

HHS COMMITTEE #1  
October 6, 2011

**MEMORANDUM**

October 4, 2011

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 8, 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.

In response to a request made at last year's meeting, the presenters are listed in reverse alphabetical order.

## DHHS ADVISORY BOARDS & COMMISSIONS

<u>Representative</u>	<u>Group</u>	<u>Circle #</u>
William C. Smith, Jr.	Victim Services Advisory Board	2
Cesar Palacios	Montgomery Cares Advisory Board	3
Kathleen McCallum	Mental Health Advisory Committee	4
Eduardo Pezo	Latino Health Initiative	5
Steve Galen	Community Action Board	6-7
William M. Gray	Commission on Veterans Affairs	8
Patricia A. Gallalee	Commission on People with Disabilities	9
Francha Davis	Commission on Juvenile Justice	10
Marcos Pesquera	Commission on Health	11
Vicki Stearn	Commission on Children and Youth	12-13
Mindy Thiel	Commission on Child Care	14
Elaine Kotell Binder	Commission on Aging	15-16
Amy Goldstein	Citizen's Review Panel Advisory Group	—
Jarnitha Woodson	Board of Social Services	17-18
Dr. Sam Mukherjee	Asian American Health Initiative (AAHI)	19-20
Alan Trachtenberg	Alcohol & Other Drug Abuse Advisory Council	21
Arva Jackson	African American Health Program	22-23



MONTGOMERY COUNTY COUNCIL  
ROCKVILLE, MARYLAND

GEORGE LEVENTHAL  
COUNCILMEMBER  
AT-LARGE

July 8, 2011

Ms. Mindy Thiel  
Chair, Commission on Child Care  
P.O. Box 113  
Garrett Park, MD 20896

Dear Ms. Thiel:

On Thursday, October 6, 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 the policy issues of concern for your board in FY12. 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 Thursday, September 29 to Vivian Yao, Legislative Analyst, at [vivian.yao@montgomerycountymd.gov](mailto: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](http://www.montgomerycountymd.gov) -- follow links to the County Council) by the evening of October 4.

The meeting will begin 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  
Craig Rice, HHS Committee Member  
Uma Ahluwalia  
DHHS Commission Staff

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## VICTIM SERVICES ADVISORY BOARD

To Council members of the HHS Subcommittee:

These are the two Policy Priorities for the Victim Services Advisory Board (VSAB)

### Policy Priority Number 1:

Our first policy priority is getting the state of Maryland to address its good behavior (diminution) credit program for violent offenders in the prison system. Currently, Maryland inmates that are serving time for violent crimes receive 10 days per month off of their sentences for good behavior and for participating in various prison programs. In some cases, these inmates can receive as many 20 days per month off of their sentences. We are seeking to have the General Assembly pass legislation that would reduce the amount of time that these offenders earn because we believe it has contributed to the disproportionately high crime rate in Maryland. According to the Census Bureau, Maryland is the eighth most violent state in the US, with the second highest homicide rate. When the number of days an inmate has earned off of their sentence equals the number of days left on their sentence, that inmate is free to go, regardless of whether the inmate has been granted parole or is otherwise deemed ready for release. Although corrections officials use time off for good behavior as a tool to help them manage the prison population, we believe the current regulations create a dangerous situation for law-abiding citizens. In some instances, the results have been tragic; as some of these released offenders have gone on to commit more crimes, including murder.

### Policy Priority number 2:

The VSAB would like to present for the Council's deliberation the ongoing financial crisis affecting the State's Criminal Injuries Compensation Board (CICB). The lack of funding for CICB, coupled with a backlog of \$2.5 million of unpaid crime victim compensation claims, has had a direct negative effect on Montgomery County crime victims. The claims submitted by our crime victims to the State's CICB have been lingering in unpaid status for many months, and with no solution to this financial problem in the near future, our county's crime victims will not be reimbursed for medical expenses, disability, psychological services or funeral expenses. Because the state has not provided sufficient funds for the CICB, it continues to lose matching Federal funds.

There are some concrete steps the Council can take to mitigate this State CICB crisis and its effects on the claims for our County's crime victim residents:

1. Support State legislative initiatives that increase the amount of fees that offenders are ordered to pay in order to increase the level of CICB funding
2. Review the local County's crime victim compensation fund legislation for possible changes to assist local crime victims when they apply for the compensation fund; specifically, increase the total amount of dollars that can be awarded from \$2,500 to \$8,000 and provide for a local increase in the total base of the fund in order to provide mitigation for financial losses for more Montgomery County crime victims



**Montgomery Cares Advisory Board (MCAB)  
HHS Boards and Commissions  
Worksession  
October 6, 2011**



The Montgomery Cares Advisory Board (MCAB) provides guidance to the Montgomery Cares Program, which financially and operationally supports the primary health care safety net for uninsured, low-income, adult residents of our County. The network of eleven clinics that serve Montgomery Cares patients has grown in capacity and capability each year since the program's inception in 2006.

As with many County programs, Montgomery Cares (MCares) has faced recent challenges as a result of the budgetary climate. For a program that experienced nearly 25% growth each year since 2006, FY11 was the first year that the safety-net clinics had to restrict access to primary care for needy County residents.

In concrete terms, we know that there are approximately 100,000 low-income, uninsured adults in the County. The MCares program only has funding to serve 28,000, or 28%.

The Montgomery Cares Advisory Board is concerned that while Montgomery County safety net clinics have opportunities for expanded capacity, the program does not have the funding to support the growth. For example, the Holy Cross Hospital is planning to add an additional, much needed safety-net clinic in the Aspen Hill area, but the County does not have adequate funding to reimburse Holy Cross for the patient visits that the new clinic will generate.

