



Administration and Support

RECOMMENDED FY25 BUDGET
\$83,077,010

FULL TIME EQUIVALENTS
187.13

 JAMES BRIDGERS PH.D., MBA, 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 (DHHS), while providing an efficient system of support services to ensure effective management and delivery of services.

PROGRAM CONTACTS

Contact Mark Hodge of the HHS - Administration and Support at 240.777.1568 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.

FY25 Recommended Changes	Expenditures	FTEs
FY24 Approved	317,136	3.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	266,468	1.00
FY25 Recommended	583,604	4.00

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.

FY25 Recommended Changes	Expenditures	FTEs
FY24 Approved	31,259,722	96.81
Enhance: Upgrade Existing Enterprise Integrated Case Management System That is Past End of Technical Support	1,900,000	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.	4,828,785	5.69
FY25 Recommended	37,988,507	102.50

Admin - Office of the Director

The Office of the Director 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).

FY25 Recommended Changes	Expenditures	FTEs
FY24 Approved	10,165,792	31.38
Increase Cost: House Bill 669 Grant	6,509,525	13.44
Technical Adj: Miscellaneous Grant Changes	5,208,019	3.70
Enhance: Food for Service Consolidation Hubs	3,000,000	0.00
Re-align: Elimination of Long-Term Vacancy	(73,762)	(0.75)
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(10,505,263)	(14.14)
FY25 Recommended	14,304,311	33.63

Community Action Agency

The mission of the Community Action Agency (CAA) is to use an equity lens to advance social and economic mobility among communities and neighbors through services, partnerships, and advocacy. 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 FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
The number of residents who receive free tax preparation services through the CAA VITA program ¹	1,463	1,946	2,022	2,400	2,400

¹ The increasing trend is due to both capacity and demand. During the pandemic, a law enabled residents to file for both State and Federal returns. Program capacity is dependent on staffing and volunteers; cuts in either will affect the number of residents the program can serve in a given year.

FY25 Recommended Changes	Expenditures	FTEs
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FY25 Recommended Changes	Expenditures	FTEs
FY24 Approved	5,978,595	15.20
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(255,599)	0.00
FY25 Recommended	5,722,996	15.20

Equity and Language Access

Limited English Proficiency (LEP) is a barrier between customers, colleagues, and the community and equitable access to services designed to promote their health, safety, and self-sufficiency. The focus of the Equity and Language Access Program is to use principles of equitable access to guide how staff plans, implements, and evaluates activities that provide access to language. This program is charged with delivering an LEP Policy and Implementation Plan, Department-wide, to fulfill an essential systemic strategy to create equitable access to services by mitigating language barriers and to comply with a Federal mandate for language access.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Number of referrals made for Multilingual Health Navigation Line/Interpretation Services ¹	35,895	33,362	30,500	30,500	30,500
Total number of interpretations provided over the phone by our phone interpretation vendor to DHHS staff in order to serve LEP clients ²	23,400	28,239	28,500	29,000	29,500
Percent of clients satisfied with services for Multilingual Health Navigation Line/interpretation services ³	98%	99%	98%	99%	99%
Percent of clients able to access services upon referral ⁴	94%	87%	90%	90%	90%
Percent of participants of Equity Workshop who will be able to apply behaviors learned ⁵	97%	98%	98%	98%	98%

¹ The decrease in the numbers from FY22 to FY23 may be related to the reduction in the number of calls on referrals to Covid-19 related services.

² The fluctuation in use of telephonic interpretation over the past few years was affected by the pandemic: In FY21, at the height of Covid, these services were in high use. In FY22, with many Covid programs no longer funded, there was a decrease in usage. In FY23, utilization increased due to greater familiarity with accessing language resources, increased staffing across DHHS, and more frequent use of virtual communication. We expect usage in the coming years to be on par with FY23, with a slight increase each year.

³ Metric reflects satisfaction with services provided by CASA (contract with Latino Health Initiative) and Cross Cultural Infotech (contract with Asian American Health Initiative.) In FY23, there were 978 survey respondents across both programs. FY24-FY26 projections are based on percentages of satisfied clients from FY21-FY23.

⁴ There was a decline in this measure due to the complex nature of the needs presented by clients and a lack of programs that could satisfy those needs. For example, this year, the Asian language navigation line started serving Afghani clients, who had urgent needs for housing or immediate cash assistance. Due to service limitations or client ineligibility, some clients were not able to access the service they were seeking. FY24-FY26 projections are based on percentages of satisfied clients from FY21-FY23.

⁵ In FY23, the survey was distributed to 201 workshop participants and received 139 responses. FY23 performance likely increased due to the return of in-person workshops, where participants seem to be more engaged in the content than in virtual sessions.

