

HHS COMMITTEE #1
September 23, 2010

MEMORANDUM

September 21, 2010

TO: Health and Human Services Committee

FROM: Vivian Yao, Legislative Analyst 

SUBJECT: **Meeting with Boards and Commissions**

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

In a letter dated July 13, Committee Chair Leventhal invited the chairs to attend this roundtable discussion and requested that they identify their top two policy priorities. A sample copy of the letter is attached at circle 1, with the Commission and Board responses beginning at circle 2. The invitation letter stated that this worksession would be an opportunity to discuss policy priorities of mutual concern.

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

DHHS ADVISORY BOARDS & COMMISSIONS

<u>Representative</u>	<u>Group</u>	<u>Circle #</u>
Arva Jackson	African American Health Program	2
D'Artanyon Yarborough	Alcohol & Other Drug Abuse Advisory Council	3-4
Harry T. Kwon	Asian American Health Initiative (AAHI)	5-7
Jamitha Woodson	Board of Social Services	8
Kristen Reese	Child Protective Services Citizens Review Panel	—
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Wendy Baber	Commission on Child Care	11-12
Vicki Stearn	Commission on Children and Youth	13
Wendy Friar	Commission on Health	14
Mary Poulin	Commission on Juvenile Justice	15
Mark Maxin	Commission on People with Disabilities	16
William M. Gray	Commission on Veterans Affairs	17
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MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

GEORGE LEVENTHAL
COUNCILMEMBER
AT-LARGE

July 13, 2010

Ms. Arva Jackson, Chair
African American Health Initiative
11629 Regency Drive
Potomac, Maryland 20854

Dear Arva:

On September 23, The Health and Human Services (HHS) Committee will hold a worksession from 8:15 a.m. to 10:30 a.m. to discuss how the County's advisory boards and commissions can further the County's policy priorities. I invite you to participate in your role as chair in this roundtable discussion. I have also invited Uma Ahluwalia, Director of the Department of Health and Human Services, to participate in the discussion.

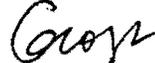
My colleagues on the Health and Human Services Committee and I are interested in communicating to you our policy priorities. We are also interested in hearing from you what policy issues you and your board are focusing on in FY11. By the end of our discussion, I hope that we will have identified work plan issues that blend our mutual priorities for vital health and human services.

In preparing for this meeting, please submit your board's top two policy priorities by September 7 to Vivian Yao, Legislative Analyst, at vivian.yao@montgomerycountymd.gov or 240-777-7888 (fax). Please limit your remarks to one page. Responses will be compiled and distributed during the worksession. These materials will also be available on the Council's website (www.montgomerycountymd.gov -- follow links to the County Council) by the evening of September 22.

The meeting will start promptly at 8:30 a.m. in the third-floor Board Room of the Rockville Memorial Library at 21 Maryland Avenue. Coffee and a light breakfast will be available at 8:15 am. To accommodate all groups and allow time for discussion, each Board or Commission spokesperson will be asked to speak for no more than three minutes.

The HHS worksession is a public meeting. Commission members and Executive staff are welcome to attend. Paid parking is available at the three city-owned Rockville Town Center Garages. If you have any questions, please call Ms. Yao at 240-777-7820.

Sincerely,


George L. Leventhal
Chair
Health and Human Services Committee

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

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14015 New Hampshire Avenue
Silver Spring, Maryland 20904
P: 301-421-5445 F: 301-421-5975
onehealthylife.org

September 10, 2010

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

Dear Councilmember ~~Leventhal~~, ^{George}

At the September 9, 2010 meeting of the African American Health Program Executive Committee (AAHPEC), your invitation to the chair to attend the Health and Human Services Committee work session on September 23rd was revisited to develop consensus supporting continuance of promotion of those policies and activities that resulted in (1) "prevention" of illness of African Americans in Montgomery County, MD and (2) fostered the maintenance of "wellness" in that population.

During FY 2010, five Executive Committee workgroups have been formed to address specific aspects of the presence or absence of health, and well-being observed, recorded, and/or described by health providers, researchers and relevant clinicians as clinical/behavioral profiles of a significant number of African Americans in our county.

These groups are (1) Wellness and Prevention (an uber perspective), (2) Data Collection & Monitoring, (3) Social Determinants of Health, (4) Access to Culturally Competent Care, and (5) Community Stakeholders Involvement. The lead for each group is a member of the AAHPEC. Every member of the AAHPEC will serve on at least one workgroup. Each workgroup may include invited providers, social work practitioners, and community stakeholders. Youth, young adults, and mature adults will be recruited to share their perspectives and points of view.

It is expected that useful models will be constructed that in addition to offering strategies that lead to evidence of enhanced health and well-being of vulnerable African Americans, they will be cost-effective and accelerate the scaling up of such models for those who have not been directly benefited by their initiatives.

On behalf of the AAHPEC, I am eager to join committee members and those invited to explore ways and means to work together to realize our "mutual priorities for vital health and human services."

Sincerely,

A handwritten signature in cursive script, appearing to read "Arva Jackson".

Arva Jackson
Chair African American Health Program Executive Committee

CC: Nancy Navarro, HHS Committee member
Duchy Trachtenburg, HHS Committee member
Uma Ahluwalia, Director DHHS
DHHS Commission Staff
African American Health Program Executive Committee

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



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Montgomery County Alcohol and Other Drug Abuse Advisory Council

Presentation to County Council Health & Human Services Committee

September 23, 2010

Overview

The Alcohol and Other Drug Abuse Advisory Council (AODAAC) consists of community representatives who come together to offer guidance to the County Executive and the County Council in identifying alcohol and other drug policy and budget allocations. As of FY 05, the AODAAC was also designated as Montgomery County's State Local Drug and Alcohol Advisory Council which collaborates with the Maryland State Drug & Alcohol Abuse Council to identify available funding sources and review the County's Strategic Plan on Alcohol and Drug Abuse.

Policy Priorities for FY 11

- **Maintain the County's Continuum of Substance Abuse Prevention and Treatment Services**

We want to voice our appreciation for the commitment shown in maintaining the current continuum of substance abuse prevention and treatment services and supports to date. We also want to caution that any reduction in funding will seriously compromise current services and supports, and could well harm the community at large. Simply put, the current continuum is operating at a floor that cannot absorb any reductions. **It is important to note that for every \$1.00 that goes into treatment, the public saves \$7.00 in health care and criminal justice related costs. (1994 CALDATA Study)** The use of scientifically proven interventions in the community with juvenile offenders reduces recidivism by 38 percent and saves \$10 for every taxpayer dollar spent. (*Rehabilitating Juvenile Offenders. The MacArthur Foundation*)

Collaboration Statement

Mental Health Advisory Committee (MHAC) The MHAC's priority issues for FY10 are housing for individuals with mental illness and development of a Mental Health Court in Montgomery County for those individuals who are repeatedly incarcerated in County detention facilities for minor, non-violent criminal offenses. The AODAAC's has a similar need to expand sober housing in the County's continuum of care. People coming out of state hospitals cannot move back to the county because of the lack of residential rehabilitation and individuals coming out of residential substance abuse treatment need access to sober housing. Access to both types of special needs housing is limited in Montgomery County.

