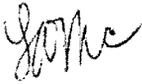


HHS COMMITTEE #1  
April 12, 2010

**MEMORANDUM**

April 8, 2010

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **FY11 Operating Budget: Department of Health and Human Services**  
Overview  
Administration and Support (includes Minority Health Initiatives)  
Public Health Services (This section will be distributed Friday, April 9<sup>th</sup> as an addendum to this packet)

***Those expected for this worksession:***

Uma Ahluwalia, Director, Department of Health and Human Services  
Sherry White, DHHS Chief Operating Officer  
Dr. Ulder Tillman, County Health Officer and Chief of Public Health Services  
Kim Mayo, DHHS Management and Budget  
Beryl Feinberg, Office of Management and Budget  
Trudye-Ann Durace, Office of Management and Budget  
Pooja Bharadwaja, Office of Management and Budget

Excerpts from the County Executive's FY11 Recommended Budget are attached at © 1-13 (overview information) and © 26-28 (Administration and Support).

**1. DEPARTMENT OVERVIEW**

Before reviewing the information in this packet, Director Ahluwalia would like to take a few minutes to provide the Committee with comments on how DHHS approached development of its FY11 budget.

## EXPENDITURES

For FY11, the County Executive is recommending an appropriation of \$246,759,450 for the Department of Health and Human Services. This is a decrease of \$21,811,340, or 8.1% from the FY10 original approved budget. General Fund expenditures are reduced by \$20,515,920, or 10.6%. Grant Fund expenditures are reduced by \$1,295,420, or 0.9%. There is a net decrease of 27 full-time and 3 part-time positions. Workyears are reduced by 115.4, or 7.3%. The FY11 recommended budget has 68 fewer full-time positions 148 fewer workyears than the FY09 budget. The following table provides an overview of departmental budget trends since FY09.

<b>Expenditures DHHS Operating Budget in \$000's</b>	<b>FY09 Actual</b>	<b>FY10 Budget</b>	<b>FY10 Estimated</b>	<b>FY11 Recommend</b>	<b>Change FY10 Budget to FY11 Rec</b>
<b>GENERAL FUND:</b>					
Personnel Costs	103,362	107,313	105,661	101,767	-5.2%
Operating Expense	86,451	86,761	82,282	71,791	-17.3%
Capital Outlay	276	-			na
<b>SUBTOTAL</b>	<b>190,089</b>	<b>194,074</b>	<b>187,943</b>	<b>173,558</b>	<b>-10.6%</b>
<b>GRANT FUND:</b>					
Personnel Costs	42,465	42,648	42,746	42,988	0.8%
Operating Expense	30,750	31,848	32,709	30,213	-5.1%
Capital Outlay					na
<b>SUBTOTAL</b>	<b>73,215</b>	<b>74,496</b>	<b>75,455</b>	<b>73,201</b>	<b>-1.7%</b>
<b>DEPARTMENT TOTAL</b>	<b>263,304</b>	<b>268,570</b>	<b>263,398</b>	<b>246,759</b>	<b>-8.1%</b>

## REVENUES

DHHS has substantial revenues that are credited to the General Fund and the Grant Fund. As the Committee works through the different service areas, many of the changes to specific grants will be mentioned. Attached at © 14-19 is a memo updating the Council on State reductions and attached at © 20-23 is the memo the Committee reviewed last fall.

There is an estimated 45% reduction in the revenues that are credited to the General Fund. The main changes are the elimination of Purchase of Care from the Maryland State Department of Education (MSDE) (\$7.1 million budget to budget), Federal Financial Participation funds (\$6.3 million budget to budget), and Core Health Services funding (\$1.7 million budget to budget.) MSDE previously used DHHS as a conduit for paying for purchase of care but is now directly paying for these services. FFP revenues are reduced for many reasons including the removal of costs that had been erroneously included and decisions by the Federal Department of Health and Human Services that other programs such as Assisted Living and Transitional Housing can no longer be included for reimbursement. Two programs that received FFP reimbursements, the Assertive Community Action Team and the Audiology program, were eliminated from the county budget. Lastly, the Maryland Department of Human Resources implemented a new time study method which resulted in a reduction of what can be claimed. The Core Health Services funding was reduced \$1.6 million by the State as a part of last year's

budget actions and is noted in the November memo from Director Ahluwalia (© 21). These changes are all carrying through to FY11.

Revenues - DHHS GENERAL Fund (in \$000s)	FY09 Actual	FY10 Budget	FY10 Estimated	FY11 Recommend	Change FY10 Budget to FY11 Rec
<b>TOTAL</b>	<b>35,117</b>	<b>34,028</b>	<b>24,678</b>	<b>18,673</b>	<b>-45.1%</b>
<b>Revenues with a greater than 10% change:</b>					
Purchase of Care MSDE	7,134	7,100	4,100	0	100.0%
Marriage Licenses/Battered Spouse	249	300	250	250	-16.7%
Core Health Services	6,435	5,257	3,601	3,601	-31.5%
Medicaid: School Health	27	62	30	30	-51.6%
MA Reimburse AERS	199	167	180	190	13.8%
Nursing Home Reimburse	647	500	600	625	25.0%
Living Facilities: Licenses	201	181	200	200	10.5%
Federal Financial Participation (FFP)	12,451	12,923	8,562	6,595	-49.0%
FFP: Public Health	1,242	1,672	1,242	1,242	-25.7%
FFP: Health Start	-	197	150	150	-23.9%
MA: Long Term Care	517	476	631	631	32.6%
Conservation Corp Fees	91	50	50	15	-70.0%
Child/Adoles Outpatient	6	4	6	6	50.0%
In-Home Aide Srvs Fees	11	8	7	7	-12.5%
Sexual Assault Victim Counseling	13	14	12	11	-21.4%
Adult Mental Health Fees	9	5	5	6	10.0%

The Grant Fund revenues presented in the operating budget book are dated as this information was developed last winter when the budget was submitted. As the Committee is aware from discussions with Director Ahluwalia, the State has cut several funding sources. Some of the largest reductions are from the Developmental Disabilities Administration (\$517,740); the Alcohol and Drug Abuse Administration (\$379,430); Senior Outreach Response Team (\$387,640); Community Mental Health Services and Administration grants (\$818,720). It is expected that most of these will carry over to FY11. Not all are reflected in the budget book.

DHHS GRANT Fund Revenues (in \$000s)	FY09 Actual	FY10 Budget	FY10 Estimated	FY11 Recommend	Change FY10 Budget to FY11 Rec
<b>TOTAL</b>	<b>108,965</b>	<b>108,525</b>	<b>100,736</b>	<b>92,507</b>	<b>-14.8%</b>
<b>Revenues with a greater than 10% change:</b>					
CDC Breast/Cervical Cancer Screening	634	555	675	675	21.6%

DHHS GRANT Fund Revenues (in \$000s)	FY09 Actual	FY10 Budget	FY10 Estimated	FY11 Recommend	Change FY10 Budget to FY11 Rec
<b>Revenues with a greater than 10% change (continued from previous page):</b>					
Childhood Injury Prevention	3	3	4	4	16.7%
CRF Tobacco Education	910	272	272	204	-25.0%
CRF Ed/Screening/Training	797	883	883	663	-24.9%
Head Start: Extended Year Summer	70	92	92	25	-72.8%
HIV/STD Minority Outreach	240	262	262	332	26.7%
Imp Pregnancy Outcomes	121	140	140	120	-14.3%
SR Ombudsman Grant	263	263	263	188	-28.5%
Refugee Resettlement	214	180	180	305	69.4%
Ryan White I (AIDS)	1,719	1,579	1,579	2,035	28.9%
Ryan White II (AIDS)	809	811	811	933	15.0%
Senior Outreach Team	1,215	1,432	1,191	1,191	-16.8%
School Based Health Ctr	253	194	261	261	34.5%

### DEPARTMENT WIDE INCREASES

The FY11 budget includes \$2.4 million in cost increases for things like retirement and group insurance rate changes that are not specific to programs. The following table summarizes these changes for the whole department. These costs are generally included in the "Miscellaneous Adjustments" included for each service area.

<b>General Fund Changes (not specific to a program):</b>	
Retirement Adjustment	\$ 1,091,040
Group Insurance Adjustment	\$ 643,900
Annualization of FY10 Personnel Costs	\$ 479,900
Benefit/Retirement Cost to Supplement HB669 Positions	\$ 223,000
Risk Management Adjustment	\$ 154,650
Printing and Mail Adjustment	\$ (39,830)
Motorpool Rate Adjustment	\$ (111,760)
Furlough Days	\$ (2,897,190)
<b>Net Change without furlough savings</b>	<b>\$ 2,440,900</b>
<b>Net Change with furlough savings</b>	<b>\$ (456,290)</b>

## 2. ADMINISTRATION and SUPPORT SERVICES

This service area provides department-wide administration and is home to the Office of Community Affairs. For FY11, the main structural change is that the Office of Disparities Reduction, which was created two years ago but never fully staffed, has been eliminated and the functions that would be handled by the Office, which included the three Minority Health Initiatives, have been transferred to the Office of Community Affairs. The following two tables provide an overview of the budget and workyear trends for this service section.

<b>Administration and Support Services Expenditures in \$000's</b>	<b>FY09 Budget</b>	<b>FY10 Budget</b>	<b>FY11 Recommend</b>	<b>Change FY10 Budget to FY11 Rec</b>
Office of the Director	2,743	3,321	2,571	-22.6%
Office of the Chief Operating Officer	18,662	18,560	16,037	-13.6%
Office of Disparities Reduction	3,857	3,815	-	-100.0%
Office of Community Affairs	3,584	3,458	6,549	89.4%
<b>TOTAL</b>	<b>28,846</b>	<b>29,154</b>	<b>25,157</b>	<b>-13.7%</b>

<b>Administration and Support Services Workyears</b>	<b>FY09 Budget</b>	<b>FY10 Budget</b>	<b>FY11 Recommend</b>	<b>Change FY10 Budget to FY11 Rec</b>
Office of the Director	22.2	20.1	14.8	-26.4%
Office of the Chief Operating Officer	85.1	84.4	79.9	-5.3%
Office of Disparities Reduction	6.5	7.5	-	-100.0%
Office of Community Affairs	14.9	13.4	21.6	61.2%
<b>TOTAL</b>	<b>128.7</b>	<b>125.4</b>	<b>116.3</b>	<b>-7.3%</b>

### A. Office of the Director

The Executive's Recommended Budget specifies the following changes to the Office of the Director's budget.

	<b>Dollars</b>	<b>WY</b>	<b>Fund</b>
Shift existing compliance officer position from DHHS to General Services to address ADA issues	\$ (156,420)	-1.0	General
Add new HIPPA compliance officer position to DHHS to replace shifted positions	\$ 130,000	1.0	General
Abolish a Vacant Community Outreach Manager Position and use \$60,000 of savings to fund Intergovernmental Relations legislative position (FY10 actions)	\$ (71,460)	-1.0	General
Shift the Conservation Corp lease costs to the Leases Non-Departmental Account*	\$ (133,180)	0.0	General
Transfer staff from DHHS to the MC311 Call Center	\$ (391,920)	-5.0	General

\*The HHS Committee will review shift of the Conservation Corp lease during its review of Children, Youth, and Families services.

***1. Shift Compliance Officer to General Services and hire new Compliance Officer for DHHS***

The combination of these two items is a net decrease of \$26,420 to the DHHS budget but is an overall addition to County Government. The Executive has determined that the employee that has been the DHHS Compliance Officer has the skill set needed to work on Project Civic Access in the Department of General Services and has transferred the position. DHHS needs a compliance officer and a new position has been created for this purpose. **Council staff agrees that the Department must have a Compliance Officer and recommends approval of this new position.** Council staff understands that this position will be exempt from the hiring freeze.

***2. Abolish Vacant Community Outreach Manager and fund Intergovernmental Relations Position***

This change has already occurred. During FY10, reductions in the Office of Intergovernmental Relations were going to result in not having a staff person in Annapolis to focus on health and human services issues. DHHS felt that it was critical to have dedicated staff given the range of issues and funding changes that are taking place and decided to abolish a vacant Community Outreach Manager position and use a portion of the savings to fund the intergovernmental relations needs. There is a net savings of \$71,460 to the General Fund.

**Council staff recommends approval.**

***3. Transfer Staff to MC311 Call Center***

This change has already occurred. The savings to DHHS is \$391,920 and 5.0 workyears but the costs have been shifted to the MC311 call center so there is no net change government-wide. **Council staff recommends approval.**

**Council staff suggests that the Committee may want to discuss with the Director how calls are now being handled, what types of human services calls can be completely handled within the MC311 Call Center and what types of calls still need to be transferred to the Department.**

***4. Other Issue – Update on Casey Foundation Funding***

The Executive's Recommended Budget includes an FY11 appropriation of \$250,000 from the continued funding provided by the Casey Foundation to implement the Teaming for Excellence (or Integrated Practice Model). 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 Committee should receive an update on this effort from Director Ahluwalia.**

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

The Executive’s Recommended Budget specifies 10 operating expense reductions totaling \$878,640 for the Office of the Chief Operating Officer. There are no position changes.

	Dollars	WY	Fund
Decrease Costs for HIPAA Information Technology Equipment	\$ (5,220)	0.0	General
Decrease Costs for Miscellaneous Computer Equipment Funding	\$ (10,000)	0.0	General
Decrease Costs for Consultant Services	\$ (18,730)	0.0	General
Decrease Costs for IT Funding for Software Maintenance	\$ (23,000)	0.0	General
Decrease Costs for Temporary Clerical Services	\$ (40,000)	0.0	General
Decrease Costs for Training	\$ (40,000)	0.0	General
Decrease Costs for IT Application Integration Framework Maintenance Funding	\$ (75,000)	0.0	General
Decrease Costs for IT Contractual Services	\$ (180,000)	0.0	General
Reduce Broker Contract Services	\$ (227,460)	0.0	General
Decrease Miscellaneous Operating Expenses	\$ (259,230)	0.0	General

Council staff notes that as a part of the FY10 budget actions, the COO’s budget for Miscellaneous IT expenses and equipment purchases was reduced by \$220,000, miscellaneous operating expenses were reduced by \$20,000 and the funding for broker contract services was reduced by \$101,350 for a total savings in these areas of \$341,350. This means that over two years there will be reduction of \$1.22 million in these categories.

With the exception of the \$227,460 reduction in broker services, the Department has identified that these are all reductions that will have no service impacts. Council staff notes that the \$75,000 in IT maintenance funding is specific to costs associated with a hardware system that is being retired.

The Department believes that the broker contract savings can be achieved. The reduction will not have a direct client service impact but does impact the ability of the COO to backfill staff from Financial Operations that has been assigned to work on ERP issues.

**Council staff recommends approval of each of these items but suggests the Committee discuss the impact of the reduced broker service contract, especially given the emphasis that has been placed on improving internal monitoring functions like invoicing from contractors.** The Audit Committee, joined by Councilmember Leventhal, was recently provided with an update on these efforts. The Director said that while there have been some staff resources shifted to address these needs, there are not funds to create the additional positions that are needed to provide the level of contract monitoring that Department recommends.

### C. Office of Community Affairs

The Executive's Recommended Budget specifies 15 changes in expenses totaling \$502,760 for the Office of Community Affairs.

	Dollars	WY	Fund
Create a Program Aide position in Head Start	\$ 26,370	0.7	Grant
African American Health Program - eliminate contractual services for data analysis	\$ (45,290)	0.0	General
African American Health Program - reduce outreach and mini-grants to community organizations	\$ (89,000)	0.0	General
Asian American Health Initiative - reduce patient navigator program	\$ (104,410)	0.0	General
Asian American Health Initiative - eliminate clerical support	\$ (15,370)	0.0	General
Latino Health Initiative - eliminate annual Asthma Forum in the Asthma Management Program	\$ (2,420)	0.0	General
Latino Health Initiative - eliminate Health Careers Component of the Latino Youth Wellness Program	\$ (15,000)	0.0	General
Latino Health Initiative - eliminate bilingual information line and reduce medical interpretation services in the System Navigator Program	\$ (119,410)	0.0	General
Decrease funding for clothing closet in Gaithersburg	\$ (3,000)	0.0	General
Eliminate State General Funds Grant	\$ (4,330)	0.0	General
Reduce funding for after school program in Rosemary Hills (Silver Spring Team)	\$ (5,000)	0.0	General

\*The HHS Committee will review the item for Head Start at its joint meeting with the ED Committee and the funding for an after school program in Rosemary Hills at the session on Children, Youth, and Families services.

Office of Community Affairs (continued)	Dollars	WY	Fund
Decrease funding for case management and information referral services (Catholic Charities)	\$ (11,500)	0.0	General
Decrease funding for employment, training, and supportive services contract (CASA de Maryland)	\$ (11,500)	0.0	General
Decrease funding for community outreach, training, and education services (Impact, DHHS, AAHP)	\$ (12,000)	0.0	General
Eliminate ESOL funding from DHHS budget (ESOL to be funded through MCAEL)	\$ (90,900)	0.0	General

Note: In this section, the Committee will begin to see the effects of the across the board 7% reduction to contractual services funded by the General Fund. The budget book only notes that there is a 7% reduction and that the total savings is \$2,180,260 and that it is expected to have service impacts. However, in most cases the specific service impacts will not be known until after each contract is renegotiated for FY11. In some cases, when the budget book highlights a reduction to a contract, it is in addition to the 7% decrease.

### 1. Minority Health Initiatives

The Executive's budget recommends reductions to the African American Health Program (AAHP), the Asian American Health Initiative, and the Latino Health Initiative. The following table shows the FY10 approved and FY11 recommended budget amounts (not including savings plan or impacts of furloughs.)

	FY10 Approved	FY11 Recommend	% change FY10 to FY11
African American Health Program	1,560,983	1,415,021	(9.4%)
Asian American Health Initiative	719,415	592,662	(17.6%)
Latino Health Initiative	1,568,585	1,358,386	(13.4%)

The following summarizes the major changes to each:

#### AAHP:

- Reduction of \$45,290 for contractual services for data analysis (continuation FY10 savings plan)
- Reduction of \$89,000 to the contract with Betah Associates. It is expected that the reduction will be taken in outreach and the awarding of mini-grants. \$1,124,710 will remain for the Betah contract.
- Reduction of \$730 (7%) to the contract for Sneakers and Pearls program currently provided by the Florence Crittenden Center. Leaves in place \$9,674 for this program.

**AAHI:**

- Reduction of \$104,405 to system navigator contractor. Leaves in place \$195,105 in place for these services.
- Reduction of \$20,870 to the contract with the Primary Care Coalition for minority health outreach and education programs. Leaves \$277,460 in place for these services.
- Reduction of \$15,370 which eliminates contractual clerical support.

**LHI:**

- Reduction of \$119,410 for the system navigator program that is currently a contract with CASA de Maryland. Leaves in place \$187,715 for these services.
- Reduction of \$4,880 to the Asthma Management Program. Leave in place \$64,894 for these services currently provided through a contract with the Primary Care Coalition. Notes that the reduction will eliminate the Annual Asthma Forum.
- Reduction of \$6,500 to the Health Promoters Program. Leaves in place \$86,394 for these services that are current provided through a contract with the Primary Care Coalition.
- Reduction of \$26,440 to the Latino Youth Wellness Program which is currently provided through a contract with Identity, Inc. Leaves in place \$351,279 for these services.
- Reduction of \$10,090 to the Career Transition Center for the Foreign-Trained Professional Nurses Program.

DHHS has provided a summary of the recommended changes to the Minority Health Initiatives which is attached at © 24-25. The summary acknowledges that these reductions will have impacts but that they are generally to outreach and health promotion, which was reduced throughout the Department. The one place where this varies is the reductions to the patient navigator systems where the Department feels there can be efficiencies gained by having one structured information and referral function instead of one for the AAHI, one for the LHI, and one in Montgomery Cares.

The Council has received testimony and correspondence voicing concerns and objections to the proposal to consolidate these services and reduce their overall funding.

Information from CASA de Maryland, which has operated the bilingual health service line for the LHI since FY2003, points out that those operating this line are able to refer to more than 700 community resources and provide information on more than just medical services. In FY09, the information line received 3,594 calls. Almost 90% of the people who called used the line only once but many used it multiple times. CASA made 6,968 referrals. Most calls were for medical or dental referrals. CASA surveyed a sample of 10% of these calls to ask about satisfaction with the service; in most cases 85% to 95% of those surveyed responded that they were very satisfied. During this same time period, CASA provided 3,455 interpreting sessions for 2,226 individuals. Most sessions were provided at Mercy Health Clinic and Mobile Med.

The information on the website for the Asian American Health Initiative indicates that the Health Information Line can provide information on child care assistance, health care services, immunizations, financial assistance, disability and senior services, and mental health and substance abuse services. The line is available Monday-Friday from 8:00 a.m. to 5:00 p.m. Languages that are available include Chinese, Hindi, Korean, and Vietnamese and arrangements

can be made to use language service if other languages are needed. Patient Navigators are certified medical interpreters that can accompany clients to medical appointments. Testimony provided to the Council stated that the program has provided patient navigation services to 1,254 patients and that each “navigator” has a patient pool of 220 or more. Almost all clients surveyed rated the services as highly satisfactory.

**Council staff recognizes that these health line services have successfully served many people who might not be able to access services if they could not receive assistance in their native language. However, Council staff agrees with the Director that there should be a way to gain some efficiencies from having consolidated administration of these services instead of separate contracts for AAHI, LHI, and Montgomery Cares. That said; Council staff is also concerned that the recommended budget does not provide the funds needed to make a smooth transition to a new structure that can involve representatives from the impacted programs and allow adequate for new contracts to be put in place. There must also be assurance that medical interpreters are certified in order to minimize any confusion about information being provided to doctors and patients.**

**Council staff recommends that the \$427,820 that is in the Executive’s budget for information, referral, and medical interpretation services (\$187,715 LHI; \$195,105 AAHI; and \$45,000 from MC Cares) be pooled in order to centralize this function. Council staff also recommends that ½ of the reduction (\$112,000) be placed on the reconciliation list so that current contracts can continue for a portion of FY11 until a new service is in place.**

## ***2. ESOL for Korean Association of Maryland Metro Area through MCAEL***

The Executive’s budget eliminates \$90,900 in funds that were made available in FY10 for English language instruction, computer training, and social services from the DHHS budget. The intent is that this organization would seek funding through MCAEL, just like other organizations providing community based ESOL. **Council staff supports this policy and recommends approval of the recommendation for the DHHS budget. However, Council staff understands that MCAEL’s allocation may not have been adjusted to reflect the additional contracts it took on in FY10. The MCAEL budget will be reviewed by the ED Committee on April 22<sup>nd</sup>.**

## ***3. Other Reductions to Contracts in the Office of Community Affairs***

As previously noted, the budget book does not necessarily show the full reduction being proposed for a FY11 contract and, in the case of contracts that were reduced by the standard 7%, the reduction is not listed at all. The following table summarizes the remaining reductions to contracts that are administered by the Office of Community Affairs. **Council staff recommends approval of these reductions while acknowledging that the impacts to direct services are unclear.**

<b>Purpose and Current Contractor</b>	<b>Proposed Reduction</b>	<b>Proposed FY11 funding</b>	<b>Percent reduction</b>
Decrease funding for clothing closet in Gaithersburg (Interfaith Works)	\$3,460	\$46,032	7.0%
Decrease funding for community outreach, involvement, and leadership training for Silver Spring residents. (IMPACT Silver Spring)	\$7,000	\$85,275	7.6%
Decrease funding for case management, referral services, and assisting families with crisis resolution (Catholic Charities)	\$12,990	\$172,528	7.0%
Decrease funding for employment, training, and supportive services to multi-cultural, low-income, limited English proficiency residents (CASA de Maryland)	\$26,190	\$347,904	7.2%
Telephone language services (contract for Police Department) – (Language Learning Enterprises, Inc.)	\$9,800	\$130,200	7.0%
Interpreter Services for Contracts for County	\$2,800	\$37,200	7.0%
Translation Services Contracts for County	\$2,800	\$37,200	7.0%
Distribute food free of charge to hungry and low-income residents (Manna Food Center, Inc.)	\$13,410	\$178,175	7.0%
Social Services to Caribbean and African Immigrants (Caribbean Help Center, Inc.)	\$1,520	\$20,130	7.0%
Pro Bono legal services to low-income residents; consumer, family, and individual services (MC Maryland Bar Foundation)	3,480	46,253	7.0%

#### ***4. Miscellaneous Adjustment – Administration and Support***

There are net miscellaneous adjustments of -\$1.67 million for this service area. As can be seen in the following table the largest adjustments are due to the elimination of the Office of Disparities Reduction. In the COO's office, the two largest reductions are related to removing

HB669 debt service from DHHS and placing it in the debt service budget (\$629,000) and the transfer of the FY10 1% adjustment from the COO's Office where it was appropriated to the services areas. **Council staff recommends approval.**

Miscellaneous Adjustments - Office of the Director	\$ 126,680	0.7	General and Grant
Miscellaneous Adjustments - Office of the Chief Operating Officer	\$ (1,643,970)	-3.5	General and Grant
Miscellaneous Adjustments - Office of Disparities Reduction (eliminated)	\$ (3,815,040)	-7.5	General and Grant
Miscellaneous Adjustments - Office of Community Affairs	\$ 3,660,390	7.5	General and Grant
<b>NET MISCELLANEOUS ADJUSTMENTS</b>	<b>\$ (1,671,940)</b>	<b>\$ (2.8)</b>	General and Grant

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# 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 support the goals of safety, well-being and self sufficiency. The programs supporting the outcomes 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 income supports, 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 FY11 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 it administers.

