

MEMORANDUM

May 2, 2013

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 
Vivian Yao, Legislative Analyst 

SUBJECT: **FY14 Operating Budget: Department of Health and Human Services**
Follow-up Items

Those expected for this worksession:

Uma Ahluwalia, Director, Department of Health and Human Services
Stuart Venzke, DHHS Chief Operating Officer
Patricia Stromberg, DHHS Management and Budget
Deborah Lambert, Office of Management and Budget
Pofen Salem, Office of Management and Budget

1. April 25, 2013 Executive Recommended Adjustments (©1-6)

A. State Resource Coordination Grant for Developmental Disabilities

Increased revenues	\$3,441,133
Restore DHHS staff and operating	3,353,527
Increase lease cost	234,000

The Maryland Developmental Disabilities Administration says that, "The Developmental Disabilities Administration (DDA) is transitioning the current resource coordination service delivery methodology for all people receiving services from the DDA to Medicaid Targeted Case Management for all Medicaid eligible and DDA rate based service for non-Medicaid eligible. The transition will provide standardized scope of services, deliverables, rates, and increase federal matching funding."

Because of this change, the Executive's March 15th Recommended Budget had a recommendation to add \$325,305 in County funding to retain four positions that the Department has determined must continue and eliminated State revenue and the associated expenditures for this effort. Had the change occurred as expected, 15FTEs in DHHS staff would be eliminated as well as funding for 37 broker positions.

The Executive's budget adjustment says that, "The State restructured this program from a grant-funded program to a fee-for-service reimbursement program. The County Executive's Recommended Budget assumed that the County would transfer it 3,300 clients to private service providers and eliminate all case management and supervisory positions because the State's fee structure was significantly short of covering the County's costs. Since March 15, HHS has held additional discussions with the State. As a result, the State has made changes to the program, including increasing the reimbursement rate. The County Executive recommends a budget adjustment to allow HHS to retain 1,100 of its most intensive cases and transfer the remaining 2,200 cases to private service providers on July 1, 2013. The Executive recommends that HHS serve these 1,100 clients during FY14 as a one-time extension of this service, but completely exit the program for FY15."

The four positions that are recommended in the March 15th budget to be funded with General Funds are:

- **Administrative Specialist** is the administrative support for the Administrator of the Community Support Network for People with Disabilities, as well as the monitor of service contracts, and the Sign Language Contract (example Processing DHHS invoices/monitoring of requesting interpreters). The position also works on the Customized Employment Program (example inputting/approval of timesheets for interns, HR functions), provides assistance to the Respite Care Program (example Emergency requests, monitoring hours, participates on the Respite Advisory Board, referring new providers for the consortium), and lastly performs daily office operations (example equipment maintenance, ordering supplies, and facilities requests).
- **Fiscal Assistant** – analyzes and tracks information and data for the 26 DD providers that receive the county supplement (currently nearly \$7.9M). The Fiscal Assistant also monitors contracts, manages and maintains the Purchase of Service Program (program available for county residents with disabilities to provide financial assistance for certain specific services), prepares and calculates the monthly billing for the Autism Waiver program, and tracks General Fund budget and expenditures to ensure efficient use of funds.
- **Program Specialist II (2 positions)** – Although the case coordination services will be provided by an outside agency, there will still be clients that are not eligible for DDA services that are in need of assistance. In addition, many people will always go to their local government as their first point of contact, so DHHS will need to have staff to respond to these crises, assist clients/families in navigating the complex DD system and advocate on their behalf to link them to services.

Council staff recommends approval of these positions. These positions will not be eliminated in FY15 when the program transitions to private providers.

The Executive's budget adjustment provides funding for 13 existing DHHS positions (two more existing positions are currently vacant and will remain lapsed) and 39 broker positions (there are currently 37 broker positions and two more will be added to replace the two vacant merit positions.) Council staff recommends approval of the funds for these positions as DHHS and the State have reached an agreement for FY14. However, Council staff notes the following:

- The County will only be providing service coordination to 1,100 of the caseload of about 3,300. This means that 2,200 people will be transitioned to private providers. The Executive says that the County will continue coordination for its "most intensive cases." This does not necessarily mean that all the clients being transferred to private providers starting in July will be satisfied with the change.
- It is critical that everyone is very clear that as of July 1, 2014 even the most intensive cases will be transferred to private providers.
- It is unclear from the information provided whether new clients with intensive needs will have their care coordinated by the County in FY14. Council staff asks whether it would be best for all new clients to be served by the private providers that will continue to provide service after July 1, 2014.
- The FY14 revenue is not a "grant" and the Department is going to have to bill the State as it does for the Older Adult Waiver program. Because of this change, the revenue and expenditures are considered tax-supported rather than grant-funded.

The Executive's recommended adjustment also calls for \$234,000 in tax-supported appropriation for the Lease NDA to restore funding that was eliminated in the Executive Recommended Budget. After further review, there may not be a need for additional appropriation in the Lease NDA. **Council staff is asking the Committee to allow staff to complete its look at this and make whatever adjustment is necessary.** The lease space must be funded and the Executive has identified the source of funding but it appears that the appropriation is already accounted for in the Lease NDA.

Council staff also notes that when the new expenditures for DHHS program staff and operating (\$3,353,527) and the lease (\$234,000) are combined (\$3,587,527) the cost exceeds the expected revenue (\$3,411,133) by \$176,394 which the Executive has taken from the reserve set-aside.

B. Shift InfoMONTGOMERY.com Contract from Department of Recreation to DHHS
\$93,660 reduction to Recreation; \$93,660 increase to DHHS

The Executive is recommending shifting \$93,660 from the Department of Recreation to DHHS for a contract with the Montgomery County Collaboration Council for Children, Youth and Families (Collaboration Council) to support the infoMONTGOMERY centralized online human services resource database. The funding was included in a \$228,660 line item for the Collaboration Council in the Recreation Department budget, which also included \$95,000 for

Excel Beyond the Bell and \$40,000 for operating support. The PHED and Education Committees reviewed and recommended approval of this item jointly on April 19.

The Collaboration Council has previously received support for infoMONTGOMERY through Community grants -- \$95,000 in FY11 and \$93,660 in each of FY12, and FY13. The Executive is recommending the budget adjustment because infoMONTGOMERY is specifically related to Health and Human Services programs and services. Council staff notes that the Department has managed the infoMONTGOMERY contract with Collaboration Council in previous years.

Council staff recommends approval of shifting the \$93,660 for infoMONTGOMERY from the Recreation Department to DHHS. Council staff also recommends shifting recommended Collaboration Council funding of \$40,000 for operating expenses as the funding will support core agency functions, which are better aligned with the DHHS mission.

C. Leadership Institute for Equity and Elimination of Disparities

\$100,000

The Executive is recommending \$100,000 to support the creation of the Institute for Equity and Elimination of Disparities to implement an integrated and coordinated system that offers equitable access to services and programs provided by DHHS and its contractors to racial and ethnic minorities and emerging populations. The Executive notes that the Advisory Group for the County's three Minority Health Initiatives/Program (Initiatives) recommended the Institute which is intended to support DHHS' commitment to create a coordinated and integrated department-wide focus on equity and elimination of health and other disparities.

At the April 17th session, the Committee was informed by representatives from the African American Health Program (AAHP), Asian American Health Initiative (AAHI), and the Latino Health Initiative (LHI) that \$300,000 was needed for the Institute, that AAHP, AAHI, and LHI were requesting additional funding to be shared, and that AAHP was requesting additional funds to enhance the SMILE program, Diabetes education, and data management. Director Ahluwalia told the Committee that she was expecting the Executive to recommend some funding in his budget adjustments and asked for additional time to review all the requests made at the meeting.

Council staff has received a revised request from AAHP, AAHI, and LHI which is attached at ©7-9. This is not a recommendation from DHHS which supports the \$100,000 recommended by the Executive. The information from AAHP, AAHI, and LHI says:

- The \$100,000 recommended by the County Executive is expected to be used for:
 - (1) \$70,000 to \$80,000 for a contractor to help establish and implement the Institute including identifying priorities, setting up process, and addressing infrastructure, roles, and responsibilities. The contractor will also support the Oversight Committee; and
 - (2) \$20,000 to \$30,000 will be used for specific intervention activities where disparities are identified as most acute.

- AAHP, AAHI, and LHI are requesting an additional \$130,000 for the Institute to be used for: (1) \$50,000 for data needs attached to Health Montgomery; (2) \$20,000 for Health Promotion Outreach to support healthcare reform; (3) \$30,000 for the Suburban Maryland Welcome Back Center for professional licensing; and (4) \$30,000 for mental health supports for uninsured children and adults in the programs.
- AAHP, AAHI, and LHI are requesting \$270,000 in additional funding - \$90,000 for each. The information on ©7-9 indicates how the Initiatives propose to use the funds.

