



MONTGOMERY COUNTY COUNCIL
OFFICE OF LEGISLATIVE OVERSIGHT
MONTGOMERY COUNTY, MARYLAND

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Public Health

Part I

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An Evaluation of Health and Health Related Programs/Services provided by the Montgomery County Government.

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I. SUMMARY AND MAJOR CONCLUSIONS/RECOMMENDATIONS

() This report provides an overview of the health and health related programs and services provided by six major departments of the County government: the Department of Health, the Department of Family Resources, the Department of Social Services, the Department of Corrections and Rehabilitation, the Department of Fire and Rescue Services, and the Department of Health Systems Planning.

--The Department of Health provides three types of services, health preventive, treatment and information to all County residents. These services are directed more toward health problems and needs rather than toward age groups.

--The Department of Family Resources is responsible for coordinating, planning and evaluating services to people. The Division of Children and Youth and the Division of Elder Affairs focus attention on the needs of their respective populations. In addition to coordinating and planning programs, these divisions provide services; some of these services have health components. The Cooperative Extension Service provides educational programs in the areas of agriculture, horticulture, home economics and nutrition. The home economics and nutrition programs include health topics and are specifically directed toward low-income families, handicapped persons, and senior citizens.

--The Department of Social Services provides direct payments and supportive services to assist individuals and/or families in meeting a basic minimal level of subsistence, shelter and medical needs. Social service programs emphasize counseling and referral to other departments for services.

--The Department of Correction and Rehabilitation provides medical services to inmates. These services include physical examinations and access to daily medical or sick call facilities. The department's program has received accreditation for high standard medical service from the American Medical Association.

--The Department of Fire/Rescue Services, Emergency Medical Services Section coordinates all emergency care training for Fire and Rescue personnel and supervises and evaluates the patient care administered by Paramedics. In addition, the EMS staff provides cardio pulmonary resuscitation courses (including instructor training) for County employees and citizens. The Department of Fire/Rescue Services assists the Fire and Rescue Commission with pre-hospital EMS planning and provides staff support to the EMS Committee of the Fire and Rescue Commission.

--The Montgomery County government was fully designated as a Health Systems Agency (HSA) in September 1978. The Health Systems Planning Board (HSPB) is the governing body of HSA and is responsible for performing health planning and resource development functions in accordance with federal regulations. The Department of Health Systems Planning (DHSP) provides professional and administrative support to the HSPB.

The major conclusions/recommendations of this evaluation are:

--The health and health related services that are provided by the major departments of the County government address common health needs and problems and have obvious similarities. Although there are areas of duplication and overlap, the causes are usually outside the County government's control because federal/state laws and grants designate responsibilities to specific departments.

--During the late 1970's, the County government focused attention on the need to evaluate the degree to which programs were achieving their objectives. The Montgomery County Code 1972, as amended, assigns specific responsibilities for evaluation to the Health Services Planning Board/Department of Health Systems Planning, Department of Family Resources and Office of Management and Budget. Currently, there are several conditions which limit the County government's ability to effectively evaluate health and health related services; however, excellent starting points have been established.

--The County government should continue to place emphasis on evaluating health and health related services, giving special attention to areas of duplication and overlap. Adequate resources should be made available to departments with responsibility for evaluations.

II. AUTHORITY, SCOPE, METHODOLOGY AND REPORT FORMAT

1. Authority. Council Resolution 8-1418, subject FY 78 Work Program of the Office of Legislative Oversight, adopted June 28, 1977, directed that this Office evaluate Public Health.

2. Scope. This is the first report of the Office of Legislative Oversight's ambitious Public Health work project. It provides an overview of the health and health related functions performed by six major departments of the County government and identifies areas and causes of duplication and overlap. Additionally, it identifies those evaluations of health and health related services that are performed by other departments/agencies.

As this report is issued, the Office of Legislative Oversight is initiating an evaluation of one specific health related program, as directed by Council Resolution.

3. Methodology. This evaluation was conducted over an extended period. In addition to researching Federal, State and County laws and reviewing policies, regulations, contracts, accounting records and departmental reports, information was obtained by interviews, attending commission/committee meetings and reading minutes of the meetings; developing and analyzing a questionnaire and visiting the many facilities. Most of the information is based on FY 79 data and, although the figures are no longer current, the analysis, conclusions and recommendations still apply. A brief review of current data was made in order to identify any major changes or relevant information.

Since public health is such an ambiguous term, this evaluator attended a one day program on "The Evolution of Public Health in the U.S."¹ and researched numerous articles and studies on public health issues in order to better understand the subject. Also, this evaluator attended many public hearings and worksessions to develop an appreciation for the process which strongly influences the choices that are made concerning health and health related services.

4. Report Format. Each department is presented in separate sections of this report. A description of the department's health and health related services, with specific examples, is provided. Additional sections describe the Medical Center and the County government's capability for evaluating health and health related services. Finally, the Office of Legislative Oversight's observations, conclusions and recommendations are presented.

III. GENERAL

1. In the broadest sense public health is the state of well being of the community; this includes not only the health of individuals who make-up the community but the condition of the environment.² It is obvious that the Department of Health is totally involved in performing health functions. However, the scope of a public health work project extends into almost every facet of the County government and includes the work of professionals far removed from medical practice.

The Washington Suburban Sanitary Commission and the Department of Environmental Protection are totally involved in maintaining, protecting and improving the health of the community. Health functions provided by other agencies/departments are less obvious. For example, a basic purpose for zoning is to promote a healthful environment, in fact every agency/department involved with housing or land-use issues is performing a function that affects the health of individuals. The Department of Transportation is responsible for storm drain projects. The Office of Civil Defense and Emergency Planning assures the County government's readiness to protect the life and property of County residents. In addition to Emergency Medical Services, the Department of Fire/Rescue Services's enforcement of fire codes is a public health function. In accordance with State and County laws,³ the County Council is designated the County's Board of Health and authorized to adopt and enforce regulations concerning sanitation and nursing homes. The Montgomery County

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- 1) This program was offered by the School of Hygiene and Public Health, The John Hopkins University.
 - 2) International City Managers' Association, Community Health Services, 1968, p.8.
 - 3) Article 43, Health Section 45 Annotated Code of Maryland 1957, as amended. Chapter 2, Administration, Section 65 and Chapter 24, Health and Sanitation, Section 1, Montgomery County Code 1972, as amended.

Public Schools offer services that have health components, especially the many services developed in response to Public Law 94-142, Education of all Handicapped Children Act. Finally, there are numerous commissions and committees which have been established to coordinate health services, review health policies and advise departments on specific health issues.

IV. DEPARTMENT OF HEALTH

General

1. The Health Department was established by State and County laws. Article 43, Health, of the Annotated Code of Maryland 1957, as amended, addresses the wide spectrum of Public Health issues. Article 59, Mental Hygiene, defines mental health responsibilities. The Annotated Code of Maryland, Education, 1978, as amended, Section 7-401 through 404 and 8-411 identify school health requirements. The State Department of Health and Mental Hygiene (SDHMH) develops regulations for providing State required health services. Chapter 2, of the Montgomery County Code 1972, as amended, created the Department of Health with responsibility for collecting data relating to health problems and resources and planning, developing and administering a sound program of community health services. Additionally, numerous other chapters of the Montgomery County Code designate specific responsibilities to the County Health Officer. See Exhibit A for an index to County Health Officer responsibilities.

Health Department Services

2. During the time period FY 78 - FY 80, the Health Department was reorganized twice, so rather than address organization issues or describe divisions/sections, this evaluator reviewed services. One of the major difficulties in reviewing the Health Department was differentiating between programs and services. As an example, the Maternity and Family Planning program provides a wide array of services to include prenatal care, gynecological screening, contraception supplies and information, counseling and referral on infertility, sterilization and abortion. Additionally, programs seem to categorize people into isolated health problems, when in reality one person will receive a variety of services. As an example, a child with a physical disability is examined by Health Department employees as part of the Children's Speciality Consultation Services (CSCS) program,¹ observed by a child psychologist and psychiatrist (Child Mental Health) and receives physical therapy (Rehabilitation) at nursery school. Therefore, for the purpose of this section of the report, a direct service is a single interaction between Health Department employees and County residents either as individuals, families, groups or the community.

1) The Children's Speciality Consultation Services (CSCS) program provides direct service to physicians in the diagnosis and treatment planning for children, under 21 years of age, with known or suspected handicapping conditions. Services are offered in many specialties: Allergy, Cardiac; Ear, Nose & Throat (ENT); Eye, Neurology, Orthopedic, Plastic Surgery and Seizure

3. Many documents provide information on Health Department services: fiscal year Operating Budgets and Public Service Programs, fiscal year Personnel Complements, budget detail known as Rainbow Books, Montgomery County Health Department Fact Sheets and many pamphlets. Most descriptions are very broad, general statements which show that the Health Department provides a wide variety of services to address a multitude of health problems and needs. Each separate document is designed to address specific aspects of the service; e.g. resources, facilities, or eligibility. We reviewed all these documents, visited actual facilities and interviewed Health Department employees to get a complete understanding. The following paragraphs describe this evaluator's understanding of Health Department services.

4. In the simplest of terms, the Health Department provides three types of services, health preventive, treatment and information.

--Health preventive services emphasize early identification of potentially harmful or chronic handicapping conditions, promotion of optimal health and prevention of illness. Examples of health preventive services include: physical examinations, immunizations, vision and hearing tests, blood and urine sample analysis, dental examinations and tuberculin skin tests. Additionally, in the opinion of this evaluator, inspection of nursing homes, hospitals and group day care centers and investigations of epidemic health problems are health preventive services.

--The Health Department provides treatment for specific health problems; the emphasis is on improving the condition or dealing with the problem rather than curing an illness. Examples of treatment includes physical therapy, out-patient counseling, therapeutic residential care and medication for tuberculosis and venereal disease.

--The Health Department provides information on the myriad of health issues. Information is provided in response to individual inquiries or requests for group presentations. Health Department employees have prepared films, pamphlets and lectures to disseminate information. Consultations between Health Department employees and private physicians or other County government department/agency employees on health issues are also examples of informational services.

5. Age and income are sometimes used to determine eligibility for Health Department services. Our review of the age requirements for Health Department services showed that, although some services are directed toward specific age groups, generally the Health Department provides services to all County residents regardless of age. In fact, Health Department services are directed more toward health problems and needs than toward age groups. Our review of income requirements showed that effective FY 79, a family must meet local income eligibility for child and maternal health services; family planning; mental health; dental; hearing, language and speech and rehabilitation services.

Some services are free and there is a charge for others. The State (of Maryland) Department of Health and Mental Hygiene (SDHMH) requires the Health Department to charge residents for specific services. In April 1977, the Health Department implemented Fees for Service. Fees are based on family income and size. It is important to note that the Health Department gives priority to the poor and medically indigent and encourages others to seek private health care services. The following paragraphs describe examples of Health Department services directed toward age groups or a particular health problem or need:

Services directed toward specific age groups

a) Young children, pre-school to age 8, with potential handicaps that create learning problems are examined by a team of medical specialists (pediatrician, nurse, audiologist, physical therapist, psychologist) and an educational diagnostician to identify needs. There is no charge for this service which is a part of the Developmental Evaluation Services for Children (DESC) program, a medical/educational program co-sponsored by Montgomery County Public Schools (MCPS) and the Health Department. The program was developed in response to Public Law 94-124, Education of Handicapped Children. It was originally a model program funded (FY 77-FY 79) by a federal grant from the U.S. Office of Education, Bureau of Education for the Handicapped.

b) Adults over 60 years of age are examined by a team of medical specialists (physician, nurse, psychiatrist) and a social worker to determine appropriate long-term care and reduce unnecessary admission to state mental hospitals. There is no charge for this service. This service is a part of the Adult Assessment Center program; co-sponsored by the Department of Social Services and Health Department.

c) Children between birth and age 21 may receive complete physical examinations, specific laboratory tests and immunization at particular age intervals as part of the federal government Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. Additionally, basic dental services (examinations, x-rays, cleaning, fillings, extractions) and specialized services (oral surgery and orthodontic treatment) are provided to children under 21. A fee is charged for these services.

d) Adults with high blood pressure are examined at regular intervals and their specific treatment plans, medication and diets are monitored. There is no charge for these services which are offered as part of the Hypertension Control Program, a State funded program.