## ACCOMPLISHMENTS AND INITIATIVES

To assure healthy and sustainable communities:

- The FY11 budget sustains access to health care for 23,000 patients. In the five years since the Montgomery Cares program began, the program has grown from approximately 8,000 patients to over 21,000 patients, and patient visits have grown from 26,000 to over 56,000 visits per year.
- The Dedicated Administrative Care Coordination Team (DACCT) was created in March 2009 to provide care coordination to pregnant women with Medical Assistance to replace the Healthy Start Case Management Program, which was no longer funded by the Federal government.
- The Department will continue in its aggressive Tuberculosis (TB) program to respond to the high TB rate in the County through TB prevention, treatment, case management and education. In the past year, over 72,000 residents received services at the Communicable Disease Programs.
- Sustain the Maternity Partnership Program for approximately 2,100 pregnant women.
- Continuation of funding for a satellite Sexually Transmitted Disease (STD) clinic in the Germantown area.

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To assure affordable housing in an inclusive community:

- Funding for the match for the SuperNofa Samaritan Initiative to provide shelter and housing services for homeless individuals.
- Continuation of the Housing First Program. 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:

- Continued funding for the Emergency Safety Net Program to address the growing needs of residents, in response to the downturn of the economy. This initiative is a collaboration between Impact Silver Spring, Family Services, Catholic Charities, HHS, the Community Foundation, and Interfaith Works. The Program focuses on meeting the needs of individuals and galvanizing the community to support their neighbors.
- 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.
- In October 2009, in partnership with the Commission on People with Disabilities, the Office of Human Resources, and HHS, the Montgomery County QUEST Intern Partnership was launched. The QUEST Intern Partnership will complement the existing Customized Employment Public Intern Project.
- The Department implemented two new service components, "Medication Group" and "Caregiver's Group" in the Adult Behavioral Health Program in FY10 to enhance the services to those clients who have difficulty attending and keeping appointments.
- The Department expanded Voluntary Income Tax Assistance (VITA) services from two downcounty sites, opening a third site in FY09 in partnership with the City of Rockville. In tax year 2008, free income tax assistance was provided to 1,171 residents, a 70% increase from the previous year.
- Additional funding to increase the reimbursement rate for the County Energy Tax Rebate Program based on increased energy costs.
- Continuation of the African American Health Program, Asian American Health Initiative, and Latino Health Initiative to address disparities.
- Continuation of the program that provides supplemental funding to providers of services to the developmentally disabled.

To assure that children are prepared to live and learn:

- In FY09, more than 187,043 Early Childhood services were provided to young children, their families and caregivers through DHHS, MCPS and a wide array of private non-profit community based partners.
- The Montgomery County Infants and Toddlers Program received an additional \$4.3 million in Federal Stimulus money for FY10 and FY11. This money will equip an additional regional site, ensure mandated services, support the expansion of early intervention, and support services to include eligible children three years to kindergarten entry age.
- A Visitation House opened in the Spring of 2009, which enables children separated from their families due to involvement in the child welfare system to have family visits in a home-like atmosphere. Acquiring the house was the result of a strong collaboration among County agencies, the Courts, and several community groups.
- The Tree House (Child Assessment Center), a public-private partnership, that provides multidisciplinary assessments for children who have been maltreated, earned national accreditation as a child advocacy center. In FY09, services were provided to 899 child victims of maltreatment.
- In FY09, 57 adoptions were finalized, exceeding the State's target. Many of the adoptions included several sibling groups and teenagers.
- 83% of students receiving ongoing individual/family therapy maintained or improved their attendance and improved their classroom conduct.

- In FY09, 230 youth were served at the Northwood High School Wellness Center and 169 youth participated in positive youth development groups that focus on Latino youth, African American youth, and a multi ethnic youth group. In addition, in FY09, 248 high risk and gang involved youth were served at the Crossroads Youth Opportunity Center.
- Secured Federal funding for the establishment of an Up County Youth Opportunity Center. This Center will serve an additional 100 to 150 youth who are gang involved or at risk for involvement.

To assure safe streets and secure neighborhoods:

- From December 2004 through October 2009, 143 individuals have been served in the Adult Drug Court Program; 55 of those individuals successfully completed the Program, and 71 are currently enrolled.
- The Crisis Center provides crisis services to all Montgomery County residents. During FY09, the Crisis Center intervened in over 60,000 crisis situations. A total of 5,580 persons were served through the Crisis Centers walk-in services that are available 24 hours a day, 7 days a week. Included in this number were over 350 students referred by the County public schools for assessment and referrals related to self injurious threats and behaviors, or threats to harm the school community. During FY09, the Crisis Center provided mobile crisis outreach to 1,050 county residents in the community.

To provide a responsive and accountable county government:

- Provide 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 “no wrong door/customer service initiative” to improve the intake and screening process resulting in better customer access to the full range of services offered by HHS and improved customer satisfaction.

## **PRODUCTIVITY ENHANCEMENTS**

### **Administration and Support**

- In FY09, the African American Health Program implemented a multifunctional data system for the Start More Infants Living Equally Healthy (SMILE) program, which is more efficient for the staff nurses and allows timelier and efficient data access for analysis and reporting.

### **Children, Youth, and Family Services**

- Kennedy Cluster Project – A Memorandum of Understanding (MOU) among Montgomery County Government, Montgomery County Public Schools, the States Attorney’s Office, the State Department of Juvenile Services, and the Montgomery County Police Department has been established to assist in the work of the Kennedy Cluster Project. This MOU allows information sharing to help students and their families with the ultimate goal to help close the achievement gap for African American students.
- The Income Supports Program’s greatest challenge in FY09 was the increased workload resulting from changes in the economy. The total application volume increased 17.2% over FY08 and 38.3 % over FY07. Caseloads rose by 22% in one year. Income Supports has assumed supervisory responsibility for new staff at the Neighborhood Service Centers, training them to screen for DHHS services and to accept applications. County residents are also able to apply for benefits using a statewide online application system.

### **Aging and Disability Services**

- The Group Home Subsidy Program requires group homes to enroll before they can receive subsidy payments on behalf of clients. In FY10, the program initiated a single day, in person enrollment event. This allowed almost all enrollments to occur in one day.
- In FY09, a state of the art County website was developed for Veterans ([www.montgomerycountymd.gov/veterans](http://www.montgomerycountymd.gov/veterans)).

### **Public Health**

- The Public Health Service Area increased its ability to collect and analyze local health data by installing the Healthy Communities Network Web-based Platform Software, purchased with a grant from Kaiser Permanente, as the next step forward for the Community Health Improvement Process (CHIP).

Leveraged County resources by successfully applying for Federal and State grants to help the County respond to the H1N1 flu outbreak for planning, tracking, and immunizing residents. Numerous clinics were set-up and a H1N1 FLU Hotline, deploying both staff and County Medical Reserve Corps volunteers to respond to the public’s need to have current and correct local information about H1N1 flu vaccine and seasonal flu vaccine.

**Behavioral Health and Crisis Services**

- Montgomery County has been one of four pilot sites in the State of Maryland, which has implemented comprehensive community based wraparound services for children and adolescents that meet the criteria for residential treatment center level of care but can be served safely in the community with a plan of care. After three years of work on the application, the application to the Center for Medicare and Medicaid for a Psychiatric Residential Treatment Center (PRTC) waiver had been granted effective April 2009. Since that time, the Montgomery County Child and Adolescent Mental Health Services has been working with local partners to enroll providers and children and families into the waiver services.
- The Abused Persons Program (APP) and Crisis Center (CC) initiated the Lethality Assessment Protocol for First Responders during FY09. This Program in partnership with the Montgomery County Police Department (MCPD) and municipal police departments trains officers to screen domestic violence calls for lethality and place high danger victims in immediate contact with the CC/APP hotline. The project increased victim referrals to the program by 21% (number of victims served is equal to 399 individuals) in FY09, which was managed with only the addition of a small private grant to current resources.

**Special Needs Housing**

- Developed and piloted a uniform assessment tool for use by homeless intake staff in FY09. This tool centrally gathers client background information at the point of intake and identifies housing barriers, which enables staff to accurately identify the services and housing supports that will be most effective in rapidly exiting families from homelessness. As a result, resources are targeted more effectively and earlier in the assistance process, thereby reducing the length of time in homelessness.

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**

Performance measures for this department are included below, with multi-program measures displayed at the front of this section and program-specific measures shown with the relevant program. The FY10 estimates incorporate the effect of the FY10 savings plan. The FY11 and FY12 targets assume the recommended FY11 budget and FY12 funding for comparable service levels.

Measure	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
<b>Multi-Program Measures</b>					
Percentage of child and adolescents served by the continuum of behavioral health services that demonstrate a higher degree of social connectedness and emotional wellness	N/A	94	93.5	93.5	93.5
Percentage of client cases needing assistance within three or more Service Areas for which effective team functioning is documented	30	68	79	73	74
Percentage of senior and/or disabled clients who avoid institutional placement after receiving case management services	92.3	91.6	92	92	92
Percentage of client cases reviewed that demonstrate beneficial impact from services received <sup>1</sup>	80	89	90	90	90
Percentage of client cases needing assistance within three or more Service Areas for which effective team formation is documented	50	82	86	78	78
Percentage of new Request for Proposals (RFPs) that include performance measures related to beneficial impact and customer satisfaction <sup>2</sup>	NA	90	100	100	100
Percentage of adults served by the continuum of behavioral health services that demonstrate a higher degree of social connectedness and emotional wellness <sup>3</sup>	82	83	82.5	80	80

<sup>1</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>2</sup> Beneficial impact will be specific to the program and will focus on risk mitigation, greater independence, and improved health.

<sup>3</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 Sherry D. White of the Department of Health and Human Services at 240.777.1151 or Trudy-Ann Durace of the Office of Management and Budget at 240.777.2778 for more information regarding this department's operating budget.

## BUDGET SUMMARY

	Actual FY09	Budget FY10	Estimated FY10	Recommended FY11	% Chg Bud/Rec
<b>COUNTY GENERAL FUND</b>					
<b>EXPENDITURES</b>					
Salaries and Wages	77,852,048	79,510,990	77,965,010	73,358,455	-7.7%
Employee Benefits	25,509,857	27,802,110	27,696,010	28,408,445	2.2%
<b>County General Fund Personnel Costs</b>	<b>103,361,905</b>	<b>107,313,100</b>	<b>105,661,020</b>	<b>101,766,900</b>	<b>-5.2%</b>
Operating Expenses	86,450,614	86,761,250	82,282,480	71,791,530	-17.3%
Capital Outlay	275,840	0	0	0	—
<b>County General Fund Expenditures</b>	<b>190,088,359</b>	<b>194,074,350</b>	<b>187,943,500</b>	<b>173,558,430</b>	<b>-10.6%</b>
<b>PERSONNEL</b>					
Full-Time	845	811	811	781	-3.7%
Part-Time	299	303	303	301	-0.7%
Workyears	1,155.9	1,132.6	1,132.6	1,016.4	-10.3%
<b>REVENUES</b>					
Administrative Case Management	0	0	0	69,120	—
Purchase of Care - MSDE	7,134,206	7,100,000	4,100,000	0	—
Comprehensive Case Management	0	0	0	3,490	—
Health Clinic Fee - Adult Immunizations	52,256	47,000	0	0	—
STD Clinic Service Fee/Donation	15,829	12,060	12,060	12,360	2.5%
Adult Mental Health Clinic Fee	42,311	40,850	0	0	—
Miscellaneous	4,665	0	0	0	—
Marriage Licenses-Battered Spouses	248,566	300,000	250,000	250,000	-16.7%
Core Health Services Funding	6,435,846	5,256,800	3,601,470	3,601,470	-31.5%
Medicaid Reimbursement: School Health	27,436	62,000	30,000	30,000	-51.6%
Medicaid Reimbursement: Child & Adolescent Service	267,439	250,000	250,000	250,000	—
Medicaid Reimbursement: Child Special Services	208	0	0	0	—
STEPS	73,685	80,000	80,000	80,000	—
MA Reimbursement: LTC Waiver AERS	198,755	167,180	180,000	190,000	13.6%
MA Crisis Center: ACT	213,102	0	0	0	—
FFP: MA Hospital Reimbursement	501,515	0	0	0	—
Medicaid Reimbursement: Behavioral Hlth Cose Man.	0	0	20,000	30,000	—
Nursing Home Reimbursement	647,383	500,000	600,000	625,000	25.0%
Health Inspections: Swimming Pools	491,395	440,000	440,000	440,000	—
Medicaid Reimbursement: Obstetrics	858,189	850,000	850,000	850,000	—
Medicare: Flu Clinic	3,327	0	0	0	—
Medicaid Form Distribution	9,184	9,180	9,180	9,180	—
Health Inspections: Restaurant	1,421,338	1,400,000	1,420,000	1,420,000	1.4%
Medicaid Reimbursement: TASC Assess. & Urinalysis	217,828	167,000	167,000	167,000	—
Medicaid Reimbursement: Outpatient Addictions Svc	98,675	80,000	80,000	80,000	—
Health Inspections: Living Facilities - Licenses	200,912	180,690	200,000	200,000	10.7%
Health Inspec: Living Facilities - Environmental	78,196	75,770	76,750	76,750	1.3%
Federal Financial Participation (FFP)	12,450,984	12,923,090	8,561,840	6,595,030	-49.0%
Health Inspections: Miscellaneous	30,050	30,030	31,380	31,380	4.5%
Medicaid & Medicare Reimb: Mental Health	115,721	120,000	130,000	130,000	8.3%
Federal Financial Participation: Public Health	1,242,238	1,672,130	1,242,000	1,242,000	-25.7%
FFP - Adult Mental Health	40,045	0	0	0	—
Federal Financial Participation - Healthy Start	0	197,080	150,000	150,000	-23.9%
MA Long Term Care Waiver	516,996	475,870	631,390	631,390	32.7%
Electronic Amusement Licenses	41,590	45,430	41,520	41,520	-8.6%
Conservation Corps Fees	90,654	50,000	50,000	15,000	-70.0%
Birth Search Adoption Fee	1,162	0	0	0	—
Child and Adolescent-Outpatient Programs	5,996	3,500	6,000	6,000	71.4%
MA Hospital Fees	453,132	525,620	525,620	525,620	—
In-Home Aide Service Fees	10,941	8,100	7,250	7,250	-10.5%
Death Certificate Fees	260,368	250,000	260,000	260,000	4.0%

	Actual FY09	Budget FY10	Estimated FY10	Recommended FY11	% Chg Bud/Rec
HIV Clinic Service Fees/Donations	12,463	13,600	12,450	12,450	-8.5%
Health Clinic Fees - Pregnancy Testing	8,505	4,500	0	0	---
TB Testing Donations	39,485	32,490	33,000	33,000	1.6%
Health Clinic Fees	1,322	0	0	0	---
Statement of Age Card	424	410	410	410	---
Health Clinic Fees - Dental	41,615	45,980	45,980	45,980	---
Health Clinic Fees - School Health Services Center	13,685	16,250	14,980	14,980	-7.8%
Rabies Vaccine Fee	86,491	80,000	80,000	80,000	---
Sexual Assault Victim Counseling	13,380	13,500	11,500	11,000	-18.5%
Partner Abuse Program	12,680	14,000	12,000	12,500	-10.7%
Outpatient Addiction Service Fees	5,703	2,000	2,000	2,000	---
Adult Mental Health Fees	8,872	5,000	5,000	5,500	10.0%
Addictions Services Coordination Fees	19,687	22,000	20,000	20,000	-9.1%
Autism Assessment Fee	350,975	459,600	407,130	416,100	-9.5%
<b>County General Fund Revenues</b>	<b>35,117,410</b>	<b>34,028,710</b>	<b>24,647,910</b>	<b>18,673,480</b>	<b>-45.1%</b>
<b>GRANT FUND MCG</b>					
<b>EXPENDITURES</b>					
Salaries and Wages	32,481,389	32,320,380	32,437,380	31,562,370	-2.3%
Employee Benefits	9,983,338	10,327,640	10,308,910	11,426,030	10.6%
<b>Grant Fund MCG Personnel Costs</b>	<b>42,464,727</b>	<b>42,648,020</b>	<b>42,746,290</b>	<b>42,988,400</b>	<b>0.8%</b>
Operating Expenses	30,749,750	31,848,370	32,708,680	30,212,570	-5.1%
Capital Outlay	0	0	0	0	---
<b>Grant Fund MCG Expenditures</b>	<b>73,214,477</b>	<b>74,496,390</b>	<b>75,454,970</b>	<b>73,200,970</b>	<b>-1.7%</b>
<b>PERSONNEL</b>					
Full-Time	568	561	561	564	0.5%
Part-Time	49	47	47	46	-2.1%
Workyears	453.1	444.5	444.5	445.3	0.2%
<b>REVENUES</b>					
Adult Drug Court Capacity Expan	111,562	300,000	300,000	300,000	---
Safe Kids	11,001	0	0	0	---
Under One Roof	157,204	0	0	0	---
Social Services State Reimbursement (HB669)	32,627,952	33,518,630	33,518,630	32,932,200	-1.7%
Addressing Cancer Hlth Disparities - CDBG	-33,604	0	0	0	---
HOC For Persons W/ AIDS (HOPWA)	451,271	452,220	452,220	525,300	16.2%
Gudelsky Foundation Grant	13,877	15,000	15,000	15,000	---
Infants and Toddlers (CLIG Part B 619)	0	9,000	9,000	9,000	---
Infants and Toddlers CLIG (Medicaid Revenue)	0	250,000	250,000	250,000	---
Infants and Toddlers CLIG (Impact Aide)	0	25,000	25,000	0	---
Casey Grant	309,999	250,000	250,000	250,000	---
Money Follows the Person	20,033	0	0	0	---
Opening Up W.I.D.E.	37,240	0	89,640	89,640	---
ARRA Part C - MCITP	0	0	587,110	0	---
ARRA JAG Recovery	0	0	60,010	0	---
ARRA - SS Courthouse VASAP	0	0	0	21,610	---
ARRA - CSBS Grant	0	0	763,340	0	---
Up County Youth Opportunity Center	0	0	0	450,000	---
ARRA Head Start Cola & QI Grant	0	0	64,840	0	---
Parent Locator - FFS	40,148	0	0	0	---
ARRA SS Courthouse VASAP	0	0	22,140	0	---
Disparities Self-Assesment Project	960	0	0	0	---
Administrative Care Coordination (EPSTD)	705,000	705,000	705,000	705,000	---
AIDS Diagnostic and Evaluation Unit	149,423	153,510	153,510	0	---
Alcohol and Drug Abuse Block Grant	4,730,800	4,768,060	4,768,060	4,464,320	-6.4%
Area Agency on Aging: III	3,216,210	2,730,270	2,730,270	2,862,530	4.8%
Asthma Management Grant	20,000	20,000	20,000	20,000	---
ATOD High Risk Kids	-3,109	0	0	0	---
Breast Cancer Outreach and Dx. Case Mgt.	247,892	258,720	258,720	258,720	---
CDC Breast and Cervical Cancer Screening	633,810	555,160	675,170	675,160	21.6%
Child Care Resource and Referral	458,415	448,000	448,000	448,000	---
Childhood Injury Prevention	2,930	3,000	3,500	3,500	16.7%
Children With Special Care Needs	74,548	74,920	74,920	74,920	---
Community Mental Health	5,158,860	5,458,540	5,458,540	4,128,820	-24.4%
Community Mental Health Grant Admin	0	0	0	1,091,110	---
Community Action Agency	429,468	446,790	446,790	473,520	6.0%