**With that in mind, the Montgomery Cares Advisory Board has one policy priority in FY12: We must expand the capacity of Montgomery Cares clinics to provide essential primary care services to more of the County's uninsured.**

To help the program expand to meet the needs of the uninsured of Montgomery County, while preparing for the future, the MCAB has committed to the following undertakings for the current fiscal year:

- 1. Optimizing the Affordable Care Act:** MCAB plans to promote activities to prepare the MCares program and providers for the ACA to ensure that they are prepared to take full advantage of the opportunities contained in the new law. This includes supporting the transition of our clinics to become Medicaid providers.
- 2. Resource Development:** MCAB plans to investigate options for non-county funding to support the MCares program.
- 3. Continuing Quality Improvements:** MCAB plans to promote activities to continue to improve the quality of MCares services. We will explore whether MCares clinics can become Patient Centered Medical Homes, support efforts toward a system-wide Health Information Record, and examine the development of system-wide Electronic Information Exchanges.
- 4. Maintain Advocacy Efforts:** The MCAB will continue to advocate on behalf of uninsured residents to ensure that appropriate resources are dedicated to the MCares program.
- 5. Strengthen Specialty Care services:** The MCAB will maintain its focus on increasing Specialty Care access for the uninsured in Montgomery County.



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

**Montgomery County Council**  
**Health and Human Services (HHS) Work Session**  
**Policy Priorities for Fiscal Year 2012**

Stet Docket Pilot Program for Mentally Ill Offenders

The Mental Health Advisory Committee is committed to seeing this pilot program come to fruition. Approximately one quarter of inmates at the County's Correctional Facility and Detention Center have mental illnesses; these persons tend to stay longer in the facilities than others charged with similar offenses, and are more likely to re-offend. A problem-solving approach to processing eligible defendants with mental illnesses under the proposed program will allow them to receive community based services and supports, and could result in their charges being dismissed or reduced if they follow the individualized plan developed for and with them. Approximately 175 similar programs exist across the country, and evidence shows that the decreased jail costs over a two year period of participation more than offsets the treatment costs. There is also a decrease in recidivism among the individuals who participate, even after court supervision has terminated.

We are confident that the pilot program will show that this problem-solving approach can be more cost effective for the County than continuing to process qualified individuals through the jail system, and will also provide the opportunity for better outcomes for those individuals (treatment and recovery vs. incarceration). We recognize that public mental health and case management resources are scarce however the pilot program is small and should be able to be accomplished with existing resources and effective collaboration. Giving individuals the opportunity to participate in such a program could help them break the cycle of arrest, prosecution and incarceration. If the program proves to be cost effective, perhaps it could be expanded in the future when resources are less scarce.

Crisis Services for Children and Adolescents

Our Children and Transition Age Youth Subcommittee is studying the Baltimore Child and Adolescent Response Team Systems model (BCARS) to ascertain whether a similar model could be more effective for this population in Montgomery County than the crisis services currently available. The Crisis Intervention Center, Crisis Hotline and Mobile Crisis Unit in our County provide immediate crisis care, referrals and limited follow up. While these services are excellent, there is no team dedicated specifically to dealing with children and adolescents, and Montgomery County does not have the array of crisis services for this population that the BCARS model offers.

The BCARS program is funded through grants and is overseen by the local CSA. The service is accessed through a hotline specifically set up for families with children and adolescents in crisis. If needed, a thorough assessment is done at the home, emergency department, clinic, etc., a treatment plan is created, and follow up continues for several weeks with case management, therapy, transportation, and referrals to community based services.

The goal of such a program is to prevent costly emergency room visits, hospitalizations and involvement with the juvenile justice system. Such a program would also help to diminish the amount of trauma experienced by the children and adolescents in crisis, as they could be visited in a familiar environment.

**County Council Health and Human Services Committee Work session  
Latino Health Steering Committee of Montgomery County (LHSC)  
FY12 Policy Priorities**

**Facilitating access to high quality, comprehensive health care for the  
uninsured and underinsured**

The LHSC requests and urges that the County Council HHS Committee continues to strongly support programs that provide access to healthcare services for the county's Latino population. The progress made over the past few years has shown the positive effect of county responsiveness on the healthcare needs of the uninsured and underinsured. However, the ongoing economic crisis, ever increasing demand for healthcare services, and limited or diminishing county resources continue to place great strain on the efforts to advance responsiveness. Further highlighting the need for such programs is their ability to provide culturally and linguistically appropriate services to a Latino county population which is predominantly foreign born. Current levels of available culturally and linguistically competent health services in the County continue to be limited.

**Latino Youth Development**

The LHSC urges the continued support by the County Council HHS Committee of the implementation of Latino Youth Collaborative Steering Committee's recommendations contained in the report titled 'A generation of Youth Hanging in the Balance'. Recommendations on Policy, Responsive Services and Social Integration allow for the development of comprehensive solutions to the serious challenges faced by Latino youth in the county. Monitoring of the implementation of recommendations by the Oversight Work Group will be critical in turning around the disadvantageous circumstances confronted by Latino youth on a daily basis.

Finally, the LHSC truly appreciates your leadership and support provided to the Latino Health Initiative. The LHSC will continue to work collaboratively in the pursuit of a county fully responsive to the needs of the Latino population in Montgomery County by addressing the multidimensional challenges of this growing population and by finding ways to build self-sufficiency and empowerment within the Latino community. Thank you very much for the opportunity to provide this input.