Commission on Aging

Substance Abuse and Older Adults

Both the AODAAC and the Commission on Aging are in support of the creation of a Geriatric Behavioral Health Team, which will provide mental health and substance abuse screening, assessment and treatment for low-income seniors. Mental health problems and substance abuse are frequently overlooked in older adults; coordinated treatment of both, will provide the most effective outcomes.

Priority Areas

- **Maintain the Current levels of Substance Abuse Treatment for Adults and Adolescents**
- **Protect Substance Abuse Prevention Services**

State Initiatives

IN OUR ROLE AS THE STATE-MANDATED LOCAL DRUG AND ALCOHOL ABUSE COUNCIL, THE AODAAC REQUESTS THE COUNTY EXECUTIVE AND COUNTY COUNCIL SUPPORT A STATE TAX INCREASE ON ALCOHOLIC BEVERAGE PRODUCTS FOR THE PURPOSE OF REDUCING CONSUMPTION BY UNDERAGE YOUTH AND TO FUND LOCAL ALCOHOL AND DRUG PREVENTION AND TREATMENT PROGRAMS. WE RECOMMEND THAT MONTGOMERY COUNTY SUPPORT THE LORRAINE SHEEHAN HEALTH AND COMMUNITY SERVICES ACT THAT WAS INTRODUCED IN 2010 – HB 832 AND SB 717 AND HOPEFULLY WILL BE REINTRODUCED IN 2011.

Current funding for the continuum of addiction treatment services consists of Federal, State, and locally generated dollars. Over the past three years efforts to increase the tax on sales of alcohol at the state level have failed. An article in the Baltimore Sun, December 30, 2007 by Bradley Olson stated that taxes have not increased since 1955 in the case of alcohol, and 1972 for beer and wine. The article went on to say that "a survey last year commissioned by the Baltimore chapter of the Open Society Institute found that of 1,214 likely Maryland voters more than two-thirds of those support increasing alcohol taxes to support funding for alcohol and drug treatment." Alcohol taxes were once intended to keep prices high enough to deter excessive use. However, these taxes have not kept pace with general inflation, and the real price of beer has actually dropped in the past 30 years. The five states with the highest beer taxes have significantly lower rates of teen binge drinking than the states with the lowest taxes. **MARYLAND IS RANKED 8TH LOWEST IN THE COUNTRY!** (*Join Together – Advancing Effective Alcohol and Drug Policy, Prevention, and Treatment. Raise Alcohol Taxes*)

Local Initiatives

THE AODAAC RECOMMENDS SEVERAL SOLUTIONS FOR FUNDING SUBSTANCE ABUSE TREATMENT, INTERVENTION, AND PREVENTION SERVICES IN MONTGOMERY COUNTY FOR CURRENT AS WELL AS FUTURE REQUESTS.

1) Increase county pricing on alcoholic beverages.

Research has shown that increasing the price of alcohol leads to a decrease in consumption by youth. Increasing the total price of alcohol has also been shown to decrease drinking and driving among all age groups. According to the "Youth Access to Alcohol Survey" funded by the Robert Wood Johnson Foundation and prepared by the University of Minnesota Alcohol Epidemiology Program, 82% of adults favor an increase of *five cents* per drink on beer, wine, and liquor to pay for programs to prevent minors from drinking and to expand alcohol treatment programs.

2) 10% of the net profit from the sale of liquor, beer, and wine to be earmarked to fund prevention, intervention, and treatment programs.

For the past five years, the Department of Liquor Control reports that an average of over \$20.5 million is returned to the County General Fund from liquor sales each year. A percentage of this on-going revenue stream would assure that adequate funding is available for on-going maintenance and expansion of these vital services. ***It seems intuitive to this Advisory Council that if the County is going to participate in selling and controlling the sale of alcoholic beverages that a portion of the profits be set aside for programs that prevent and mitigate against the harmful effects of those sales.***



**Asian American Health Initiative Steering Committee (AAHI SC)
Montgomery County Council
Health and Human Services Committee Work Session
September 23, 2010
Fiscal Year 2011 Policy Priorities**

September 13, 2010

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

Dear Mr. Leventhal:

On behalf of the Asian American Health Initiative (AAHI) Steering Committee, I am honored to present the AAHI policy priorities for FY 11. The top 2 policy priorities that have been deemed essential in improving access to care, addressing key health issues, and are aligned with Department of Health and Human Service's priorities include the following:

1. Access to linguistically- and culturally- competent health and human services for low income and uninsured residents of Montgomery County.

In support of County Executive Isiah Leggett's signing of the Executive Order on Language Access this past March, the AAHI SC strongly advocates for efforts to ensure high quality services for residents with limited English proficiency (LEP), particularly for the Asian American (AA) community. AAs in the County are highly heterogeneous, composed of diverse ethnic groups from more than 50 countries, speaking more than 100 different languages and dialects, and practicing a variety of religions and customs. Of the County's 124,605 Asian Americans residents (13% of the total County population), approximately three out of every four are foreign-born.

Nationally, studies report that 36% of Asian Americans are LEP.¹ Approximately one-third of Asian Indians and Chinese Americans report speaking English "less than very well"; rates among other subgroups range from 18.8% (Filipino Americans) to over 50% (Vietnamese Americans).² LEP and lack of cultural competence impedes access to meaningful healthcare for a growing number of Asian Americans. According to the AAHI's 2008 Health Needs Assessment, many AAs indicated that language was a main barrier for not seeking out health services, particularly among elders and recent immigrants.³ Coupled with an uninsured rate of 17% (higher for certain subgroups: 31% for Korean Americans and 21% for Vietnamese Americans),¹ removing language barriers to services is a key element to ensuring access to government services for all communities throughout Montgomery County.