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	Actual FY09	Budget FY10	Estimated FY10	Recommended FY11	% Chg Bud/Rec
Community Services Block Grant: State Funds	4,329	4,330	0	0	—
Community Supervision Program	143,863	143,870	143,870	0	—
CRF: Addictions Treatment	-6,190	0	0	0	—
CRF: Tobacco Prevention and Education	909,609	271,970	271,970	203,980	-25.0%
CRF: Cancer Prevention, Educ., Screen, Training	796,620	883,450	883,450	662,670	-25.0%
DJJ Day Treatment	150,000	103,810	103,810	103,810	—
Domestic Violence Grant	182,000	182,000	182,000	182,000	—
Emergency Shelter & Nutrition: Homeless	265,470	269,900	269,900	269,900	—
Family Planning	436,072	546,790	546,790	546,790	—
Foster Care Court Improvement	0	0	25,820	0	—
Federal Block Grant Homeless	596,572	596,790	596,790	596,790	—
Geriatric Evaluation	2,852	2,860	2,860	2,860	—
Head Start: DFR and Health	1,074,151	1,100,790	1,127,160	1,127,160	2.4%
Head Start: Extended Year Summer	69,934	91,640	91,640	25,000	-72.7%
Hepatitis B Immunization Action Plan	362,911	314,500	314,500	314,500	—
High Intensity Drug Trafficking Area (HIDTA)	-7,869	0	0	0	—
HIV Local Prevention Initiative	244,535	230,000	230,000	246,710	7.3%
HIV Positive Women's Health Program	111,438	128,910	128,910	125,910	-2.3%
HIV/STD Minority Outreach	239,598	262,210	262,210	332,050	26.6%
Improved Pregnancy Outcome	121,393	139,540	139,540	119,540	-14.3%
Individual Support Services-Single Point of Entry	762,035	960,000	960,000	880,690	-8.3%
Infants and Toddlers Mead Family Grant	956,751	2,083,610	2,083,610	2,083,610	—
Infants and Toddlers State Grant	2,125,458	959,100	959,100	959,100	—
IT Grant	1,000	3,540	3,540	0	—
Judith P Hoyer Module One Enhancement	5,073	0	0	0	—
Lead Poisoning Prevention	17,842	15,000	15,000	15,000	—
SR Ombudsman Grant	263,350	263,350	263,350	188,430	-28.4%
MA Waiver Admin and Case Management	215,863	215,870	215,870	217,870	0.9%
McKinney III: Public Housing	-1,103	0	0	0	—
McKinney: PATH	88,261	115,590	115,590	115,590	—
MD Children's Health Prog. Outreach & Eligibility	1,254,470	1,353,650	1,353,650	1,353,650	—
Medicaid Fraud and Abuse Education (CAMM)	15,629	15,630	15,630	15,630	—
Nutrition: Risk Reduction	45,121	45,130	45,130	0	—
Oral Cancer Prevention	14,346	15,000	15,000	15,000	—
Refugee Resettlement: MONA	214,105	179,990	179,990	305,360	69.7%
Ryan White I: Emergency AIDS Services	1,719,017	1,578,610	1,578,610	2,035,210	28.9%
Ryan White II: Consortia Services	808,660	811,010	811,010	933,000	15.0%
Senior Care Grant - Gateway II	551,569	620,620	620,620	612,080	-1.4%
Senior Group Assisted Housing	295,051	325,360	325,360	323,590	-0.5%
Senior Guardianship Program	43,910	43,910	43,910	43,910	—
Senior Health Insurance Counseling (SHICAP)	71,704	66,460	66,460	66,460	—
Senior Information and Assistance	84,229	88,670	88,670	84,230	-5.0%
Senior Outreach Team (SORT)	1,215,123	1,432,300	1,190,650	1,190,640	-16.9%
Seniors State Nutrition Program (Meals Grant)	123,959	123,960	123,960	123,960	—
Service Coordination	3,755,113	4,010,800	4,010,800	4,030,550	0.5%
Sexual Assault: Rape Crisis Service	144,091	145,000	145,000	145,000	—
Stop Domestic Violence Now	44,323	29,430	37,000	37,000	25.7%
Substance Abuse Prevention (ADAA-Public Health)	482,239	483,390	485,740	483,390	—
Surplus Food Distribution (TEFAP)	43,315	35,000	35,000	35,000	—
TB Control: Nursing	305,284	331,930	331,930	331,930	—
Teenage Pregnancy & Parenting	14,998	15,000	15,000	15,000	—
Traffic Safety Education and Prevention	86,380	0	0	0	—
Victims of Crime: VOCA	313,278	327,520	327,520	327,520	—
Vulnerable Elderly Initiative VEPI	53,627	53,630	53,630	53,630	—
Sexual Assault: Prevention & Awareness	22,398	23,000	23,000	23,000	—
Grow Up Great Head Start	16,578	0	0	0	—
Early Childhood Mental Health	171,919	0	0	0	—
SS Courthouse Victim Assistant Project	23,881	0	0	0	—
Emergency Preparedness - PH (CDC)	821,904	929,340	929,340	929,340	—
NACCHO Advanced Practice CTR Grant	279,271	450,000	450,040	450,000	—
School Based Health Center	252,532	193,750	261,270	261,280	34.9%
Gang Prevention Initiative	645,923	197,360	197,360	0	—
Senior Health Management	21,782	0	0	0	—
Early Childhood Mental Health Consultant	0	150,000	150,000	150,000	—
Adult Drug Court	88,399	89,700	89,700	89,780	0.1%

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	Actual FY09	Budget FY10	Estimated FY10	Recommended FY11	% Chg Bud/Rec
Pre-Trial DV Offenders	17,647	0	0	0	0
Gang Prevention Coordination Assist	69,119	0	0	0	0
Komen-PCC Quality Improvement Mini-Grant	12,570	0	0	0	0
<b>Grant Fund MCG Revenues</b>	<b>73,847,172</b>	<b>74,496,390</b>	<b>76,087,670</b>	<b>73,833,450</b>	<b>-0.1%</b>
<b>DEPARTMENT TOTALS</b>					
<b>Total Expenditures</b>	<b>263,302,836</b>	<b>268,570,740</b>	<b>263,398,470</b>	<b>246,759,400</b>	<b>-8.1%</b>
<b>Total Full-Time Positions</b>	<b>1,413</b>	<b>1,372</b>	<b>1,372</b>	<b>1,345</b>	<b>-2.0%</b>
<b>Total Part-Time Positions</b>	<b>348</b>	<b>350</b>	<b>350</b>	<b>347</b>	<b>-0.9%</b>
<b>Total Workyears</b>	<b>1,609.0</b>	<b>1,577.1</b>	<b>1,577.1</b>	<b>1,461.7</b>	<b>-7.3%</b>
<b>Total Revenues</b>	<b>108,964,582</b>	<b>108,525,100</b>	<b>100,735,580</b>	<b>92,506,930</b>	<b>-14.8%</b>

## FY11 RECOMMENDED CHANGES

	Expenditures	WYs
<b>COUNTY GENERAL FUND</b>		
<b>FY10 ORIGINAL APPROPRIATION</b>	<b>194,074,350</b>	<b>1132.6</b>
<b>Changes (with service impacts)</b>		
Add: Funds to Develop Transition for a Non-profit to Manage the Conservation Corps [Conservation Corps]	250,000	0.0
Add: Public Inebriate Team - Operating Expense [24-Hour Crisis Center]	77,250	0.0
Enhance: Increased Senior Nutrition Meals for those Affected by HIV/AIDs, Cancer, and Other Life-Challenging Illnesses [Senior Nutrition Program]	36,000	0.0
Enhance: Services to Haitian and Other French-Speaking Immigrants [Child and Adolescent Mental Health Services]	30,000	0.0
Reduce: Eliminate the Annual Asthma Forum in the Asthma Management Program, in the Latino Health Initiative [Office of Community Affairs]	-2,420	0.0
Reduce: Funding for Legal Immigration Contractual Services in Partner Abuse Services [Abused Persons Program]	-4,780	0.0
Reduce: Funding for Substance Abuse Prevention and Mental Health Contractual Services and Serve Five Fewer Children/Families [Child and Adolescent Mental Health Services]	-5,300	0.0
Reduce: Level I Outpatient Substance Abuse Treatment Services and Serve Three to Four Fewer Clients [Behavioral Health Community Support Svcs]	-13,600	0.0
Eliminate: Contract for Acudetox Services [Outpatient Addiction Services (OAS)]	-13,750	0.0
Reduce: Eliminate the Health Careers Component of the Latino Youth Wellness Program in the Latino Health Initiative [Office of Community Affairs]	-15,000	0.0
Eliminate: Learning Parties Interactive Sessions for Parents and Child Care Providers [Early Childhood Services]	-16,000	0.0
Reduce: N*COMMON Program - Mental Health Services to Diverse Populations [Child and Adolescent Mental Health Services]	-17,350	0.0
Reduce: Child Welfare Services Mental Health Funding - Attachment and Bonding Studies and Crisis Stabilization [Behavioral Health Planning and Management]	-18,790	0.0
Reduce: Substance Abuse Prevention Funding [Juvenile Justice Services]	-22,330	0.0
Reduce: Senior Nutrition Meal Program Funds [Senior Nutrition Program]	-25,000	0.0
Reduce: Family Support, Education, and Advocacy Services [Child and Adolescent Mental Health Services]	-27,200	0.0
Reduce: Eliminate the Runaway Prevention Program Contract [Child and Adolescent School and Community Based Services]	-37,500	0.0
Eliminate: Crisis Preparedness Contractual Services [24-Hour Crisis Center]	-37,510	0.0
Eliminate: Broker Contractual Services in the African American Health Program for Data Analysis [Office of Community Affairs]	-45,290	0.0
Reduce: Computer Training for Adults with Mental Illness and Serve 10-15 Fewer Adults Annually [Behavioral Health Planning and Management]	-47,370	0.0
Reduce: Eliminate Victims Clinical Counseling and Staff Consultation Services to Adults Molested as Children [Victims Assistance and Sexual Assault Program]	-58,270	0.0
Eliminate: Violence Prevention Contract [Linkages to Learning]	-75,780	0.0
Reduce: Crossroads Youth Opportunity Center Contractual Funding [Juvenile Justice Services]	-100,000	0.0
Reduce: Dental Services for Approximately 430 Adults/Seniors [Dental Services]	-100,000	0.0
Reduce: Patient Navigator Program in the Asian American Health Initiative [Office of Community Affairs]	-104,410	0.0
Reduce: Eliminate the Bilingual Information Line and Reduce Medical Interpretation Services in the System Navigator and Interpreter Program, in the Latino Health Initiative [Office of Community Affairs]	-119,410	0.0
Eliminate: G.O.S.P.E.L. Program and Absorb the Functions Under the African American Health Program [Health Promotion and Prevention]	-125,050	-1.0
Reduce: Abolish a Full-time Manager III Position to 0.2 WY [Health Promotion and Prevention]	-127,930	-0.8
Reduce: George B. Thomas Learning Academy Saturday School Program Funding [Child and Adolescent School and Community Based Services]	-150,000	0.0

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	Expenditures	WYs
Reduce: Abolish a Full-time Manager III Position [Community Health Services]	-162,070	-1.0
Reduce: Bus Service for Seniors to Recreation Programming, Grocery Meals and Grocery Shopping (by 5 shopping sites, from 16 to 11) [Senior Community Services]	-165,490	0.0
Reduce: Abolish a Full-time and a Part-time Community Health Nurse II Positions [School Health Services]	-176,930	-1.6
Reduce: Abolish Two Full-time Community Health Nurse II Positions [Community Health Services]	-186,040	-2.0
Eliminate: Child and Adolescent Mental Health Service Psychiatric Contract [Child and Adolescent Mental Health Services]	-188,000	0.0
Reduce: Abolish a Medical Doctor Physician III Position [Child Welfare Services]	-225,380	-1.0
Reduce: Broker Contractual Services [Office of the Chief Operating Officer]	-227,460	0.0
Reduce: Individual Support Services (ISS) and Family Support Services (FSS) in the County Funded Supplement to Providers of Services to Developmentally Disabled Individuals (DD Supplement) [Community Support Network for People with Disabilities]	-253,240	0.0
Eliminate: Community-Based Part-day Pre-Kindergarten Contract [Early Childhood Services]	-262,700	0.0
Eliminate: The Wheaton Public Inebriate Initiative Team (PIIT) [24-Hour Crisis Center]	-275,000	-2.0
Reduce: Home Care Services Personal Care Hours from 20 to 14 Hours Per Week, Per Client for Clients Receiving 16 to 20 Hours Per Week [Home Care Services]	-350,000	0.0
Reduce: Montgomery Cares Program Based on Enrollment of 23,000 Patients [Health Care for the Uninsured]	-365,500	0.0
Reduce: Homeless Outreach Services Without Reducing Shelter Beds or Emergency Assistance [Shelter Services]	-367,540	0.0
Reduce: The Conservation Corps (\$-893,090) and Maintain Funds for the Program for Four Months (\$150,000), Plus Separately Identified Funds for Transition (\$250,000) [Conservation Corps]	-743,090	-24.1
Reduce: School Health Room Aide I and II Positions from .73 Workyear to .62 Workyear [School Health Services]	-1,541,340	-22.2
Reduce: General Fund Contract Services by 7%	-2,180,260	0.0
<b>Other Adjustments (with no service impacts)</b>		
Increase Cost: Retirement Adjustment	1,091,040	0.0
Increase Cost: Group Insurance Adjustment	643,900	0.0
Increase Cost: Annualization of FY10 Personnel Costs	479,900	0.0
Increase Cost: Benefits and Retirement Costs to County Supplement Portion of HB669 Positions	223,000	0.0
Increase Cost: Risk Management Adjustment	154,650	0.0
Increase Cost: HIPAA Compliance Officer Position [Office of the Director]	130,000	1.0
Increase Cost: Increase Reimbursement Rate to the County Energy Rebate Program to Reflect Energy Tax Rate Increase [Rental & Energy Assistance Program]	129,500	0.0
Replace: Grant Funds with General Fund Support for a Family Intervention Specialist (FIS) Social Worker III Position [Juvenile Justice Services]	107,740	1.0
Increase Cost: FY10 Midyear Miscellaneous Personnel Changes	89,840	1.7
Increase Cost: Annualization of FY10 Lapsed Positions	71,570	1.1
Increase Cost: SuperNofa - Samaritan Initiative [Shelter Services]	34,000	0.0
Increase Cost: School Based Health and Linkages to Learning Centers - Operating Budget Impact (CIP) [School Health Services]	15,000	0.0
Increase Cost: Victims Compensation Fund Match [Victims Assistance and Sexual Assault Program]	9,910	0.0
Increase Cost: Occupational Medical Services Adjustment	3,200	0.0
Decrease Cost: Miscellaneous Operating Expenses in Linkages to Learning and Positive Youth Development [Linkages to Learning]	-1,860	0.0
Decrease Cost: Contract for Clothing Center in Gaithersburg [Office of Community Affairs]	-3,000	0.0
Decrease Cost: Contract for After School Programs for Middle School Youth in the Rosemary Hills Area [Office of Community Affairs]	-5,000	0.0
Decrease Cost: HIPAA Information Technology (IT) Equipment Funding [Office of the Chief Operating Officer]	-5,220	0.0
Decrease Cost: Operating Expenses in the Care Coordination Budget - Administrative and Training and Professional Development Funding [Child and Adolescent Mental Health Services]	-8,000	0.0
Decrease Cost: Miscellaneous Computer Equipment Funding [Office of the Chief Operating Officer]	-10,000	0.0
Decrease Cost: Miscellaneous Operating Expenses for Substance Abuse Prevention Program [Juvenile Justice Services]	-10,000	0.0
Decrease Cost: Miscellaneous Operating Expenses in Cancer Restitution Funds Under Cancer and Tobacco Prevention Program [Cancer and Tobacco Prevention]	-10,000	0.0
Decrease Cost: Eliminate the Temporary Service Budget in Behavioral Health and Crisis Services (BHCS) Chief's Operating Expense budget [Service Area Administration]	-10,280	0.0
Decrease Cost: Case Management and Information and Referral Services Contract [Office of Community Affairs]	-11,500	0.0
Decrease Cost: Employment, Training, and Supportive Services Contract [Office of Community Affairs]	-11,500	0.0
Decrease Cost: Community Outreach, Training, and Education Services [Office of Community Affairs]	-12,000	0.0
Shift: Child Welfare Funds for Institutional Clothing Allowance to HB669 Grant Fund [Child Welfare Services]	-12,670	0.0
Decrease Cost: Child Welfare Medical Supplies [Child Welfare Services]	-15,000	0.0
Decrease Cost: Clerical Support in the Asian American Health Initiative [Office of Community Affairs]	-15,370	0.0
Decrease Cost: Consultant Services Funds [Office of the Chief Operating Officer]	-18,730	0.0
Decrease Cost: Consumer Special Needs Fund [Behavioral Health Planning and Management]	-19,670	0.0

	Expenditures	WYs
Decrease Cost: School Based Health Centers Contractual Medical Services Based on Historical Spending [School Health Services]	-20,000	0.0
Decrease Cost: Information Technology (IT) Funding for Software Maintenance [Office of the Chief Operating Officer]	-23,000	0.0
Decrease Cost: Abolish a Part-time Principal Administrative Aide Position [Behavioral Health Specialty Services]	-28,300	-0.5
Decrease Cost: Pharmacy Assistance Services Budget [Behavioral Health Planning and Management]	-30,000	0.0
Decrease Cost: West Nile Virus Surveillance [Environmental Health Regulatory Services]	-30,000	0.0
Decrease Cost: Printing and Mail Adjustment	-39,830	0.0
Decrease Cost: Temporary Clerical Services [Office of the Chief Operating Officer]	-40,000	0.0
Decrease Cost: Training Funds within Human Services [Office of the Chief Operating Officer]	-40,000	0.0
Decrease Cost: Abolish a Part-time Community Health Nurse II Position [Communicable Disease and Epidemiology]	-43,340	-0.5
Decrease Cost: Abolish a Full-time Principal Administrative Aide Position [STD/HIV Prevention and Treatment Program]	-46,990	-1.0
Decrease Cost: Minority Outreach Contract in Early Childhood Services [Early Childhood Services]	-48,000	0.0
Decrease Cost: Abolish a Full-time Principal Administrative Aide Position [Assessment and Continuing Case Mgmt Svcs]	-49,800	-1.0
Decrease Cost: Reduce the Budgets for Vocational Training, Travel, and Contract Expenses Based on Historic Actuals [Behavioral Health Planning and Management]	-50,000	0.0
Decrease Cost: Abolish a Part-time Therapist II Position [Child and Adolescent Mental Health Services]	-50,010	-0.5
Decrease Cost: Abolish a Full-time Office Services Coordinator (OSC) Position [Abused Persons Program]	-51,900	-1.0
Shift: Funding for Weekend and Holiday Coverage to State HB669 [Child Welfare Services]	-62,800	0.0
Decrease Cost: Abolish a Full-time Principal Administrative Aide position [Health Promotion and Prevention]	-66,130	-1.0
Decrease Cost: Abolish a Full-time Community Outreach Manager Position and Retain \$60K to Cover the Shortfall Associated with a Reduced Intergovernmental Relations Legislative Position [Office of the Director]	-71,460	-1.0
Decrease Cost: Eliminate County Match for the Community Supervision Grant [Child and Adolescent School and Community Based Services]	-75,000	0.0
Decrease Cost: Information Technology (IT) Application Integration Framework (AIF) Maintenance Funding [Office of the Chief Operating Officer]	-75,000	0.0
Decrease Cost: Care For Kids Without Service Reduction [Health Care for the Uninsured]	-80,000	0.0
Decrease Cost: Abolish a Full-time Office Services Coordinator Position [Assessment and Continuing Case Mgmt Svcs]	-88,500	-1.0
Decrease Cost: Outreach Services and Mini Grants to Community Based Organizations for Projects Aligned with the African American Health Program [Office of Community Affairs]	-89,000	0.0
Decrease Cost: Absorb Contract for Adult Services Under Montgomery Cares Program [Health Care for the Uninsured]	-89,370	0.0
Decrease Cost: Abolish a Full-time Executive Administrative Aide Position [Health Care for the Uninsured]	-90,070	-1.0
Decrease Cost: Abolish a Full-time Social Worker III [Child Welfare Services]	-90,300	-1.0
Decrease Cost: Abolish a Full-time Therapist II Position [Abused Persons Program]	-90,400	-1.0
Decrease Cost: Eliminate the Contract for English for Speakers of Other Languages (ESOL) Classes and Support Services [Office of Community Affairs]	-90,900	0.0
Decrease Cost: Miscellaneous Operating Expenses [Health Promotion and Prevention]	-91,600	0.0
Decrease Cost: Absorb contract for Primary Care for Uninsured Adults under Montgomery Cares Program [Health Care for the Uninsured]	-94,790	0.0
Decrease Cost: Abolish A Full-time Administrative Specialist III Position in the Behavioral Health and Crisis Services (BHCS) Chief's Office [Service Area Administration]	-105,050	-1.0
Decrease Cost: Motor Pool Rate Adjustment	-111,760	0.0
Decrease Cost: Maternity Partnership Program due to Lower Enrollment [Health Care for the Uninsured]	-117,750	0.0
Decrease Cost: Increased Lapse	-128,500	0.0
Shift: The Conservation Corps Lease Cost to the Leases Non-Departmental Account (NDA) [Office of the Director]	-133,180	0.0
Decrease Cost: Abolish a Full-time Therapist II Position in the Access to Care Program [Behavioral Health Specialty Services]	-135,310	-1.0
Decrease Cost: The Housing Subsidy Paid to Six Providers of Residential Rehabilitation Programs with no Reduction to Client Service [Behavioral Health Planning and Management]	-137,530	0.0
Decrease Cost: Abolish a Full-time Therapist II Position [Outpatient Addiction Services (OAS)]	-145,080	-1.0
Shift: \$150K of the Total Silver Spring Public Inebriate Initiative Team (PIIT) Funding to Grant Fund to Provide an Integrated PIIT/Homeless Outreach Effort [24-Hour Crisis Center]	-150,000	-1.5
Shift: The Americans with Disabilities Act (ADA) Compliance Officer Position from the Department of Health and Human Services to the Department of General Services [Office of the Director]	-156,420	-1.0
Decrease Cost: Eliminate Respite Home Contract Due to Underutilization [Respite Care]	-159,000	0.0
Decrease Cost: Paper and Printing Reduction Initiative	-168,470	0.0
Decrease Cost: Information Technology (IT) Contractual Services [Office of the Chief Operating Officer]	-180,000	0.0
Shift: Funding for Five County General Fund Social Worker Positions to State HB669 [Child Welfare Services]	-244,090	-3.1
Decrease Cost: Miscellaneous Operating Expenses Throughout the Department [Office of the Chief Operating Officer]	-259,230	-1.0

	Expenditures	WYs
Decrease Cost: Elimination of One-Time Items Approved in FY10	-293,770	0.0
Shift: Transfer Positions to Staff MC311 Call Center [Office of the Director]	-391,920	-5.0
Decrease Cost: Reduce Reimbursement Rate from \$62 to \$55 per Encounter for Montgomery Cares Program [Health Care for the Uninsured]	-415,800	0.0
Decrease Cost: Furlough Days	-2,897,190	-40.2
Shift: Purchase of Care Child Care Subsidy payments to the State [Child Care Subsidies]	-6,766,000	0.0
<b>FY11 RECOMMENDED:</b>	<b>173,558,430</b>	<b>1016.4</b>

## GRANT FUND MCG

<b>FY10 ORIGINAL APPROPRIATION</b>	<b>74,496,390</b>	<b>444.5</b>
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### Changes (with service impacts)

Enhance: Ryan White I - Emergency AIDS Services Grant [STD/HIV Prevention and Treatment Program]	456,600	0.0
Add: Up County Youth Opportunity Center Grant [Juvenile Justice Services]	450,000	0.0
Enhance: Refugee Resettlement (MONA) Grant [Communicable Disease and Epidemiology]	125,370	0.0
Enhance: Ryan White II - Consortia Services [STD/HIV Prevention and Treatment Program]	121,990	0.0
Enhance: Center for Disease Control (CDC) Early Detection and Control Grant - Breast and Cervical Cancer [Women's Health Services]	120,000	0.0
Add: Opening Up W.I.D.E (Wellness Initiative and Dental Enhancement) [School Health Services]	89,640	0.0
Enhance: HOPWA - Housing Opportunities for People With AIDS Grant [STD/HIV Prevention and Treatment Program]	73,080	0.0
Add: HIV Minority Outreach Activities [STD/HIV Prevention and Treatment Program]	69,840	0.0
Enhance: Create a Program Aide Position in the Head Start Grant [Office of Community Affairs]	26,370	0.7
Add: American Reinvestment and Recovery Act (ARRA) Grant Awarded to Fund a Part-time Client Assistant Position (0.3 WY) [Victims Assistance and Sexual Assault Program]	21,610	0.3
Enhance: Shift Operating Expenses to Personnel Costs and Create a Full-time Social Worker IV Position in Medicaid Waiver for Older Adults Program [Home and Community Based Waiver Services]	2,000	1.0
Enhance: Childhood Injury Prevention Grant [Health Promotion and Prevention]	500	0.0
Eliminate: The Information Technology (IT) Grant [Senior Community Services]	-3,540	0.0
Eliminate: State General Funds Grant [Office of Community Affairs]	-4,330	0.0
Reduce: Improved Pregnancy Outcome Grant [Women's Health Services]	-20,000	0.0
Eliminate: Nutrition Risk Reduction Grant [Health Promotion and Prevention]	-45,130	0.0
Reduce: Head Start Extended Year Services Supplemental Grant [Office of Community Affairs]	-66,640	0.0
Reduce: Cigarette Restitution Fund (CRF) - Tobacco, Prevention, and Education [Cancer and Tobacco Prevention]	-70,760	-1.0
Reduce: The Senior Ombudsman Grant and Abolish a Full-time Community Health Nurse II Position [Ombudsman Services]	-74,920	-1.0
Eliminate: The Community Supervision Grant [Juvenile Justice Services]	-143,870	0.0
Eliminate: AIDS Diagnostic and Evaluation Grant [STD/HIV Prevention and Treatment Program]	-153,510	-1.0
Eliminate: The Gang Prevention Coordination Assistance Grant [Juvenile Justice Services]	-197,360	0.0
Reduce: Cigarette Restitution Fund (CRF) - Cancer Prevention, Education, Screening, and Treatment [Cancer and Tobacco Prevention]	-209,070	-0.5
Reduce: The SORT Grant by \$241,660 in the Hospital Diversion Program by Abolishing Four Positions and Eliminating the Operating Budget for Therapeutic Foster Care [Mental Health Svcs: Seniors & Persons with Disabilities]	-241,660	-3.0
Reduce: The Alcohol and Drug Abuse Administration (ADAA) Treatment Block Grant [Behavioral Health Community Support Svcs]	-303,740	0.0
Reduce: The Community Mental Health Grant and Shift the Administrative Budget to Another Code in the Grant	-1,329,720	-9.0