Services directed more toward a particular health problem or need.

e) Physical and/or occupational therapy is available to eligible residents with physical disabilities. Services to adults are performed in the resident's private home, daycare center, nursing home and at the Central Clinic. Services to children are performed in the schools. The MCPS physical and occupational therapists are supervised by the Health Department's physical therapist supervisor. Although a fee is charged for services to adults, there is no charge for services provided to children in the schools.

f) Each personal contact between a Montgomery County resident and a Health Department employee provides an opportunity for promoting good nutrition. In a formal sense, the Health Department has designated staff to plan, develop and provide nutrition programs and materials for other Health Department employees and for the community.

g) Out-patient (individual and group) counseling helps to define problems and sets goals for solving the problems. This type of counseling is on-going, involving more than one session. The Health Department offers a wide variety of out-patient counseling. Examples include counseling for sexual assault victims, abused persons, and teenagers with behavioral problems. Since family members have a significant impact upon one another, the Health Department encourages all family members to participate in the therapy process. A fee is charged for this service.

h) Health preventive services directed at controlling or eliminating epidemic health problems; tuberculosis skin tests for food handlers, nursing home employees and child care workers; immunization for measles or flu and medication for venereal disease. There is no charge for these services.

i) Comprehensive physical examinations and/or mental evaluations are performed on individuals of all ages with specific health problems in order to assess their needs and develop therapeutic recommendations. Specific examples include children that have been abused, court-involved¹ adolescents or adults, and physically handicapped persons. There is no charge for these services.

j) Adolescents and adults that need help breaking the drug or alcohol habit may be placed in residential facilities and provided a structured environment with extensive therapy. The County owns and maintains some of these facilities (see Health Department Facilities page 10) and the Health Department contracts with private agencies to provide supervision and therapeutic treatment. A fee is charged for these services.

1) District and Circuit Court officials refer adolescents and adults to the Health Department. The Health Department staff examines and evaluates these individuals and submits reports to judges concerning mental status at the time of the alleged crime, mental status to stand trial and therapeutic recommendations.

k) Informational services range from a response to an individual inquiry for a list of licensed group day care centers¹ to a consultation with a private physician regarding a patient with known or suspected handicapping conditions or a presentation to local business employers to help them identify alcoholism and alcohol abuse among employees. All informational services are free.

Health Department Expenditures

6. During FY 79, the Health Department expended \$13,491,416 for salaries and wages, operating expense and capital outlay. At Exhibit B is a chart showing these expenditures by Division. Although the Health Department was reorganized in FY 81 and new Divisions were created, the basic analysis of these expenditures still applies.

The chart shows seventy-four percent (\$10,050,297) of the total dollars expended during FY 79 was for salaries and wages and twenty-five percent (\$3,354,301) was for operating expense the remaining one percent was for capital expenditures. Included in operating expense were the funds expended on contracts. The Health Department expended \$1,760,120 (52%) of operating expense on contracts. The largest expenditure was on contracts for services within the Division of Youth and Young Adults, \$842,500, for Alternatives and Counseling services.

7. In order to better understand these contracts some background information on the Alternatives and Counseling Services is provided. The Alternatives and Counseling Services were originally established in the early 1970's in response to the community's drug abuse and drug related problems among adolescents and young adults. The initial services were funded by a grant from the Law Enforcement Assistance Administration (LEAA). During the 1970's, the Health Department expanded the focus of the services from treatment of drug abuse and drug related problems to treatment of the emotional and behavioral problems that lead to substance (drug and/or alcohol) abuse.

We reviewed the majority of these contracts and will describe several of them in the following paragraphs. Legal contracts were negotiated, the majority were sole source because of the unique criteria involving specific needs. It is important to note that some contracts are known by several names and these multiple names sometimes make it difficult to understand exactly what is involved. Also, each contract has its own lengthy history, which explains how the current scope of services evolved over the years as the original contract terms were modified to clarify the specific needs and to improve the services that were provided.

1) Article 43 Health, Sections 707-717 Annotated Code of Maryland 1957, as amended, defines group day care as care in lieu of parental care to five or more children under sixteen years of age and requires that group day care centers be licensed by the Health Department.

a) Second Genesis is the name of a residential facility and rehabilitative program for adults and adolescents with histories of extensive substance abuse. The County's FY 79 contract with Second Genesis, Inc. was for \$249,000, Federal, State and County funds, to provide the therapeutic and rehabilitative services at the County owned facility. (See Health Department facilities p.10 .) Second Genesis, Inc. submitted monthly invoices identifying salaries/wages and operating expense minus fees collected and the County paid up to the contract amount.

b) Karma Academy¹ is the name of a residential treatment program for County residents under 18 years of age, with emotional or behavioral problems. The County's FY 79 contract with Karma House, Inc. was \$247,000, all County funds, to provide 24-hour supervision and a structured program (including counseling and therapy sessions) in two County owned facilities. (See Health Department facilities p.10.) Karma House, Inc. submitted monthly invoices identifying salaries/wages and operating expense minus fees collected and the County paid up to the contract amount. In FY 81, the payment terms were changed to payments based on a per diem rate.

c) Project Family Outreach¹ is the name for a counseling program designed to promote and strengthen intra-family relationships. The County contracted separately with Community Psychiatric Clinic, Family Services of Montgomery County, Inc. and Karma House, Inc. to provide professionally led group discussions for potentially high risk and hard to reach target populations (including adolescents, their families, single parents, aged, disabled and handicapped). For FY 79 the three contracts totaled \$86,300, all County funds. Each contractor submitted monthly invoices identifying salaries/wages and operating expenses minus fees collected and the County paid up to the contract amount.

d) Before describing the following three contracts, an explanation of Project PACT (Parent and Children Together) is needed. Project PACT was originally funded from FY 78 to FY 80 by a grant from LEAA. This program was designed to handle juvenile status offenders (children who have not committed any crime, but have committed such offenses as running away, chronic truancy or being beyond control). The program consists of a staff to provide intake/screening and referral and a fund to purchase counseling services.

(1) Caithness and Open Door¹ are the names of two shelter care programs for status offenders. In FY 79, the County had two separate contracts with Boys and Girls Homes of Montgomery County, Inc. for a total of \$31,500, PACT funds. Boys and Girls Homes provided room and board, supervision and some counseling. The counseling provisions and daily activities differed between the two programs; Caithness was a more structured program than Open Door. Boys and Girls Homes submitted monthly invoices identifying Client days, times the per diem rate minus fees collected and the County paid up to the contract.

1) In FY 81, the Karma Academy Project Family Outreach and Open Door programs were transferred to the Department of Family Resources.

(2) Turning Point is the name of a Health Department counseling program for status offenders and their families. In FY 79, the County contract with Family Services of Montgomery County, Inc. was \$50,750, all County funds. Family Services provided long-term counseling and outreach services to upper-County residents. This contract was originally budgeted in the Department of Family Resources through FY 78. The contract was transferred to the Health Department in FY 79 because of the similarities with Project PACT. Family Services submitted monthly invoices identifying salaries/wages and operating expenses minus fees collected and the County paid up to the contract amount.

Health Department Facilities

8. As of January 1, 1981, there were twenty-one Health Department facilities. At Exhibit C is a schedule of these facilities. Health Department facilities are located throughout the County in rented or County owned space. The Department of Facilities and Services (DFS) has responsibility for the space management program of these facilities. Additionally, the cost of rent, utilities, janitorial services and maintenance is included in the DFS budget not in the Health Department budget. During FY 80, \$435,916 was expended on rental space for Health Department facilities.

During the survey stage of this work project, this evaluator visited a majority of the Health Department facilities. The space planning and assignment criteria for these facilities is based on many variables to include available space in the specific market area, the rental rates and the required renovations. Consequently, the size of examining rooms, patient waiting rooms, conference rooms and offices varies at each facility. According to DFS policy, space criteria will be standardized as Health Department facilities are relocated into County owned space, surplus schools and community service centers.

Health Department Questionnaire

9. During the extensive research stage of this work project, questions were raised concerning the amount of time actually spent by Health Department employees in providing direct health services. Also, comments were heard concerning the amount of time Health Department employees spend in meetings, and the Health Department's emphasis on the younger population when the elderly population is presumably growing larger.

10. We designed a questionnaire (See Exhibit D) to examine the extent of the conditions that had been mentioned. Based on a random start and with minor adjustments to assure specific categories of health professionals were included, 54 Health Department employees were selected from the Montgomery County Personnel Complement Roster. This sample represented almost 10% of the health positions in the Health Department as of March 1979. Twenty-eight (54%) of the questionnaires were returned. An analysis of the responses indicated:

--Health Department employees spend 50% or more of their time providing direct services to County residents.

--The direct services are provided fairly equally to all age groups of County residents. (See discussion of Health Department Services p. 4.)

--Health Department employees spend less than 20% of their time in meetings, supervising staff and/or developing and evaluating programs.

V. DEPARTMENT OF FAMILY RESOURCES

General

1. Chapter 2 of the Montgomery County Code was amended on July 24, 1978¹ to change the name of the Office of Human Resources to the Office of Family Resources, to elaborate on the responsibilities and the role of the office² and to add specific functions and services to enable the office to effectively perform its role. On December 28, 1979, legislation reorganizing the Executive branch was enacted. This legislation established a Department of Family Resources with the same responsibilities and functions that had been assigned to the Office of Family Resources. For the purpose of this report all reference will be made to the Department of Family Resources (DFR), even if the conditions took place prior to December 28, 1979. At Exhibit E is an excerpt of Section 2-58B, Department of Family Resources, which describes the functions and services.

2. The DFR is made up of five distinctly different divisions: Community Programs, Children and Youth, Elder Affairs, Labor Services and the Cooperative Extension Service. Additionally, the Commission on Handicapped Individuals is supported by staff assigned to the DFR's Office of the Director. The Division of Community Programs, Division of Labor Services and the Commission on Handicapped Individuals were

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- 1) This legislation also amended Chapter 27, Human Relations and Civil Liberties, to establish the Commission on Children and Youth and the Commission on Handicapped Individuals.
 - 2) Historically, the Office of Human Resources was established in 1972 to coordinate plans and programs of all County departments, offices and agencies providing services to people.

excluded from this review.¹ A review of the Division of Children and Youth, Division of Elder Affairs and the Cooperative Extension Service showed numerous programs and services that directly affect the physical and mental health of individuals and families. It is beyond the scope of this report to provide a detailed description of these three divisions because there are many complex issues involving federal and state mandates, funding arrangements and the specific, historic reasons for originally assigning each individual program and service to DFR. However, the following paragraphs briefly describe these divisions and provide some examples of the programs and services that have health components.

Division of Children and Youth

3. The Division of Children and Youth was established in FY 79 to focus attention on the needs of children and youth and to support the Commission on Children and Youth. Prior to being a division, a Children and Youth Section existed within the DFR's Office of the Director. This section's staff (5 positions) and functions were transferred to the new division and a supplemental appropriation was approved for three additional positions and funds to support the Commission.

4. The Division's total FY 79 budget was \$967,604 of which over 80% (\$785,904) was designated as operating expense and was expended on contracts with non-profit organizations. In essence, these contracts are grants from the County to non-profit organizations for needed services. Because of the unique criteria involving specific needs and locations, the majority are sole source.

We reviewed numerous contracts and will describe several of them in the following paragraphs to illustrate how they are grants from the County to non-profit organizations for specific services and how each contract is unique. It is important to note that some contracts and/or programs are known by several names; a general program name (group homes), a specific program name (Muncaster House), and the contractor's name (Boys and Girls Homes, Inc.). These multiple names sometimes make it difficult to understand exactly what and how many programs are actually involved.

a) Group Homes. Before describing two group homes contracts, some general information should be helpful. Chapter 23A of the Montgomery County Code, defines Group residential care as the provision of shelter, board, facilities, resources for daily living, personal guidance and direction and related supportive activities within a residential environment.