Council staff recommends the following:

- **Recommend approval of the Executive's \$100,000 to begin to implement the Institute. Receive an update next January to understand the work that has been completed and as preparation for recommendations that may be a part of the FY15 Operating Budget.**
- **Add \$50,000 to the reconciliation list for Health Promotion Outreach (\$20,000) and the Welcome Back Center (\$30,000).** Health Promotion is a core component of the Initiatives and the Committee has recently heard from the Department about the Welcome Back Center's effort to expand the number of types of professional they assist with licensing.
- Council staff is not recommending funding the \$50,000 for data needs attached to Healthy Montgomery. Council staff believes that if there is a need for additional data management and analysis this should be housed in Healthy Montgomery. Council staff understands that some additional staffing has recently been added to Healthy Montgomery which may address this request.
- Council staff is also not recommending the \$30,000 for mental health supports because Council staff believes that this should be addressed either through a discussion with DHHS Behavioral Health and Crisis Services or Public Health which oversees Montgomery Cares and Care for Kids. Council staff acknowledges there is a need for more funding for a wide range of mental health services (as was discussed in other worksessions and will be discussed later in this memo), but does not recommended adding funding to the Initiatives for this purpose.
- **Add \$50,000 to the reconciliation list that would provide for the AAHP's SMILE Nurse (\$30,000), the Diabetes Educator for the African Community (\$10,000), and the Health Educator for the African Community (\$10,000).** The data is clear that there African Americans continue to have higher levels of infant mortality. The HHS Committee recently held a worksession on the challenges facing the Continental African community and heard from the AAHP about their efforts to expand programs. Council staff is not recommending the \$30,000 requested for data as it should be managed by Healthy Montgomery and believes that before expanding any one effort on HIV and STDs there should be a discussion with Public Health Services.

- **Add \$45,000 to the Reconciliation List for the LHI’s Asthma Management Program (\$35,000) and the Smoking Cessation program (\$10,000).** The FY12 Annual Report says that the Asthma Management program reduced reported emergency room visits by almost 60% and no hospitalizations were reported by participants after participating in the program. Reported school days missed also declined by about 43%. The report also notes that the Smoking Cessation program has been reduced and is only offered once a year. It says that having the program on an ongoing basis would allow participant who relapse to access support. Council staff is not recommending the health promoters and the well being campaign as there is \$20,000 for health promotion outreach in the Institute request. Also is also not recommending \$20,000 for the Latino Wellness Program as it is unclear what this increment of funding would provide
- **Add \$40,000 to the Reconciliation List for an increase in the AAHI’s Hepatitis B Program.** While the information provided does not say, this funding along with the Executive’s recommended funding would certainly fully fund the STOP B program and could also allocate funds to SMASH B and ACT Stop B. Council Staff is not recommending funding for mental health and cancer prevention as Council staff believes these should be coordinated with the efforts in Public Health and Behavioral Health. Council staff notes that the Committee is recommending increased funding for cancer screening for Montgomery Cares and an increase for senior mental health.

2. “Inflationary Adjustments” for Nonprofit Contracts

At the April 17th session, the HHS Committee reviewed information provided by Council staff on the recent history of across-the-board increases and reductions to non-profit contracts in DHHS funded by the General Fund. Council staff estimated that a 1% adjustment would be \$350,000 but said that this number needed to be refined. There was also a question about how the amount recommended by Council staff compared to the original request from Nonprofit Montgomery.

After reviewing contracts with non-profit human service providers that are funded by the General Fund, Council staff concludes that the eligible contracts total about \$31.019 million for about 190 contracts. This base amount includes Special Needs Housing providers whose funding is included in the Housing Initiative Fund but are providing programs administered by DHHS Special Needs Housing. While increases for the Montgomery Cares program have been considered separately, the base does include the contract with the Primary Care Coalition for the administrative staff for Montgomery Cares.

Council staff recommends that the 1% adjustment be revised to show that each 1% is \$320,000, rather than the \$350,000 previously recommended by Council staff.

Following-up with Nonprofit Montgomery, Council staff has concluded that Nonprofit Montgomery’s recommendation also included increases for the DD Supplement, Residential Treatment Supplement, and Montgomery Cares which the HHS Committee and Council address

separately. The following table shows the total cost of the 3% increase to contracts as compared to the 9% requested by Nonprofit Montgomery.

	HHS Committee 3%	9%
Non-profit contracts (each 1% equaling \$320,000)	\$ 960,000	\$ 2,880,000
DD Supplement (each 1% equaling \$82,205)	246,615	739,845
Residential Treatment Supplement (each 1% equaling \$9,875)	29,625	88,875
Subtotal “inflationary adjustments”	\$1,236,240	\$3,708,720
Montgomery Cares enhancements	871,875	871,875
DD Supplement for client expansion	350,000	350,000
Total	\$2,458,115	\$4,930,595

Council staff believes that this table reconciles as best as possible the components of the original request from Nonprofit Montgomery and how it compares to the HHS Committee recommendation.

Recommended Budget Provision:

This resolution appropriates \$XXXXXXX for inflation adjustments for tax-supported contractors with the Department of Health and Human Services (DHHS) and to contractors with the Department of Housing and Community Affairs that are providing Special Needs Housing programs. Any inflation adjustment awarded under this paragraph must not exceed X% of the total contract price. Any contract funded by a non-County grant is not eligible for an inflation adjustment under this paragraph. Each contractor must meet the following eligibility criteria.

- a. Non-profit service provider, or
- b. Contract that provides meals on wheels, court appointed special advocates, direct mental health services to seniors, and homeless outreach.
- c. The increase is to the General Fund value of the contract (Grant Fund value not included).
- d. The contract must not be in its first year or have an automatic inflation adjustment built into the contract.
- e. This increase does not apply to contracts for Montgomery Cares (except administration), Healthcare for the Homeless, Maternity Partnership, or Care for Kids (except for the services associated with the Latino Health Initiative) as their budgets have been adjusted for expected FY 2014 levels of service.
- f. This increase does not apply to contracts that are a specific match to a grant.
- g. This increase does not apply to contracts covered by the DD Supplement.
- h. This increase does not apply to contracts covered by the Residential Treatment Provider Supplement.

3. Hepatitis B Programs – Coverage by Montgomery Cares

At the April 17th session, the Committee reviewed grants that were submitted for organizations that are a part of the Montgomery Cares network of clinics. The Committee recommended approval of those grants recommended by the County Executive. The County Executive recommends funding of \$28,800 for the STOP B program which is administered by the Chinese Cultural and Community Center's clinic and programs. The CCACC's request is for \$38,800. Committee Chair Leventhal received information that the Hepatitis B vaccine is not available through Montgomery Cares and asked for additional information.

Attached at © X-X is information from DHHS on Hepatitis B programs. The information notes that the Department of Health and Mental Hygiene provided the County with a one-time allocation of 1,000 doses of vaccine which was distributed to the HIV program, the STD program (which normally does not have vaccine), and the Asian American Health Initiative. The Refugee Health program will provide testing and vaccines which is provided by DHMH.

The Asian American Health Initiative is partners in three Hepatitis B programs: STOP B (Screening, Treatment, Outreach, and Prevention) which is a partnership with CCACC and started in 2011; SMASH B (Screening, Management, Awareness, and Solutions) which is a partnership with the Vietnam Medical Assistance Program but only received funding in FY12; and ACT Help B (Active Care and Treatment of Hepatitis B) which is a partnership with the Korean Community Service Center of Greater Washington and also funded in FY12.

The vaccine generally costs \$30 to \$35 per dose and three doses must be provided to complete the vaccine. While © 11-14 says that DHHS does not currently have a vehicle to purchase vaccines for the STOP B program at the County's rate, © 12 says that while the Hepatitis B vaccine is not provided to Montgomery Cares clinics through the Community Pharmacy, Montgomery Cares staff at the Primary Care Coalition and DHHS are working to determine if the vaccine can be provided to the Montgomery Cares clinics at the County rate.

4. Increase to Adult Foster Care Rate

The Council received testimony asking for an increase to the monthly rate paid to assisted living providers for serving people that are in the County Adult Foster Care Program. Clients of this program have been referred for an Adult Protective Services investigation and there are issues of self-neglect, neglect by others or abuse. Clients have an income at or below poverty level. The maximum payment for placement in a double room is \$1,175. Most commonly this is funded through a County subsidy of \$475 per month and a \$700 per month contribution from the client. The request from the Commission on Aging was to provide a \$310 per month increase in the County subsidy.

In addition to the Adult Foster Care Program, there are 3 other programs that pay for placement in assisted living group homes. A table from DHHS is attached at © 10. The following summarizes the rates.

	Maximum or mid-Point Rate for Double Room*	Source of Funding
Adult Foster Care Program	\$1,175	Average \$475 County subsidy and \$700 client contribution.
Project Home	\$1,340	State funded and paid directly to the provider by the State.
Senior Assisted Living Group Home Subsidy Program	\$2,050	Subsidy and client contribution vary but maximum monthly County subsidy is \$650
Older Adult Waiver Program	\$1,511	State/federal funded and paid directly to the provider by the State.

*for Senior Assisted Living and Older Adult Waiver this is based on the Level 2 rate. Level 2 is defined in COMAR as a Moderate Level of Care that provides substantial support for two or more activities of daily living assistance with medication including the effects of medication and treatment.

As shown, the reimbursement rate is below the other programs. As previously discussed, this is a very vulnerable population that needs to be housed in a safe place that can attend to medical and personal care needs. The lower rate can make it difficult for DHHS to place some clients as quickly as they would like.

Council staff recommends the Committee add \$138,000 to the reconciliation list to increase the County subsidy and the maximum rate paid by \$100 per month (based on an average of 115 clients served per month). While the rate will still be below the other programs, this would be a 20% increase to the average County subsidy.

5. Income Support and Service Eligibility Unit (SEU) Staff

On April 19, the Committee reviewed the proposed budget for the Income Supports program in the Children, Youth and Families services area and discussed caseload and staffing issues for the program and the Services Eligibility Units. Information provided in the April 19 packet on Income Supports and SEU program measures and error and processing rates is provided at © 20-23.