¹ US Census Bureau. (2006). *2006 American Community Survey*. Retrieved from <http://www.census.gov/acs>

² Asian & Pacific Islander American Health Forum. (2009). *Asian American, Native Hawaiian and Pacific Islander Population Demographics: 2006 Data*. Retrieved June 1, 2010 from http://www.apiahf.org/images/stories/Documents/publications_database/hta_datachart%202006.pdf

³ Asian American Health Initiative. (2008). *Asian American Health Priorities: A Study of Montgomery County: Strengths, Needs, and Opportunities for Action*. Rockville, MD: Montgomery County Department of Health and Human Services. Retrieved from <http://www.AAHInfo.org>

2. Support mental health education and awareness activities.

The AAHI SC urges the County Council to provide immediate support of mental health awareness and wellbeing activities. Data suggests that mental health is one of the top health concerns in the Asian American community. Nationally, the Centers for Disease Control and Prevention indicates that Asian Americans and Pacific Islander (AAPI) females ages 15-24 have the highest rate of suicide death and AAPI males in the same age range have the second highest suicide rate compared to other racial/ethnic groups.⁴ Moreover, national data also suggests that older Asian American women have the highest suicide rate of all women over age 65 in the United States.⁵ Locally, AAHI's Health Needs Assessment conducted in 13 Asian American communities in the County also highlights that mental health is a major health concern, particularly for young adults and the elderly.³ Many Asian Americans believe their "immigration journey" significantly affects their mental wellbeing and is a strong contributor of stress in their lives. As stated in the report, adults find it challenging adjusting to a different environment than that of their home country. Adolescents and seniors also face sources of stress from difficulty balancing two different cultures and isolation, respectively. Additionally, many stigmas and misconceptions about mental health still exist among some communities. As such, the AAHI SC strongly believes that culturally- and linguistically- competent mental health education and awareness activities (e.g., media campaign or workshop series) can make a significant and positive impact in the Asian American community.

Thank you for this opportunity to provide our policy priorities for FY 11. We look forward to hearing the Council's Health and Human Services Committee's priorities on September 23.

Sincerely,



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



M.K. Lee
Vice-Chair
Asian American Health Initiative Steering Committee

Enclosures: AAHI Steering Committee Roster

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

⁴ Centers for Disease Control and Prevention (CDC). (2008). *10 leading causes of deaths, United States, 2005* (Vol. 2008). Atlanta: CDC.

⁵ Substance Abuse and Mental Health Services Administration (SAMHSA). Surgeon General's Report: Asian Americans/Pacific Islanders Factsheet. Retrieved from <http://mentalhealth.samhsa.gov/crc/fact2.asp>

FY 11 AAHI Steering Committee Roster

Harry Kwon (Chair)

Meng Lee (Vice-Chair)

Anis Ahmed

Ji-Young Cho

Nerita Estampador

Wilbur Friedman

Karen Kar-Yee Ho

Lewis Hsu

MunSun (Moses) Kwon

Michael Lin

Alvin Madarang

Sam Mukherjee

Wendy Shiau

Sovan Tun



BOARD OF SOCIAL SERVICES

September 20, 2010

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

Dear Chairman Leventhal,

Thank you for your invitation to share the Fiscal Year 2011 policy priorities of the Board of Social Services. We are faced with another daunting year with increased needs and reduced resources and we welcome the opportunity to join with you and other board members to focus on the challenges that lie ahead.

As you know, our board is responsible for advocacy and oversight of State mandated social welfare programs; these include child welfare services, adult services and income supports programs. The programs serve the most vulnerable residents in our county and the needs for the services continue to grow. For this current fiscal year, we will be focusing on the following priorities:

Adult Services

To address the issues of financial exploitation of vulnerable seniors and adults and the increased prevalence of hoarding.

Child Welfare

To increase the number of adoptions of children who have been involved in the child welfare system.
To decrease the number of children who are in group homes.

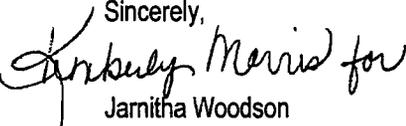
Income Supports

To assure that residents receive their income supports benefits in a timely and accurate manner.

These priorities reflect some of the critical issues that the department and the state are facing and we, as a Board, will support their efforts and lend our advocacy and analysis when it is needed. It is clear that staff of the department have been working diligently to address these issues and will continue to do so, even as their resources are reduced.

As we have in the past, we will continue to reach out to other boards who share our concerns and priorities in order to best use our resources and galvanize our action. It is clear that the significant needs in our County require that we work together and work aggressively to assure the health, safety and well-being of our residents.

Thank you once again, for the invitation to share our thoughts. I look forward to seeing you on September 23rd.

Sincerely,

Jamitha Woodson
Chair

Department of Health and Human Services

401 Hungerford Drive • Rockville, Maryland 20850 • 240/777-1245, TTY 240/777-1295, FAX 240/777-1494



COMMISSION ON AGING

September 7, 2010

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

Dear Mr. Leventhal,

The Commission on Aging (COA) is pleased to respond to your request for our participation in the Health and Human Services (HHS) Committee work session on September 23. Unfortunately I am unable to participate in this meeting since it conflicts with the monthly Commission meeting. However, I have asked Alan Kreger, the Vice-Chair of the Commission, to represent us.

The Commission cannot stress enough how imperative it is that the HHS Committee view the overall needs of older adults and the cumulative effect of program reductions rather than focusing on individual programs. To that end the Commission has identified three groups whom we believe need support from the County. Our first concern is the vulnerable, at-risk senior who depends on a variety of services provided through the Department of Health and Human Services. We want to be assured that seniors who are referred to Adult Protective Services be provided with the continuum of services that is a necessary element of the care program designed to meet their needs. These services include in-home care, nutrition, case management, long term care ombudsman services, mental health services, specialized senior housing, and other wrap-around services.

Between FY07 and FY10, the number of investigations completed by the APS staff has increased by 22.6% (from 385 to 472 investigations). In FY09, 69% of APS referrals were for seniors 65 years and older. In FY10, the number of referrals increased to 72%, a significant upward trend. This is our most vulnerable population in the County, and the COA believes that we have a responsibility to ensure their safety.

The second group of older persons who concern us are low income seniors who live alone. More than twenty-five percent of County seniors age 65 and older live alone, and this percentage increases as they age. An estimated 18 percent of seniors have a limitation in performing activities of daily living. Racial/Ethnic groups have higher levels of poverty than white, non-Hispanic groups. These groups of seniors are most likely to be adversely impacted by the severe program cuts made as a result of the County's economic crisis. The services frequently needed by this population include case management, transportation, in-home assistance, chore services, dental services, congregate and home delivered meals, and income

assistance, including food stamps. Furthermore, respite care is often needed in those situations where the senior lives with a caregiver.

The COA also wishes to call to your attention to the needs of middle-income older adults. While less vulnerable, they have been adversely affected by the considerable program cuts that were made in the past year. A significant number of persons in this group are women living alone, who are often aging in place and at great risk of social isolation and its attendant consequences. Transportation and mobility are vital to successful aging. Yet this population has experienced reduced services in recreational programming, transportation and library access. Social and recreational programs, which often include preventive health services, reduce the isolation of this segment of the population, help them maintain optimal cognitive and mental health, and reduce the possibility of costly institutionalization. Furthermore, in a time of high unemployment, older adults who are often trying to supplement incomes with jobs have had their transportation costs affected by loss of free Ride-On service during commuting hours.