1) The Division of Community Programs was the subject of a separate Office of Legislative Oversight (OLO) work project and was thoroughly evaluated in OLO Report #79-2, Community Action Agency, dated September 11, 1979. The Division of Labor Services was considered outside the scope of Public Health. The Commission on Handicapped Individuals was established on July 24, 1978, and action to provide staff support and to appoint the commissioners was not taken until late FY 79, after the review stage of this project was complete.

The DFR recently published a report entitled Group Home Needs Assessment and Six-Year Plan. We reviewed this report and commend DFR for a very comprehensive report. The two tables in the report, Generic Classification of Residential Facilities and the Inventory of Group Homes, are both excellent sources of information. For the purpose of this report the term group homes shall mean residential/shelter facilities for adolescents (ages 13 to 18 years of age).

(1) Muncaster House is the commonly used name for two adjacent houses for adolescents (six males and six females) who are under the jurisdiction of the Maryland Juvenile Services Administration or the Juvenile Division of the District Court. The adolescents are admitted for a short-term period (maximum stay 90 days) while plans are developed to assist them and their families.

The County contracts with Boys and Girls Homes of Montgomery County, Inc. to provide the basic necessities of food, shelter, clothing, medical and dental care, an in-house school, counseling and recreational services. The FY 79 contract amount was \$118,746, of which over 90% was federal funds--a Law Enforcement Assistance Administration (LEAA) grant. Boys and Girls Homes submitted monthly invoices listing actual salaries and operating expenses and the County paid up to the contract amount. These two houses are owned by the Maryland-National Capital Park and Planning Commission and the Department of Facilities and Services provided maintenance and paid for the utilities.

(2) Five separate facilities, located throughout the County, provide a substitute home for a maximum of 46 adolescents who need to be placed in a structured, therapeutic environment. These adolescents are referred to the program by the Maryland Juvenile Services Administration, Juvenile District Court of Maryland, Department of Social Services or the Health Department and are admitted for a long-term period (4 to 15 months).

The County contracts with Boys and Girls Homes of Montgomery County, Inc. to provide the basic necessities and professional treatment. The FY 79 contract amount was \$102,126, all County funds. Boys and Girls Homes submitted monthly invoices listing actual salaries and operating expenses and the County paid up to the contract amount.

b) Youth "Drop-in" Centers. During the mid-1970's, the County set-up youth programs in most communities to provide individual, group and family counseling, recreation activities and outreach services for adolescents. These programs were established specifically to combat juvenile delinquency. Some of these programs were originally funded by Law Enforcement Assistance Administration (LEAA) grants.

(1) Middle Earth is the commonly used name for the youth drop-in center located in Wheaton. The County's FY 79 contract with the Mental Health Association of Montgomery County was for the amount of \$44,467, all County funds. The Mental Health Association of Montgomery County submitted monthly invoices listing actual salaries and operating expenses and the County paid up to the contract amount.

(2) Listening Post is the commonly used name for the youth drop-in center located in Bethesda. The County's FY 79 contract with the Bethesda-Chevy Chase YMCA was for the amount of \$83,160; state and County funds. The Bethesda-Chevy Chase YMCA submitted monthly invoices listing actual salaries and operating expenses and the County paid up to the contract amount.

(3) Rockville Youth Services is the name for the youth program offered to City of Rockville residents. The County's FY 79 contract with the Mayor and Council of Rockville was for the amount of \$63,140, all county funds. The Mayor and Council of Rockville submitted quarterly invoices listing actual salaries and operating expenses and the County paid up to the contract amount. Of particular interest to this evaluator was the following contract provision:

"Scope of Services...4. Rockville Free Clinic, Inc. (The Clinic). The Clinic agrees to provide free confidential medical and mental health services three evenings per week and a pediatric clinic one evening per month. The Clinic shall be staffed at all operating times by a licensed physician, nurse and trained lab technician's assistant."

(4) One final example, Hotline, is the name for a 24-hour telephone counseling and referral service. The County's FY 79 contract with the Mental Health Association of Montgomery County was for the amount of \$54,600, over 90% state funds.¹ The Mental Health Association of Montgomery County submitted monthly invoices listing salaries and operating expenses and the County paid up to the contract amount.

5. In 1973, as a result of a recommendation of a Task Force on Child Abuse, a Child Protection Coordinator position was established within the DFR. The Child Protection Coordinator performs a public health function in the area of child abuse and neglect. Specific responsibilities include planning and coordinating all child abuse and neglect programs to insure that services are not duplicated and to identify any gaps. Additionally, the Child Protection Coordinator develops and supports research and funding sources for projects involving child abuse and neglect.

Division of Elder Affairs

6. The Division of Elder Affairs is responsible for developing, coordinating and in some instances, providing programs and services to meet the wide array of needs (income maintenance, housing, health, employment, recreation, etc.) of the County's elderly population. Since the division is supported by a combination of Federal, State and County funds, the division must comply with a multiplicity of Federal, State

1) As of December 1980, the Hotline Program is no longer State funded.

and County regulations.¹ The FY 79 budget was \$925,140 of which \$514,525 (56%) was County funds.

7. All of the programs and services have some direct or indirect effect on the health (mental or physical) of the elderly. As one example, the Division administers the federally funded lunch program for individuals 60 years of age or older. The County is required to match 10% of the federal funds. The FY 79 budget was \$254,780 of which \$165,155, was expended on contracts for food preparation.² Hot lunches were served to an average of 450 people per day for 250 days per year at 12 nutrition sites. Additionally, meals were delivered daily to 26 homebound residents in the upper county area.

8. As required by Federal regulations, the Division of Elder Affairs develops an annual Area Plan for Programs on Aging. Our review of the FY 79 Area Plan showed that this plan is an excellent resource document of public and private health programs and services for the elderly, with particular emphasis on actions to improve these programs and services.

Cooperative Extension Service

9. The Cooperative Extension Service is an agency of the University of Maryland and the U.S. Department of Agriculture. This agency provides educational programs to County residents of all socio-economic levels in the areas of agriculture, horticulture, home economics and nutrition. The total FY 79 budget was \$469,700; supported by a combination of federal, state and County funds. The County funded 45% (\$212,650) of the total budget. The Cooperative Extension Service's programs are developed, coordinated and conducted by extension agents. These extension agents are qualified educators in their respective fields and members of the University of Maryland faculty.

10. Our review of the many programs showed that the home economics and nutrition programs are specifically directed toward families with low incomes, handicapped persons and senior citizens. These programs are designed to assist individuals and families in developing skills to

1) Legislation on the subject of Aging includes:

The Older Americans Act of 1965, as amended.

The Annotated Code of Maryland, Article 70B. Office on Aging, as amended.

The Montgomery County Code 1972, Chapter 27, Article III Commission on Aging, as amended.

2) FY 79 Contracts for Food Preparation:

Board of Education - Food Services	\$147,557
Revenue Authority - Takoma Towers	12,318
Jewish Council for Aging	5,280
TOTAL	<u>\$165,155</u>

achieve nutritionally balanced diets and to strengthen family relationships. Home economists (extension agents) supervise and train staff and volunteers to provide nutrition education programs at senior citizen lunch sites¹ and to work with individual families to improve their food buying and eating habits. Additionally, home economists organize programs on drug and alcohol abuse among children and conduct classes on food preparation and preservation techniques.

VI. DEPARTMENT OF SOCIAL SERVICES

General

1. Article 88A, Social Services Administration, Annotated Code of Maryland 1957, as amended, created the State Social Services Administration, the State Income Maintenance Administration and established the myriad of social services and public assistance programs. The State Directors of Social Services and Income Maintenance have responsibility for coordinating all social services and public assistance activities in the State, including supervising the local departments of social services. This State law established the functions and responsibilities of the local departments of social services and the requirement that each local department have a local board of social services. The local board of social services provides guidance to the local department and develops local policies and programs. For the purpose of this report, the term Department of Social Services will be used to mean the local department of social services located and operating within Montgomery County.

2. The principal function of the Department of Social Services is to assist individuals and/or families in meeting a basic minimal level of subsistence, shelter and medical needs.² Public assistance takes the form of direct payments and supportive services or a combination of the two.

Direct Payments/Supportive Services

3. A review of the FY 79 budget showed over 68% of the department's total budget was designated as operating expense to provide for the direct payments or supportive services. The following examples are provided to help the reader understand what is meant by the term direct payment programs.

-
- 1) Monthly nutrition education programs are a requirement of the federally funded senior citizen lunch program (See Division of Elder Affairs P. 15, paragraph 7.)
 - 2) The Department of Social Services certifies County residents that are eligible for medical assistance. The State Department of Health and Mental Hygiene directly reimburses the provider of medical services.

State/federal programs:

Aid to Families with Dependent Children (ADFC)
Emergency Assistance to Families with Children (EAFC)
General Public Assistance (GPA)
General Public Assistance to Employables (GPA-E)
Food Stamps

County programs:

Emergency Shelter for Families and Adults
Burial
Ambulance

4. Supportive services enable individuals and/or families to achieve or maintain self-sufficiency. Examples of the supportive services provided by the Department of Social Services include:

- operating a day care center or paying the day care fee at private centers for children of parents who could not afford to work and pay for child care;
- arranging for social service aides or contracted homemakers to visit the homes of eligible individuals and/or families and perform housekeeping chores or provide personal care.

Social Services Programs

5. The Department of Social Services conducts a large array of programs which involve counseling and assisting individuals and/or families to achieve and maintain self-sufficiency. This function is essential if the Department of Social Services is to provide effective public assistance.

6. A list and brief description of the Department of Social Services' programs are at Exhibit F. In general, these programs provide three types of services. The first is child welfare services, which are designed to help children achieve security in either their own, foster, or adoptive homes. Secondly, family services are designed to help families, especially recipients of public assistance, achieve self-sufficiency. Finally, adult services are designed to help physically and/or mentally handicapped adults and the elderly achieve or maintain self-sufficiency and avoid institutionalization.

7. The Department of Social Services' total budget for FY 79 was over \$21 million of which \$14 million (67%) was state/federal funds. It is important to note that the majority of social services programs are state/federal mandated programs. State/federal agencies provide funds to be dispersed as public assistance payments and as salaries/wages, operating expenses and capital outlay for the overall operations of specific programs. The County provides funds to supplement the programs above the state/federal levels. During FY 79, the Department of Social

Services received \$6.9 million in County funds, which were used primarily for salary differentials to employees in State funded positions, for additional positions to improve the level of service to county residents, as supplements to the amount dispersed as public assistance payments to eligible residents, as supplements to allow for public assistance payments to county residents who are eligible under state/federal requirements and for the operation of several County social services programs.¹

8. A cursory review of the Department of Social Services programs may suggest that some programs should be assigned to other departments. However, two important points must be considered. First, most social services programs are state/federal mandated programs. Consequently, the County government does not have authority to assign responsibility to other departments. Secondly, social service programs emphasize counseling individuals and/or families; these individuals and/or families are subsequently referred to other departments for services.

VII. DEPARTMENT OF CORRECTION AND REHABILITATION

1. In order to better understand the Department of Correction and Rehabilitation's medical program and health related services, a brief description of the whole department is helpful. The Department of Correction and Rehabilitation was established to provide a system of community-based correction. In FY 78, the department expended a total \$3.5 million. The department's major programs are located at two separate facilities, the Detention Center and the Pre-Release Center. Pre-trial and sentenced (maximum sentence of eighteen months) male and female adults are detained at the 272 bed Detention Center. Male and female offenders selected to participate in the work release program reside at the 84 bed Pre-Release Center. During FY 78, approximately 4000 inmates were detained at the Detention and Pre-Release Centers.

2. Chapter 13, of the Montgomery County Code requires that "each inmate shall be given a medical examination and be provided access to daily medical or sick call facilities." The code further specifies that medical examinations should be given within forty-eight hours of admission and identifies the areas to be examined. At the discretion of the physician, the examination could include heart and lungs; abdominal palpitation; description of obvious wounds, complete blood count; x-ray, chest, skull and others as indicated, tuberculin skin test; urinalysis, including examination for drug use; vision and hearing.

