	0.0
<b>Total</b>		<b>109,050</b>	<b>1.4</b>	<b>60,000</b>	<b>0.4</b>

## FUTURE FISCAL IMPACTS

Title	CE REC.		(\$000's)			
	FY10	FY11	FY12	FY13	FY14	FY15
<i>This table is intended to present significant future fiscal impacts of the department's programs.</i>						
<b>COUNTY GENERAL FUND</b>						
<b>Expenditures</b>						
<b>FY10 Recommended</b>	<b>196,250</b>	<b>196,250</b>	<b>196,250</b>	<b>196,250</b>	<b>196,250</b>	<b>196,250</b>
No inflation or compensation change is included in outyear projections.						
<b>Annualization of Positions Recommended in FY10</b>	<b>0</b>	<b>11</b>	<b>11</b>	<b>11</b>	<b>11</b>	<b>11</b>
New positions in the FY10 budget are generally lapsed due to the time it takes a position to be created and filled. Therefore, the amounts above reflect annualization of these positions in the outyears.						
<b>Elimination of One-Time Items Recommended in FY10</b>	<b>0</b>	<b>-14</b>	<b>-14</b>	<b>-14</b>	<b>-14</b>	<b>-14</b>
Items recommended for one-time funding in FY10, including infrastructure cost for Clarksburg ES and Victims Compensation (VC) match, will be eliminated from the base in the outyears. The VC match is recalculated each fiscal year.						
<b>Labor Contracts</b>	<b>0</b>	<b>328</b>	<b>328</b>	<b>328</b>	<b>328</b>	<b>328</b>
These figures represent the estimated cost of service increments and associated benefits.						
<b>High School Wellness Center - Operating Budget Impact (CIP)</b>	<b>0</b>	<b>0</b>	<b>625</b>	<b>687</b>	<b>1,375</b>	<b>1,375</b>
<b>School Based Health &amp; Linkages to Learning Centers - Operating Budget Impact (CIP)</b>	<b>0</b>	<b>15</b>	<b>222</b>	<b>522</b>	<b>575</b>	<b>575</b>
These figures represent the operating budget impact for the School Based Health and Linkages to Learning Centers in the Capital Improvement Program. The Approved FY09-14 CIP assumes centers opening at New Hampshire Estates, Rolling Terrace, and Highland Elementary Schools.						
<b>Subtotal Expenditures</b>	<b>196,250</b>	<b>196,590</b>	<b>197,422</b>	<b>197,784</b>	<b>198,525</b>	<b>198,525</b>

## ANNUALIZATION OF PERSONNEL COSTS AND WORKYEARS

	FY10 Recommended		FY11 Annualized	
	Expenditures	WYs	Expenditures	WYs
Enhance: New Hampshire Estates School Based Health and Linkages to Learning Center - Operating Budget Impact [School Health Services]	172,680	1.9	183,560	2.0
<b>Total</b>	<b>172,680</b>	<b>1.9</b>	<b>183,560</b>	<b>2.0</b>

# Administration and Support

## 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 assure effective management and delivery of services.

## PROGRAM CONTACTS

Contact Corinne Stevens of the HHS - Administration and Support at 240.777.4521 or Trudy-Ann Hunter of the Office of Management and Budget at 240.777.2778 for more information regarding this service area'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; and the formation and maintenance of partnerships with non-governmental service providers. Further, the Office of the Director facilitates external liaison and communications, provides overall guidance and leadership of health and social service initiatives.

<b>FY10 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY09 Approved</b>	<b>2,734,280</b>	<b>22.2</b>
Add: Casey Grant Funds	250,000	0.5
Increase Cost: Conservation Corps Lease Cost	15,600	0.0
Decrease Cost: Professional purchase of service funds for planning accountability and customer service	-15,000	0.0
Decrease Cost: Unencumbered professional services funds	-25,000	0.0
Reduce: Abolish a vacant Office Services Coordinator (OSC) Position	-53,410	-1.0
Shift: Funding for a vacant Program Manager II Position, from General Funds to Grant Funds	-66,060	-0.5
Decrease Cost: Temporary Office Clerical Funding in the Office of the Director	-84,780	0.0
Decrease Cost: Abolish Program Manager II Position	-123,580	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	925,230	0.0
<b>FY10 CE Recommended</b>	<b>3,557,280</b>	<b>20.2</b>

Notes: Miscellaneous adjustments includes HB669 grant dollars pending distribution throughout the Department.

### 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, human resources management, information technology and compliance with relevant laws and regulations including the Americans with Disabilities Act (ADA) and the Health Insurance Portability and Accountability Act (HIPAA).

<b>FY10 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY09 Approved</b>	<b>18,661,780</b>	<b>85.1</b>
Enhance: Contract monitor support	147,250	1.0
Enhance: Contract Monitoring	59,690	0.0
Add: Community Grant Contract Monitoring	25,000	0.0
Decrease Cost: Miscellaneous Operating Expenses (HIPAA/ADA Compliance)	-20,000	0.0
Decrease Cost: Broker Contract Services	-28,640	0.0
Decrease Cost: Abolish a vacant Administrative Aide Position in Contract Management Team	-28,650	-0.5
Decrease Cost: Abolish a vacant Office Clerk Position in Contract Management Team	-29,280	-0.5
Decrease Cost: Information Technology (IT) equipment	-45,000	0.0
Decrease Cost: Abolish a vacant Administrative Specialist I Position in Support Services	-57,010	-1.0
Decrease Cost: Broker Contract Services	-72,710	0.0
Decrease Cost: Abolish a vacant Manager III Position in Fiscal Team	-115,280	-1.0
Decrease Cost: Miscellaneous Information Technology (IT) expenses	-175,000	0.0

	<b>Expenditures</b>	<b>WYs</b>
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-40,140	0.6
<b>FY10 CE Recommended</b>	<b>18,282,010</b>	<b>83.7</b>

Notes: Miscellaneous adjustments include annualization of FY09 new positions.

## Office of Disparities Reduction

The Office of Disparities Reduction is responsible for the Department's comprehensive approach to addressing disparities across the different systems of care within DHHS. The Office will capitalize on the program expertise of the three Minority Health Programs; the African American Health Program, Latino Health Program, and the Asian American Health Program, to assist in the internal assessment, planning, and development of strategies that will reduce disparities, promote equity, and improve the total well-being of the diverse communities the Department serves.

<b>FY10 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY09 Approved</b>	<b>3,856,870</b>	<b>6.5</b>
Replace: Grant funding with general fund support for the Police Safety Grant (F64038)	14,290	0.1
Decrease Cost: Contract for the Latino Youth Wellness Program (Latino Health Initiative)	-5,000	0.0
Decrease Cost: Latino Health Initiative - System Navigator and Interpreter Program	-5,000	0.0
Decrease Cost: "Ama Tu Vida" Media Campaign in the Latino Health Program	-10,000	0.0
Decrease Cost: Foreign trained health professionals in Latino Health Initiative to grant	-10,000	0.0
Decrease Cost: Professional purchase of service funds in the Asian American Health Initiative	-10,500	0.0
Decrease Cost: Latino Health Initiative - Career Transition Center Contract	-13,100	0.0
Decrease Cost: Operating Expenses for the African American Health Program	-14,290	0.0
Decrease Cost: General Fund Operating Expenses for Asian American Health Initiative	-16,270	0.0
Decrease Cost: Professional purchase of service funds for the African American Health Program	-22,080	0.0
Decrease Cost: Unencumbered professional services funds for African American Health Initiative	-33,520	0.0
Decrease Cost: General Fund Operating Expenses for Latino Health Initiative	-36,450	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	122,630	0.9
<b>FY10 CE Recommended</b>	<b>3,817,580</b>	<b>7.5</b>

Notes: Miscellaneous adjustments includes a Program Manager I position reassigned from Public Health.

## Office of Community Affairs

This office develops and implements outreach strategies and initiatives targeted to ethnically and culturally diverse populations, who are disproportionately underserved by health and human services, and fosters empowerment and leadership in low-income communities through the work of the Community Action Agency. It develops strategies for service delivery that meet specific regional needs shaped by the size, diversity, and economic conditions of populations in different areas of the County. The Office also monitors and assures department-wide compliance with Limited English Proficiency (LEP) requirements, and has responsibility for the Head Start grant. This program is a collaborative effort of DHHS, Montgomery County Public Schools (MCPS), and contracted community-based child care centers to provide comprehensive pre-kindergarten services to Federally eligible three and four year old children.

<b>FY10 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY09 Approved</b>	<b>3,584,030</b>	<b>14.9</b>
Shift: Federal Head Start Grant	0	-0.5
Decrease Cost: Adult English for Speakers of Other Languages (ESOL) classes	-3,070	0.0
Decrease Cost: Case Management and support groups services contract	-10,000	0.0
Decrease Cost: Silver Spring Team for Children & Families Contract	-10,000	0.0
Decrease Cost: Leadership training program	-22,980	0.0
Decrease Cost: State Head Start Supplemental Grant	-37,180	0.2
Decrease Cost: English for Speakers of Other Languages (ESOL) utilities and rent no longer needed	-65,520	0.0
Reduce: Abolish an existing Community Services Aide III Position	-80,470	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	149,000	-0.2
<b>FY10 CE Recommended</b>	<b>3,503,810</b>	<b>13.4</b>

# Public Health Services

## 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 the public health and safety.

## PROGRAM CONTACTS

Contact Dr. Ulder Tillman of the HHS - Public Health Services at 240.777.1741 or Pooja Bharadwaja of the Office of Management and Budget at 240.777.2751 for more information regarding this service area's operating budget.

## PROGRAM DESCRIPTIONS

### Office of Health Partnerships and Health Planning

This program coordinates health planning and population based epidemiology functions, medical quality assurance, Memorandum of Understanding, grant, and contract development. This program oversees Montgomery Cares and Care for Kids programs through public-private partnerships to provide comprehensive health care services for low-income uninsured, adults and children, using the resources of private pediatricians and health provider organizations. This program also provides administrative support for Project Deliver and assists with emergency preparedness activities as needed. This office coordinates development and tracking of Public Health Services' program measures and coordinates relevant Information Technology (IT) systems development with the Department's IT program.

<b>Program Performance Measures</b>	<b>Actual FY07</b>	<b>Actual FY08</b>	<b>Estimated FY09</b>	<b>Projected FY10</b>	<b>Projected FY11</b>
Montgomery Cares enrollment	13,019	16,773	19,430	22,500	25,875
Percentage of newly referred children linked with a provider within 30 days of referral from the County Service Eligibility Unit	61	59	46	54	54
Percentage of uninsured individuals that are either enrolled in a medical entitlement program or have had a HHS primary or prenatal care visit	41	42	43	43	44

<b>FY10 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY09 Approved</b>	<b>12,675,980</b>	<b>16.6</b>
Reduce: Primary Care Coalition - Care For Kids program savings from lapse of a vacant contractual position	-12,600	0.0
Decrease Cost: Montgomery Cares - Primary Care Coalition contract administrative costs	-25,000	0.0
Decrease Cost: Montgomery Cares - Abolish a Vacant Principal Administrative Aide Position in Health Care for Homeless Services	-48,320	-1.0
Decrease Cost: Spanish Catholic Center contract for Care For Kids services	-53,600	0.0
Decrease Cost: Care For Kids - Abolish vacant contractual Community Services Aide Position	-65,000	0.0
Decrease Cost: Montgomery Cares - contract for Behavioral Health Pilot	-70,000	0.0
Decrease Cost: Montgomery Cares - Health Care for the Homeless contractual position	-92,700	0.0
Decrease Cost: Montgomery Cares - Clinic start up funds no longer needed due to encounter based payment	-100,000	0.0
Decrease Cost: Montgomery Cares - Miscellaneous operating expenses	-130,000	0.0
Decrease Cost: Montgomery Cares - Pharmacy costs and refer patients to low cost retail pharmacy program	-165,000	0.0
Decrease Cost: Montgomery Cares - Facility grants for clinic expansion	-277,300	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	71,070	0.0
<b>FY10 CE Recommended</b>	<b>11,707,530</b>	<b>15.6</b>

### Communicable Disease, Epidemiology, & Lab Services

This program involves 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 West Nile Virus, avian flu, and others 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

who serve persons at-risk for infectious diseases (homeless shelters, nursing homes, day care centers, etc.). The program also provides vital record administration (death certificate issuance, and birth verification) Immunizations, outreach and education is available to residents, private medical providers, schools, childcare providers and other community groups.

<b>FY10 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY09 Approved</b>	<b>1,749,620</b>	<b>14.2</b>
Reduce: Abolish a filled Community Health Nurse II Position in Communicable Disease & Epidemiology -Immunization Program	-105,330	-1.0
Reduce: Hepatitis B - Immunization Action Plan Grant	-161,000	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-39,080	0.0
<b>FY10 CE Recommended</b>	<b>1,444,210</b>	<b>12.2</b>

### Community Health Services

Community Health Services provides preventative health access services to at-risk uninsured and underinsured populations, from newborns to the elderly. Services include dental and women’s health services in regional sites, adult and child primary care health services through public-private partnerships, and case management of targeted populations such as pregnant women, children up to two years of age, and vulnerable clients in the Medicaid managed-care system. This program also provides care coordination to uninsured children and adolescents with chronic or handicapping conditions needing specialty diagnostic, medical and surgical treatment. This program now includes the Community/Nursing Home Medical Assistance and Outreach program (formerly in Aging and Disability Services) in addition to the regional service eligibility units, to provide a single point of entry for eligibility screening, access and assignment to Federal, State, or County health programs. Other services include immunizations and conducting pregnancy testing in regional sites.