Finally, we want to emphasize that older adults are a large and rapidly growing segment of the County's population. A continued decline in providing services will exacerbate the problems older adults currently face. Furthermore, lack of attention to preventive services will in the long run be more expensive to the County if they are not acknowledged and addressed at this time. The cost of not supporting older adults will only increase dramatically as the population ages. Therefore, we urge the HHS Committee to look at the overall needs of both vulnerable and vital seniors and to maintain and even strengthen services to this important group of individuals.

Sincerely,

Elaine Kotell Binder
Chair, Commission on Aging

Department of Health and Human Services

Montgomery County Commission on Child Care
Priority for 2010-2011
Submitted to the Montgomery County Council Health & Human Services Committee
September 7, 2010

***Priority: Ensuring quality affordable and accessible child care, an essential service
for child safety, school readiness and family economic security***

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

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

Quality affordable and accessible child care is a critical component of ensuring the health, safety and well-being of children; developing children so that they are able to start school and ready to learn; and fostering family ability to achieve income security.¹

Ensuring Child Safety

Every afternoon, over 15 million children across America are left alone and unsupervised afterschool. Quality school-age programs are a powerful antidote to youth crime, providing an alternative to street life and allowing youth the opportunity to positively interact with their peers. The Commission looks forward to collaborating with you to ensure that all children remain safe by:

- (1) Guarding Against Budget Cuts Which Endanger the Health, Safety and Well-Being of Children
- (2) Protecting Funding and Regulations that Provide for Safe Staff/Child Ratios and Group Sizes
- (3) Ensuring Adequate Funding for Basic Sanitation Services for Child Care Centers

Developing School Readiness

Data shows that children who participate in high quality early care and education programs and services are more ready for kindergarten than those who do not participate in high quality programs. By giving all families, regardless of socio-economic status, access to resources that will foster their ability to nurture experiences that promote school readiness, children will receive the education and social foundation they need to reach their full potential. The Commission looks forward to collaborating with you to ensure that all children are ready to learn by:

- (1) Improving Early Childhood Program Effectiveness
- (2) Promoting Access to High Quality Program by Eliminating Barriers
- (3) Promoting Access to Health Care for Pregnant Women and Young Children

Fostering Family Economic Security

Parents and other guardians are unable to fully participate in the labor market and obtain self-sufficiency without obtaining the necessary child care for their children. As a result, many parents have to make painful choices such as to quit work, reduce their number of work hours or leave their children in unsafe settings (i.e., illegal, unsupervised). The Commission looks forward to collaborating with you to foster family economic security by:

- (1) Ensuring Adequate Funding for the State Child Care Subsidy Program
- (2) Maintaining Funding for the for the Working Parents Assistance Program (WPA)

The Commission on Child Care is dedicated to ensuring the access to quality, affordable child care for all Montgomery County children and families.

¹ See *Children Entering School Ready to Learn: 2008 – 2009 Maryland Model for School Readiness*, Maryland State Department of Education, 2008; *Afterschool Programs: Making a Difference in America's Communities by Improving Academic Achievement, Keeping Kids Safe and Helping Working Families*, Afterschool Alliance, 2008

COMMISSION ON CHILDREN AND YOUTH

Top Policy Priorities for 2010 – 2011

Submitted to the Health and Human Services Committee, Montgomery County Council
September 23, 2010

The mission of the Commission on Children and Youth is to promote the well being of Montgomery County's children, youth and families so that all young people may realize their full potential. The Commission will advance its mission by researching, monitoring, and advocating for the following issues:

- **HEALTH/MENTAL HEALTH and WELLNESS**

The Commission is interested in both the physical and mental health of our County's children and youth. Specific health priorities include access to sexual and reproductive health services and revamping the sexual education curriculum presented to Montgomery County students.

Stress is another health concern, which affects youth both physically and mentally. Adolescence can be overwhelming; our young people experience many life stressors. For instance, there is pressure from family and teachers to succeed in school. There is pressure from peers to look, dress, and act in certain ways. The effects can be damaging and, in some instances, life threatening.

The Commission will take its first step in addressing these issues on November 10 when it hosts the 4th *Youth Having a Voice Roundtable*. Youth participants from various programs throughout the County will gather for a frank discussion on mental health. Invited programs include Active Minds, Voices vs. Violence, Military Outreach Initiative, Montgomery County Domestic Violence Coordinating Council, and Identity.

- **SCHOOL CLIMATE and EDUCATION**

Commissioners, particularly youth members, are quite concerned with all aspects of bullying in schools, from cyber-bullying to verbal and physical altercations. In today's technological world bullying and cyber-bullying are one in the same. A youth Commissioner shared a story about a verbal argument between two girls at a soccer game. He stated that instead of going home and cooling down after the incident, one girl immediately logged on to Facebook and posted inflammatory and derogatory statements, which further escalated the situation. The Commission is interested in finding creative solutions to prevent such destructive behavior.

The group would also like to further research: (1) alternatives to college, such as technical education, (2) promoting diversity in schools and ensuring all students feel welcome in every classroom, (3) math enrichment versus acceleration, and (4) literacy.

- **CHILD WELFARE**

Child welfare begins in the home with the parents. Therefore, the Commission plans to promote 'parent readiness' and stability for those children living outside of their families.

The Commission is just beginning its work for the year and acknowledges that there is much to do with very few resources. The potential for collaboration among the individuals and organizations present here today is great. We look forward to continuing to talk and share information about these issues with you throughout the year. Collaboration within our community is the only way that more families can be effectively served with less money. In light of the budget crisis, the Commission advocates that every child be considered "our child."



Montgomery County Commission on Health

Commission on Health Fiscal Year 2011 Policy Priorities Health and Human Services Committee Work Session September 23, 2010

Good morning Mr. Leventhal and other distinguished members of the County Council. My name is Wendy Friar, Chair of the Commission on Health. Thank you for this opportunity to briefly share with you the priorities that our commission is likely to focus on in fiscal year 2011.

Last week, the full commission, including six new commissioners, began the discussion of the priorities for the coming year which are outlined in this testimony. They are at best preliminary – although I do believe this is the direction we are headed. Our annual retreat is essential to the annual identification of our priorities and the design of work plans. Unfortunately, the retreat does not take place for another four weeks, making this a preliminary report.