DHHS Director Ahluwalia stated that the Department is in compliance, in large part, with State error and processing rates, but the requirements and high caseloads place a strain on staff. She suggested that the State may make some slight funding adjustments in recognition of the high caseload numbers. She also explained that while the connector entity grant applied for by the Department may help with Medicaid eligibility into health exchanges, there will be complications resulting from the implementation of the Affordable Care Act that will require the development of separate data systems instead of a single integrated system. Caseworkers will need to learn and interact with two different systems while serving additional residents. Director Ahluwalia stated that these changes will pose challenges in the next couple of years.

Councilmember Rice expressed concern about high caseloads for Income Supports and Service Eligibility Unit (SEU) programs and the continuing stress that high caseloads place on caseworkers. He recommended adding increments of 12 temporary Income Support workers to the Reconciliation List to help reduce caseloads in the programs and requested information on the costs for hiring these positions. Council President Navarro also supported the idea of providing additional staffing support to the programs, but requested other possible scenarios for incrementally increasing staff to the programs.

Position Costs

The following table shows the costs, RIF rights, and terms for hiring Income Assistance Program Specialists (IAPS) II, Grade 20, based on position status, i.e., permanent, term, or temporary.

FY14 Lapsed	FY15 Annualization	Total FY15	County Position Status	Benefits	RIF Rights	Time Period
56,180	18,727	74,907	Permanent	Yes	Yes	Indefinite
56,180	18,727	74,907	Term	Yes	No, if position was created for a specific period of time. Yes, if not created for a specific time period or term is not completed.	Term Period
46,542	15,514	62,056	Temporary*	No	No, if position was created for a specific period of time. Yes, if not created for a specific time period or term is not completed.	12 months, may request one-time only 6 month extension

*Temporary includes Salary and FICA Only

Implications related to using temporary positions are summarized as follows:

- **Cost:** The FY14 cost for a temporary position is \$9,638 or 21.7% less than a permanent or term position.
- **Recruitment:** It more difficult finding candidates for temporary positions because they are time-limited and without benefits. Candidates usually have limited experience in this type of work. Candidates with eligibility experience are generally those from other jurisdictions or retirees who are interested in higher pay, new experiences in this field, or want to work non-traditional hours. The Department does not have the supervisory capacity to cover non-traditional hours.
- **Training:** To stand-up a fully trained Income Supports Case Manager takes up to 18 months. Temporary workers are trained for a slightly lower level of work than full-time

merit Case Managers because of the temporary nature of their assignment (18 months). They perform expedited interviews, triage, referrals, and closing out DHR productivity lists.

Temporary SEU staff primarily handle only County cases in Maternity Partnership, Care for Kids and Senior Dental cases, not MCHIP or Families with Children in Need of Assistance (FCA). Re-assigning cases to Temporary staff often results in reallocating caseloads at least every 6 months which requires State approval.

- **Turnover:** Frequent turnover in the temporary category make it difficult to have a stable trained workforce and negatively impacts our performance measures related to error rate, compliance and pre-review accountability. The turnover rate for the last 12 months for temporary broker positions is 46%. The 18 month term for a temporary position is the time it takes to train a worker.
- **Accountability:** It is harder to build an accountability base in temporary employees and thus maintain the quality of services.

The Department concludes that given the large projected increase in enrollment a temporary workforce will present significant challenges to meet client needs.

Options for FY14

Two options for adding staff to address current workload and the need to meet Federal and State mandates are provided as follows:

Increment of Twelve Temporary Income Assistance Program Specialists: The FY14 cost of adding twelve temporary Income Assistance Program Specialists would be \$558,504. The Committee could also recommend this as two increments of six workers at a cost of \$279,252 each.

Merit Income Assistance Program Specialists (IAPS): The FY14 cost to add one merit IAPS is \$56,180. **Council staff recommends that the Committee add merit four positions** to the Reconciliation List -- three for Income Supports and one for SEU at a cost of **\$224,720**. FFP would offset 50% of the cost (\$112,360)

Council staff believes that permanent IAPS positions would be the most effective in addressing workload issues by attracting the best qualified applicants, thereby minimizing turnover and training and increasing case accountability and the quality of services delivered. If caseloads reduce or new technologies increase efficiencies thereby reducing staffing needs in future years, the Department could simply abolish vacant positions given the ongoing nature of turnover and vacancies in these programs.

The Committee should request staffing reports for both programs including information on caseloads, vacancies, overtime and temporary staffing used, and error rates by January 15, 2014 for the first six months of FY14.

7. Additional Funding to IMPACT for Wheaton and Bel Pre Communities

In her April 8 memo to the Council Staff Director, the Council President recommended additional funding for IMPACT Silver Spring to enhance IMPACT's work in the Wheaton and Bel Pre communities.

The County Executive is recommending:

- \$222,640 for the Neighborhood Opportunity Network as a FY14 Community Grant. This is same amount of funding that is being provided in FY13 and supports IMPACT's work in Long Branch, Wheaton, and Gaithersburg.
- \$50,000 for Long Branch Athletic Association programming as a FY14 Community Grant. This is same amount of funding that is being provided in FY13.
- \$86,981 for leadership training courses for Silver Spring residents. This is a contract in the base of the DHHS budget, not a grant.
- \$40,000 for the Family Asset Building Network as a CDBG grant to a non-profit (appropriated in the DHCA budget).
- The Executive is not recommending continued funding of the \$49,830 FY13 Community Grant that provides funding for recreation activities for youth and the basis for establishing a safety net in the East County. The FY14 Community Grant request for \$113,934 from IMPACT for youth athletics and family engagement combined the FY13 funding for Long Branch and the East County. The Executive's recommendation does not include money to continue the work in the East County.

Council staff has spoken with IMPACT Silver Spring and understands that there are two components that address the supplemental request from Council President Navarro.

A. Expand Services to Bel Pre \$30,560

This would begin the process of community engagement and asset mapping that has been undertaken by IMPACT in other communities. The goals would be to learn more about the community, identify the natural leaders, convene small to medium size opportunity circles, and map the natural assets of the community.

B. Enhance Services in Wheaton – Establish Athletic Program \$60,000

This funding would allow Impact to hire additional Network Builders and Network Guides to support an increase in the door-knocking effort that works to link residents to services and to add 3 to 4 additional opportunity circles where residents work on social, economic, and civic projects to improve the quality of life in their community. There will be specific efforts around women's empowerment and planned development in Glenmont. In addition, a youth sports and enrichment program modeled after the Long Branch Athletic Association will be implemented (there are some existing activities in Wheaton but this would implement a level of service similar to Long Branch).

8. Farmers Markets accepting SNAP EBT

The Committee recommended adding \$25,580 to pilot a program at seven County farm markets that would double the dollars (up to a certain amount) for SNAP recipients as an incentive for shopping for local, fresh foods. The seven markets that would be a part of this effort are equipped to accept Electronic Benefits Transfers from SNAP. They are: Burtonsville (formerly Briggs Chaney-Greencastle), Crossroads, Rockville (2 locations on different days), Shady Grove, Silver Spring, Takoma Park, and Wheaton. About \$2,000 would be allocated to each of the farm markets for the incentive. Funds are also requested for printing the vouchers, marketing and outreach and administrative costs. Crossroads Community Food Network is the recommended recipient of this contract.

The Committee asked if there were additional Farm Markets that accept SNAP EBT. At this time, there are only the seven markets. When the Committee discussed SNAP in November 2011 there were three: Crossroads Farmers Market, Silver Spring FreshFarm Market, and the Takoma Park Farmers Market.

9. Cost for Therapist for Child and Adolescent Clinic

At the worksession on Behavioral Health and Crisis Services, the Committee discussed the ongoing waiting list for services and the Child and Adolescent Clinic and the efforts that the Department has undertaken to make it easier to hire multi-lingual therapists. The Department said that once the current positions are filled, they believe the wait list will be about 30 at any given time.

Councilmember Rice asked Council staff to provide the cost of an additional Therapist position. **The cost for a Therapist position assuming 2 months lapse in FY14 is \$79,480 (\$73,360 in personnel cost and \$6,120 in operating) and for 6 months would be \$50,140 (\$44,020 in personnel cost and \$6,120 in operating).**

10. High School Wellness Centers and Supervision

On April 24, the HHS and Education Committee recommended funding to open two new Wellness Centers at Gaithersburg and Watkins Mill High Schools. Councilmember Rice requested information about the level of contract monitoring and program oversight provided to the new centers and wanted to know if centers would be supported as effectively as the current Wellness Center at Northwood High School. At the meeting, Director Ahluwalia stated that it was the intent of the Department to manage the site with the existing complement of staff, but would provide additional data related the supervisory structure. The joint Committees agreed that follow up related to High School Wellness Centers would be handled by the HHS Committee.

The Department has provided the following information about the supervision and operation of the centers:

The Youth Violence Prevention Coordinator (YVPC) currently monitors 5 Positive Youth Development Initiative (PYDI) contracts for HHS totaling \$2,001,531. With the opening of the two new Wellness Centers at Gaithersburg and Watkins Mill High Schools, the YVPC Coordinator will be monitoring a total of 7 contracts totaling approximately \$3,080,961. The YVPC will have to work closely with the selected providers of the new sites to make sure they are able to provide adequate and quality services to the student population.

The two new centers will serve a significantly larger number of students (one school has 1600 students and the other over 2000 students compared to Northwood which has 1400 students). Each Wellness Center requires ongoing technical support that includes co-facilitation of the Local Wellness Center Advisory Board relevant to each individual school as well as ongoing program development and oversight. Ongoing work with the MCPS administration and other partners is also necessary.