<b>FY10 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY09 Approved</b>	<b>10,437,760</b>	<b>100.4</b>
Enhance: PWC/Maryland Kids Count Grant	113,500	3.0
Decrease Cost: Administrative Care Coordination Grant	0	-0.8
Decrease Cost: Abolish a filled Office Services Coordinator Position in Community Health Services - administrative and interpretive support	-93,890	-1.0
Reduce: Abolish a filled Community Services Aide III Position in the Health Promotion & Prevention Program	-96,790	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	2,621,940	32.7
<b>FY10 CE Recommended</b>	<b>12,982,520</b>	<b>133.3</b>

Notes: Miscellaneous adjustments includes the shift of 32.9 positions from Aging and Disability Community/Nursing Home Medical Assistance and Outreach, 4 workyears from System Planning and Management in Behavioral Health and Crisis Services, and 3 RIP abolishments

### Dental Services

This program provides dental services to promote oral health. Services include teaching of 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. This program provides oral hygiene education to MCPS 2nd grade classes. This program also includes an HIV Dental Program, which provides comprehensive oral health services to HIV-infected clients.

<b>FY10 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY09 Approved</b>	<b>2,254,850</b>	<b>15.1</b>
Eliminate: Denture Services for a maximum of 34 Seniors	-40,000	0.0
Decrease Cost: Contractual dental services for the Maternity Dental Program based on 250 decreased enrollment projections	-140,000	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-94,460	-1.1
<b>FY10 CE Recommended</b>	<b>1,980,390</b>	<b>14.0</b>

Notes: Miscellaneous adjustments include a Retirement Incentive Program abolishment of a Dental Hygienist position.

### Environmental Health Regulatory Services

This program involves issuing permits for and inspection of, a variety of activities in order 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 water borne diseases in facilities licensed by the program. This program also enforces nutritional restrictions on trans fat in foods. Food service establishments, swimming pools, health-care facilities, group homes, private educational facilities for children and adults, hotels, motels, massage establishments, 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.

<b>FY10 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY09 Approved</b>	<b>3,140,490</b>	<b>30.8</b>
Decrease Cost: Abolish a vacant Office Services Coordinator Position in Environmental Health Regulatory Services	-53,240	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	27,450	0.0
<b>FY10 CE Recommended</b>	<b>3,114,700</b>	<b>29.8</b>

### **Health Care and Group Residential Facilities**

This program inspects and licenses nursing homes, domiciliary care homes (large assisted living facilities with less intensive care than nursing homes), adult day care centers, small assisted living facilities and group homes serving children, elderly, mentally ill, and developmentally disabled to ensure compliance with County, State, and Federal laws and regulations. Staff respond to complaints and provide advice and consultations to licensees to maintain high standards of care.

<b>FY10 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY09 Approved</b>	<b>1,331,640</b>	<b>10.7</b>
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	23,290	0.0
<b>FY10 CE Recommended</b>	<b>1,354,930</b>	<b>10.7</b>

### **Health Promotion and Prevention**

This program provides a combination of planning training, consultation, coalition building, and health information to community groups to help change attitudes and behaviors related to nutrition, physical activity, and strategies to help prevent obesity, alcohol, tobacco, and other drug use. The program also administers grants to community groups for substance abuse prevention, injury prevention programs for various target groups; coordinates the Fetal and Infant Mortality Review Board (FIMR), provides shaken baby and other family violence prevention and parenting programs for high-risk parents and providers. The program provides a health information and outreach program targeting faith-based communities to help reduce health disparities.

<b>FY10 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY09 Approved</b>	<b>1,368,460</b>	<b>7.7</b>
Enhance: Substance Abuse Public Education & Prevention Grant	279,290	0.0
Reduce: Contract for out-of-school time activities	-4,060	0.0
Reduce: Under 21 Mini-Grants Substance Abuse Prevention	-11,360	0.0
Decrease Cost: Operating expenses for temporary, interpreter and translation services in Health Planning & Promotion program	-13,000	0.0
Decrease Cost: Abolish a filled Principal Administrative Aide Position in the Health Promotion & Prevention Program	-36,970	-0.5
Reduce: Abolish a filled Community Health Nurse II Position in Health Promotion & Planning Program	-120,870	-1.0
Eliminate: Alcohol, Tobacco, and Other Drugs High Risk Kids Grant	-144,580	0.0
Eliminate: Traffic Safety Grant	-265,000	-1.4
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	215,150	1.4
<b>FY10 CE Recommended</b>	<b>1,267,060</b>	<b>6.2</b>

Notes: Miscellaneous adjustments include two mid-year position shifts to this program area from Cigarette Restitution Fund Program, and Community Health Services.

### **Cigarette Restitution Fund Programs**

Tobacco Use Prevention and Cessation Program and the Cancer Prevention, Education, Screening and Treatment Program are two major programs funded through the State Cigarette Restitution Funds. The State funding allows for administering grants to 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 the statewide goal of early detection and elimination of cancer disparities, whether based on race, ethnicity, age or sex, as well as the establishment of comprehensive tobacco-control programs.

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<b>FY10 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY09 Approved</b>	<b>2,240,820</b>	<b>7.0</b>
Decrease Cost: Cigarette Restitution Funds Grant	0	-2.8
Reduce: School-based prevention and community-based smoking cessation activities in the Cancer Restitution Fund Program	-32,000	0.0
Reduce: Tobacco Prevention & Education Grant	-49,430	2.3
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-136,870	0.5
<b>FY10 CE Recommended</b>	<b>2,022,520</b>	<b>7.0</b>

Notes: Miscellaneous adjustment includes mid-year shift of Program Manager from Mental Health Services for Seniors to Cigarette Restitution.

### STD/HIV Prevention and Treatment

The STD Program provides diagnosis and treatment to those who have contracted sexually transmitted diseases (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, as well as 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 (HOPWA).

<b>Program Performance Measures</b>	<b>Actual FY07</b>	<b>Actual FY08</b>	<b>Estimated FY09</b>	<b>Projected FY10</b>	<b>Projected FY11</b>
New cases of Chlamydia per 100,000 population among County residents (15-24) <sup>1</sup>	713	919	TBD	TBD	TBD

<sup>1</sup> Chlamydia data is for the calendar year in which the fiscal year began. This measure represents one of the four age cohort components to this measure.

<b>FY10 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY09 Approved</b>	<b>6,295,600</b>	<b>41.7</b>
Increase Cost: STD/HIV Services	85,000	0.0
Increase Cost: Ryan White II - Consortia Grant	49,000	0.7
Eliminate: Washington AIDS Partnership Grant	-23,700	0.0
Decrease Cost: AIDS Diagnostic & Evaluation Grant	-85,280	-0.9
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-155,660	0.7
<b>FY10 CE Recommended</b>	<b>6,164,960</b>	<b>42.2</b>

Notes: Miscellaneous adjustment includes the mid-year creation of a grant funded Behavioral Health Associate Counselor.

### School Health Services

This program provides health services to the students in Montgomery County Public Schools. 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. Hearing and vision, screenings are provided to students in 1st and 8th grade, new entrants, and by teacher referral. Immunizations and tuberculosis screenings are administered at the School Health Services Centers, primarily to international students enrolling in MCPS. Primary health care, provided by nurse practitioners and physicians, is provided, in addition to routine health services to students enrolled at the County's four School Based Health Centers and one High School Wellness Center.

Head Start-Health Services is a collaborative effort of HHS, Office of Community Affairs, School Health Services, Montgomery County Public Schools (MCPS), and contracted community-based child care centers to provide comprehensive pre-kindergarten services to Federally eligible three and four year old children. School Health Services provides a full range of health, dental, and social services to the children and their families.

<b>FY10 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY09 Approved</b>	<b>20,820,690</b>	<b>237.4</b>
Enhance: New Hampshire Estates School Based Health and Linkages to Learning Center - Operating Budget Impact	353,000	1.9
Add: School Health Services - School Community Health Nurse/School Health Room Aid School Coverage for Clarksburg Elementary School	125,790	1.6
Enhance: Teen Pregnancy Prevention Grant	3,000	0.0
Reduce: Contract for Nurse Practitioner for services at the School Based High School Wellness Center at Northwood	-15,000	0.0

	<b>Expenditures</b>	<b>WYs</b>
Reduce: Contract Nurse Practitioner hours from 24 to 18 at the Gaithersburg Elementary School (ES) and Summit Hall ES School Based Health Centers	-26,000	0.0
Reduce: Miscellaneous operating expenses and outreach activities for the School Based Health/Wellness Centers	-61,550	0.0
Reduce: School Health Services coverage of the Extended School Year (ESY) Summer School	-102,650	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	219,460	0.0
<b>FY10 CE Recommended</b>	<b>21,316,740</b>	<b>240.9</b>

## Tuberculosis Services

This program involves 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 the supervision of therapy. Each patient is diagnosed, has a treatment plan developed, and has 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 Refugee Health Program, organizationally placed in TB control, involves screening all persons who enter the county with refugee status for communicable diseases. Refugees are medically assessed and are either treated or referred to the private sector. The Migrant Health Program is also provided in compliance with Federal laws governing migrant laborers.

The Refugee Health Program, organizationally placed in TB control, involves screening all persons who enter the County with refugee status for communicable diseases. Refugees are medically assessed and are either treated or referred to the private sector. The Migrant Health Program is also provided in compliance with Federal laws governing migrant laborers.

<b>Program Performance Measures</b>	<b>Actual FY07</b>	<b>Actual FY08</b>	<b>Estimated FY09</b>	<b>Projected FY10</b>	<b>Projected FY11</b>
Percentage of clients with active infectious tuberculosis who receive Directly Observed Therapy and successfully complete the treatment regimen	92	93	93	93	93

<b>FY10 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY09 Approved</b>	<b>2,198,680</b>	<b>19.9</b>
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-47,260	0.0
<b>FY10 CE Recommended</b>	<b>2,151,420</b>	<b>19.9</b>

## Women's Health Services

This program provides services for women, including clinical prenatal health care and family planning services through public/private partnerships. Referral services are provided for individuals with specific health issues (i.e., sexually transmitted diseases). Newborn delivery services are provided through participating hospitals. Nursing case-management services are provided for pregnant women, high-risk infants, and children birth to two years of age as well as dental services, prenatal classes, and orientations to the three participating hospitals. Gynecological examinations, clinical breast examinations, mammograms, ultrasounds of the breast and related case-management services are offered through the Women's Cancer Control Program (WCCP) to eligible women aged forty years and older.

<b>Program Performance Measures</b>	<b>Actual FY07</b>	<b>Actual FY08</b>	<b>Estimated FY09</b>	<b>Projected FY10</b>	<b>Projected FY11</b>
Number of pregnant women enrolled in the Maternity Partnership	2,323	2,372	2,400	2,286	2,300
Percentage of healthy birth weight babies (= or > 2,500 grams) born to pregnant women in the Maternity Partnership Program	95%	94%	94%	94%	94%

<b>FY10 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY09 Approved</b>	<b>5,106,620</b>	<b>17.6</b>
Increase Cost: Reproductive Health & Family Planning Grant	349,190	0.0
Increase Cost: Maternity Partnership Program	89,250	0.0
Reduce: Cancer Outreach & Case Management Grant	-9,460	-1.3
Reduce: Center for Disease Control (CDC) - Breast & Cervical Cancer Grant	-27,920	0.5
Decrease Cost: Abolish vacant Administrative Specialist II Position - Public Health Services (1/2 of position is in PH)	-34,590	-0.5
Eliminate: Crenshaw Perinatal Health Grant	-46,920	0.0

	<b>Expenditures</b>	<b>WYs</b>
Decrease Cost: Projected Client Enrollment in Maternity Partnership from 2,550 to 2,286; decrease County Contribution per patient and increase Client's co-pay from \$350 to \$450; and change inflationary adjustment from 4% to 2%	-512,290	0.0
Decrease Cost: Project Deliver based on historic actuals	-660,000	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-12,270	0.0
<b>FY10 CE Recommended</b>	<b>4,241,610</b>	<b>16.3</b>

### **Public Health Emergency Preparedness & Response**

This program is responsible for the planning and readiness to identify a bio-terrorism threat and to respond immediately if a disaster occurs. Planning efforts are in collaboration with the County Emergency Management Group, the Office of Emergency Management and Homeland Security, the Departments of Fire and Rescue Service, and Police, the Volunteer Center, 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/ medication dispensing sites, and readiness.

<b>FY10 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY09 Approved</b>	<b>1,977,230</b>	<b>11.2</b>
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	75,000	0.0
<b>FY10 CE Recommended</b>	<b>2,052,230</b>	<b>11.2</b>

Notes: Miscellaneous adjustments include an increase to Emergency Preparedness Grant.

### **Service Area Administration**

This program provides leadership and direction for the administration of Public Health Services.

<b>FY10 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY09 Approved</b>	<b>1,371,780</b>	<b>6.6</b>
Reduce: Eliminate the contract for Congregational Health Outreach Services - Health and Wellness Coordinator	-49,190	0.0
Decrease Cost: Mobile Medical Care, Inc. contract for primary care services for uninsured adults	-88,480	0.0
Decrease Cost: Proyecto Salud contract for primary care for uninsured adults	-93,850	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-256,900	0.0
<b>FY10 CE Recommended</b>	<b>883,360</b>	<b>6.6</b>

Notes: Miscellaneous adjustments include elimination of one time only items for Mobile Medical Care, Inc.