3. The basic goal of the Department of Correction and Rehabilitation is rehabilitation of the whole man/woman to include their physical and mental well being. In achieving this goal, the department has provided inmates with a quality of medical service which equals or surpasses that of the average citizen of Montgomery County. In January 1981, the Department of Correction and Rehabilitation's medical program received a two year renewal of accreditation from the American Medical Association for high standard medical service to inmates.

1) Chapter 27, Public Welfare, the Montgomery County Code, 1972, as amended.

4. The Department of Correction and Rehabilitation expended over \$384,000 in FY 78, on the medical program and health related services. The department's medical staff includes three nurses, six paramedics and a part-time dental assistant. The department contracts for the services of a physician and a dentist. The infirmary at the Detention Center consists of an examining room, a treatment room, a dental clinic, a waiting room, a nurse's station and a pharmacy. There is also a medical room at the Pre-Release Center. The medical services provided to the inmates include the medical examination mandated by law, the practice of preventive medicine and the treatment of dental needs. Additionally, inmates are taken to the hospital on an emergency basis and to specialists (orthopedists, dermatologists, cardiologists) for consultations. Health related services include a full-time psychologist position at the Detention Center, contracts with clinical psychologists for consultant services and a contract for urinalysis tests. The psychological services provide diagnostic testing and evaluations of the inmate's attitudes and behavior that are essential to the effective operation of the centers. In some instances, judges rely on the psychological suitability for the work-release program. The urinalysis tests are needed to control drug abuse among the inmates.

VIII. DEPARTMENT OF FIRE AND RESCUE SERVICES

General

1. The public safety function of the fire and rescue services include fire suppression, fire prevention, rescue activities and emergency medical services. These functions are performed by career and volunteer personnel assigned to sixteen independent fire corporations and two rescue squads. The Department of Fire and Rescue Services is responsible for coordinating the activities, communication and training for all the fire departments and rescue squads.

2. During the initial review stage of this work project on Public Health, the County Council introduced legislation to reorganize the County-wide fire and rescue services. This legislation was enacted on April 22, 1980. Although our review of the Department of Fire and Rescue Services had been completed prior to April 1980, the following paragraphs reflect those changes which relate directly to the Emergency Medical Services and the general description of terms, responsibilities and functions still applies.

Emergency Medical Services

3. Several terms need to be defined and explained before describing the Emergency Medical Services (EMS) Section of the Department of Fire and Rescue Services.

a) Emergency Medical Technician-Ambulance (EMT-A): individuals who have completed an 84 hour specialized training course in first aid practices, a 24 hour refresher course and recertification exam is required every three years.

b) Paramedic (Cardiac Rescue Technician): individuals who are certified by the Maryland State Board of Medical Examiners to practice pre-hospital advanced life support care. The Montgomery County Paramedic (CRT) training course is approximately 200 hours long. The Paramedic (CRT) is required to recertify annually based on meeting service time requirements, successfully completing a recertification process and participation in 24 hours of continuing education.

c) Mobile Intensive Care Unit (MICU); an ambulance staffed with a minimum of one Paramedic (CRT) and two EMT-As. These units are equipped with bio-medical equipment and supplies necessary to provide pre-hospital advanced life support.

4. The Department of Fire and Rescue Services expended \$249,320 during FY 78 and budgeted \$289,050 for FY 79 for the salaries/wages, operating expenses and capital outlay of the EMS Section. The major responsibilities of the EMS Section are to coordinate all emergency care training for fire and rescue service personnel and supervise and evaluate patient care administered by Paramedics. This section is also responsible for supervising the drug security program and maintenance of the bio-medical equipment.

In addition to training fire and rescue personnel the EMS Section also coordinates emergency care training programs for County employees and the general public. EMS officers from the Department of Fire/Rescue Services serve as liaison between the fire and rescue service and the hospitals and Medical Society in Montgomery County.

5. All fire department and rescue squad expenditures are financed by fire district taxes and/or donations. Each individual fire department and rescue squad is responsible for budgeting for salary and wages for their Paramedics, the purchase and operating expenses of their ambulances and replacement cost of first-aid supplies that are not replaced by the hospitals. Effective with the passage of the new fire/rescue legislation, the following requirements are in effect:

--All ambulances purchased with County tax funds after July 30, 1980, will be titled in the name of the County and assigned in accordance with an adopted master plan.

--All salaries/wages paid with County Tax funds will be integrated with the County's payroll system in January 1981.

--All purchases will be made in accordance with uniform procedures, to be established by July 1, 1981.

IX. HEALTH SYSTEMS AGENCY

Glossary

1. A familiarity with the following terms and organizations is important for understanding the Health Systems Agency:

a) Health Systems Agency (HSA): The National Health Planning and Resources Development Act of 1974 (Public Law 93-641) established local and state health planning organizations. The County Council enacted legislation on July 1, 1976, to modify the existing County health planning law and establish the County government as a Health Systems Agency. After meeting the Department of Health, Education and Welfare's (DHEW) requirements, the Montgomery County government was fully designated as a Health Systems Agency effective September 1, 1978.

b) Health Services Planning Board (HSPB): The governing body of the HSA. The Board consists of twenty-nine voting members, representing consumers and providers of health care, appointed by the County Executive and confirmed by the County Council. In accordance with federal regulations, Board members are volunteers and cannot receive compensation. Currently, the Board has a Steering Committee and three standing committees. These committees assist the Board in carrying out its responsibilities. The standing committees are made up of Board and non-Board members.

c) Department of Health Systems Planning (DHSP): A principal department of the County government's Executive branch. The department provides professional and administrative support to the Health Services Planning Board. The department's FY 79 budget was \$576,570 of which \$452,480 (78%) were State and Federal funds; and the department's staff included 16 full-time and one part-time positions.

d) Health Systems Plan (HSP): A long-range policy document for the development of health resources within the County. The plan provides an analysis of the current health care system,¹ identifies health care problems, sets goals and objectives and makes recommendations for actions to be taken during the next five years.

e) Annual Implementation Plan (AIP): A companion document directly related to the HSP. The plan is a one year oriented program document, describing priority objectives and short-range recommended actions to be accomplished during the current year.

1) It is important to understand that a health care system includes the full range of health resources--services, facilities, personnel--whether they are public, private, profit or non-profit.

2. In order to make the following paragraphs on the Health Systems Agency more readable, these terms will be used:

- a) Health Systems Agency - the Agency
- b) Health Services Planning Board - the Board
- c) Department of Health Systems Planning - the Department

Responsibilities and Functions

3. To better understand the relationship between the Agency, the Board and the Department, it is necessary to know the responsibilities and authority of each. Excerpts from Chapter 24, of the Montgomery County Code 1972, showing the responsibilities and authority of the Agency, the Board and the Department are at Exhibit G. A review of the responsibilities shows that the Board performs health planning and resource development functions and the Department insures that the responsibilities of the Board are accomplished. The County Executive's and the County Council's authority over the Board and the Department includes appointment/confirmation of the Board members and the Director of the Department, approval and appropriation of funds for the Department's budget and adoption of the HSP and AIP.

4. Of particular interest to this evaluator's review of Public Health, are the following specific responsibilities and functions of the Board:

- promote, through planning, optimum effectiveness in the delivery of health care services;
- increase the accessibility, continuity and quality of health services;
- restrain increases in the cost of providing health services;
- eliminate inappropriate and unnecessary duplication of health facilities and services;
- review, approve or disapprove proposed use of federal funds;
- review proposed and existing health services; and
- review and approve grants and contracts for health planning and development projects.

5. Considering the Department has responsibility for insuring that the Board's responsibilities and functions are accomplished, it would appear obvious that the Department should evaluate and coordinate all public health functions. However, a review of the current status of health planning and resource development functions showed that the Department's emphasis on public health is limited. In the first place, since the majority (72%) of the Department's budget is dependent upon federal funds, the Department must comply with the requirements of Public Law 93-641. One example of the difficulties of complying with federal requirements is that local procedures and policies for health

planning and resource development must be developed in accordance with federal guidelines; however, most of the guidelines are still in the development stage and the guidelines that have been developed are subject to change. Secondly, the specific health planning and resource development functions mandated by Public Law 93-641 address the total health care system of which public health (though enormous in scope) is only one element. The total health care system includes the full range of health resources--services, facilities, personnel--whether they are public, private profit or non-profit. At the present time, attention is being directed toward the private sector of the health care system. For example, studies of cardiac surgery/cardiac catheterization and obstetrical services have been initiated. This evaluator concurs with the basic philosophy for directing priority attention to the private sector. In addition to the fact that these private health services are by far the most expensive, once effective health planning is achieved for private health services, the identified gaps in health services can be addressed by the public sector. Finally, sufficient data are not readily available on either public or private health services. There is a need for more descriptive and concise definitions to narrow the scope of data and uniform recording and reporting of data so that data are comparable.

Health Systems Plan and Annual Implementation Plan

6. One of the Board's primary health planning responsibilities is the development of the Health System Plan (HSP) and the Annual Implementation Plan (AIP). All health planning decisions are made on the basis of these plans. Again, it should be noted that the HSP and AIP must be developed in accordance with federal guidelines. The development of these plans is a detailed, lengthy process, involving public hearings, worksessions and rewriting. The plans must be formally approved by the Board and adopted by the County Council. The first and second HSP and AIP's were adopted on July 11, 1978 and June 19, 1979 respectively.

7. This evaluator attended the public hearings, worksessions and Board meetings and reviewed correspondence concerning the HSP 1978-1983, and AIP 1978. Although it was beyond the scope of this review to evaluate the development process or the plans, it was apparent that lessons learned from this first plan would improve the process and future plans. A cursory review of the HSP 1979-83 and AIP 1979 showed that these plans are comprehensive and provide excellent reference material on the total health care system. As data collection efforts are improved and more reliable and valid data become available, these plans should be a most effective tool in the decision making process.

X. MEDICAL CENTER

1. After extensive study and review of a medical center concept, the County Executive and County Council approved the Medical Center Development Plan in 1976. The basic objective is to provide readily accessible health care to upper-County residents and provide health cost savings by locating interdependent and interrelated facilities together

for the sharing of services. The Medical Center is located on a 288 acre site near the I-270 corridor. The County government purchased the land and is acting as the site developer. As the site developer, the County government is installing on-site roads, utility lines, storm water management, and has constructed a central heating and cooling plant.

2. As of June 30, 1980, the County government has expended \$6.655 million on the Medical Center. A financial plan has been developed to recapture the County government's total investment in the Medical Center. All facilities located at the Medical Center are required to sign a lease agreement with the County government. The lease rate structure is designed to recover the principal and interest expense of the bonds issued to purchase the land, to plan and design the center, to install site improvements and to construct the central heating and cooling plant. Additionally, the lease agreement requires the facilities to pay for all operating expenses associated with the central heating and cooling plant.

3. The County government has established policies and procedures to assure adequate control over the development of the Medical Center. The County Executive makes the final decision on which institutions will be permitted to locate at the Medical Center. A staff advisory committee was established to assist the County Executive. This staff advisory committee includes representatives of the Health Department, Department of Health Systems Planning, County Attorney, Department of Finance and Department of Facilities and Services. The committee evaluates all proposals against established criteria to assure that the institutions interface, interrelate and complement each other. Finally, the lease agreements between the County government and the approved institutions stipulate architectural, health service maintenance and management requirements to assure that the Medical Center is developed, operated and maintained in accordance with the Medical Center Development Plan.