COMMUNITY ACTION BOARD

September 27, 2011

Steve Galen, Chair  
The Montgomery County Community Action Board  
2424 Reedie Drive, Room 238  
Wheaton, Maryland 20902

Dear Mr. Leventhal, Ms. Navarro, and Mr. Rice:

The Montgomery County Community Action Board (“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.

Despite our county’s affluence, Montgomery County has growing poverty. From 2008 to 2009, approximately 10,000 more Montgomery residents became poor, and for single women with children under 5, almost half are now poor. In fact, our child poverty rate is 8.3%, well below a self-sufficiency threshold required to meet basic needs. Recognizing that increasing family income is one of most powerful strategies to eliminate and reduce poverty, the CAB’s advocacy has focused on growing income for residents in poverty through free income tax assistance, financial education and the Working Families Income Supplement; in 2009, the average federal EITC refund was \$2,044 in Montgomery County.

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. Our first priority is to continue **critical “Safety Net” services for poor and low-income residents**. As more vulnerable families experience stressors, they turn to HHS and community partners for critical 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. Growing demand strains the capacity many of our public and nonprofit providers, and so we appreciate efforts to better coordinate and integrate the service delivery. For example, we are concerned that Income Supports hasn’t yet increased staff, despite a 138% in growth in people receiving SNAP—Supplement Nutrition Programs—57,665 individuals.

**Head Start and early childhood services remain a priority.** MCPS serves as our Head Start delegate agency, delivering comprehensive, early childhood education to **648** young children and their low-income families, promoting their health, safety and well-being. 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 2,900 for both programs, with 1,200+ children eligible for Head Start.** But the majority will be served in pre-kindergarten, with substantially less services. Our Board remains concerned that so few children and families from Pre-Kindergarten receive the expanded services they require, since Pre-K’s median eligibility level remains well below the Montgomery County Self-Sufficiency Standard as a yardstick for family wellbeing.

Department of Health and Human Services • Office of Community Affairs • Community Action Agency

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**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 continued funding of full day Head Start;**
- **consider how the County might better serve Head Start eligible families who cannot enroll in Head Start and low-income Pre-K families above the Head Start eligibility limits, by enhancing access to similar comprehensive services;**
- **work with partners to expand County funded services for three year olds.**

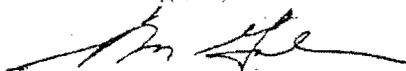
Our final priority area remains addressing the asset and financial educational needs of vulnerable populations, such as youth, veterans, persons with disabilities, low income populations, and persons with limited English proficiency. Community Action's VITA program has helped our neighbors who took the 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, yet 11,046 Montgomery residents don't file, and are unable to use these resources for emergency needs and to meet our area's high cost of housing, food, utilities, and child care. These refunds are immediately spent in the local economy, supporting employment and small business. The impact is magnified by state and local EITC refunds, that in combination, truly creates jobs. Community Action's Voluntary Income Tax Assistance (VITA) partnership has become one of largest in the state and region, and is launching an initiative with partners to serve self-employed individuals this season.**

As the only year-round site in the DC area, Community Action's VITA staff and volunteers have completed **1,055 returns, less than half generated when federal stimulus funds were available.** To reduce "asset poverty" VITA links customers to "Bank On" institutions, and has initiated a savings bond program to help County residents reach 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. **We know you share concerns about possible federal reduction that may reduce CSBG and federal volunteer funding which support VITA and RSVP's free tax assistance services. Even with our armies of volunteers, staff is required for sound programs.**

The Board is pleased that effective this October, the Maryland State Board of Education adopted regulations requiring local school systems to offer a program of instruction in personal finance for grades three through twelve. **We urge you to follow MCPS' response as it implements its curriculum.** We understand that the County budget funding is severely constrained, so an advocacy priority, we ask you to join our partners to study the County's financial education needs, helping to protect the income of low-wage workers, while supporting a healthier economy and family self-sufficiency.

In closing, we appreciate your leadership in helping our community to meet many difficult challenges, especially those confronting our poor and low-income neighbors.

Regards,



Steve Galen  
Chair

SG:ss

**MONTGOMERY COUNTY COMMISSION ON VETERANS AFFAIRS**  
**MEETING WITH THE HEALTH AND HUMAN SERVICES COMMITTEE, COUNTY COUNCIL**  
Bill Gray, Chair- Jerry Godwin, Vice-Chair  
October 6, 2011

**Recommendations on Policy Issues**

**1. End Veteran Homelessness**

We seek the Council's support to take the needed steps to end homelessness in the veteran population and to assist them to obtain permanent housing. The Veterans Administration estimates that there are 58 County veterans living on the streets and in the woods that they know of. Many of them are Vietnam Veterans with Post Traumatic Stress Disorder. Bethesda Cares, a non-profit, is partnering with the 100,000 Homes Campaign. It is targeting the chronically homeless, many who are veterans and bringing them home to permanent housing. This includes actions to increase the number of housing vouchers for homeless veterans (VASH vouchers) going directly to Montgomery County. With actions from County Executive Leggett and Congressman Van Hollen the County received 25 vouchers for the first time last year and again this year. All of the vouchers were committed within a very short time. There are also veterans who are incarcerated and the majority of them become homeless when they are released. Recent studies indicate that 1 out of 5 veterans returning from Iraq or Afghanistan have some type of mental illness from Traumatic Brain Injury to Post Traumatic Stress Disorder and homelessness only exacerbates the problem. We are pleased about the Troops, Veterans and Family Care Project that will better coordinate services to troops, veterans and their families. We recommend that you increase funding to support agencies serving Veterans and their families such as the Mental Health Association, Easter Seals and Bethesda Cares.