Currently, the YVPC must monitor and track the General Fund and Grant Fund budget and expenditures, monitor the PYD contracts and provide technical assistance and support to contract vendors; research, and write grant applications in partnerships with MCPD and other partner agencies, and manage and monitor Federal grants. Beyond the contract monitoring duties, an additional 10% of the YVPC's time each week is devoted to providing additional technical assistance to PYDI providers due to the complexities of needs of serving a high risk population. This often requires coordination with several PYDI providers and the SON in order to address crisis situations as they arise.

The duties described above will be part of the current management responsibilities of the YVPC. The YVPC is also the direct supervisor of the Street Outreach Network staff and one Office Services Coordinator (9.5 FTE's), as well as the policy, reporting, and community engagement roles in the county related to the overall Positive Youth Development Initiative.

Council staff notes that the responsibilities of the YVPC have continued to grow with the expansion of High School Wellness Centers, the Street Outreach Network, and Positive Youth Development Initiative. As a result, the Committee may want to recommend funding to add a full-time Program Specialist to support contract monitoring and oversight of the High School Wellness Centers. If so, the Committee would need to add \$80,077 in staffing costs and operating expenses to the reconciliation list.

AMENDMENTS TO THE CE RECOMMENDED BUDGET FY14 OPERATING BUDGET

Tax Supported

RESOURCE AMENDMENTS

Montgomery County Government

HHS	State Resource Coordination Grant for Developmental Disabilities	3,411,133
MCG	Hotel/Motel Tax -- Lockheed Martin Exemption	-430,000
Subtotal MCG Resources		2,981,133
Total Tax Supported Resources		2,981,133

EXPENDITURE AMENDMENTS

Montgomery County Government

DED	Shift: Latino Economic Development Corporation of Washington, DC from NDA: Community Grants to Department of Economic Development	70,000
EDF	Decrease Cost: Sodexo	-1,500,000
EDF	Decrease Cost: Tentative Offers Likely to be Accepted	-750,000
EDF	Increase Cost: FY14 EDF Set Aside	2,250,000
HHS	Restore: Developmental Disability Resource Coordination (1,100 Clients in FY14 Only)	3,353,527
HHS	Add: Technical Assistance to the Leadership Institute for Equity and Elimination of Disparities	100,000
HHS	Shift: infoMontgomery.com Contract from Department of Recreation to Health and Human Services	93,660
NDA	Increase Cost: SDAT additional assessor costs	84,400
NDA	Decrease Cost: Allocation to the Conference and Visitors Bureau	-30,100
NDA	Restore: Operating Lease 11 N. Washington Street: Developmental Disability Resource Coordination	234,000
NDA	Shift: Latino Economic Development Corporation of Washington, DC from NDA: Community Grants to Department of Economic Development	-70,000
NDA	Add: Community Grant: CASA de Maryland, Inc. (Long Branch Economic Devepoment Project)	92,500
NDA	Add: Community Grant: Latin American Youth Center, Inc. (workforce development programs for youth)	37,640
NDA	Add: Community Grant: Unity Christian Fellowship Incorporated (Education and Life Skills program)	29,000
NDA	Add: Community Grant: Heritage Tourism Alliance of Montgomery County, Inc. (documentary video project on historic African American churches, their communities, and music)	50,000
REC	Shift: infoMontgomery.com contract from Department of Recreation to Health and Human Services	-93,660
Subtotal MCG Expenditures		3,950,967
Total Tax Supported Expenditures		3,950,967

** denotes approved items

1

Non-Tax Supported

RESOURCE AMENDMENTS

Montgomery County Government

DEP	Water Quality Protection Charge Revenues	536,489
HCA	FY13 Recordation Tax Premium Revenue Carryover	2,094,180
	Subtotal MCG Resources	2,630,669
	Total Non-Tax Supported Resources	2,630,669

EXPENDITURE AMENDMENTS

Montgomery County Government

DEP	Increase Cost: Water Quality Protection Charge Operating Expenses to Implement Bill 34-12	539,100
HCA	Enhance: Transitional Housing for the Medically Vulnerable and Families and Permanently Write-Down Rents for Senior Housing in Silver Spring	2,094,180
	Subtotal MCG Expenditures	2,633,280
	Total Non-Tax Supported Expenditures	2,633,280

** denotes approved items

DETAIL ON RECOMMENDED FY14 CE AMENDMENTS

Tax Supported

RESOURCE AMENDMENTS

Health and Human Services

STATE RESOURCE COORDINATION GRANT FOR DEVELOPMENTAL DISABILITIES 3,411,133

The State restructured this program from a grant-funded program to a fee-for-service reimbursement program. The County Executive's Recommended Budget assumed that the County would transfer its 3,300 clients to private service providers and eliminate all case management and supervisory positions because the State's fee structure was significantly short of covering the County's costs. Since March 15, HHS has held additional discussions with the State. As a result, the State has made changes to the program, including increasing the reimbursement rate. The County Executive recommends a budget adjustment to allow HHS to retain 1,100 of its most intensive cases and transfer the remaining 2,200 cases to private service providers on July 1, 2013. The Executive recommends that HHS serve these 1,100 clients during FY14 as a one-time extension of this service, but completely exit the program for FY15.

Montgomery County Government

HOTEL/MOTEL TAX -- LOCKHEED MARTIN EXEMPTION -430,000

The Maryland General Assembly adopted legislation exempting Lockheed Martin from the County's Hotel/Motel Tax. The exemption results in a reduction of \$430,000 annually in Hotel/Motel Tax revenues.

Total Tax Supported Resources 2,981,133

EXPENDITURE AMENDMENTS

Economic Development

**SHIFT: LATINO ECONOMIC DEVELOPMENT CORPERATION OF WASHINGTON, DC 70,000
FROM NDA: COMMUNITY GRANTS TO DEPARTMENT OF ECONOMIC
DEVELOPMENT**

The Executive recommends this budget adjustment because the funding is more appropriate in the Department of Economic Development than in the Community Grants NDA.

Economic Development Fund

DECREASE COST: SODEXO -1,500,000

Bill 14-12 requires that the Executive must not provide assistance to a private employer valued at more than \$500,000 unless the grant or loan is approved by the Council in a special or supplemental appropriation. The County Executive will request an FY14 supplemental appropriation for this incentive.

DECREASE COST: TENTATIVE OFFERS LIKELY TO BE ACCEPTED -750,000

Bill 14-12 requires that the Executive must not provide assistance to a private employer valued at more than \$500,000 unless the grant or loan is approved by the Council in a special or supplemental appropriation. The County Executive will request an FY14 supplemental appropriation for this incentive.

INCREASE COST: FY14 EDF SET ASIDE 2,250,000

This increase in the set aside is necessary to fund the FY14 supplemental appropriation requests for two EDF incentives.

Health and Human Services

Detail on Recommended Budget Adjustments

Tax Supported

RESTORE: DEVELOPMENTAL DISABILITY RESOURCE COORDINATION (1,100 CLIENTS IN FY14 ONLY) 3,353,527

The State restructured this program from a grant-funded program to a fee-for-service reimbursement program. The County Executive's Recommended Budget assumed that the County would transfer its 3,300 clients to private service providers and eliminate all case management and supervisory positions because the State's fee structure was significantly short of covering the County's costs. Since March 15, HHS has held additional discussions with the State. As a result, the State has made changes to the program, including increasing the reimbursement rate. The County Executive recommends a budget adjustment to allow HHS to retain 1,100 of its most intensive cases and transfer the remaining 2,200 cases to private service providers on July 1, 2013. The Executive recommends that HHS serve these 1,100 clients during FY14 as a one-time extension of this service, but completely exit the program for FY15.

The budget adjustment restores 15 positions in HHS for a total personnel cost of \$1,089,234, and operating expenses of \$2,264,293 for 39 brokers and other expenses.

ADD: TECHNICAL ASSISTANCE TO THE LEADERSHIP INSTITUTE FOR EQUITY AND ELIMINATION OF DISPARITIES 100,000

The Advisory Group for the County's three Minority Health Initiative programs recommended establishment of a Leadership Institute for Equity and Elimination of Disparities (IEED) in the Department of Health and Human Services' Office of Community Affairs, which is intended to support HHS' commitment to create a coordinated and integrated department-wide focus on equity and elimination of health and other disparities. The Executive recommends a budget adjustment of \$100,000 to support IEED's efforts to implement an integrated and coordinated system that offers equitable access to services and programs provided by HHS and its contractors to racial and ethnic minorities and emerging populations.

SHIFT: INFOMONTGOMERY.COM CONTRACT FROM DEPARTMENT OF RECREATION TO HEALTH AND HUMAN SERVICES 93,660

InfoMontgomery is the centralized online human services resource database for the County. The database links families and child-helping professionals with needed services and assists agencies assess service gaps. The Executive's recommended budget included continued funding for the Collaboration Council's support of infoMontgomery in the Department of Recreation, which also included funding for Excel Beyond the Bell and other operating support. Because infoMontgomery is specifically related to Health and Human Services programs and services, the Executive is recommending this budget adjustment to shift funding of \$93,660 from the Department of Recreation to the Department of Health and Human Services.

NDA - Community Grants

SHIFT: LATINO ECONOMIC DEVELOPMENT CORPERATION OF WASHINGTON, DC FROM NDA: COMMUNITY GRANTS TO DEPARTMENT OF ECONOMIC DEVELOPMENT -70,000

The Executive recommends this budget adjustment because the funding is more appropriate in the Department of Economic Development than in the Community Grants NDA.

ADD: COMMUNITY GRANT: CASA DE MARYLAND, INC. (LONG BRANCH ECONOMIC DEVEPOMENT PROJECT) 92,500

The Executive recommends this budget adjustment to restore the FY13 amount for this purpose.