Historically, we are in a very exciting period of national recognition of the importance of public health and prevention programs, and the development of a national strategy to improve the nation's health. The Affordable Care Act will help make wellness and prevention services affordable and accessible by requiring health plans to cover preventive services and by eliminating cost-sharing. The Federal establishment of a Prevention and Public Health Fund for prevention, wellness and public health activities and a grant program to support the delivery of evidence-based and community-based prevention and wellness services are aimed at strengthening prevention activities, reducing chronic disease rates and addressing health disparities.

With these programs and incentives, we are optimistic that disease prevention and health promotion will be at the forefront of a new health paradigm in Montgomery County. Under the overall umbrella of disease prevention, as a cost-saving and quality of life measure for all residents of Montgomery County, the priority that we have identified is childhood obesity. Nationally, nearly one-third of children are overweight or obese, putting them at risk for conditions such as diabetes and heart disease.

To support this priority, proposed areas of focus are: 1.) *obtaining data* 2.) *engaging nontraditional partnerships* and 3.) *ensuring health equity*. This effort to decrease childhood obesity will explore nontraditional partnerships as part of the solution to this problem. We will engage multiple entities such as schools, garden clubs, health clubs, restaurants, food stores, businesses, and faith-based organizations. We will look to the evolving Community Health Improvement Process (CHIP) for data about obesity in Montgomery County among racial and ethnic groups and their income, limited English speaking ability, chronic disease and geography. Access to physical exercise and wholesome food (diet and nutrition) will also be addressed.

We may propose and implement a countywide "physical education day." We look at these priorities through the lens of achievability and potential impact. We believe through our liaisons and collaborations with other boards, committees and commissions, there are ways to decrease childhood obesity and promote health and wellness in Montgomery County.

The Commission takes these priorities very seriously, so that we may contribute to the improvement of health in Montgomery County. We anticipate a productive year that will address these priorities by identifying long and short-term goals with measurable outcomes. Outcomes for these recommendations will take into consideration ways to decrease or eliminate health disparities and promote health equity, and will be designed to leverage existing funding or programs. Our 11 liaisons will address these priorities through communications and collaborations such as the recent Summer Study on end-of-life care issues with the Commission on Aging, Commission on People with Disabilities, Montgomery County Coalition on End-of-Life Care, hospice, hospitals, and faith-based organizations.

Overall, our ultimate goal is to improve the health status of our community in a responsible and responsive manner through the continued building of linkages and processes. The Commission will make every effort to be responsive to the County Executive, County Council, the Board of Health and the community in this most challenging fiscal environment.

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

COMMISSION ON JUVENILE JUSTICE TOP TWO POLICY PRIORITIES FOR FY-11

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

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

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

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

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

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

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

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

MONTGOMERY COUNTY COMMISSION ON PEOPLE WITH DISABILITIES
MEETING WITH THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE COUNTY COUNCIL

Mark Maxin, Chair
Aaron Kaufman, Vice-Chair
September 23, 2010

County Housing Policy Impediments*

- **Lack of currently available affordable housing**
- **Lack of available, especially affordable, housing for residents with a disability**

1. We recommend a housing policy that provides more opportunity for people to live independently in their own homes. We recommend that the Council work to have more accessible and affordable housing and supports for people with disabilities by:

- Increasing education and outreach for the Design for Life Montgomery "visit-ability" program in cooperation with permitting services by creating a resource in permitting services to help market the program more than they are now able when builders and property owners come in for building permits.
- Working with HOC and the MPDU program to require that units that were built to be accessible are offered first to those that require accessibility (ie, needing no step entry)
- Promote the creation of affordable housing for persons with developmental/intellectual disabilities, and advocate with the State to have additional funding for this purpose. The County will then also have to have additional funds for the supplement to providers of services to people with developmental disabilities.
- Providing technical assistance to families on cost effective ways to modify their homes after a stroke, accident or a returning disabled Veteran, in consultation with the American Institute of Architects (AIA).
- Replicating the current program for people with spinal cord injury that has been demonstrated at Metropointe; as we have identified 900 people living in MC nursing homes under the age of 60 who have signaled they want out.

***See Montgomery County, Maryland Analysis of Impediments to Fair Housing Choice (AI) Fiscal Year 2010 Mid-Year Update, January, 2010**

[http://www.montgomerycountymd.gov/content/dhca/community/ConPlan/app c analysis of impediments.pdf](http://www.montgomerycountymd.gov/content/dhca/community/ConPlan/app%20c%20analysis%20of%20impediments.pdf)

Higher Rate of Unemployment and Poverty among People with Disabilities

- **Among all adults age 21+, people with disabilities are almost 3 times more likely to be below the Federal Poverty Level (11.4% vs. 3.6%). In Montgomery County, 31% of working age adults (ages 18 - 54) with disabilities report that they are unemployed.**
- 2. We recommend increased employment of people with Disabilities within County government and the private sector.** Support the monitoring and full implementation of Bill 46-09 that required the County Executive to adopt regulations establishing and maintaining a hiring preference for certain qualified persons with disabilities who apply for an initial appointment to a County merit system position. The bill places a veteran with a disability first in the order of hiring preference and to give a veteran without a disability and a non-veteran with a disability an equal preference. We also recommend that the County continue to have and support the Customized Employment Internship Program and the Quest Program for interns with disabilities.

The housing and employment needs of people with disabilities also require a **reliable transportation system** for people with disabilities. Metro Access needs better monitoring and the fixed route needs to be continued to serve people with their transportation needs.

Lastly, we ask that the County issue a report periodically (6 mos.- 1 year) on what progress is being made on implementing these priorities.

MONTGOMERY COUNTY COMMISSION ON VETERANS AFFAIRS
MEETING WITH THE HEALTH AND HUMAN SERVICES COMMITTEE, COUNTY COUNCIL

Bill Gray, Chair
Jerry Godwin, Vice-Chair
September 23, 2010

Top Two Policy Issues

1. The County needs to work to provide more support to veterans, including securing more state and federally funded services. We have one of the largest veteran populations in the State, but have very few services. Those in place are woefully inadequate. Specifically, we suggest that the Veterans Administration work to get the Silver Spring Vet Center back up to speed as quickly as possible and that the State provide a full-time Veterans Service Officer for Montgomery County to help our veterans and their survivors obtain the benefits to which they are entitled. Currently, the Maryland Department of Veterans Affairs provides a Veteran Services Officer on the 2nd and 4th Thursday of every month from 9:00am – 3 p.m. and it is co-located with the Department of Labor, Licensing and Regulation in the Wheaton Shopping Center.

There are several mental health and physical health initiatives we are working on and hope to see begun in near future. These include:

- A Community Based Outpatient Clinic (CBOC) located within the County, to provide health and mental health services to the county's veterans.
- Telemental health services provided by the Veterans Administration to be located at an HHS facility. We are already in talks with the VA about such a program.
- Increasing the number of housing vouchers for homeless veterans (VASH vouchers) going directly to Montgomery County. Congressman Van Hollen procured 25 vouchers for the County for the first time this year, and all were committed within a very short time.