### Other Adjustments (with no service impacts)

Shift: Eight (8.0) WYs and Grant Line Item Budgets in the Community Mental Health Administrative Grant - To a New Grant Code	1,091,110	8.0
Technical Adj: Miscellaneous Grant Changes	239,410	1.0
Shift: A Program Manager I Position from the Individual Support Services Grant to the Service Coordination Grant [Community Support Network for People with Disabilities]	19,750	1.0
Shift: Community Health Nurse Position to the Thornton Grant [Infants and Toddlers]	0	0.7
Shift: Funding for Five Split-funded Full-time Social Worker II Positions to State HB669 in Child Welfare [Child Welfare Services]	0	3.1
Shift: Operating Expense to Personnel Cost and add 2.5 WYs to the Montgomery County Adult Drug Court [Outpatient Addiction Services (OAS)]	0	2.5
Decrease Cost: School Based Health Center [School Health Services]	-15,220	0.0
Decrease Cost: Eliminate the Infants and Toddlers Consolidated Local Implementation Grant (CLIG) Impact Aide Grant [Infants and Toddlers]	-25,000	0.0
Shift: A Program Manager I Position from the Individual Support Services Grant [Community Support Network for People with Disabilities]	-79,310	-1.0
Decrease Cost: HB669 Grant - Largely due to a Technical Change for the Debt Service Payment as well as the Elimination of One-time Only Special Program Grants	-1,218,910	-1.0

	Expenditures	WYs
<b>FY11 RECOMMENDED:</b>	<b>73,200,970</b>	<b>445.3</b>

## FUNCTION SUMMARY

Program Name	FY10 Approved		FY11 Recommended	
	Expenditures	WYs	Expenditures	WYs
Aging and Disability Services	38,606,440	163.7	37,226,080	158.2
Behavioral Health and Crisis Services	40,230,610	209.7	37,394,410	196.2
Children, Youth, and Family Services	70,100,540	460.3	61,758,390	427.4
Public Health Services	72,488,500	561.8	67,593,500	509.3
Special Needs Housing	17,990,810	56.2	17,629,500	54.3
Administration and Support	29,153,840	125.4	25,157,520	116.3
<b>Total</b>	<b>268,570,740</b>	<b>1577.1</b>	<b>246,759,400</b>	<b>1461.7</b>

## CHARGES TO OTHER DEPARTMENTS

Charged Department	Charged Fund	FY10		FY11	
		Total\$	WYs	Total\$	WYs
<b>COUNTY GENERAL FUND</b>					
Intergovernmental Relations	County General Fund	60,000	0.4	0	0.0
Sheriff	Grant Fund MCG	0	0.0	34,870	0.5
<b>Total</b>		<b>60,000</b>	<b>0.4</b>	<b>34,870</b>	<b>0.5</b>

## FUTURE FISCAL IMPACTS

Title	CE REC.			(\$000's)		
	FY11	FY12	FY13	FY14	FY15	FY16
This table is intended to present significant future fiscal impacts of the department's programs.						
<b>COUNTY GENERAL FUND</b>						
<b>Expenditures</b>						
<b>FY11 Recommended</b>	<b>173,558</b>	<b>173,558</b>	<b>173,558</b>	<b>173,558</b>	<b>173,558</b>	<b>173,558</b>
No inflation or compensation change is included in outyear projections.						
<b>Annualization of Positions Recommended in FY11</b>	<b>0</b>	<b>-140</b>	<b>-140</b>	<b>-140</b>	<b>-140</b>	<b>-140</b>
The amount above reflects annualization of positions in the outyear.						
<b>401 Hungerford Drive Garage</b>	<b>0</b>	<b>-5</b>	<b>-10</b>	<b>-11</b>	<b>-11</b>	<b>-11</b>
These figures represent the impacts on the Operating Budget (maintenance and utilities) of projects included in the FY11-16 Recommended Capital Improvements Program.						
<b>Annualization of Contract for Non-profit to Manage the Conservation Corps</b>	<b>0</b>	<b>250</b>	<b>250</b>	<b>250</b>	<b>250</b>	<b>250</b>
These funds are needed to fully fund (\$500,000) the contract to manage the Conservation Corps program.						
<b>Annualization of Contract for the Integrated Public Inebriate Initiative Team (PIIT)/Homeless Outreach Effort</b>	<b>0</b>	<b>114</b>	<b>114</b>	<b>114</b>	<b>114</b>	<b>114</b>
All Operating Expenses - No Personnel Costs. These funds will be put toward the contract for the Integrated Public Inebriate Initiative Team (PIIT)/Homeless Outreach effort to allow for full funding of the contract.						
<b>Elimination of Remaining Funds for the County Managed Conservation Corps</b>	<b>0</b>	<b>-150</b>	<b>-150</b>	<b>-150</b>	<b>-150</b>	<b>-150</b>
<b>High School Wellness Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>852</b>	<b>1,705</b>	<b>1,705</b>
These figures represent the impacts on the Operating Budget (maintenance, utilities, staff) of projects included in the FY11-16 Recommended Capital Improvements Program.						
<b>Motor Pool Rate Adjustment</b>	<b>0</b>	<b>112</b>	<b>112</b>	<b>112</b>	<b>112</b>	<b>112</b>
<b>Restore Personnel Costs</b>	<b>0</b>	<b>2,897</b>	<b>2,897</b>	<b>2,897</b>	<b>2,897</b>	<b>2,897</b>
This represents restoration of funding to remove FY11 furloughs.						
<b>School Based Health &amp; Linkages to Learning Centers</b>	<b>0</b>	<b>242</b>	<b>598</b>	<b>1,082</b>	<b>1,082</b>	<b>1,082</b>
These figures represent the impacts on the Operating Budget (maintenance, utilities, staff) of projects included in the FY11-16 Recommended Capital Improvements Program.						
<b>Subtotal Expenditures</b>	<b>173,558</b>	<b>176,879</b>	<b>177,230</b>	<b>178,565</b>	<b>179,418</b>	<b>179,418</b>

## ANNUALIZATION OF PERSONNEL COSTS AND WORKYEARS

	FY11 Recommended		FY12 Annualized	
	Expenditures	WYs	Expenditures	WYs
Reduce: Abolish a Full-time Manager III Position to 0.2 WY [Health Promotion and Prevention]	-127,930	-0.8	-154,210	-1.0
Shift: \$150K of the Total Silver Spring Public Inebriate Initiative Team (PIIT) Funding to Grant Fund to Provide an Integrated PIIT/Homeless Outreach Effort [24-Hour Crisis Center]	-99,260	-1.5	-212,770	-3.0
<b>Total</b>	<b>-227,190</b>	<b>-2.3</b>	<b>-366,980</b>	<b>-4.0</b>



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett  
County Executive

Uma S. Ahluwalia  
Director

MEMORANDUM

April 2, 2010

TO: The Honorable Nancy Floreen, President  
Montgomery County Council

FROM: Uma S. Ahluwalia, Director *Uma*

SUBJECT: Update — Department of Health and Human Services Fiscal Year 2010 Grant Reductions

This memo serves as an update to the November 12, 2009, memo that highlighted our Fiscal Year 2010 (FY) grant reductions. Since that time, we have received additional reductions and revised numbers from our grantors. Based on what we now know, approximately 86% of the reductions in FY10 will carry forward into FY11. Please also note that due to the timing of the official grant awards, all of these reductions are not reflected in the County Executive's Recommended Budget Book.

The total FY10 Grant Reductions for the department is \$3,290,870. In addition, in FY10 there was a \$1,655,330 reduction to Core Health Revenue for a total reduction of \$4,946,200. The following is a listing of our FY10 Grant reductions by service area.

▪ **Administration and Support**

**Head Start: Extended Year Services Supplemental Grant - (\$66,640)**

In FY09 this grant provided summer learning for 136 children in 8 classrooms. In FY10 this reduction will only provide services to 90 children in 5 classrooms.

**Community Service Block Grant: State General Funds - (\$4,330)**

These funds currently support the activities of the federally mandated Community Action Board of Directors. There is no impact with this reduction. The program has other grant funding that is available for use.

Office of the Director

▪ **Aging and Disability Services**

**Developmental Disabilities Administration (DDA) - (\$517,740)**

• **Service Coordination (\$453,540)**

This grant funds respite care, in home support, transportation, specialized equipment, summer camp and home accessibility and case management services for individuals to allow them to remain in their own homes. The plan is to reduce contracted services (which will include reduction of the contractors' staff) and operating funds. The department is in the process of meeting with DDA and Service Coordination Inc (the vendor that we use to provide resource coordination services for continuing clients). This reduction will result in increased caseloads and directly impact approximately 105 clients. As result of this reduction, there will be a reduction in the number of persons on the waiting list receiving case management services (approximately 80 clients); a reduction in the number of non Medicaid waived clients; and the elimination of crisis intervention funds (used for homeless or near homeless (approximately 25 clients).

• **Individual Services (\$64,200)**

The Individual Support Services Grant provides individuals with a developmental disability support services that assist them with remaining in the community. Currently there are 78 individuals in the grant and they each have their own allocation of funds depending upon the approved services by the State of Maryland, Developmental Disabilities Administration. The services can consist of day programs, nursing services, supportive equipment, transportation, therapies, respite and many more. Using an average of \$1,500 per client, this reduction will result in between 35 - 40 clients having reduced services.

The number of client visits will be reduced from four times to one time a year. This will also result in a reduction in the number of homeless clients served from fifteen to one or two at best.

**Respite Care - (\$51,590)**

This reduction represents a reduction in respite care hours from 139 to 130 per client per year.

**Senior Information and Assistance - (\$12,860)**

This grant provides a point of entry for most calls concerning available senior services. This grant was reduced statewide in mid-FY10. HHS will use Older Americans Act grant funds to offset this reduction.

**Senior Ombudsman Grant - (\$74,920)**

The Ombudsman program provides assistance to families and residents of licensed long-term care facilities and empowers residents and families to resolve their complaints. This reduction resulted in the abolishment of a Community Health Nurse position. Due to the loss of the full time nurse position there is likely to be some change in the number of

unresolved complaints, as well as a reduction in the amount of Ombudsman volunteer training. The program handles about 300 complaints per year, with staff involved in all cases, either directly or in collaboration with a volunteer. The Department will assure that a nurse is available as needed to provide training to Ombudsman volunteers on medical and care issues.

**Group Senior Assisted Housing - (\$1,770)**

This grant provides housing assistance subsidies for eligible low-income seniors. The grant also provides inspection of all facilities with fewer than 16 beds two times a year. Although the grant award was only reduced by \$1,770 in FY10, the Maryland Department of Aging (MDoA) extended a freeze on new admissions until February 2010, as a cost-saving measure. The program is working to place new clients. The program expects to return roughly \$65,000 to the State at year end.

**Senior Care Gateway - (\$8,550)**

This grant provides supportive services to clients -- adult day care, medications, personal hygiene items and similar services. The impact of this reduction is negligible. However, as a result of a State moratorium imposed on this program in September 2009, no new clients were enrolled until February 2010. The moratorium will create grant surplus, but the amount will not be known until the State provides updated spending authority.

▪ **Behavioral Health and Crisis Services**

**Alcohol and Drug Abuse Administration (ADAA) Grant - (\$379,430)**

This grant funds a wide variety of programs under one umbrella, Addiction Services Coordination. This reduction will reduce Level 1 contracts (impacting approximately 126 clients), and will shift lab services directly to the Department of Corrections. There is no impact with this shift because the Department of Corrections already has funds budgeted for the lab services. Previously we would bill them for these services from the grant but now we will just bill it directly to their index code. This reduction will impact contracts with Maryland Treatment Centers (Journeys), Avery Road Combined Care, Vanguard and Avery Road Treatment Center. This reduction will also require a delay in hiring a Spanish speaking therapist. The department is still determining the various impacts of the contract reductions.

**Senior Outreach Response Team Grant - (\$387,640)**

The grant funds the senior mental health outreach program, and partners with Crisis Center in the provision and authorization of hospital diversion services aimed at providing diversion to the most clinically appropriate least restrictive setting for the individuals it serves. This reduction would impact the SORT-Hospital Diversion program. The department will keep four therapist II positions (three vacant and one filled) in the Hospital Diversion project in FY10, eliminate therapeutic foster care and reduce the escorted

transportation contract budget. In addition, the State imposed a reduction that involves re-tasking Hospital Diversion dollars to the Uninsurable Inpatient Care. The department submitted a reduction proposal to the State that included, abolishing one Therapist II position; terminating the transportation contract and reducing one detoxification bed on January 1, 2010. The re-program of the Hospital Diversion project will be connected to locally funded programs in the Department of Health and Human Services. MHA funding provided for these services will leverage existing local funding of the Triage and Evaluation Beds, Mobile Crisis Team, and Access Team. The service impact should be minimal since the award reduction is caused by reprogramming.

**Community Mental Health Grant - (\$818,720)**

The grants funds the planning, management, and monitoring of Public Mental Health Services for children with serious, emotional impairments (SEI), and adults with a serious and persistent mental illness (SPMI). The primary function is to ensure that consumers in the Montgomery County receive quality mental health services.

- **Community Mental Health Grant Services - (\$412,850)**  
The Family Intervention Specialist (FIS) funding ended due to the Department of Justice's elimination of this program. DHHS has secured other State funds for one position and is proposing to shift the other position to the General Fund. This reduction also impacts support to Outpatient Mental Health Clinic (OMHC) Providers, likely resulting in a reduction in the number of low income Medicare recipients served by the OMHC's

- **Community Mental Health Grant Administration - (\$405,880)**  
This reduction will require the department to delay hiring of vacant position in FY10. There is no direct service impact. The majority of this reduction is a rollover reduction to our FY10 award.

▪ **Children Youth and Families**

**Child Care Resource and Referral - (\$106,730)**

Effective May 1, a part time vacant Program Specialist I and 1 filled Program Manager II position will no longer be funded by the grant. The state will be providing centralized LOCATE child care services from Baltimore for the entire State, so it will not be provided locally anymore. The term of this grant crosses fiscal years (May 1, 2010 – April 30, 2011)

▪ **Public Health**

**Tobacco Prevention - (\$67,990)**

This funding is for tobacco prevention and education activities. This reduction involved the abolishment of a filled Program Specialist II position. The incumbent transferred to a vacant position within DHHS.

**Cancer Screening and Prevention - (\$264,680)**

This funding is for Cancer Prevention, Education, Screening and Treatment services. This reduction impacted contractual funds for colonoscopies and prostate screenings. The number of colonoscopies was reduced from 250 in FY09 to 200 in FY10, and number of prostate screenings was reduced from 150 in FY09 to 92 in FY10.

**Patient Services Diagnostic and Evaluation Unit - (\$153,510)**

This is a separate state grant to support the AIDS Diagnostic and Evaluation Unit and was eliminated in July 2009. However, it was offset with program adjustments and funding from Ryan White Part B Grant so that no position was lost. The impact of this change has affected program administration while the direct services to the clients have remained the same. AIDS Diagnostic and Evaluation is the initial diagnostic visit for HIV Primary Medical Care Services.

**Nutrition Risk Reduction Grant - (\$45,130)**

This grant provides funding for a staff person to provide nutrition and physical education interventions for children. This grant elimination will result in the reduction of a partial workyear for a Program Manager position. This reduction was anticipated, so the budget for the African American Health Program was adjusted to absorb this shortfall without losing the Program Manager, who handles nutrition risk reduction activities, such as the Diabetes education classes.

**Improved Pregnancy Outcome - (\$20,000)**

These grant funds were for Childhood Lead Prevention services. The Department does not anticipate any significant impact from this reduction since the County receives an \$18,000 grant from MD Department of Environment, which is adequate to cover these services.

▪ **Special Needs Housing**

**Emergency and Transitional Housing Services - (\$27,000)**

This reduction will require the department to reduce contracts by 10% for Bethesda Cares, Bethesda House, Carroll House, Dorothy Day Place and Wells Robertson. This reduction may result in fewer shelter bed nights, or our contractors may absorb the reductions (and reduce other forms of assistance such as bus tokens).

**HB669 Special Projects for Special Needs Housing - (\$82,350)**

This reduction will reduce contracts by for the Housing Opportunities Commission (HOC) Housing Counselor Program, and will reduce the Homeless Women's Grant. This reduction will also eliminate the Service Linked Housing (Tanglewood and Resident Advocate) Program. For FY10, the department intends to use funds available as a result of shifting eligible expenses to the Housing Initiative Fund (HIF) to replace this shortfall.

The Honorable Nancy Floreen, President  
April 2, 2010  
Page Six

- **Multiple Service Areas**

- HB669 Grant Lapse Savings - (\$199,280)**

- This reduction represents salary savings associated with not hiring non-critical positions

Once the FY11 State budget is enacted, the appropriate State Department will usually notify us of adjustments/reductions to our allocations by the Fall of 2010. Therefore, we are not likely to have a more complete picture of our state funding reductions until later into this calendar year and well into the second quarter of FY11.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett  
County Executive

Uma S. Ahluwalia  
Director

MEMORANDUM

November 12, 2009

→ TO: Councilmember Duchy Trachtenberg, County Council  
FROM: Uma S. Ahluwalia, Director *Uma*  
SUBJECT: DHHS FY10 Grant Reductions

RECEIVED  
MONTGOMERY COUNTY  
COUNCIL

2009 NOV 17 PM 3:35

As you requested, below please find a listing of our FY10 Grant Reductions as of early November. The first section includes the reductions that were taken as a part of the August 2009 Board of Public Works (BPW) Reductions. The second section includes other significant reductions received outside of the August 2009 process. Please note that some of these reductions are preliminary and have not been accepted by the State. The total FY10 grant reduction (including the August 2009 BPW reductions and other major reductions) is approximately \$2.5 million. Including the \$1.6M reduction in Core Health revenue, the total FY10 reduction is approximately \$4.1 million.

As you know, we anticipate an even deeper round of reductions from the Board of Public Works on November 18.

**Reductions from the BPW - August 2009**

**Cancer Screening and Prevention (\$264,682)**

Reduction in contracts for Colonoscopies, Digital Rectal Exams/Prostate Specific Antigen tests and people/education about cancer

**Tobacco Prevention (\$67,995)**

This reduction will involve the abolishment of a filled Program Specialist II position. The Department is currently working with the incumbent to find a placement.

**Developmental Disabilities Administration (DDA) (\$517,738)**

• **Service Coordination (\$453,537)**

The plan is to reduce contracted services (which will include reduction of the contractors' staff) and reduction in operating funds. Meetings with DDA and Service Coordination, Inc., (the vendor that we use to provide resource coordination services for continuing clients) are underway. This reduction will likely result in increased caseloads; a reduction in the number

Office of the Director

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of non Medicaid waived clients; the elimination of Purchase of Service funds; and a reduction in eligibility determination services. This reduction will also decrease the level of available funds for clients on the waiting list.

- **Individual Services (\$64,201)**  
Individuals with developmental disabilities and no services are eligible for up to \$3,000 for items or service. Using an average of \$1,500 per client, this reduction will result in between 35-40 clients having reduced services. The number of client visits will be reduced to one time a year. This reduction will also result in a reduction in the number of homeless clients served.

**Respite Care (\$61,253)**

This reduction represents a reduction in respite care hours from 139 to 130 per client.

**Senior Information and Assistance (TBD)**

BPW reduced statewide grant by 3% in August 2009, but Maryland Department of Aging (MDoA) has not notified local Area Agencies on Aging (AAA) of its intentions. If MDoA passes the reduction down to the counties, Health and Human Services will attempt to replace the reduction with Older Americans Act grant funds.

**Community Mental Health Grant (\$241,659)**

This reduction would impact the SORT-Hospital Diversion program. The Department will keep three positions vacant in the Hospital Diversion project in FY10, eliminate therapeutic foster care and reduce the escorted transportation contract budget.

**Alcohol and Drug Abuse Administration (ADAA) Grant (\$233,197)**

This reduction will reduce Level 1 contracts (impacting approximately 70 clients), and will shift lab services directly to Department of Corrections. There is no impact with this shift because the Department of Corrections already has funds budgeted for the lab services. Previously we would bill them for these services from the grant but now we will just bill it directly to their index code.

<b>Total August 2009 BPW Grant Reductions =</b>	<b>\$1,386,524</b>
<b>August 2009 Core Health Revenue Reduction =</b>	<b>\$1,600,000</b>
<b>Total August 2009 Reductions to HHS=</b>	<b>\$2,986,524</b>

**Synopsis of Other Major Grant Reductions**

**Head Start: Extended Year Services Supplemental Grant (\$66,640)**

In FY09 this grant provided summer learning for 136 children in 8 classrooms. In FY10 this reduction will only provide services to 90 children in 5 classrooms.

Councilmember Duchy Trachtenberg

November 12, 2009

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**Senior Ombudsman Grant (\$74,922)**

This reduction resulted in the abolishment of a Community Health Nurse position. The elimination of this position will likely result in a reduction in the number of unresolved complaints and the number and level of training of the Ombudsman volunteers. The program currently handles about 800 complaints per year, with staff involved in all cases, either directly or in collaboration with a volunteer. The nurse provided training to volunteers on medical and care issues.

**Child Care Resource and Referral (\$38,523)**

This reduction will require that the Department hold a Program Specialist II position vacant. This reduction is still pending - the Department has not yet received the official FY10 Award.

**Patient Services DEU (\$153,510)**

The preliminary plan is to shift the Community Health Nurse position to another Public Health Grant. If this cannot be done, the position will have to be abolished.

**Nutrition Risk Reduction Grant (\$45,130)**

This reduction will result in the reduction of a partial workyear for a Program Manager position. This reduction was anticipated, so the budget for the African American Health Program was adjusted to absorb this shortfall.

**Community Mental Health Grant - SORT (\$128,805)**

This reduction is in addition to the August 2009 BPW reduction listed above. This reduction involves re-tasking Hospital Diversion dollars to the Uninsurable Inpatient Care model. The Department submitted a reduction proposal to the State that included, abolishing one Therapist II position; terminating the transportation contract, and reducing one detoxification bed on January 1, 2010. The re-program of the Hospital Diversion project will be connected to locally funded programs in Department of Health and Human Services (DHHS). Mental Health Administration funding provided for these services will leverage existing local funding of the Triage and Evaluation Beds, Mobile Crisis Team, and Access Team. The service impact should be minimal since the award reduction is caused by re-program.