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Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services
		CC Approved	WY	CC Approved	WY	Recommend	WY	
1 Office of the Director	Information & Referral	431,499	6.00	352,543	5.31	384,355	5.31	This program provides information and referral services for all programs of the department to the community; provides cross-agency and resource information to internal customers.
2 Minority Health Initiatives	Latino Health Initiative	1,455,462	4.00	1,504,972	4.00	1,446,990	4.00	The LHI is composed of staff representing DHHS and a Steering Committee (SC) of 14 community leaders with vast experience in health issues at the national, state and local levels. In February 2001, the LHI and SC, under the auspices of the County Executive, released the Blueprint for Latino Health in Montgomery County, 2002-2006.
3 Minority Health Initiatives	Asian Health Initiative	729,408	1.00	742,043	1.00	719,415	1.00	The mission of this program is to identify the health care needs of the Asian American Community; develop, educate, and implement quality and timely services that are accessible and available for all Asian Americans in Montgomery County.
4 Minority Health Initiatives	African American Health Program	1,489,309	1.00	1,523,004	1.00	1,560,984	2.00	AAHP's goal is to eliminate disparities between the health status of African Americans and other groups in Montgomery County
5 Minority Health Initiatives	Health Promoters Program	110,932	1.00	118,245	1.00	121,596	1.00	This is a training program to enable Spanish speaking health promoters to disseminate specific health information in the community.
6 Office of Community Affairs	Office of Community Affairs	381,208	4.50	549,667	1.81	550,735	1.81	Develops and implements outreach strategies and initiatives targeted to ethnically and culturally diverse populations who are disproportionately underserved by health and human services. The Office is also responsible for the department's compliance with federal LEP requirements, cultural competency of services, and department-wide disparities assessment.
7 Community Action Agency	Community Action Agency	510,233	1.21	1,940,804	6.60	1,883,516	5.40	Provides services that empower low-income communities through programs such as VITA, EITC, Head Start, food, clothing, Adult ESL, job training, after school programs, leadership development, rent and utilities assistance. The Community Action Board advocates and raises awareness of poverty in the County.
8 Community Action Agency	Tess Center	1,888,356	7.00	347,836	4.50	338,400	4.50	TESS is a store front office located in the racially/ethnically diverse, high traffic Long Branch neighborhood. Program staff help low income and immigrant clients access vital health and human services by navigating the complex systems for county residents.
9 Community Action Agency	Head Start - Community Action			745,721	2.00	731,160	1.70	The Community Action Agency (CAA), the grantee for the Head Start program, is responsible for the grant management and monitoring of the comprehensive child development program in Montgomery County. Serving 648 children and their families, the Head Start program prepares young children for success in school.

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## **PROGRESS REPORT ON HHS SERVICE INTEGRATION EFFORTS**

HHS has been involved in service integration efforts for over 18 months. During this time we have continued to make steady progress. Back in the summer of last year we reported to the Committee on our efforts and the reports from our various work groups. Since then we have engaged in the following activities:

1. Developed our Confidentiality agreement to share information with partners within HHS to help with case assessment, planning and treatment activities
2. We have administered several Quality Service Reviews to baseline our performance on indicators such as team-work, collaboration and shared outcomes
3. Developed a single screening tool for needs and services for our clients coming in the door – this is now being universally applied in all of the HHS service sites – Silver Spring, Rockville and Germantown and is now also being used in our Neighborhood Safety Net Sites
4. We have developed our electronic appointment scheduling tool for services within HHS
5. We are currently finalizing our practice model that clearly lays out the service integration model, standards and practice expectations for all staff to understand, adopt and implement universally
6. We have piloted in all service areas a sampling of new and existing cases where multiple services are needed and provided to identify opportunities and challenges.

The biggest challenge for us remains with changing culture and changing organizational behavior. We have identified a champion/change manager who will continue to drive the initiative through our Office of Performance, Accountability and Customer Service. This will support our efforts and help speed it up. In addition, we are trying to identify training around team based planning and intervention. This training would be very helpful and will truly begin to build system changes as identified in all of our visioning and planning documents around Service Integration.

## **DHHS Teaming for Clients Conceptual Framework**

### **Goals:**

1. Address the complex needs of the clients served by the department in a comprehensive and effective manner
2. Reduce delays in service delivery
3. Eliminate conflicting service plans
4. Increase empowerment of clients and families in the acquisition of services
5. Achieve effective resource alignment and efficiencies
6. Building a seamless continuum where gaps are mitigated and resources developed when necessary.
7. Ensure continuous quality improvement

### **Model for Practice**

- Tools:
- Consolidated screening tool
  - Unified Assessment tool with specialized addenda
  - Automated case plan (universal access to team members)
  - Tracking/reminder mechanism for key milestones and deadlines
  - Measurement tools to identify and track trends
- Values:
- Shared decision making
  - Family and Individual self determination
  - Cross functional team approach to problem solving and management
  - Strengths-based focus
  - Adhere to highest ethical standards
  - Client and family focused
  - Accountability as a team and as individuals
  - Linguistic and cultural competence
  - Ongoing and open feedback
  - Practice to evidence/Evidenced based practice
- Behaviors:
- Share information, follow through and meet deadlines
  - Model behaviors of a well functioning team
  - Share responsibility as well as success
  - Demonstrate creativity in problem solving and planning

### Outcomes

- Clients' needs will be identified earlier
- Clients will acquire service more quickly
- Clients/families will achieve individual outcomes identified in respective plans
- Cooperation among staff will increase
- Clients functioning will be improved
- Client satisfaction will be improved

### Issues

- Who would take lead role in each case?
- Technology requirements to share and update information (no duplicate data entry)
- How early/quickly do we get people into team?
- Need to formalize current efforts that are working
- Address documentation needs re: RMTS and claiming
- Who is the client?
- What if client wants only one service?
- Does screening tool include family questions?
- Should core services be considered for every client (basic needs)?
- Must deal with training needs of staff to ensure abilities in team
- Requirements of other organizations re: plans and documentation
- Time and staffing demands
- Skill levels required to carry out assessment
- Need to agree on definition of terms (assessment, case management, etc.)
- Should there be tiers of case management dependent on acuity
- Role of private partners in team and planning process
- Establishment of business process

### Next Steps

- Establish teams to research/determine the best approach on :
  - Intake and Screening (already convened for Piccard Pilot group) Sponsors: JoAnne Calderone and JoAnn Barnes
  - Assessment tools: Sponsors—Jay Kenney and Dick Kunkle
  - Case planning: Sponsors—\_\_\_\_\_ and Kate Garvey
  - Client engagement: Sponsors—Ulder Tillman and Betty Lam
  - Single case record: Sponsors—Nadim Khan and Jon Frey

All information will be brought back to SLT: Corinne and Traci to track and monitor progress

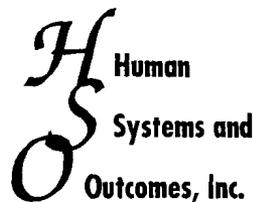
- A future group may look at the role of non-profit partners in process and impact on contracting
- Review staffing needs
- Determine business process for information sharing, planning and follow-up
- ID current models operating in the department
- Develop plan to address IT issues
- Develop chartering documents for entire effort as well as each group
- Define terms, using existing document (Jon Frey) and further work by Muriel Hesler
- Determination on case record
- Establish method to ask staff about key policy questions
- Need to review previous document done in HHS re: definition of terms
- Need to select pilot areas to begin in September and October
- Work plans should include: Chartering, data sources, activities, recommendations, identification of resources, schedule, persons responsible
- **June 15<sup>th</sup>, next date for addressing issues and key steps**

## THE QUALITY SERVICE REVIEW PROTOCOL

This protocol is designed for use in an in-depth case-based quality review process developed by Human Systems and Outcomes, Inc. (HSO). It is used for: (1) appraising the current status of a focus individual having special needs in key life areas, (2) status of the individual, and (3) performance of key system of care practices for the focus individual. The protocol examines recent results for focus individuals with special needs and their caregivers and the contribution made by local service providers and the system of care in producing those results. Review findings will be used by local agency leaders and practice managers in stimulating and supporting efforts to improve practices used for individuals who are receiving services in a local system of care.

These working papers, collectively referred as the *Quality Service Review Protocol*, are used to support a professional appraisal of the current status and system of care performance for individual persons and their caregivers in a specific service area and at a given point in time. This protocol is not a traditional measurement instrument designed with psychometric properties and should not be taken to be so. Localized versions of such protocols are prepared for and licensed to human service agencies for their use. These tools and processes, often referred to as the Quality Service Review or QSR are based on a body of work by Ray Foster, PhD and Ivor Groves, PhD of HSO.

This Quality Service Review Protocol and other QSR processes requires reviewer training, certification, and supervision. Supplementary materials provided during training are necessary for reviewer use during case review and reporting activities. Persons interested in gaining further information about this process may contact an HSO representative at:



**2107 Delta Way  
Tallahassee, Florida 32303-4224**

Phone: (850) 422-8900

Fax: (850) 422-8487

<http://www.humansystemsandoutcomes.com>

**Quick Study  
Job Aid for  
Reviewers**

**QSR PROTOCOL:  
Listing of Status and  
Practice Indicators**

**QSR PROTOCOL INDICATORS**

Presented below is the set of status indicators contained in the QSR Multi-Program Protocol. These indicators represent common sense questions used to determine the current status of the focus individual. Reviewers using this list of indicators are directed to the **QSR Protocol** for further guidance. Status is determined for the most recent 30-day period. The QSR status indicators follow:

**STATUS INDICATORS**

1. **SAFETY:** Extent to which the focus individual is free from external risks, inclusive of such factors as abuse, neglect, and/or exploitation by others.
2. **BEHAVIORAL RISK:** The degree to which the focus individual avoids self-endangering situations and refrains from using behaviors that may put him/her or others at risk of harm. *[Does not apply to children under 36 months of age.]*
3. **HEALTH:** The degree to which the focus individual is achieving and maintaining his/her optimal level of health. If the individual has a serious or chronic physical illness, consider whether or not the individual is achieving his/her best attainable health status given any disease diagnosis and prognosis.
4. **EMOTIONAL STATUS:** Degree to which the focus individual's behavioral functioning and emotional development are adequate for successful daily functioning in normal, age-appropriate activities and settings. *[Does not apply to children under two years of age].*
5. **LIVING SITUATION • APPROPRIATENESS:** Extent to which the focus individual is living in the most appropriate living arrangement that is consistent with his/her physical and emotional needs, age, ability, special needs, family/social relationships, and peer group affiliation.
  - **STABILITY:** Extent to which the stability of the living situation meets the focus individual's ongoing needs for continuity in connections to his/her language and culture, community, faith, extended family, social activities, and peer group.
6. **RESOURCES AND BASIC NECESSITIES:** The degree to which:
  - The focus individual has sufficient resources (earned income and/or other supports) to cover basic living requirements (e.g., housing, utilities, food, clothing, transportation, health care/medicine, child care).
  - The focus individual is receiving education or training that enables him/her to meet current or future developmental and resource needs.
  - The focus individual (or caregiver) is accessing, receiving, and adequately managing the resources for which he/she is eligible.
  - The focus individual's (or caregiver's) procurement of food, shelter, clothing, transportation, health care, and dependent care are meeting daily requirements on a consistent basis.

7. **RELATIONSHIPS:** Extent to which the social and emotional needs (e.g., nurturance, guidance, protection, supervision, companionship) of the focus individual are met through supportive, enduring relationships with caregivers and other significant members of his/her social network.
8. **QUALITY OF LIFE:** The extent to which the focus individual is engaged in daily activities that enhance the quality of his/her life, as appropriate to age and ability. Depending on age/ability, activities can be interpreted as: interactions with other people, self-development, work/school, leisure or recovery. Activities enhancing quality of life can give a sense of purpose, accomplishment, and success. Such activities include fulfilling valued social roles in the family, social network, culture or community.
9. **OVERALL STATUS:** • Based on the review findings determined for Status Reviews 1–8 above, how well is the focus individual presently doing?

**PRACTICE PERFORMANCE INDICATORS**

Presented below is a set of questions used to determine the performance of practice (essential system functions) for the individual in a review. Practice performance is measured over the most recent 90 days of service.

1. **ENGAGEMENT:** The degree to which:
  - Service providers are using effective outreach and engagement strategies to increase the focus individual's participation in the service process.
  - Service providers are building and maintaining a trust-based working relationship with the focus individual, and/or others to support ongoing assessment, understanding, and service decisions.
2. **TEAMWORK • TEAM FORMATION:** The degree to which: (1) A group of motivated, qualified people, with skills and knowledge appropriate to the needs of this focus individual, have formed a highly-functioning working team that meets, talks, and plans together; (2) The collective team has the ability to organize and execute effective services for this focus individual, given the level of complexity and cultural background required.
  - **TEAM FUNCTIONING:** The degree to which: (1) Leadership is used effectively in facilitating intervention planning and service decision processes for the focus individual; (2) Effective coordination, integration, and continuity are being used in the assessment, planning, organization, and provision of services to the focus individual; (3) Members of the team collectively participate in planning services and evaluating results; (4) Actions of the team reflect effective teamwork and collaborative problem solving that supports the focus individual's capacities and aspirations for independence.
3. **ROLE & VOICE:** The degree to which the focus individual is an active ongoing participant (e.g., having a significant role, voice, and influence) in decisions made about intervention strategies, services, and results.
4. **ASSESSMENT & UNDERSTANDING:** The degree to which formal and informal assessments are conducted and used to form a broad-based understanding of the focus individual's situation, strengths, challenges, and aspirations. Assessments can uncover underlying issues that should

be addressed to help the focus individual achieve adequate functioning and well-being. They also clarify what changes need to be made to promote the focus individual's well-being.