--We are also recommending that the County establish a Veterans Court, which is designed to keep veterans who are non-violent offenders out of jail. Veteran mentors are assigned to veterans convicted of crimes to assist them with applying for benefits and services, and assisting with issues such as homelessness, unemployment, and mental health concerns. We recommend that this Veterans Court program uses the VA or Naval Hospitals as treatment locations. We recommend that the County replicate the Veterans Treatment Court program in Buffalo NY. There are some who believe it should be through a mental health court but most Veterans will refuse to have anything to do with something called a mental health court as will most lawyers and judges. You can't convict someone FOR a mental health problem. The concept of a veteran's court encompasses much more than mental health. Convicting someone in a mental health court could jeopardize future job prospects and possibly lead to discharge for veterans still in the service. What's normal in combat and what's normal elsewhere is not necessarily a mental health problem. Adjusting to a different culture can cause problems but they are not necessarily mental health problems.

2. The County should take steps to ensure that County Veterans apply for any needed benefits by ensuring full implementation of **all** County departments and contractors to identify those persons seeking services who are veterans by asking the following question:

- **Have you or an immediate family member ever served in the U. S. Armed Forces, National Guard or Reserve? __ Yes __ No**

Then the County should provide training to staff as to who they should refer Veterans to help them apply for benefits.



Steve Galen, Chair
The Montgomery County Community Action Board
8210 Colonial Lane, Suite "B"
Silver Spring, Maryland 20910

September 7, 2010

Dear Ms. Trachtenberg, Mr. Leventhal, and Ms. Navarro,

As chair of the Montgomery County Community Action Board ("CAB"), I'm here to provide our voice on behalf of our county's low income residents and the working poor. CAB advocates for policies and services to end poverty, and is the governing body for federally-funded services delivered by the Montgomery County Community Action Agency, including Head Start. Unlike jurisdictions in which Community Action provides direct services, in Montgomery County, our nonprofits deliver essential services to low-income people through community partnerships, ranging from well known organizations such as Manna, to emerging ones, such as Gandhi Brigade. Recognizing that increasing family income is one of most powerful strategies to eliminate and reduce poverty, the Board's advocacy has focused on growing partnerships for free income tax assistance and financial education, linking these services with the most vulnerable customers served by Emergency Services and its partners.

As the recession continues devastating the wellbeing of many Montgomery County residents, you've asked for our input regarding top policy priorities for the HHS Budget. We are grateful that last year, the **County Council preserved critical "Safety Net" services for poor and low-income residents**, while promoting quality. Our first priority is to continue supporting these services. As more vulnerable families experience additional stressors, they turn to HHS and its community partners for essential health, mental health, protective and substance abuse prevention services. DHHS and community nonprofits need your help to maintain core services, helping the growing volume of families needing assistance to remain housed and stable, while securing fuel, food and other basics. While growing demand strains the capacity many of our public and nonprofit providers, we applaud HHS' efforts to integrate case management and for utilizing Quality Service Reviews to improve outcomes for consumers and strengthen practice.

Head Start and early childhood services remain a priority. MCPS serves as our Head Start delegate agency, delivering comprehensive, early childhood education to **618** young children and their low-income families, promoting their health, safety and well-being; and two community-based centers serve **30** additional children. This year, with a difficult economy, more parents sought MCPS' Head Start and Pre-Kindergarten programs. **MCPS' list of eligible four year olds grew to 2,335 for both programs--** 172 more children than last year. While **over 1,200 children are eligible for Head Start**, the majority will be served in pre-kindergarten, with substantially less services available in comparison with Head Start, since the County's **federally-funded Head Start enrollment is limited to 648**. The service gap is more severe for three year olds-- with 187 families competing for MCPS' coveted 30 spaces. With increased grant funding expanding Early Head Start programs in the County, without a matching expansion of services for three year olds, its early intervention impact may be limited. More 3's would be eligible for Head Start, but MCPS must limit the number of applications it accepts due to the paucity of available Head Start slots.

We applaud the Board of Education's investment, designating Title I Stimulus funding to increase full-day Head Start classes from 13 to 21 classes. MCPS new report, "Lessons in Learning" documents gains for its Head Start and Pre-K students, with 90% of kindergartners entering first grade with foundational early literacy skills. While it mentions that *only* children living at or below the federal poverty line are eligible for Head Start's comprehensive services, our Board remains concerned that so few children and families from Pre-K receive the expanded services they require, since Pre-K's median income level of \$28,000 remains well below the Self-Sufficiency Standard our Board produces as a yardstick for family wellbeing.

We therefore urge the Council, and will advise the Board of Education to consider developing a five year-plan with strategies to close these gaps:

- Prioritize increased County funding to better serve three year olds;
- prioritize continued funding of full day Head Start, recognizing Title I increases may not continue;
- consider how the County might better serve the many Head Start eligible families who cannot enroll in Head Start, due to the limited slots, by enhancing their access to comprehensive, services, similar to Head Start; and,
- consider how the County might better serve the low-income Pre-K families above the HS eligibility limits, by enhancing their access to comprehensive services, similar to Head Start.

The Board appreciates the Commission on Child Care's analysis of child care centers in high poverty areas, which finds that while the County's overall supply of child care is adequate, high cost prohibits access. If working families can only access two hours of prekindergarten and can't participate in subsidized child care due to high co-payments, the future and safety of our youngest residents remains far from secure.

Our final priority area remains addressing the financial educational needs of vulnerable populations, such as youth, veterans, persons with disabilities, low income populations, and persons with limited English proficiency. Community Action's ARRA funding has helped our neighbors who've borne the brunt of this recession, losing jobs, and too often their health care and housing, along with reduced income. **The federal and Maryland EITC and Montgomery County's Working Families Income Supplement are proven strategies to reduce poverty while rewarding work, targeting families struggling to achieve self-sufficiency. VITA is a gateway to EITC, and in this tough economy, Community Action's VITA partnership returned almost \$7.3 million in refunds and credits, including \$2.75+ million in EITC.** These monies are helping residents address emergency need and meet our area's high cost of housing, food, utilities, and child care. Studies reveal these refunds are immediately invested into the local economy, supporting employment and small business. To help the vulnerable and working families to access state and federal refunds, the Child Tax Credit, and Earned Income Credits (EITC), Community Action's Voluntary Income Tax Assistance (VITA) partnership has become one of largest in the state and region.

