



Administration and Support

APPROVED FY23 BUDGET

\$66,571,850

FULL TIME EQUIVALENTS

167.00

 RAYMOND L. CROWEL PSY.D., DIRECTOR

FUNCTION

The function of Administration and Support Services is to provide overall leadership, administration, and direction to the Department of Health and Human Services (HHS), while providing an efficient system of support services to ensure effective management and delivery of services.

PROGRAM CONTACTS

Contact Victoria Buckland of the HHS - Administration and Support at 240.777.1211 or Deborah Lambert of the Office of Management and Budget at 240.777.2794 for more information regarding this department's operating budget.

PROGRAM DESCRIPTIONS

Admin - Office of Community Affairs

This program oversees, supports, and implements the mission of the Office of Community Affairs, which is to lead the development of equitable and inclusive health and human services systems that are responsive to racial/ethnic and economically disinvested communities. This Office takes a global view of equity and inclusion that transcends the mandate of individual service units and offices to ultimately drive for systems change.

FY23 Approved Changes	Expenditures	FTEs
FY22 Approved	240,218	2.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	143,834	1.00
FY23 Approved	384,052	3.00

Admin - Office of the Chief Operating Officer

This Office oversees the administrative services that support direct service delivery and the day-to-day operations of the Department, including budget development and expenditure analysis; management of the Department's fiscal operations including payments, medical billing, Federal claiming, and State financial reporting; contract management; logistics and facilities support; information technology support and development; grant acquisition; and oversight of compliance activities such as internal audits and coordination of external audits. The Office also oversees the implementation of Department-wide policies and procedures for

administrative functions and coordinates and facilitates service delivery practices to promote consistency across programs and to further the goal of integrated practice across the Department.

FY23 Approved Changes	Expenditures	FTEs
FY22 Approved	24,259,046	91.00
Enhance: Upgrade Existing Enterprise Integrated Case Management System That is Past End-of Support	1,200,000	0.00
Enhance: Consolidate Existing IT Infrastructure That is Approaching End-of-Support into a Hyper-Converged Infrastructure System That Will Provide More Efficient and Cost Effective System Management	700,000	0.00
Enhance: Additional Staff on the Contract Team and Human Resources Team in the Office of the Chief Operating Officer Due to Increased Workload	246,521	3.00
Increase Cost: Fund Contract for More Accurate Cost Allocation Plan and Random Moment Time Studies	152,000	0.00
Enhance: CivicGov Online Application for License and Regulatory Services	125,000	0.00
Enhance: Crisis Center Phone Upgrade Necessary to Effectively Perform its Mission	50,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	3,710,974	(2.00)
FY23 Approved	30,443,541	92.00

Admin - Office of the Director

The Director's Office provides comprehensive leadership and direction for the Department, including budget and policy development and implementation, planning and accountability, service integration, customer service, the formation and maintenance of partnerships with non-governmental service providers, and human resource management. Further, the Office of the Director facilitates relationships and communications with external partners, provides overall guidance and leadership for health and social service initiatives, and ensures compliance with relevant laws and regulations including the Americans with Disabilities Act (ADA) and the Health Insurance Portability and Accountability Act (HIPAA).

FY23 Approved Changes	Expenditures	FTEs
FY22 Approved	10,491,548	25.00
Enhance: Funding to Support Services Provided by the Service Consolidation Hubs	2,601,600	0.00
Enhance: FY23 ARPA Funding for Oak Chapel Hub	300,000	0.00
Enhance: Communications and Public Engagement Team to Enhance Timely Communication With the Public Regarding Services	91,599	1.00
Decrease Cost: Service Consolidation Hubs ARPA Funding Decreases From FY22 Appropriation by \$600,000 (Providing \$3,000,000 in ARPA Funding in FY23)	(600,000)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(1,690,250)	1.00
FY23 Approved	11,194,497	27.00

Community Action Agency

The mission of the Community Action Agency (CAA) is to advance social and economic mobility among communities and neighbors through services, partnerships, and advocacy using an equity lens. Responsibilities include administration of Federal and State Head Start and Community Services Block Grant (CSBG) funding. In addition to Head Start, programs include the Takoma-East Silver Spring (TESS) Community Action Center, Volunteer Income Tax Assistance (VITA), the Community Action Board, and its Community Advocacy Institute. CAA staff and volunteers join with 30+ partners to deliver critical services that

strengthen the social and economic assets of low-income communities.

