

HHS COMMITTEE #1
October 11, 2012

MEMORANDUM

October 9, 2012

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

To accommodate all representatives and allow time for discussion, each Board or Commission spokesperson is asked to speak for no more than three minutes. A chart listing each group, its chair or designated representative, and the reference number for its 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
Alan Trachtenberg	Alcohol & Other Drug Abuse Advisory Council	3
Dr. Sam Mukherjee	Asian American Health Initiative (AAHI)	—
Armando DelToro	Board of Social Services	4
Amy Goldstein	Citizen's Review Panel Advisory Group	—
Elaine Kotell Binder	Commission on Aging	5-6
Mindy Thiel	Commission on Child Care	7-8
Vicki Stearn	Commission on Children and Youth	9
Marcos Pesquera	Commission on Health	10
Francha Davis	Commission on Juvenile Justice	11
Patricia A. Gallalee	Commission on People with Disabilities	12
William M. Gray	Commission on Veterans Affairs	13
Matthew J. Green, Jr.	Community Action Board	14
Eduardo Pezo	Latino Health Initiative	15-16
Kathleen McCallum	Mental Health Advisory Committee	17
Cesar Palacios	Montgomery Cares Advisory Board	18
William C. Smith, Jr.	Victim Services Advisory Board	19



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

GEORGE LEVENTHAL
COUNCILMEMBER
AT-LARGE

July 10, 2012

Ms. Wendy Friar
Chair, Commission on Health
3 Whitehall Court
Silver Spring, MD 20901
Dear Ms. *Wendy* Friar:

On Thursday, October 11, 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 FY13. 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 Tuesday, October 2 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 October 9.

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. Parking for pay 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

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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September 26, 2012

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

Dear Councilmember Leventhal,

Each year, I look forward to having a “voice” from The African American Health Program’s Executive Committee invited to join this group of forward thinking citizens. It is gratifying to realize that members of the County Council’s Health and Human Services Subcommittee will attend to share their proposals that they believe will enable everyone to thrive.

As you know, The African American Health Program has adopted Prevention and Wellness as the umbrella under which activity models are designed to produce a cohesive, sustainable safety net for African Americans in Montgomery County. You may recall that last year our priority was developing a data stream to help us better assess the status of the SMILE program. By zeroing in on the need to collect and analyze data being collected in the S.M.I.L.E. (Start More Infants Living Equally-healthy) program, a program that offers comprehensive case management services for pregnant and parenting women in need of prenatal and early infancy support, we have identified those key issues that have significant impacts on operational efficiency and long term integrity of the information.

In the year ahead, the exploration of social determinants of health will be the priority area for exploration. Searching for and identifying those culprits that undermine good clinical and behavioral health in where we live, what we eat, and how we play, and proceeding with great strides towards prevention and wellness will enhance our capacity to live longer in a state of wellness. Such concentration of effort increases the possibility of uncovering a demonstrable cause and effect relationship, for example the quality of the air we breathe and the frequency of an asthma attack.

With the support of the Office of the Director of the Department of Health and Human Services, the engaged and thoughtful members of the County Council’s members particularly those in the Health and Human Services Subcommittee, a public becoming more aware of the need to support work that adopts a commitment to a more healthful life for all; and the drive and determination dreamers and doers on the AAHP-Advisory Committee, we will succeed.

Thank you for your support. You may be sure you have ours.

Sincerely,

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

Arva Jackson
Chair, African American Health Program Executive Committee

CC: African American Health Program Executive Committee Members





Montgomery County Alcohol and Other Drug Abuse Advisory Council

Presentation to County Council Health & Human Services Committee, October 11, 2012

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 13

- **In the Face of Strong demand for Drug Treatment in the County to Assure That the Highest Quality of Services are Being Provided to Fully Address The Need**

We want to focus on the expansion of accessible and available services for young adults who have opiate addiction. We also want to address the lack of adequate residential treatment for adolescents in Montgomery County. We want to voice our appreciation for the commitment shown in maintaining the current continuum of substance abuse prevention and treatment services to date. But we want to caution that any reduction in funding 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 The Current Substance Abuse Prevention Funding and Expand Collaboration efforts with Montgomery County Public Schools.**

During the spring of 2012 there were three forums (two in Damascus and one at the Carver Educational Center) that addressed the lack of adequate prevention activities to address substance abuse issues in the Montgomery County Public Schools. It is clear, the schools are in need of a broad based community collaboration that includes the Police, Health and Human Services, Community Groups and Parents in order to address this issue adequately.



Montgomery County Board of Social Services

Priority Statement for Meeting with
Montgomery County Council Health and Human Services Committee
October 11, 2012

Overview:

The Montgomery County Board of Social Services (BSS) provides advisory oversight to social services programs within Montgomery County funded by state Department of Human Resources (DHR) dollars. These programs include: state funded income support programs and emergency stabilization programs; mandated child protective services and foster care programs; mandated adult protective services and adult home care services.