As the only year-round site in the DC area, Community Action's VITA staff and volunteers have completed **2,400+ returns**. In November, HHS will learn whether its IRS grant, submitted with our Board's approval and support, will continue supporting services. **\$224,541** in federal funding has been sought, with matched funding from partners, including the cities of Gaithersburg and Rockville and Family Services, with sixteen nonprofits and agencies providing in-kind support for VITA's four sites. If funded, the proposal, renewable for 3 years, provides additional staffing, increased language capacity and outreach using a promoter model. Without this IRS grant, services would still be offered on a much smaller scale. This year, Community Action's VITA intends to serve as an **Individual Taxpayer Identification Numbers (ITIN) Acceptance Agent**, so residents ineligible for social security cards may file income tax returns, establishing a work and credit history, and contribute to the tax base.

To reduce “asset poverty” VITA links customers to “Bank On” institutions, and working with the IRS, will initiate a savings bond program to help County residents reach long term financial goals. Finally, the IRS certifies our program to work in partnership with HHS and nonprofit case managers, serving those with mental and physical disabilities, limited-English speakers, seniors and homeless persons.

The Board is pleased that in June of 2010, the Maryland State Board of Education adopted regulations requiring local school systems to offer a program of instruction in financial literacy for grades three through twelve beginning in September 2011; therefore, the Board will be following MCPS’ response as it strengthens its curriculum and related training for educators. **The Board remains concerned about the future of financial literacy in Montgomery County for adults.** Since launching Community Action’s ARRA-funded financial education program last April, more than 200 families received intensive services through classes or individual consultation. Maryland CASH, a clearinghouse dedicated to financial education, estimates Community Action’s 60 workshops posted on its CASH Academy website constituted more than 90% of all County offerings. Despite the success of the ARRA pilot established by the Community Action with Emergency Services and Income Supports, which refers HHS’ most financially insecure customers for intensive services, the Board is concerned that after funding concludes in April, a substantial financial education capacity gap exists.

We understand that the County budget funding is severely constrained today, as an advocacy priority, we ask you to deeply examine the status of financial literacy education, to assure some level of continued funding, and help plan for the future, since access to financial literacy can protect the income of low-wage workers, while supporting a healthier economy. In closing, we appreciate your leadership in helping our community to meet the difficult challenges, especially those confronting our poor and low income neighbors.

Regards,

Steve Galen
Chair

**Latino Health Steering Committee of Montgomery County
Health and Human Services Committee Worksession
September 23th , 2010 - FY11 Health Priorities**

Access to quality and comprehensive health care for the uninsured and underinsured in the County:

As we reported to you last year, access to quality and comprehensive health care for the uninsured and underinsured continues to be a challenge in the County. Data suggests that as much as 58% of Latinos in the County are underinsured and about half do not have a primary-care doctor. As you know, Latinos are the fastest growing racial/ethnic minority group in Maryland, and constitute more than 14.3% of the County's total population (Montgomery County is home for approximately 38% of the State's Latino population). In Montgomery County, 65% of Latinos are foreign-born, this fact is important because studies of foreign-born individuals show that immigrants have lower rates of health screenings and overall health care access and utilization. In addition, 9.5% of County Latinos live in poverty compared to 4.5% of all County residents. Local focus groups with community members and individual interviews over the past few years continue to show that access to affordable quality health care is indeed one of the most urgent problems facing the Latino community. Despite some progress by the County and its community partners, the high demand for services and limited availability is still an existing problem. Additionally, the current level of available culturally and linguistically competent health services in the County continue to be limited. As the LHSC also noted last year, the effects of the worsening of the economy as well as cuts to services, has directly affected the increasing demand on agencies for services to the uninsured and underinsured in the County. Thus, the LHSC urges the County Council HHS Committee to continue focusing its attention on sustaining access to quality and comprehensive health care for the Latino community and all underserved communities.

Latino Youth Development

The LHSC also urges the County Council HHS Committee to continue supporting the efforts of the Montgomery County Latino Youth Collaborative Steering Committee (LYCSC) which will be releasing its report this fall. Recommendations from the work of the three LYCSC subgroups on policy, responsive services and social integration are targeting issues addressing the crisis affecting many of our Latino youth. The Latino young population is a particular growing segment of our community as well as a very large component of the youth population in Montgomery County. In the state, 31.4% of Latinos are under the age of 18 years with a median age of 28.3 years compared with the next youngest group, African Americans, with 27.3% of the African American population under 18 years and with a median age of 33.9 years. The existing needs continue to require focus on improving Latino youth's education experience, making systemic changes to better serve Latino youth and their families, addressing high risk behaviors, reducing teen pregnancies and preventing exposure to violence. These are key areas of concern that need greater attention and support by County authorities. We anticipate that the work of the LYCSC will give important recommendations toward addressing these needs and the support required for our Latino youth and their families. Your continued attention to the implementation of these recommendations will be critical to making these changes.

We are grateful for your ongoing leadership and support to the Latino Health Initiative, and we look forward to continue collaborating with you in addressing the needs of Latinos in the County and building an empowered and self-sufficient community.



**Department of Health & Human Services
Behavioral Health & Crisis Services
Mental Health Advisory Committee**

Chair: Celia Young

Vice Chair: Kathy McCallum

FY 11 Policy Priorities

The Montgomery County MHAC began its 2010-11 year this past Thursday with our first monthly meeting. We remain aware of the continuing economic challenges and the related budgetary constraints. Notwithstanding this, we certainly do not want to lose any of the mental health program funding currently in place, particularly the safety net services such as the Crisis Center and the 24 Hour Crisis Team, and will continue to advocate strongly for these programs.

The following outlines our priority areas for FY 2011:

Decriminalization:

A major initiative of the Mental Health Advisory Committee's Decriminalization Subcommittee is supporting the creation of therapeutic, as opposed to punitive, alternatives for addressing non-violent crimes rooted in emotional disorders. A very good opportunity for progress toward the objective exists now. Discussions between Behavioral Health and Crisis Services and the District Court, has opened the possibility of creating an informal program to stay the processing of certain non-violent offender cases to permit a therapeutic treatment alternative in lieu of a criminal disposition. The success of this opportunity depends as much, if not more, on the availability of therapeutic alternatives. Apart from other initiatives on decriminalization, therefore, it is the Subcommittee's and MHAC's priority to seek the allocation of existing mental health service resources to this program as well as to seek, as the economic climate improves, funding for additional resources for this purpose.