**2. The County Secure a Full-time Veteran Service Officer from Maryland Department of Veterans Affairs**

We ask for your assistance in working to get more state and federally funded veteran services located in the County. The County is home to an estimated 50,000 veterans, 4,000 of whom serve or have served in the OIF/OEF conflicts. Specifically, we suggest that you request that the Veterans Administration work to get the Silver Spring Vet Center back up to speed as quickly as possible and request that the Maryland Department of Veterans Affairs provide a full-time Veterans Service Officer for the County to help our veterans and their survivors obtain the benefits to which they are entitled. Prince Georges County Department of Family Services has a designated office space for the Maryland Department of Veterans Affairs and their Veteran Service Officer is there 90% of the time. This Officer also serves Montgomery County on the 2<sup>nd</sup> and 4<sup>th</sup> Thursday of every month from 9:00am – 3 p.m. and this office is co-located with the Department of Labor, Licensing and Regulation in the Wheaton Shopping Center. The current staffing for the County is inadequate to meet the needs of the County's veteran population. The Commission is also exploring the possibility of establishing a Community Based Outpatient Clinic similar to the one in Prince Georges County.

**County Departments and Agencies Need to Inquire about Veteran Status**

We asked for this last year, and we seek an update as to whether this is being done routinely. 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.

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

Patricia A. Gallalee, Chair  
Charlie Crawford, Vice-Chair  
October 6, 2011

**1. RECOMMEND THAT THE COUNTY COUNCIL SUPPORT FUNDING TO MEET OR EXCEED THE REQUIREMENTS OF THE AMERICANS WITH DISABILITIES ACT (ADA)**

Montgomery County has signed a Settlement Agreement with the U.S. Department of Justice (DOJ) as part of DOJ's Project Civic Access review. The Commission has had an advisory role to the County on accessibility over the years. Recently, the County Executive asked the Commission to be part of an ADA Compliance workgroup. The Commission has been concerned that it has been the policy of the County to only meet the minimal requirements of the ADA. We are asking for your support to fund efforts that not only meet the ADA but exceed it when it means that a facility is more user friendly. Specifically, we were dismayed when we found out that the new Rockville Library did not have automated doors on the public restrooms or that the website is not fully accessible despite the Commission advising the County on issues impacting people who use screen readers or who need text size changing ability. We recommend that the County Ride On bus service be made more user friendly by having stop announcements and notice that passengers should be listening for them. We want to see not only the establishment of an on-going comprehensive effort to ensure that ADA compliance is fully incorporated into the County's planning, design and construction process for all new construction and renovations. We want to be at the table advising on how the design can make the facility more useable by people with disabilities. We ask that you ensure all County facilities are accessible and useable including the installation of audio loop systems and other assistive technology for county-owned public conference areas, and training of staff on their use. This also includes enhanced efforts to improve and enhance parking and accessibility to both the Council Office Building and the Executive Office Building. Both buildings are not easily accessible to people with mobility disabilities.

**2. RECOMMEND THAT COUNTY STRENGTHEN EFFORTS TO IMPLEMENT HIRING PREFERENCE FOR DISABLED VETERANS/ PEOPLE WITH DISABILITIES/VETERANS**

We ask that the County Council monitor the 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. We have heard that there may be some discussion on limiting the preference to the current conflict in Iraq and Afghanistan. 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.

For more information, please contact the Montgomery County Commission on People with Disabilities, Betsy Tolbert Luecking, Program Manager at 240-777-1256 V/TTY or [betsy.luecking@montgomerycountymd.gov](mailto:betsy.luecking@montgomerycountymd.gov) .



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett  
County Executive

Uma Ahluwalia  
Director

## COMMISSION ON JUVENILE JUSTICE TOP TWO POLICY PRIORITIES FOR FY-12

In FY-12, the Commission on Juvenile Justice is focusing on programs for at-risk youth. We believe it is vital for community well being to maintain and expand proactive delinquency prevention services and programs at both the State and County level. In a period of tight budget constraints, it is important to note that prevention programs are cost efficient investments that help offset significantly higher expenditures for increased law enforcement activity, court proceedings, and incarceration of youth.

**The Commission's top policy priority this year is "positive youth development" (PYD) programs.**

PYD is an approach that seeks to promote positive outcomes for at-risk youth by recognizing and developing strengths – i.e., focusing on the positive, rather than on the problems. The goal is to prevent crime and help youth become productive and caring adults. PYD programs include prevention, intervention, and suppression services.

In general, prevention programs encourage youth to use their free time productively, rather than be left to their own devices. Examples include educational enrichment, life and social skills development, mentoring, and organized recreational activities. Intervention services are designed to provide assistance to at-risk youth and families who need social services or other help in staying out of the juvenile justice system. Examples include case management, counseling, and job training or placement. Suppression services are generally designed to address the most dangerous youth and involve the law enforcement community. The intent of PYD is to minimize the need for suppression and the placement of juveniles in court-ordered detention.

The Commission will review existing programs and services in Montgomery County and elsewhere and engage major stakeholders in the public and private sectors in discussions about collaborative programs designed for PYD. In addition, the Commission will review and advocate for budget items and legislation that support PYD.

**The Commission's second priority for FY-12 is increasing diversion programs and services for first-time, non-felony offenders in Montgomery County.**

Diversion offers juveniles the ability to limit their involvement with the court system. It also offers families, lacking other means, the ability to receive wrap-around services. There are currently a limited number of diversion options in the county (e.g., SASCA and Teen Court), and the Commission plans to advocate for continued and expanded services to divert juveniles away from detention by addressing their needs and those of their families with services at home and in the community.