**Community Mental Health Grant (CMHG) (\$358,772)**

• **CMHG Services (\$304,186)**

Family Intervention Specialist funding will end due to Department of Juvenile Services' elimination of this program. DHHS is using attempting to find alternative funding options for both positions. This reduction also impacts support to Outpatient Mental Health Clinic (OMHC) providers, likely resulting in a reduction in the number of low income Medicare recipients served by the OMHC's.

- CMHG Admin (\$54,586)

This reduction will require the department to delay hiring of vacant position in FY10. There is no direct service impact.

**ADAA Block Grant (\$109,415)**

This reduction is in addition to the reduction noted above. This reduction will impact contracts with Maryland Treatment Centers (Journeys), Avery Road Combined Care, Vanguard and Avery Road Treatment Center. This reduction will also require a delay in hiring a Spanish speaking therapist. The Department is still determining the various impacts of the contract reductions.

**Emergency & Transitional Housing Services (\$26,996)**

This reduction will require the Department to reduce contracts by 10% for Bethesda Cares, Bethesda House, Carroll House, Dorothy Day Place and Wells Robertson. This reduction may result in fewer shelter bed nights, or our contractors may absorb the reductions (and reduce other forms of assistance such as bus tokens).

**HB669 Special Projects for Special Needs Housing (\$112,847)**

This reduction will reduce contracts for the Housing Opportunities Commission's Housing Counselor Program, Service Linked Housing (Tanglewood and Resident Advocate) Programs and will reduce the Homeless Women's Grant. The Department intends to use funds available as a result of shifting eligible expenses to the Housing Initiative Fund to replace this shortfall.

**Total Other Major FY10 Grant Reduction= \$1,115,560**

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c: Timothy Firestine  
Joseph Beach  
Councilmember George Leventhal  
Councilmember Nancy Navarro

**FY11 Minority Health Programs  
Update for Council Staff**

The approved funding levels for the three minority health programs at the beginning of FY10 were as follows:

<b>FY10 CC Approved - Minority Health Programs Budget</b>				
	<b>WY's</b>	<b>PC</b>	<b>OE</b>	<b>Total Budget</b>
African American Health Program	2.0	212,862.82	1,348,121.00	1,560,983.82
Latino Health Initiative	5.0	461,507.75	1,107,077.67	1,568,585.42
Asian American Health Initiative	1.0	105,544.98	613,870.00	719,414.98
General Operating Expenses			7,000.00	7,000.00
Lapse	-0.5	(40,949.76)		(40,949.76)
<b>TOTAL</b>	<b>7.5</b>	<b>738,965.79</b>	<b>3,076,068.67</b>	<b>3,815,034.46</b>
*LHI includes 20,000 in Grant Funds for the Asthma Management Grant				

As part of the FY10 savings plans the following reductions were approved by the County Council:

- AAHP \$16,860 (Data management, General Expenses and Printing)
- LHI \$9,730 (Ama Tu Vida Health Festival, Steering Committee and Workshops, General Expenses and Printing)
- AAHI \$7,780 (General Expenses and Printing)

<b>FY11 CE Recommended - Minority Health Programs Budget</b>				
	<b>WY's</b>	<b>PC</b>	<b>OE</b>	<b>Total Budget</b>
African American Health Program	2.0	245,987.33	1,166,033.77	1,412,021.04
Latino Health Initiative	5.0	415,301.83	943,084.26	1,358,386.09
Asian American Health Initiative	1.0	102,047.29	490,614.71	592,662.00
Furlough		(21,123.49)		(21,123.49)
Lapse	-0.5			
<b>TOTAL</b>	<b>7.5</b>	<b>742,212.96</b>	<b>2,599,732.74</b>	<b>3,341,945.64</b>
*LHI includes 20,000 in Grant Funds for the Asthma Management Grant				

For FY 11, we utilized the same department criteria when reviewing programs for reductions and cutbacks and many of the minority health activities and programs fall into the those categories of prevention, health promotion and facilitation of access to care. We have reduced elements of programs that will have the least impact to direct services where possible and put data/evaluation on the back burner. Unfortunately, we acknowledge that FY11 proposed reductions will have an impact.

One area where integration made sense was in information, referral and navigation services. Currently there are three phone lines (LHI, AAHI and MCares) created to assist callers, especially those who are uninsured, to access primarily county funded health services. There are different

levels of navigation provided by the three lines, slightly different data collection and evaluation methods. Currently, the three lines have different target audiences, with the LHI/CASA Line focusing on Latinos, the AAHI/InfoTech Line focusing on Asians, and the MCares/PCC Line which provides services to the general public. The Department proposed to create savings in FY11 by:

1. Combining and standardizing the information and referral functions;
2. Reducing level of navigation thereby cutting back on call time;
3. Develop information and referral protocol with MC311;
4. Provide education to community via health promoters regarding health services for the uninsured
5. Continue to provide medical interpreting for patients at the safety net clinics.

We consider FY11 to be a transition year when we will review the interim structure with an eye toward planning for a more permanent model that will be able to handle the demand of multiple language communities.

The Department will also take a more centralized approach to data and program evaluation and as a result, has eliminated the data/evaluation funding for AAHP.

Additionally, all contracted services have been recommended for a minimum 7% reduction.

# 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 Sherry D. White of the HHS - Administration and Support at 240.777.1151 or Trudy-Ann Durace 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, and assures compliance with relevant laws and regulations including the Americans with Disabilities Act (ADA) and the Health Insurance Portability and Accountability Act (HIPAA).

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>3,321,040</b>	<b>20.1</b>
Increase Cost: HIPAA Compliance Officer Position	130,000	1.0
Decrease Cost: Abolish a Full-time Community Outreach Manager Position and Retain \$60K to Cover the Shortfall Associated with a Reduced Intergovernmental Relations Legislative Position	-71,460	-1.0
Shift: The Conservation Corps Lease Cost to the Leases Non-Departmental Account (NDA)	-133,180	0.0
Shift: The Americans with Disabilities Act (ADA) Compliance Officer Position from the Department of Health and Human Services to the Department of General Services	-156,420	-1.0
Shift: Transfer Positions to Staff MC311 Call Center	-391,920	-5.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-126,680	0.7
<b>FY11 CE Recommended</b>	<b>2,571,380</b>	<b>14.8</b>

### 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, and information technology support and development.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>18,559,760</b>	<b>84.4</b>
Decrease Cost: HIPAA Information Technology (IT) Equipment Funding	-5,220	0.0
Decrease Cost: Miscellaneous Computer Equipment Funding	-10,000	0.0
Decrease Cost: Consultant Services Funds	-18,730	0.0
Decrease Cost: Information Technology (IT) Funding for Software Maintenance	-23,000	0.0
Decrease Cost: Temporary Clerical Services	-40,000	0.0
Decrease Cost: Training Funds within Human Services	-40,000	0.0
Decrease Cost: Information Technology (IT) Application Integration Framework (AIF) Maintenance Funding	-75,000	0.0
Decrease Cost: Information Technology (IT) Contractual Services	-180,000	0.0
Reduce: Broker Contractual Services	-227,460	0.0
Decrease Cost: Miscellaneous Operating Expenses Throughout the Department	-259,230	-1.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-1,643,970	-3.5
<b>FY11 CE Recommended</b>	<b>16,037,150</b>	<b>79.9</b>

Notes: Miscellaneous adjustment includes the shift of 2.0 workyears from the Office of the Chief Operating Officer to the Office of the Director.

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## Office of Disparities Reduction

This office has been eliminated. The functions are now incorporated within the Office of Community Affairs.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>3,815,040</b>	<b>7.5</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-3,815,040	-7.5
<b>FY11 CE Recommended</b>	<b>0</b>	<b>0.0</b>

## Office of Community Affairs

This office develops and implements outreach strategies and initiatives that aim at promoting self sufficiency and reducing disparities in ethnically and culturally diverse populations, through the work of the Community Action Agency and the Minority Program including, the African American Health Program, Latino Health Initiative, and the Asian American Health Initiative. The Office of Community Affairs 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. It also monitors and assures department-wide compliance with Limited English Proficiency (LEP) requirements, and has responsibility for the Head Start grant. The Head Start program is a collaborative effort of HHS, 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>Program Performance Measures</b>	<b>Actual FY08</b>	<b>Actual FY09</b>	<b>Estimated FY10</b>	<b>Target FY11</b>	<b>Target FY12</b>
Percentage change in Latino Health Initiative Asthma Management Program participants' knowledge of how to properly handle the condition <sup>1</sup>	5	13	10	NA	NA
Percentage of individuals who accessed services as a result of contacting the Bilingual Information Line of the Latino Health Initiative <sup>2</sup>	85	82	80	0	0

<sup>1</sup> Funding for the Asthma Management Forum was eliminated in the FY11 CE Recommended budget.

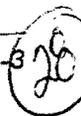
<sup>2</sup> The clients previously served through the bilingual information line can be served by the Montgomery Cares Information and Referral Line.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>3,458,000</b>	<b>13.4</b>
Enhance: Create a Program Aide Position in the Head Start Grant	26,370	0.7
Reduce: Eliminate the Annual Asthma Forum in the Asthma Management Program, in the Latino Health Initiative	-2,420	0.0
Decrease Cost: Contract for Clothing Center in Gaithersburg	-3,000	0.0
Eliminate: State General Funds Grant	-4,330	0.0
Decrease Cost: Contract for After School Programs for Middle School Youth in the Rosemary Hills Area	-5,000	0.0
Decrease Cost: Case Management and Information and Referral Services Contract	-11,500	0.0
Decrease Cost: Employment, Training, and Supportive Services Contract	-11,500	0.0
Decrease Cost: Community Outreach, Training, and Education Services	-12,000	0.0
Reduce: Eliminate the Health Careers Component of the Latino Youth Wellness Program in the Latino Health Initiative	-15,000	0.0
Decrease Cost: Clerical Support in the Asian American Health Initiative	-15,370	0.0
Eliminate: Broker Contractual Services in the African American Health Program for Data Analysis	-45,290	0.0
Reduce: Head Start Extended Year Services Supplemental Grant	-66,640	0.0
Decrease Cost: Outreach Services and Mini Grants to Community Based Organizations for Projects Aligned with the African American Health Program	-89,000	0.0
Decrease Cost: Eliminate the Contract for English for Speakers of Other Languages (ESOL) Classes and Support Services	-90,900	0.0
Reduce: Patient Navigator Program in the Asian American Health Initiative	-104,410	0.0
Reduce: Eliminate the Bilingual Information Line and Reduce Medical Interpretation Services in the System Navigator and Interpreter Program, in the Latino Health Initiative	-119,410	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	3,660,390	7.5
<b>FY11 CE Recommended</b>	<b>6,548,990</b>	<b>21.6</b>

Notes: Miscellaneous adjustments include the shift of the Minority Health Programs from the Office of Disparities Reduction.

## PROGRAM SUMMARY

Program Name	FY10 Approved		FY11 Recommended	
	Expenditures	WYs	Expenditures	WYs
Office of the Director	3,321,040	20.1	2,571,380	14.8
Office of the Chief Operating Officer	18,559,760	84.4	16,037,150	79.9
Office of Disparities Reduction	3,815,040	7.5	0	0.0
Office of Community Affairs	3,458,000	13.4	6,548,990	21.6
<b>Total</b>	<b>29,153,840</b>	<b>125.4</b>	<b>25,157,520</b>	<b>116.3</b>



# Full Recommended Position Reductions

HHS	CLASS	Full-time	Part-time	Filled	Vacant	Grade	Represented
	MANAGER III	-2	0	-1	-1	M3	
	ADMINISTRATIVE SPEC III	-1	0	-1	0	23	
	COMMUNITY OUTREACH MGR	-1	0	0	-1	28	
	CONS/SVC CORPS CREW TRNR	-1	0	0	-1	18	x
	CONS CORPS ASST CREW LDR	-1	0	0	-1	S3	x
	PROGRAM MANAGER II	0	0	0	0	25	
	PROGRAM MANAGER I	-1	0	-1	0	23	
	PROGRAM SPECIALIST II	-1	0	0	-1	21	x
	PROGRAM SPECIALIST I	-1	0	0	-1	18	x
	HUMAN SERVICES SPEC	0	0	0	0	23	x
	INCOME ASST PROG SPEC II	-1	0	0	-1	20	x
	PSYCH NURSE CLIN SPEC	0	-1	0	-1	25	x
	COMM HEALTH NURSE II	-3	-1	-2	-2	23	x
	OCCUPATIONAL THERAPIST	-1	0	0	-1	23	x
	THERAPIST II	-4	-2	0	-6	24	x
	BEHAV HEALTH ASSOC CNSLR	-2	0	0	-2	20	x
	SOCIAL WORKER IV	-1	0	0	-1	25	
	SOCIAL WORKER III	-2	0	0	-2	24	x
	EXECUTIVE ADMIN AIDE	-1	0	-1	0	17	
	OFFICE SERVICES COORD	-2	0	0	-2	16	x
	PRINCIPAL ADMIN AIDE	-3	-1	-1	-3	13	x
	MED DOC III - PHYSICIAN	-1	0	-1	0	H3	

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from Office of Legislative Oversight  
April 8, 2010

HHS COMMITTEE #1  
April 12, 2010

**ADDENDUM**

**MEMORANDUM**

April 8, 2010

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **FY11 Operating Budget: Department of Health and Human Services**  
Public Health Services

***Those expected for this worksession:***

Uma Ahluwalia, Director, Department of Health and Human Services  
Dr. Ulder Tillman, County Health Officer and Chief of Public Health Services  
Kim Mayo, DHHS Management and Budget  
Beryl Feinberg, Office of Management and Budget  
Trudye-Ann Durace, Office of Management and Budget  
Pooja Bharadwaja, Office of Management and Budget

Excerpts from the County Executive's Recommended Budget are attached at © 1-6.

**PUBLIC HEALTH SERVICES** (School Health Services will be reviewed at the joint HHS and ED Committee meeting on April 16<sup>th</sup>)

For FY11, Public Health Services is organized into 14 program areas. The following tables show the changes in dollars and workyears for the program area since FY09. Overall from the FY10 original budget to the FY11 recommended budget funding is proposed to decrease by \$4.89 million or 7% and workyears by 53 workyears or 9.3%.

As noted in the memos summarizing State reductions, Public Health has been the recipient of a \$1.6 million reduction in Core Health Revenues, a \$67,990 reduction in Tobacco Prevention funds, a \$264,680 reduction in cancer screening and prevention, a \$153,510 reduction

to support the AIDS diagnostic and evaluation unit, \$45,130 reduction to the Nutrition Risk Reduction, and \$20,000 to the improved pregnancy outcome grant.

<b>Public Health Services Expenditures in \$000's</b>	<b>FY09 Budget*</b>	<b>FY10 Budget</b>	<b>FY11 Recommend</b>	<b>Change FY10 Budget to FY11 Rec</b>
Health Care For the Uninsured	12,676	11,875	12,857	8.3%
Communicable Disease and Epidemiology	1,750	1,440	1,740	20.8%
Community Health Services	10,437	12,949	11,592	-10.5%
Dental Services	2,259	1,977	1,905	-3.6%
Environmental Health and Regulatory Svcs	3,140	3,104	2,980	-4.0%
Health Care and Residential Facilities	1,332	1,351	1,345	-0.4%
Health Promotion and Prevention	1,368	1,265	186	-85.3%
Cancer and Tobacco Prevention	2,241	1,289	982	-23.8%
STD/HIV Prevention and Treatment	6,295	6,257	6,705	7.2%
School Health Services	20,820	21,255	19,197	-9.7%
Tuberculosis Services	2,199	2,146	1,826	-14.9%
Women's Health Services	5,106	4,236	2,811	-33.6%
Public Health Emergency Preparedness	1,977	2,050	2,047	-0.1%
Service Area Administration	1,372	1,293	1,419	9.7%
<b>TOTAL</b>	<b>72,972</b>	<b>72,487</b>	<b>67,592</b>	<b>-6.8%</b>

<b>Public Health Services Workyears</b>	<b>FY09 Budget*</b>	<b>FY10 Budget</b>	<b>FY11 Recommend</b>	<b>Change FY10 Budget to FY11 Rec</b>
Health Care For the Uninsured	16.6	15.5	15.0	-3.2%
Communicable Disease and Epidemiology	14.2	12.2	14.4	18.0%
Community Health Services	100.4	133.0	115.7	-13.0%
Dental Services	15.1	14.0	14.6	4.3%
Environmental Health and Regulatory Svcs	30.8	29.7	28.2	-5.1%
Health Care and Residential Facilities	10.7	10.7	10.2	-4.7%
Health Promotion and Prevention	7.7	5.7	1.9	-66.7%
Cancer and Tobacco Prevention	7.0	4.0	3.0	-25.0%
STD/HIV Prevention and Treatment	41.7	43.1	40.8	-5.3%
School Health Services	237.4	240.1	206.9	-13.8%
Tuberculosis Services	19.9	19.8	16.9	-14.6%
Women's Health Services	17.6	16.2	20.4	25.9%
Public Health Emergency Preparedness	11.2	11.2	11.0	-1.8%
Service Area Administration	6.6	6.6	10.3	56.1%
<b>TOTAL</b>	<b>537</b>	<b>562</b>	<b>509</b>	<b>-9.3%</b>

### A. Health Care for the Uninsured

The Executive's recommended budget identifies 7 specific reductions totaling \$1,252,780 to programs that provide health care for the uninsured.

	Dollars	WY	Fund
Decrease Cost of Care for Kids without services reduction (continuation of FY10 Savings Plan)	\$ (80,000)	0.0	General
Abolish full-time Executive Administrative Aide Position - Health Care for the Uninsured	\$ (90,070)	-1.0	General
Reduce Cost of Maternity Partnership Program due to Lower Enrollment	\$ (117,750)	0.0	General
Reduce Costs in Montgomery Cares and fund based on service to 23,000 patients	\$ (365,000)	0.0	General
Reduce Montgomery Cares primary care reimbursement rate from \$62 to \$55 (11%)	\$ (415,800)	0.0	General
Eliminate FY10 grant to Proyecto Salud for adult primary care - fund through Montgomery Cares reimbursements only	\$ (94,790)	0.0	General
Eliminate FY10 grant to Mobile Medical Care for adult primary care - fund through Montgomery Cares reimbursements only	\$ (89,370)	0.0	General

### ***1. Care for Kids***

The Care for Kids program provides health care services to children below the age of 19 if their family's income is below 250% of the federal Poverty Level and they do not qualify for the Maryland Children's Health Program (MCHIP). As was noted in the FY10 Round 2 Savings Plan, the Department expects to achieve savings in the Care for Kids program by directing children, as appropriate, to school based health centers and the high school wellness center which have capacity to provide a medical home for more Care for Kids clients. The Council concurred with this Savings Plan change.

Council staff notes that the Round 2 Savings Plan estimated that \$110,000 in savings would result from this change.

**Council staff suggests the Committee recommend an additional \$30,000 in savings in the Care for Kids program based on the information provided during the Savings Plan discussions.**

### ***2. Maternity Partnership***

The Council has approved reductions to the funding for this program in both FY09 and FY10 based on a decline in usage. While it is not clear why the decline continues, hospitals are not reporting an increase people coming to the emergency to give birth who have not had prenatal care, it is decreasing none the less. One reason for the decline may be the restoration of Medicaid benefits for pregnant women of any age through Managed Care Organizations.

The FY10 budget is based on the assumption that the program will serve 2,286 women. As of March 1, 2010 the program has enrolled 1,266 women. For FY11, the budget does not assume any adjustment to the reimbursement to the participating hospitals (Washington Adventist, Holy Cross, and Shady Grove.) The co-pay for clients will also remain at \$450.

The reduction of \$119,170 to this program (slightly more than shown in the book) is based on the assumption that the program will serve 2,136 women, 150 fewer women in FY10.

As noted, 1,266 women have enrolled in the first 8 months of FY10, about 160 per month. Projected for a full year this would be 1,920 women. **Council staff suggests that this program could be funded to serve 2,000 women in FY11 for an additional reduction of 136 clients or \$106,760.**

The budget document notes that 94% of women who are enrolled in the Maternity Partnership program give birth to healthy birth weight babies.

### **3. Montgomery Cares**

For FY11, the County Executive is recommending \$9,480,455 for the Montgomery Cares program. This is a reduction of \$1,017,547 from the FY10 approved funding of \$10,498,002. A table provided at © 7 shows the adjustments that were made to FY10 funding over the course of the fiscal year and the allocation for FY11. The Executive's FY11 assumptions (©8) include:

- Serving 23,000 unduplicated patients during FY11,
- Patients will have an average of 2.7 visits,
- The budget will fund 62,100 primary care visits,
- The reimbursement rate will be cut from \$62 to \$55 per visit,
- Medications are budgeted to average \$90 per patient,
- The allocation for specialty care being reduced by \$45,000 from the FY10 original budget,
- \$205,000 previously budgeted to fund eligibility services has been shifted to Community Health Services – it has not been reduced,
- Administrative reductions that include cuts to: PCC admin (\$30,000); HHS Admin (\$7,000); Clinic IT support for CHL Care (\$30,000); and evaluations (\$87,500),
- Behavioral health services will be reduced by \$20,000 and funding for behavioral health emergency medication will be reduced by \$6,000, (the reduction to the behavioral health pilot will not impact current capacity but will not allow any expansion).
- Clinic cultural competency support will be reduced by \$30,000, and
- Funds will not be provided to the clinics for over the counter medications (\$60,000).

The Council received testimony from several people regarding the proposed reductions to Montgomery Cares. This packet includes the testimony from Mr. Dick Bohrer on behalf of the Montgomery Cares Advisory Board (©9-10), and Mr. Dick Pavlin on behalf of the Montgomery Cares Clinics (11-12). The Advisory Board says that:

- The clinics are projecting they will see 26,000 patients in FY10 and expect to have capacity to serve 30,000 patients in FY11 as opposed to the 23,000 assumed by the Executive.

- The clinics cannot sustain an 11% reduction in the reimbursement rate.
- The budget should provide \$4.5 million for primary care visits which is based on serving 30,000 patients who average 2.4 visits with a reimbursement rate of \$62. This is \$1 million more than allocated by the Executive.
- Medications should be funded at \$2.23 million which assumed a cost of \$75 for 30,000 patients.
- Outpatient Specialty Services can be funded at \$450,000. This is \$165,000 less than the Executive's allocation.
- Montgomery Care should be funded at the same overall level as it was in FY10.

The clinics are concerned that:

- The 23,000 patients assumed is far too low and will result in clinics having to exclude new patients or tell returning patients they can no longer care for them.
- Patients who cannot be served by the clinics will overburden other parts of the health care system -- emergency rooms.
- The reduction in the reimbursement rate will cause some clinics to face financial instability.
- The true cost of a primary care visit is \$133 to \$160. The clinics have used county funds to leverage funds to cover the full cost.
- The proposed cuts could threaten the integrity of the Montgomery Cares safety net.

**What assumption should be used – Number of Encounters?**

At the HHS Committee's March 4<sup>th</sup> update on the funding for Montgomery Cares, it was noted that there are two sets of projections that are in play. One is provided by the individual clinics and is both a projection and a goal for the year. The other is projecting from the actual number of patients that have been seen and the actual number of encounters. The following table summarizes some of these assumptions.

