

HHS COMMITTEE #1
September 16, 2009

M E M O R A N D U M

September 14, 2009

TO: Health and Human Services Committee

FROM: Vivian Yao, Legislative Analyst 

SUBJECT: **Meeting with Boards and Commissions**

Today the Health and Human Services (HHS) Committee will hold a roundtable discussion with Chairs of Health and Human Services Advisory Boards, Committees, and Commissions on policy priorities. Uma Ahluwalia, Director, Department of Health and Human Services has been invited to the worksession.

In a letter dated July 2, Committee Chair Leventhal invited the chairs to attend this roundtable discussion and requested that they identify their top two policy priorities. A sample copy of the letter is attached at circle 1, with the Commission and Board responses beginning at circle 2. The invitation letter stated that this worksession would be an opportunity to discuss policy priorities of mutual concern.

To accommodate all representatives and allow time for discussion, each Board or Commission spokesperson is asked to speak for no more than three minutes. A chart listing each group, its chair or designated representative, and the reference number for its responses can be found on the following page.

In addition, the Department has requested that the Community Action Board initially present an overview on the status of poverty in Montgomery County that discusses overarching considerations affecting the priorities of all groups. A summary of this presentation is attached at ©29-30.

DHHS ADVISORY BOARDS & COMMISSIONS

<u>Representative</u>	<u>Group</u>	<u>Circle #</u>
Arva Jackson	African American Health Program	2
D'Artanyon Yarborough	Alcohol & Other Drug Abuse Advisory Council	3-5
Harry T. Kwon	Asian American Health Initiative (AAHI)	6-8
Amy J. Demske	Board of Social Services	9
Kristen Reese	Child Protective Services Citizens Review Panel	10
Irwin Goldbloom	Commission on Aging	11-12
Jennifer Devine	Commission on Child Care	13
Michelle Shay	Commission on Children and Youth	14
Wendy Friar	Commission on Health	15
Mary Poulin	Commission on Juvenile Justice	16
Cindy Buddington	Commission on People with Disabilities	17
William M. Gray	Commission on Veterans Affairs	18-19
Pamela Lockett	Community Action Board	20-22
Miryam Gerdine Eduardo Pezo	Latino Health Initiative	23-24
Celia Young	Mental Health Advisory Committee	25
Brent Ewig	Montgomery Cares Advisory Board	26-27
Samantha Davis	Victim Services Advisory Board	28



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

GEORGE LEVENTHAL
COUNCILMEMBER
AT-LARGE

July 2, 2009

Mr. Steve Coulter
Chair, Alcohol & Other Drug Abuse Advisory Council
785 F Rockville Pike, #507
Rockville, MD 20852

Dear Mr. Coulter:

On September 16, The Health and Human Services (HHS) Committee will hold a worksession from 8:15 a.m. to 10:00 a.m. to discuss how the County advisory boards and commissions can further the County's policy priorities. I invite you to participate in your role as chair in this roundtable discussion. I have also invited Uma Ahluwalia, Director of the Department of Health and Human Services, to participate in the discussion.

My colleagues on the Health and Human Services Committee and I are interested in communicating to you our policy priorities. We are also interested in hearing from you what policy issues you and your board are focusing on in FY10. By the end of our discussion, I hope that we will have identified work plan issues that blend our mutual priorities for vital health and human services.

In preparing for this meeting, please submit your board's top two policy priorities by September 1 to Vivian Yao, Legislative Analyst, at vivian.yao@montgomerycountymd.gov or 240-777-7888 (fax). Please limit your remarks to one page. Responses will be compiled and distributed during the worksession. These materials will also be available on the Council's website (www.montgomerycountymd.gov and follow links to the County Council) on the evening of September 15.

The meeting will start promptly at 8:30 a.m. in the sixth floor of the Council Office Building. Coffee and a light breakfast will be available at 8:15 am. To accommodate all groups and allow time for discussion, each Board or Commission spokesperson will be asked to speak for no more than three minutes.

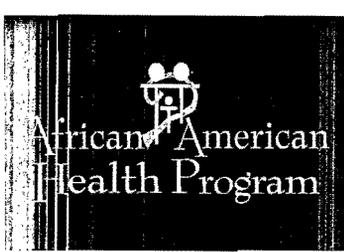
The HHS worksession is a public meeting. Commission members and Executive staff are welcome to attend. Paid parking is available behind the building and can be accessed at the corner of Route 28 and Monroe Street. If you have any questions, please call Ms. Yao at 240-777-7820.

Sincerely,

George L. Leventhal
Chair
Health and Human Services Committee

C: Nancy Navarro, HHS Committee Member
Duchy Trachtenberg, HHS Committee Member
Uma Ahluwalia
DHHS Commission Staff

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onehealthylife.org

August 10, 2009

The Honorable George L. Leventhal
Chair, Health and Human Services Committee

Dear Councilman *Leventhal*,

At the July 9, 2009 African American Health Program Executive Committee meeting, the members convened discussed the FY 2010 priorities to be moved forward. By consensus, we determined to concentrate on promoting those policies and activities that resulted in "prevention" of illness of African Americans in Montgomery County, MD; and the maintenance of "wellness" in that population. Three striking realities prompted this determination:

1. Efforts to document the measurable shrinkage of most disparate clinical and behavioral outcomes for the African American population compared with most other populations in the County have been disappointing. Positive sustainable predictors of healthier profiles are influenced by a complex of circumstances that are not credited, individually to be a direct causal factor of an individual's acute, or chronic sickness, or wellness e.g. housing conditions; the external environment; personal health education/awareness; cultural mores; public safety and security; and the silent, debilitating and uncalibrated stress that may disproportionately affect African Americans. The efforts to reduce health disparities must be buttressed by recognition that practices and conditions in the total life experience are important elements to be considered; as well as equitable access to clinical and behavioral care.

2. The African American population in Montgomery County is aging, not withstanding a lower life expectancy than the greater County population. These survivors are prone to increased prevalence of chronic ailments i.e. cardiovascular disorders, rheumatoid and osteoarthritis; and, compromised mental acuity. Concentration on "staying well" by those who are approaching, or have reached this stage in life will require targeted strategies to reach them in their homes and in the corridors they travel.

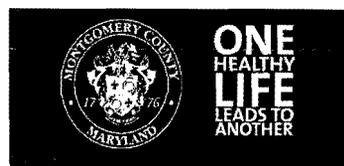
3. To prevent unhealthy habits from taking hold; and to create a thirst for wellness necessitates changes in the life styles of families, as well as individuals. Old habits die hard--too often traditional practice is the norm, rather than the best practice. To counter resistance to change means designing a coherent, family centered, trust worthy message and model that will produce healthier ways of living and a longer life expectancy for African Americans.

On behalf of the African American Health Program Executive Committee, I look forward to joining the Health and Human Services Committee Work Session on September 16, 2009; and listening to and contributing to how we might further the County's policy priorities.

Sincerely,

Arva J. Jackson
Chair

Cc: Duchy Trachtenberg, HHS Committee Member
Nancy Navarro HHS Committee Member
Uma Ahluwalia, Director, DHHS
AAHP Executive Committee
DHHS Commission Staff
Kathleen Coleman, AAHP Executive Vice-Chair
AAHP Staff



The African American Health Program is funded by the Montgomery County Department of Health & Human Services and administered by BETAH Associates, Inc.



ALCOHOL AND OTHER DRUG ABUSE ADVISORY COUNCIL (AODAAC)
Montgomery County Council Health and Human Services Worksession - Sept. 16, 2009
D'Artanyon Yarborough, Chair

POLICY INITIATIVES

- 1) THE AODAAC RECOMMENDS A **SOLUTION** FOR FUNDING SUBSTANCE ABUSE TREATMENT, INTERVENTION, AND PREVENTION SERVICES IN MONTGOMERY COUNTY FOR CURRENT AS WELL AS FUTURE REQUESTS:
- 1a) **INCREASE COUNTY PRICING ON ALCOHOLIC BEVERAGES AND**
 - 1b) **EARMARK 10% OF THE NET PROFIT FROM THE SALE OF LIQUOR, BEER, AND WINE TO FUND PREVENTION, INTERVENTION, AND TREATMENT PROGRAMS.**

It seems intuitive to this Advisory Council that if the County is going to participate in selling and controlling the sale of alcoholic beverages that a portion of the profits be set aside for programs that prevent and mitigate against the harmful effects of those sales.

THE PROBLEMS

- Only one-quarter of the individuals in Maryland who have alcohol and drug addictions access treatment.¹
- Routinely, publicly-funded treatment programs in the County are filled to capacity. Many clients seeking treatment (especially those who are uninsured or underinsured) are unable to access the full range of services necessary for recovery.
- There has been an increasing demand for detox and co-occurring residential treatment beds for adults. There are many more requests than vacancies and waitlist time continues to increase.
- Alcohol-related costs are borne by the county such as public health care, law enforcement, incarceration, and social services.
- As veterans are returning home, we need more behavioral health resources as PTSD symptoms can be delayed and triggered by reintegration/life stressors. The county needs the extra resources to assist the veteran while referring him/her to VA services.