5. **LONG-TERM GOALS & OBJECTIVES:** The degree to which clearly stated, well-informed, carefully reasoned, and agreed-upon long-term goals and objectives guide the intervention planning process toward attainment of desired outcomes.
6. **PLANNING OF INTERVENTIONS:** The degree to which the team of service providers has established clearly specified interventions (i.e., strategies with actions, resources, schedules) detailed in written plans and used to guide the process for assisting the focus individual in attaining desired outcomes for well-being and functioning.
7. **INTERVENTION ADEQUACY:** The degree to which implementation of planned interventions is sufficient and effective in helping the focus individual reach the levels of well-being, functioning, and supports defined in the long-term goals and objectives set for him/her.
8. **TRACKING AND ADJUSTMENT:** The extent to which the case manager and/or team of service providers are:
  - **TRACKING:** Maintaining awareness of the focus individual's situation, including the emergence of new needs; monitoring the delivery of planned interventions; monitoring the quality and consistency of communication with the focus individual and among team members; monitoring progress made toward desired outcomes; and evaluating the effectiveness of strategies to determine what best benefits the focus individual.
  - **ADJUSTING:** Making adjustments in planned goals, strategies, actions and resources to keep plans relevant to the focus individual's current situation and assist him/her in achieving desired outcomes.
9. **OVERALL PRACTICE PERFORMANCE:** Based on the review findings determined for Service Reviews 1-8, how well is the service system functioning for the focus individual now?

**RATING SCALES USED IN THE QSR**

The QSR protocol uses a 6-point rating scale as a "yard stick" for measuring the situation observed for each indicator. [See the two rating scale displays presented on page 4.] The general timeframes for rating indicators are: (1) for status indicators, the reviewer focuses on the past 30 days, and (2) for system performance indicators, the reviewer focuses on the past 90 days.

**STATUS INDICATOR RATINGS**

Presented below are general definitions of the rating levels and timeframes applied for status indicators. The general interpretations for these ratings are defined as follows:

- **Level 6 - Optimal and Enduring Status.** The individual/caregiver status situation has been generally optimal [best attainable taking age

and ability into account] with a consistent and enduring high quality pattern evident, without being less than good (level 5) at any point or any essential aspects. The situation may have had brief moments of minor fluctuation, but functioning in this area has remained generally optimal and enduring, never dipping below level 5 at any moment. Confidence is high that long-term needs or outcomes will be or are being met in this area—perhaps reaching the level indicated for stepping down services in this status area.

- **Level 5 - Substantially Good and Stable Status.** The individual/caregiver status situation has been substantially and consistently good with indications of stability evident, without being less than fair (level 4) at any moment or in any essential aspect over that time period. The situation may have had brief moments of minor fluctuation, but functioning in this area has remained generally good and stable, never dipping below level 4 at any moment. This status level is consistent with eventual satisfaction of major needs or attainment of long-term outcomes in the area.
- **Level 4 - Minimally Adequate to Fair Status.** The individual/caregiver status situation has been at least minimally adequate at all times over the past 30 days, without being inadequate at any point or any essential aspect over that time. The situation may be dynamic with the possibility of fluctuation or need for adjustment within the near term. The observed pattern may not endure or may have been less than minimally acceptable in the recent past, but not within the past 30 days.
- **Level 3 - Marginally Inadequate Status.** The individual/caregiver status situation has been somewhat limited or inconsistent over the past 30 days, being inadequate at some moments in time or in some essential aspect(s) over this time period. The situation may be dynamic with a probability of fluctuation or need for adjustment at the present time. The observed pattern may have endured or may have been less than minimally acceptable in the recent past and somewhat inadequate.
- **Level 2 - Substantially Poor Status.** The individual/caregiver status situation has been substantially limited or inconsistent, being inadequate at some or many moments in time or in some essential aspect(s). The situation may be dynamic with a probability of fluctuation or need for improvement at the present time. The observed pattern may have endured or may have been inadequate and unacceptable in the recent past and substantially inadequate.
- **Level 1 - Adverse or Poor and Worsening Status.** The individual/caregiver status situation has been substantially inadequate and potentially harmful, with indications that the situation may be worsening at the time of review. The situation may be dynamic with a high probability of fluctuation or a great need for immediate improvement at the present time. The observed pattern may have endured or may have recently become unacceptable, substantially inadequate, and worsening.

**SERVICE SYSTEM PERFORMANCE INDICATOR RATINGS**

The same general logic is applied to performance indicator rating levels as is used with the status indicators. The general interpretations for performance indicator ratings are defined as follows:

- **Level 6 - Optimal and Enduring Performance.** The service system practice/system performance situation observed for the individual/caregiver has been generally optimal [*best attainable given adequate resources*] with a consistent and enduring pattern evident, without ever being less than good (level 5) at any point or in any essential aspect. The practice situation may have had brief moments of minor fluctuation, but performance in this area has remained generally optimal and stable. This excellent level of performance may be considered “best practice” for the system function, practice, or attribute being measured in the indicator and worthy of sharing with others.
- **Level 5 - Good and Stable Performance.** The service system practice/system performance situation observed for the individual/caregiver has been substantially and consistently good with indications of stability evident, without being less than fair (level 4) at any moment or in any essential aspect. The situation may have had some moments of minor fluctuation, but performance in this area has remained generally good and stable. This level of performance may be considered “good practice or performance” that is noteworthy for affirmation and positive reinforcement.
- **Level 4 - Minimally Adequate to Fair Performance.** The service system practice/system performance situation observed for the individual/caregiver has been at least minimally adequate at all times over the past 30 days, without being inadequate (level 3 or lower) at any moment or in any essential aspect over that time period. The performance situation may be somewhat dynamic with the possibility of fluctuation or need for adjustment within the near term. The observed performance pattern may not endure long term or may have been less than minimally acceptable in the recent past, but not within the past 30 days. This level of performance may be regarded as the lowest range of the acceptable performance spectrum that would have a reasonable prospect of helping achieve desired outcomes given that this performance level continues or improves. Some refinement efforts are indicated at this level of performance at this time.
- **Level 3 - Marginally Inadequate Performance.** The service system practice/system performance situation observed for the individual/caregiver has been somewhat limited or inconsistent, being inadequate at some moments in time or in some essential aspect(s) over this time period. The situation may be dynamic with a probability of fluctuation or need for adjustment at the present time. The observed pattern may have been less than minimally acceptable (level 3 or lower) in the recent past and somewhat inadequate. This level of performance may be regarded as falling below the range of acceptable performance and would not have a reasonable prospect of helping achieve desired outcomes. Substantial refinement efforts are indicated at this time.
- **Level 2 - Substantially Poor Performance.** The service system practice/system performance situation observed for the individual/caregiver has been substantially limited or inconsistent, being inadequate at some or many moments in time or in some essential aspect(S) recently. The situation may be dynamic with a probability of fluctuation or need for improvement at the present time. The observed pattern may have endured for a while or may have become inadequate and unacceptable in the recent past and substantially inadequate. This level of inadequate performance warrants prompt attention and improvement.
- **Level 1 - Absent, Adverse, or Poor Worsening Performance.** The service system system performance situation observed for the individual/caregiver has been missing, inappropriately performed, and/or substantially inadequate and potentially harmful, with indications that the situation may be worsening at the time of review. The situation may be dynamic with a high probability of fluctuation or a great need for immediate improvement at the present time. This level of absent or adverse performance warrants immediate action or intervention to address the gravity of the situation.

## QSR Interpretative Guide for Status Indicator Ratings

### Maintenance Zone: 5-6

Status is favorable. Efforts should be made to maintain and build upon a positive situation.

6 = **OPTIMAL & ENDURING STATUS.** The best or most favorable status presently attainable for this individual in this area [taking age and ability into account]. The individual is continuing to do great in this area. Confidence is high that long-term needs or outcomes will be or are being met in this area.

5 = **GOOD & CONTINUING STATUS.** Substantially and dependably positive status for the individual in this area with an ongoing positive pattern. This status level is generally consistent with attainment of long-term needs or outcomes in area. Status is "looking good" and likely to continue.

Acceptable  
Range: 4-6

### Refinement Zone: 3-4

Status is minimum or marginal, may be unstable. Further efforts are necessary to refine the situation.

4 = **FAIR STATUS.** Status is at least minimally or temporarily sufficient for the individual to meet short-term needs or objectives in this area. Status has been no less than minimally adequate at any time in the past 30 days, but may be short-term due to changing circumstances, requiring change soon.

3 = **MARGINAL INADEQUATE STATUS.** Status is mixed, limited, or inconsistent and not quite sufficient to meet the individual's short-term needs or objectives now in this area. Status in this area has been somewhat inadequate at points in time or in some aspects over the past 30 days. Any risks may be minimal.

### Improvement Zone: 1-2

Status is problematic or risky. Quick action should be taken to improve the situation.

2 = **POOR STATUS.** Status is and may continue to be poor and unacceptable. The individual may seem to be "stuck" or "lost" with status not improving. Any risks may be mild to serious.

1 = **ADVERSE STATUS.** The individual's status in this area is poor and worsening. Any risks of harm, restriction, separation, regression, and/or other poor outcomes may be substantial and increasing.

Unacceptable  
Range: 1-3

## QSR Interpretative Guide for Practice Indicator Ratings

### Maintenance Zone: 5-6

Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.

6 = **OPTIMAL & ENDURING PERFORMANCE.** Excellent, consistent, effective practice for this individual in this function area. This level of performance is indicative of well-sustained exemplary practice and results for the individual.

5 = **GOOD ONGOING PERFORMANCE.** At this level, the system function is working dependably for this individual, under changing conditions and over time. Effectiveness level is consistent with meeting long-term needs and goals for the individual.

Acceptable  
Range: 4-6

### Refinement Zone: 3-4

Performance is minimal or marginal and maybe changing. Further efforts are necessary to refine the practice situation.

4 = **FAIR PERFORMANCE.** This level of performance is minimally or temporarily sufficient to meet short-term need or objectives. Performance in this area may be no less than minimally adequate at any time in the past 30 days, but may be short-term due to change circumstances, requiring change soon..

3 = **MARGINAL INADEQUATE PERFORMANCE.** Practice at this level may be under-powered, inconsistent or not well-matched to need. Performance is insufficient for the individual to meet short-term needs or objectives. With refinement, this could become acceptable in the near future.

### Improvement Zone: 1-2

Performance is inadequate. Quick action should be taken to improve practice now.

2 = **POOR PERFORMANCE** Practice at this level is fragmented, inconsistent, lacking necessary intensity, or off-target. Elements of practice may be noted, but it is incomplete/not operative on a consistent basis.

1 = **ADVERSE PERFORMANCE.** Practice may be absent or not operative. Performance may be missing (not done). - OR - Practice strategies, if occurring in this area, may be contra-indicated or may be performed inappropriately or harmfully.

Unacceptable  
Range: 1-3

## Needs Questionnaire

Please check services that you or someone in your family needs.

Date: \_\_\_\_\_

**STAFF USE ONLY**

	Needs	Referred To:
<b>Financial Services</b>		
<input type="checkbox"/> Burial Assistance		
<input type="checkbox"/> Cash Assistance (TCA -TDAP)		
<input type="checkbox"/> Food Assistance		
<input type="checkbox"/> Food Stamps		
<input type="checkbox"/> Emergency Prescription Assistance		
<input type="checkbox"/> Housing – Eviction or Foreclosure Assistance		
<input type="checkbox"/> Housing – Homeless Services		
<input type="checkbox"/> Housing – Moving Help or Security Deposit		
<input type="checkbox"/> Housing – Rental Assistance		
<input type="checkbox"/> Medical Assistance – Coverage for Adults		
<input type="checkbox"/> Medical Assistance – Coverage for Children and Families		
<input type="checkbox"/> Personal Finances and Budgeting Assistance		
<input type="checkbox"/> Utilities Assistance		

<b>Health Services</b>		
<input type="checkbox"/> Alcohol/Drug Treatment		
<input type="checkbox"/> Cancer Screening and Treatment		
<input type="checkbox"/> Birth Control/		
<input type="checkbox"/> Medical Care for Adults		
<input type="checkbox"/> Medical Care for Child		
<input type="checkbox"/> Dental Services		
<input type="checkbox"/> HIV/STD Testing		
<input type="checkbox"/> Mental Health Services – Adult		
<input type="checkbox"/> Mental Health Services – Child		
<input type="checkbox"/> Immunizations (vaccinations)		
<input type="checkbox"/> Pregnancy/Prenatal Services		
<input type="checkbox"/> Vision/Hearing Services		

**STAFF USE ONLY**

	Needs	Referred To
<b>Family Services</b>		
<input type="checkbox"/> Child Care – Help Finding Child Care		
<input type="checkbox"/> Child Care – Help Paying for Care		
<input type="checkbox"/> Child Support Payments		
<input type="checkbox"/> Counseling (need someone to talk with)		
<input type="checkbox"/> Day Care - Adult		
<input type="checkbox"/> Disability Support Services		
<input type="checkbox"/> Domestic Violence		
<input type="checkbox"/> Gang Prevention		
<input type="checkbox"/> Physical Abuse or Neglect – Adult		
<input type="checkbox"/> Physical Abuse or Neglect – Child		
<input type="checkbox"/> Services for Children ages 0-5 years – Early Childhood		
<input type="checkbox"/> Senior Services		
<input type="checkbox"/> Transportation Information		
<input type="checkbox"/> Victim of Crime and Sexual Assault		

<b>Other Services</b>		
<input type="checkbox"/> Clothing		
<input type="checkbox"/> Furniture		
<input type="checkbox"/> Employment – non TCA		
<input type="checkbox"/> Immigration		
<input type="checkbox"/> Legal		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other :		
<input type="checkbox"/> Other:		
<input type="checkbox"/> Other:		

For Office Use Only: \_\_\_\_\_

HHS Worker/Phone \_\_\_\_\_

If you would like more information before applying for services, please call the DHHS information and Referral line, 240-777-1245.

<b>Intake Summary/Referral Notes:</b>	
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I understand this information may be shared for referral or management purposes. DHHS staff may call me for follow-up purposes at (phone #) \_\_\_\_\_ and leave a message: on voice mail Y N or with a person Y N.