4. The initial phase of the Medical Center Development Plan includes a full service hospital, a psychiatric hospital and an ambulatory care facility (outpatient service and physician's offices) to be located within a 60 acre core area. The full service hospital (Shady Grove Adventist Hospital), opened in December 1979, the psychiatric hospital (Psychiatric Institute of Montgomery County, Inc.) and the ambulatory care facility (Ambulatory Care Associates) will open in mid-1981. The Health Systems Agency is evaluating the need for a long-term care facility at the Medical Center. Additionally, there are two State facilities located on 22 acres in the northwest corner of the Medical Center site. These State facilities are the Noyes Children's Center, a juvenile detention center, and the Regional Institute for Children and Adolescents (RICA II), a program for emotionally handicapped children. In the future, the Medical Center Development Plan will be expanded to include additional facilities on the remaining acres. An economic consultant firm has been hired to determine population growth and health care needs. The expansion could include medically related services and activities, such as education, research and health professional associations and foundations. The County government appears to have established adequate controls for monitoring the development of the Medical Center and recovering the County government's investment.

XI. COUNTY GOVERNMENT'S CAPABILITY FOR EVALUATING HEALTH AND HEALTH RELATED SERVICES

1. General. During the late 1970's, the County government focused attention on the need to evaluate the degree to which programs were achieving their objectives. Legislation was enacted to establish evaluation functions within the Executive and Legislative Branches. Individual departments were encouraged to develop and/or expand their own efforts in evaluating programs and services.

As part of this work project, this evaluator reviewed the various departments' efforts in evaluating health and health-related services. The following paragraphs identify departmental evaluation units, staff resources assigned to the units and examples of the types of evaluations that have been performed.

2. Department of Health. The Office of Program Development and Evaluation (OPDE) is located within the Office of the County Health Officer, Health Department. The OPDE was created during FY 78 when a major reorganization of the Health Department was completed. Prior to the reorganization, the Program Development Section was responsible for evaluating Health Department contracts for services and for maintaining the Health Department's statistical data base. Additional staff was added to the Program Development Section and the responsibilities were expanded to include reviewing and coordinating all program planning and development, evaluation and research activities of the Health Department. During FY 78, the OPDE's work program included assisting in the development of the Health Department's goals, objectives and priorities, performing an evaluation of the Community Mental Health program, assisting the Comprehensive Care Task Force and identifying the scope and methodology for an evaluation of the School Health program. The FY 79 budget for OPDE was \$207,410 for salaries/wages, operating expense and capital outlay. During FY 79, the OPDE's major work effort involved standardizing Health Department program policies and manuals, evaluating the Parent and Children Together (PACT) project and selected contracts for services and completing the evaluation of the School Health Program. No major changes were made to this office's responsibilities or staff resources during FY 80 and FY 81. The following table shows the staff resources assigned to the OPDE:

Office of Program Development and Evaluation

<u>Positions</u>	<u>Grade</u>	<u>Actual FY 78</u>	<u>Actual FY 79</u>	<u>Approved FY 80</u>	<u>Approved FY 81</u>
Associate County Health Officer	37	-- a)	\$ 51,774	\$ 52,570	\$ 56,010
Health Program Development Officer	28	33,197	35,320	--	
Program Evaluator	24	23,823	25,346	26,290	28,570
Research Analyst	18	13,345	16,684	17,695	19,420
Research Analyst	18	13,345	16,684	17,695	19,420
Administrative Assistant	18	--	--	--	17,580
Administrative Aide	12	-- a)	12,287	12,820	14,160
Office Assistant	9	10,090	12,415	10,890	12,520
TOTAL		\$93,800	\$170,510	\$137,960	\$167,680

Notes:

- a) Although positions were transferred mid FY 78, salaries/wages were not reflected in the Budget until FY 79.

3. Department of Family Resources. At Exhibit H is an excerpt of Chapter 2, of the Montgomery County Code 1972. Of particular interest to this evaluation is the Department's role "(a) Coordination, planning and evaluation of human resources" and the specific functions:

"(1) Provision of comprehensive human services planning and program evaluation.

"(m) Review of programs and budgets of human services agencies of the County government and presentation of recommendations to the agencies on such programs and budgets."

A Planning and Evaluation Section is located within the Office of the Director. This unit was established in FY 78 with a staff of three people and \$89,000 was expended for salaries/wages, operating expenses and capital outlay. During FY 78, the section's major work effort involved assisting the Special Projects Task Force on Children and Youth. In early FY 79, the status of the section was undecided pending final action on the legislation which would assign new duties and responsibilities to the Department of Family Resources and the approval of a supplemental appropriation which would provide the funds to implement the legislation. After the legislation and supplemental appropriation were approved, the Section's staff was increased to six and the FY 79 budget was \$166,310. The section's major work effort during FY 79 included a needs assessment on group homes, development of a social indicator system, some drug abuse coordination and a quarterly review of all Department of Family Resources' contracts.

It should be noted that the FY 79 supplemental appropriation included funds for a program evaluator position. This position was never filled and was eliminated for FY 80. The section's FY 80 budget was \$150,330 and included five positions. In FY 81, the sections' staff was reduced to two positions, a planner and a program assistant. In the opinion of this evaluator the Department of Family Resources has never conducted any substantive evaluations and currently lacks the staff resources to adequately perform evaluations. The following table shows the staff resources assigned to the Planning and Evaluation Section:

Planning and Evaluation Section

<u>Positions</u>	<u>Grade</u>	<u>Actual FY 78</u>	<u>Actual FY 79</u>	<u>Approved FY 80</u>	<u>Approved FY 81</u>
Director, Office of Drug Control	34	\$38,304	\$ 40,920	\$ 45,040	-0-
Senior Planner	25	18,766	20,750	22,950	-0-
Administrative Aide	12	11,710	-0-	-0-	-0-
Planner	23		18,500	20,660	\$ 22,140
Program Assistant	21		16,640	-0-	-0-
Program Assistant	18		14,640	16,450	16,930
Administrative Aide	11		11,050	11,220	-0-
Total Salaries/Wages		\$68,790	\$122,500	\$116,320	\$ 39,070

4. Department of Social Services. Prior to FY 81, the Department of Social Services did not have any staff resource capability devoted to evaluating the effectiveness and efficiency of social services programs. In FY 81, one program development and evaluation officer position was established to perform this function.

5. Department of Health Systems Planning. The responsibilities and authority of the Health Services Planning Board (Board) and the Department of Health Systems Planning (Department) were described earlier in this report (page 22). And as noted in paragraph 5, the Department appears to be the logical unit within the County government to provide for coordination and evaluation of all public health services. However, at the present time, several conditions limit the Department's ability to effectively perform this function. First, the Board's health planning and resource development functions are mandated by Public Law 93-641 and local policies and procedures must be developed in accordance with federal guidelines. Non-compliance with federal requirements and guidelines could jeopardize federal funds, which made-up 72% of the Department's FY 79 budget. Secondly, public health is only one element and currently attention is being directed toward private health care services. Finally, a sufficient data base necessary to conduct evaluation is not readily available on either public or private health care services.

Notwithstanding these limitations, the Steering Committee of the Board passed a motion in December 1978, that the Board review the health components of the County budget. The Board submitted comments to the County Executive and County Council on the Health Department's FY 81 and FY 82 budgets. Although these comments were very general statements and were submitted late in the budget cycle, this action was an excellent starting point for the Board's involvement into public health services. In late FY 81, the Board's Budget Review Work Group and the Department's staff will be developing a data base for determining the utilization of Health Department services and will submit comments for timely input to the FY 83 budget cycle.

6. Department of Finance. The Division of Auditing, Department of Finance performed financial and compliance audits of State and Federal grant funded programs. During FY 78 and FY 79, the division issued several reports on Department of Health and Department of Family Resources grant funded programs. Also, at the request of the Health

Department, the Auditing Division reviewed the accounting system and internal controls used by Karma House, Inc. in operating Karma Academy for Girls and Karma Academy for Boys. The Health Department used the audit report in administering the Karma House, Inc. contract. As a result of a general trend in County government to contracting for audits, a Certified Public Accountant firm was hired in FY 81, to audit State and Federal grant funded programs.

7. Office of the Chief Administrative Officer. The Management and Public Policy (M&PP) section of the Office of the Chief Administrative Officer was established in FY 77 to develop and evaluate ways to improve the effectiveness of County government functions and services. During FY 78, the M&PP assisted the Health Department on various administrative issues. Of particular importance, the M&PP analyzed and prepared recommendations on the Health Department's reorganization. In FY 79, the Chief Administrative Officer requested M&PP to review and evaluate the effectiveness of the Health Department's Community Crisis Center. As a result of this review, several actions were taken to improve the effectiveness of the Center.

As part of the reorganization of the Executive branch, the M&PP section was eliminated in FY 80, when the Office of Management and Budget (OMB) was established. A major function of the OMB is the conduct of program evaluation and analysis. As an example, in August 1980, the OMB initiated an analysis of the County's human services delivery system.

XII. OLO OBSERVATIONS

1. This overview of the health and health related services provided by major departments of the County government demonstrated areas where there was duplication and overlap. It is important to note that the causes for duplication and overlap are usually outside of the County government's control because federal/state laws and grants designate responsibilities to specific departments. Additionally, some of these services have similarities, but there usually are unique criteria involving client population and location. Finally, the County residents that receive the services from one particular department do not necessarily receive similar services from another department. The following paragraphs identify examples of duplication and overlapping services.

a) The Departments of Health, Family Resources and Social Services each provide residential care programs for adolescents. In most cases, the County government owns the facility and the Department of Facilities and Services provides maintenance and pays for the utilities. The Department of Social Services operates one facility as part of Foster Care Services. The Departments of Health and Family Resources residential care programs were established in the early 1970's in response to the community's drug abuse and related problems. Initially, many were funded by grants from the Law Enforcement Assistance Administration (LEAA). These departments contract with non-profit organizations to provide the basic necessities, supervision and counseling. The majority of the contracts are sole source. Some non-profit organizations have more than one contract because each contract has specific and precise referral, treatment and length of stay requirements and sometimes a requirement for a definite geographic location.

b) The Departments of Health and Social Services each license child day care facilities. The Annotated Code of Maryland, 1957, as amended, assigns licensing responsibilities for child day care facilities to both the Department of Health and Department of Social Services. Article 43, Health, Section 707-717 requires that group day care centers be licensed by the Department of Health. Article 88A, Social Services Administration, Section 32A requires that family day care homes be licensed by the Department of Social Services.

c) The Departments of Health, Family Resources and Social Services each provide services directed toward the nutritional needs of County residents. Health Department employees have an opportunity to promote good nutrition with each personal contact with County residents. In a formal sense, the department has designated staff to plan, develop and provide nutrition programs and materials. Additionally, the department issues food vouchers under the federally funded Women, Infant and Children (WIC) program. The Department of Family Resources, Division of Elder Affairs administers the federally funded lunch program for individuals 60 years of age or older. The Cooperative Extension Service provides nutrition programs designed to assist individuals and families in developing skills to achieve nutritionally balanced diets. The Department of Social Services determines eligibility and issues food stamps in accordance with this federally funded program's regulations.

d) The Department of Health and the Department of Correction and Rehabilitation each provide health services. These services could include physical examinations, vision and hearing tests, blood and urine analysis, dental examinations and tuberculin skin tests.

e) The Departments of Health, Family Resources and Social Services provide services directed toward children that have been abused. The Department of Family Resources' Child Protection Coordinator is an example which illustrates how responsibilities can be assigned across department lines to eliminate duplication and overlap. The Child Protection Coordinator is responsible for planning and coordinating all child abuse programs. Social workers in the Department of Social Services are required by State law to investigate all reports of suspected neglect and abuse of children. The Department of Health may perform comprehensive physical examinations and mental evaluations on abused children in order to assess their needs and develop therapeutic recommendations. }

2. The Montgomery County Code, 1972, as amended, assigns specific responsibilities to three agencies to conduct evaluations in health and health related areas. The Health Services Planning Board (HSPB)/Department of Health Systems Planning's (DHSP) specific health planning and resource development functions include review of proposed or existing health services. The Department of Family Resources' (DFR) role is coordinating, planning and evaluation of human resources, and specific functions include provision of comprehensive human services planning and program evaluation. Finally, a major function of the newly created Office of Management and Budget (OMB) is the conduct of program evaluation and analysis.

a) Several conditions limit the HSPB/DHSP's and the DFR's abilities to effectively perform these functions. The HSPB/DHSP's functions are mandated by federal law and current emphasis is directed toward private health care services. The DFR's Planning and Evaluation Section lacks the resources to adequately perform evaluations. Additionally, a sufficient data base necessary to conduct evaluation is not readily available.

b) Notwithstanding these limitations, excellent starting points for evaluating health and health related services have been established. The HSPB/DHSP has reviewed the Health Department's FY 81 and FY 82 budgets and is developing a data base for determining the utilization of Health Department services. The OMB has initiated an analysis of the County's human services delivery system.