Co-Occurring Disorders

A person who has alcohol or drug abuse/dependence and emotional/psychiatric problems is said to have co-occurring disorders. To recover fully, treatment is required for both problems.

- Statistics show that more than one-quarter of the individuals treated for alcohol and drug addiction and about one-half of the individuals treated for mental health problems are diagnosed with a co-occurring substance use and mental health disorder; and
- Another study published in the American Journal on Addictions reports that 73 percent of persons with a drug dependence disorder in substance abuse treatment had a co-occurring mental disorder at some point during their lifetime (Compton et al., 2000).³
- The consequence of the inability to serve individuals in the behavioral health system is that their care is shifted to other systems, such as jails, homeless shelters, and emergency rooms, some of which are not designed to target their mental health and substance abuse treatment needs.
- Of the 1,958 detainees assessed at the Montgomery County Detention Center for mental health and substance abuse services by the Clinical Assessment and Triage Services (CATS) team in FY2009, 68% were diagnosed with both co-occurring substance abuse and mental health disorders.⁴
- **Children and Adolescents.** The presence of co-occurring substance abuse disorders and mental disorders is not limited to adults. A substantial number of children and adolescents also experience substance abuse disorders, mental disorders, or co-occurring disorders. Adolescent treatment studies conducted by SAMHSA's Center for Substance Abuse Treatment, likewise, show a high rate of emotional disorders, including behavioral problems, among adolescents entering substance abuse treatment, 62 percent for males and 83 percent for females. For these populations of adolescents, multiple problems are the norm.²

A SOLUTION

A modest alcohol price increase would generate significant new revenues that are sorely needed for essential programs and services.

Public Health and Safety

- Higher alcohol prices are associated with *reductions* in underage drinking, road traffic injuries and fatalities, educational failures, sexually transmitted diseases, criminal behavior, domestic violence, and child abuse.
- Every \$1 invested in addiction treatment saves \$7 in reduced crime and criminal justice costs and, when savings related to health care are factored in, every \$1 invested saves \$12.⁵
- Earmarking some of the revenues for alcohol and drug treatment and prevention and public education could further reduce the societal toll of these problems. *No other business delivers a product and leaves such a big mess for the citizens and governments to clean up.*

Youth

- Higher prices would lead to the reduction in the quantity and frequency of drinking by teenagers.⁵
- Beer prices inversely correlate with youths' decisions to drink.⁵
- 82% of adults support an increase in alcohol prices to pay for programs to prevent minors from drinking and to increase alcohol/drug treatment program funding.⁵

Consumer Costs

- Most county residents won't be burdened by a price increase because they don't drink or drink sparingly.
- On average, Americans spend less than 1% of their total income on alcoholic beverages. Because alcohol consumption is heavily concentrated among a minority (the top 20%) of drinkers who consume 85% of all the alcohol, most of the price increase will be paid by those who drink excessively. Most consumers, who drink very moderately or not at all, will barely notice a tax increase. Heavy drinkers – the approximate 20% who consume as much as 85% of all the alcohol – will pay the bulk of the tax. A smaller percentage of low income people consume alcohol than do those in other income groups and, except for a small cohort of heavy drinkers, they drink less than others.⁵

STATE AND LOCAL OUTCOMES

Treatment Promotes Mental Health Referrals

- All clients admitted to Intensive Outpatient and Residential substance abuse treatment programs in Montgomery County have access to mental health assessment and treatment services.
- Two-thirds of patients in the State of Maryland assessed as having mental health problems at admission to residential programs (Levels III.1, III.3 and III.7) received mental health treatment during their substance abuse episode.⁶

Treatment Increases Employment

- Employment rates were improved by treatment. The employed were likely to stay in treatment longer, and the unemployed were more likely to become employed the longer they stayed in treatment.
- Employment rates of all adult patients completing treatment in Montgomery County increased over tenfold in 2008.^{7,8}

Treatment Decreases Homelessness

Between admission and discharge homelessness in the State⁶

- Decreased by 73 percent in Outpatient Programs (Level I) and 66 percent in Intensive Outpatient Programs (Level II.1)

Treatment Reduces Crime

- Arrest rates per patient during treatment were reduced by almost 93% for adults and 89% for adolescents in Montgomery County in every level of care in 2008.⁸

¹ Maryland General Assembly, House Bill 791, 2009

² SAMHSA Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders, 2002

³ Compton, W. M., III, Cottler, L. B., Ben Abdallah, A., Phelps, D. L., Spitznagel, E. L., & Horton, J. C. (2000). Substance dependence and other psychiatric disorders among drug dependent subjects: Race and gender correlates. *American Journal on Addictions*, 9(2), 113–125.

⁴ Adult Addictions, Criminal Justice Behavioral Health Statistics FY2009

⁵ Center for Science in the Public Interest – Alcohol Policies Project.

⁶ ADAA Outlook and Outcomes 2007 Annual Report

⁷ Based on the State's benchmark of 29%

⁸ ADAA FY10 Grant - Managing for Results Outcome Measures

2) A RESOLUTION - TO SAVE LIVES BY ENCOURAGING EMERGENCY TREATMENT OF ACUTE EPISODES OF ALCOHOL OR OTHER DRUG POISONING OR OVERDOSE

This resolution was submitted to and unanimously approved by the AODAAC on May 14, 2009.

WHEREAS, drug overdose is the second leading cause of injury death in the United States, behind only motor vehicle accidents and ahead of firearms;

WHEREAS, overdose mortality rates have increased significantly since the 1990s;

WHEREAS, according to the Centers for Disease Control and Prevention (CDC), illegal and prescription drug overdoses killed more than 33,000 people in 2005, which is the last year for which valid data are currently available;

WHEREAS, many overdose fatalities occur because persons aware of the overdose delay or forego calling 911 fearing arrest, probation or parole violation, underage drinking citations, or police involvement and notoriety; the circumstances which researchers have repeatedly identified as the most significant barrier to the ideal of a prompt call for emergency services;

WHEREAS, in September 2007, the Montgomery County Alcohol and Other Drug Abuse Advisory Council unanimously approved by a vote of 12-0 (with one abstention) the United States Conference of Mayors resolution calling for "A New Bottom Line in Reducing the Harms of Drug Abuse," which specifically states that the prevention of overdose fatalities should be a primary goal of national and state drug policy and encourages cities to adopt local overdose prevention strategies;

WHEREAS, in 2008, the U.S. Conference of Mayors passed a resolution, "Saving Lives, Saving Lives, Saving Money: City-Coordinated Drug Overdose Prevention," urging local governments to enact "911 Good Samaritan" policies to prevent alcohol or other drug fatalities;

WHEREAS, in 2006, fatal and nonfatal overdoses due to heroin contaminated with the clandestinely manufactured synthetic opiate Fentanyl, killed over 1,000 people in at least eight states, including nearly 200 in Chicago, 150 in Detroit, nearly 100 in Philadelphia, and nearly 75 in Camden, New Jersey, and such a tragedy could strike Montgomery County, Maryland, at any time;

WHEREAS, the United Nations Office on Drugs and Crime warned world health authorities to prepare for a sharp rise in rates of heroin overdose mortality due to a dramatic increase in the global supply and purity of heroin;

WHEREAS, the medical and non-medical use of prescription drugs capable of causing a fatal overdose have increased in recent years, especially non-medical use among young people;

WHEREAS, "binge drinking" of alcohol, especially by young people — an all-too-common practice despite our best underage drinking prevention efforts — sometimes results in death;

WHEREAS, emergency "Good Samaritan" limited immunity policies *save lives* by protecting persons who call 911 to obtain emergency treatment for someone suffering from an overdose, increases the speed and effectiveness of medical attention provided to overdose victims;

WHEREAS, nearly one hundred colleges and universities have adopted Good Samaritan policies that have encouraged students to seek help for an alcohol or other drug overdose; and in 2006, researchers found that Cornell University's Good Samaritan policy led twice as many students to call 911 in an alcohol or other drug emergency than before adoption of the policy, while substance use remained constant;

WHEREAS, New Mexico enacted the first such law in the country—the 911 Good Samaritan Act of 2007; and

WHEREAS, similar life-saving legislation has been introduced in legislatures in several states across the country, including California, Illinois, Maryland, New York, New Jersey, Rhode Island and Washington;

NOW, THEREFORE, BE IT RESOLVED, that the Montgomery County Alcohol and Other Drug Abuse Advisory Council, for the foregoing reasons, urges the Montgomery County Council to enact an emergency "Good Samaritan" policy that provides immunity from prosecution:

*** For individuals at the scene of a health emergency related to the acute toxic effects of alcohol or other drug use, who have called 911 or other dispatcher in good faith to obtain emergency medical treatment for a victim of alcohol or other drug toxicity or overdose; and**

*** For individuals who have experienced an alcohol or other drug overdose, poisoning or other serious medical condition and who have been attended by public safety or emergency medical personnel responding to a 911 call or similar call for help that was placed in good faith to obtain emergency medical treatment; and**

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Economic Impact: We estimate that it is unlikely that adoption of these policy recommendations will lead to significant additional expenses. If the number of emergency dispatches increase, it is likely that it will offset by reductions in costs for police overtime, courts and incarceration.