Customer Name (please print) \_\_\_\_\_ Customer Signature \_\_\_\_\_

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**Minority Health Initiatives Programs**

**FY10 OE**

**Latino Health Initiative (LHI)**

Bilingual Line/ Interpreters Program (Contract CASA of Maryland)	307,120.00
Latino Youth Wellness Program (Contract Identity)	373,930.00
Foreign-Trained Health Professionals Program (Contract Career Transition Ctr.)	144,128.00
Health Promoters Program (Contract PCC 92K) (County 34K)	126,000.00
Ama Tu Vida Health Festival	10,000.00
Asthma Program (Contract with Primary Care Coalition)	74,000.00
Smoking Cessation Counseling	5,000.00
Steering Committee & Workshops	10,000.00
General Expenses (supplies, equipment, printing, travel, grant development)	36,899.00
<i>Asthma Management Grant</i>	<i>20,000.00</i>
<b>TOTAL LHI FY10 Operating Expenses</b>	<b>1,107,077.00</b>

**African American Health Program (AAHP)**

AAHP Program Administration (Contract BETAH Associates)	1,213,708.00
Sneakers and Pearls Programs (Contract Crittenton Svs. Of Greater Washington)	10,404.00
Data Manager/20 hours per week (Contract Family Services)	45,292.00
General Expenses (supplies, phones, copiers, travel, training)	32,500.00
Increase Data Mgr. hours OR fund Hypertension Education & Awareness Link Community Program OR 29% of Diabetes Program Manager if grant funding is not continued.	46,217.00
<b>TOTAL AAHP FY10 Operating Expenses</b>	<b>1,348,121.00</b>

**Asian American Health Initiative (AAHI)**

Administration/Program Coordination (Contract Primary Care Coalition)	200,213.00
Outreach Coordinator (Contract Primary Care Coalition)	48,672.00
Cancer Program Coordinator (Contract Primary Care Coalition)	46,800.00
Patient Navigator Program (Contract Cross Cultural Info Tech)	299,510.00
General Expenses (supplies, printing, travel)	18,675.00
<b>TOTAL AAHI FY10 Operating Expenses</b>	<b>613,870.00</b>



## DHHS Contract Monitoring Improvement Initiatives

Since the fall of 2007 DHHS senior management has been in ongoing dialogue with our vendors, DHHS staff, and the other County Departments involved in Procurement to define the issues relating to the contract monitoring process and to devise more effective and comprehensive strategies to address the challenges and barriers to strengthening and improving our processes.

- In June 2008 all DHHS contract monitors were mandated to take the County's Contract Administration Class every three years. To date over 60 monitors have completed the training. Additional training sessions are available in April and are being scheduled in September 2009. We expect that by the time the fall training is completed, nearly 100% of DHHS contract monitors will have completed the required training.
- During the summer of 2008 an internal DHHS training program was developed. This training, initiated in September 2008, is required for all DHHS contract monitors. To date five sessions have been held. In March of 2009, DHHS provided training to over 120 contract monitors, supervisors, and managers on issues relating to support documentation for contract payments.
- During January-February 2009, DHHS worked collaboratively with the Department of General Services (DGS), Office of Procurement, the Department of Finance, Office of Risk Management and the County Attorney's Office (CAO) to review and streamline processes associated with the non-competitive County Council grants. As a result of these discussions, we have agreed on a process to prioritize activities associated with summer programs, conduct an advance review of insurance requirements, and execute contracts which will allow a full 12 twelve months of funding.
- In March 2009 DHHS instituted a Contract Monitoring Review Committee (CMRC) to conduct audits of at least one contract /service area each quarter. The first group of reviews will be initiated in the fourth quarter of FY09.
- In March 2009 DHHS initiated a 100% contract review to assure that DHHS is receiving appropriate back-up payment support documentation from our vendors. The file review will be completed in mid-April and DHHS will work with our vendors to provide guidance on County requirements.
- Starting July 1, 2009, HHS will support program monitoring functions with the creation of a focused team of fiscal monitors. This team will conduct audits and build capacity both within HHS and with our vendor partners to comply with contract requirements.

Over the next six months, DHHS will continue to work collaboratively with the Departments of Finance and DGS, Office of Procurement, and OCA as well as our vendors to:

- Restructure DHHS monitoring practices by reducing the number of monitors and enhancing the involvement of the DHHS fiscal and compliance teams in the monitoring process.
- Revise the DHHS Monitoring Guidelines to strengthen the fiscal component of the monitoring plan. (March-August 2009)

- Develop a standard training plan for contract monitors, supervisors, and managers. (March-August 2009)
- Develop, in collaboration with the Department of Finance, OCA and, DGS, Office of Procurement, several 'brown-bag' training presentations on the County's Regulations, policies, and procedures for DHHS vendors. (August/September 2009)
- Continue discussions with OCA, Department of Finance, DGS (Office of Procurement) and OMB on streamlining the contracting process. This will become increasingly important as the County's Enterprise Wide Project (ERP) moves forward and business processes are developed for the new system.

-----Original Message-----

**From:** Khan, Trudye **On Behalf Of** HHS Director's Office

**Sent:** Monday, April 06, 2009 9:35 AM

**To:** #HHS.ALL

**Subject:** Neighborhood Safety Net Site Opened

**Importance:** High

Dear HHS Colleagues:

I am writing to inform you of a unique partnership aimed at bringing much needed emergency food and housing stabilization services to neighborhoods most impacted by the current economic downturn. As you know, Montgomery County is not immune to the deepening economic crisis. Many neighborhoods have been hit hard by rising unemployment, hunger, evictions and foreclosures. Our service statistics are consistently showing higher rates of evictions, emergency assistance requests as well as increased reports on child neglect and domestic abuse, increased calls to the suicide hotline and other troubling indicators of need.

Since September of 2008, our department has joined forces with Family Services, Inc., IMPACT Silver Spring, Interfaith Works, Emergency Assistance Coalition, Montgomery Community Foundation, the City of Gaithersburg and the County Executive's Office of Community Partnership in raising awareness of the increasing number of individuals and families falling into hard times, using data to tell the stories of economic insecurities, strong advocacy to protect the safety net for our vulnerable residents, as well as to think outside of the box to ensure access to government services and private resources.

4/6/2009

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The planning and discussions have resulted in the launch of the first Neighborhood Service Center, serving Gaithersburg families in zip code 20877 with Family Services, Inc., as our lead non-profit agency. The Center is staffed by "community connectors" and a triage worker who have been trained by HHS to assist residents with information and referral resources, applications and documentation collection for many of our benefit assistance programs and program grants. These include Income Support Services (Temporary Cash Assistance, Food Stamps, Medical Assistance, Temporary Disability Assistance Program and Child Care Subsidy Programs), Public Health Services (MCHP, Prenatal, Care for Kids, and Dental), and Emergency Services for the prevention of eviction and utility disconnections, Home Energy and County Rental Assistance Programs. The Center will also use the HHS Needs Assessment Screening Tool to determine if our customers have other needs for which HHS can assist. **In summary, these staff will connect the community to HHS services!**

IMPACT Silver Spring with their staff and volunteers have already begun to knock on doors within this zip code to alert residents to this new resource and to build the capacity for self-empowerment and self advocacy among these vulnerable individuals.

Once a week, the HHS Safety Net Team comprised of selective Housing Stabilization managers and Income Support managers will go to the site to review difficult cases with the lead non-profit agency to see if other resources or alternative interventions might be available to help the client. On that same day, a Housing Stabilization case manager will also be on site to conduct interviews that have been scheduled through the neighborhood center.

Attached is the flyer with location, hours of operation and phone number for the Gaithersburg Neighborhood Service Center. Please help us spread the word to your constituents and let those who reside in the 20877 area know about the availability of this site to serve them closer to where they live.

Another neighborhood site is scheduled to open in late April in Wheaton, with Catholic Charities as the lead non-profit agency. We will send you more information for the second site when it gets closer to the opening date.

I am deeply appreciative of the efforts the HHS Core Planning Team has expended to make this new center a reality. The members of the Core Planning Team are JoAnn Barnes, Sue Gordon, Felicia Turner, David Carter, Vera Johnson, Diane Horning, Jon Frey and Betty Lam. Please feel free to contact me or any one of the staff on the HHS Core Planning Team if you are interested in finding out more about this initiative.

Thank you and I sincerely hope that you too will spread the message about the neighborhood based service center and work with your colleagues to make this initiative a success.

Best Regards,  
Uma

4/6/2009

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# **Need Help with...**

**Utility Bills, Rent, Food, Health Care,  
Foreclosure Prevention?**

**Come to New Neighborhood Service Site  
Nearest You**

**Neighborhood Service Center  
602 E. Diamond Avenue,  
Gaithersburg (20877)  
Monday – Friday 2-5:30 p.m.  
301-840-4080**

**Bilingual staff on site to assist with  
applications and referrals to emergency  
services and other resources.**

Site Sponsored by the following Neighbors Campaign partners:  
Family Services, Inc., Montgomery County Department of Health  
and Human Services, City of Gaithersburg, Impact Silver Spring,  
Interfaith Works, Community Foundation

HC

# **Necesita Ayuda con...**

**Los pagos de gas o electricidad, con la renta, comida, servicios médicos, o la prevención de un juicio hipotecario?**

**Venga al Nuevo “Centro de Servicio en su Vecindario” más cercano a usted**

**“Centro de Servicio en su Vecindario”**

**602 E. Diamond Avenue,**

**Gaithersburg (20877)**

**Lunes a Viernes – 2 - 5:30 p.m.**

**301-840-4080**

**Empleados bilingües le ayudarán con las solicitudes, y a obtener referencias para servicios de emergencia y otros recursos.**

Este centro es auspiciado por las siguientes agencias que trabajan en la Campaña de Vecinos: Family Services, Inc., El Departamento de Salud y Servicios Humanos del Condado de Montgomery, la Ciudad de Gaithersburg, Impact Silver Spring, Interfaith Works, Community Foundation

	Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services
			CC Approved	WY	CC Approved	WY	Recommend	WY	
1	Dental Services	Childrens Dental Services - (Appropriation for 1.87 WYs shown in Community Partnership 646010)	201,092	6.02	248,033	6.82	302,560	6.32	Primary preventive and restorative care to Care for Kids enrollees 0 through 17 years: Clinic capacity targets 750-900 (50%) annually.
2	Dental Services	Maternity Dental Services	1,060,303	3.85	1,481,935	3.85	1,203,738	3.65	Primary preventive care / limited restorative care: Resources and clinic capacity targets 500 clients (30%) annually in 1st and 2nd trimester as optimum intervention to promote prenatal health and positive birth outcomes.
3	Dental Services	Senior Dental Services	566,714	4.40	524,877	4.40	474,091	4.10	Primary preventive and limited restorative care to seniors age 60 years and Over: Resources include limited services in HHS clinic and community dentists in private offices and targets a clinic capacity of approximately 350 clients
4	Health Promotion & Prevention	Substance Abuse Prev.	649,710	1.90	579,740	2.30	500,586	1.80	This program involves community outreach, education, training, information dissemination and collaboration with other organizations to change community norms. As part of substance abuse prevention, the Alcohol and Drug Abuse Administration grant provides youth outreach, mini-grants to community groups, community education, prevention network, media advocacy and evaluation.
5	Health Promotion & Prevention	Health Planning & Promotion	408,229	4.60	520,718	4.30	481,055	3.30	Health Promotion involves consultation to community groups, coalition building and information and advocacy addressing unhealthy lifestyle behaviors and other determinants of health. 5 A Day Nutrition Program provides nutrition education in selected elementary schools in high-risk communities and at the Spanish Catholic Center.
6	Health Promotion & Prevention	Injury Prevention	268,000	1.10	268,000	1.10	285,420	1.10	Prevention provides education and training to reduce children's exposure to preventable injury risks, with emphasis on child passenger safety; coordinates local activities with the National Safe Kids Coalition. This program also provides coordination for local advisory committee and program activities to reduce traffic related injuries.
7	Communicable Disease, Epidemiology & Lab Services	Disease Control/Outbreak Investigation	426,710	2.46	410,275	2.15	373,474	2.15	Outbreak investigation staff investigates individual case reports of residents with communicable disease. Epidemiological investigation links cases of illness to prevent or control outbreak situations. We monitor endemic and other epidemic health situations.
8	Communicable Disease, Epidemiology & Lab Services	Iz. Education/Perintal Hep B Program	719,141	7.80	1,042,254	9.00	754,327	7.00	This program coordinates clinical services and community education activities to promote accessibility to immunizations for children.
9	Communicable Disease, Epidemiology & Lab Services	Care for Rabies	192,467	1.35	190,990	1.35	203,404	1.35	This program determines which bites have potential rabies virus risk. Community Health Nurses counsel the individual and ensure that the proper medicines and treatment are given.
10	Communicable Disease, Epidemiology & Lab Services	Vital Records	153,675	1.70	106,106	1.70	113,002	1.70	This program provides registration and issuance of death certificates for 30 days after the date of filing in Montgomery County and also provides information to the public on how to obtain birth certificates and other vital record documents.

Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services	
		CC Approved	WY	CC Approved	WY	Recommend	WY		
11	Tuberculosis Program	Tuberculosis Program	1,604,987	17.95	1,719,487	14.90	1,624,506	14.90	Tuberculosis control protects the public health by treating tuberculosis disease and by decreasing the reservoir of possible infection by treating latent TB infection in people at highest risk of the disease. Montgomery County has the highest rate of TB infection in the State.
12	Tuberculosis Program	Refugee Health	430,630	1.75	464,188	5.00	511,920	5.00	The goal of the program is to assist refugee in attaining maximum level of health, assist in the acculturation process and to promote self sufficiency. This is accomplished by coordination of care and social needs within the department with other volunteer agencies serving this population.
13	Tuberculosis Program	Lead Poisoning Prevention Grant	15,000	-	15,000	-	15,000	-	This program provides the medical case management for children under the age of 6 with reported elevated lead levels. Case management includes patient history and assessment, a joint environmental inspection with Maryland Department of the Environment and Montgomery County's Dept of Housing and Community Affairs.
14	STD/HIV Prevention & Treatment Program	HIV Case Management	1,488,608	24.64	1,699,813	24.64	1,664,539	25.14	This program provides case management and support services to eligible HIV+ person that residence in Montgomery County.
15	STD/HIV Prevention & Treatment Program	STD/HIV Clinical Services (Appropriation Includes PC for 1.87WYs shown and functioning In Dental Services 646005)	3,693,954	14.62	4,218,054	15.32	4,130,523	15.32	The mission of the STD/HIV clinical services is to protect the public from the risks and threats associated with HIV and other sexually transmitted diseases and to assure treatment and other necessary services to individuals affected by these diseases. Approximately one-fourth of all the clients are teenagers.
16	STD/HIV Prevention & Treatment Program	STD/HIV Prevention & Treatment Prgm - Administration	330,801	1.71	377,736	1.71	369,898	1.71	
17	Emergency Preparedness & Response Program	Emergency Preparedness & Response Program	1,982,862	11.59	1,977,232	11.21	2,052,231	11.21	The Montgomery County Department of Health and Human Services (DHHS), service area of Public Health Services (PHS) is advancing bio-defense through a variety of efforts. Highlighting our efforts has been the development of partnerships, both internal and external to the Montgomery County Government.
18	Health Care & Group Residential Services	Group Homes Inspections	170,276	1.34	256,496	1.70	265,023	1.70	The nursing home and domiciliary care homes are inspected by Licensure & Regulatory nurses to ensure residents receive the quality of care required by the various laws and regulations. These vulnerable adults are frail or disabled and require complex health care.
19	Health Care & Group Residential Services	Nursing Home Inspections	720,404	6.79	758,350	6.37	758,631	6.37	The nursing home and domiciliary care homes are inspected by Licensure & Regulatory nurses to ensure residents receive the quality of care required by the various laws and regulations. These vulnerable adults are frail or disabled and require complex health care.
20	Health Care & Group Residential Services	Large Assisted Living Facilities Inspections	275,062	2.54	135,693	1.13	137,502	1.13	The nursing home and domiciliary care homes are inspected by Licensure & Regulatory nurses to ensure residents receive the quality of care required by the various laws and regulations. These vulnerable adults are frail or disabled and require complex health care.

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Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services	
		CC Approved	WY	CC Approved	WY	Recommend	WY		
21	Health Care & Group Residential Services	Small Assisted Living Facilities Inspections	144,080	1.33	181,105	1.50	193,777	1.50	The nursing home and domiciliary care homes are inspected by Licensure & Regulatory nurses to ensure residents receive the quality of care required by the various laws and regulations. These vulnerable adults are frail or disabled and require complex health care.
22	Environmental Health Regulatory Services	Food Establishment Inspections/ Foodborne Disease & Illness Investigations	2,436,839	23.64	2,671,547	25.28	2,736,399	25.28	This program involves the issuing of licenses for, and inspection of, a variety of activities to protect the public's health. Environmental Health Inspectors conduct routine and complaint investigations to ensure that sanitation standards are met and maintained, and there is minimal risk of injuries and the spread of diseases.
23	Environmental Health Regulatory Services	L & R - Business Facilities Inspections (Massage, Video, Camps)	687,313	6.44	469,160	5.50	378,302	4.50	This program involves the issuing of licenses for and inspections of swimming pools, group homes, private educational facilities, hotels, motels, health-care facilities, massage establishments, 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 the State of Maryland laws and regulations.
24	Cigarette Restitution Funds	CRF-Cancer Prevention & Treatment	1,424,243	4.50	1,665,243	6.00	1,469,829	4.10	The Cancer Prevention, Education, Screening and Treatment Program is funded through the State Cigarette Restitution Funds. The funding allows for administering grants to community groups for the early detection and elimination of cancer disparities.
25	Cigarette Restitution Funds	CRF-Tobacco Use Prevention	335,614	1.50	575,575	1.00	552,690	2.90	The Tobacco Use Prevention and Cessation Program is funded through the State Cigarette Restitution Fund. This program works collaboratively with public health partners; community based organizations, hospitals, and other existing resources in establishing a comprehensive tobacco control programs.
26	Womens Health Services	Maternity Program Partnership	3,471,552	6.80	3,135,270	7.60	2,131,897	7.60	The County contracts with Holy Cross Hospital to provide comprehensive prenatal care to low income, uninsured women who are not eligible for Medical Assistance. A minimum of 1200 pregnant women are served by this program. Project Deliver Program is a program where the County has a special arrangement which enables it to reimburse private sector OB/GYN physicians to deliver the Maternity Partnership Program's clients.
27	Womens Health Services	Reproductive/GYN Health Services	803,757	1.90	759,118	1.90	1,036,550	1.90	The County contracts with Planned Parenthood to provide well-women reproductive health care including a comprehensive exam, Pap test, family planning services, laboratory fees, medications and GYN consultation services to low income, uninsured women who are not eligible for Medical Assistance.
28	Womens Health Services	Womens Cancer Control	1,359,646	9.20	1,212,236	8.08	1,073,165	6.78	The Women's Cancer Control Program provides breast and/or cervical cancer screening to county residents aged forty and over.
29	Community Health Services	Community Health Nursing Case Mgmt.	6,046,708	60.24	6,437,125	60.02	5,993,475	56.20	The purpose of this program is to reduce infant mortality and morbidity by identifying women and infants at risk for poor outcomes and providing necessary support services during the pregnancy and during the first 2 years of life.



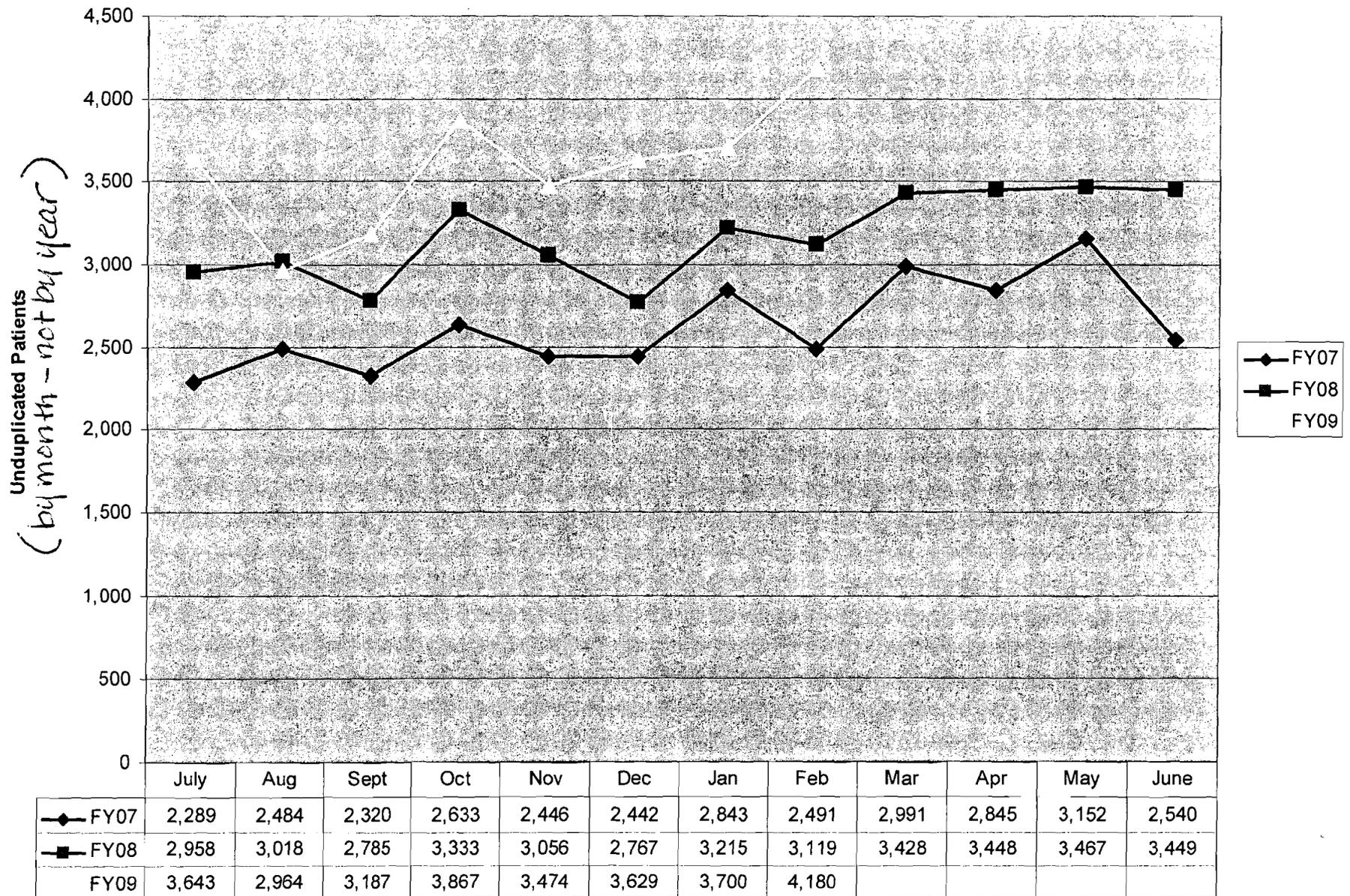
Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services	
		CC Approved	WY	CC Approved	WY	Recommend	WY		
30	Community Health Services	Service Eligibility Unit	3,297,691	34.04	3,214,706	32.77	6,209,122	70.24	The Service Eligibility Units (SEU's) determine eligibility for County Health Care Services, Pregnant Women and Children, Medicaid, and other community health programs available to low-income families in Montgomery County. For FY10 the Medical Assistance program formerly located in Aging & Disability and 4.0WY from Behavioral Health - Systems Planning Mental health Clinics are functioning as part of this program in PH.
31	Community/Nursing Home Medical Assistance - MOVED for FY10 to Public Health Services - Community Health Services	Medical Assistance	2,456,714	32.70	2,657,739	32.90	-	-	The Medical Assistance Long Term Care and Outreach units determine eligibility for the Maryland Medical Assistance Program. 10 positions fully funded by facilities and FFP. For FY10 this program was moved in the budget from Aging & Disability to Public Health - Community Health Services and combined with the Service Eligibility Unit.
32	Community Health Services	Admin Care Coord Grant	705,000	8.40	705,000	7.65	705,000	6.90	Provides follow-ups on HealthChoice recipients who either fail to keep appointments with their primary care providers or do not follow-up with the recommended treatment plan. This office also is a local extension of the Department of Health and Mental Compliant Resolution Unit.
33	Community Health Services	Children w/Special Care Needs Grant	80,930	0.20	80,930	-	74,920		This program provides comprehensive nursing case management to approximately 125 low income county children who are uninsured and in need of Specialty Medical services (Cardiology, Neurology, Orthopedics, etc). The children are not technically eligible for MCHP/Medicaid and are enrolled in the Care For Kids Program for their primary medical needs.
34	Community Health Services	Audiology	110,952	1.00	-	-	-	-	This program was eliminated for FY09. The Audiology clinic provides comprehensive Hearing evaluations for children from the Infant and Toddlers Program (ages 18 months through 2 years) the DESC Program (ages 2-5 years) and MCPS children who are referred d
35	School Health Services	School Health Services	17,607,678	224.55	19,168,696	225.44	19,768,114	228.90	Provides first aid, emergency, health interventions, immunization compliance, vision-hearing-scoliosis screenings, medication & treatment administrations for children w/chronic medical conditions & disabilities, health education/promotion, case management & referral services in MCPS school health rooms, school based health centers and International Student Office
36	School Health Services	School Health -Substitute Pool	301,516	2.84	487,791	4.14	575,192	4.14	Sub coverage is provided for merit school nurses (CHNs) and certified nursing assistants (school health room aids) in schools with exclusive and/or large special needs populations, students with behavioral risks and/or special needs placement issues, certain children having health needs which require a registered nurse, and where there is absence of a SCHN merit employee for more than 2 weeks. Nurse sub coverage is also provided at the School Health Services Center which provides immunizations to children required for school entry during peak months (July-Sept., Jan.).
37	School Health Services	School Health Summer School	155,598	0.81	125,359	0.64	22,724	0.64	Provides health room coverage during the Extended Learning Opportunities (ELO) summer school (Jul-Aug)



Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services	
		CC Approved	WY	CC Approved	WY	Recommend	WY		
38	School Health Services	Head Start (Health)	2,140,496	9.22	1,038,847	7.22	950,713	7.22	Provides health, mental health, family supports, including assisting families meet their basic needs, and early intervention/prevention to our lowest-income, at-risk four year old children and their families. (FY08 Head Start Appropriation in Public Health includes both Health and Community Action portions of the grant. For FY09 and beyond it has been broken out and shows the allocations for Health in Public Health and Community Action in the Office of Community Affairs.)
39	Office of Health Partnerships and Health Planning	Care for Kids	1,246,835	-	973,125	-	841,925	-	Provided through a County contract with the non-profit organization called the Primary Care Coalition, the Care for Kids Program (CFK) provides primary health care services to low income, uninsured children, from birth to 19 years of age, who are not eligible for the Maryland Children's Health Program.
40	Office of Health Partnerships and Health Planning	Fetal & Infant Mortality Review Board	139,440	1.06	139,440	1.06	139,540	1.06	Funded by a grant, the FIMR staff and Board review and analyze fetal and infant mortality events in order to identify gaps in the system of care.
41	Office of Health Partnerships and Health Planning	Montgomery Cares - Rewarding Work-Uninsured Medical Care	11,442,810	6.10	11,070,317	10.00	10,244,222	9.00	Rewarding Work provides funds for primary medical care for low-income (below 250% FPL) uninsured adults at one of six nonprofit safety net clinics in the county. DHHS contracts with the Primary Care Coalition of Montgomery County, Inc., which manages the contracts with each of the providers.
42	Office of Health Partnerships and Health Planning	Partnerships & Health Planning	834,267	8.10	493,093	5.52	481,842	5.52	This program coordinates health planning and epidemiology, medical quality assurance, grant and contract development; promotes public-private partnerships to provide comprehensive health care services for uninsured medically indigent children and adults.