XIII. CONCLUSIONS

1. Six major departments of the County government provide health and health related services. These departments are: the Department of Health, the Department of Family Resources, the Department of Social Services, the Department of Correction and Rehabilitation, the Department of Fire and Rescue Services and the Department of Health Systems Planning.

2. There is some duplication and overlap in the delivery of health and health related services by major departments of the County government. This duplication and overlap is caused primarily by federal/state laws and grants which designate responsibilities to specific departments and by unique program criteria involving client population and location.

3. The Departments of Health and Family Resources have numerous contracts with non-profit organizations to provide basic necessities, supervision and counseling for adolescent residential care programs. Some non-profit organizations have more than one contract with these departments because each contract has specific and precise referral, treatment and length of stay requirements.

4. The Department of Family Resources' role and specific functions in evaluating human services have never been emphasized or developed. Currently, the department lacks personnel resources to conduct any substantive evaluations.

5. The Health Services Planning Board (HSPB)/Department of Health Systems Planning (DHSP) has established a Budget Review Work Group and is developing a data base for determining the utilization of Health Department services.

6. The Office of Management and Budget has initiated an analysis of the County's human services delivery system.

XIV. RECOMMENDATIONS

1. The County Executive should review program criteria and seek changes to federal/state laws and grant provisions which result in unnecessary duplication and overlap in the delivery of health and health related services by the major departments of the County government.
2. The numerous contracts to provide basic necessities, supervision and counseling for the Departments of Health and Family Resources' adolescent residential care programs should be reviewed to determine if the scope of services and unique criteria still apply and if the several contracts with the same non-profit organizations could be combined for more efficient contract management.
3. The Department of Family Resources' role and specific functions in evaluating human services should be reviewed and a determination made as to their necessity.
4. The Health Services Planning Board (HSPB)/Department of Health Systems Planning (DHSP) should continue to focus attention on public health services. As data collection efforts are improved and more reliable and valid data on the total health care system become available, the HSPB/DHSP should assume responsibility for coordinating and evaluating all health and health related services.
5. The Office of Management and Budget should continue efforts to analyze the County's human services delivery system and develop information and processes to evaluate and decide between competing budget requests.

XV. AGENCY/DEPARTMENT COMMENTS AND OLO RESPONSE

Before submitting this report to the Council, a draft copy was sent to the County Executive, Chief Administrative Officer, nine affected departments and the Health Services Planning Board. Responses were received from the Chief Administrative Officer and the Departments of Health, Family Resources, Social Services, Correction and Rehabilitation, Fire and Rescue Services and Health Systems Planning. Those comments which corrected basic data or provided additional clarification have been included in this final report and the remaining comments are presented below.

1a. Comments from the Chief Administrative Officer:

MEMORANDUM

June 8, 1981

TO: Mr. Andrew Mansinne, Jr., Director
Office of Legislative Oversight

FROM: Robert W. Wilson, Chief Administrative Officer

SUBJECT: Office of Legislative Oversight (OLO) Report #81-1, Health

The OLO Health Report has been reviewed. We have no problems with it except those discussed in this memorandum as well as in the attached exhibits.

Considering the limited staff time available, your office attempted a formidable task in evaluating the County's public health program--even from the limited perspective of identification of duplication and overlap.

You should be aware that we established the Human Services Consortium in April 1977 with the aim of involving all those County agencies responsible for service delivery. Our goal is to make our programs more effectively and efficiently managed. Consortium discussions have reaffirmed the complexity associated with and the effort required to evaluate the health programs and activities of the six County departments covered by the report.

As you are aware, much of the information in the report is based on fiscal '79 data and therefore, regrettably, is somewhat outdated. In the last two years, this Administration has made significant changes in human services delivery which reflect a philosophy of service delivery not identified in the report. In part, these changes are the result of the evaluations we have made in this time of fiscal constraint. These changes have not attracted a great deal of public attention but are reflected in the Administration's overall policy to control the growth of government while maintaining priorities so that direct services to those in need--the need could be economic or the unavailability of services from any other source--are readily available.

My primary reservation is that the report may be considered more authoritative and analytical than you intended it to be given the age of the data. Of necessity, the report is written in a concise, summary style which is not necessarily adequate for fully analyzing, evaluating, or making specific judgments about the services or organizational structures described. This comment is not meant as a criticism but sums up, in our view, the reality of the report.

With respect to the recommendations and conclusions on Page 31, some review of program criteria will be included in the effort we are undertaking in FY 82 to develop a comprehensive human services delivery policy. Attention should be given to these program improvements:

- a. DSS licenses family day care (up to 4 clients); MCHD licenses child day care centers (5 and over). There is no duplication, but the possibility may exist after July 1 because of a change in State law effective July 1, 1981.
- b. WIC, DSS and DFR nutrition services deal with different clientele, services, and goals and objectives. We question whether valuable staff time should be allocated to look into duplication.
- c. The child abuse team was created by the County to meet a critical need. MCHD supports the team. Each member agency provides the expertise applicable to that agency. This activity will be reviewed in the normal course of events.
- d. As footnoted in the report, some residential/family programs have been consolidated in DFR by transfers from MCHD.
- e. We note that the HSPB/DHSP are recommended to continue to focus on public health services. Since all health expenditures on a per capita basis in the County are about \$435M* and MCHD expenditures about \$20M to include about \$6.7M for school health and addiction services, OLO must anticipate a quantum "pay off" through such evaluations. We would be interested in your rationale to support this contention.

* Health, United States, HEW 1980.

1b. OLO Response:

OLO appreciates that the Executive recognizes the monumental proportions of any evaluation of health and health related programs/ services provided by the Montgomery County government. Although some information may be outdated, especially fiscal data, and the detail may be such that some programs are not described in their totality, the report should make a positive contribution toward describing the myriad of programs and initiating discussion on a systematic effort of evaluating and analyzing the County's human service delivery system.

2a. Comments from the Department of Health:

MONTGOMERY COUNTY HEALTH DEPARTMENT

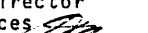
1. Page 1. I. - Delete and replace with the following:
The MCHD provides three types of services: preventive health services (child, maternal and family planning), communicable disease control services (e.g., TB, VD, immunizations) and those mental health and addiction services which are not provided adequately by the private sector because demand exceeds supply or the clients have insufficient income.
2. Page 4. IV. 1. - This paragraph should also include Article 59, Maryland Annotated Code for mental health responsibilities and Sections 7-401, 7-402, 7-403, 7-404 and 8-411, Annotated Code of Maryland Education, 1978 for school health.
3. Page 5. IV. 4. - Delete supervision on Lines 1 and 2 and insert preventive.
4. Page 5. IV. 4. 2nd Para. - Add TB Control to list of examples.
5. Page 6.d) - MCHD serves as a coordinating agency for other public and private agencies providing hypertension screening and referral.
6. Page 6. b. - Adults over 60 and the handicapped are examined. . . hospitals and long term care facilities.
7. Page 7. IV. 5. e. - Income criteria apply.
8. Page 9. d) (1). - Open Door is now the responsibility of DFR.
9. Page 10. Para. d) (2). - Turning Point is not a MCHD program; MCHD purchases Turning Point services from Family Services.
10. Page 25. XI. 2. - We suggest the last sentence and the chart on the next page be deleted. Neither is necessary to an understanding of OPDE's functions. OPDE's functions also include preparation of the Department's PSP, assisting elements of the Department with the development of computerized systems.
11. Page 34. - Alcoholism Services are relocating to 4848 Cordell Avenue, Bethesda, in June 1981.
12. With respect to the MCHD there are both a fee for service (mandated by DHMH) and local income eligibility criteria. Some services (traditional communicable disease in the main) are provided free to all County residents and the local income eligibility does not apply. A family must meet the local income eligibility criteria for child and maternal health services; family planning; mental health; dental; hearing, language and speech and rehabilitation services. A copy of MCHD policy is attached. In several places the report is not accurate when discussing these policies. Of course the income criteria was not in force in FY 79.

2b. OLO Response.

OLO has included the factual data in this final report. In conducting this evaluation, the author read numerous documents which described Health Department services. This report was written to provide the reader with an objective independent description of health and health related services.

3a. Comments from the Department of Family Resources.

June 2, 1981

COMMENTS OF DEPARTMENT OF FAMILY RESOURCES ON OFFICE OF
LEGISLATIVE OVERSIGHT REPORT #81-2, AN EVALUATION OF HEALTH
AND HEALTH RELATED PROGRAMS/SERVICES PROVIDED BY THE MONTGOMERY
COUNTY GOVERNMENT ---by Harvey R. McConnell, Jr., Director
Department of Family Resources 

p. 12 - Reference is made to the view that a detailed description of the complex issues involving federal and state mandates, funding arrangements and the specific historic reason for assigning each individual program and service to DFR is beyond the scope of the study. While this may certainly be true, any conclusions and/or recommendations regarding the duplication or overlap of services requires this kind of in-depth analysis.

p. 12, item #4, 2nd para. - Refers to the view that the contracts of DFR are actually grants and discusses the various names used to describe programs. This is perhaps a valid observation in that some financial agreements with non-profit groups have been forced into the contract format and would be better handled as grants if grants could be provided under the Charter. It should also be noted that it is the Council itself that frequently creates this confusion by appropriating money not to a program but in the name of a specific contractor, e.g., Boys' and Girls' Homes, Karma Academy, etc. Even when appropriating funds for Hotline, it is made clear that the program is that of the Mental Health Association. This perception is further enhanced when the Council engages a specific contractor in a dialogue regarding funding during budget work-sessions.

p. 13, 5th para. - The County contracts with Boys' and Girls' Homes for professional treatment and care. It should not be limited to psychiatric as is stated in the paragraph.

p. 13 - There are frequent references to the County paying monthly installments up to the contract amount. The word "installments" has the connotation of regular set amounts. We reimburse for actual expenditures up to the maximum of the contracted amount.

p. 14, para. 4. - The Hotline Program is no longer State funded as of December, 1980.

p. 14, #5. - The statement is made that the Child Protection Coordinator performs a public health function. I do not believe Child Abuse and Neglect falls within public health. By law the investigation of child abuse and neglect is placed within law enforcement and social services. As a Social Worker and Administrator, I certainly see it as more of a social problem than a health problem.

p. 30, XIII, Conclusions. - I am not sure I can agree with #2 regarding duplication and overlap. I believe there may be more of a fragmentation of services to specific target populations.

I would tend to agree with item #4 regarding DFR's role in evaluation, although we have now begun a Juvenile Residential Care Study and have evaluated some DFR programs, e.g., Hotline, Weatherization, Community Organization.

In regard to item #6, I am familiar only with a listing of programs by OMB. While an important first step, it is not an "analysis of the human service delivery system."

3b. OLO Response.

OLO has included the factual data in this final report.

4a. Comments from the Department of Social Services.

Office of Legislative Oversight Report #81-2
Comments

p. 16 - VI Department of Social Services - General

1. Since the original creation of the State Social Services Administration there has been several reorganizations in the Human Services which are not reflected in this material.

For instance, at the present time the Director of Social Services does not have responsibility for public assistance programs. This is the responsibility of the Director of Income Maintenance.

2. This statement represents only the principal function of Income Maintenance and does not address the Social Services functions of- Strengthening Family Life, Protection of Children and Adults, Self-Sufficiency, Delay or Prevention of Institutionalization, etc.

It does not reflect the separation of Income Maintenance and Social Services, the separate delivery systems, different eligibility requirements, etc.