The weakened economy has increased service demands for vulnerable individuals while stretching the workforce to do more with less. As the Board of Social Services, we feel it is our responsibility to assure that those individuals in our community who have the greatest challenges and least resources receive the support they need. Below are two key priority areas where the Board is focusing:

Key Priorities:

- The Board is focusing on the needs of the transition aged youth who are involved in Child Welfare Services. The housing, education, health, support, and economic security needs of these youth are of critical importance. National data shows that youth leaving the child welfare system suffer from higher rates of homelessness, poverty and disconnection. Through the Ready By 21 initiative, local and statewide efforts have been focused on strategies that will build a network of support that will enable youth to be successful in all domains of life. Partnerships with banks, housing providers, educational institutions, as well as somatic and behavioral health providers provide the foundation for these efforts. The Board applauds the efforts taken thus far and looks forward to the ongoing progress for the youth of the County. It is clear that failure to support our youth will result in much more costly and devastating outcomes in the future.
- The Board acknowledges the continued increase in caseloads in Income Supports, particularly in the Supplemental Nutrition Assistance Program (SNAP) and is interested in adequate staffing and support being provided to the management of the program. While caseloads and applications have increased by 145% and 117% respectively since 2007, there have been no additional staff provided. In addition, staff have been required to meet compliance and accuracy requirements brought on by a state lawsuit and the fear of federal sanctions. The Board is hopeful that resources will be available to meet the staffing demands that these dynamics require.

The Board greatly appreciates the support that has been provided by the County Council to these services and to the residents of our County.



COMMISSION ON AGING

Commission on Aging Priorities HHS Committee of the Montgomery County Council October 11, 2012

The Montgomery County Commission on Aging thanks the County Council for the current year FY13 budget that included restoration of funding in several areas important to older adults. After several years of program reductions these funds represent a downpayment on what is needed to make Montgomery County a Community for a Lifetime. For FY14, we need to build on that downpayment and begin implementing the Senior Agenda this Commission has outlined.

The County's demographic shift to older adults is dramatic and can be seen in all of our diverse ethnic groups. Today there are more than 120,000 County residents age 60 years and older. By 2020, one out of every four residents will be 60 years or older. Moreover, Montgomery County has the largest share of Hispanic and Asian elderly in the State, and other diverse groups of seniors who reside in our County.

The Commission on Aging advises County Government and advocates for older adults to age successfully in Montgomery County. The Commission's Senior Agenda outlines what the County must address to become a Community for a Lifetime, a place for older adults to live safe, healthy and vital lives. We are pleased that the County Council will soon consider a resolution on that Senior Agenda.

The Commission has identified critical housing, transportation, and mental health priorities for older adults who are vulnerable and at-risk and, also for those of low and middle-income whose continued independence relies on these services.

Among many residents who have been seriously impacted by the recession are older workers laid off and still looking for jobs, those less active or infirm older adults who need services at home, and those who need transportation services to leave their home. Many older residents cannot use public transportation to get to dentists, community centers or stores.

The County should consider the overall needs of older adults and the cumulative effect of programs when changes are made. Just as we plan for and build roads, highways and basic infrastructure of communities, we need to plan for and build the infrastructure to make Montgomery County a community for a lifetime.

Aging in Place: Housing and Services: Finding affordable housing for older adults is reaching crisis levels. The Commission has examined housing issues during two summers of study. We recommend that the County **restore funding to the Housing Initiative Fund to the 2009 level and, thereby, enable increased funding for new construction and rehabilitation of older buildings for safe and affordable housing for seniors.** This housing fund also includes resources for homeless housing, an HHS program and a population that includes an increasing number of older adults.

The Commission on Aging has worked to respond to the growing desire of County residents to age in place in their homes or communities. The difficulty of some tasks, such as home maintenance and driving, has led to “Villages” where neighbors help one another. If we look ahead, more planning is needed to stimulate affordable in-home services, beyond what volunteers can do. To the extent that we can develop communities where people can age with supportive services to meet their needs, we can reduce the high costs of institutionalization and health care. We recommend the County **establish a Coordinator to provide technical and planning assistance** to “Villages” especially in developing new Villages in areas of middle/low income residents.

Transportation: Transportation is the uppermost concern of older residents in the County, especially those aging in place. The Commission urges the **development of a transportation plan for seniors that coordinates all public and private transportation options. A plan with multiple options should include funding for escorted transportation and development of a new ride share service** to fill a gap that exists.

To build the infrastructure for aging, the FY 14 budget should include expanded funding to connect transportation to community centers for activities important for mental and physical health. This can be done while the County develops a more comprehensive transportation plan.

Health - Social isolation, a lack of social connectedness, can occur when someone does not speak English, or is frail, depressed or physically challenged; cannot get transportation or feels uneasy about going outside a neighborhood to community centers. More than 25 percent of County seniors age 65 and older, the majority of whom are women, live alone.

Services that promote social connectedness and fitness activities are key to overall health and especially mental health. Clearly recreation and senior centers provide important services but to do so, they need to be staffed and maintained. **We ask that funding be restored for senior center maintenance, staffing and transportation services.**

An estimated 18 percent of seniors have a limitation in performing activities of daily living. Critical County funded health/mental health services for our increasing population of older, vulnerable and most needy seniors need to be increased. These include **Senior Outreach Services** for mental health and **respite care** for caregivers. Respite care, where a frail senior lives with a caregiver, received harsh funding cuts in Fiscal Years 2010 and 2011, and the budget for the Senior Outreach Mental Health contract has been flat for years, despite unprecedented growth of our older population. The County also should advocate strongly to the State to reduce the expanding waiting list that now includes 1,800 County’s most needy residents waiting for the State/Federal Older Adult Waiver Program. This has significant human cost but also economic cost because the waiver enables less costly nursing care services for people aging in their homes than institutional care. Advocacy is also needed to fund **case management** for the increasing Older Adult Waiver participants (at-home nursing care).

Finally, we ask the County to restore funds for senior information and communication. Funding is needed to print resource publications, in multiple languages, on transportation and health and social services, as little or no printed information on County services is readily available to the public. While this may change over time, those over the age of 75 now rely on and need printed information.