September 1, 2009

Councilmember George Leventhal
Chair, Health and Human Services Committee
Montgomery County Council

Dear Mr. Leventhal:

According to the U.S. Census Bureau, Asian Americans are one of the largest minority groups residing in Montgomery County and comprise about 13.3% of the County's population- a rate comparable to that of Hispanics and African Americans in the County. Approximately 4.6% of Asian Americans in Montgomery County are below the poverty level which is higher than the rate for non-Hispanic Whites. Furthermore, 11.3% of Asian Americans are older adults (age 60 and over) which is a larger cohort than that of African Americans and Latinos, and the rates of poverty among this age cohort are 9.0%, again higher than the latter groups. A substantial proportion of Asian Americans in Montgomery County are foreign-born and an even larger proportion of Asian Americans speak limited or no English, resulting in a linguistic isolation rate of 40% which can be a significant obstacle in accessing health care services. Additional demographic information can be found at the end of this letter.

On behalf of the Asian American Health Initiative (AAHI) Steering Committee, I am honored to present the AAHI policy priorities for FY 10. The top 2 policy priorities that have been deemed essential in improving access to care, addressing data collection, and are aligned with Department of Health and Human Service's priorities include the following:

1. Expansion of the Patient Navigator Program

Montgomery County offers a multitude of services to the general public. However, many Asian Americans are unable to take advantage of these services because of language and cultural barriers. The Patient Navigators Program (PNP) has been addressing these barriers by providing medical interpretation services over-the-phone and at on-site interpretation sessions in Chinese, Korean, Vietnamese, and Hindi. In FY 09, PNP responded to over 5,000 phone calls from almost 1,000 patients; approximately 75% of the callers were uninsured. Approximately 60% of the people who called into the program managed to access a healthcare service in the County and PNP personally conducted almost 350 over-the-phone and 1,000 on-site medical interpretation sessions. In FY 11, AAHI hopes to expand the scope of PNP to include other communities that are also in dire need of these services: Burmese, Sri Lankan, Bangladeshi, Filipino, Indonesian, and Thai.

2. Data Collection

Part of AAHI's mission is to monitor the health of Asian American residents in the county. To date, there is little quantitative data available to support that mission. The AAHI will advocate improving

the local usability of national health survey data by over-sampling Asian Americans, disaggregating Asian American data from categories such as "Asian/Pacific Islander" and "Other," and, when possible, disaggregating Asian ethnic groups from a sizable population size. In addition, AAHI joins the other minority initiatives in encouraging the County Council to fund primary data collection through a county-wide household health survey. Only through such data collection can we be sure to reach linguistically isolated and underrepresented groups in the County.

Thank you for this opportunity to provide our policy priorities for FY 10. We look forward to hearing the Council's Health and Human Services Committee's priorities on September 16.

Sincerely,



Harry T. Kwon, Ph.D., M.P.H., CHES
Chair
Asian American Health Initiative Steering Committee

Enclosures: AAHI Steering Committee Roster

CC: Nancy Navarro, HHS Committee Member
Duchy Trachtenberg, HHS Committee Member
Uma Ahluwalia, HHS Director

Additional Demographic Information (U.S. Census, American Community Survey, 2005-2007):

- Approximately 120,506 Asian Americans reside in Montgomery County, which is about 13% of Montgomery County's population. Hispanics make up 13.7% of the population and African Americans make up 15.8% of the population.
- The size of the Asian American population (120,506) is similar to Hispanics (129,812) and African Americans (149,572) in Montgomery County.
- Approximately 4.6% of Asian Americans in Montgomery County are below the poverty level compared with 3.1% of non-Hispanic Whites (NHW).
- Asian Americans have a larger cohort of older adults (age 60 and over; 11.3%) than African Americans (11%) and Latinos (6.3%).
- Approximately 10.1% of Asian Americans aged 65- 74 have higher rates of poverty as compared with African Americans (9.0%) and NHW (3.3%).
- Asian Americans (19%) aged 75 years and older have higher rates of poverty as compared with African Americans (13.3%), Hispanics (15.6%), and NHWs (5.1%).
- About one-third (32.7%) of the Asian Americans in Montgomery County are foreign born as compared with Blacks (18%) and Hispanics (28.7%).
- Asian Americans (40%) are linguistically isolated, compared to Hispanics (28%), African Americans (2.4%), and NHWs (1.6%). Linguistic isolation is defined by U.S. Census Bureau as living in a household in which all members aged 14 years and older speak a non- English language while speaking English less than "very well."

AAHI Steering Committee

Name	Organization
Harry Kwon (Chair)	Montgomery County Resident
Anis Ahmed	Bangladeshi Community/Montgomery County Office of Human Rights
Lisa Canda	Montgomery County Resident
Hoan Dang	Maryland Vietnamese Mutual Association (MVMA)
Nerita Estampador	Department of Health and Human Services
Wilbur Friedman	Organization of Chinese Americans, Greater Washington D.C. Chapter (OCADC)
Felicitas Lacbawan	Montgomery County Resident
Meng Lee	Chinese Culture and Community Service Center (CCACC)
Won Hyung Lee	Korean Community Service Center of Greater Washington (KCSCGW)
Michael Lin	Asian American Political Alliance
Alvin Madarang	Philippine Medical Association
Sam Mukherjee	Asian Indians for Community Service, Inc (AICS)
Sovan Tun	Cambodian Buddhist Society, Inc



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

September 3, 2009

Uma S. Ahluwalia
Director

The Honorable George L. Leventhal, Chair
Health and Human Services Committee
100 Maryland Avenue, 6th Floor
Rockville, Maryland 20850

Dear Councilmember Leventhal:

Thank you for your invitation to share the FY 2010 policy priorities of the Board of Social Services. Over the previous year, our Board has advocated for many critical programs and services that help our most vulnerable County residents meet their most basic needs. While we recognize that both the State and County will continue to face severe budget challenges – and that there may be additional reductions to local agencies in the short-term – it is critical that safety-net programs for the poorest of our residents be preserved.

In particular, we cannot ignore the significant growth during FY 2009 in caseloads for individuals seeking Temporary Cash Assistance (34%), Food Stamps (34%), and Medical Assistance (17.5%). In Silver Spring, Rockville and Germantown combined, the number of applications for HHS services increased by 8,903 – 17.2% from FY 2008 to FY 2009; the two-year application volume increased over 38%. Not all individuals who apply for social service assistance qualify for federal benefits and so the local safety net benefits are even more important. We would suggest that Montgomery County continue to provide leadership in this area and consider expanding the quantity and comprehensiveness of services for vulnerable children, families, and the elderly until the economy improves. We thank you for the support you have provided for our neighbors most in need throughout your tenure as chair as the HHS committee.

The Board of Social Services will be reaching out to you and your colleagues this year to talk about needs we have identified in child welfare services and adult protective services. We have solicited input from foster families and the Department of Health and Human Services to identify their thoughts about the programs needed to support the well-being and care of children in their homes – including the need for additional respite care, access to specialty medical care, and additional child care resources. Likewise, the Board has participated in Mr. Leggett's Senior Summit and will continue to work with the Commission on Aging to identify areas that require advocacy for our community's frail elderly. When we reconvene September 14, we will begin our work in earnest.

Thank you once again, for the invitation to share our thoughts. I look forward to seeing you on September 16th.

Sincerely,

Amy J. Demske
Chair

AJD:kdm

Department of Social Services

Citizen's Review Panel
Briefing for the HHS Committee of the County Council
September 16, 2009

The Citizens Review Panel of Montgomery County is a multidisciplinary group of expert professionals and private citizens mandated by state law to ensure that state and local agencies are meeting their goals of protecting children from abuse and neglect. We are comprised of 14 members with varied backgrounds, all committed to the safety and welfare of children. We are also fortunate to have volunteer staff support.

During the last year, the Panel's focus has been twofold – improve the Case Review process and assess the impact of mental health services on children and their families. First, the focus was making substantive and specific recommendations to the department based on case reviews. After reviewing cases the area of mental health was selected. We will continue to review a number of cases to determine outcomes associated with the provision of mental health services. We reviewed several established instruments in the scientific literature and developed a new review tool that is helping us capture the needed data. We will continue this work into the 2009-2010 work year. To date, we have completed approximately 15 reviews and it is our hope to accomplish a total of 30 reviews to complete this project.