3. The direct payment programs should include GPA-E (General Public Assistance to Employables) and should not include SSI (Supplemental Security Income) which is administered by Social Security Administration or Medical Assistance which is administered by Department of Health and Mental Hygiene--we merely perform an eligibility function.

4. Supportive services is a misnomer and should be broadened to include the goals and purposes mentioned above.

5. Finally, in this section there is some reference to the broader aspects of Social Services. However, it narrowly confines this to self-sufficiency and relates it as a support to public assistance.

6. This reads more like an organizational chart - recognizing three services divisions. It does not capture the essence of a social service delivery system and the linkages to other human services.

For instance, the description of Family Services only relates to self-sufficiency and does not address the gamut of family and child relations, prevention of foster care, prevention of abuse and neglect, etc., etc.

7. I have no serious argument with this fiscal statement.

8. It is suggested that some Department of Social Services' programs be assigned to other departments. What programs would be subject to re-assignment?

4b. OLO Response.

OLO has included the factual data in this final report. While the detail may be such that social service programs are not described in their totality, Exhibit F Department of Social Services Programs, should contribute to the reader's understanding of social services functions.

5a. Comments from the Department of Correction and Rehabilitation.

MEMORANDUM

May 20, 1981

TO: Harvey R. McConnell, Director, Department of Family Resources
FROM: Gary R. Blake, Director, Department of Correction and Rehabilitation
SUBJECT: Office of Legislative Oversight Report #81-2, An Evaluation of Health and Health Related Programs/Services Provided by the Montgomery County Government

Comments on report as follows:

Page 18, Paragraph VII. Department of Correction and Rehabilitation

2. Paragraph as written is misleading as it conveys the impression that the medical examination must include in detail those areas to be examined as specified in Chapter 13 of the County Code. The physician has the discretion of determining whether x-rays, urinalysis, blood tests, and other laboratory tests are medically indicated for each individual inmate.
3. I must take exception to the wording of the second sentence. The quality of medical care for inmates compares favorably with that of the average citizen of the County but it's difficult to imagine that it surpasses it. The facts do not support this conclusion. Inmates are a captive audience and are dependent on the department for their overall care. Naturally they will take advantage of the care that is available. Consultations, hospitalization, and out-patient emergency room care at the hospital are for the most part provided in emergency situations. Elective surgery is not provided unless the inmate agrees to pay for it. The average citizen is more prudent in the use of medical care and seeks it only when it is really required. The average citizen normally has a choice of hospital and surgeon when confronted with emergency or elective surgery. This is not the case with inmates unless they can pay for this care. It is difficult to compare the quality of care because of the variables involved in the socio-economic backgrounds of the citizens. The inmate who is hospitalized receives the same level of care as a private citizen.

The last sentence is a little misleading and should be changed and updated to read: "In January, 1981 the Department of Correction and Rehabilitation received a renewal of accreditation for two years from the American Medical Association for meeting its standards for health services in jails - a program designed to improve medical care and health services in correctional institutions".

During the late 1960's, early 70's several deaths occurred in the Detention Center. These deaths were attributable to untreated physical and medical conditions undetected at intake. To prevent this, the standard of medical care for inmates was mandated by County Law (Chapter 13, County Code). There have been no deaths or suicides in the Detention Center since this law became effective. The medical response time to emergencies is immediate because of the 24 hour a day medical coverage. Physical exams insure early detection of serious medical problems.

4. It should also be pointed out that contagious diseases must be treated in a correctional environment. As written, the report does not clearly state that inmates are referred to specialists on an emergency basis which is the case. The physician does not normally send some one to a specialist for a condition which has existed for years unless it is life-threatening or a valid emergency. There is an attempt made to require the inmate to pay for this medical service particularly if the inmate has medical insurance - admittedly which doesn't occur very frequently. The report should specify that contracts with clinical psychologists for consultant services and a contract for urinalysis tests apply to the Pre-Release Center only. Breatholizers are also used to determine the degree of inebriation of a PRC resident. Psychological screening is mandated by law. In accordance with County Law, applicants for the Pre-Release Center must be screened for psychological suitability before placement in the program.

Page 30, XII. Conclusions

2. I am unable to identify any duplication or overlap in the delivery of health and health related services with other departments. Health services provided to the inmates is essential.

GRB:eh

CC: Samuel Saxton
Joan Kautz
Robert Tansey

5b. OLO Response.

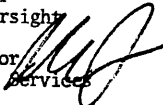
OLO has included the factual data in this final report.

6a. Comments from the Department of Fire and Rescue Services.

MEMORANDUM

May 22, 1981

TO: Andrew Mansinne, Jr., Director
Office of the Legislative Oversight

FROM: Chief Warren E. Isman, Director
Department of Fire and Rescue Services 

SUBJECT: Comments on Draft of Office of Legislative Oversight Report #81-2

I have reviewed the Draft of the Office of Legislative Oversight Report #81-2 and found the document to be very informative. The final draft should be a valuable tool to both providers and consumers of Health Care Services in Montgomery County.

Attached are recommendations and comments regarding the sections on the Department of Fire/Rescue Services. Because of the sensitivity of some of these issues, I feel that certain changes in the wording are necessary and offer the revised wording. If you have any questions in regards to this matter, please don't hesitate to contact me.

WEI/bpp

6b. OLO Response.

OLO has included the revised wording in this final report.

7a. Comments from the Department of Health Systems Planning.

MEMORANDUM

June 1, 1981

TO: Andrew Mansinne, Jr., Director
Office of Legislative Oversight

FROM: R. K. Zielinski *RKZ/p*
Executive Director

SUBJECT: Office of Legislative Oversight Report #81-2, An Evaluation of Health
and Health Related Programs/Services Provided by the Montgomery County
Government

In reference to your draft Report #81-2, An Evaluation of Health and Health
Related Programs/Services Provided by the Montgomery County Government, we support
and endorse this general statement. This is an excellent initial attempt at
looking at health systems in Montgomery County. However, we feel more specificity
in terms of interrelationships is needed.

RKZ:gmg

7b. OLO Response.

None.

County Health Officer Responsibilities

The following list identifies chapters of the Montgomery County Code 1972, as amended, which assign specific responsibilities to the County Health Officer. It should be noted that a majority of these responsibilities were assigned to the County Health Officer as a result of the reorganization of the Executive branch, December 28, 1979, and were not included in this evaluation.

- Chapter 5, Animal Control
- Chapter 10, Child Care
- Chapter 15, Eating and Drinking Establishments
- Chapter 23A, Group Residential Care Facilities
- Chapter 24, Health and Sanitation
- Chapter 25, Hospitals, Sanitariums, Nursing and Care Homes
- Chapter 28, Junk Dealers and Junk Yards
- Chapter 30B, Massage Establishments and Massage Technicians
- Chapter 35, Police
- Chapter 39, Rat Control
- Chapter 41, Recreation and Recreational Facilities
- Chapter 44, Schools and Camps
- Chapter 46, Slaughterhouses
- Chapter 51, Swimming Pools
- Chapter 54, Transient Lodging Facilities

EXHIBIT A

Health Department Expenditures
FY 79 Actual

<u>Division</u>	<u>Salaries & Wages</u>	<u>Operating Expense</u>	<u>Contract^{a)} Amounts</u>	<u>Capital Outlay</u>	<u>Total^{b)}</u>
County Health Officer	\$ 762,617	\$ 509,440	\$ ---	\$ 1,133	\$ 1,273,190
Allied Health Services	503,781	99,586	---	22,541	625,908
Infant & Child	687,183	103,686	27,900	1,477	792,346
Youth and Young Adult	1,497,014	1,063,410	842,500	14,335	2,574,759
Adult and Geriatric	711,021	464,057	384,860	3,268	1,178,346
Area Health	3,830,347	524,657	105,600	29,553	4,384,557
Mental Health	1,356,229	548,729	399,260	2,549	1,907,507
Disease Control	<u>702,105</u>	<u>40,736</u>	<u>---</u>	<u>11,962</u>	<u>754,803</u>
TOTAL	<u>\$10,050,297</u>	<u>\$3,354,301</u>	<u>\$1,760,120</u>	<u>\$86,818</u>	<u>\$13,491,416</u>

Notes: a) These contract amounts are included in Operating Expense.

b) The total includes Salaries & Wages, Operating Expense, Capital Outlay. (Note: Fringe benefits are not included.)

EXHIBIT B

Health Department Facilities
(as of January 1981)

<u>DESCRIPTION</u>	<u>ADDRESS</u>	<u>OWNED/RENTED</u>
The County Health Officer and Administrative Functions	2350 Research Blvd. Rockville	Owned
Alcoholism Services	11710 Hunters Lane* Rockville	Owned
Adult & Geriatric Services	5635 Fishers Lane Rockville	Rented
Youth & Young Adult Services	8500 Colesville Road Silver Spring	Owned
Juvenile Court Diagnostic Team	15825 Shady Grove Road Rockville	Rented
Project PACT (Parent & Child Together)	11141 Georgia Avenue Wheaton	Rented ^{a)}
Project TASC (Treatment Alternatives for Street Crimes)	301 E. Jefferson Street Rockville	Owned
Health Department Supply	611 Rockville Pike Rockville	Rented ^{b)}
Central Clinic and Infant & Child Services	12701 Twinbrook Pkwy. Rockville	Rented ^{b)}
Other Health Department Functions	12750 Twinbrook Pkwy. Rockville	Rented ^{b)}
Community Crisis Center	12701 Auburn Avenue Bethesda	Owned ^{c)}
Area Health Centers:		
Silver Spring	8641 Colesville Road Silver Spring	Rented
Bethesda ^{d)}	4848 Cordell Avenue Bethesda	Rented
Gaithersburg	542 N. Frederick Avenue Gaithersburg	Rented
Poolesville ^{e)}	2001 Fisher Avenue Poolesville	Rented
Rockville	50 Monroe Street Rockville	Rented
Northeast	14015 New Hampshire Avenue Silver Spring	Owned
Wheaton	2424 Reddie Drive Wheaton	Owned
Residential Facilities:		
Second Genesis (63 beds) ^{f)}	14701 Avery Road Rockville	Owned
Karma House-Girls (10 beds) ^{f)}	14800 Shady Grove Road Rockville	Owned
Karma House-Boys (12 beds) ^{f)}	175 Watts Branch Pkwy. Rockville	Owned

Notes: a) Project PACT, including rent, was an LEAA grant funded project FY 78 - FY 80

b) Central Clinic, Infant and Child Services, Supply and other Health Department functions will move to 2000 Dennis Avenue, Silver Spring, March-April 1981.

c) County government has ten year lease arrangement with the Department of Transportation, Bethesda Parking Lot District.

d) Bethesda Area Health Clinic is scheduled to be closed in FY 82.

e) Satellite Clinic to Gaithersburg Health Center.

f) See discussion of Alternatives and Counseling Services p.

Questionnaire

1. On an annual basis identify the percentage of your time spent:
 - a) Providing direct service to citizens _____%
 - b) Supervising Health Department staff _____%
 - c) Developing and evaluating programs _____%
 - d) Participating in meetings¹ involving:
 - Health Department staff _____%
 - Other County Government departments (Executive branch/
Council) _____%
 - Other County/State/Federal Agencies (MCPS, DHMH) _____%
 - e) Other; if significant _____%
2. If any time is spent providing direct service to citizens, identify for FY 79 the percentage of time for each category of citizens:
 - a) Infants and Children (0-12 years) _____%
 - b) Youth (13-17 years) _____%
 - c) Young Adults (18-35 years) _____%
 - d) Adults (36-64 years) _____%
 - e) Geriatric Adults (65+ years) _____%
3. Identify the following information (as of June 1, 1979):
 - a) Official position title: _____
 - b) Montgomery County Personnel Pay Grade: _____
4. Identify your actual work location:²

1. Meetings are a separate category although it is known that supervising staff and developing programs involves meetings. Therefore, the percentage of time spent in categories a-e may exceed 100%.
2. If applicable, specify Area Health Center and schools/neighborhood centers, etc.

Division 11B. Department of Family Resources.

Section 2-58B. Generally.