Conclusion: Older adults are a large and rapidly growing segment of the County’s population. We urge the County Council to embrace the necessary steps to make Montgomery County a Community for a Lifetime.

Commission on Child Care Priorities for the County Council's Health and Human Services Committee-October 11, 2012

As early as the 2011 fiscal year, the Montgomery County Commission on Child Care began closely monitoring the rapidly growing Child Care Subsidy waiting lists and the detrimental effect insufficient funding had upon the availability of affordable, quality child care services for Montgomery County families. In FY2012, the Commission, alarmed at the continuing growth of the Working Parent's Assistance Program (WPA) and the Purchase of Child Care (POC) Subsidy programs waiting lists, established as it's highest priority advocacy for increased funding with the goal of eliminating or significantly decreasing the wait lists. The Commission urged the County government to add funds to the DHHS budget to respond to the need demonstrated by the growing wait lists. The County government responded by increasing WPA by \$500,000, enabling more families to move off of the waiting list and secure affordable, quality, licensed child care services in Montgomery County. The members of the Commission on Child Care praise the action taken by the County government in support of children and families.

Many families in Montgomery County still cannot afford the high cost of quality child care. As a result, children miss out on educational and social opportunities critical to school readiness. We must not permit working families to be forced to accept low-quality or unsafe options for their children's care or retreat from the workforce because the lack of child care prohibits them from working. In FY2013 the Commission will continue to advocate for children and families, urging the County to provide additional funding for child care subsidies that will enable even more families to access quality licensed child care.

The availability of public space at reduced rent has helped to create a viable and growing community of reasonably priced, quality child care programs for infants, toddlers, preschoolers and school aged children. The County has been able to allocate space in public schools and other publicly-owned and operated spaces. Each type of space has different requirements, different lease periods, and different criteria for awarding leases to child care providers. The result is that the use of public space can be a complex process in which to manage and sustain quality programs.

The Commission has worked for several years to assist all of the stakeholders to streamline the process and create conditions where successful programs can continue to flourish. Until two years ago, the HHS Program Manager was charged with facilitating the use of public space by providers and proactively addressing logistical concerns that often arise from the complexity of the process. This position was eliminated as part of necessary budget reductions to County agencies. The loss of this position has resulted in an unprecedented number of complications concerning the use and management of public space. The Commission recommends that the County restore funding for this Program Manager as an important first step in addressing the challenges associated with the allocation of public space for child care.

Data collected by the Commission on Child Care indicates that there is a need for inclusive child care in Montgomery County. The need for child care for children with special needs has been recognized and addressed by a variety of agencies both public and private in Montgomery County. In order to accommodate these children and mainstream them into child care programs, kindergarten and elementary school, the Commission supports partnerships among child care program leadership, staff, parents and early intervention specialists, recognizes that children have a wide variety of abilities and that no one model of inclusive child care will meet all children's needs. One need stands out above all others – appropriate training and professional development for child care providers. The Commission recommends that the Montgomery County Executive and Council support frequent and enhanced training for child care providers and families, especially those with children who have special needs. This training has the potential to increase child care provider confidence and support for opening their doors and hearts to children with special needs.

COMMISSION ON CHILDREN AND YOUTH
FY13 Policy Issues of Concern
Submitted to the Health and Human Services Committee of the County Council on
October 11, 2012

In fiscal year 2013 the Commission on Children and Youth will promote healthy lifestyles and place emphasis on:

- **mental health,**
- **physical health, and**
- **community support for youth**

Mental health is an area of great concern for many of us sitting around this table. There is a well documented need for increased mental health services in this County. The Commission has struggled with how to effectively address this issue over the years taking into consideration its charter, budget constraints and existing efforts by other youth-serving programs and organizations. For the coming year the Mental Health Committee will collaborate with leadership within the Department of Health and Human Services and the Mental Health Advisory Committee to develop a communications plan to increase student, teacher and counselor awareness about mental health challenges faced by youth, and resources to address these issues. Due to the significant changes in County demographics, the committee also hopes to highlight the need for bilingual and culturally competent mental health providers.

The Physical Health Committee will promote physical fitness for youth in 2012 - 2013. Specifically, the Committee plans to raise awareness about the need for physical fitness for all age groups and drive new programs to increase the physical health of Montgomery County youth. The committee's targeted key results include: (1) Deliver an informational report and recommendation to the County Executive to develop a local initiative to encourage increased physical activity, and (2) Encourage MCPS to integrate into their health curriculum concepts of body image acceptance and additional information about eating disorders, and nutritional label reading and understanding. The Committee is grateful for the abundance of work done by the Commission on Health to address obesity and hopes to build on its efforts.

The Community Support for Youth Committee is dedicated to increasing the availability of adequate and suitable space for out of school time activities. Through discussions with County leaders on this topic the committee has learned that although there are a number of youth-focused organizations addressing this issue, there seems to be a lack of coordination of these efforts. Therefore, the committee plans to promote the coordination of efforts between and among youth-focused organizations that have a vested interest in the acquisition and utilization of space for out-of-school time programming. The group will identify existing youth-focused organizations that are engaged in this effort, gather information about existing plans and initiatives in order to develop comprehensive, informed testimony to public officials that outlines the needs and existing efforts. The group's ultimate goal is to promote the establishment of a high-level task force that can collaboratively and continually address the issue of available space for out of school time youth activities.