The Panel's interest in assessing the impact of mental health services on children and their families was heightened in our 2007-2008 work years when we focused our attention on Independent Living kids. It was clear from our interviews with the kids and with foster parent testimony, that there is a definite need for attention to teens, especially those who suffer from significant emotional distress. We will continue to look at the need for specialized mental health services for children and youth who have been traumatized by child abuse and neglect. In the community and in Health and Human Services there needs to be a focus on developing resources to better serve these children and families.



COMMISSION ON AGING

August 31, 2009

The Honorable George L. Leventhal, Chair
Health and Human Service Committee
Montgomery County Council
101 Maryland Avenue
Rockville, Maryland 20850

Dear Mr. Leventhal:

I am responding on behalf of the Commission on Aging (COA) to your letter of July 2, 2009, regarding the HHS Committee's Work session on policy issues which requested our two top policy priorities for the coming fiscal year, 2010.

Two of our highest concerns are: 1) the impact of the national economic crisis concerning the social service safety net programs administered by the DHHS for the senior population; and 2) the continuing and compelling need for mental health and psychiatric services for disadvantaged seniors in our County.

We are told by DHHS that there has been an increase in the number of elderly County residents, including increases in low-income and minority elderly residents, who are likely to be in need of social services. Using \$25,000 in household income as a self-sufficiently threshold for Montgomery County, the 2000 Census indicated that 22.6% (26,268) of senior headed households in the County had incomes below \$25,000. The numbers vary by age and ethnicity, from a low of 6.5% for White Non-Hispanics age 55-64, up to 48.4% for Hispanics age 75 and over.

The changing demographics of the older population places increased burdens on the safety net programs. For example, we have received the following preliminary reports:

- The number and percentage of Adult Protective Services investigations by 18% between FY08 and FY09. Amongst these, 69% are in the 65 and older segment of the senior population.
- Over the past six months, twelve Assisted Living Facilities were investigated for abuse and neglect of the residents, which resulted in the license revocation of three facilities.
- Substantial increases over the past 9 nine months in the calls for transportation assistance(68%) and utility assistance (88%) , increasing requests for rental assistance and calls from seniors looking for full and part-time jobs to enable them to pay rent or mortgages.

Department of Health and Human Services

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www.montgomerycountymd.gov/hhs



More precise numbers will surely be reported to the Committee by the Executive as we move into the fiscal year, but it can fairly be said that the stresses and strains apply across the broad spectrum of the safety net programs. Rather than focus on any one program—as we may have done in the past—we urge the HHS committee and the Council to address these programs as a whole, keeping in mind the necessity of insuring that the effects of our changing demographics and difficult economic times are taken into consideration as the Committee seeks to legislate for the well-being of our senior population.

For the past two years, we have advocated for a mental health initiative which called for the creation of a Geriatric Behavioral Health Treatment Team. We renew our support and urge the Committee to consider an appropriation for such a service. We recognize that the budgetary constraints facing the Council have made such a proposal prohibitive. But, we are also cognizant of this Committee's interest in the issues relating to mental health and its dedication to providing services to those with mental health problems. The problems that would be addressed by this initiative have not receded—indeed they have no doubt worsened with the increase in the population of seniors—and we believe our advocacy for this proposal should not be diminished.

The Geriatric Mental Health initiative calls for an appropriation of less than \$300,000, and would provide mental health screening and treatment for seniors who are uninsured with low income and who do not get access to treatment because State mandated priorities severely limit the availability to such seniors. There is a critical need for such services to our needy, low-income and uninsured seniors with mental health and substance abuse problems. The COA makes this proposal with the support of the Commissions on Alcohol and other Substance Abuse, Persons with Disabilities and the Mental Health Advisory Board.

Your letter asked for our two top priorities and expresses the desire to “blend our mutual priorities for vital health and human services.” In light of that desire, we believe it worthwhile to mention two other important matters that have occupied the Commission's interest and, though not having yet reached the stage as an initiative, will no doubt be of interest to the HHS Committee. This year, the COA conducted Summer Study programs on Aging in Place and the need for physicians practicing in the areas of geriatrics and primary care. Although, we have not yet received the reports of these study groups, it is clear that these issues will be in the forefront of the Commission's concerns. And as the Council is already aware, as evidenced by the recent report from the Office of Legislative Oversight (OLO) on Naturally Occurring Retirement Communities, the issue of Aging in Place permeates virtually every aspect of government policy affecting the senior population.

We look forward to the Committee's Work session and appreciate the opportunity to participate.

Sincerely Yours,



Irwin Goldbloom, Chair

Commission on Child Care Top Two Policy Priorities for 2009 – 2010
Submitted to the Health and Human Services Committee, Montgomery County Council
September 16, 2009

The Commission on Child Care is dedicated to access to quality, affordable child care for all Montgomery County families. It advocates for one of Montgomery County's most vulnerable populations, young children.

Policy Priority #1: Quality Child Care

Quality child care is a critical component of ensuring children are ready to learn and able to thrive in school and in life. It allows our children to feel secure, develop socially, emotionally, physically and cognitively and often connects families to community resources that will support overall healthy development and learning.

The National Association for the Education of Young Children, the National Afterschool Association and the Maryland State Department of Education have identified standards and related criteria for quality child care programs. In brief, a quality program:

- promotes positive relationships among all children, adults, families and the community;
- promotes developmentally, culturally and linguistically appropriate learning through its teaching, curriculum and assessment;
- ensures a healthy, safe and well-maintained physical environment; and
- enacts policies, procedures and systems that support an educated, qualified, stable staff and strong personnel, fiscal and program management.

Quality child care promotes school and societal readiness. Seventy-six percent of Montgomery County children enrolled in child care centers, 75% of children in pre-kindergarten programs, 70% of children in family child care homes and 83% of children enrolled in non-public nursery schools the year prior to kindergarten exhibited full readiness for school (*Children Entering School Ready to Learn: 2008 – 2009 Maryland Model for School Readiness*, Maryland State Department of Education, 2008). Quality school-age programs “improve school attendance and engagement in learning, improve test scores and grades, and keep children safe, healthy and on track for success” (*Afterschool Programs: Making a Difference in America's Communities by Improving Academic Achievement, Keeping Kids Safe and Helping Working Families*, Afterschool Alliance, 2008). As in early childhood programs, quality school-aged programs assist working families to continue to work. The Commission looks forward to collaborating with you to ensure quality child care for all Montgomery County families.

Policy Priority #2 – Child Care Subsidy Programs

The high cost of child care and high parent co-payment assigned by child care subsidy programs (CCSP) are major deterrents in families utilizing subsidy programs and thus enrolling their children in licensed child care. Families currently enrolled in subsidy programs still spend a large percentage of their income on child care expenses. For example, a one-parent family enrolled in the Working Parents Assistance Program earning \$40,000 a year with two children in full-time care (one child is an infant) can still spend \$14,768 annually on child care. This accounts for 36% of the family's income. The short and long term aftereffects of unaffordable child care are profound; impacting parental employment status, access to quality care and, ultimately, school readiness.

Affordable parent co-payments are more important than ever due to the current economic downturn and the associated impact on family choices. Child care subsidy programs combined with the parent out of pocket co-payments, help to ensure that all children, regardless of socioeconomic status, have access to quality early care and education. Child care subsidies offset rising family costs such as gas, utilities and groceries so that families do not have to make the painful choice between food and child care. The Commission looks forward to collaborating with you to ensure that child care subsidies are economically viable for eligible families.

COMMISSION ON CHILDREN AND YOUTH

Top Two Policy Priorities for 2009 – 2010

Submitted to the Health and Human Services Committee, Montgomery County Council

September 16, 2009

The Commission on Children and Youth will focus its 2009 – 2010 advocacy efforts on **resource awareness** and identifying and highlighting **gaps and disparities in health services** for children and youth.

Resource Awareness

The citizens of Montgomery County are fortunate to live in a resource rich community. Despite the economic downturn, Montgomery County offers its citizens a multitude of health and human services. In fact, many members were inspired to join the Commission because they once benefited from Montgomery County's services and now wish to give back to the community that once provided for them.

However, the Commission has learned through its *Youth Having a Voice Roundtables* that we need to help our youth become more aware of existing programs. Youth participants talked about the need to make program information more 'youth user-friendly.' The Commission acknowledges the wonderful efforts made in developing the *InfoMontgomery* database of county-wide programming, yet some felt that this database seemed to be well used by adults and professionals, however not as much by the youth. Suggestions were made by the youth and adults to consider tapping into highly youth-used venues like Facebook, or the like, to improve youth's knowledge of available supportive programs. In addition, the Commission learned we must empower our youth to self-refer to available programs and services. As one Commissioner says, "We need to teach the youth to A-S-K so they can G-E-T."