	As of March 1, 2010 (FY10)	Straight Project for FY10	Clinic Projections for FY10	Executive FY11	MCAB FY11
Patients	19,590	29,400	26,500	23,000	30,000
Encounters	43,838	65,760	71,000	62,100	72,000

The Executive's budget assumes a "no growth" strategy. The Department has said that effective July 1, 2010, they will institute through their contract with the Primary care Coalition, a strict approval process for any new sites, expanded hours, or expanded capacity (additional clinic FTEs) to ensure that clinic growth does not assume expanded county support.

Council staff believes that there will be some growth in the number of patients and encounters in FY11 but that in terms of encounters -- which is the critical number for budget purposes -- it could very likely be below the 72,000 projected by the Advisory Board. If encounter growth is projected at a little more than 5% then the FY11 budget should be based on

funding 70,000 encounters. While the Department will be putting in place an approval process for new capacity, there will be some annualization of capacity that came on in FY10.

**What assumption should be used – Reimbursement Rate?**

The Executive is proposing that the reimbursement rate for FY11 drop to \$55 per primary visit. This is a \$7 or 11% reduction. The Department is clear that this decision was made in order for the Department to meet its overall budget target and not because 11% was specifically selected for policy reasons. As the Committee is aware, most contractors are seeing a 7% reduction in funding. A 7% reduction would result in a reimbursement rate of \$58 per visit. If the reimbursement were reduced to \$60 it would be a 3% reduction. The following table shows the cost difference assuming 70,000 encounters.

	\$55 (11%)	\$58 (7%)	\$60 (3%)	\$62 (0%)
70,000 encounters	\$3,850,000	\$4,060,000	\$4,200,000	\$4,340,000
Additional Funds Required*	\$434,500	\$644,500	\$784,500	\$924,500
Less \$165,000 reduction to specialty care**	\$269,500	\$479,500	\$619,500	\$759,500

Executive allocation \$3,415,500

\*\*part of MCAB suggested allocation

**Council staff recommends that the HHS Committee consider placing \$479,500 on the reconciliation list to fund 70,000 encounters at a rate of \$58 which reflects the 7% reduction that is being applied to most contracts. The Committee may want to return to this item, as well as other items it places on the reconciliation list, at the end of its DHHS review to see if adjustments should be made because of the overall fiscal situation.**

Council staff is not recommending changes to the other elements of the Executive’s allocation because of fiscal constraints. Council staff does have a concern about the reduction in support to CHL Care, which is the clinics’ medical records system. The Committee may also want to discuss the funding for the oral health pilot program later when it looks that the reduction to Dental Services.

**Should Increased Eligibility Screening be Funded?**

At the March 4<sup>th</sup> session, the Committee discussed the issue of eligibility screening and the fact that not all Montgomery Cares patients are screened to see if they might be eligible for Medicaid. Director Ahluwalia told the Committee that she was hopeful some State grant funding would be awarded to the County to fund the additional positions needed to have a full screening program. This funding was not awarded.

Council staff asked the Department to provide information on the cost of enhancing the eligibility units. The Department has provided the following response:

When fully staffed, we expect a staff complement of 12 individuals to implement the Montgomery Cares eligibility effort.

In FY10 there are three eligibility positions in the Montgomery Cares budget - 2 Income Assistance Program Specialists (IAPS) and 1 Principal Administrative for a total cost (including benefits) of \$195,467. For FY11 these positions have been moved to the Service Eligibility Unit (SEU) in Community Health Services.

There are three additional IAP positions vacancies in the SEU which have been committed to the Montgomery Cares eligibility screening effort. Total cost in the CE Recommended budget (including benefits) for these three positions is \$205,458.

We are seeking grant support for 6 additional eligibility staff. They would be constituted as 2 eligibility teams. Each team will include 1 IAPS and 2 Client Assistance Specialists. The total personnel cost for these six positions is estimated to be \$366,528.

The FFP reimbursement for eligibility staff (IAPS & CAS positions) is 50% of salary and fringe for each position funded by the County general fund. The net cost to the County is estimated to be \$214,138.

Each of the six new positions is estimated to cost about \$62,000 with a net cost to the county of \$31,000 after FFP reimbursement. **Does the Committee want to consider funding any new eligibility positions? If so, would it be logical to reduce the county funding for Montgomery Cares encounters based on the assumption that from 10% to 15% of patients will be able to receive services from Medicaid?** If one assumes that 2,000 patients (and 5,400 encounters) are redirected, at \$55 per encounter \$297,000 would be freed-up to use for other purposes (such as funding eligibility staff). The county cost of six positions would be \$186,000 and would be budgeted in Community Health Services.

#### **Clinic Co-Pays and Wait-times – Follow-up from March 4 session.**

At the March 4<sup>th</sup> session, the Committee asked for information on co-pays at the Montgomery Cares clinics and wait times for new patients and returning patients. This information is attached at © 13-16. The tables show that there are a variety of charges (that are sometimes waived or paid on a sliding scale). Fees do not appear to have a direct relationship to clinic capacity. Council staff does note that Community Clinics, which would be one of the clinics that can see Medicaid patients, only has capacity for new patients at its Gaithersburg clinic.

#### **4. KAMMSA Clinic**

The Executive's recommendation for FY11 does not include \$30,000 in funding that has been provided to the Korean Community Service Center of Greater Washington to operate a community clinic in partnership with Mobile Med Service Alliance. The Council has received testimony asking for restoration of this funding. The testimony notes that this alliance provided medical care to 225 patients in FY09 who were primarily Korean speaking with limited English proficiency.

**Council staff is not recommending restoration of this money both for fiscal reasons and because Council staff believes that the need for translation and medical interpretation for this population should be coordinated with the overall decisions about the patient navigator phone lines and medical interpretation services.** The overall policy of Montgomery Cares has been to fund the clinics through the per encounter reimbursement rather than through special separate funding.

***5. Under One Roof Clinic***

The Under One Roof Clinic has been co-located with Outpatient Addictions Services since 2008. The mission of the clinic is to provide one place where those in addiction treatment can also address their other primary health needs. The Under One Roof Clinic received a grant from the Maryland Health Care Resources Commission in order to open, however these grant funds are no longer available. The Department plans to close the clinic June 30<sup>th</sup>.

Under One Roof Grant Funding	
FY 07	98,371.00
FY 08	164,762.00
FY 09	151,720.00
FY 10	77,002.00
<b>TOTAL</b>	<b>\$491,854</b>

The Department has also noted that only about 10% of the patients served at the Under One Roof Clinic are also Outpatient Addictions Services clients. The Clinic has served about 150 patients at the Gude Men’s shelter. The Department will serve these clients through the contract for services to healthcare for the homeless and will redirect other clients to other Montgomery Cares sites. **Council staff recommends approval of the Department’s decision not to provide additional funding to keep this clinic open in FY11.**

***6. Eliminate FY10 Grants to Proyecto Salud (\$94,790) and Mobile Medical Care (\$89,370) for adult primary care.***

The Executive’s budget recommends eliminating these two grants and funding these clinics only through per encounter reimbursements. As was discussed last year, these contracts pre-dated the policy shift to a per-encounter reimbursement. **Council staff agrees that all the Montgomery Cares clinics should be reimbursed under the per encounter policy and recommends approval of this reduction.**

***7. Council Grant Requests to be considered as a part of the Budget Review of Montgomery Cares (This section provided by Peggy Fitzgerald-Bare, Council Grants Manager)***

The Council received 7 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 © 17-20.

Of particular importance, the Board writes, **“Although we were impressed with the scope of all of the proposals, and found each to have merit in providing services to the uninsured in the County, there remains a strong Board consensus that in consideration of the budget cuts to the Montgomery Cares program, we respectfully suggest that funds are allocated to direct primary care services instead of allocated to individual clinics and projects.”** Staff concurs that first priority be given to funding the overall Montgomery Cares program.

**Summary of Council staff recommendations:**

- Approve \$11,000 request of Primary Care Coalition for maintenance of Data Health Information Exchange System (MeDHIX) as this electronic system is a key link among primary care clinics, specialty providers and hospitals. This funding should be added to the Montgomery Cares budget.
- The Committee does not need to make a recommendation regarding two clinic requests: Mary's Center (\$7500 for Family Support Worker) and Muslim Community Center (\$20,000 for domestic violence counseling and prevention). The County Executive has recommended funding these two requests as Community Grants and so they will be considered by the full Council along with all of the other County Executive-recommended Community Grants.
- Do not approve the remaining clinic requests as first priority should be given to the overall Montgomery Cares program.

The clinic grant requests and Advisory Board recommendations are summarized below:

1. **Holy Cross Hospital: \$50,000** for a full time case manager to work with uninsured patients and facilitate coordination with patients, primary care providers, specialty services and others to improve health status. **The Montgomery Cares Advisory Board (MCAB) is supportive of the proposal with conditions. It recognizes the importance of case management at all the clinics, but did not find the project sustainable after the one-year grant period.**

2. **Mary's Center for Maternal and Child Care: \$50,000** for purchase of diabetic supplies and a portion of the salary of the Family Support Worker. **MCAB does not support the request for diabetic supplies, understanding that the MCares program already purchases all needed diabetic supplies for MCares patients through the Community Pharmacy Program. The Board approves of the need for additional funds for the Family Support Worker but did not find the project to be sustainable after the one-year grant period. As noted previously, the County Executive has recommended a Community Grant to fund the organization's request for a portion of the Family Support Worker (\$7500). The Committee does not need to make a recommendation regarding this funding.**
3. **Mobile Medical Care: \$101,000** for continuation of funding for Nurse Practitioner at Germantown clinic. **MCAB is supportive of the proposal with conditions. Although the Board is understanding of Mobile Med's need for additional clinical staff, and recognizes that the elimination of the grant may mean the elimination of a position, if funded, this will be the third consecutive year that the agency has funded this position with a Council grant. Therefore, MCAB does not find the project to be sustainable.**
4. **Mobile Medical Care: \$131,300** for continuation of a Volunteer Coordinator and a Specialty Care Coordinator. **MCAB is supportive of the proposal with conditions. Although the Board is understanding of Mobile Med's need for the volunteer and specialty care staff, and recognizes that the elimination of the grant may mean the elimination of a position, if funded, this will be the fourth consecutive year that the agency has funded this position with a Council grant. Therefore, MCAB does not find the project to be sustainable.**
5. **Muslim Community Center: \$20,000** for domestic violence counseling and prevention. **MCAB is supportive of this proposal, recognizing the strong need for domestic violence counseling, prevention and awareness raising in the Community. As noted previously, the County Executive has recommended a Community Grant to fund this organization's request. The Committee does not need to make a recommendation regarding this funding.**
6. **Primary Care Coalition: \$11,000** for maintenance fees that will permit the MeDHIX Health Information Exchange to continue to facilitate electronic transfer of patient information from clinics to hospitals and specialists, including a web accessible, secure summary of a patient's electronic medical record. **MCAB is supportive of this request to maintain the Data Health Information Exchange system. The Board questioned the sustainability of the project but decided to overlook that due to the small dollar request.**
7. **Spanish Catholic Center of Catholic Charities: \$100,000** to assist with renovations in the relocation of the Langley Park Medical Clinic to the McCarrick Center in Wheaton. **MCAB is supportive of the project with reservations. The Board recognizes that the current clinic is substandard, necessitating a new clinic. That said, the Board**

has concerns that there is already a MCares clinic within two miles of the proposed new site. Additionally, there are no funds in FY11 and likely FY12 to support the patient growth that is projected as a result of the bigger, updated clinic.

**B. Communicable Disease and Epidemiology**

The Executive is recommending two specific changes in this program which investigates and manages issues regarding communicable diseases such as rabies, Hepatitis A, B, and C, Lyme Disease, H1N1, and other diseases proscribed by law. Educational programs are provided. This program is also responsible for the medical screening of people who enter the county with refugee status. Total recommended funding is \$1.74 million with 14.4 workyears.

	Dollars	WY	Fund
Enhance Refugee Resettlement program due to increase in MONA grant	\$ 125,370	0.0	Grant
Abolish part-time Community Health Nurse - Communicable Disease	\$ (43,340)	-0.5	General

**1. Increase in MONA Grant**

This grant reimburses the county for costs associated with assessments done in the refugee resettlement clinic. The increase is due to the shift of two positions to the grant which have higher salaries than were budgeted in FY10. It is not an impact on the General Fund.

**Council staff recommends approval.**

**2. Abolish part-time Community Health Nurse**

This is the abolishment of a vacant part-time Community Health Nurse for fiscal reasons. Work will be handled by remaining staff. **Council staff recommends approval.**

**C. Community Health Services**

The Executive is recommending two specific changes for this program which provides preventive health services to uninsured or underinsured people of all ages, nurse management of targeted populations, and housing the service eligibility unit for screening and access to local, State, and Federal programs. As previously noted, eligibility staff that was budgeted in Montgomery Cares has been transferred to this program as the Department views eligibility screening as a departmental function.

	Dollars	WY	Fund
Abolish full-time Manager III - Community Health Services	\$ (162,070)	-1.0	General
Abolish 2 full-time Community Health Nurses - Community Health Services	\$ (186,040)	-2.0	General

**1. Abolish Full-Time Manager III**

This position is being abolished because of the loss of the Under One Roof Clinic (discussed in Montgomery Cares). **Council staff recommends approval.**

**2. Abolish Two Full-Time Community Health Nurses – Community Health Services**

These are both filled positions but it is expected that the employees will be placed in other currently vacant positions. These positions are located at the Silver Spring Health Center and provide services including immunizations, case management, and education programs as needed. **Council staff recommends approval.**

**D. Dental Services**

The Executive is recommending a \$100,000 reduction to this program which funds dental services for adults, seniors, children, and the maternity partnership program.

	Dollars	WY	Fund
Reduce Dental Services for approximately 430 Adults/Seniors	\$ (100,000)	0.0	General

The following table shows the funding and clients served in all programs in this area.

DENTAL PROGRAM FUNDING					
Program	FY10 CC Approved Budget	FY09 Clients Served	FY10 Estimated Clients Served	FY11 Estimated Clients Served	FY11 CE Rec Budget
Maternity Dental Services (Budget includes funding for Adult & Maternity Dental)	1,253,598	492	550	550	1,193,805
Adult Dental Services		738	774	829	
Children Dental Services	302,560	2,033	2,000	2,000	302,060
Senior Dental Services	474,091	788	754	739	459,886
Less Lapse	(53,171)				(50,627.00)
<b>TOTALS</b>	<b>1,977,078</b>	<b>4,051</b>	<b>4,078</b>	<b>4,118</b>	<b>1,905,124</b>

The above table shows that even with a reduction in funding, it is expected that more adults will be served in FY11 than in FY10. During the Savings Plan worksession, the Committee heard from the Department that staff shortages in this program has slowed the ability to refer and see clients for service. The staff issues have been resolved and more people are able

to be scheduled for service. The \$100,000 will reduce the number that could have been served in FY11 but not the actual number served when compared to FY10. In addition to the \$100,000 identified in the budget book, there will be an \$8,740 (7%) to the contract for dental supplies. **Council staff recommends approval.**

### **E. Environmental Health and Regulatory Services**

Last year, the Committee discussed the wide range of inspections and other duties that must be provided by the staff in this program. They include restaurant and farm market inspections and inspections of swimming pools, group homes, private educational facilities, hotels, and motels. The county's rat control program is also in this program. The Committee discussed last year whether fees should be raised but agreed that the burden would be placed on businesses that were already being significantly impacted by the economic downturn. Total recommended funding for this program is \$2.98 million and 28.2 workyears.

For FY11, the Executive is recommending only one specific change with a reduction of \$30,000 included in the budget for West Nile Virus Surveillance.

	<b>Dollars</b>	<b>WY</b>	<b>Fund</b>
Reduce Cost of West Nile Virus Surveillance (continuation of FY10 Savings Plan)	\$ (30,000)	0.0	General

This is a continuation of a reduction approved as a part of the FY10 Savings Plan. **Council staff recommends approval.**

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

The Executive is not recommending any specific changes to this program that inspects and licenses nursing homes, large assisted living facilities, adult day care centers, and small assisted living facilities and group homes for children, elderly, mentally ill, and developmentally disabled people. Total recommended funding is \$1.35 million and 10.2 workyears. **Council staff recommends approval.**

### **G. Health Promotion and Prevention**

The Executive is recommending six specific changes to this program which provides a wide range of prevention programming and assists community groups in addressing issues such as obesity, alcohol and tobacco use, family violence, shaken baby syndrome, and parenting skills for at-risk families. The total recommended funding for this program is \$186,080 and 1.9 workyears for FY11. This is over an 80% reduction from the FY10 budget. As has been previously noted, there have been significant reductions to funding for health promotion and prevention both from the State and the county.

	Dollars	WY	Fund
Increase in Childhood Prevention Injury Grant	\$ 500	0.0	Grant
Eliminate Nutrition Risk Reduction Grant	\$ (45,130)	0.0	Grant
Abolish full-time Principal Administrative Aide - Health Promotion and Prevention	\$ (66,130)	-1.0	General
Decrease Miscellaneous Operating Expenses	\$ (91,600)	0.0	General
Eliminate GOSPEL program (some elements of the program will be done by the African American Health Program)	\$ (125,050)	1.0	General
Reduce a full-time Manager III from 1 WY to 0.2 WYs Health Promotion and Prevention	\$ (127,930)	-0.8	General

The Department has provided the following information on what FY11 funding will provide:

<b>Health Promotion &amp; Prevention</b>	
<b>Staffing</b>	
Manager III - .20WY	
Community Health Nurse II - 1.0WY	
Program Specialist I - 1.0WY	
<b>Program Services &amp; Activities</b>	
PHS will consider addressing one or more health prevention focus areas such as:	
- childhood obesity prevention/intervention	
- preconception health education for young women	
- breast cancer awareness outreach	
- screenings for breast, colon or prostate can	
Health Promotion Staff will continue support other health promotion activities, but at a reduced level, such as: the car seat safety awareness program (which is managed by Fire and Rescue,) injury prevention outreach and awareness activities, and participate	
Continued management of the Improved Pregnancy Outcome Grant activities which includes staffing the Fetal and Infant Mortality Review Board	
Continued management of the Minority Infant Mortality Reduction Grant activities.	
<b>Total FY 11 CE Recommended</b>	<b>186,080</b>

***1. Increase funding for Childhood Prevention Injury Grant (+\$500) and eliminate funding from the Nutrition Risk Reduction Grant (-\$45,130)***

Both of these items are in response to changes in the availability of grant funding. **Council staff recommends approval.**

**2. Abolish Full-time Principal Administrative Aide**

This is a filled position that is being abolished in order to meet overall budget targets. Program duties will be handled by other staff. Council recommends approval.

**3. Decrease Miscellaneous Operating**

The Department estimates it can save \$91,600 in several operating expense categories in order to meet budget targets. Council staff recommends approval.

**4. Eliminate G.O.S.P.E.L. Program (some elements may be provided through the African American Health Initiative**

The following is a description of this program when the Committee last discussed it as a part of the FY09 operating budget -- *G.O.S.P.E.L. - Glorifying Our Spiritual and Physical Existence for Life - is an outreach program to 11 African American church congregations throughout Montgomery County. The health outreach focuses on health disparities, especially those disparities related to tobacco use or exposure. The program was developed in collaboration with the Montgomery County Black Ministers' Conference. The program was originally started with Cigarette Restitution grant funds that supported a full time coordinator position and operating funds.*

Because grant funding was no longer available, this program was shifted to the General Fund. The Executive has proposed its elimination in FY11 in order to meet overall budget targets. While it is a highly regarded program, it is an outreach and prevention program. These types of programs have generally been eliminated from the DHHS budget. **Council staff recommends approval.**

**5. Reduce Manager III from 1.0 WYs 0.2 WYs and abolish position during FY11**

This position is being abolished for fiscal reasons but it is expected that it will become vacant shortly after FY11 begins. Therefore funding is included for 0.2 WYs. **Council staff recommends approval.**

**H. Cancer and Tobacco Prevention**

The Executive has noted three specific items in the budget document that reflect changes in available State funding.

	Dollars	WY	Fund
Reduce Miscellaneous Operating funded by Cigarette Restitution Funds	\$ (10,000)	0.0	Grant
Reduce Tobacco Prevention and Educations funded by Cigarette Restitution Funds	\$ (70,760)	-1.0	Grant
Reduce cancer Prevention, Education, Screening, and Treatment funded by Cigarette Restitution Funds	\$ (209,070)	-0.5	Grant

These reductions are not new for FY11 but reflect the implementation of changes that have been made due to last year's reduction in Cigarette Restitution Funds. The Department has provided the following information. **Council staff recommends approval.**

The Cancer Screening and the Tobacco Prevention Programs were reduced by 30% and 25% respectively in September 2009. DHMH indicated that the Board of Public Works cut the program due to declining revenues. As a result of reductions, the Tobacco program lost one position. For FY10 this severely affected our efforts for continuing success, resulting in the loss of 8 contractual work years that supported tobacco prevention minority initiatives, the loss of the enforcement officer, and 8 vendors that provided services to youth, teens, and minorities. The focus of the program now is smoking cessation through the few vendors that have contracts. The operation of these programs and services were performed not only by government and contract positions, but also vendors and nonprofits partners who were adversely impacted. This fiscal year there have been fewer outreach and education activities, a very limited number of smoking cessation classes.

The Cancer program reduced the funding of a contractual Nurse Case Manager, funding for outreach, and reduced the current contracts for colonoscopy services. This fiscal year there has been less outreach and fewer education activities and smoking cessation classes. Colonoscopies and prostate screenings have been reduced considerably. The number of colonoscopies was reduced from 250 in FY09 to 200 in FY10, and prostate screenings were reduced from 150 in FY09 to 92 in FY10. Almost a quarter of the colonoscopies being done are recalls, limiting the number of new clients seen.

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

For FY11, the Executive is recommending funding of \$6.705 million and 40.8 WYs. This is a program that has **good news** as the county has seen an increase in the funds awarded through the Ryan White Grants.

	Dollars	WY	Fund
Increase in Ryan White Emergency AIDS Services Grant	\$ 456,600	0.0	Grant
Increase in Ryan White Consortia Services	\$ 121,990	0.0	Grant
Increase in Housing Opportunities for People with AIDS (HOPWA) Grant (\$452,220 to \$525,300)	\$ 73,080	0.0	Grant
Add HIV Outreach to Minority Populations	\$ 69,840	0.0	Grant
Abolish a full-time Principal Administrative Aide - STD/HIV	\$ (46,990)	-1.0	General
Eliminate AIDS Diagnostic and Evaluation Grant	\$ (153,510)	-1.0	Grant

***1. Increase Ryan White Emergency AID Services Grant (+\$456,600) and Ryan White Consortia Services (+\$121,990)***

The county has received an increase in funds available through Ryan White Parts A&B. The programs support the following services areas at Dennis Avenue Health Center:

- Ambulatory medical
- Medical Case management
- Nutritional Therapy
- Oral Health
- Emergency Financial Assistance (utilities rental, food)
- Mental Health
- Substance Abuse counseling
- Transportation
- AIDS pharmaceutical Assistance
  - The Ryan White Part A&B grants supports services for 640 total service clients.
  - The Ryan White Parts A&B supports 16.45 work years (staff)

There are 640 clients under care for a variety of services including primary medical care, medical and psychosocial case management, dental, nutrition support and other supportive services. The funding for Ryan White Part A run through February 2011 and is a competitive grant. The funding for Ryan White Part B runs through June 2011 and is formula based.