Montgomery County Commission on Health

Fiscal Year 2013 Policy Recommendations Health and Human Services Committee Work Session October 11, 2012

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 2013.

Last year the commission decided to promote healthy choices and prevention, in particular the issue of obesity. The **Commission on Health** (COH) focused on developing recommendations in support of obesity prevention strategies in Montgomery County, since obesity greatly increases the risk of many diseases and adverse health conditions. After an extensive literature search, the COH decided to **focus on five evidence-based strategies** identified by the Centers for Disease Control and Prevention in its report, *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*.

- CDC Strategy 2: Communities should improve the availability of affordable food and beverage choices in public service venues.
- CDC Strategy 6/4: Communities should provide incentives for the production, distribution, and procurement of foods from local farms /Communities should provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas.
- CDC Strategy 11: Communities should increase support for breastfeeding.
- CDC Strategy 14: Communities should increase opportunities for extracurricular physical activity.

The COH used the following criteria in developing its recommendations to the County Executive and County Council:

- Focus on policy and practices of county agencies
- Require an investment in education within and action by county agencies, not new resources
- Assess feasibility to implement throughout the county
- Improve health within the county

The COH sent two recommendation letters to the County Executive and County Council on March 22, 2012 and April 19, 2012. The COH was also given the opportunity to present testimony to the joint Education and Health and Human Services Committees on July 30, 2012 on the obesity prevention recommendations.

COH member, Dr. Shari Targum, serves on the Healthy Montgomery Obesity Work Group and presented an overview of the COH obesity prevention recommendations and efforts to date. The COH recognizes the importance of building upon and contributing to the Healthy Montgomery activities.

During our upcoming annual retreat on October 18, 2012, the commissioners will have the opportunity to listen to a national expert on the Affordable Care Act (ACA), Robert M. Pestronk, Executive Director, National Association of County and City Health Officials (NACCHO). Mr. Pestronk will discuss the ACA implications to local health departments. Our annual retreat is essential as it will give us the opportunity to discuss strategies to help the county and HHS leverage provisions of the ACA in ongoing efforts to improve the health of county residents. Dourakine Rosarion, DHHS Special Assistant, Office of the Director, has also been invited to update the COH on the County's efforts related to the ACA. All these plans will be finalized after the retreat next week.

Our ultimate goal is to provide well-informed, feasible, and responsive advice to the County Executive, County Council, the Board of Health, and HHS that can help improve the health of county residents. We believe that the obesity policy recommendations developed this past fiscal year demonstrate how the COH responds to an identified high-priority health issue, researches evidence-based policies and practices that can prevent an adverse health condition, and develops targeted recommendations that can be implemented by county government during these very difficult fiscal times.

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.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma Ahluwalia
Director

COMMISSION ON JUVENILE JUSTICE TOP TWO POLICY PRIORITIES FOR FY-13

In FY-13, the Commission on Juvenile Justice is focusing on the 2nd year of its work-plan. Last fiscal year, the Commission started work to support "Positive Youth Development" (PYD). This past year, the Commission has attended the PYD Committee meetings, actively researched PYD programs and supported the County's efforts to make PYD a priority in serving our youth.

The Commission's top policy priority this year continues to be "Positive Youth Development" (PYD) programs.

These programs provide a strength-based approach and are prevention, intervention and suppression services for at-risk youth. In its work, the Commission will review programs and services that support the Montgomery County Council's efforts to foster efficient and effective partnerships amongst agencies to better respond to the needs for health and human services of our most at-risk youth. Such collaboration and advocacy will be accomplished through targeted involvement in the county budget process, the state legislative process and the state and county policy development process. This will involve building relationships at the county, state and national level with individuals, organizations and agencies that affect the treatment of juveniles in the county/region.

The Commission's second priority for FY-13 continues to be 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, Lead4Life 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. At present, the Montgomery County Collaboration Council on Children Youth and Families has put out an RFP requesting services at an Evening Reporting Center and the Department of Juvenile Services is planning to open the Evening Report Center in the late fall. The Commission actively supports the Evening Reporting Center and continues to make it a priority.

Commission on Juvenile Justice

7300 Calhoun Place, Suite 600, Rockville, Maryland 20855 • 240-777-3317 • 240-777-4447 facsimile



1. Need to increase the Employment Rate of People with Disabilities

We are very excited that the County Council voted to place Question A or the Charter Amendment, Merit System – Hiring Individuals with Disabilities on the ballot for the November 6, 2012 election. The County Council has made it clear that the County should be a leader in recruiting and hiring qualified disabled veterans and people with disabilities. A vote **for** Question A will allow the County to have the same *flexible* tool for non-competitive hiring of qualified disabled veterans and persons with disabilities that the Federal government has had for years, generally referred to as “Schedule A,” which has been supported by both Democratic and Republican administrations alike.

Over the years, public and private employers have stated that they are committed to the employment of people with disabilities. However, nationally and locally, the data clearly demonstrates that disabled veterans and persons with disabilities have an extremely high unemployment rate. According to the U.S. 2010 Census Bureau, 46% of individuals with disabilities in Montgomery County ages 18-64 are unemployed or not in the labor force, but given the right opportunities they are READY, WILLING and ABLE to WORK.

2. Need for More Accessible Housing to build a more inclusive community

With returning disabled veterans, aging baby boomers and the number of people with health conditions that need a home with a no-step entrance, the Commission recommends that the County develop ways to produce a substantial number of homes with basic accessibility. The Design for Life Montgomery Workgroup has been meeting with builders from the Maryland National Capital Building Industry Association; the group has discussed possible implementation of an incentive program for builders who construct accessible homes or developments. Incentives could include reduced permitting fees and/or tax credits. The State of Virginia now offers a \$5,000 tax credit to entice builders to outfit homes with features that make housing more accessible. Howard County is about to be the first County in the State to pass legislation providing a tax incentive to homebuyers for universally designed homes.