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**Commission on Juvenile Justice**

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## Montgomery County Commission on Health

Fiscal Year 2012 Policy Recommendations  
Health and Human Services Committee Work Session  
October 6, 2011

Good morning Mr. Leventhal, Ms. Navarro, Mr. Rice and my fellow committee chairs. My name is Marcos Pesquera, Chair of the Commission on Health. Thank you for this opportunity to briefly share with you the priorities that our commission will be focusing on in fiscal year 2012.

Last year the commission decided to promote healthy choices and prevention, in particular the issue of obesity. To support this priority, we focused on: 1.) *obtaining data* 2.) *engaging nontraditional partnerships* and 3.) *ensuring health equity*. However, we found ourselves struggling given the immensity of this issue.

According to the recent "*F as in Fat Report*," from the Trust for America's Health, fifteen years ago, Maryland had a combined obesity and overweight rate of 64.1 percent. According to the Healthy Montgomery website, Montgomery County shows a combined rate of 54.3 percent. Clearly, the answer is to improve our diets and get moving, right? Sometimes it's not that simple, because the environment in which we live make it difficult to do the right thing. For our Montgomery County residents we want the healthy choice to be the easy choice.

Through the Patient Protection and Affordable Care Act, resources will be aimed at reducing obesity. At the state level, The Maryland State Health Improvement Process (SHIP) has two objectives aimed at reducing obesity. Objective 30, *Increase the proportion of adults who are at a healthy weight* and Objective 31, *Reduce the proportion of children and adolescents who are considered obese*.

As a commission, we examined the CDC report titled "Recommended Community Strategies and Measurements to Prevent Obesity in the United States." After much consideration and discussion, we decided to continue our focus on obesity prevention; however we changed our strategy and concentrated on 4 out of the 24 CDC recommendations.

In order to better understand the issues and work on measurable policy recommendations we formed 4 workgroups. Each workgroup will focus on one policy recommendation. The four strategies are:

1. Communities should improve availability of affordable healthier food and beverage choices in public service venues.
2. Communities should provide incentives for the production, distribution, and procurement of foods from local farms.
3. Communities should increase support for breastfeeding.
4. Communities should increase opportunities for extracurricular physical activity.

We began our process by sending a fact finding letter to Montgomery County Government, MCPS, Park and Planning, Montgomery College and WSSC, in order to determine what our County agencies provide employees with regard to breastfeeding facilities, policies and work schedules. The Commission will continue this fact finding process concerning the other three strategies in the next few months. As each workgroup completes their research we will be forwarding our policy recommendations to the County Council and County Executive for consideration.

During our upcoming annual retreat the commissioners will have the opportunity to listen to a national expert on obesity prevention Dr. Jeffrey Levi. He will discuss the "*F as in Fat*" report from the Trust for America's Health. Our annual retreat is essential as it will give us the opportunity to discuss strategies to advance adoption of the CDC's recommendations by County agencies, develop our work plans and begin to review agencies feedback as a baseline. All these plans will be finalized after the retreat in two weeks.

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 CHILDREN AND YOUTH  
FY12 Policy Issues of Concern  
Submitted to the Health and Human Services Committee of the County Council on  
October 6, 2011

**The Commission on Children and Youth has three primary policy concerns for fiscal year 2012:**

- 1. Increasing permanency for children in foster care**
- 2. Increasing youth and adolescent education about and access to sexual and reproductive health services**
- 3. Increasing access to school counselors for behavioral and mental health supports**

*Increasing Permanency for Children in Foster Care*

There is a great shortage of foster families in Montgomery County willing to take adolescents; therefore teenagers that are removed from home are more likely to be placed in congregate care (i.e. group homes, independent living placements and residential treatment centers). There are currently more than 60 youth in congregate care, 90% of which are over age 13. Research shows that children need family contact and that youth who spend a lot of time in these group facilities often have poorer outcomes than those who live with loving foster families. Congregate care often prevents these youth from developing family connections that lead to permanency. By far, most children who are adopted from foster care are adopted by foster parents, an option youth in institutions do not have.

The Commission commends Child Welfare Services' (CWS) focus on family finding to increase permanent connections for children in care. We will continue our efforts to support CWS in the recruitment of foster parents for those children that do not have kinship connections and also assist in recruitment efforts of community members that can provide short-term support for children in care. In addition, the Commission plans to educate itself about congregate care facilities and advocate to improve the overall health and quality of life of children in group care by advising County government and the public on how it can best support this vulnerable population.

*Increasing Access to Sexual and Reproductive Health Services*

The Commission continues to prioritize access to sexual and reproductive health services. We submitted a detailed letter to the County Council on July 2, 2010 highlighting the need for increased access and offering specific recommendations. The Commission is also finalizing the distribution of 35,000 Teen Help Cards, which provide information about valuable services available to teens in the county, to all high school students. This comes at a time when a recent report shows the rate of pregnancy among teens in the County has risen, especially among Latinas.

In 2011 – 2012 the Commission plans to identify strategies to increase access to sexual and reproductive health education to middle school students by working with principals and counselors. The Commission is also focusing its next *Youth Having a*

COMMISSION ON CHILDREN AND YOUTH

FY12 Policy Issues of Concern

Submitted to the Health and Human Services Committee of the County Council on  
October 6, 2011

*Voice Roundtable* on LGBT issues and hopes to generate a LGBT resource sheet for distribution by the end of the year. We will continue to advise the Council as our work progresses through the year.