The Commission also recognizes that with so many agencies responsible for different programs it is hard for parents, guardians and school personnel to know about all of the services that are available. Making sure Montgomery County has a well informed public will not only increase awareness but improve access and use of services for our youth. The Commission looks forward to collaborating with the County Council throughout the year to develop and enact resource awareness and youth empowerment strategies.

Gaps and Disparities in Health Services for Children and Youth

The Commission on Children and Youth is proud that Montgomery County is committed to preserving and strengthening health and human services for its most vulnerable citizens. The Commission views the availability of and accessibility to health services, including mental health services, a basic need and right of all of our children, youth and families. The Commission hopes to assist the County in providing comprehensive health services for families by identifying and highlighting gaps and disparities in health services, increasing awareness and accessibility of existing County health resources and providing recommendations to ameliorate inequities in health service delivery.

Youth Committee

The Commission is unique in that it enjoys the participation of seven youth members that engage in an additional project each year. Youth Commissioners are committed to encouraging acceptance and eliminating discrimination and prejudice in the classroom. The group intends to address lesbian/gay/bisexual/transgender, racial, ethnic, socioeconomic and disability discrimination in schools and will keep the County Council updated and informed about its work.



Montgomery County Commission on Health

Commission on Health FY10 Policy Priorities Health and Human Services Committee Work Session September 16, 2009

Good morning Mr. Leventhal and other distinguished members of the County Council. My name is Wendy Friar and I am the chair of the Commission on Health. Thank you for this opportunity to brief you on the policy issues our commission is focusing on in fiscal year 2010.

As everyone knows this is a year of constrained resources. We see the statistics of escalating need for our poor and vulnerable county residents and the need for linking somatic care with behavioral healthcare. We are very concerned that 13% of single parenting women in Montgomery County live at, or are below the federal poverty guideline that is substantially lower than the self-sufficiency standard identified by the Community Action Agency. We can't help but also notice the number of "new poor"-- the newly unemployed and uninsured, a population likely to continue expanding over the next few years.

Mindful of these concerns, the Commission's *Public-Private Partnerships Committee* tasked itself with finding a way to increase access to healthcare with minimal fiscal impact. Specifically, this committee identified an area where a partnership between public and private sectors could leverage resources and join efforts to improve the health of our county residents. Between this committee and the leadership of the Montgomery County Medical Society, we were able to exchange ideas about opportunities to improve access for the underserved and uninsured. The ensuing discussion led to the identification of two ways that might increase the availability of physicians and other trained clinicians to volunteer in our community clinics: (1) increasing awareness of the availability of county-sponsored medical malpractice insurance to practicing and retired physicians who are interested in becoming county volunteers; and (2) developing a streamlined process that would allow physicians working in federal agencies to volunteer. It was reassuring to know that the COH liaison to the Montgomery Cares Advisory Board shared these recommendations and gained the Montgomery Cares Advisory Board's support of these efforts as well. As you may recall, the commission sent you a letter outlining these recommendations. On behalf of the full Commission, thank you for your positive response and we appreciate your interest in the resources that might be needed to put agreements in place that would allow federal health professionals to volunteer their services. We will seek guidance about this issue from County Attorney's office and the Department of Health and Human Services.

Our second priority of focus is *prevention*. The *Prevention Committee* met with representatives of the Dennis Avenue Health Center, the American Heart Association, the Montgomery County Obesity Prevention Strategy Group, and conducted several interviews with infectious disease physicians. Based on their findings three key areas were identified (1.) the need to establish an up-county clinic for Sexually Transmitted Infections (STIs) and HIV, (2.) the reinstatement of the County adult vaccination/immunization program with critical and life-saving immunizations that are cost-effective, and, (3.) recommendations to support fitness programs to combat obesity in children. We are pleased and support the County's efforts for the establishment of an up-county clinic, filling the positions in the tuberculosis treatment program to eliminate delays in treatment of latent tuberculosis, and the possibility of additional state funding for Hepatitis B immunizations.

As in the past fiscal year, we eagerly and enthusiastically approach 2010 through the work of three committees, each with a specific focus. In closing, the two committees and their priorities I mentioned are equally as important as our third priority of *health disparities*, where a key area of the focus of the *Health Disparities Committee* is on the disturbing disparity in infant mortality between African American, native and foreign-born, and white residents.

Thank you for this opportunity to allow the Commission on Health to serve the residents of Montgomery County. We look forward to working with the County Executive and County Council to improve the health and wellness of our residents. Thank you.

COMMISSION ON JUVENILE JUSTICE TOP TWO POLICY PRIORITIES FOR FY-10

1. The Commission on Juvenile Justice recommends that the County continue to place high priority on supporting and advancing evidence-based, empirically-supported and best practices for home and community treatment for court-involved, delinquent youth.

We are pleased to see the County's emphasis on supporting services for delinquent youth identified as amenable to "Level 1" interventions, or best served "at home with services." We realize that some of these services and supports may be at risk in these times of budgetary limitations, but we believe that it would be shortsighted to curtail services that are not only more effective in preventing delinquency, but that save money in the long run by keeping our youth out of detention or other out-of-home placements.

We urge the County to continue to contribute resources, to focus resources and to leverage resources from the private sector and state and federal grants to ensure that Montgomery County youth and families benefit from a robust continuum of services for local youth in the juvenile justice system, including:

- alternatives to detention such as afterschool and evening reporting centers;
- substance abuse and mental health counseling and treatment;
- family intervention and support;
- intensive family and individual therapies and services that have been shown through research or practice to be effective;
- police diversion;
- youth service bureaus;
- youth development programs for youth identified as at risk of gang involvement;
- teen court and drug court;
- victim awareness programs;
- and other proven methods of effective delinquency prevention.

2. The County should add resources to help gather, analyze, and release juvenile justice data and information. Currently, there is a severe lack of information available from law enforcement, courts, school, and juvenile probation on juveniles that could be used to assess how well the county is doing to, for example, accomplish the following:

- Match youths to appropriate services, including gender-sensitive programming
- Reduce disproportionate minority contact (DMC), and
- Use evidence-based services.

The Commission on Juvenile Justice is committed to using data to provide well-informed recommendations to the County. Without sufficient, good-quality data from law enforcement, courts, school, and juvenile probation, the Commission is hampered in its efforts at making such recommendations and helping to improve how the County addresses juveniles who are at-risk or come into contact with the juvenile justice system.

The Commission will continue to support the development of the Integrated Justice Information System (IJIS) and its interface with the Juvenile Justice Information System (JJIS). The Commission is aware that data reports are being developed through JJIS and we hope this data will be able to assist the Commission in its research and recommendations for the Council.



COMMISSION ON PEOPLE WITH DISABILITIES
Montgomery County Council
Health and Human Services (HHS) Worksession
FY 10 Top 2 Policy Issues
September 16, 2009

Cindy Buddington, Chair
Lise Hamlin, Vice Chair

Good Morning, my name is John Miers, and I am here to present the two top policy issues of the Commission on People with Disabilities for FY10. For your consideration:

1. Inclusion of People with Disabilities in Planning Efforts and in Diversity Goals: The County says its workforce should be a reflection of our community. We understand there is outreach based on race and ethnicity, but we see the need for greater efforts to employ and have representation of people of disabilities. People with disabilities make up close to 20% of the population. But we do not make up 20% of the County's employed workforce, outreach efforts to diverse communities, or participation on Boards/Commissions and Committees. To reduce poverty amongst people with disabilities, we need to be part of the County's diversity goals. Among all adults age 21+, people with disabilities are almost 3 times more likely to be below the Federal Poverty Level (11.4% vs. 3.6%). In Montgomery County, 31% of working age adults (ages 18-64) with disabilities are unemployed. We strongly recommend that the County include and recognize people with disabilities in its diversity goals; particularly in the Office of Community Partnerships, Office of Human Rights, Office of Human Resources, and in appointments to Boards, Commissions and Committees.

The Disabled Peoples International says "Nothing about us; without us" which means inclusion of people with disabilities "in all county policy and planning matters" such as transportation, health, housing, libraries, redevelopment and in all activities of the County. We pledge our commitment to advising the County on issues impacting access and services that the County provides.

2. Support Programs that Maintain or Promote the Dignity and Well Being of People with Disabilities: Currently, it appears that the services provided by HHS are mostly serving people in crisis or adult protective services or what is known as the "safety net". Clearly the County needs to care for the vulnerable and we strongly support that, but we also encourage/need you to consider an intake system to provide more preventative and maintenance versus crisis only services. This includes services to people with all types of disabilities: physical, behavioral, sensory, mental and developmental that require your protection of funding so they can live in the community among family, friends and professional resources with the maximum independence and dignity. It has been shown over and over to be the most cost effective means of facilitating a move from financial dependence on, to financial contribution to the community."

In closing, a community's budgetary choices and policies reflect its values.



COMMISSION ON VETERANS AFFAIRS

Montgomery County Council Health and Human Services (HHS) Worksession FY 10 Top 2 Policy Issues September 16, 2009

Bill Gray, Chair | Jonathan Walker, Vice Chair

Good Morning, my name is Bill Gray, and I am here presenting the top two policy issues of the Commission on Veterans Affairs for FY10.