Use of public money to finance projects needs to be addressed, as does the need to promote modification of existing building to meet accessibility requirements. The Department of Housing and Community Affairs (DHCA) administers the Single Family Home Improvement Loan Program, but available funds or grants are limited to people with very low incomes. The Housing Initiative Fund (HIF), also administered by DHCA, promotes a broad range of housing opportunities in the County to alleviate difficulties experienced by many low and moderate income households in obtaining and maintaining housing at affordable costs. HIF funding can, and has been used, for the following: fund new construction; preserve existing homes; support new rental construction; finance the substantial rehabilitation of rental housing; support the preservation or development of senior, family, or special needs housing by nonprofit or for profit sponsors; and support the preservation or development of single-family, town house and apartment buildings.

We would ask you to consider requiring that any new housing using HIF funds meet the basic accessibility features of the County’s Design for Life Montgomery program. These basic features include the following: a no-step entry; 32” interior doors; 36” exterior entries and hallways; and a useable powder room. We recommend that the County adopt basic accessibility design standards in any home it builds, renovates or regulates such as Moderately Priced Dwelling Units (MPDU’s) and Housing Opportunities Commission (HOC) housing. We also recommend that HOC do an inventory of accessible housing and develop a tool to match available accessible units with people who need them.

MONTGOMERY COUNTY COMMISSION ON VETERANS AFFAIRS
MEETING WITH THE HEALTH AND HUMAN SERVICES COMMITTEE, COUNTY COUNCIL
Bill Gray, Chair - Jerry Godwin, Vice-Chair
October 11, 2012

Recommendations - Top Two Policy Issues FY13

1. The Commission has been thankful and encouraged by the support of the County Executive and the County Council for the support it has received since it was started in 2009. From listening to our fellow veterans, we have learned that veterans/family members need more assistance in learning what their benefits are from the Veterans Administration (VA). Veterans not knowing what they are entitled to can cost the County dollars. Veterans turn to County and State programs for assistance not either knowing what they are entitled to or how to get through the maze of applying for benefits from the VA which can take years to obtain. Currently, the Maryland Department of Veterans Affairs provides a Veteran Services Officer (VSO) 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. It is anticipated that in October, 2012 there will be a Veterans Service Officer located at Montgomery College in Rockville three days a week. The Wheaton Office will no longer have a VSO Officer located there. We recommend that the Council help us to have the Maryland Department of Veteran Affairs have a full-time VSO in the County, at a minimum. The Baltimore VA Claims Office is ranked the third worst in the country in processing times often with wait times in excess of 3 years. 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, Uniformed Services, National Guard or Reserve? __ Yes __ No

Then the County should provide training to staff to refer them to the VSO located in the county to help them apply for benefits.

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

- Since there are no imminent plans for a Community Based Outpatient Clinic (CBOC) to provide health and mental health services to the county's veterans located within the County, we see your assistance in exploring whether the VA could provide medical services at a local hospital such as Montgomery General or the new Holy Cross Hospital to be built in Germantown.
- The Silver Spring Vet Center provides counseling to veterans, but it is currently housed near Montgomery Mall waiting to secure a permanent space. We suggest that the Veterans Administration work to get the Silver Spring Vet Center back up to speed as quickly as possible.
- We are pleased to see that the VA has homeless outreach and veterans justice workers at the Crisis Center.
- Increasing the number of housing vouchers for homeless veterans (VASH vouchers) going directly to Montgomery County. Over the past 3 years with help from Congressman Van Hollen, the County has procured 65 vouchers for homeless veterans and their families.



COMMUNITY ACTION BOARD

Community Action Board Testimony
Montgomery County Council's HHS Committee
October 11, 2012

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

Montgomery County Community Action Board ("CAB") advocates for policies and services to ameliorate poverty, and is the governing body for federally-funded programs delivered through DHHS' Community Action Agency ("CAA"), including Head Start, and the CSBG grant, which funds services at the TESS Center and at four VITA sites, preparing taxes for low-income working families, including the self-employed. CSBG funding also supports managing DHHS' 27 contracts among 18 providers providing vital services to low-income people.

Today you've heard highlights about the growth of poverty and the health and human services needs facing our neighbors. Based on the Maryland 2012 Self-Sufficiency Standard, a Montgomery family of a single parent and two children needs \$78,000 a year to survive without public or private supports. It's hard to be poor in a more affluent county because of its higher expenses, and because wages have not kept pace with rising costs of living. Affordable housing & child care are the major pressure points for working families. When people are eligible, work supports such as child care, food, health and housing become unavailable after earning about \$14 an hour, which is only half way to Self Sufficiency. The report found higher levels of education lead to higher income jobs which can close this gap.

With sequestration or some version of federal budget cuts likely, we appreciate your awareness and steps to avert related federal or state reductions that would fray a safety net straining to meet rising needs, as well as the work undertaken to assure that our community is ready for health care reform, including addressing behavioral health needs.