**Council staff recommends approval.**

***2. Increase Grant Funds for Housing Opportunities for People with AIDS (+\$73,080)***

The Department has told Councils staff that with this additional money the county has progressed from providing rental subsidies for 38 units (73 individuals housed) in July 2009 to subsidizing 43 units (83 individuals housed) in September 2009 and currently. There is not a formal waiting list for HOPWA subsidies. Although there are always individuals and families seeking rental subsidies through HOPWA program, turnover is infrequent. When a vacancy occurs it is filled based on client needs as determine by the HIV Case Managers. Determining factors considered relative to need include, but are not limited to: health status, current housing situation, income, family situation, availability of other resources, and ability to live independently. **Council staff recommends approval.**

***3. Abolish Full-time Principal Administrative Aide***

This is a vacant position and is being abolished for fiscal reasons. **Council staff recommends approval.**

***4. Eliminate AIDS Diagnostic and Evaluation Grants (-\$153,510)***

The AIDS Diagnostic and Evaluation Unit grant was eliminated in July 2009. The impact of this change has affected only program administration. Funding in Ryan White Part B grant continues to support the same level of direct services to the clients. AIDS Diagnostic and Evaluation is the initial diagnostic visit for HIV Primary Medical Care Services. DHHS

continues to report to the state and county on these clients. **Council staff recommends approval.**

**5. Update on Efforts to Increase STD/HIV Services in the UpCounty (funded in Community Health Services**

The Council added funds to the FY10 budget to create a Nurse Practitioner position to increase STD and HIV testing and treatment services in the Upcounty. Council staff understand that the new employee was hired at the end of March and is now training and working at the Silver Spring Health Center. The Nurse Practitioner will probably be able to start seeing patients in about 90 days.

**J. Tuberculosis Services**

The Executive is not recommending any specific changes to this program in FY11. The program tests people for exposure to TB and treats active cases. They identify people at risk for TB and perform contact studies to determine who may have been exposed to an infected person. FY11 funding is \$1.85 million and 16.9 WYs. **Council staff recommends approval.**

**K. Women's Health Services**

The Executive is recommending two specific changes to this program for FY11, both related to grant funding. However, there is a large miscellaneous change to this program in part because Project Deliver and the Maternity Partnership program have been shifted to Healthcare for the Uninsured. The Administrative Care Coordination Team, which assists children and pregnant women who have medical assistance was moved into this program.

	Dollars	WY	Fund
Increase in CDC Early Detection and Control Breast and Cervical Cancer Grant (\$555,160 to \$675,160)	\$ 120,000	0.0	Grant
Reduction in Improved pregnancy outcome grant from \$139,540 to \$119,540	\$ (20,000)	0.0	Grant

**1. CDC early Detection and Control Breast and Cervical Cancer Grant**

For FY11, there will be \$675,160 to increase the screening and treatment services that can be provided to women through county programs. **Council staff recommends approval.**

**2. Improved Pregnancy Outcome Grant**

The Improved Pregnancy Outcomes (IPO) grant funds the work of the Fetal Infant Mortality Review (FIMR) Board and the Community Action Team (CAT). These two groups consist of invited volunteer health care providers and community members. The FIMR group (primarily health professionals) reviews prenatal records of fetal and infant deaths and makes recommendations to help reduce morbidity and mortality. The CAT group develops an annual action agenda to address local identified needs. The grant supports a half-time contractual nurse who gathers the perinatal health information and a half-time program coordinator who plans and

staffs the meetings. They both contribute to required reports to DHMH. With the reduced funding, \$119,540 remains for these efforts. **Council staff recommends approval.**

**3. Follow-up to Report of the MC Reproductive Health, Advocacy, and education Work Group**

On April 5<sup>th</sup> the HHS Committee held a worksession where they were briefed on the Work Groups findings and recommendations. The Committee expressed their interest in continuing to look strategically at the issue of teen pregnancy, encouraged the Department to look into recently announced Federal grants, find ways to collaborate with government and community partners, and understand the impacts from recent health insurance reform.

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

The Executive is not recommending any specific changes to this program which is responsible for planning and readiness for disasters, including bio-terrorism threats. Staff coordinates with other departments and agencies for planning and exercises. FY11 recommended funding is \$2.04 million and 11 WYs.

**M. Service Area Administration**

The Executive is not recommending any specific changes to this program that includes service wide administration and health planning. FY11 funding is \$1.4 million and 10.3 WYs.

**N. Miscellaneous Adjustments**

	Dollars	WY	Fund
Miscellaneous Adjustments - Health Care for the Uninsured	\$ 2,235,500	0.5	General and Grant
Miscellaneous Adjustments - Communicable Disease and Epidemiology	\$ 217,880	2.7	General and Grant
Miscellaneous Adjustments - Community Health Services	\$ (1,009,040)	-14.3	General and Grant
Miscellaneous Adjustments - Dental Services	\$ 28,040	0.6	General and Grant
Miscellaneous Adjustments - Environmental Health and Regulatory Services	\$ (93,950)	-1.5	General and Grant
Miscellaneous Adjustments - Health Care and Group Residential Facilities	\$ (5,450)	-0.5	General and Grant
Miscellaneous Adjustments - Health Promotion and Prevention	\$ (623,920)	-1.0	General and Grant
Miscellaneous Adjustments - Cancer and Tobacco Prevention	\$ (16,920)	0.5	General and Grant
Miscellaneous Adjustments - STD/HIV Prevention and Treatment	\$ (72,720)	-0.3	General and Grant
Miscellaneous Adjustments - Tuberculosis Services	\$ (320,210)	-2.9	General and Grant
Miscellaneous Adjustments - Women's Health Services	\$ (1,524,820)	4.2	General and Grant
Miscellaneous Adjustments - Public Health Emergency Preparedness and Response	\$ (3,210)	-0.2	General and Grant
Miscellaneous Adjustments - Service Area Administration	\$ 125,530	3.7	General and Grant
<b>NET MISCELLANEOUS ADJUSTMENTS</b>	<b>\$ (1,063,290)</b>	<b>\$ (8.5)</b>	

**Council staff recommends approval.**

# 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, 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

### Health Care for the Uninsured

Health Care for the Uninsured was previously titled Office of Health Partnerships and Health Planning. This program oversees the Montgomery Cares, Care for Kids, and Maternity Partnership programs. Through public-private partnerships, these programs provide health care services for low-income uninsured, children, adults, and pregnant women, using private pediatricians, a network of safety net clinics, obstetricians, and hospitals along with other health care providers. 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 oversees primary health care services for the homeless. Health Planning and Epidemiology moved from Health Care for the Uninsured to Service Area Administration.

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
Montgomery Cares enrollment <sup>1</sup>	16,773	21,077	23,000	23,000	23,000
Number of pregnant women enrolled in the Maternity Partnership	2,372	2,375	2,136	2,136	2,136
Percentage of children, newly referred to Care for Kids, linked with a provider within 30 days of referral from the County Service Eligibility Units <sup>2</sup>	59	34	48	48	48
Percentage of healthy birth weight babies (= or > 2,500 grams) born to pregnant women in the Maternity Partnership Program	94	95	94	94	94

<sup>1</sup> In FY10, funds will be redirected from supporting services to primary care, resulting in a less comprehensive package of services, but maintaining the availability of primary care services.

<sup>2</sup> A FY09 vacancy and a subsequent FY10 abolishment of a contractual client assistance worker significantly slowed down linkages to providers in FY09.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>11,874,930</b>	<b>15.5</b>
Decrease Cost: Care For Kids Without Service Reduction	-80,000	0.0
Decrease Cost: Absorb Contract for Adult Services Under Montgomery Cares Program	-89,370	0.0
Decrease Cost: Abolish a Full-time Executive Administrative Aide Position	-90,070	-1.0
Decrease Cost: Absorb contract for Primary Care for Uninsured Adults under Montgomery Cares Program	-94,790	0.0
Decrease Cost: Maternity Partnership Program due to Lower Enrollment	-117,750	0.0
Reduce: Montgomery Cares Program Based on Enrollment of 23,000 Patients	-365,500	0.0
Decrease Cost: Reduce Reimbursement Rate from \$62 to \$55 per Encounter for Montgomery Cares Program	-415,800	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	2,235,500	0.5
<b>FY11 CE Recommended</b>	<b>12,857,150</b>	<b>15.0</b>

Notes: Miscellaneous adjustment includes the shift of 3.0 workyears to Community Health Services, 5.0 workyears to Office of the Chief Operating Officer, and 9.6 workyears here from Women's Health Services.

### Communicable Disease and Epidemiology

Communicable Disease and Epidemiology was previously titled Communicable Disease, Epidemiology and 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 H1N1 Influenza, 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 are available to resident private medical providers, schools, childcare providers, and other community groups. The Refugee Health Program shifted from Tuberculosis Services to Communicable Disease and Epidemiology. This program 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>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>1,440,150</b>	<b>12.2</b>
Enhance: Refugee Resettlement (MONA) Grant	125,370	0.0
Decrease Cost: Abolish a Part-time Community Health Nurse II Position	-43,340	-0.5
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	217,880	2.7
<b>FY11 CE Recommended</b>	<b>1,740,060</b>	<b>14.4</b>

Notes: Miscellaneous adjustment includes the shift of 2.5 workyears from Tuberculosis Services.

### **Community Health Services**

Community Health Services provides preventative health access services to uninsured and underinsured populations, from newborns to the elderly. Services include women's health services in regional sites, and nurse case management of targeted populations such as, pregnant women, children up to two years of age, and care coordination for vulnerable clients in the Medicaid managed-care system. This program area includes the Community/Nursing Home Medical Assistance and Outreach program 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 health centers. Coordination of Childhood Lead Prevention services shifted from Tuberculosis Services to Community Health Services.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>12,949,300</b>	<b>133.0</b>
Reduce: Abolish a Full-time Manager III Position	-162,070	-1.0
Reduce: Abolish Two Full-time Community Health Nurse II Positions	-186,040	-2.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-1,009,040	-14.3
<b>FY11 CE Recommended</b>	<b>11,592,150</b>	<b>115.7</b>

Notes: Miscellaneous adjustment includes the shift of 3.0 workyears from Health Care for the Uninsured, a shift of 1.0 workyear to Dental Services, 12.0 workyears to Women's Health Services, and a lapse adjustment.

### **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 second grade classes. This program also includes an HIV Dental Program, which provides comprehensive oral health services to HIV-infected clients.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>1,977,080</b>	<b>14.0</b>
Reduce: Dental Services for Approximately 430 Adults/Seniors	-100,000	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	28,040	0.6
<b>FY11 CE Recommended</b>	<b>1,905,120</b>	<b>14.6</b>

Notes: Miscellaneous adjustment includes the shift of 1.0 workyear from Community Health Services.

### **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>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>3,104,050</b>	<b>29.7</b>
Decrease Cost: West Nile Virus Surveillance	-30,000	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-93,950	-1.5
<b>FY11 CE Recommended</b>	<b>2,980,100</b>	<b>28.2</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>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>1,350,600</b>	<b>10.7</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-5,450	-0.5
<b>FY11 CE Recommended</b>	<b>1,345,150</b>	<b>10.2</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 injury prevention programs for various target groups and 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. Coordination of the Fetal Infant Mortality Board has shifted from Health Promotion and Prevention to Women's Health Services. Substance Abuse Prevention services has shifted from Health Promotion and Prevention to Juvenile Justice Services in the Children Youth and Families Service Area.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>1,265,340</b>	<b>5.7</b>
Enhance: Childhood Injury Prevention Grant	500	0.0
Eliminate: Nutrition Risk Reduction Grant	-45,130	0.0
Decrease Cost: Abolish a Full-time Principal Administrative Aide position	-66,130	-1.0
Decrease Cost: Miscellaneous Operating Expenses	-91,600	0.0
Eliminate: G.O.S.P.E.L. Program and Absorb the Functions Under the African American Health Program	-125,050	-1.0
Reduce: Abolish a Full-time Manager III Position to 0.2 WY	-127,930	-0.8
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-623,920	-1.0
<b>FY11 CE Recommended</b>	<b>186,080</b>	<b>1.9</b>

Notes: Miscellaneous adjustment includes the shift of the Substance Abuse and Education Program to Juvenile Justice Services including one workyear and operating expenses.

### **Cancer and Tobacco Prevention**

Cancer and Tobacco Prevention was previously titled 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 tobacco-control programs.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>1,288,590</b>	<b>4.0</b>
Decrease Cost: Miscellaneous Operating Expenses in Cancer Restitution Funds Under Cancer and Tobacco Prevention Program	-10,000	0.0

	Expenditures	WYs
Reduce: Cigarette Restitution Fund (CRF) - Tobacco, Prevention, and Education	-70,760	-1.0
Reduce: Cigarette Restitution Fund (CRF) - Cancer Prevention, Education, Screening, and Treatment	-209,070	-0.5
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-16,920	0.5
<b>FY11 CE Recommended</b>	<b>981,840</b>	<b>3.0</b>

Notes: Miscellaneous adjustment includes the shift of 0.5 workyear from Cancer Prevention, Education, Screening, and Treatment Grant to Tobacco, Prevention, and Education Grant.

### STD/HIV Prevention and Treatment Program

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).

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
New cases of Chlamydia per 100,000 population among County residents (15-24) <sup>1</sup>	930	1,052	1,115	NA	NA

<sup>1</sup> Data is for the calendar year in which the fiscal year began. This measure is one of the four age cohort components. Projections are not made due to uncertainty as to when case numbers will fall.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>6,257,120</b>	<b>43.1</b>
Enhance: Ryan White I - Emergency AIDS Services Grant	456,600	0.0
Enhance: Ryan White II - Consortia Services	121,990	0.0
Enhance: HOPWA - Housing Opportunities for People With AIDS Grant	73,080	0.0
Add: HIV Minority Outreach Activities	69,840	0.0
Decrease Cost: Abolish a Full-time Principal Administrative Aide Position	-46,990	-1.0
Eliminate: AIDS Diagnostic and Evaluation Grant	-153,510	-1.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-72,720	-0.3
<b>FY11 CE Recommended</b>	<b>6,705,410</b>	<b>40.8</b>

Notes: Miscellaneous adjustment includes the shift of 1.0 workyear from AIDS Diagnostic and Evaluation Grant to Ryan White I - Emergency AIDS Services Grant.

### 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.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>21,255,590</b>	<b>240.1</b>
Add: Opening Up W.I.D.E (Wellness Initiative and Dental Enhancement)	89,640	0.0
Increase Cost: School Based Health and Linkages to Learning Centers - Operating Budget Impact (CIP)	15,000	0.0
Decrease Cost: School Based Health Center	-15,220	0.0
Decrease Cost: School Based Health Centers Contractual Medical Services Based on Historical Spending	-20,000	0.0
Reduce: Abolish a Full-time and a Part-time Community Health Nurse II Positions	-176,930	-1.6
Reduce: School Health Room Aide I and II Positions from .73 Workyear to .62 Workyear	-1,541,340	-22.2

	<b>Expenditures</b>	<b>WYs</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-409,340	-9.4
<b>FY11 CE Recommended</b>	<b>19,197,400</b>	<b>206.9</b>

Notes: Miscellaneous adjustment includes the annualization of a Community Health Nurse, and a lapse adjustment.

### **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 has shifted from Tuberculosis Services to Communicable Disease & Epidemiology, and coordination of Childhood Lead Prevention services has shifted from Tuberculosis Services to Community Health Services.

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 FY08</b>	<b>Actual FY09</b>	<b>Estimated FY10</b>	<b>Target FY11</b>	<b>Target FY12</b>
Percentage of clients with active infectious tuberculosis who receive Directly Observed Therapy and successfully complete the treatment regimen <sup>1</sup>	99	99	95	95	95

<sup>1</sup> Tuberculosis data are for the calendar year in which the fiscal year began and differs from previously-published results due to use of a more accurate number in the denominator.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>2,145,970</b>	<b>19.8</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-320,210	-2.9
<b>FY11 CE Recommended</b>	<b>1,825,760</b>	<b>16.9</b>

Notes: Miscellaneous adjustment includes the shift of 2.5 workyears to Communicable Disease and Epidemiology.

### **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). Screening for early detection of breast cancer and cervical cancer including gynecological examinations, clinical breast examinations, mammograms, ultrasounds of the breast and related case-management services are offered through the Women's Cancer Control Program (WCCP) to eligible women aged forty years and older. Nursing case-management services are provided for pregnant women, high-risk infants, and children birth to two years. Coordination of the Fetal Infant Mortality Board has shifted from Health Promotion and Prevention to Women's Health Services.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>4,236,080</b>	<b>16.2</b>
Enhance: Center for Disease Control (CDC) Early Detection and Control Grant - Breast and Cervical Cancer	120,000	0.0
Reduce: Improved Pregnancy Outcome Grant	-20,000	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-1,524,820	4.2
<b>FY11 CE Recommended</b>	<b>2,811,260</b>	<b>20.4</b>

Notes: Miscellaneous adjustments include the shift of Project Deliver and Maternity Partnership Programs to Health Care for the Uninsured (9.6 workyears). In addition, the Dedicated Administrative Care Coordination Team (5.0 workyears) and grants shifted from Community Health Services (7.0 workyears) and Health Care for the Uninsured (1.3 workyears) as well as a lapse adjustment.

### **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.

(5)

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>2,050,210</b>	<b>11.2</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-3,210	-0.2
<b>FY11 CE Recommended</b>	<b>2,047,000</b>	<b>11.0</b>

### Service Area Administration

This program area provides leadership and direction for the administration of Public Health Services. Service Area administration also includes Health Planning and Epidemiology (previously included in the former Office of Health Partnerships and Health Planning), the Community Health Improvement Process and Special Projects, as well as oversight for medical quality assurance, contract, grant and partnership development.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>1,293,490</b>	<b>6.6</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	125,530	3.7
<b>FY11 CE Recommended</b>	<b>1,419,020</b>	<b>10.3</b>

Notes: Miscellaneous adjustment includes the shift of 0.5 workyear from Environmental Health Regulatory Services, and 5.0 workyears from Health Care for the Uninsured.

## PROGRAM SUMMARY

<b>Program Name</b>	<b>FY10 Approved</b>		<b>FY11 Recommended</b>	
	<b>Expenditures</b>	<b>WYs</b>	<b>Expenditures</b>	<b>WYs</b>
Health Care for the Uninsured	11,874,930	15.5	12,857,150	15.0
Communicable Disease and Epidemiology	1,440,150	12.2	1,740,060	14.4
Community Health Services	12,949,300	133.0	11,592,150	115.7
Dental Services	1,977,080	14.0	1,905,120	14.6
Environmental Health Regulatory Services	3,104,050	29.7	2,980,100	28.2
Health Care and Group Residential Facilities	1,350,600	10.7	1,345,150	10.2
Health Promotion and Prevention	1,265,340	5.7	186,080	1.9
Cancer and Tobacco Prevention	1,288,590	4.0	981,840	3.0
STD/HIV Prevention and Treatment Program	6,257,120	43.1	6,705,410	40.8
School Health Services	21,255,590	240.1	19,197,400	206.9
Tuberculosis Services	2,145,970	19.8	1,825,760	16.9
Women's Health Services	4,236,080	16.2	2,811,260	20.4
Public Health Emergency Preparedness & Response	2,050,210	11.2	2,047,000	11.0
Service Area Administration	1,293,490	6.6	1,419,020	10.3
<b>Total</b>	<b>72,488,500</b>	<b>561.8</b>	<b>67,593,500</b>	<b>509.3</b>

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<b>MONTGOMERY CARES FY10 BUDGET as of March 30, 2010</b>								
	<b>FY10 CC Approved</b>	<b>FY10 Approved Revised</b>	<b>FY10 Savings Plan Round 1</b>	<b>FY10 Savings Plan Round 2</b>	<b>FY10 1% Inflationary Adj</b>	<b>FY10 Reinstatement Savings Plan Reprogramming</b>	<b>Difference</b>	<b>FY11 CE Recommended Budget 3/15/10</b>
Enrollment	22,500	23,000	23,000	23,000	23,000	23,000		23,000
Support for Primary Care Visits	3,667,100	3,750,800	3,750,800	3,750,800	3,751,206	4,179,206	428,000	3,486,066
Community Pharmacy - Med Bank	2,086,321	2,127,731	2,127,731	2,127,731	2,136,590	2,131,590	(5,000)	2,070,590
Cultural Competency	55,000	75,000	75,000	75,000	75,000	75,000	-	45,000
Pilot Programs	950,000	950,000	950,000	938,000	938,000	911,000	(27,000)	930,000
Specialty Services	660,469	660,469	660,469	655,969	655,969	625,969	(30,000)	615,469
Program Development	244,000	244,000	244,000	244,000	274,664	274,664	-	231,164
Information and Technology	348,000	348,000	348,000	348,000	350,360	343,360	(7,000)	320,360
PCC-Administration	524,070	524,070	524,070	524,070	569,274	569,269	(5)	539,274
HHS Eligibility Determination	205,137	205,137	205,137	205,137	205,137	205,137	-	-
HHS Administration	484,030	484,030	484,030	484,030	484,030	484,035	5	485,336
Facility and Technical Assistance	456,810	311,700	307,300	230,800	230,800	154,800	(76,000)	67,040
Health Care for the Homeless	735,285	735,285	730,285	640,285	643,972	543,972	(100,000)	690,158
Balance in Payroll								
<b>TOTAL MONTGOMERY CARES</b>	<b>10,416,222</b>	<b>10,416,222</b>	<b>10,406,822</b>	<b>10,223,822</b>	<b>10,315,002</b>	<b>10,498,002</b>	<b>183,000</b>	<b>9,480,455</b>
			9,400	183,000				
* In FY10, HHS reallocated a total of \$145,110 from Facilities- \$83,700 to provide primary care visits and \$41,410 for pharmacy services for an additional 500 patients and \$20,000 to provide additional language line services based on increased demand. \$3,687 inflation adjustment to Healthcare for Homeless and \$86,491 inflation adjustment MCares for a total of \$91,178								
** Savings Plan reductions Round 1 taken in Facilities (-\$4400) and Healthcare for the Homeless (-\$5000)								
***Savings Plan Round 2 taken in Healthcare for Homeless (-\$90,000) Facilities (-\$76,500) Specialty Care (-\$4,500 vacant position) BH Pilot (-\$12,000 vacant position)								
****Reprogramming of \$183,000 of savings plan and \$250,000 of additional savings identified and transferred to Primary Care line								



**Montgomery Cares  
Proposed FY11 budget reductions**

<u>Medications</u>	
Eliminate funds for OTC Drugs	(60,000)
Eliminate Behavioral Health emergency medication	(6,000)
<u>Administrative costs</u>	
Reduce PCC Contract – admin & operating expenses	(30,000)
Reduce DHHS Administration – operating expenses	(3,500)
Reduce DHHS Homeless Health – admin expenses	(3,500)
<u>Services</u>	
Reduce Behavioral Health Services	(20,000)
Reduce Specialty Care Services	(45,000)
Reduce Homeless Health Care Services	(50,000)
<u>Miscellaneous</u>	
Reduce clinic IT support - CHL Care	(30,000)
Reduce clinic cultural competence support	(30,000)
Reduce funds for Montgomery Cares evaluation study	<u>(87,500)</u>
<b>TOTAL</b>	<b>(365,500)</b>
<u>Clinic reimbursement</u>	
Decrease reimbursement rate from \$62/encounter to \$55/encounter (assumes 59,400 non-homeless encounters @ \$7)	(415,800)
<b>TOTAL proposed FY 11 reduction to Montgomery Cares</b>	<b>(781,300)</b>

March 23, 2010

LAM 33

**Montgomery Cares Advisory Board  
(MCAB)**

**Presentation to Montgomery County Council**

**April 7, 2010**

**Budget FY11**

**Overview:**

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

MCares is now a mature program, with a strong understanding of the complex task before it. In collaboration with the Primary Care Coalition, the safety-net clinic organizations, the area hospitals, and the medical and social service community, the program has developed a fiscal management infrastructure to ensure that scarce County resources are appropriately allocated and expended. In addition, MCares is a true public/private partnership, where every County dollar leverages \$2.40 in other resources.