*Increasing Access to School Counselors for Behavioral and Mental Health Supports*

The Commission has learned from its *Youth Having a Voice Roundtables* that Montgomery County students face a great deal of stress in school – e.g. academic performance and peers – as well as the stresses outside of school including a range of family and economic issues that impact everyday life. Counselors, especially at the high school level, serve many roles in the schools. As a result of this commingling of roles, the counselors often send mixed messages about what they can do for students. Unfortunately, students do not see their school counselors as viable, available resources for help and support. Specifically, youth Roundtable participants told us that:

- *Counselors are intimidating, not approachable.*
- *I can't go to a counselor with a problem. They are there to help you with your schedule.*
- *Counselors can't help you. They don't have time to talk to you.*
- Counselors at all grade levels are responsible for a very large number of students.

The Commission views this situation as unfortunate. In addition to being highly qualified to direct students to succeed academically, many of our school counselors are trained and experienced social workers who are more than capable of addressing students' mental health needs. However, students clearly see many barriers to obtaining support through the school counseling office. These need to be addressed by MCPS. Additionally, the County policy determining the counselor-to-student ratio should be re-examined and benchmarked to ensure MCPS continues to provide much needed services for all students. The School Climate and Education Committee of the Commission plans to review the school system's policy for school counseling, meet with school counselors and advocate for increased access for students.

Commission on Child Care  
Policy Priorities – October 6, 2011  
County Council Health and Human Services Committee

The Commission on Child Care is dedicated to ensuring access to quality, affordable child care for all Montgomery County children and families. The Commissioners believe in the upcoming year the ***greatest single threat to the prosperity of our young children*** is the lack of child care for a vulnerable segment of our population. Parents who are fortunate enough to find employment are not always able to work because they can't afford care for their children.

Child care services providers operate as an integrated system and child care providers are significant and important stakeholders. Providers have reported to the Commission increased vacancies in child care programs resulting from parents' loss of income, decrease in tuition revenue and fewer parents receiving subsidies. For many providers, ***operating a viable child care business is in jeopardy.***

The Commission on Child Care makes a single recommendation this year because its importance is the foundation for all other priorities. We strongly urge the Department of Health and Human Services (DHHS), the County Executive and the County Council to focus their efforts and funding on reducing and eliminating the Purchase of Child Care and Working Parent's Assistance Program waitlists over the next few years. This action is critical for supporting parent's ability to work and help grow the economy.

The Working Parent's Assistance Program (WPA) and the Purchase of Child Care Subsidy Program (POC) help eligible county residents pay child care costs so they are able to maintain employment in order to keep their families financially sufficient. ***There has not been a waitlist for child care subsidies in Montgomery County since 2005 – until now.*** In February, 2011 a waitlist for the POC program was implemented due to state funding restrictions. Likewise in July, 2011, a waitlist for the WPA program was implemented due to county funding restrictions. Both waitlists have grown substantially and quickly.

As of September 2011, there were 1116 children on the POC waitlist and 56 children on the WPA waitlist. This totals 1172 children who are not enrolled in the child care subsidy programs. We expect these waitlists to continue to increase dramatically.

**Priority:** At the county level, the Commission on Child Care recommends that the Department of Health and Human Services, the County Executive and the County Council increase funding in the Working Parents Assistance Program to accommodate the projections of need. Additional funding should not be reallocated from other child care programs.

At state level, we recommend that the county leadership advocate to eliminate the POC waitlist during budget hearings and written communication with state leaders regarding early childhood services.



COMMISSION ON AGING

**Commission on Aging Testimony to the HHS Committee of the Montgomery County Council**

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 October 6.

The Commission's overall responsibilities are to advise County Government and to advocate for the ability of all older adults to age successfully in Montgomery County. To achieve that, we are developing a Senior Agenda that outlines the elements that we believe the County must address to become a *Community for a Lifetime*, a place for older adults to live safe, healthy and vital healthy lives. From a policy perspective, we hope that the HHS Committee will commit itself to supporting programs and services that contribute to the framework we will outline in our Senior Agenda.

This year the Commission will be focusing broadly on transportation, housing and mental health. But from a budgetary perspective, we have two priorities – those seniors who are vulnerable and at-risk and those of low and middle-income whose continued independence also relies on certain services. We continue to stress, as we have in the past, how imperative it is that the HHS Committee considers the overall needs of older adults and the cumulative effect of program reductions rather than focusing on individual programs. With regard to this, we wish to call your attention to the critical importance of maintaining the variety of services provided through DHHS that enable these seniors to live.

Seniors who are referred to Adult Protective Services must 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 FY11, the number of investigations completed by the APS staff has increased by 82% (from 385 to 703 investigations). In FY09, 69% of APS referrals were for seniors 65 years and older. In FY11 the number of referrals for the same age group increased to 81%, 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.

Our second priority, from a budgetary perspective, is the provision of services to low- and middle-income older adults who live more independently. While less vulnerable, they too have been adversely affected by the considerable program cuts that were made in the past year. More than 25 percent of County seniors age 65 and older, the majority of whom are women, 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. Depending on their

income level, they need different services. For some, case management, transportation, in-home assistance, dental services, congregate and home delivered meals, and income assistance, including food stamps are essential. In addition, respite care is often needed in those situations where the senior lives with a caregiver.