ADD: COMMUNITY GRANT: LATIN AMERICAN YOUTH CENTER, INC. (WORKFORCE DEVELOPMENT PROGRAMS FOR YOUTH) 37,640

ADD: COMMUNITY GRANT: UNITY CHRISTIAN FELLOWSHIP INCORPORATED (EDUCATION AND LIFE SKILLS PROGRAM) 29,000

The Executive recommends this budget adjustment to restore the FY13 amount for this purpose.

Detail on Recommended Budget Adjustments

Tax Supported

ADD: COMMUNITY GRANT: HERITAGE TOURISM ALLIANCE OF MONTGOMERY COUNTY, INC. (DOCUMENTARY VIDEO PROJECT ON HISTORIC AFRICAN AMERICAN CHURCHES, THEIR COMMUNITIES, AND MUSIC) 50,000
The Executive recommends a budget adjustment based on additional information.

NDA - Conference and Visitors Bureau

DECREASE COST: ALLOCATION TO THE CONFERENCE AND VISITORS BUREAU -30,100
The exemption of Lockheed Martin from the Hotel/Motel Tax reduces tax revenues by \$430,000. This reduces the allocation of Hotel/Motel Tax revenue to the Conference and Visitors Bureau by \$30,100.

NDA - Leases

RESTORE: OPERATING LEASE 11 N. WASHINGTON STREET: DEVELOPMENTAL DISABILITY RESOURCE COORDINATION 234,000
This budget adjustment is related to the restoration of funding to HHS for Developmental Disability Resource Coordination. Because funding for leased office space was eliminated along with other program expenses in the Executive's Recommended Budget, this budget adjustment is necessary. The Department of General Services manages the 11 N. Washington Street lease.

NDA - State Property Tax Services

INCREASE COST: SDAT ADDITIONAL ASSESSOR COSTS 84,400
The State Department of Assessment and Taxation was approved to hire 15 additional assessors statewide. Montgomery County's share of total costs is 14.82 percent, or \$112,500 on an annualized basis. Due to the hiring process, the FY14 cost is estimated to be \$84,400, which represents funding for 3/4 of the fiscal year.

Recreation

SHIFT: INFOMONTGOMERY.COM CONTRACT FROM DEPARTMENT OF RECREATION TO HEALTH AND HUMAN SERVICES -93,660
InfoMontgomery is the centralized online human services resource database for the County. The database links families and child-helping professionals with needed services and assists agencies assess service gaps. The Executive's recommended budget included continued funding for the Collaboration Council's support of infoMontgomery in the Department of Recreation, which also included funding for Excel Beyond the Bell and other operating support. Because infoMontgomery is specifically related to Health and Human Services programs and services, the Executive is recommending this budget adjustment to shift funding of \$93,660 from the Department of Recreation to the Department of Health and Human Services.

Total Tax Supported Expenditures 3,950,967

5

Non-Tax Supported

RESOURCE AMENDMENTS

Environmental Protection

WATER QUALITY PROTECTION CHARGE REVENUES 536,489

Council adoption of Bill 34-12 requires an appropriation adjustment of \$450,000 to implement the grant program for homeowner associations private roads and \$89,100 in contractual support to administer the hardship exemption programs for residential and certain non-profit property owners. These changes increase the Water Quality Protection Charge Equivalent Residential Unit rate from \$85.40 in the Executive's recommended budget to \$88.40, resulting in a total increase in Water Quality Protection Charge revenues of \$536,489.

Housing and Community Affairs

FY13 RECORDATION TAX PREMIUM REVENUE CARRYOVER 2,094,180

The Executive's Recommended Operating Budget assumed commitment of all estimated FY13 Recordation Tax Premium revenue. This recommended budget adjustment assumes carryover of \$2,094,180 in FY13 Recordation Tax Premium revenue to fund an FY14 budget adjustment of \$1.7 million to permanently write-down rents for senior housing in Silver Spring and \$394,180 to support transitional housing for the medically vulnerable and families.

Total Non-Tax Supported Resources 2,630,669

EXPENDITURE AMENDMENTS

Environmental Protection

INCREASE COST: WATER QUALITY PROTECTION CHARGE OPERATING EXPENSES TO IMPLEMENT BILL 34-12 539,100

Council adoption of Bill 34-12 requires an appropriation adjustment of \$450,000 to implement the grant program for homeowner associations private roads and \$89,100 in contractual support to administer the hardship exemption programs for residential and certain non-profit property owners, for a total appropriation adjustment of \$539,100.

Housing and Community Affairs

ENHANCE: TRANSITIONAL HOUSING FOR THE MEDICALLY VULNERABLE AND FAMILIES AND PERMANENTLY WRITE-DOWN RENTS FOR SENIOR HOUSING IN SILVER SPRING 2,094,180

The Executive's Recommended Operating Budget assumed commitment of all estimated FY13 Recordation Tax Premium revenue. This recommended budget adjustment assumes carryover of \$2,094,180 in FY13 Recordation Tax Premium revenue to fund an FY14 budget adjustment of \$1.7 million to permanently write-down rents for senior housing in Silver Spring and \$394,180 to support transitional housing for the medically vulnerable and families.

Total Non-Tax Supported Expenditures 2,633,280

6

Requests from the Minority Health African American, Asian American and Latin American Steering Committees to the County Council

A: Institute for Equity and Elimination of Disparities - \$130,000

The three Minority Health Initiatives and Program - Latino Health, the African American and Asian American Steering Committees, support the \$130,000 request towards the creation of the Institute for Equity and Elimination of Disparities. This request is over and above the \$100K recommended by the County Executive.

Our recommended breakdown of the \$130K will be as follows:

- \$50K for Data needs attached to Healthy Montgomery to focus on specific disparities data related to all populations served by the three initiatives/program
- \$20K for Health Promotion Outreach - to support healthcare reform activities related to all communities served by the three initiatives/programs
- \$30K for Suburban Maryland Welcome Back Center to support bi-lingual foreign trained health professional licensing and placement into healthcare workforce
- \$30K for mental health supports for uninsured children and adults referred through the MHI/Ps and services provided through the department.

In addition, the County Executive included \$100,000 in his budget amendment. We understand from the Department that these funds will be used as follows:

- \$70-80K to hire a contractor to help us with the establishment and implementation of the LIEED and the related recommendations from our report to include - identifying MHI/P priorities, seek out interdependencies, set up processes, infrastructure, roles and responsibilities, timelines and strategies to diversity and support the Oversight Committee.
- \$30-20K will be used for issue specific intervention activities where disparities are identified as being most acute within HHS.

B: Funds for the African American Health Program, Asian American Health Initiative and Latin American Health Initiative: \$270,000 in new funding request.

The three steering committees -- the Latino Health, the African American and Asian American Steering Committees -- formally request \$270,000 to support program specific activities affecting our respective minority populations. These funds will be divided evenly, for a sum of \$90,000 each.

- I. The Latino Health Initiative will use the \$90,000 for the following programs: the Asthma Management program \$35,000, the Health Promoters program \$15,000, the Ama tu Vida and Well Being campaign \$10,000, the Tobacco Cessation program \$10,000 and the Latino Youth Wellness program \$20,000.
- II. The African American Health Program Executive Committee will use the \$90K for the following areas: Data Analysis and Evaluation (crosscutting) to bridge to Healthy Montgomery and HHS resources; S.M.I.L.E Program (Infant Mortality); Diabetes Program; HIV/STI Program; and Community Health Education. The attached document

reflects the funding breakdown detailing how the \$90K will be applied to each of the identified programs.

III. The Asian American Health Initiative will use the \$90,000 for the following programs:

- Hepatitis B Program:\$40,000
- Mental Health: \$30,000
- Breast Cancer, Cervical Cancer, Colorectal Cancer, Prostrate Cancer Prevention Program: \$25,000
- Health Education on Diabetes, Heart Health, Lyme Disease Prevention, Senior's Issues: \$5,000

It should be noted that these are funding requests from the three minority initiatives and programs and not a request of the MCDHHS or it's staff.

AAHP Proposed breakdown of \$90K

Our original request to the County Council was for \$260K and proposed needs for full-time positions. Based on the proposed request by AAHP Executive Committee, AAHI Steering Committee, and the LHI Steering Committee, we propose that our request for \$90K will be based on contract positions for a specified period and to be used as follows:

Position (Contract)	Quantity	Amount	Justification
Data Analysis & Evaluation (crosscutting)	1	\$30K	To help bridge AAHP data to Healthy Montgomery. AAHP needs to have an evaluation position to assist with data analysis of the programmatic portion of AAHP. The AAHP program is in need of program evaluation and data analysis of past activities to show the effectiveness of AAHP activities within the communities they have served.
S.M.I.L.E Nurse	1	\$30K	In the past 2 years, the S.M.I.L.E program has been focusing on reaching more women and, not only relying on referrals, but developing relationships with private physicians to increase enrollment in the S.M.I.L.E program. In FY11 and FY12, participants were placed on a wait list to be enrolled within the S.M.I.L.E program. We have found recently that more of our pregnant clients are in need of services that are not only effecting their health, but all aspects, including mental health, domestic violence, homelessness, stress, that goes across all age and class structures. An additional nurse will allow Case Managers to increase the number of pregnant women they serve in Montgomery County; currently Case Managers see more postpartum women because they are not exited from the program until the child is 1 years of age.
Diabetes Educator for African Community	1	\$10K	An additional Diabetes Educator can be used to assist with increasing the diabetes needs of the community, especially the Continental African community.
HIV/STI Educator (Women's Group & Teens)	1	\$10K	To address increased needs for a woman's support group and continue emphasis on teens.
Community Health Educator for African Community	1	\$10K	AAHP has made great strides in focusing on participants that are from African Descent within all of its programs. A Community Health Educator would be able to target and coordinate activities with the Continental African and Caribbean community and the many activities within AAHP. This position will work closely with identified and established community organizations to make sure all AAHP activities are communicated and coordinated within all communities.
TOTAL		\$90K	