The MCAB maintains its goal of providing leadership and oversight that results in access to a patient-centered health home for ALL eligible County residents. While we would love to see additional dollars, we acknowledge the budget situation and recommend support of the MCares program at the same level in FY2011 as in FY2010. With the highest priority being adequate funding of the direct patient care services provided by the MCares program.

**Problem Statement:**

First, there is a clear disconnect between the information in the CE's Budget Request and what the MCares program is doing. For FY2010, the program will serve approximately 26,000 people, not the 23,000 in the CE's FY2010 budget; the disparity is greater in FY2011 where the clinics project having the capacity to serve 30,000 people as opposed to the 23,000 in the CE's FY2011 request. Second, while the clinics can absorb some of the pain inflicted by our current economic situation, they cannot sustain an 11% cut in the primary care visit reimbursement rate proposed for FY2011 (\$55 per visit from \$62 per visit). That magnitude of reduction will damage all clinics, and will call into question the actual survival of some of them.

## FY 2011 Recommendation:

The MCAB strongly urges that at least \$10.5M be appropriated in FY 2011 so that the MCares program will have sufficient resources to continue essential medical and health services. This level of appropriation will accomplish the following:

- ❖ Provide primary medical care to 30,000 people: \$4.5M (additional \$1M above CE recommended)
- ❖ Support part of the cost of providing out-patient specialty cares services: \$450K (\$165K less than CE recommended)
- ❖ Provide access to needed medications for 30,000 people served: \$2.23M (additional \$160K above CE recommended)
- ❖ Provide access to oral and behavioral health services: \$930K (same as CE recommended)
- ❖ Maintain the infrastructure needed to continue to support and improve clinic operations, e.g., technical assistance, health information technology, quality improvement, etc, plus sustaining the Health Care for the Homeless Program: \$2.4M (same as CE recommended)

In addition, the MCAB urges DHHS to implement a coordinated outreach, eligibility, enrollment and case management effort. Up to 15% of MCares patients or 4,500 people may be eligible for public benefits. We must ensure eligible people are enrolled in and taking advantage of publicly funded State and Federal programs, including Medicaid.

## Conclusion:

**We want you to know that MCares delivers and is an example of public dollars being well spent:**

- ❖ **Public dollars maximizing volunteer services:** The public dollars allow the safety-net clinics to have an administrative management structure that maximizes involvement of people in our County who want to volunteer their time and skills (In 2009 the program had more than 32,000 hours of donated services by over 450 individual volunteers with an imputed value of approximately \$2.4M)
- ❖ **MCares clinics provide quality care:** As demonstrated by nationally endorsed clinic measures, e.g. clinics are at target (performing better than half of all Medicaid reporting plans) on 3 out of 5 measures of diabetes care, with some clinics in the top 10% of all Medicaid reporting plans, clinics are performing in Medicaid's top 25% for high blood pressure control; and clinics are seeing significant improvement in breast cancer screening, with three at or near the top 10% of reporting Medicaid health plans in breast cancer screening.
- ❖ **Public dollars that reduce waste in the health care system:** The MCares programs saves money by having patients use appropriate locations for care, e.g., safety-net clinics (\$150 per visit\*) versus emergency rooms (\$600 per visit.)

\*\$150= average total cost to clinic for per patient visit (MCares and other resources)

## TESTIMONY TO MONTGOMERY COUNTY COUNCIL

#28

### SAFETY NET CLINIC EXECUTIVE DIRECTORS

APRIL 6, 2010

#### INTRODUCTION

I am Dick Pavlin, Executive Director of Mercy Health Clinic and with me is Dr. William Flynt, Executive Director of Community Clinic Incorporated. We are representing the Executive Directors and Boards of Directors of 10 safety net clinics within the Montgomery Cares Program.

#### DISCUSSION

The County Executive's 2011 budget proposes a nearly \$600,000 reduction in patient care funds for the 12 Montgomery Cares safety net clinics. The proposed reduction is an 11 % decrease in payment from the current \$62 to \$55 per encounter. In addition, the number of patients budgeted for access to medical care is reduced from the 26,500 patients the clinics project will be enrolled by June 30, 2010 to 23,000 patients.

As the Directors of safety net clinics, we feel compelled to describe the impact of these cuts upon our patients, staff and the safety net system itself. We have a front-line view of the safety net funding along with the Montgomery Cares Advisory Board, the Primary Care Coalition Board, the Safety Net Coalition, and Action in Montgomery.

#### 3,000 PATIENTS AT RISK

We understand all too well that difficult budget and economic times require decisions about funding reductions. In making such decisions, the Executive appears willing to have 3,000 patients who were enrolled this year for care told they will no longer be eligible for care in 2011. No new patients are budgeted for access. By the end of this fiscal year, the safety net clinics project that they will provide 71,000 encounters to 26,500 Montgomery County residents, yet the Executives budget sustains access to health care for 23,000 patients – leaving 3,000 patients unfunded.

#### PATIENTS WITH PRE-EXISTING CONDITIONS

To accomplish such a reduction, clinic directors and their Boards will be placed in the position of determining the criteria by which patients are excluded and staff will have to tell patients that we can no longer care for you. Our clinics treat patients with "pre-existing conditions" that are often chronic, including diabetes, hypertension and heart disease. Should these patients be dropped, they will be at serious risk of life-threatening illness. They will also burden other parts of the health care system, turning to the already over loaded hospital emergency rooms, transferring the costs of health care to a more expensive setting. Some clinics may face financial instability. Parts of the safety net program may begin to unravel, placing added strain upon those remaining. Most of the clinics cannot serve these 3,000 patients without County reimbursement.

**FY 2011 PATIENT PROJECTIONS**

The proposed cuts will have a disproportionate impact in FY11 on patients and families. In FY 2011, our conservative projections are that 31,500 patients will be served with 85,000 encounters. These numbers are 19 percent higher than for this current year. This 19 percent increase stands in stark contrast to the 11 percent reduction in funds. These projections are based upon our experience with the number of uninsured people seen in the past two years and current capacity with respect to space and provider staffing. Thus Clinic Directors and their Boards may have to turn away from care more than the 3,000 patients enrolled in 2010.

**ENCOUNTER RATE VS ACTUAL ENCOUNTER COSTS**

Montgomery Cares reimbursement does not cover the actual per encounter costs in any of the clinics. The clinics report an average encounter cost of \$150 ranging from \$133 to \$160, or approximately two and half times the Montgomery Cares reimbursement. The clinics have leveraged County funds to cover their costs in various ways, including grants, donations, and use of volunteer staff. These subsidies can not be expected to make up the difference if encounter payments are reduced; granting agencies and donors face the same economic difficulties. Furthermore, reduction in County funds may also reduce the leverage the clinics can develop at the \$62 level.

**CONCLUSION**

In conclusion, the Executive's proposed cuts could threaten the integrity of the Montgomery Cares safety net. Safety net clinics exist on the margins of sustainability; they must constantly balance the level of services they can provide with realized income. An 11 percent income reduction could well be the tipping point for centers with limited reserves or capacity with respect to other revenue sources. Three agencies that operate five clinics in Montgomery County and see Montgomery Cares patients can not turn away patients because they are unable to pay for care. They must be prepared to shoulder the burdens of other clinics that restrict their numbers or close their doors. These agencies also have limits upon how much uninsured care they can provide and remain viable. The Council has carefully constructed our network over the years; 2011 is not the year to let that network unravel. The recent John Snow report to DHHS emphasizes that to prepare for the health care future communities must have a strong network of safety net providers upon which to build. By all predictions, health care reform will place greater demand upon our clinics. Thank you.

- |  |                                |
|--|--------------------------------|
| CCACC- Pan Asian Health Clinic                   | Mobile Medical Care            |
| Community Clinic, Inc.                           | Muslim Community Center Clinic |
| Community Ministries of Rockville Kaseman Clinic | Proyecto Salud                 |
| Holy Cross Hospital Health Centers               | Spanish Catholic Center        |
| Mary's Center                                    |                                |
| Mercy Health Clinic                              |                                |

## Montgomery Cares Patient Fees & Suggested Donations Fiscal Year 2010

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The Primary Care Coalition of Montgomery County compiled information in January and February 2010 about patient fees and suggested donations currently collected by 11 of the 12 Montgomery Cares funded clinics. Information provided by the clinics is summarized in a chart on pages 3-4 of this document. Community Clinic, Inc. declined to provide data for this report because they felt it compromised their position in a managed care environment.

Patient fees vary across the Montgomery Cares participating clinics, reflecting different service delivery models and different agreements each clinic has made with other providers of health care services (e.g., laboratories, hospitals, private physicians, and radiology groups). However, all clinics are required by their Montgomery Cares contract to serve Montgomery Cares-eligible patients, regardless of ability to pay.

### Office Visit Fees

Of the 10 clinics collecting fees or donations for office visits, two request donations for new patient office visits, and 8 clinics charge new patients an office visit co-pay (ranging from \$10-45, with 2 clinics employing a sliding scale based on a patient's income and family size to determine fees). One clinic does not charge patients for office visits.

Most clinics charge the same fees or request the same donation amounts from established patients as from new patients.

### Blood Draws and Laboratory Fees

Two of the 11 clinics reported charging patients for blood draws related to laboratory testing. One clinic charges fees of \$10-15, while the second clinic determines fees using a sliding scale based on a patient's income and family size.

Five of the clinics charge patients for laboratory testing. One clinic charges a flat fee of \$25 for all lab tests associated with an annual physical exam, and 4 clinics charge fees based upon their costs for providing laboratory testing. Of these, 3 of clinics pass their costs for laboratory tests directly to the patient, while 1 clinic determines fees using a sliding scale based on a patient's income and family size.

The remaining 6 clinics do not charge patients for laboratory tests. These clinics either have arrangements with hospitals that process their lab tests pro bono, or they absorb the cost of lab tests as part of their operating expenses.

### Vaccinations & Injections

In addition, four clinics charge patients for administering vaccinations and/or injections. Of these, one clinic suggests a \$10 donation; one clinic charges \$10-15, depending on the medication; one clinic passes the cost of the medication directly to the patient; and one clinic determines fees using a sliding scale based on a patient's income and family size.

### Medication Dispensing

Finally, two clinics have fees associated with medication dispensing: One clinic suggests a \$5 donation, and one charges \$5 for dispensing medication.

### Specialty Care Services

Montgomery Cares clinics refer most patients needing specialty care to one of 2 specialty care networks funded (in whole or in part) by Montgomery Cares: Project Access (PA), administered by the Primary Care Coalition, and the Archdiocesan Health Care Network (AHCN), administered by Catholic Charities. Both networks arrange for pro bono or low cost specialty care services for low-income, uninsured residents of Montgomery County.

In order to more fully address the demand for specialty care, Project Access also contracts directly with specialists providing services that are in high demand and short supply. PA has negotiated rates with specialty care providers that are at or below Medicaid rates and pays the providers directly for these services. Patients are also required to pay the established Project Access co-payment directly to the provider.

For patients served by Project Access, fees for consultations range from \$15-25, while fees for procedures range from \$15-95. For patients served by AHCN, the fee for office visits and procedures is \$25. Co-payments are paid directly to the physician offices at the time of the visit.

Many Montgomery Cares participating clinics have also established relationships with private physician practices to provide specific specialty care services for their patients. These services are often offered at a discount, with fees negotiated between the referring clinic and the specialists' office(s). Patients are responsible for paying this negotiated fee directly to the specialist.

And several Montgomery Cares clinics provide specialty care on-site, as well. For consultations, these clinics charge patients the same fee as for an established patient primary care office visit. Additional fees are charged by some clinics that offer specialty procedures on-site, such as sonograms (\$60), optometry exams (\$20), cardiac stress tests (\$150), and acupuncture (\$10-40).

### CLINIC AVAILABILITY CHART

Montgomery Cares Clinics	Accepts New Patients	Length of Wait List	Length of Wait for Returning Patients	Comments
<b>COMMUNITY CLINIC, INC.</b>				
Silver Spring	NO	April	Immediately	Contacts new patients when there's availability
Takoma Park	NO	April/May	Immediately	Contacts new patients when there's availability
Gaithersburg	YES	May	Immediately	Will make exceptions for emergencies
<b>CCACC PAN ASIAN VOLUNTEER HEALTH CLINIC</b>	YES	1-2 Weeks	Immediately	Wait depends on urgency
<b>MANSFIELD KASEMAN HEALTH CLINIC</b>	YES	3 Weeks		Next avail appt in 2 weeks; but depends on urgency
<b>HOLY CROSS HEALTH CENTER</b>				
Silver Spring	YES	Depends on need	Immediately	
Gaithersburg	YES	2 weeks	Immediately	
<b>KOREAN COMMUNITY SERVICE CENTER</b>				
	YES	1-2 months	1-2 months	
<b>MARY'S CENTER</b>				
	YES	1 month	1-2 weeks	
<b>MERCY HEALTH CLINIC</b>				
	YES	3-4 weeks (after eligibility screening)	Within 2 weeks	
<b>MOBILE MEDICAL CARE</b>				
	YES	1-2 Weeks	One Month (follow up)	Depends if going to a walk-in clinic or not
Ascension House-Gaithersburg Gude Men's Shelter Rockville Senior Center Sophia House-Women's Shelter E. Montgomery Service Center Long Branch Community Center Shepherd's Table/Progress Place	Walk-In Walk-In Walk-In Walk-In Walk-In Walk-In			Patients arrive early, are triaged, and seen based on need.
Germantown	YES	1 Week	Immediately	Depends on urgency
<b>MUSLIM COMMUNITY CENTER MEDICAL CLINIC</b>				
	YES	2 weeks	2 weeks	
<b>PROYECTO SALUD</b>				
Wheaton	YES	Immediately	Immediately	
Olney	YES	Immediately	Immediately	
<b>PEOPLE'S COMMUNITY WELLNESS CENTER</b>				
	NO	April	ASAP, 2 weeks	
<b>SPANISH CATHOLIC CENTER MEDICAL CLINIC</b>				
	YES	1-2 weeks	1 week	

Updated 2/26/10

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## Montgomery Cares Patient Fees & Suggested Donations By Clinic Organization

	New Patient Office Visit	Established Patient Office Visit	Blood Draw	Laboratory Tests	Vaccinations & Injections	Medication Dispensing	Other On-Site Services
<b>CCACC-Pan Asian Clinic</b>	\$25 suggested donation	\$25 suggested donation	No Fee	No Fee	No Fee	No Fee	N/A
<b>CMR-Kaseman Clinic</b>	\$30-45, sliding scale	\$30-45, sliding scale	No Fee	\$25 during Annual Physical	No Fee	No Fee	N/A
<b>Community Clinic, Inc.</b>	Data Not Provided						
<b>Holy Cross Hospital Health Centers</b>	\$30	\$30	No Fee	No Fee	Cost of medication	No Fee	N/A
<b>Mary's Center</b>	\$20	\$20	Sliding Fee (0-100% of clinic's costs for service)	Sliding Fee (0-100% of clinic's costs for service)	Sliding Fee (0-100% of clinic's costs for service)	No Fee	N/A
<b>MCC Medical Clinic</b>	\$15-30, sliding scale	\$15-30, sliding scale	No Fee	Cost of test, based on clinic contract with lab.	No Fee	No Fee	Sonogram, Echocardiogram - \$60; Ophthalmology, Optometry - \$20
<b>Mercy Health Clinic</b>	\$25 suggested donation	\$10 suggested donation	No Fee	No Fee	No Fee	No Fee	N/A
<b>Mobile Medical Care</b>	\$30 (no fee for homeless)	\$30 (no fee for homeless)	No Fee	No Fee	No Fee	No Fee	N/A
<b>Proyecto Salud</b>	\$30	\$20-60, sliding scale	No Fee	Cost of test, based on clinic contract with lab.	\$10 suggested donation	\$5 suggested donation	Stress test - \$150

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DEPARTMENT OF HEALTH AND HUMAN SERVICES



Isiah Leggett  
County Executive

Uma S. Ahluwalia  
Director

March 26, 2010

The Honorable George Leventhal  
Chair, HHS Committee  
Montgomery County Council  
100 Maryland Avenue, 6th Floor  
Rockville, Maryland 20850

Dear Mr. Leventhal;

Thank you for providing the Montgomery Cares Advisory Board (MCAB) with the opportunity to review the health care safety-net related grant proposals to the County Council. We appreciate your respect for our Board and its advisory function.

The MCAB underwent a formal review process for each proposals. Two board members reviewed and scored each application. The full Board discussed and voted on each application at the March 24<sup>th</sup> MCAB meeting. You will find the recommendations for each proposal in the attached document. Also attached is a copy of the review sheet the Board members used when scoring the proposals

Although we were impressed with the scope of all of the proposals, and found each to have merit in providing services to the uninsured in the County, there remains a strong Board consensus that in consideration of the budget cuts to the Montgomery Cares program, we respectfully suggest that funds are allocated to direct primary care services instead of allocated to individual clinics and projects.

Additionally, MCAB does not support any of the proposals if the funding is to come from the Montgomery Cares Program budget.

Thank you again for this opportunity and we hope our recommendations are helpful. 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

Attachments:

- MCAB Review and Recommendation, FY11 County Grants
- Review sheet

cc: Peggy Fitzgerald-Bare, Montgomery County Council  
Linda McMillan, Montgomery County Council  
Uma S. Ahluwalia, Director, Department of Health and Human Services  
Ulder J. Tillman, Chief of Public Health Services, Department of Health and Human Services  
Jean Hochron, Sr. Administrator, Montgomery Cares Program, Department of Health and Human Services

Montgomery Cares Program

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www.montgomerycountymd.gov/hhs

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**FY11 County Council Grants  
Montgomery Cares Advisory Board  
Review and Recommendations**

1. **Organization:** Holy Cross Hospital  
**Amount Requested:** \$50,000

**MCAB Recommendation:** MCAB is supportive of the proposal, with conditions. Funds will be used to hire a full-time case manager to provide intensive case management for uninsured patients at the Holy Cross Hospital Health Center in Gaithersburg. The reviewers recognize the importance of case management for all MCares clinics, but did not find the project to be sustainable after the one-year grant period.

2. **Organization:** Mary's Center for Maternal and Child Care, Inc.  
**Amount Requested:** \$50,000

**MCAB Recommendation:** Funds requested for the purchase of diabetic supplies and to pay for a percentage of The salary of the Family Support Worker. The MCAB does not support the request for diabetic supplies with the understanding the MCares program already purchases all needed diabetic supplies for MCares patients thru the Community Pharmacy Program. The Board does approve of the need for additional funds for the Family Support Worker, but did not find the project to be sustainable after the one-year grant period.

3. **Organization:** Mobile Medical Care, Inc  
**Amount Requested:** \$101,000

**MCAB Recommendation:** MCAB is supportive of the proposal with conditions. Although the board is understanding of MobileMed's need for additional clinical staff, and recognizes that the elimination of the grant may mean the elimination of a position, if funded, this will be the third consecutive year that the agency has funded this position with a Council grant. Therefore the MCAB does not find this project to be sustainable.

4. **Organization:** Mobile Medical Care, Inc  
**Amount Requested:** \$131,300

**MCAB Recommendation:** MCAB is supportive of the proposal with conditions. Although the board is understanding of MobileMed's need for the volunteer and specialty care staff, and recognizes that the elimination of the grant may mean the elimination of a position, if funded, this will be the fourth consecutive year that the agency has funded this position with a Council grant. Therefore, the MCAB does not find the project to be sustainable.

5. **Organization:** Muslim Community Center Clinic  
**Amount Requested:** \$20,000

**MCAB Recommendation:** The MCAB is supportive of this proposal, recognizing the strong need for domestic violence counseling, prevention and awareness raising in the Community.

6. **Organization:** Primary Care Coalition  
**Amount Requested:** \$11,000

**MCAB Recommendation:** The MCAB is supportive of this request to maintain the Data Health Information Exchange system (MeDHIX). The Board questioned the sustainability of the project, but decided to overlook that due to the small dollar request.

7. **Organization:** Spanish Catholic Center of Catholic Charities  
**Amount Requested:** \$100,000

**MCAB Recommendation:** The MCAB is supportive of this project with reservations. The Board recognizes that the Spanish Catholic Center's current Langley Park clinic is substandard, necessitating a new clinic. That said, the Board Has concerns that there is already a Mcares clinic within two miles of the proposed new site. Additionally, there is no funds in FY11 and likely FY12 to support the patient growth that is projected as a result of the bigger, updated clinic.

**FY11 County Council Grants  
Montgomery Cares Advisory Board  
Rating Sheet**

**Organization:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Description:** \_\_\_\_\_

<p><b>1. Fits one of the Montgomery Cares Advisory Board Priorities:</b></p> <ul style="list-style-type: none"> <li>• Strengthen and expand the safety-net clinics of Montgomery County so that the maximum number of patients are served and served well;</li> <li>• Foster partnerships that result in adequate access to appropriate ancillary and support services, especially specialty care and behavioral health</li> </ul>	<p>Rating:</p> <p>1...2...3...4...5</p> <p>(maximum of 5 points)</p>	<p>Comments:</p>
<p><b>2. Strength of Proposal</b> Proposal includes</p> <ul style="list-style-type: none"> <li>• measurable and relevant outcomes,</li> <li>• evidence of sustainability after the end of the grant</li> <li>• evidence of leveraging non-county government funding</li> <li>• evidence of organization's ability to carry out program.</li> </ul>	<p>Rating:</p> <p>1...2...3...4...5</p> <p>(maximum of 5 points)</p>	<p>Comments:</p>
<p><b>3a. If Facility Project: Meets Montgomery Cares Advisory Board Facility Expansion Guidelines:</b></p> <p><b>1. High Need Area:</b></p> <ul style="list-style-type: none"> <li>• Silver Spring (lower),</li> <li>• Rockville,</li> <li>• Silver Spring (upper)</li> <li>• Germantown/Gaithersburg.</li> </ul> <p>-----</p> <p>---</p> <p><b>2. Clinic Size:</b> Clinics should be sized to support operational efficiency. Preference for County funding should be given to new clinics with a minimum of 4,500 square feet or six exam rooms.</p>	<p>Rating:</p> <p>1...2...3...4...5</p> <p>-----</p> <p>1...2...3...4...5</p> <p>(maximum of 10 points)</p>	<p>Comments:</p>
<b>OR</b>		
<p><b>3b. If Service Project: Meets Montgomery Cares Advisory Board Capacity Expansion Guidelines:</b></p> <p><b>1. High Need Area:</b></p> <ul style="list-style-type: none"> <li>• Silver Spring (lower),</li> <li>• Rockville,</li> <li>• Silver Spring (upper)</li> <li>• Germantown/Gaithersburg.</li> </ul> <p>-----</p> <p>---</p> <p><b>2. Priority Service</b></p> <ul style="list-style-type: none"> <li>• Medical/Primary Care</li> <li>• Oral Health</li> <li>• Behavioral Health</li> <li>• Specialty Care</li> </ul>	<p>Rating:</p> <p>1...2...3...4...5</p> <p>-----</p> <p>-</p> <p>1...2...3...4...5</p> <p>(maximum of 10 points)</p>	<p>Comments:</p>
<p><b>Total Score</b></p>		<p>Comments:</p>

**Recommendation for Funding:**  Yes  No  With Considerations