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
The number of residents who receive free tax preparation services through the CAA VITA program ¹	1,746	1,025	1,400	1,800	2,200

¹ The number of residents served annually by VITA is highly dependent upon the number and expertise of volunteers recruited and trained, funding of VITA staff, as well as the size and number of partnership sites when delivering in-person services. Due to Covid, a virtual model (Zoom-based) was initiated in FY21. FY22 assumes a hybrid model with limited in-person services, and a reduction of volunteers, including many seniors who previously volunteered due to their health and Covid concerns, and a reduction of student volunteers. Projections assume level staffing, and increasing volunteer levels in FY23 and FY24, as Covid health impacts hopefully diminish.

FY23 Approved Changes	Expenditures	FTEs
FY22 Approved	4,634,764	12.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	877,221	2.20
FY23 Approved	5,511,985	14.20

Equity and Language Access

This program leads an organizational change effort by engaging in systematic planning, implementation, and evaluation of activities that help the Department understand, define, and adopt equity as an operating value that guides how staff work with customers, colleagues, and the community to promote health, safety, and self-sufficiency. Limited English Proficiency (LEP) is a key barrier to equitable access to services. Providing language access is a Federal mandate. This program oversees the implementation of key components of the comprehensive Department-wide LEP Policy and Implementation Plan to fulfill an essential systemic strategy to create equitable access to services.

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of referrals made for Multilingual Health Navigation Line/Interpretation Services ¹	7,623	24,462	15,000	10,000	10,000
Total number of interpretations provided over the phone by our phone interpretation vendor to DHHS staff in order to serve LEP clients	20,225	28,814	23,000	21,000	21,000
Percent of clients satisfied with services for Multilingual Health Navigation Line/interpretation services ²	94%	98%	90%	90%	90%
Percent of clients able to access services upon referral	83%	90%	84%	85%	85%
Percent of participants of Equity Workshop who will be able to apply behaviors learned ³	96%	94%	92%	92%	92%

¹ The considerable uptick in the number of referrals for multilingual/interpretation services is attributable to the following: 1) HHS moving much of its operation virtual, so instead of using in-person interpretation services which is not part of this count, has switched on phone interpretation services which represents this data. 2) Because of new COVID relief programs such as EARP and Rental Relief which created demands from the community.

² This data currently reflects the performance of one contract. Other contracts will be updated to include the capturing of this data. The measure will be updated accordingly.

³ Represents participants who marked "agreed" or "strongly agreed" on this question

FY23 Approved Changes	Expenditures	FTEs
FY22 Approved	1,223,221	2.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(4,120)	0.00
FY23 Approved	1,219,101	2.00

Head Start

This program oversees the Federal Head Start funding that the County receives to provide a comprehensive child development program for income-eligible families with young children ages three through five. Montgomery County Public Schools serves as the Head Start delegate agency and the Department of Health and Human Services provides health services to eligible Head Start children through the School Health Service program.

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of children in full-day program	540	540	560	578	598
Percent of children in full-day program	83%	83%	89%	92%	100%
Percent of Head Start eligible children served by the Montgomery County Head Start Program	41%	41%	41%	50%	50%
Percent of 3-year olds with demonstrated school readiness ¹	50%	71%	65%	70%	75%
Percent of 4-year olds with demonstrated school readiness ²	42%	81%	75%	80%	85%

¹ The FY2021 program year began as a virtual learning platform. The child assessment- reduced from 16 early learning Skills, Knowledge and Behaviors (SKBs) indicators- was modified to focus on four indicators of learning under the math and language and literacy domains. Accordingly, the higher percentage is indicative of readiness in the four main areas.