Rate Comparisons for Aging and Disability Services Subsidy Program for Frail Elders and Persons with Disabilities			
Program/Services	Subsidy Rate	Notes	FY14 funding amount
Adult Foster Care/Small Group Homes Subsidy Program			
Single Room-24 hour care and supervision	\$1,375	Client cost of care is calculated based on client's income. Subsidy Rate does not include cost of medications covered by the program or other ancillary costs (i.e. supplies) Clients receive 24 hour supervision, assistance with daily normal activities, medication management, transportation to medical appts. Monthly allowance is typically \$60. Subsidy funds are 100% County dollars. Subsidy rate set by A&D. Last increase approx 20 years ago.	715,320
Double Room-24 hour care and supervision	\$1,175	same as above	see above
Project Home			
Room and Board-set rate for double occupancy	\$1,340	Clients receive 24 hour supervision, room and board, socialization, medication oversight, assistance with ADLS in a family style Project Home certified by DHHS. Each Project Home client and provider is assigned to a case manager. Eligible clients receive Public Assitance to Adults(PAA) benefits. The cost of care is fully subsidized by the State from the PAA grant. The monthly personal allowance is \$102. the Project Home is re-certified annually.	State pays directly to client provider. Money doesn't come to DHHS
Senior Assisted Living Group Home Subsidy Program			
Services	Maximum Cost of Care.	Notes	
Level 1	\$1,650	Cost of care limits are established by the program locally, with the approval of the State. Clients reside in many of the same assisted living facilities as AFC clients. Clients receive 24 hour supervision, room and board, transportation and assistance with daily activities. Program does not cover the full cost of care. Personal allowance is \$60. Maximum subsidy is \$650. Client is responsible for the amount beyond the subsidy payment up to the maximum cost of care. Family, friends and others may help client pay the cost of care. See attached State Level of Care Description.	\$90,000 general funds, \$209,364 state grant for 3 different levels.
Level 2	\$2,050	see above	
Level 3	\$2,450	see above	
Waiver Older Adults Program			
Services Provided	Subsidy Rate	Notes	
Level 2	Monthly range of \$1,295.49-1,726.70	Rates are determined by and paid by the State. \$55.70/day for the days client does NOT attend Medical Adult Day Care. \$41.79 for the days client does attend MADC.	paid directly to providers by the State
Level 3	Monthly range of \$1,633.39-\$2,178.99	Rates are determined by and paid by the State. \$70.29 for the days client does NOT attend Medical Adult Day Care and \$52.69 for the days client does attend MADC	paid directly to providers by the State
*Calculations were based on a 31 day calendar month			

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STOP B Project Background Information – Public Health

There is no formal Adult Immunization Program in DHHS currently. DHMH does not provide no cost vaccine for adults. There is no vaccine that protects against Hepatitis C, only Hepatitis B vaccine and Hepatitis A vaccine are available.

Current activities in DHHS Public Health Services:

1. Perinatal Hepatitis B program does hepatitis B blood testing and Hepatitis B vaccine series are offered to all sexual and household contacts of HBsAG “positive” mothers in caseload. Lab screening and vaccine is provided by DHMH at no charge to the county.
2. DHMH is sponsoring a project that ends in March 2014 – The purpose is to enhance services in existing clinics where at-risk individuals currently receive services (from the following programs- HIV, STD, and Asian American Health Initiative). The DHHS Immunization Program received a one time only allocation of 1000 doses of HepB vaccine, at no cost, for these enhanced services. The HIV, STD, and Asian American Health initiative each received a portion of the doses from this allocation. The project will end when the vaccine expires March 2014.
3. Refugee Health does HepB titers and provides HepB vaccine to unprotected Refugees. Vaccine is provided by the DHMH Immunization Program.
4. STD does HepB and C testing, but currently does not offer vaccines. HepB vaccine will be available through the project listed in #2.
5. HIV does titers and administers HepB vaccine to unprotected adults in HIV clinic. They purchase vaccine with grant money.

MCDHHS does not currently have a vehicle to purchase the vaccines for the STOP B project at a subsidized rate.

*Hepatitis Vaccine series is 3 vaccines given over 4-6 months

		2011	2012	2013 ytd
# of cases	Acute HepB	3	3	1
	Chronic HepB	504	547	192
	Acute HepC	0	0	0
	Chronic HepC	370	527	330
	Perinatal HepB (CY) chronic	112	99	76

Demographics for Perinatal HepB –

- 30%Asian
- 30% African
- 20-25% Hispanic
- 15-20% other

1. Is Hepatitis B testing and vaccination available through County clinics?
Hepatitis B screening is done in STD clinic for County residents by appointment, HIV clinic for their clinic patients, Refugee Program for their refugee clients, and Perinatal Hepatitis B program for sexual partners and household contacts of HBsAG "positive" mothers in caseload (CD&E). HepB vaccine is administered in the HIV program, Refugee Program and to contacts of HepB positive moms. The Immunization Program does NOT have an Adult Immunization Clinic at this time.

2. Is Hepatitis B screening and vaccination a component of the Montgomery Cares program? If not, could it be added?

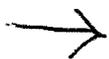
Except for CCACC, the Montgomery Cares Providers do very limited if any Hepatitis B screening. In FY12, the Community Pharmacy (the supplier of medications and vaccines to the clinics) did not supply any HepB vaccine to our clinics, and in FY13, one clinic (Care for Your Health), requested one 10 dose box.

HepB screening and immunization could be added to the MCares program, but as with all things, it will require additional resources. The Community Pharmacy budget has been cut significantly in the past three years and has subsequently cut almost all distribution of vaccine to allow the pharmacy funds to purchase the more urgent medications for chronic illnesses such as diabetes and hypertension.

3. Will the County Executive's recommended funding for the STOP B program fully fund the effort as requested? Can STOP B use vaccine purchased by the County to reduce their cost? Can the other programs do this as well?

The County Executive's proposed grant to the Stop B project will increase limited vaccine capacity as well as limited capacity to administer the vaccine. The remaining clinics do not have the capacity to cover any expanded coverage populations. HIV clinic pays for vaccine and testing with grant money as stated above for their clients/patients. Refugee and Perinatal Hep B programs receive the vaccine from the Maryland DHMH Immunization Program free of charge to serve their clients/patients. There is a HepB project sponsored by DHMH that ends March 2014 when the Hep B vaccine expires, DHMH has given 1000 doses of HepB vaccine to be used in existing programs that serve high risk individuals. HIV, STD, and Asian American Health Initiative have each received 300 doses of vaccine. Once the vaccine expires, the project ends (March 2014).

CCACC is requesting \$38,000 from Council (CE recommended \$28,000). The County could help them purchase the vaccine at a reduced cost, so the CE funding would probably be sufficient. The County Immunization program and MCares staff at PCC and DHHS are currently working together to determine the mechanism for purchasing vaccine for the clinics at the County rate.



STOPB Project Background Information – Asian American Health Initiative

HHS' Asian American Health Initiative (AAHI) programs have over the years supported various education, screening and vaccination initiatives in the community tailored to those communities that are most affected by this health disparity. Both of the latter two education, screening, vaccination events targeting the Korean and Vietnamese communities made referrals to the Stop B clinic established at the Pan Asian clinic.

STOP B is a 3 year (Nov 2011 to Nov 2014) project with a few collaborators, including AAHI. Chinese Culture and Community Center (CCACC) is the leading entity responsible for the cost of screening, vaccination, clinical operations and project management. At the moment, this is the only hepatitis B prevention project for adults that operates regularly in Montgomery County– every Friday afternoon. DHHS has not provided any monetary support to STOP B, however, DHHS' Asian American Health Initiative funded and conducted a pilot project with CCACC in FY10. Based on lessons learned from the pilot project, CCACC and AAHI co-created the STOP B model which focuses on outreach and education, screening, vaccination and treatment referral. Since the launch of Stop B, DHHS has provided consultation and technical assistance to the project on a regular basis and has promoted the STOP B services in different communities via AAHI's outreach. In addition, DHHS helped STOP B purchase vaccines at a discounted rate (paid for by CCACC) until the project received ad-hoc limited vaccine supplies from DHMH recently. Pilot project report is available on this link:

http://aahiinfo.org/phpages/wp-content/uploads/2011/08/AAHI-CCACC_HepBPilotFY10_EvalReport_final.pdf

Active Care and Treatment of Hepatitis B Program-(ACT B) was a project funded and supported by DHHS' Asian American Health Initiative in FY12. The goals of this collaborative project were to provide hepatitis B education, screening, vaccination, and treatment referral services to 100 county residents (adults) in the Korean community in a culturally and linguistically competent manner and empower a community partner (KCSC) to conduct a Hepatitis B project. The project is event driven – an education and screening day, a result day, and three vaccination days. The total budget was \$10,000 in addition to in-kind support from a church for space, volunteer doctors and nurses, and coordinators. Since the project is event based, the participants had the option to make up for a vaccination at the Stop B clinic when they were unable attend the event. ACT B report is available on this link :