For both low-income and middle-income seniors, transportation and mobility are vital since they allow seniors to get to needed medical services and reduce the risk of social isolation and its attendant consequences. For the past several years there has been a reduction of library access and services in recreational programming. While we applaud the Recreation Department for reintroducing some senior programming, these programs are not widespread throughout the County. Furthermore, transportation options are needed for older adults who are unable to drive to many of these programs. Participating in social and recreational programs, which often include preventive health services, decreases the isolation of these individuals, helps them maintain optimal cognitive and mental health, and reduces the possibility of costly County services and potential 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 be more expensive to the County if they are not acknowledged and addressed at this time. The cost of not supporting older adults will increase dramatically as the population ages. We strongly 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.

Respectfully Submitted

Elaine Kotell Binder, Chair  
Montgomery County Commission on Aging  
September 28, 2011



## BOARD OF SOCIAL SERVICES

September 30, 2011

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

Dear Chairman Leventhal,

Thank you for your invitation to share the Fiscal Year 2012 policy priorities of the Board of Social Services. We are faced with yet 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:

- 1. Continue support for one judge/one family approach within the Juvenile Court.**  
This approach was the result of collaborative agreement and planning among the Judges, court administration, County Attorneys, Child Welfare Services, Public Defenders, CASA and others. The result is greater continuity for children and families and improved opportunities for permanency as Judges remain with families throughout their involvement.
- 2. Protecting funding for the vulnerable in the county**  
Each year, we have seen the need for services and supports for our residents increase, while the resources remain stagnant or are reduced. It is critical that the safety net remain in tact in order to protect our most vulnerable. The cumulative effect of reductions, staff shortages, and increased demand have stretched the system beyond its capacity. The priorities on the local, state, and federal level must include protecting the safety net during these perilous times.
- 3. Address homelessness among teens and transitioned age youth**  
It is critically important that preventative measures are put in place to protect youth from ending up homeless. There are critical junctures in a teen's life where they may get disconnected from supports—either formal or informal—and the results can be significant. In each arena—schools, child welfare services, behavioral health system, family,

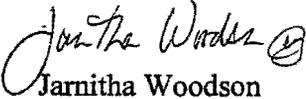
congregations, and others—we must work to ensure that youth move into adulthood with adequate connections to keep them safe, healthy, housed and moving toward the future.

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 October 6, 2011.

Sincerely,

  
Jarnitha Woodson  
Chair



**Asian American Health Initiative Steering Committee (AAHI SC)  
Montgomery County Council  
Health and Human Services Committee Work Session  
September 29, 2011  
Fiscal Year 2013 Policy Priorities**

**George Leventhal**  
**Chair, Montgomery Council HHS Committee**

In consonance with the priorities of the Department of Health & Human Services the recommendation of the Asian American Health Initiative Steering Committee for the two top policy priorities for the fiscal year 2013 are as follows:

- **Mental Health – Awareness and Education**
- **The Linguistically Challenged - Improving access to linguistically and culturally competent services for the low income, uninsured and residents with limited English language proficiency of Montgomery County.**

**Mental Health** – Mental health is one of the top health concerns in the Asian American community. In a national study, 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 males in the same age range have the second highest suicide rate compared to other racial/ethnic groups.<sup>1</sup> The same study also suggests that older Asian American women have the highest suicide rate of all women over age 65 in the United States.<sup>2</sup>

AAHI's own Health Needs Assessment of 2008 conducted covering 13 Asian American communities in the County highlights that mental health is a major health concern, particularly for young adults and the elderly.<sup>3</sup> There is a widespread belief that the immigration experiences affect people's mental wellbeing significantly. Cultural shock and language barriers are the contributors of stress in their lives. Adults find it challenging to adjust to a different and unfamiliar environment compared to what they have been used to in their country of origin. Adolescents and seniors face the challenge to balance stress from two different cultures. Isolation is again a major cause of stress for the seniors. Additionally, stigmas, misconceptions and superstitions about mental health exist among some communities.

The Asian American Health Initiative Steering Committee strongly urges the County Council to provide immediate support of Mental Health Awareness and Wellbeing activities. Certain resources will be required to augment activities directed towards education and awareness about mental health. Local TV advertisements/announcements, community based workshops and other local media campaign shall be of a great help to break this barrier in addition to the mobilization of community health volunteers.

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<sup>1</sup> Centers for Disease Control and Prevention (CDC). (2008). *10 leading causes of deaths, United States, 2005* (Vol. 2008). Atlanta: CDC.

<sup>2</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). Surgeon General's Report: Asian Americans/Pacific Islanders Factsheet. Retrieved from <http://mentalhealth.samhsa.gov/cre/fact2.asp>

**Linguistically and Culturally competent programs to overcome Barriers to Health Access - In**  
Montgomery County, Asian Americans are approximately 13.9% of the county's population . Almost three out of four Asian American immigrants are born in their respective countries of origin. . We are very appreciative of the Executive Order on Language Access signed by County Executive Isiah Leggett in March of 2010. This has been seen as one important and a major step towards removing barriers.

The Asian Americans are a heterogeneous group representing diverse ethnic people from about 52 countries with distinct cultures, over a hundred spoken languages, hundreds of dialects and different religious beliefs.

According to studies at the national level<sup>1</sup> just under 40 % of the Asian Americans have limited English language proficiency, one third of whom speak English "less than very well". A breakup of the study<sup>2</sup> reveals that almost 50% of the Vietnamese are in this group to about 19% for the Phillippinos. A continued support on the linguistically and culturally biased programs and services would continue to be our priority. Needs assessments carried out, very strongly indicate this need – in fact, a significant number of elders and recent immigrants have spoken out saying that the language barrier was one of the prime reasons for not seeking medical attention, other than a lack of insurance coverage. We strongly feel that the continued support to programs for the removal of access to language barriers should help just not the Asian Americans but would extend across the county among immigrants from non English speaking countries.