² The FY2021 program year began as a virtual learning platform. The child assessment- reduced from 16 early learning Skills, Knowledge and Behaviors (SKBs) indicators- was modified to focus on four indicators of learning under the math and language and literacy domains. Accordingly, the higher percentage is indicative of readiness in the four main areas.

FY23 Approved Changes	Expenditures	FTEs
FY22 Approved	4,807,949	2.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(41,509)	0.80
FY23 Approved	4,766,440	2.80

Minority Programs

The three minority programs - the African American Health Program (AAHP), the Latino Health Initiative (LHI), and the Asian American Health Initiative (AAHI) - support Department-wide efforts to eliminate health and other disparities and achieve equity while continuing their population-targeted programs and services. The programs' knowledge, expertise, and experiences in racially, ethnically, and linguistically diverse communities helps informed Department-wide program, policy, and budget decisions.

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of individuals served by the Minority Health Initiatives & Program ¹	36,653	28,920	29,579	31,979	32,064
Percent of clients satisfied with services provided by the Minority Health Initiatives & Program	99%	99%	95%	95%	95%
Average percent of respondents who expressed increased confidence due to community capacity building activities ²	96%	N/A	85%	85%	85%
Average percent increase in wages from time participants entered program until hired as health professionals	190%	169%	150%	150%	150%
Percent of clients who improved A1C blood sugar level test at 3-month follow up (diabetes management/prevention)	95%	96%	100%	97%	96%

¹ FY20's actual figure is higher than FY21 because FY20 included July 2019 - early March 2020, which was "pre-COVID." During that time, the programs conducted outreach as we usually did, which included large-scale in-person events. FY21 was a full "COVID-year." Communities were not hosting large scale in-person events as they did in the pre-COVID era, especially considering that the vaccine did not become more widely available to all adults until April 2021, which was closer to the end of FY21. Both LHI and AAHI had decreases in FY21 outreach, in part due to the decrease in in-person outreach events, and in the increase in virtual events, which do not yield as many participants and attendees.

² This is a measure tracked by AAHI. Historically, AAHI had set the projection at 85% for the past fiscal years. For FY23, department staff will

work with the AAHI to align prior data with projections.

FY23 Approved Changes	Expenditures	FTEs
FY22 Approved	5,572,380	27.00
Enhance: Increase the FY23 Base Budget for the African American Health Program	3,587,000	0.00
Enhance: Increase the FY23 Base Budget for the Latino Health Initiative	2,386,310	0.00
Enhance: Increase the FY23 Base Budget for the Asian American Health Initiative	1,210,263	0.00
Enhance: Latino Health Initiative Program Coordinator	104,994	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	191,287	(1.00)
FY23 Approved	13,052,234	26.00

REALIGNED PROGRAMS

Funding in the following programs has been realigned to other programs within this department.

Legal Representation

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of clients served by the grants	106	154	150	150	150
Percent of clients who obtained a favorable legal outcome	27%	46%	50%	50%	50%

FY23 Approved Changes	Expenditures	FTEs
FY22 Approved	551,100	0.00
Shift: Legal Representation Program from Health and Human Services to Community Engagement Cluster	(551,100)	0.00
FY23 Approved	0	0.00

PROGRAM SUMMARY

Program Name	FY22 APPR Expenditures	FY22 APPR FTEs	FY23 APPR Expenditures	FY23 APPR FTEs
Admin - Office of Community Affairs	240,218	2.00	384,052	3.00
Admin - Office of the Chief Operating Officer	24,259,046	91.00	30,443,541	92.00
Admin - Office of the Director	10,491,548	25.00	11,194,497	27.00
Community Action Agency	4,634,764	12.00	5,511,985	14.20
Equity and Language Access	1,223,221	2.00	1,219,101	2.00
Head Start	4,807,949	2.00	4,766,440	2.80
Legal Representation	551,100	0.00	0	0.00
Minority Programs	5,572,380	27.00	13,052,234	26.00
Total	51,780,226	161.00	66,571,850	167.00

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