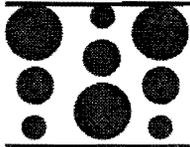
http://aahiinfo.org/phpages/wp-content/uploads/2012/10/ACT_HepBReport_Final.pdf

Screening, Managing, Awareness, Solution for Hepatitis B-(SMASH B) was a collaborative project with a non-profit called, the VNMAP. The project is funded by the county council in FY12 with the amount of \$25,000 and supported by DHHS' AAHI. The goal of the project was to provide hepatitis B education, screening, vaccination, and treatment referral services to 200 county residents (adults) in the Vietnamese community in a culturally and linguistically manner. The project is event driven – an education and screening day, a result day, and three vaccination days. The project receives in-kind

support from volunteer doctors and nurses, and coordinators. Since the project is event based, the participants had the option to make up for a vaccination at the Stop B clinic when they were unable attend the event. SMASH B report is available on this link: http://aahiinfo.org/phpages/wp-content/uploads/2012/10/SMASH-B-2012-Report_Final.pdf

4. Is the CE's funding adequate for the Stop B effort?

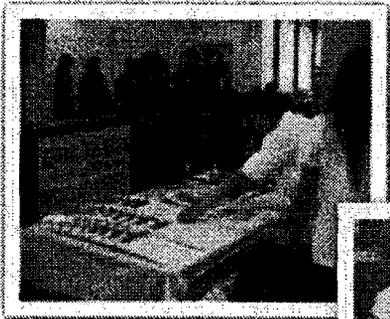
The County Executive's proposed grant to the Stop B project will increase limited vaccine capacity as well as limited capacity to administer the vaccine. It will not fully close the gap created by the conclusion of the DHMH funded vaccine program.



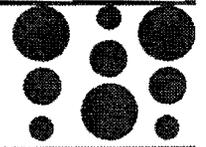
Executive Summary

The Asian American Health Initiative (AAHI), in partnership with the Chinese Culture and Community Center (CCACC), piloted a hepatitis B outreach project in the Chinese American community in Montgomery County, Maryland in fiscal year 2010. The project provided free hepatitis B education, screenings, and referrals to vaccination or treatment to residents of the County over the age of 18, regardless of income level or insurance status. In total, 121 individuals participated.

The project achieved considerable success through its initial launch among Chinese Americans and aimed to increase public awareness about hepatitis B and open the door to treatment and vaccination options for at-risk and infected individuals. Program feedback provided insight into both the Chinese American and other Asian American communities of Montgomery County, particularly with regard to attitudes and behaviors regarding health and healthcare. Through the lessons learned of the pilot project, AAHI is able to further identify gaps and continue efforts to eliminate hepatitis B disparities in the Asian American community.



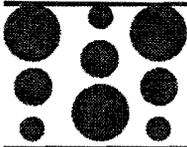
I. Background



About the Asian American Health Initiative

Montgomery County's Asian American population is increasing steadily. According to the 2010 U.S. Census, Asian and Pacific Islanders are the second fastest growing population in the County, up 37.5 percent in the last decade. Asian Americans now comprise 13.9 percent of the County's population, totaling about 135,451 residents. Approximately 42.5 percent of Maryland's Asian American population resides in Montgomery County (US Census, 2011). The Asian American Health Initiative (AAHI) was officially formed in fiscal year 2005 to meet the needs of this growing population and address existing health disparities between Asian Americans and their non-Asian counterparts.





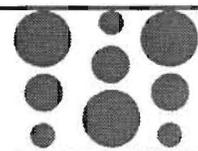
Hepatitis B and the Asian American Community

Hepatitis B has been a priority area since AAHI's inception, as an estimated 1 in 10 Asian Americans has chronic hepatitis B, compared to 1 in 1000 Caucasian Americans (Asian Liver Center, 2011). Furthermore, when left unmonitored and untreated, as many as 1 in 4 individuals with chronic hepatitis B will die from liver cancer or cirrhosis (World Health Organization [WHO], 2008).

Hepatitis B Facts

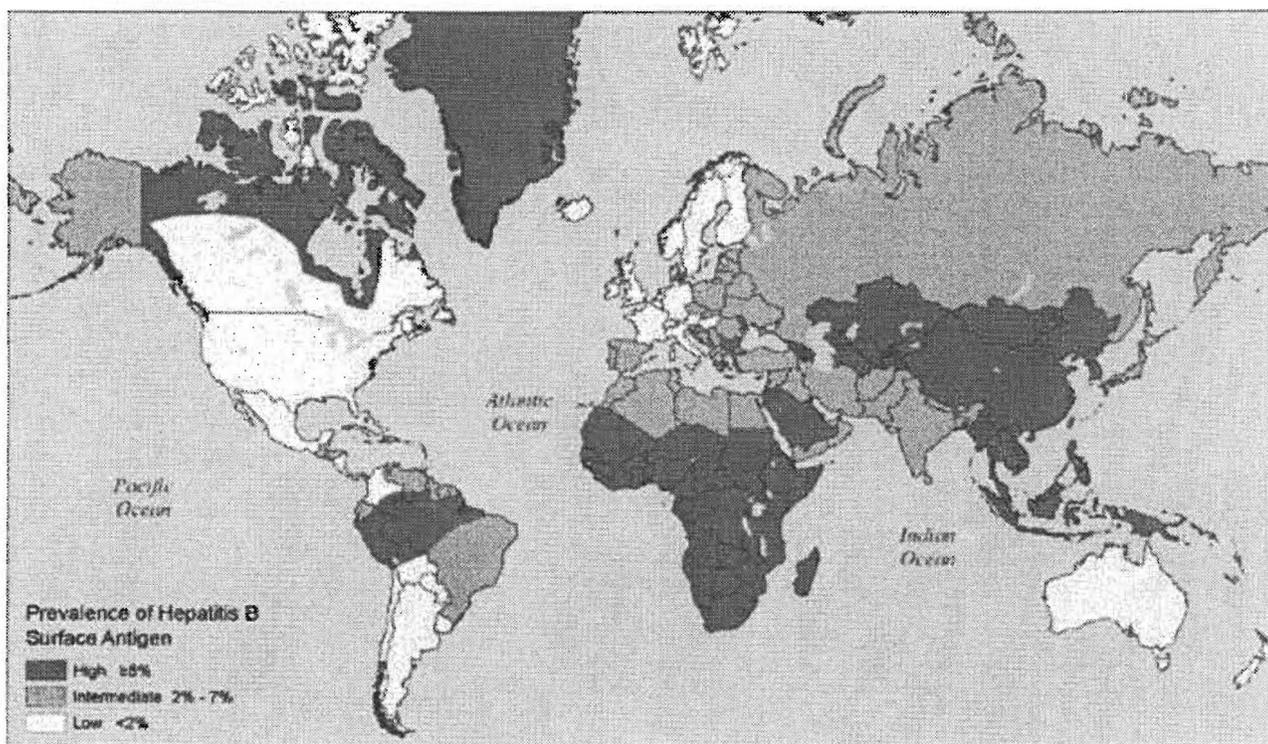
- The hepatitis B virus (HBV) causes 80 percent of all primary liver cancer worldwide. It is a leading cause of cancer death in Asian Americans (3rd among Asian Americans, 16th among the general population) and is the second leading carcinogen after tobacco (Office of Minority Health [OMH], 2008).
- Asian Americans are generally 3 to 13 times more likely to develop liver cancer caused by hepatitis B than Caucasians (President's Advisory Commission on Asian Americans and Pacific Islanders, 2005).
- Hepatitis B is the most common chronic infectious disease in the world and is considered 50-100 times more infectious than HIV (WHO, 2008).
- HBV is regarded as a "silent killer" because it can be asymptomatic and people often are unaware that they are infected until it reaches advanced stages (Asian Liver Center, 2006).
- There are 1 million deaths per year due to HBV worldwide, or roughly two deaths per minute (OMH, 2008).
- Hepatitis B is both preventable and treatable.
- The HBV vaccine is so effective that the World Health Organization has called it the first "anti-cancer vaccine". Screenings are a precursor for the life-saving vaccine.

In September 2008, the Centers for Disease Control and Prevention (CDC) released a recommendation that individuals born in Asia, Africa, and other geographic regions with 2 percent or higher prevalence of chronic HBV infection should be screened for hepatitis B. Previous CDC recommendations called for testing of people born in areas with 8 percent prevalence or higher. With respect to Asia, the prevalence of chronic HBV infection is high

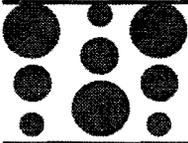


(≥8 percent) in all socioeconomic groups in all of Southeast Asia, including China, Korea, Indonesia, and the Philippines (see Figure 1). Expanded testing is essential since the rate of liver cancer deaths and chronic HBV in the United States remains high among foreign-born U.S. populations from these areas (Centers for Disease Control and Prevention [CDC], 2008). Since hepatitis B is both preventable and treatable, the importance of screening cannot be understated, especially before the development of cirrhosis, liver cancer, or other complications. In a study of 3,163 Asian Americans and Native Hawaiian or Pacific Islander adults in the San Francisco Bay Area, as many as two-thirds of those chronically infected were not aware of their infection prior to testing (OMH, 2008).

Figure 1. Prevalence of chronic infection with hepatitis B virus, 2006



Source: Centers for Disease Control and Prevention. (2009). *Traveler's Health*. Retrieved from <http://wwwnc.cdc.gov/travel/yellowbook/2010/chapter-2/hepatitis-b.asp>



National Task Force on Hepatitis B Expert Panel Strategies & Recommendations

AAHI would like to pay particular attention to the strategies and recommendations from the National Task Force on Hepatitis B Expert Panel published in the 2008 CDC and OMH joint report titled, *Goals and Strategies to Address Chronic Hepatitis B in Asian American, Native Hawaiian and Other Pacific Islander Populations*.