CAB's two priorities for FY14 stem from recognizing that increasing family income is the most powerful strategy to eliminate and reduce poverty: **First, consider the Self-Sufficiency Standard as a threshold for county-funded services.** For example, each year, hundreds of Head Start eligible children cannot access a Head Start slot and are served by Pre-Kindergarten; but the Pre-K eligibility levels mean they are still not close to meeting the Self-Sufficiency Standard. **All low-income families need equitable access to food, health care, shelter and parent education.** We appreciate your expansion of WPA funding, since it helps children to be ready to learn, and augments family self-sufficiency.

Second, expand access to maximize the income for our residents through free income tax assistance and financial education and banking. Across the nation, government and nonprofit partners are embracing asset development and financial capability strategies. Since 2007, we have testified that Montgomery County has inadequate resources to meet the needs for free tax help, financial education and financial counseling. **While CAA has dedicated its CSBG funding and leveraged partnerships, volunteers and grants to support access to free tax help, one dedicated position to oversee the operations at four sites is simply insufficient.** In Montgomery, the overall impact from federal EITC alone was approximately \$155 million in 2009. The average federal EITC refund in Montgomery County was \$2,044. This does not include the Maryland EITC or Montgomery's Working Families Income Supplement, which we're grateful you've helped restore. But when 20-25% of eligible families don't file, it means 11,000 Montgomery residents are failing to access money they've earned, and results in an exponential impact of \$20 million lost in local economic activity that could be generated by the EITC. Thank you.

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

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**Latino
Health**
STEERING COMMITTEE
MONTGOMERY COUNTY, MD

October 4, 2012

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

Dear Mr. Leventhal:

As per your request, on behalf of the Latino Health Steering Committee (LHSC) of Montgomery County, we are presenting our top three Policy Priorities for Fiscal Year 2013.

Support the Department of Health and Human Services to Address Disparities and Promote Well-Being Among Racial/Ethnic Minority and Emerging Communities

The LHSC is committed to supporting the efforts of the Department of Health and Human Services to enhance its practice, policy, and infrastructure to best serve racially, linguistically and ethnically diverse communities including emerging populations, as well as to explore and recommend the roles of the Minority Health Initiatives/Program play as integral to the department.

During the past 12 months, the LHSC, along with the African American Health Program Executive Committee and the Asian Health Initiative Steering Committee have embarked in a collaborative process with the DHHS Director and her Senior Staff to formulate specific recommendations to reach the above goal. The LHSC respectfully requests the support of the Council's HHS Committee to carry-out the implementation of the recommendations once they are finalized.

Health Care Reform and Health Disparities

The LHSC urges the HHS Committee to continue its efforts on access to care with special attention to State level efforts related to the implementation of the Affordable Health Care Act and its impact on addressing health disparities among racial/ethnic minority populations. An immediate impact is the Health Insurance law signed by Governor O'Malley that benefits some of those most in need to better access care, especially children with special health care an uninsured young adults.

Latino Youth

The LHSC urges the HHS Committee continue to focus on Latino youth including support for the Maryland "DREAM Act." The report of the Montgomery County Latino Youth Collaborative recommended comprehensive solutions to the serious challenges faced by Latino youth. One of these challenges is the inability to access affordable higher education. The passage of the upcoming referendum in support of the DREAM Act will provide unprecedented access to higher education to many of our immigrant youth, which could ultimately yield better health outcomes for this group.

The LHSC appreciates your previous support and looks forward to working with you to address the above policy priorities during the October 11 work session of the HHS Committee.

Sincerely,



Grace Rivera-Oven
Co-Chair LHSC



Cesar Palacios, MD, MPH
Co-Chair LHSC

CC: The Honorable Nancy Navarro, Health and Human Services Committee,
Montgomery County Council
The Honorable Craig Rice, Health and Human Services Committee,
Montgomery County Council
Uma Ahluwalia, Director, Department of Health and Human Services
Betty Lam, Chief, Office of Community Affairs, DHHS
Sonia Mora, Manager, Latino Health Initiative, DHHS
Susan Seling, Special Assistant to the Director, DHHS



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 2013**

In addition to staying informed on healthcare reform and the State level integration of behavioral health and addiction services, as well as continuing to monitor the progress of the Stet Docket Pilot Program for Mentally Ill Offenders, which was implemented late last year, our Committee has identified the following two policy priorities for the current fiscal year:

1) Evaluate potential enhancements to services for children and transition age youth:

Our County provides excellent crisis services for children and adolescents through the Crisis Center, Crisis Hotline and Mobile Crisis Unit. To help keep their children with mental health disorders in the home, school and community, families need additional services that are available in the home. They need in-home intensive services that can prevent, respond to, or mitigate a crisis situation. These services include functional assessments and treatment planning, individualized interventions, crisis response and intervention, transition support, and linkages to community-based programs and supports. These in-home intensive services are intended to help a child to remain in his or her home and reduce hospitalizations and out-of-home placements or changes of living arrangements through focused interventions in the home and community. These services can help prevent costly emergency room visits, hospitalizations, and involvement with the juvenile justice system. They also would help to diminish the amount of trauma experienced by the children and adolescents in crisis, as they could be visited in a familiar environment.

In addition to these in-home intensive services, families need respite or crisis beds. Currently, it is difficult for families who have children or adolescents with mental health disorders to access respite services. Also, there are no crisis residential beds in the County for persons under the age of 18. These services can be used as a less costly alternative to emergency departments and acute psychiatric hospitalizations. (The average daily cost of hospitalization is approximately five times the average daily cost of a residential bed.)