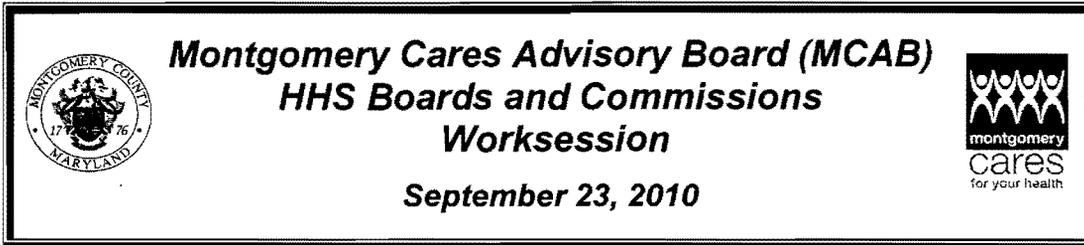
May is Mental Health Month:

In May, 2010, our May is Mental Health Month Subcommittee put together a resource fair which was very well received by attendees and provider participants. This Wellness and Recovery Resource Fair provided an opportunity for providers to let Montgomery County residents see the vast array of mental health resources available throughout the County. This year we are starting much earlier in the planning process in order to ramp up the event in terms of provider participants and attendees. We will collaborate with providers across the broad spectrum of services in order to put together a resource fair for May, 2011 that will be bigger and better, and which will hopefully have even better attendance than the May, 2010 event.

Other Areas of Focus:

In addition to the two major areas of concentration for FY 2011 noted above, we believe that collaborating with other boards, commissions, and committees is one of the most effective and workable ways to reach consumers in this difficult fiscal climate. In particular, we have begun collaborating with the Commission on Aging on their interest in a "train the trainer" program in assisted living facilities to have staff trained to recognize when residents are in need of mental health services and to get resources into the facilities. Our Children's Subcommittee is working with other interested groups on a study to determine the effects on children and youth of the recent budget cutbacks, including program cuts in the schools. This will allow us to have a handle on the needs of this population as the economy improves.

The Mental Health Advisory Committee is dedicated to supporting mental health services for all County residents, and avoiding the loss or limitation of such services.



Overview:

The Montgomery Cares Program (MCares) supports the primary health care safety net to uninsured, low-income, adult residents of our County. The network of eleven clinics that serve MCares patients has grown in strength and capability each year since the program's inception in 2006.

As with many County programs, the MCares Program is undergoing hardship related to the budgetary climate. For a program that has experienced nearly 25% growth each year since 2006, this year is the first year the safety-net clinics will have to restrict access to primary care for needy County residents. In concrete terms, the MCares clinics anticipate demand for approximately 85,000 patient visits in FY11, while the program budget allows for reimbursement of up to 70,000 visits. This gap between the demand for services and funds to pay for them translates into 5000 to 6000 people unable to access needed services

That said, the program is stable, solid, and resilient. The MCAB is focused on ensuring that with the support of our essential partners, including the Primary Care Coalition, the area hospitals, the County DHHS, the Commission on Health, and the exceptional capabilities of the clinics themselves, the provider network is strong, costs are minimized, and efforts are taken to acquire new resources to ensure that needy County residents receive high quality primary care services. In addition, the MCAB continues to reach out to other County Boards and Commissions to look for opportunities to build on the existing partnerships.

Note that, as an example of our commitment to ensuring that the MCares program meets the needs of its constituents, the MCAB has passed a resolution to ask the County Executive to expand our membership by two, and to earmark these two new positions for consumers of MCares services. We await final approval of this request.

FY11 Goals/Priorities:

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

In support of this goal, the MCAB has developed three priorities to guide its work in FY11:

1. **Educate, Advocate and Market:** The MCAB will educate the community, advocate for health care resources for the uninsured, and market the MCares Program to foundations and other potential funders in order to increase resources available to meet the demand for health care among uninsured County residents.
2. **Prepare for Health Care Reform:** The MCAB will lead efforts to prepare the MCares program, and especially its participating clinics, to take full advantage of the opportunities contained in the new law.
3. **Expand resources:** The MCAB will continue to foster partnerships that result in expanded access to critically needed ancillary and support services, with a primary emphasis on specialty care.

FY11 Action Steps

- The FY11 Budget for **primary care services** is level funded from the prior fiscal year, while the participating clinics anticipate a record number of patients requesting services. The program must search out and develop alternate methods of service delivery and funding in order to meet the demand. It will only be through a strategy of advocacy and marketing, with the intense support of our legislators, that we will be able to continue to grow the program to meet demand.
- Explore the impact of expanded Medicaid access and State insurance exchanges on uninsured County residents and on the participating MCares clinics. Expanded coverage will allow some current MCares patients to obtain care from other community-based providers; however, the clinics, with their wealth of experience in providing culturally competent care, hold great potential in serving our diverse community. MCAB will take a lead in exploring the opportunities and challenges posed by Health Care Reform.
- Maintain adequate ancillary and support services, specifically **specialty care**. It is estimated that as many as 27% of MCares patients may require one or more specialty service in any given year. Approximately 7,000 of the 26,000 patients served by MCares clinics were referred to specialty care in fiscal year 2010. Many MCares patients require multiple appointments with specialists to complete treatment or to sufficiently stabilize their conditions so that their care can then be managed by a primary care provider; however, due to insufficient specialty care referral resources, MCares patients cannot be guaranteed consistent access to specialty care services when needed. There are long waits for appointments for certain specialties, and specialty care providers often expect significant cost-sharing from MCares patients. MCAB has begun fruitful dialogue with community partners on strategies to expand specialty care access and will continue to actively pursue options during FY 11.



VICTIM SERVICES ADVISORY BOARD

Poverty and socio-economic concerns are chief among the causes of crimes, which results in victims who are referred to the victim services that Montgomery County provides.

One of the primary policy issues that our board would like to address is the need for adequate staffing. Over the past several years, as the population has risen, there has been an increase in staff in the law enforcement side of the safety equation, however; there has been little done to increase the emotional and financial support of crime victims seeking services from HHS. As our population grows and more foreign born citizens enter our county, whose poverty rate is inherently higher, we have not increased the bilingual therapists in the Victim Assistance and Sexual Assault Program (VASAP) since 2001 or at the Abused Persons Program for over a decade. In Silver Spring, the VASAP temporary no benefits grant position that helps victims of crimes will end December 31, 2010. This is the only position that can serve general crime victims seeking legal relief at the Silver Spring district courthouse. The crime victims in the Silver Spring area are reliant on the hopes of future grant funding in order to have their needs served in a location near home. Our board is sensitive to the fact that we are in an economic crisis, but the economic crisis itself in addition to poverty is a cause for an increased need for staffing particularly to assist crime victims in the down county area. There have been significant increases in crime victims seeking services:

1. In FY10, there was a 9% increase over FY08 of crime victims served at VASAP.
2. In FY10, there was a 10% increase in domestic violence victims seeking services.
3. 90% or more of crime victims seeking counseling are paying less than \$8 on the sliding fee scale attesting to their low financial status.

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

We thank you for the opportunity to provide input on important policy issues facing the County.

Samantha Davis
VSAB Chairperson