FY25 Recommended Changes	Expenditures	FTEs
FY24 Approved	1,260,302	2.00
Increase Cost: Language Assistance Services Due to Increased Demand	252,690	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.	65,286	0.00
FY25 Recommended	1,578,278	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 FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Number of children in full-day program ¹	540	540	540	540	648
Percent of children in full-day program ²	83%	83%	83%	83%	100%
Percent of Head Start eligible children served by the Montgomery County Head Start Program ³	41%	41%	41%	41%	41%
Percent of 3-year olds with demonstrated school readiness ⁴	75%	83%	87%	87%	87%
Percent of 4-year olds with demonstrated school readiness ⁵	84%	83%	87%	87%	87%

¹ The federal 5-year program goals were established in FY21 to serve 648 children. Of these 648, 540 are full-time, and the program expects to continue at full capacity. The program hopes that in FY26, when the new project period starts, all 648 slots will be funded for full-time participation.

² The current Head Start 5-year project period ends in FY25 and funds full day for 540 of the 648 participating children. In the next five-year project period in FY26, program anticipates receiving funds to enroll all 648 slots full time.

³ Program estimates 1,580 applications are received per year. The number served by the program has consistently remained at 648, per the approved project period funding from FY21 through FY25.

⁴ Head Start children returned to uninterrupted in-person learning. Consistency in curriculum instruction may have impacted the increase in readiness for kindergarten.

⁵ MCPS instituted a new curriculum to promote more rigorous instruction and learning for the Pre-K program that may have resulted in the slight decrease in school readiness assessment of children.

FY25 Recommended Changes	Expenditures	FTEs
FY24 Approved	4,896,061	2.80
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(141,299)	0.00
FY25 Recommended	4,754,762	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 disparities in delivery of health services and others and continue to achieve equitable delivery of population-targeted programs and services. The knowledge, expertise, and experiences of incumbent personnel in racially, ethnically, and linguistically diverse communities informs Department-wide program, policy, and budget decisions.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Number of individuals served by the Minority Health Initiatives & Program ¹	65,983	185,274	161,507	131,328	131,161
Percent of clients satisfied with services provided by the Minority Health Initiatives & Program ²	96%	96%	93%	93%	93%
Average percent of respondents who expressed increased confidence due to community capacity building activities ³	90%	86%	85%	87%	90%
Average percent increase in wages from time participants entered program until hired as health professionals ⁴	134%	161%	155%	160%	160%
Percent of clients who improved A1C blood sugar level test at 3-month follow up (diabetes management/prevention) ⁵	97%	75%	75%	75%	75%

¹ FY23 experienced a significant increase from past years as it includes individuals served through contracts and large programs such as LHI's Por Nuestra Salud y Bienestar Program and AAHI's Healthy Communities Fund. Additionally, the increase is also due to more regular in-person

community outreach events and the return of larger health events held by the MHIP such as LHI's Ama Tu Vida, AAHI's AAPI Heritage Month Celebration, and AAHP's Community Day. With Covid-19 activities winding down, the program anticipates a decrease in the number of clients served in the future.

² The decrease in satisfaction can be attributed to the fact that this data is now being collected from more programs and from contractors or grantees, some of which are still building their capacity to implement health and wellness programs. In FY23, 666 surveys were distributed and programs received 552 responses in total. FY24-FY26 projections are based on percentages of satisfied clients from FY21-FY23.

³ There was a decrease in this measure for several reasons. First, some of the programs implemented this year were new and experimental. Second, this measure includes outcomes from the Healthy Communities Fund grant. This was the first year that this data was collected from grantees and they are still getting acclimated to collecting this data.

⁴ The annual average increase in wages includes three participants' career advancement securing RN jobs from an average of \$16.42 per hour when entering the program to an average of \$42.83 per hour when hired as RNs.

⁵ In FY23, there were 129 enrolled Diabetes Self-Management Education (DSME) participants with A1Cs. Of those, 97 reached the goal of some reduction in A1C. This may increase or decrease at the 6, and/or 9-month mark but usually increases in percentage lowering A1C.

FY25 Recommended Changes	Expenditures	FTEs
FY24 Approved	17,016,393	26.00
Enhance: Latino Health Initiative Steering Committee Request for Expanded Community Health Worker Training Program, Welcome Back Center Expansion, and Enhanced Communications	300,000	0.00
Enhance: Asian American Health Initiative Request to Expand the Asian American Center of Excellence Micro-Grants and Patient Navigator Programs	150,000	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.	678,159	1.00
FY25 Recommended	18,144,552	27.00

PROGRAM SUMMARY

Program Name	FY24 APPR Expenditures	FY24 APPR FTEs	FY25 REC Expenditures	FY25 REC FTEs
Admin - Office of Community Affairs	317,136	3.00	583,604	4.00
Admin - Office of the Chief Operating Officer	31,259,722	96.81	37,988,507	102.50
Admin - Office of the Director	10,165,792	31.38	14,304,311	33.63
Community Action Agency	5,978,595	15.20	5,722,996	15.20
Equity and Language Access	1,260,302	2.00	1,578,278	2.00
Head Start	4,896,061	2.80	4,754,762	2.80
Minority Programs	17,016,393	26.00	18,144,552	27.00
Total	70,894,001	177.19	83,077,010	187.13

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