2) Housing alternatives for persons having mental health disorders who are ready to live in the community, but are difficult to place due to forensic history or other challenges:

Finding affordable housing in Montgomery County is a challenge for anyone, but for those individuals with mental health disorders who have limited resources and a forensic history, it can be virtually impossible. Although great strides have been made in the past year or so by adding 20 landlord-based housing beds for Montgomery County residents transitioning from Springfield Hospital or residential rehabilitation programs, individuals who cannot pass a background check due to a forensic history are still finding it difficult to find subsidized housing in the community. Finding permanent, supported housing for this population is a crucial first step in their re-integration into the community. We will be researching possible solutions to this problem, including the potential for adding a housing component to the Assertive Community Treatment Team (the "ACT Team"). In many cases, the ACT Team is already working closely with these individuals to help them access community-based services.



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



October 11, 2012

The Montgomery Cares Advisory Board (MCAB) provides guidance to the Department of Health and Human Services, the County Executive, and County Council in support of the Montgomery Cares program, which works with local providers to ensure a primary health care safety net for uninsured, low-income, adult residents of our County. The network of twelve community-based organizations 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 has faced challenges in recent years as a result of the fiscal climate. The rapid growth that the program experienced over its first four years has slowed due to budget limitations. In FY 2012, Montgomery Cares served just under 28,000 people, and we are funded to serve 32,250 people in FY 2013, thanks to support from the County Executive and County Council. But we know that there are approximately 110,000-120,000 low-income, uninsured adults in the County, which means that this year, the MCares program can serve fewer than 30% of those in need.

With the full implementation of the Affordable Care Act in January 2014, many low-income County residents will have access to health insurance coverage for the first time. The Montgomery County safety-net providers are identifying opportunities for expanded capacity to meet the growing demand for services. Three of the participating providers will soon accept patients enrolled in Medicaid and/or PAC. Others are opening or expanding sites, or are considering opportunities to do so. The Montgomery Cares Advisory Board welcomes these new ventures, but is concerned that there may not be adequate resources to accommodate increased patient demand from both those who remain uninsured next year and beyond, as well as those who are newly eligible for Medicaid coverage.

With this in mind, the Montgomery Cares Advisory Board has identified two key budget and policy priorities:

1. The MCAB supports increasing the number of uninsured residents served by the Montgomery Cares program. As the Montgomery Cares participating providers increasing become eligible to receive Medicaid reimbursement, they will be better positioned to participate in the post-Health Care Reform environment and serve a broader range of the County's vulnerable residents. At the same time, we must continue to expand the capacity of the Montgomery Cares program to meet the demand for services from those who remain uninsured – by expanding the number of participating providers or by increasing the capacity of the current provider network. Both would move the County closer to universal coverage for all our residents.
2. The MCAB supports efforts to ensure that the Montgomery Cares program is seamless, patient-centered, and more comprehensive. Additional resources must be allocated toward expanded specialty care, dental services, and behavioral health services. The demand for all three far outweigh available resources, and as primary care capacity grows, ancillary services must grow in step.

We look to the County Council, and especially the HHS Committee, to be our partner as we expand capacity, increase access, and ensure the highest quality of care for growing numbers of County residents.



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

Joint Statement of the
Montgomery County Department of Health and Human Services' Boards, Commissions, and Committees
to the Health and Human Services Committee of the Montgomery County Council
October 11, 2012

Good Morning, Council Members Leventhal, Navarro, and Rice:

Collectively, the Boards, Commissions, and Committees (B/C/C) of the Department of Health and Human Services (HHS), believe that our greatest challenge lies in adequately addressing the needs arising from the demographic changes within our county.

Our population is aging with increases in the number and percentage of seniors in the county. This impacts housing needs, renter protections, aging in place programs, demand for medical services and home health providers, transportation, nutrition programs, and capacity of senior centers.

Our seniors are more diverse than ever before. Over half of all Asian and African American seniors in the State of Maryland reside in Montgomery County. In order to meet the needs of a diverse group of older adults, language and cultural sensitivity, access to services and appropriate outreach are essential.

Our population is also moving. The population center continues to shift northward, which impacts housing patterns; transportation networks, school construction, recreation facility and library usage, employment patterns, and public safety resources.

Our school age population is growing and becoming poorer and more diverse. This impacts schools, health care, weekend and summer-time food assistance, out of school time programs, access to higher education, and the number of children entering school as English Language Learners.

In addition, our birth patterns are changing with more children being born to parents who are younger and into households below the self-sufficiency standards. This affects the need for trained child care providers and child care subsidies, universal pre-K, bilingual outreach, employment supports for single mothers, and health care.

These changes also have implications for our residents' mental health needs. B/C/C members believe that adequate provision of mental health services our residents is the second greatest challenge facing HHS. Needs have become more diverse, families find it difficult to pay for services, and bilingual providers are needed.

Members of the B/C/Cs know that you understand these demographic trends and are committed to meeting the needs of our diverse community. We want to encourage you to take full advantage of the information contained within the 2010 census to assess needs and fund programs that will address these needs.

The 15 HHS B/C/Cs are committed to working collaboratively to advocate and advise on the impact of the county's changing demographics within the programs and services operated by HHS. We meet quarterly as a leadership group and identify opportunities for shared work and synergy and are initiating those collaborative efforts jointly. We believe that our shared efforts are providing valuable guidance to the department. It will be through collaboration that the Boards, Commissions, and Committees will have greatest impact.