1. The County needs to adopt a policy and platform to recognize active military and veterans for their service to our country to preserve our freedom.

We recommend that the County:

- Recognize Veterans as a constituency in County public relations, outreach efforts, employment, and mission statements.
- Identify upfront during any departmental intake process if the individual or any immediate family member ever served in the U.S. Armed Forces, National Guard or Reserves, so that they all can be assessed for state and federal programs that they may be eligible for such as respite care for families with children who have developmental disabilities, or home care for veterans who are seniors. Uma Ahluwalia, Director, HHS has already agreed to do this and we thank her for that.

We will be working with Corrections and Police and other identified departments to do the same. We recommend that the Office of Human Resources work with MCGEO and other County unions to identify employees who are veterans and/or family members of veterans or County employees who are on active duty, and offer support to them.

We encourage the County to ask all contractors and grantees to collect this same information in the intake process and supply this data to the County.

- Require all departments to apply for federal grants/seek out partnerships with the private and non-profit sector that would benefit Veterans and their spouses and children.
- Develop an Annual Veterans Recognition Plan in partnership with our Commission which has short term and long term outcomes, and in particular plan to honor those soldiers who have made the ultimate sacrifice with input from their family members. This would include Memorial Day and Veterans Day programs to honor families, and County events that provide free passes to Veterans and family members.

2. The County should establish a Veteran's Service Office, similar to the Commission for Women, so that Veterans can identify a place that they can relate to in which to obtain information and services from the County, Commission and state and federal agencies in a proactive environment that supports Veterans and their families, with no stigma attached.

- It would serve as a clearinghouse for veterans and their families, a one stop shop for Benefits and Claims Office where we would partner with State and Federal benefits workers to do intake and counseling in Montgomery County. In regards to poverty, there are homeless veterans and other veterans and their family members who may be eligible for benefits. Sadly, 95% of all homeless vets have been incarcerated at one time in their life. 5.7% percent of veterans were living in poverty, compared to 12 % of non-veterans as of 2007 according to the American Community Survey.
- In addition to what we see as trained therapists rotating in, the Commission members and other volunteers would volunteer to provide peer counseling and facilitate workshops for veterans and their

spouses and children. Workshops might be conducted on finances, VA Home Loan Program, couple relationships, child raising tips, nutrition, wellness and health to name a few.

- We recommend that the County work with the Veterans Administration Medical Center to establish a Community Based Outreach Clinic (CBOC) in the County to provide medical and psychiatric care for Post Traumatic Stress Disorder, and Traumatic Brain Injury, the most prevalent mental/behavioral health disorders among service members returning from overseas deployment in the community, not just the VA hospitals. This CBOC would also provide same services and coordinate the care with the VA through screening.
- The County can also work with those who can provide housing for the homeless and released incarcerated veterans. The County can provide additional benefits personnel to assist with filling out claims correctly, on a daily basis.
- The Silver Spring Vet Center provides male and female non-medical services (Individual and Group counseling) to returning veterans from Operation Iraqi Freedom/Operation Enduring Freedom and other Theater Veterans and their families during non-traditional hours (evenings). Plus they do bereavement counseling for the families (all hours), outreach, PTSD, sexual trauma, substance abuse, family/marital, homeless, woman veterans and benefits, employment, and medical referrals to appropriate services for the Veteran (VA and non VA). A benefits specialist from the American Legion and a Disabled Veterans Outreach Program from the Montgomery County Employment Services comes to their office to meet with veterans once a week.
- The VA will treat vets for medical and psychiatric PTSD but not the families dealing with it unless they have been referred by a psychiatrist. We need the County to do the initial written diagnosis of PTSD by a M.D. related to their military service (both combat and non-combat related) in order to refer the veteran to the VA initially.
- The new out processing procedures catch the majority of PTSD cases but not all of them as PTSD can be delayed and triggered by reintegration/life stressors. Nobody likes to admit they have a problem and most deny it until they are forced to face it by their families or the courts. We should make it clear that any County resources for programming supplement, not replace, already available VA programs. These will include programs and support groups for **both** female and male veterans and their children in conjunction with PTSD and other service connected issues among the military community.

We appreciate the opportunity to advise you on these issues which we feel will help our Veterans in the County. We hope that the County will continue its legacy of being a responsive and accountable government. Thank you.

"Veterans helping Veterans"





Pamela Lockett, Chairperson
The Montgomery County Community Action Board
8210 Colonial Lane, Suite "B"
Silver Spring, Maryland 20910

September 1, 2009

Dear Mr. Leventhal,

As chair and the Council's representative to the Montgomery County Community Action Board, the County's federally designated anti-poverty advisory group. I'm pleased to advise the Council's HHS Committee regarding FY2011 Budget priorities. The Community Action Board, or CAB, provides a voice for our county's low income residents, advocating policies and services to meet their needs. CAB is the governing body for the federally-funded services delivered by the Montgomery County Community Action Agency, which was established in 1965 following the passage of the Economic Opportunity Act of 1964 to fight America's War on Poverty. The CAB has oversight for Head Start, the signature program of the Community Action Agency, as well as \$4+ million of grant funding.

Head Start: MCPS serves as our delegate agency, delivering comprehensive, early childhood education to 618 young children and their low-income families, promoting their health, safety and well-being; and two community-based sites serve 30 additional children. This year, with a difficult economy, more parents sought MCPS' Head Start and Pre-Kindergarten programs. By the end of August, MCPS had over two-thousand eligible four-year old applicants for their PreK and HS seats, or 400 more children than at the same time last year. The gap is more severe for three year olds-- with 336 families competing for MCPS' coveted 15 spaces. Due to the State's budget crisis, we will receive \$116,595 less this coming year in State Supplemental Head Start funding, reducing summer Head Start classes next year from 8 to 5 classrooms.

But there is a bounty of good news too. We are extremely grateful to the Board of Education for using its Title I Stimulus funds to increase full-day Head Start classes from 13 to 21 classes, based on MCPS' research which showed significantly improved academic performance for full-day students. After suffering from flat-lined funding for most of the decade, a 3% COLA from the federal government will support the rising costs of health, instructional and family service professionals, and other quality improvements.

The Community Action Board oversees almost half a million in federal Community Service Development Block (CSBG) grants through HHS to fight poverty. Unlike jurisdictions in which Community Action provides direct services, in Montgomery County, 20+ local nonprofits serve as our partners in delivering essential services to low-income people through community partnerships. These range from well known organizations such as Manna, to emerging organizations reaching underserved immigrant groups, such as the Somali American Community Association.

Today we're asked to identify our two priorities for the HHS Budget. We are grateful that last year, you prioritized **preserving critical "Safety Net" services for poor and low-income residents**, while promoting quality. Our first priority is that you continue to support these services. As more vulnerable families experience additional stressors, they turn to HHS and its community partners for essential health, mental health, protective and substance abuse prevention services. DHHS and community nonprofits need your help to maintain these vital services, while also helping the growing volume of families needing assistance to remain housed and stable, while securing fuel, food and other basics. The new **Neighborhood Assistance Centers** complement the work of County and community partners in making sure services are well-known in our most deeply impacted communities. However, we realize that additional demands coupled with new outreach may severely strain the capacity of our public and nonprofit providers. Although we support efforts to reach all who need help, we wonder how ever-expanding workloads affect consumers needing services, as well as the staff.

With these rising needs, we applaud the HHS' efforts to integrate case management for customers and for initiating **Quality Services Review**. QSR's improve outcomes for consumers and strengthen practice, using the limited resources available most effectively. We've heard a common thread for HHS' deep end cases is the existence of trauma, mental illness, disability and substance abuse. And as the **2010 Census** approaches, we urge you to use your considerable clout to assure that sufficient coordination occurs to assure that all of our residents are fairly and fully counted, helping to finally bust the myths about poverty in Montgomery County, while bringing communities of New and Old Americans together to share their strengths.

Our second priority area is addressing the financial literacy needs of New Americans and other vulnerable populations, such as youth, veterans and low income populations. We're pleased that **three quarters of a million+ in American Reinvestment Recovery Act (ARRA) funding** will be used to increase employment, training and education services to our neighbors who've borne the brunt of this recession, losing jobs, and too often their health care and housing. The CSBG funding will help meet the expanded needs for emergency services, while growing **Community Action's Voluntary Income Tax Assistance (VITA) and financial literacy program**, which last year delivered services to 935 residents at three locations, including a new site in partnership with the City of Rockville. We are also working on another site in Gaithersburg.