We thank you for providing this opportunity to spell out once again our policy priorities for FY 13. We look forward to hearing the Council's Health and Human Services Committee's priorities.

Sincerely,

Sam Mukherjee, PhD, CLTC  
Chairperson  
Asian American Health Initiative Steering Committee

Karen Kar-Hee Ho  
Vice-Chairperson  
Asian American Health Initiative Steering Committee

Enclosures: AAHI Steering Committee Roster

CC: Valerie Ervin, President, Montgomery Council  
Nancy Navarro, Montgomery Council HHS Committee  
Craig Rice, Montgomery Council HHS Committee  
Uma Ahluwalia, HHS Director  
Betty Lam, Chief, Office of Community Affairs



# Montgomery County Alcohol and Other Drug Abuse Advisory Council

Presentation to County Council Health & Human Services Committee, October 6, 2011

## 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 12

### • **Maintain the County's Continuum of Adult & Adolescent Substance Abuse 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. But we want to caution that any reduction in funding will seriously compromise current services and supports, and likely will harm many communities in the county at large through crime and other problems. **It is well established that for every public \$1.00 that goes into treatment, the public saves \$7.00 in health care and criminal justice related costs. (1994 CALDATA Study).**

### • **Protect Current Substance Abuse Prevention Funding**

Funding for the Under 21 Grant program continues to dwindle but not the necessity for substance abuse services in the community. The MCPS Safe and Drug Free Schools programs have been abolished for lack of funds! Drug and alcohol prevention programs remaining in grades K-12 are minimal. The schools are unable to address this issue adequately.

### • **Recoup funding for services that have serious operational problems**

The current continuum is operating at a floor that cannot absorb any reductions. Reductions taken during the last budget session has caused serious operational problems in specific services which has lowered the ability to provide quality care.

## Local Initiatives

### 1) **Increase county pricing on alcoholic beverages.**

Research has shown that increasing the price of alcohol leads to decreasing 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 a price 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 should 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 revenue stream could assure that funding is available for maintenance of these vital services. **It seems to the Advisory Council that since the County is selling and controlling the sale of alcoholic beverages a portion of the profits be set aside for programs that prevent and mitigate the harmful effects of those sales.**

## State Initiative

Last session, the Maryland General Assembly passed a new 3% sales tax on alcohol. The original legislation (HB 121) proposed to tax beer, wine, and liquor distributors and raise \$213 million. Before enactment, however, the excise tax was turned into the 3% consumer sales tax on alcohol, which will only raise \$88 million. The Developmental Disabilities Administration will get \$15 million instead of \$32 million, and instead of the other revenue going towards health, mental health and addiction, such programs got nothing. Over \$72 million of the new revenue is going to school aid and school construction.<sup>1</sup> The AODAAC believes that the revenue should go to the programs designated in the original bill.

<sup>1</sup> Lazarick, Len and Poiniski, Megan. (2011, April 11). New 3% alcohol tax passes; O'Malley will sign. *Maryland Reporter*. Retrieved September 12, 2011, from <http://marylandreporter.com/2011/04/11/new-3-alcohol-tax-passes-omalley-will-sign/>.



14015 New Hampshire Avenue  
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onehealthylife.org

September 23, 2011

The Honorable George L. Leventhal  
Council Member at Large  
Chair, Health and Human Services Committee  
Montgomery County Council  
100 Maryland Avenue 6<sup>th</sup> Floor  
Rockville, MD 20850

Dear Councilmember Leventhal,

The African American Health Program Executive Committee adopted “prevention” and “wellness” as our top two priorities to ensure the necessary work is undertaken to deliver the highest level of well being for the greatest number of persons for whom we advocate.

You may note that “prevention” and “wellness” have remained our priorities for the past three fiscal years. Subsets of areas of “necessary work” are the action arms to deliver the results.

In FY 2011 and continuing through FY 2012, we will continue to identify and assess the resources available for our efforts. We have determined that concentration on identifying coherent data streams that clarify and conclusively measure the state of health disparities experienced by our African American population is an essential tool. The benefits that data coherence can provide will elude us until we are able to describe the true state of the deficiency of well-being suffered by those who continue to be born too early and underweight; and spend life hoping to survive, rather than being expected to thrive.

The AAHP data component is moving forward under the chairmanship of Marilyn Hughes Gaston, M.D., an experienced and much lauded leader who brought a “new beginning” to this effort that can be expected to strengthen the work of the other three components: Social Determinants of Health, Cultural Competence and Community Stakeholders. Our Prevention and Wellness component is chaired by Pat Grant, an action oriented exemplar. Their job is to provide the coordinative sinew for the four components.

Harnessing the energy and resources at hand and to be uncovered, the prevention of debilitating and life-threatening illness and the security of the greater level of well-being will become a reality for a larger percentage of the affected population. We anticipate a change in the attitudes and behavior of individuals, families, and communities—and those clinical and behavioral providers who serve them.





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Despite shrunken revenue and a sense of marginalization felt by some, we continue to believe that true leadership is evidenced by those who accept that it is hard times that demand their foresight, forbearance and fortitude to ensure the necessary support for those who may not weather the storm without that support.

We look forward to the work session scheduled for October 6<sup>th</sup> when we will join other representatives from the County's advisory boards and commissions in a discussion of the County's policy priorities; and sharing those policy issues of concern to the African American Health Program Executive Committee.

Sincerely,

A handwritten signature in cursive script that reads "Arva Jackson".

Arva Jackson  
Chair African American Health Program Executive Committee

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