**Asian American
Health Initiative
Steering Committee**

**Asian American Health Initiative Steering Committee (AAHI SC)
Montgomery County Council
Health and Human Services Committee Work Session
October 11, 2012
Fiscal Year 2014 Policy Priorities**

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

In accord 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 2014 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 the linguistically challenged residents of Montgomery County**

“We would like to include in the next fiscal year a start-up community education program for the Awareness and Prevention of Lyme Disease”

Mental Health – Mental health continues to be a top priority among health concerns in the Asian American community. The data presented last year at this forum though very revealing have not changed much. Some of the highlights (data from CDC)^{1,2} are: (i) Asian women over the age of 65 have the highest rate of suicide among women of all races; (ii) Asian American and Pacific Islanders females in the age bracket of 15 – 24 have the highest rate of suicide and males in the same bracket have the second highest rate of suicide compared to all other racial/ethnic groups.

Looking at some state reported data³ (in the absence of county data):

BRFSS 2008-2009 Report for County Residents 18years +	White (Non-Hispanic)	Asians	African American	Latino
People with self-reported diagnosis of depression	21.1%	1.3%	10.4%	15.5%
People with self-reported diagnosis of anxiety disorder	15.6%	1%	6.9%	11.5%
PMHS Clients all age groups served in 2010				
People of all age groups served for mood disorder	51.7%	35.9%	42.3%	29.3%
People of all ages served for anxiety disorder	8.8%	6.4%	7.9%	10.8%

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

² 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>

³ Maryland BRFSS (Behavioral Risk Factor Surveillance Survey 2008-2009), FY2010 PMHS Paid Claims Data Report.

The above numbers are highly disproportionate to the respective populations. Obviously there are people out there who do not come out or are shy to reveal their problem. Language barriers, stigma of being mentally not normal, superstitions, misconceptions, cultural values, being uninsured may be some of the barriers which prevent reporting. The trauma and shock of the immigration experience for some, the stress of having to balance two cultures and languages, economic hardship and isolation are some of the known parameters.

From the point of view of AAHI's perception we have achieved little in the past few years and will achieve little because the resources available are limited in scope by themselves. We have not made any headway in addressing or reducing barriers in the mental health area. It is interesting to note CDC⁴ reports 80 – 90% are cured due to medication, which may be true to some extent but lasting cure results need to be significantly improved. A holistic approach may be a cheaper and a harmless parallel. This is widely practiced in China and India with good results.

However, we do see progress in the right direction with a combination of few things:

- **allocation of a reasonable budget to work on this program**
- **partner with the service delivery departments of DHHS, thus forming two way meaningful partnerships as each service area is in some way having to deal with issues that have arisen from mental health problems.**

Linguistically and Culturally competent programs to overcome Barriers to Health Access –

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. They constitute approximately 13.9% of the county's population of which about⁵ 40% are linguistically challenged and about 75% were born in their country of origin.

This is an on-going priority of AAHI. We are very appreciative of the County's efforts in the past few years making the language line available and approval of the Patient Navigator Program (PNP). The measure of overall success is still scratchy due to lack of base line data. The PNP which has been working with budget constraints has been doing a remarkable job and has had 5500 encounters in the last year with patients of which 1144 cases turned out to be on site medical interpretation sessions. We strongly feel that there is a justified and strong need for continued support to programs of this nature for the removal of access to language barriers.

Awareness and Prevention of Lyme Disease:

Lyme Disease is a sickness that transcends ethnic and language barriers. In this part of the country the prevalence of Lyme Disease is very wide and comes from a bite from a tick popularly known as the "deer tick" which may be a carrier of the Lyme bacteria (*Borrelia Burgdorferi*). We are all equally exposed to it but we all may not have equal access to medical care to detect or treat it. For the Asian Americans and Pacific Islanders with a huge number of them uninsured, with a significant number who have language barriers to get advice or treatment from a physician, this disease will surely take advantage of a body and do what it is destined to do. The human body has no natural anti bodies to counter it.

Lyme bacteria once in the body (apart from the bull's eye rash) starts acting silently and show up in different ways. Even an early detection and treatment with massive dosage of antibiotics is no guarantee of cure. In principle the bacteria may attack any organ in the human body but most commonly it attacks the joints, the nervous system, the heart causing Lyme induced cardiac disease (the damage cannot be reversed) and even the brain. In the earlier years of it's manifestation some of the symptoms may be fever, unexplained fatigue, lack of focus, joint pains etc. Symptoms may die down but can resurge after a hiatus of years. In spite of a standard treatment with antibiotics the CDC

has no credentialed treatment for physicians to follow for chronic Lyme disease. Some physicians not updated with scientific research data do not admit the existence of chronic Lyme disease.

The social aspects are fearful. Do we know how many students drop out of school because of this? Do we know why a child cannot focus on homework and complains of tiredness? Are we aware of how many people die of Lyme infected lungs or heart which gets diagnosed as just a cardiac disease or just an infection of the lungs? Solid data on Lyme disease in Montgomery County is lacking. Our neighbor Fairfax County has declared the month of May as Lyme Disease Awareness month and have taken one of the most effective measures in the county. In Maryland a bill is in the house for the Governor's consideration.

We request the County Council to declare the month of May to be a Lyme Disease Awareness month.

Sincerely,

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

Enclosures: AAHI Steering Committee Roster

CC: Roger Berliner, 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

FY 13 AAHI Steering Committee Roster

Sam Mukherjee (Chair)

Karen Kar-Yee Ho (Vice-Chair)

Anis Ahmed

Ji-Young Cho

Nerita Estampador

Wilbur Friedman

Harry Kwon

MunSun (Moses) Kwon

Meng Lee

Sunmin Lee

Michael Lin

Wendy Shiau

Sovan Tun