- Strategy #1: Improve HBV-related Public Health Prevention Infrastructure
- Strategy #2: Increase HBV-related Health Education and Awareness
- Strategy #3: Increase Screenings for Chronic HBV Infection

John Ward, MD, Director of the CDC's division of viral hepatitis stated that this document provides us with a "clear roadmap to move forward in recognizing hepatitis B prevention as a national priority and protecting Asian Americans from the ravages of the disease" (CDC, 2008).

Furthermore, screening has also been found to be cost effective in the long run, leading to the early identification of chronically infected persons for medical management, as well as identification and potential vaccination of their uninfected close contacts (OMH, 2008). Early access to screenings, vaccinations, and treatment for chronic hepatitis B infection can produce long-term cost savings. According to the National Viral Hepatitis Roundtable, HBV costs \$658 million in medical costs and lost wages annually.

*National Viral Hepatitis Roundtable Fact Sheet**

The medical costs associated with care for viral hepatitis include:

- Screening blood test for hepatitis B: \$8
- Hepatitis B vaccination: \$60 for each of 3 vaccinations
- Hepatitis B immune globulin for post-exposure prevention: \$400
- HBV treatment: \$2,000 - \$16,000 per year

However, the limited access to these basic interventions, leads to exorbitant costs:

- End stage liver disease: \$30,980 - \$110,576 per hospital admission
- Liver transplantation: \$314,000 (uncomplicated cases)
- HBV infections result in an estimated \$658 million in medical costs and lost wages annually

* Costs may vary.

Source: National Viral Hepatitis Roundtable. (2011). *Chronic Viral Hepatitis and Health Care Reform Principles: Fact sheet*. Retrieved from <http://www.nvhr.org/pdf/hcr-fact-sheet.pdf>

D. Service Area Administration

The Executive is recommending \$391,851 and 4.5 FTEs for this program area in FY14, which is an increase of \$30,705 and .5 FTE over the FY13 approved levels. All increases are classified as Multi-program Adjustments, which include negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

Council staff recommends approval.

E. Income Supports and Public Health Services Eligibility Unit

The Income Supports program provides basic resources of case assistance, food supplements, and medical assistance for low-income families and individuals. For FY14, the Executive is recommending a total of \$16,655,431 and 156.1 FTEs, which is an increase of \$393,417 and a decrease of .96 FTE from the FY13 approved level. All adjustments in this program area are classified as Multi-program Adjustments, which include negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

The following table provides annual trend data for key Income Supports and Service Eligibility Unit performance measurements from FY07 to FY13 to date and SEU measures as available.

	FY07	FY08	FY09	FY10	FY11	FY12	FY13 to date	Change FY12-FY13 to date	Change FY07-FY13 to date
Food stamp applications received	1172	1400	2063	2516	2524	2518	2408	-4.3%	106%
Food stamp applications approved	727	954	1434	1767	1868	1820	1765	-3.0%	143%
Food stamp caseload	11103	11575	13849	17831	23322	27157	29528	8.7%	166%
TCA applications received	332	359	487	545	581	583	555	-4.7%	67%
TCA applications approved	65	74	94	119	124	127	139	9.2%	115%
TCA caseload	667	649	757	925	980	1017	1001	-1.6%	50%
TCA Caseload at 54-59 months	2	4	7	9	9	6	8	26.9%	389%
TCA Caseload open 60 months or more	8	11	12	15	16	18	17	-5.6%	119%
Medicaid Applications Received					2865	3008	3026	0.6%	
Medicaid Applications Approved					1620	1706	1761	3.2%	
Medicaid Caseload					43526	45658	49121	7.6%	

Although there is a decreasing trend for food stamp and TCA applications from FY12 to FY13, caseloads for both programs continue to be high at 166% and 115% over FY07 levels. It appears that more cases are staying open for longer periods of time.

Caseload and Staffing

DHHS reports that DHR has not released workload standards for Income Supports since the late 1990's. There was a recent update to the workload standards performed in 2010, but the results were never released. Recently, DHR has used a benchmark of 725 cases per worker when analyzing local jurisdiction workload.

DHMH also has not provided a best practice caseload ratio despite requests to do so. Information about SEU caseloads for other major jurisdictions in Maryland is provided as follows:

Montgomery County: 38,489/30 workers = 1:1283
 Prince George's County: 36,178/28 workers = 1:1292
 Baltimore County: 17,279/28 workers = 1:671
 Howard County: 5,759/10 workers = 1:576

Although County caseloads are lower than Prince George's County, they are about double that of Baltimore and Howard Counties.

The Department reports that on average it has six caseworker vacancies in Income Supports and three in the SEU. It takes an average of 18-24 months to have an Income Assistance Specialist fully trained and able to work independently. Over the last 18 months, Income Supports has hired 39 new workers.

The following table shows caseload, staffing and average caseload data for Montgomery County. It shows that average cases per filled position for Income Supports is almost 50% higher than the benchmark used by DHR.

	Income Supports as of 3/31/13	Service Eligibility Unit as of 2/28/13
Caseloads	87,387	38,489
Staffing	87	30
Average cases per position	1,044	1,283
Average filled positions	81	27
Average cases per filled position	1,079	1,283

The Council received correspondence from the Montgomery County Board of Social Services (©23) expressing concern about the ongoing increase in caseloads in Income Supports, particularly in the Supplemental Nutrition Assistance Program (SNAP). The board notes that major increases in the number of Medicaid recipients will be entering the system due to the implementation of the Affordable Care Act, and that staff needs to have the resources needed to "serve additional residents, follow changing policies and requirements, and conduct their work using two data systems."

FY13 Error Rates

The Federal and State governments set compliance targets for the Food Stamp and TCA programs. For example, the SNAP error rate measures how accurately states determine an applicant's benefit levels. The following table shows SNAP error rates and TCA accuracy rates for FY12 and FY13 to date.

	Goal	Mont Co FY12	Mont Co YTD FY13
FS Error Rate	<6%	3.7%	No errors to date
FS Negative Error Rate	<6%	26%	40% ¹
TCA Payment Accuracy Rate	≥97 %	100%	100%
TCA Negative Rate	≥97 %	100%	100%

Because the SNAP Negative Error Rate does not meet the target goal, the Committee may be interested in understanding the ramifications for the County if it is out of compliance. In any case, Council staff notes that these mandates require additional training, efforts to monitor work, and pressure on program staff.

Processing Rate

COMAR requires timely completion of an application within 30 days from the date of application. If a client applies for expedited food stamps, they must have benefits within 7 days. The Department has been able to sustain a 96% or better compliance with the processing requirements with the help of overtime and temporary manpower funds from both State and County.

DHMH requires that all Local Health Departments process 90% of all Medicaid applications for pregnant women within 2 calendar days and 80% of Medicaid applications for children and families within 10 calendar days. Both Income Supports and SEUs handle Medicaid screening and eligibility. DHHS reports that the County is in compliance with these mandates.

The following table shows what the Department has spent in overtime and temporary manpower in FY12 and FY13 to meet deadlines.

	FY12	FY13 (projected)
Income Supports/Overtime	\$163,558	\$155,520
Income Supports/Temporary Staffing	\$237,618	\$249,563
SEU/Overtime	None	None anticipated
SEU/Temporary Staffing	\$70,282 (in PWC grant)	\$77, 898 (in PWC grant)

While the CARES system does not quantify it, some customers miss their deadlines for returning documentation. Only the Medical Assistance program allows customers to bring documents in after the 30 day timeline (up to 180 days) and have their benefits determined back to the date of original application. In some instances, when a Food Stamp applicant is not interviewed on the day of application, the customer has up to 60 days to return the

¹ DHHS reports that it at the beginning of a new QC fiscal year and have only had 13 reviews with samples pulled for three months. There will be many more before the end of September 2013, so this number is fluid. The error rate is based on 4 errors out of the sample of 13.

documentation. In all other cases, the customer must file a new application. This process increases the work load for both clerical and case worker staff.

Council staff understands that income assistance staff has been working at high workload levels for an extended period of time and questions whether expecting staff to continue to effectively perform at this level is sustainable or realistic.

Council staff recommendation:

Although the County Executive believes his investment in HHS Technology Modernization will achieve efficiencies to the eligibility process and enable staff to manage higher caseloads, technology modernization will not be complete until at least 2015 and there will be changes that come with implementation of the Affordable Care Act that will also impact the workload over the next year or two.

Council staff recommends adding three Income Assistance staff to Income Supports and one to the SEU. Council staff recommends the additional of staff because of the current workload, the need to meet Federal and State mandates, and because it will take time for technology efficiencies to be realized.

If the Committee agrees with the recommendation to add positions, DHHS should be asked to provide the expected cost and whether there would be any offset to overtime in FY14 (overtime may not be substantially impacted until FY15 depending on when staff is hired.) DHHS should also provide the estimated FFP reimbursement.

Given the average vacancies rates for Income Assistance staff, the Department should explore effective recruitment strategies that would minimize delay in filling vacancies. For example, an open and continuous recruitment may be a more effective strategy than Income Supports/SEU current method of keeping an eligibility list that expires every six months. Council staff believes that an efficient human resource process will also contribute to the Department's ability to handle workload issues and avoid overtime and temporary staffing expenditures.

The Committee should request staffing report for both programs including information on caseloads, vacancies, overtime and temporary staffing used, and error rates by December 31, 2013 for the first six months of FY14.