There is hereby established as a principal department of the Executive Branch a Department of Family Resources under the immediate direction of a director who shall be appointed by the County Executive subject to confirmation by the County Council. This department shall be responsible for coordinating plans and programs for all County departments, offices and agencies providing services to people. This department shall also be responsible for assuring to the extent practicable that all services to people are oriented toward the interactions of individuals within the family setting and social unit. Services to people and human services are defined as those concrete, supportive services which provide the basic necessities, such as food, clothing and shelter to people and those services which directly serve the health, mental health, economic well-being and social functioning of individuals and families. This department shall have a dual role: (a) coordination, planning and evaluation of human resources, and (b) depository of new programs during their developmental stage. The Department of Family Resources shall perform the following functions or services:

- (a) Coordination of services to youth and support services for the Commission on Children and Youth.
- (b) Coordination of services to senior citizens and support services for the Commission on Aging.
- (c) Support services for the Community Action Committee.
- (d) Support services for the Interagency Commission.
- (e) Coordination of services to handicapped individuals and comprehensive coordination among all public and private agencies and departments in the County which provide services and programs to handicapped individuals and support services for the Commission on Handicapped Individuals.
- (f) Coordination of substance abuse programs, services and planning.
- (g) Preparation of budgetary recommendations for the County's contribution to programs and services to handicapped individuals and transmittal of said recommendations to the appropriate agencies and departments for consideration.
- (h) Coordination of the activities of the University of Maryland Extension Services.
- (i) Recruitment and utilization of volunteer services for County programs.
- (j) Coordination of employment services and planning.
- (k) Coordination with other units of government and with private groups in the above areas of responsibility.
- (l) Provision of comprehensive human services planning and program evaluation.
- (m) Review of programs and budgets of human services agencies of the County government and presentation of recommendations to the agencies on such program and budgets.

Department of Social Services Programs (as of FY 79)

1. Adoption Services. Social workers assist in the placement of children who are legally separated from their biological parents and are living with adoptive parents.
2. Protective Services for Children. Social workers investigate all reports of suspected neglect and abuse of children and provide assistance to insure the safety and well-being of the children. As part of a specialized program, Sexual Abuse Program, social workers provide counseling and assistance to children and parents involved in child sexual situations.
3. Foster Care Services. Counseling and assistance designed to help children and their biological and foster parents.
 - a) Natural Parent Program. Social workers counsel biological parents in planning for the permanent care of their children, who are presently in foster care facilities.
 - b) Specialized Foster Homes. Social workers provide counseling and assistance to children, with emotional, physical and/or mental handicaps, and their biological and foster parents.
 - c) Monroe Street Program. The Department of Social Services operates a residential care facility for adolescent children. The County government owns this facility and the Department of Facilities and Services provides maintenance and pays for the utilities.
5. Day Care Licensing. State law requires that family day care¹ homes be licensed by the Department of Social Services, social workers ensure that State qualifications and standards are met.
6. Purchase of Day Care Services. The Department of Social Services contracts with family and group day care facilities to provide care for children in order that their families can achieve and/or maintain employment.
7. Takoma Park Day Care Center. The Department of Social Services operates a day care center for children from low-income families in the Takoma Park-Silver Spring area. Day care for these children enables their families to achieve and/or maintain employment.
8. Assessment Center for Adults. A joint office of the Department of Social Services and Department of Health; a team of social workers and nurses provides assistance in developing individual long-term care plans for physically and/or mentally handicapped adults and the elderly.

1) Article 88A, Section 32A Annotated Code of Maryland 1957, as amended defines family day care as care given in lieu of parental care to from one to not more than four children under the age of sixteen.

9. Home and Community Services. Social workers provide assistance in finding supportive, community living situations for physically and/or mentally handicapped individuals or the elderly who are in good physical health but need assistance in certain tasks of daily living.
10. Home Care Services. Social Services aides or homemakers² provide direct supportive services (housekeeping, heavy chores, personal care) to eligible, individuals and/or families in their own homes in order to strengthen family life and prevent institutionalization.
11. Respite Care Program. A social worker aide provides assistance to families in finding temporary relief from caring for a physically and/or mentally handicapped member.
12. Indochinese Refugees Program (I.R.P.). Social workers provide counseling and assistance to Indochinese refugees, primarily in vocational and language training and job placement.
13. Tenant Opportunity Program (T.O.P.). Social workers provide comprehensive social services specifically, to tenants who live in public housing.

2) Department of Social Services contracts with the Homemaker Health Aide Service of the National Capital Area for homemaker service.

Excerpts from the Montgomery County Code, 1972, as amended,¹ Chapter 24 Health and Sanitation, Article III, Health Systems Agency.

24-32. Health Services Planning Board; responsibilities and authority.

The Board shall:

(a) Have the following general responsibilities and authority:

(1) To serve as the Health Planning Board for Montgomery County and be responsible for approval of all actions taken pursuant to this Section;

(2) To provide continuing liaison, informational services and communications concerning health planning to the general public, appropriate agencies and organizations in the County and the metropolitan region;

(3) To perform and implement any and all such functions and duties as are customary or from time to time may be delegated by law or regulation to governing bodies of health systems agencies;

(4) To promote through planning optimum effectiveness in the delivery of health care services; to increase the accessibility, continuity and quality of health service; to restrain increases in the cost of providing services to the residents of the County; to eliminate inappropriate and unnecessary duplication of health facilities and services, to strengthen competitive forces in the health services industry consistent with and where deemed appropriate by Section 1502(a) and (b) of the act; to assist the individual and public nonprofit private entities through grants and contracts in planning and developing projects and programs consistent with the existing health systems plan; to coordinate and cooperate with the health systems agencies in surrounding jurisdictions and the metropolitan region; and to recommend to appropriate State and federal agencies projects to achieve the objectives of the health systems plan and the annual implementation plan in accordance with this article and applicable federal regulations governing the activities of health systems agencies; and

(5) To provide for community participation and use of local expertise in the development and implementation of plans.

(b) Be responsible for the internal affairs of the Department of

1) The most recent amendment to Chapter 24, Article III was enacted December 23, 1980.

Health Systems Planning, except for the establishment of personnel rules and practices for the staff of the Department and matters related to the Department's budget. The board may, however, discuss, comment, and make recommendations on the Department's budget and the personnel rules and practices applicable to staff of the Department. The Executive Director shall be appointed as provided for in Section 24-33.

(c) Be responsible for developing and approving necessary applications including work programs and budgets for submission to the appropriate federal agencies for conditional or full designation. Any non-federal funds contained in such applications for the purposes of obtaining federal grant funds shall be expended only for the purposes cited in this article and as approved by the Board.

(d) Develop, adopt and publish criteria and procedures for health planning and development functions pursuant to section 1532 of the act and federal regulations promulgated thereunder, including the following:

(1) Review, approve or disapprove the proposed use of federal funds for health purposes in the County pursuant to section 1513(e) of the act;

(2) Review and make recommendations to the State Health Planning and Development Agency with respect to the needs for new institutional health services proposed to be offered or developed in the County pursuant to section 1513(f) of the act;

(3) Review on a periodic basis, but at least every five years, beginning within three years of full designation, all institutional health services offered in the County, in the context of existing and planned services throughout the metropolitan region, and make recommendations thereon to the appropriate State Health Planning and Development Agency pursuant to section 1513(g) of the act;

(4) Conduct any other review of proposed or existing health services;

(5) Review and approval of grants and contracts to be executed which provide for the planning and development of projects and programs necessary to achieve the health system described in the health systems plan.

(e) Include within the scope of the criteria and procedures developed pursuant to subsection (d) of this section the following requirements:

(1) Identification of the degree of conformance with plans required by this article;

(2) Written notification to affected persons of the beginning of a Board review;

(3) Review schedules, providing that no review shall take longer than ninety days from the date of notification to affected persons of the beginning of a Board review, and that the time schedule for review shall not be in conflict with federal and state regulations governing such review;

(4) Provision for persons subject to a review to submit to the Board, in such form and manner as the Board shall prescribe and publish, such information as the Board may require concerning the subject of such review;

(5) Submission to the Board at such times and in such manner as the Board may require of applications subject to a Board review under provisions of the Act or other provisions of the law for federal financial assistance for health services;

(6) Submission of periodic reports by providers of health services and other persons subject to Board review with respect to the development of proposals subject to review;

(7) Provision for written findings which state the basis for any final Board decision or recommendation;

(8) Notification of providers of health services and other persons subject to Board review of the status of such review, proposals, or findings made in the course of such review, and other appropriate information with respect to such review;

(9) Provision for public hearings in the course of Board review if requested by persons directly affected by such review, and provision for public hearings, for good cause shown, with respect to Board decisions;

(10) Preparation and publication of regular Board reports of the reviews, being conducted, including a statement concerning the status of each such review, Board reviews, completed, and a general statement of the findings and decisions made in the course of such reviews since the publication of the last such report;

(11) Provision for access by the general public to all applications reviewed by the Board and to all other written materials pertinent to any Board review; and

(12) In the case of construction projects, provision for submission to the Board by the entities proposing the projects of letters of intent in such detail as may be necessary to inform the Board of the scope and nature of the projects at the earliest possible opportunity in the course of planning of such construction projects.

(f) Issue an annual report concerning Board activities pursuant to Section 24-43 of this article.

(g) Be responsible to perform for the Agency the health planning and resources development functions as set forth in Section 1513 of the Act.

(h) Cooperate with each A-95 Agency and PSRO dealing with and in Montgomery County, neighboring health systems agencies within the Washington-Metropolitan area and with appropriate state agencies.

(i) Cooperate with the County Health Department in an annual review of Health Department goals, objectives, programs and projects to provide information to the Department for incorporation in the Health Systems Plan and Annual Implementation Plan. In addition, the Health Officer shall periodically meet with the Board to discuss Health Department activities and their relationship with the Health Systems Plan and Annual Implementation Plan. The Board may request information from other County government departments and agencies that provide health related services.

24-33A. Health Systems Agency; County Council and County Executive.

The County Executive and the County Council shall exercise the following authority over the Board's health planning and resources development program:

(a) Selection, appointment, and removal for cause of Board members under the procedures set forth in this article;

(b) Assure the appointment of the Department's staff under the County Personnel System;

(c) Approval and appropriation of funds for the Department's budget in accordance with the Montgomery County Charter and applicable federal laws or regulation;

(d) Adoption of general rules and regulations for the exercise of the responsibilities of the Board which are consistent with the Act and applicable federal regulations;

(e)(1) The County Executive shall provide the County Council with his comments and recommendations concerning the proposed health system and annual implementation plans or any amendment thereto within thirty (30) days after he receives same from the board. The County Council shall within sixty (60) days from the receipt of the County Executive's comments and recommendations on said plans approve, disapprove, or amend said plans or any amendments thereto. Thereafter, the Council shall advise the board of its final action with respect thereto. Any such proposed additions or revisions not included in the health systems plan established by the agency shall be appended to the health systems plan for transmittal to the State.

(2) The County Council and County Executive shall be given a reasonable opportunity to review, comment and make recommendations upon any proposed board action, in addition to the health system and annual implementation plan, which the Council or Executive requests to review.

(f) The County Executive and County Council shall be given an opportunity to comment on the Board's annual work program and any amendments thereto; and

(g) The County Executive shall, subject to the approval of the County Council, nominate persons to serve on the State Health Coordinating Council.

24-33B. Department of Health Systems Planning established.

(a) A Department of Health Systems Planning, a principal department in accordance with Section 212 of the County Charter, is hereby established to implement the staff functions and responsibilities as set forth in this Article or as the Act or federal regulations may authorize. The Director of the Department under the direction of the Chief Administrative Officer and under the general direction of the Board shall have authority over the Department for the functions and responsibilities hereinafter referred to in this Section.

(b) The Department shall have as its primary responsibility the provision of effective health planning for Montgomery County and the promotion of the development within the County of health services, manpower, and facilities which meet identified needs, reduce documented inefficiencies, and implement the health plans developed for the Agency.

(c) The Department shall provide such other duties as are necessary to insure that the responsibilities of the Board are fulfilled and the purposes of this article are effectuated.