In this tough economy, more than a million dollars was returned to our residents through VITA, which helped the vulnerable access state and federal refunds, and **Earned Income Credits (EIC, or EITC)**. Access to VITA brings these dollars back to our local economy, helping residents struggling to meet our areas high cost of housing, food and utilities, well-documented through the biennial publication of our Board's **Self-Sufficiency Standard**. This publication measures the actual costs of meeting the most basic of needs for our County residents, without additional public or private resources. EIC is an essential strategy to lift children out of poverty, but thousands fail to do so, usually because of fears about the IRS, or because they don't understand this benefit can add up to \$5,656 to their budget. Last year, Community Action distributed 75,000 flyers about VITA and the EIC.

Community Action's VITA helps residents obtain **Individual Taxpayer Identification Numbers (ITIN)**, allowing them to file income tax returns and access refunds. IRS certifies our VITA program to work in partnership with HHS and nonprofit case managers, helping those with mental and physical disabilities, limited-English speakers, frail seniors and homeless residents. Too often, these people are preyed upon by unscrupulous family members, or by for-profit

tax preparers charging for their services, while pushing bad-deal, rapid refunds. Our VITA program reports these unethical tax preparers, and helps consumers work with government agencies and pro-bono legal services to stop exploitive practices. In one case, over \$63,000 was due to a special needs homeless individual whose ex-spouse illegally claimed him as a dependent. These monies included social security disability benefits as well as income tax refunds and stimulus payments. In a similar case, another individual was owed over \$24,000.

Since Community Action's financial literacy efforts are largely funded by ARRA's temporary funding, we're concerned about the future of financial literacy in Montgomery County. This June, a position formerly providing financial education through Consumer Affairs was abolished, and the Cooperative Extension's lone financial literacy educator is retiring, and will not be replaced due to the State's budget. The non-profit Montgomery County Coalition for Financial Literacy is an energetic group, but it is supported wholly by members' dues and volunteers. While we understand that the County budget funding is severely constrained today, as an advocacy priority, we ask you to examine the status of financial literacy education to plan for the future. Like ESL classes, access to financial literacy can increase and secure the income of low-wage workers, and support a healthier economy.

In closing, we appreciate your leadership in helping our community to meet the difficult challenges confronting our poor and low income neighbors. By doing so, you assure their safety, and the safety of our entire community.

Regards,

Pamela Lockett
Chair



August 30, 2009

The Honorable George Leventhal, Chair
Health and Human Services Committee
Montgomery County Council
Council Office Building
100 Maryland Avenue
Rockville, Maryland 20850

Dear Mr. Leventhal:

On behalf of the Latino Health Steering Committee (LHSC) of Montgomery County, we are presenting our top two Policy Priorities for the FY10.

- **Access to quality and comprehensive health care for the underinsured in the County:** According to the *Blueprint for Latino Health in Montgomery County*, lack of access to quality and affordable health care poses a serious threat to the health of Latinos in Montgomery County. The *Blueprint* noted that an estimate, from 2005, suggests that between 50 to 58% of Latinos in the County are underinsured, and about half do not have a primary-care doctor. Focus groups with community members and individual interviews conducted in 2007 showed access to affordable quality health care as one of the most urgent problems facing the Latino community. While Montgomery County has made progress in offering health care services, current safety-net providers are unable to meet the high demand for services and are limited in their availability to offer continuity of care; and the current level of available culturally and linguistically competent health services in the county is very limited. As the economy has worsened during the last year the demand on agencies that serve the uninsured and underinsured in the County has increased dramatically. The LHSC urges the HHS Committee to focus its attention in sustaining and improving the access to quality and comprehensive health care for this community.

- **Latino Youth Development:** The LHSC urges you to support the efforts of the Montgomery County Latino Youth Collaborative Steering Committee in addressing the crisis affecting our Latino youth. The data presented at the Latino Youth Collaborative Steering Committee meeting held on August 26th, 2009 and the response from the Steering Committee members highlights the urgency of responding to this crisis. This public – private effort is being supported by a cross section of agency heads, non profit organizations and the business community, demonstrating the widespread recognition for the need for action. The educational outcomes, crime statistics and health indicators for Latino youth living in Montgomery County underline the urgency for taking action.

Latino Health Steering Committee of Montgomery County

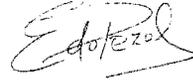
8630 Fenton Street, 10th Floor • Silver Spring, Maryland 20910 • 240/777-1779; Fax: 240/777-3501

We look forward to working with you and enhance our discussion to address these issues during the upcoming work session of the HHS Committee on September, 16th, 2009.

Sincerely,



Miryam Gerdine, MPH
Co-Chair LHSC



Eduardo Pezo, JD, MA, MPH
Co-Chair LHSC

cc: The Honorable Nancy Navarro, member, Health and Human Services Committee of the Montgomery County Council
The Honorable Duchy Trachtenberg, member, Health and Human Services Committee of the Montgomery County Council
Ms. Uma Ahluwalia, Director, M.C. Department of Health and Human Services
Ms. Betty Lam, Chief, Office of Community Affairs
Ms. Sonia E. Mora, Manager, Latino Health Initiative



Montgomery County
Department of Health & Human Services
Mental Health Advisory Committee

Montgomery County Council
Health and Human Services (HHS) Work Session
September 16, 2009

Celia Young,
Chair

Kathleen McCallum,
Vice Chair

To: Vivian Yao, Legislative Analyst

The Mental Health Advisory Committee recognizes the difficult financial climate in our county at this time and for the foreseeable future. We are committed to linking our concerns and priorities with the other boards, commissions, and committees which are part of the County's Department of Health & Human Services.

Common to the boards, commissions, and committees are two essential areas of concern: 1) maintaining, if not improving, the current level of quality service access to public mental health services, particularly crisis intervention services, for the increasing number of our citizens in need of support, and 2) the importance of mental health and co-occurring needs of citizens in the County, especially children and seniors.

As the poverty level and economic difficulties increase, so do the mental health needs of consumers and the number of citizens facing mental health challenges increases. Increased suicide rates and hotline calls, closure of inpatient units, family struggles as more and more people require financial supports, and the growing number of veterans with serious mental health issues, underscore the urgency of ensuring preventive, and early mental health treatment/rehabilitation services as well as crisis services for all of our citizens, from children through seniors.

In light of these difficult issues, our committee is dedicated to two priority areas that are related to the concerns of other boards, commissions, and committees.

1-We support the coordination of services in order to help identify and provide all of the services that an individual might be in need of at any given time; for example, mental health and co-occurring substance use disorders, housing, employment assistance, family services, etc. We recognize that this is a complicated undertaking, and one that can only be taken productively with a coordinated approach. However, the benefits to our citizens would be immense. This type of 'one-stop-shop' would help to alleviate the logistical challenges faced by those seeking/ in need of a myriad of services.

2- Our other top priority going forward is mental wellness for all age groups especially seniors and children.

- With the current age demographics, the need for services for senior citizens is growing exponentially. Currently there are very few public mental health services available especially for seniors, and the need is great. Seniors face many obstacles in accessing services since many are isolated, have physical, emotional and transportation challenges, or are simply unaware of or averse to seeking mental health treatment. It is important to be able to reach these citizens and provide support and integrated treatment for them in order to ensure quality of life.
- We are concerned about the recent cuts to early childhood and children's services including but not limited to mental health and wraparound services for pre-school and at risk school age children and youth. We are advocating for funds to be restored; services to be maintained and mental health clinics that are open to all children and families in need regardless of their insurance status, especially those that are also isolated because of language, stigma, etc.

Thank you for your time and interest in the most vulnerable members of our County.

The Montgomery County Mental Health Advisory Committee, mandated by the State of Maryland and Montgomery County, is committed to evaluate and monitor the development of mental health services and to work collaboratively with our community partners to advise and advocate for a comprehensive mental health system for all persons in Montgomery County.



**Montgomery Cares Advisory Board (MCAB)
HHS Boards and Commissions
Worksession**



September 16, 2009

Overview:

The Montgomery Cares Program (MC) provides primary health care to uninsured, low-income, adult residents of our County. The network of twelve safety-net clinics that serve MC patients has significantly grown in ability and capacity in the past years. That, coupled with the increase in demand, has resulted in an increase in the number of uninsured adults receiving care by 155% in the past four years. In Fiscal Year 2009, the program served approximately 21,000 patients, up from just 16,773 in FY08, and a 26% increase in just one year. The safety-net clinics project that they will serve more than 26,000 people this fiscal year (24% increase over FY2009) and more than 30,000 people in FY2011 (17% increase over 2010)

The Montgomery Cares Program now considers itself a mature program, with a strong understanding of the complex task before it. In collaboration with the Primary Care Coalition, the Montgomery Cares Clinic organizations, the area hospitals, and the medical and social service community, the program has developed a fiscal management program that successfully allocated and spent the FY09 funding awarded to the program.

FY10 Goals/Priorities:

- The MCAB maintains its goal of providing leadership and guidance that results in access to a patient-centered health home for ALL eligible County residents.