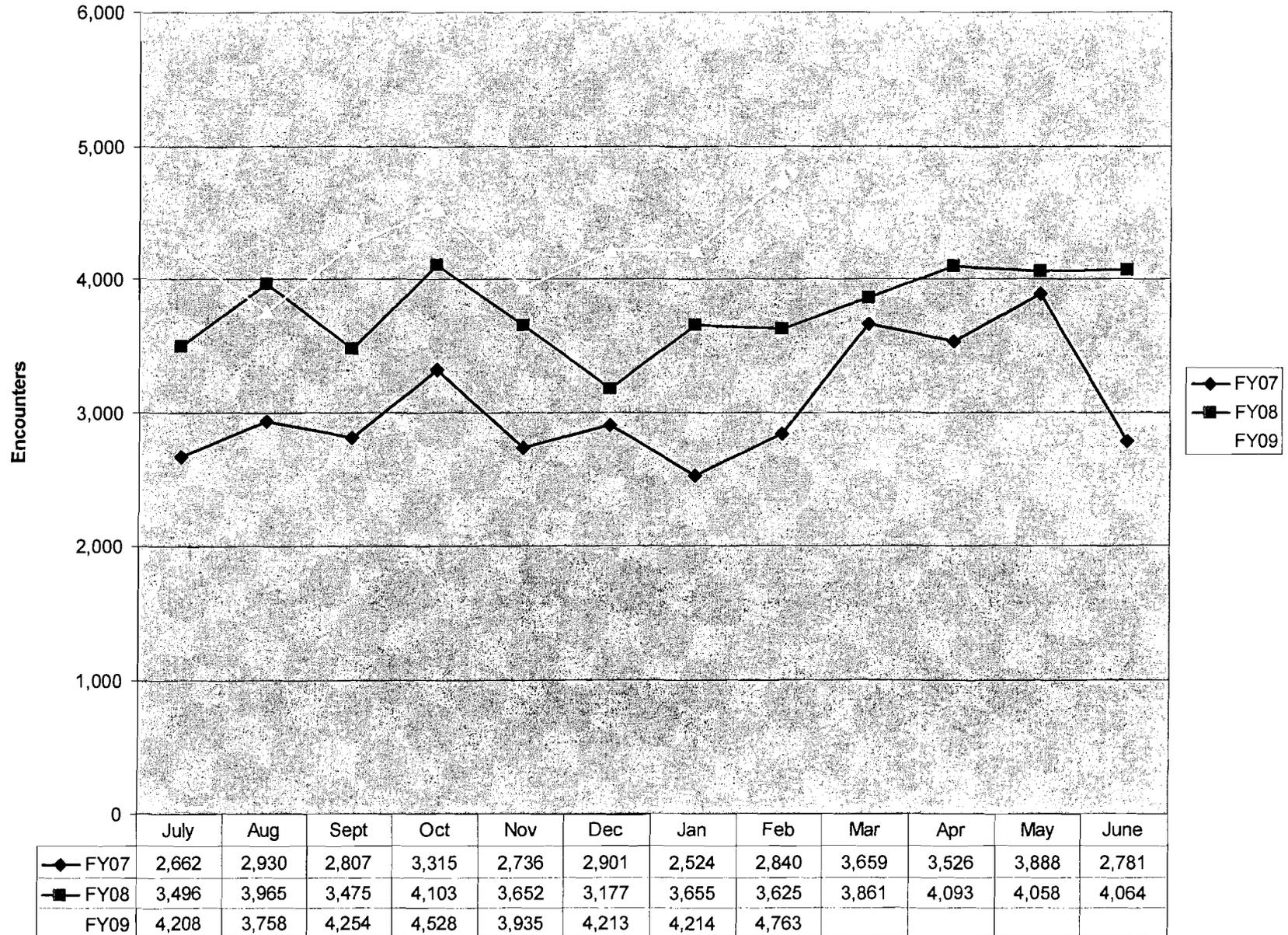
46

# Montgomery Cares Patients by Month: FY07-FY09



47

# Montgomery Cares Encounters by Month: FY07-FY09



# Montgomery Cares Utilization by Month: FY07-FY09

	FY07		FY08		FY09	
	Patients	Encounters	Patients	Encounters	Patients	Encounters
<b>July</b>	2,289	2,662	2,958	3,496	3,643	4,208
<b>Aug</b>	2,484	2,930	3,018	3,965	2,964	3,758
<b>Sept</b>	2,320	2,807	2,785	3,475	3,187	4,254
<b>Oct</b>	2,633	3,315	3,333	4,103	3,867	4,528
<b>Nov</b>	2,446	2,736	3,056	3,652	3,474	3,935
<b>Dec</b>	2,442	2,901	2,767	3,177	3,629	4,213
<b>Jan</b>	2,843	2,524	3,215	3,655	3,700	4,214
<b>Feb</b>	2,491	2,840	3,119	3,625	4,180	4,763
<b>Mar</b>	2,991	3,659	3,428	3,861		
<b>Apr</b>	2,845	3,526	3,448	4,093		
<b>May</b>	3,152	3,888	3,467	4,058		
<b>June</b>	2,540	2,781	3,449	4,064		

Total  
Avg

36,567  
3,047

45,224  
3,769  
(23.7%  
increase)

33,873 (8 mo)  
4,234  
(12.3%  
increase)

(19)

## FY09 Montgomery Cares Utilization Data – February 2009

March 25, 2009

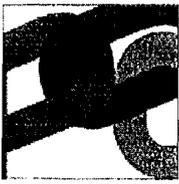
Montgomery Cares Advisory Board Meeting  
Sharon Zalewski, Director, Center for Health Care Access  
Lisa Wald, Montgomery Cares Program Coordinator



PRIMARY CARE  
COALITION OF  
MONTGOMERY COUNTY

## Cumulative FY09 Data – July 2008-February 2009

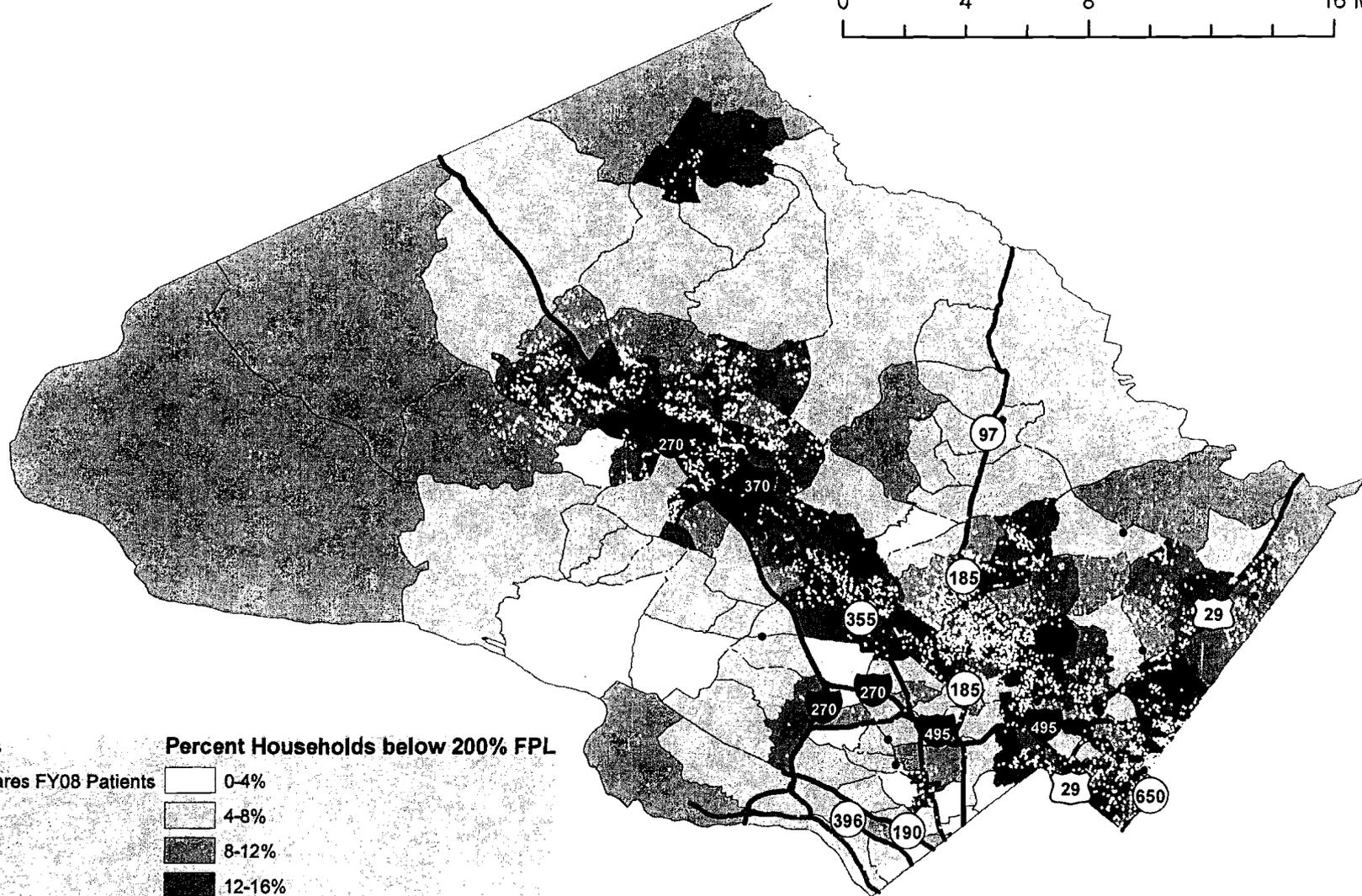
Clinic	FY09 Target Patients	Unduplicated Patients	% Target Met	Encounters	Ratio
Community Clinic, Inc.	3,250	2,696	83%	3,063	1.14
Holy Cross Hospital Health Center - Silver Spring	1,740	1,887	108%	4,062	2.15
Holy Cross Hospital Health Center - Gaithersburg	500	21	4%	21	1.00
Mary's Center	1,365	447	33%	699	1.56
Mercy Health Clinic	1,736	1,573	91%	3,777	2.40
Mobile Med	4,600	3,751	82%	7,262	1.94
Mobile Med Homeless	1,000	566	57%	1,545	2.73
Muslim Community Center Clinic	1,100	1,199	109%	2,919	2.43
Proyecto Salud	4,794	3,232	67%	6,736	2.08
Spanish Catholic Center	800	613	77%	1,272	2.08
The People's Community Wellness Center	902	653	68%	1,295	1.98
Under One Roof	500	597	131%	1,222	2.05
<b>Medical Clinic Totals</b>	<b>22,287</b>	<b>17,235</b>	<b>77%</b>	<b>33,873</b>	<b>1.97</b>



PRIMARY CARE  
COALITION OF  
MONTGOMERY COUNTY

# Montgomery Cares Patients FY08 & Census Tracts by Household Federal Poverty Level

0 4 8 16 Miles

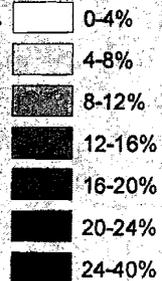


• Clinic Locations

Montgomery Cares FY08 Patients

- Interstates
- US Routes
- State Routes
- Other Highways

Percent Households below 200% FPL

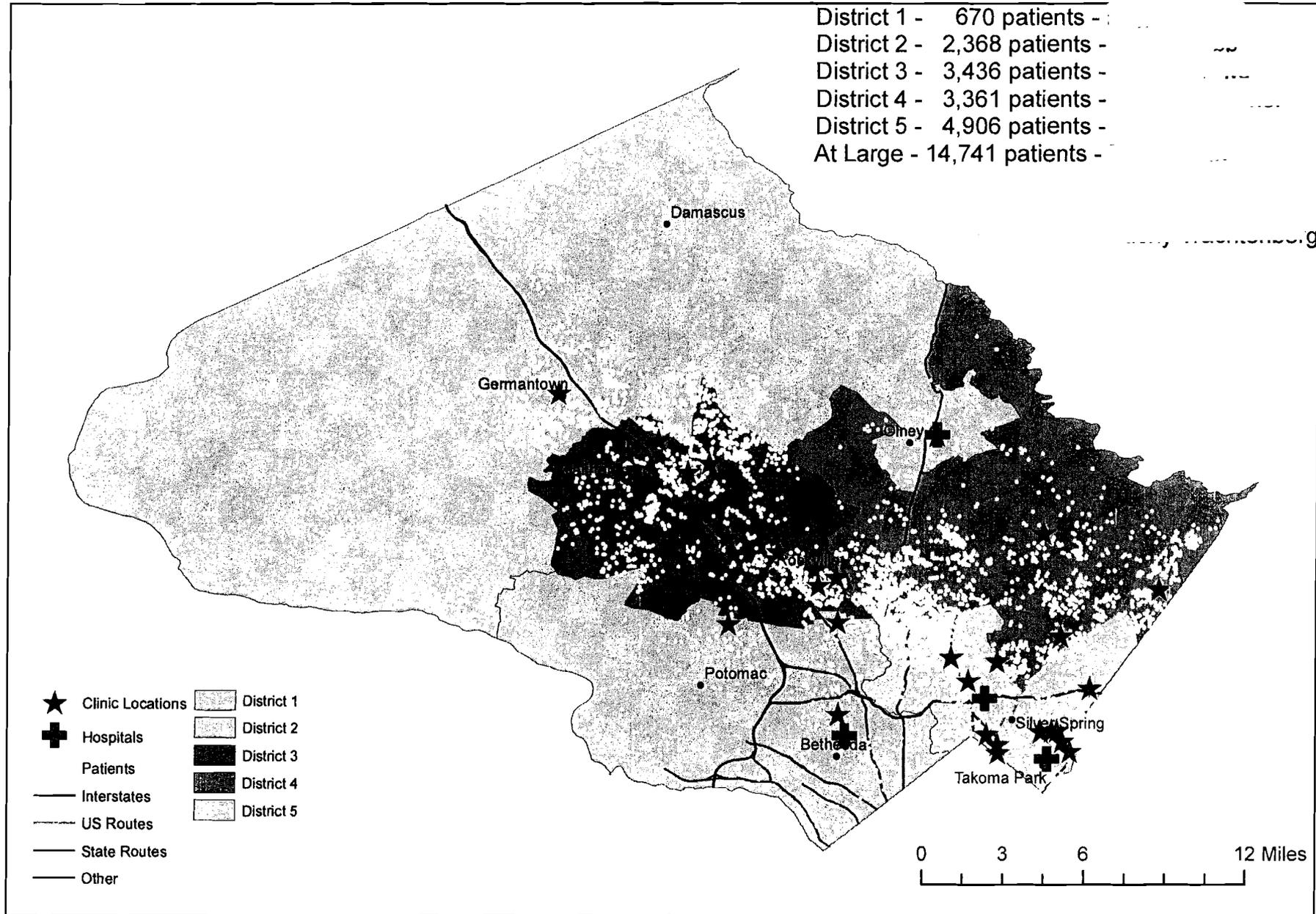


Map includes data from all 10 Montgomery Cares-participating clinics.  
2,025 patients are not included on this map because mappable addresses  
were not provided. Federal poverty level data is from the 2000 U.S. Census.



# Montgomery Cares FY08 Patient Population by County Council District

District 1 - 670 patients -  
 District 2 - 2,368 patients -  
 District 3 - 3,436 patients -  
 District 4 - 3,361 patients -  
 District 5 - 4,906 patients -  
 At Large - 14,741 patients -

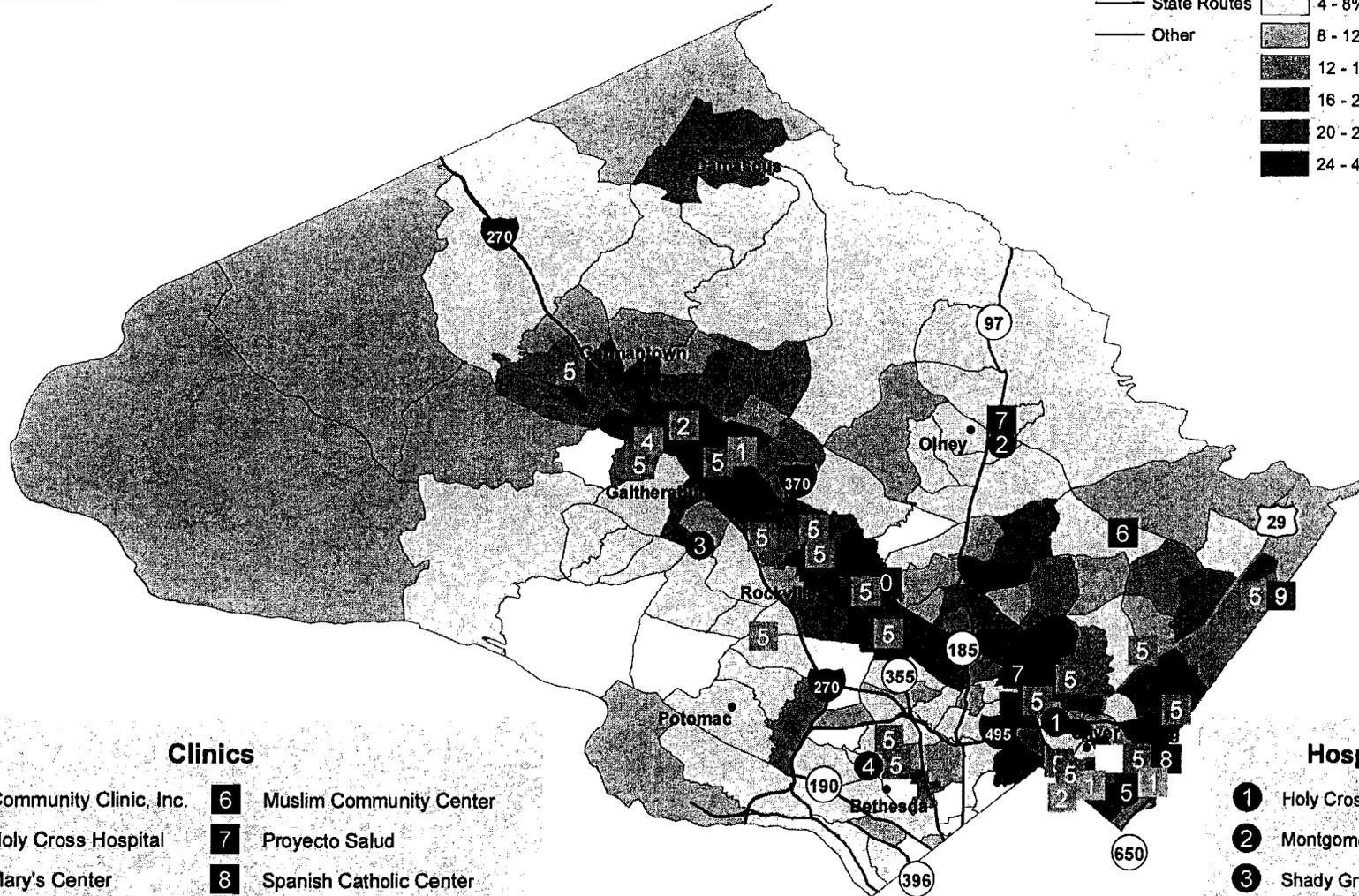
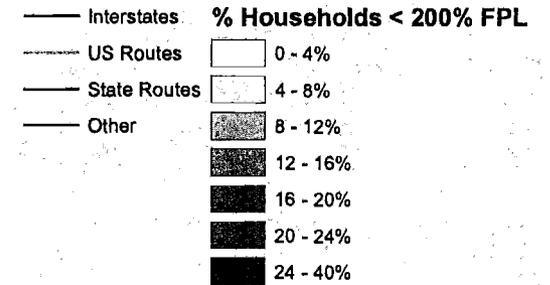
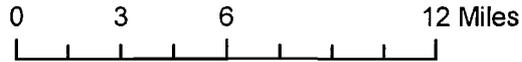


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Map includes data from all 10 Montgomery Cares-participating clinics. 2,032 patients are not included on this map because mappable addresses were not provided.



# Montgomery Cares Clinics & Montgomery County Hospitals



### Clinics

- |                          |                              |
|--------------------------|------------------------------|
| 1 Community Clinic, Inc. | 6 Muslim Community Center    |
| 2 Holy Cross Hospital    | 7 Proyecto Salud             |
| Mary's Center            | 8 Spanish Catholic Center    |
| 4 Mercy Health Clinic    | 9 People's Comm Wellness Ctr |
| 5 Mobile Medical Care    | 0 Under One Roof             |

### Hospitals

- |                                  |
|----------------------------------|
| 1 Holy Cross Hospital            |
| 2 Montgomery General Hospital    |
| 3 Shady Grove Adventist Hospital |
| 4 Suburban Hospital              |
| 5 Washington Adventist Hospital  |

55

Federal poverty level data is from the 2000 U.S. Census.



## MONTGOMERY CARES ADVISORY BOARD

April 1, 2008

The Honorable George Leventhal  
Montgomery County Council  
100 Maryland Avenue  
Rockville, MD 20850

Dear Mr. Leventhal,

Thank you very much for providing the Montgomery Cares Advisory Board with the opportunity to review the safety-net related County Council Grant Applications. The Board discussed each of the applications at length at our March 25, 2009 Board meeting and came to consensus on our recommendations. While the Board attempted to develop a structured process for reviewing the applications (see attachment A), they still brought up many policy and programmatic questions that will be reflected in the following recommendations and will be the focus of future Board discussions.

1. **Organization:** Community Ministries of Rockville (CMR) – Part-time staff for wrap-around and health promotion services

**Amount Requested** \$46,928

**MCAB Recommendations:** Do Not Fund

The proposal did not meet the Montgomery Cares Advisory Board's primary priority of adding primary care capacity. It is of good purpose and will admirably support CMR's clientele, but in this time of limited resources, the Board believes priority should be given to grants that will increase primary care for the uninsured.

2. **Organization:** Mary's Center for Maternal and Child Care, Inc. - mental health counselor

**Amount Requested:** \$50,000

**MCAB Recommendations:** Do Not Fund

The MCAB agreed that although this proposal would meet the primary priority of adding capacity, County Government should not fund clinical positions. The Montgomery Cares Program provides all clinics with \$62 payment per patient encounter. Funding personnel would essentially be double payment. Additionally, all Montgomery Cares clinics are in need of a Mental Health Counselor and to fund in only one clinic is not equitable.

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Department of Health and Human Services, Public Health Services  
Montgomery Cares Program  
11 North Washington • Rockville, MD 20850  
240-777-1278 Office • 240-773-0369 Fax

In addition, the proposal states that the position will be funded via Medicaid when the grant term is over and the Board did not understand why Medicaid funding could not begin prior to the second year. Finally, Mary's Center is a Federally Funded Health Center that should be able to use Federal Grant resources to support mental health services.

3. **Organization:** Mercy Health Center- clinic expansion of 1,800 sq. ft.

**Amount Requested:** \$50,000

**MCAB Recommendations:** Fund

This proposal is to pay for clinic expansion. It clearly meets the MCAB's priorities of increasing Montgomery Cares capacity. Additionally, Mercy Health Center will use the County funds to leverage funding from other sources.

4. **Organization:** Mobile Medical Care- a fully equipped van-clinic

**Amount Requested:** \$50,000

**MCAB Recommendations:** Fund Conditionally

The Advisory Board agrees that this is a good proposal and is consistent with the MCAB priorities and will serve an underserved population and potentially increase capacity. That said, the Board's "New Facility Policy" states that the program will only support larger clinics. Although a mobile clinic has merit, the Board believes the mobile van should operate in a manner that ensures the patients who initially use the mobile van are linked with a fixed medical home. The Board recommends funding *conditionally* on the assurance that the MobileMed van would connect patients to their Germantown Center. Additionally, the proposal discussed a \$150,000 match, but did not indicate the source of those funds. The MCAB recommends that County Council not fund the proposal without assurance of the match.

5. **Organization:** Mobile Medical Care- Volunteer Coordinator and a Specialty Care Coordinator

**Amount Requested:** \$130,000

**MCAB Recommendations:** Do Not Fund

The Montgomery Cares Advisory Board believes this is proposal out of compliance with the County Council's stated guidelines that this funding is for one-time only requests. This is the third consecutive year that MobileMed has requested this grant for the Volunteer Coordinator and the second for the Specialty Care Coordinator. Although the Board feels both are worthwhile positions, it cannot support the funding. Additionally, the Board believes all Montgomery Cares clinics could benefit from both positions and would prefer to see funding that would offer this support to the program in its entirety, not a single clinic. The Board feels regret that elimination of the grant may result in the elimination of two positions. If County Council chooses to fund the proposal for this reason, the Board respectfully requests that they are not asked to review the proposal again next year.

**6. Organization: Mobile Medical Care- Nurse Practitioner**

**Amount Requested: \$100,000**

**MCAB Recommendations: Do Not Fund**

The Montgomery Cares Advisory Board believes this proposal is out of compliance with the County Council's stated guidelines that this funding is for one-time only requests. This is the second consecutive year that MobileMed has requested funding for this position. Although the Board feels it is a benefit to the program and the loss of the nurse practitioner may decrease the clinic's capacity to serve patients, it cannot in good faith support the funding. Additionally, the MCAB has stated that County Government should not fund clinical positions, as the clinics are supported for clinic work via the per encounter payment method. As with the previous proposal, the Board is concerned that elimination of the grant may mean the elimination of a position. If County Council chooses to fund the proposal for this reason, the Board respectfully requests that they are not asked to review the proposal again next year.

**7. Organization: Mobile Medical Care- Outreach/ MobileMed Pan Asian Clinic**

**Amount Requested: \$50,000**

**MCAB Recommendations: Do Not Fund**

The reviewers felt this was a weak proposal. It does not meet MCAB priorities. Additionally, the proposal does not provide adequate data to make a compelling argument of the need.

Consistent with the Board's comments from the past two years of reviews of these applications, there continues to be strong consensus that funding used to support these grants should not come out of the existing request by the County Executive for Montgomery Cares funding for FY2010.

We hope our recommendations are helpful, and thank you again for the opportunity to provide input. I can be reached at 301-347-0400 to discuss further, or contact our staff member, Becky Smith at 240-777-1278 for more information.

Sincerely,



Richard Bohrer, Chair  
Montgomery Cares Advisory Board

RB:rs

cc: ✓Peggy Fitzgerald-Bare, Montgomery County Council  
Linda McMillan, Montgomery County Council  
Uma Ahluwalia, DHHS  
Dr. Ulder Tillman, DHHS  
Becky Smith, DHHS