In support of this goal, the MCAB developed three priorities to guide its work in FY10:

1. Strengthen and expand the safety-net clinics of Montgomery County so that the maximum number of patients are served and served well,
2. Foster partnerships that result in adequate access to appropriate ancillary and support services, especially specialty care and behavioral health; and
3. Actively and effectively communicate with elected officials, appointed officials and other stakeholders including consumers.

FY10 Recommendations:

- Maintain funding for **essential primary care services**. The current FY10 County Council Budget appropriations significantly underfunds the expected patient care projections. The FY10 Budget funds will allow approximately 23,000 patients to receive primary care. In July of 2009, the program was serving 21,000 with the demands growing daily. The Montgomery Cares Clinics and the Montgomery Cares Advisory Board project that the FY10 patient count will exceed 26,000 and in FY11, it may reach upwards to 30,000 patients.
- Maintain adequate ancillary and support services, specifically **dental and behavioral health care**, to allow the MC Clinics to provide the uninsured access to services consistent with the patient-centered health home concept. The Montgomery Cares Program provides both oral and behavioral health services to a small portion of the Montgomery Cares patient population. Evaluative studies

and reports are consistent in their findings that both services need to be available to all Montgomery Cares patients.

The MCAB recognizes that the needed enhancements of both services is not fiscally feasible this year. The Board and County Council will need to push the Department of Health and Human Services, the medical community, and the social service community to reach out to other oral and behavioral health resources to ensure that adequate services are received by all in need.

- Continue funding for **specialty care**. The Board appreciates the funding provided to support Specialty Care program for FY10. The availability of Specialty Care services is a critical component to any successful primary care program. The MC Program estimates that the Specialty Care budget must equal 10% of the primary care budget. If the patient demand for primary care continues to increase as anticipated, then there need to be additional resources allocated for the provision of essential specialty care services.
- As the MC Program has supported increasing numbers of patient visits over the past two years, all funds allocated to **training and technical assistance** have been eliminated. Again, the MCAB recognizes that there is no additional funding this year, but the Board feels it would be negligent not to draw the Council's attention to the fact that there is no available funding for training or technical assistance. In order to provide quality care, our Montgomery Cares Safety Net Clinics need access to training and technical assistance programs so that their operations will continue to be efficient and effective.



VICTIM SERVICES ADVISORY BOARD

Poverty and socio-economic concerns are chief among the causes of crimes, which results in victims who are referred to the victim services that Montgomery County provides. One of the primary policy issues that our board would like to address is the need for adequate staffing. Over the past several years as the population has risen there has been an increase in staff in the law enforcement side of the safety equation, however; there has been little done to increase the emotional and financial support of crime victims seeking services from HHS. As our population grows and more foreign born citizens enter our county, whose poverty rate is inherently higher, we have not increased the bilingual therapists in the Victim Assistance and Sexual Assault Program (VASAP) since 2001 and at the Abused Persons Program for over a decade. In Silver Spring, the VASAP temporary, no benefits grant position that helped victims of crimes was reduced to a half time position funded by two sources of grants. This is the only position that can serve general crime victims seeking legal relief at the Silver Spring district courthouse. The crime victims in the Silver Spring area are reliant on the hopes of grant funding in order to have their needs served in a location near home. Our board is sensitive to the fact that we are in an economic crisis, but the economic crisis itself in addition to poverty is a cause for an increased need for staffing particularly to assist crime victims in the down county area. There have been significant increases in crime victims seeking services:

In FY09 there was an increase of 25% over FY08 being spent on crime victim related losses through the County's Crime Victim Compensation Fund.

1. In FY09 there was a 17% increase over FY08 of crime victims served at VASAP.
2. In FY09 there was a 25% increase in domestic violence victims seeking services.
3. Ninety percent or more of crime victims seeking counseling are paying less than \$8 on the sliding fee scale attesting to their low financial status.

The second policy issue that the Victim Services Advisory Board would like to address is the students in Montgomery County Public Schools that are victims of crime and in need of specialized crime victim counseling. We have do not have a formal method of referral so that we know that students that are victims of crimes from bullying to assault are referred to VASAP for services. We know that a database was formulated to track the number of crime events that occur in schools, but there is no codified method of referral or a way to track referrals to crime victim services. We know that children who are victimized and go unnoticed or untreated for the emotional issues associated with victimization can have major issues during their adulthood.

We thank you for the opportunity to provide input on important policy issues facing the County,
Samantha Davis, Chair for the Victim Services Advisory Board



Department of Health and Human Services

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September 16, 2009
Montgomery County Council HHS Workgroup
Testimony about Poverty

The Community Action Board is developing an updated Face of Poverty report to be released early this Fall; I'm going to provide a sneak preview, and share some statistics related to current poverty trends.

Montgomery County is changing, and so has its population of "working poor." Once mostly white, suburban and affluent, we are now 45% minority. Our non-Hispanic White population was about 55% in 2006, with African Americans comprising 17% of the population, and our Asian and Latino population at 13% and 14% respectively.

Home to the largest percentage of immigrants in Maryland, Montgomery's new residents comprise 30% of our population. It is estimated that about 37% of new residents come from Asia, 36% Latin America, 14% Africa and 12% from Europe. These statistics fail to convey the breadth of our diversity—MCPS serves students from more than 164 countries, speaking 134 languages!

Still boasting tremendous wealth, with a median household income at \$91,835, income disparities affect Montgomery County, with the white population having the highest median household income of \$106,571, and the black population the lowest, at \$61,139. Groups overrepresented among those living in poverty include residents over 65, children, female-headed households, minorities, foreign born residents, and persons with disabilities.

Nonetheless, the federal poverty standard is misleading when it comes to understanding our community's challenges. The federal poverty level for a family of three is just \$17,600; while the cost of living has risen 32% since 1997. In 2008, Community Action Board's Self-Sufficiency Standard demonstrated that it takes a single parent with a preschooler and a school-age child more than \$68,000 to meet essential costs of living, without additional public or private resources. After paying for housing and child care, and using Ride-on or Metro, that leaves \$135 a week for food, and no money for small treats a cup of coffee, and certainly no extravagant expenses such as a family outing to the movies.

Poverty does discriminate. Gender and race inequalities are reflected in the composition of the poor population and in health disparities. It is no secret that poverty has direct impact on health. Without intervention, poverty can affect future generations.

Slightly less than 5% of our County's population lives below the federal poverty level, but 47% of the county's families with incomes below the federal poverty line are headed by a single woman. The number of children at or near poverty is growing. In the 15 years between 1990 and 2005, students participating in Free And Reduced Meals Program (FARMS) more than doubled. MCPS reports 27% of its students (or 37,640 children) participate in FARMS.

Though rising unemployment is a challenge, labor statistics confirm that most of Montgomery's households with inadequate income are part of the workforce. Our neighbors are not locked out of self-sufficiency through geographic isolation, lack of work experience or lack of motivation. Indeed, with more competition for jobs, many work multiple, low-wage part-time jobs to make ends meet, lacking access to benefits, like health care.

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Testimony about Poverty

The Senior Summit pointed out that demographic trends indicate the County's aging population will become increasingly culturally and economically diverse, with a growing number becoming poor, physically fragile, and disabled. Compared to 4% county residents without disabilities living below the poverty level, 12% of residents with disabilities live in poverty.

Twenty-six percent of homeless adults in Montgomery County work but cannot afford housing; seventy-two percent of homeless adults in the county have at least one disability (e.g. mental illness, substance abuse, developmental disability, chronic health condition).

The historic roots of poverty underlie a lack of assets among many of our poor, minority families. The foreclosure crisis demonstrated the predatory and dishonest market practices which disproportionately impacted minorities chasing the American dream.

The impact of the national recession, while less severe than in some other parts of the country, has not left our community spared. In the last year:

- **Home energy assistance recipients increased by 18% to over 8,000**
- **Emergency Assistance grants to prevent homeless also increased by 18%**
- **A record-high number of families, 135, were sheltered in motels last April, and 55 homeless families were waiting for shelter in June.**
- **Manna increased its recipients of free groceries by 43% -- to 35,435 households.**
- **Requests for public assistance have jumped, with a 31% increase in Temporary Cash Assistance, 32% for Food Stamps, and 17% in Medicaid. Caseloads have grown by 27%. The workload implications are staggering, with a total increase in applications of 38%.**
- **Family stressors led to a 39% increase in Child Neglect calls in FY08, and placements in Foster Care jumped by 55% in just half a year.**
- **While our nation debates health care reform, *Montgomery Cares* clinics are expanding their reach to the uninsured, on target to serve 28,000 adults in FY10, after serving 19,000 in FY09.**
- **According to a first-quarter report, 17.6 percent of the state's foreclosure events (1,639) were in Montgomery County.**

We urge you to keep these statistics in mind as you work to main a life-line for our economically vulnerable residents, addressing their emergency needs, maintaining their access to affordable housing, public transportation, child care, food, energy and health care, working with our public and private providers, and with our caring community.